



# 2021 Idaho YES Family Survey Results

Nate Williams, PhD, LCSW  
James Beauchemin, PhD, LCSW  
*Boise State University*



**BOISE STATE UNIVERSITY**

# Acknowledgements

Completion of this survey was a team effort that would not have been possible without the hard work and expertise of numerous individuals. We are truly grateful for the generosity and contributions of the following persons:

From the Department: Candace Falsetti, Michelle Schildauer, Maggie Finnegan, and Cheryl Hawkins

From the QMIA Council: Jennifer Griffis and Guido Giuntini

From BSU: Jennie Newman, Alyssa Shoup, and Desireé Reyes

Most of all, we wish to thank the hundreds of Idaho caregivers who took the time to share their experiences with us. We hope this report honors and amplifies your voices as we all work to improve the well-being of Idaho youth and families.

# Why did we Conduct this Survey?



1. To generate a statewide, population representative picture of families' experiences and outcomes within the YES system
2. To monitor the quality and effectiveness of YES services over time
3. To identify targets for system improvement

# Survey Topics



**YES Quality Indicators  
(YES Principles &  
Practice Model)**



**Safety/Crisis  
Planning**



**CANS Assessment**



**Youth & Family  
Outcomes**



**Services**

# Psychometric Evaluation of a Pragmatic Measure for Assessing Adherence to System of Care Principles in Behavioral Health Service Interactions

Journal of Emotional and Behavioral Disorders  
1-14  
© Hammill Institute on Disabilities 2021  
Article reuse guidelines:  
sagepub.com/journals-permissions  
DOI: 10.1177/10634266211028204  
jebd.sagepub.com  
SAGE

Nathaniel J. Williams, PhD<sup>1</sup> , James Beauchemin, PhD<sup>1</sup>,  
Guido Giuntini, MS<sup>1</sup>, Jennifer Griffis, MLS<sup>2</sup>, and Ya Mo, PhD<sup>1</sup>

## Abstract

Provider adherence to system of care principles in service interactions with families is an important indicator of behavioral health service quality for youth; however, valid and pragmatic measures suitable for monitoring this quality indicator at population scale have not been developed. This article reports on two studies that developed and evaluated such a measure. In Study 1, an iterative, family-partnered process resulted in generation of 18 items that demonstrated unidimensionality and strong reliability among caregivers of youth participating in behavioral health services ( $N = 141$ ). In Study 2, data from a second, statewide, stratified random sample of caregivers ( $N = 351$ ) confirmed the items' unidimensionality, discriminant validity, and criterion-related validity. Higher scores on the System of Care Adherence Scale were associated with lower risk of youth psychiatric hospitalization, greater perceived improvement in youth functioning, and greater increases in caregivers' self-efficacy to access services. Item response theory analyses indicated the items were strongly related to adherence; however, most were optimal for differentiating between low to moderate levels of adherence. The System of Care Adherence Scale is a psychometrically sound measure suitable for population surveillance of the extent to which families experience system of care principles in their interactions with providers.

## Keywords

of care, system(s), implementation, programs/practices, adherence, psychometrics, involvement, families/parent(s)

## Reliability & Validity of YES Quality Indicators

- Developed through a partnered process with families, policymakers, clinicians, and researchers
- Research indicates the items are valid and reliable indicators of families' experiences of care
- Higher scores predict greater improvement in youth functioning and lower risk of psychiatric hospitalization

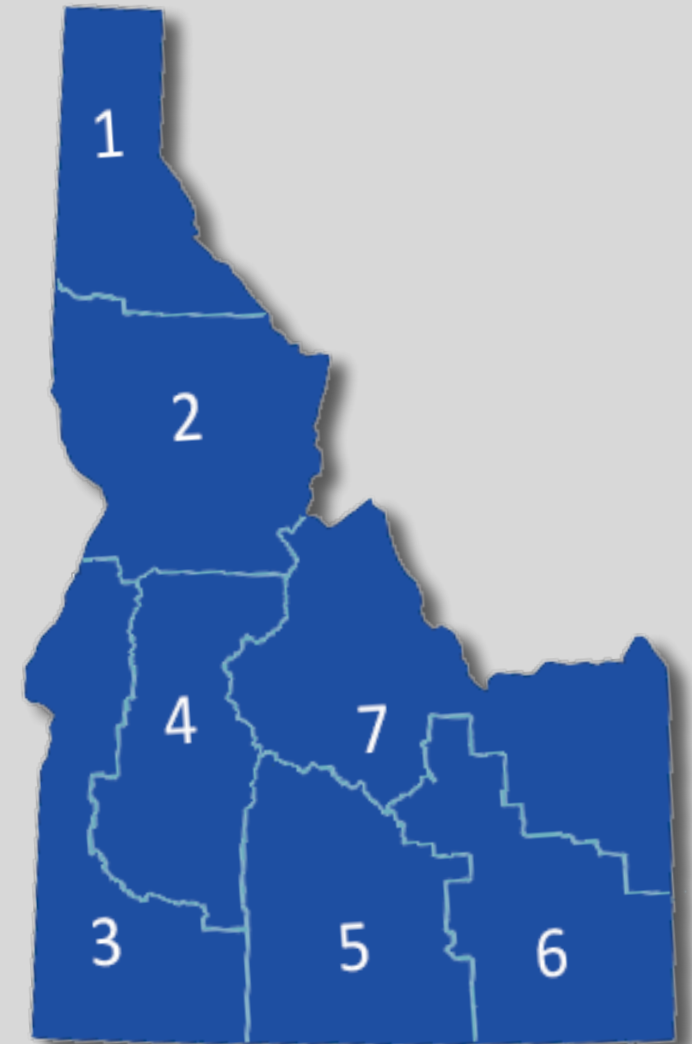
# Survey Population & Sample

✓ Target population:

- all Idaho youth who participated in YES services from July 1, 2020 to January 27, 2021, and
- are living at home, and
- had a CANS completed
  - (N=11,672 youth in database)

✓ Stratified random sample of 5,998 youth

✓ Each Region's share of the sample was equal to its share of the total YES population sampling frame



# Survey Process



**Privacy and  
confidentiality  
protected!**

Pre-Survey  
letter

Survey +  
BRE

Postcard

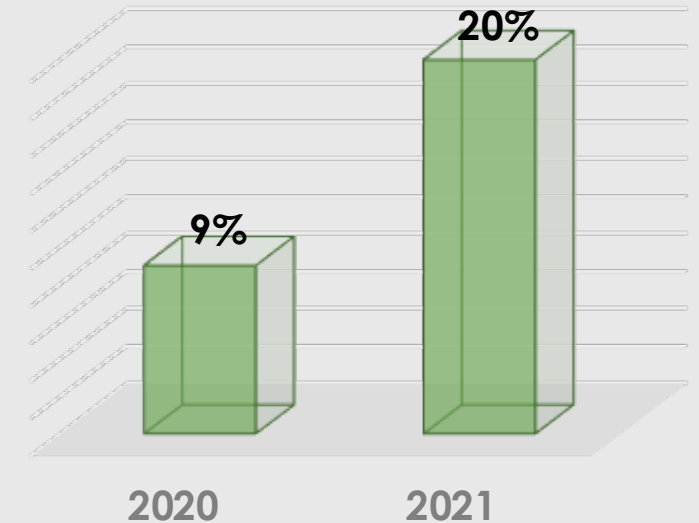
Follow-up  
Survey +  
BRE



1-page / 42 agree-disagree questions

# Survey Response

- ✓ N = 1,185 caregivers responded
- ✓ Overall 20% response rate
- ✓ Significantly higher than 2020



Region	N of Mailed Surveys	Response Rate
1	774	16%
2	161	22%
3	1,071	16%
4	1,542	22%
5	631	18%
6	489	26%
7	1,330	20%
Total	5,998	20%

✓ Excluding undeliverable mail, the effective response rate for the 2021 YES family survey was 24%.



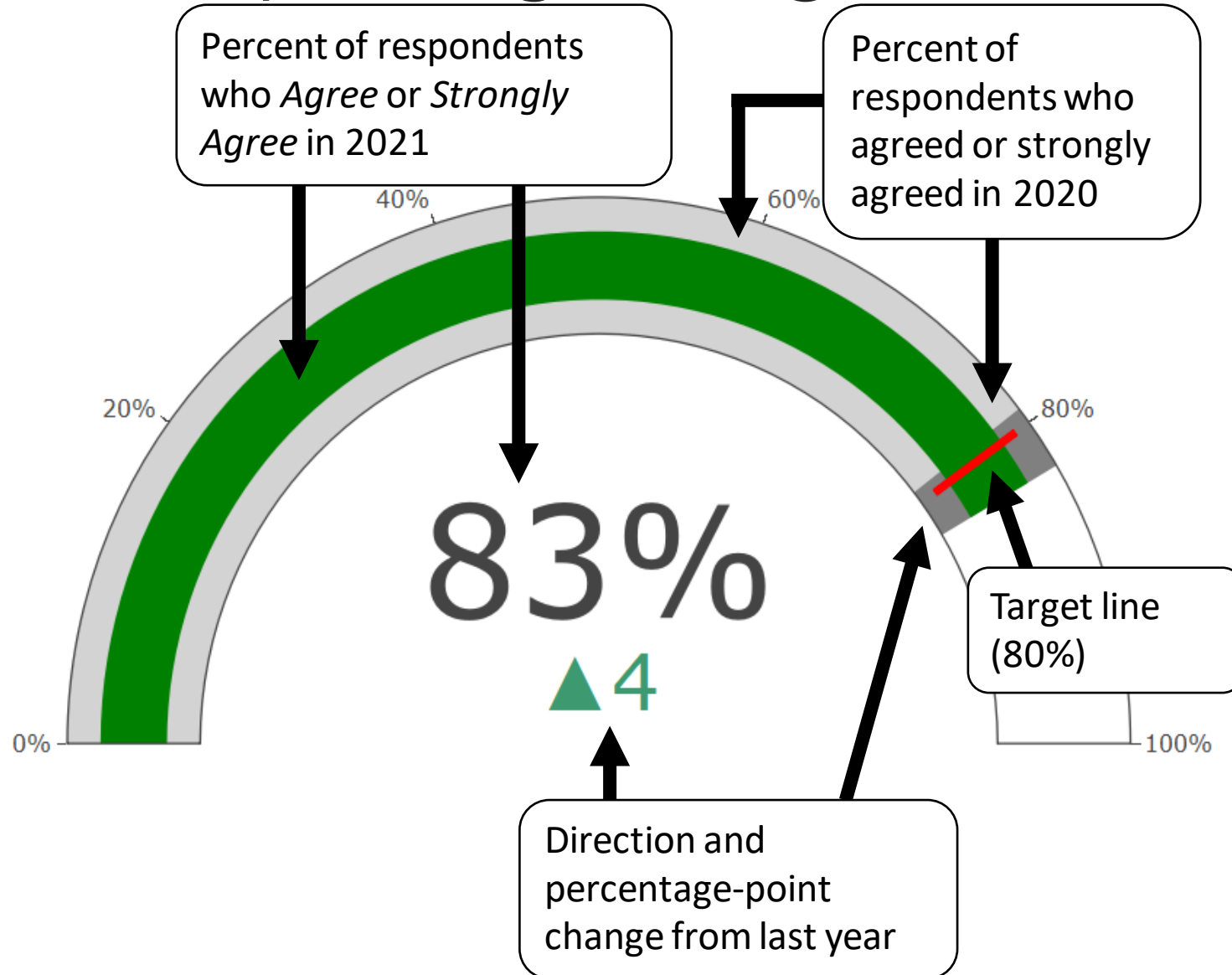
	n	%
Youth Sex		
Female	594	50%
Male	582	49%
Other Gender Identity	8	1%
Unknown or Not Reported	1	0%
Youth Race		
American Indian or Alaskan Native	10	1%
Native Hawaiian or Other Pacific Islander	6	1%
Asian	10	1%
Black or African American	23	2%
White	855	72%
Other	124	11%
Multiple Races	47	4%
Unknown or Not Reported	110	9%
Youth Ethnicity		
Not Hispanic or Latino	832	70%
Hispanic or Latino	179	15%
Unknown or Not Reported	174	15%
Youth Age		
5 to 9 Years	294	25%
10 to 14 Years	502	42%
15 Years and Older	389	33%
Most Recent CANS Score		
0	424	36%
1	500	42%
2	88	7%
3	112	10%
Missing	61	5%

# Youth Characteristics

**There were no statistically significant differences between the characteristics of youth whose caregivers responded to the survey versus those who did not.**



# Interpreting Gauge Charts

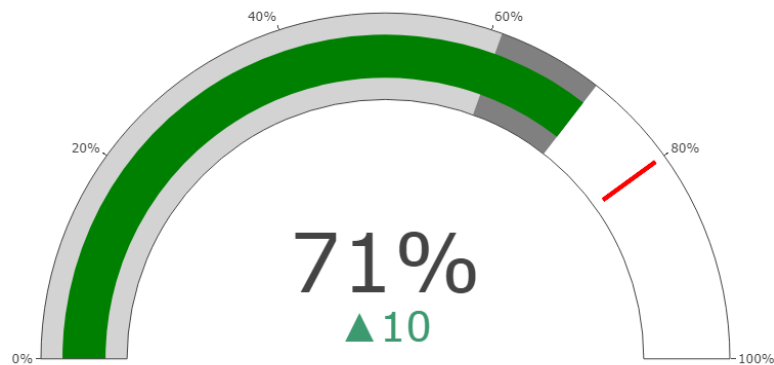


The margin of error for the 2021 YES family survey was 2.5%.

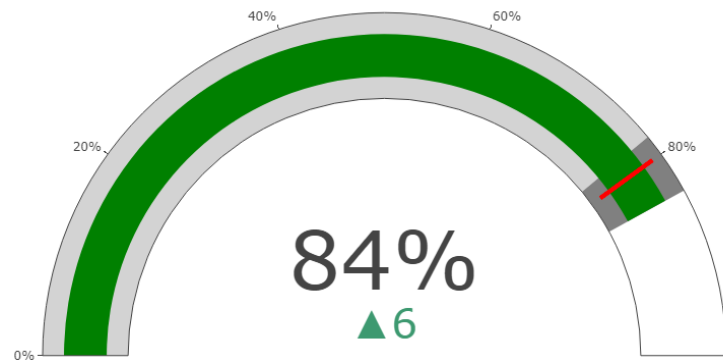
All analyses are weighted to reflect population totals and account for survey nonresponse.



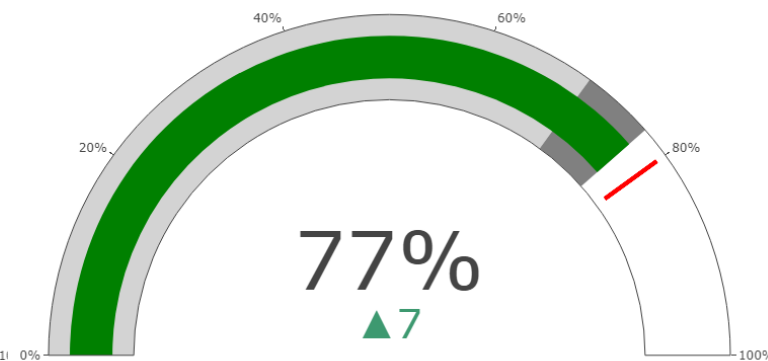
What did we learn?



Family can easily access the services my child needs

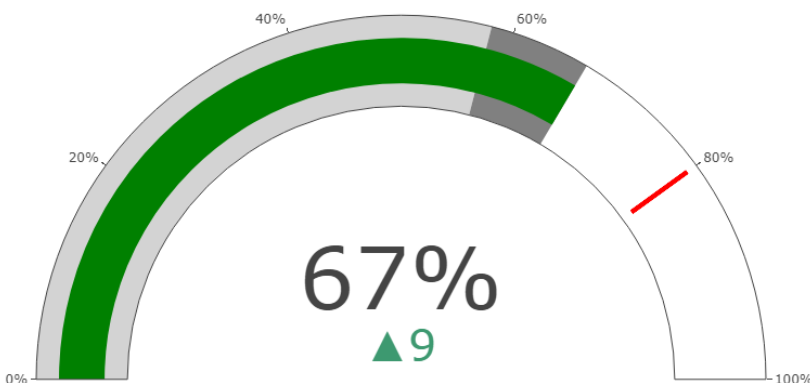


Services focus on what my child/youth is good at, not just problems

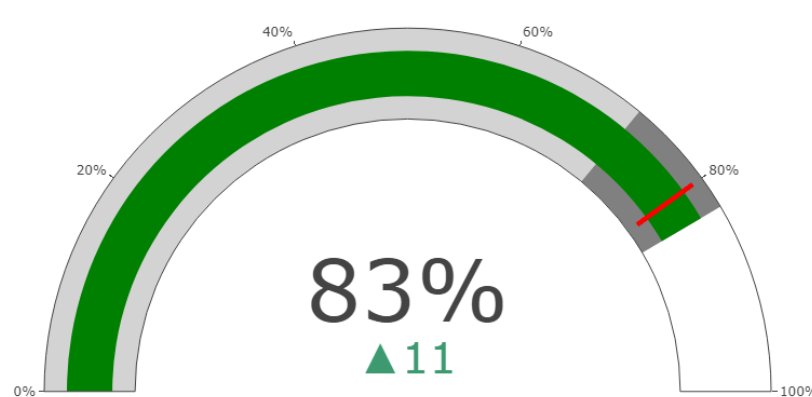


Provider discusses how to use things we are good at to overcome problems

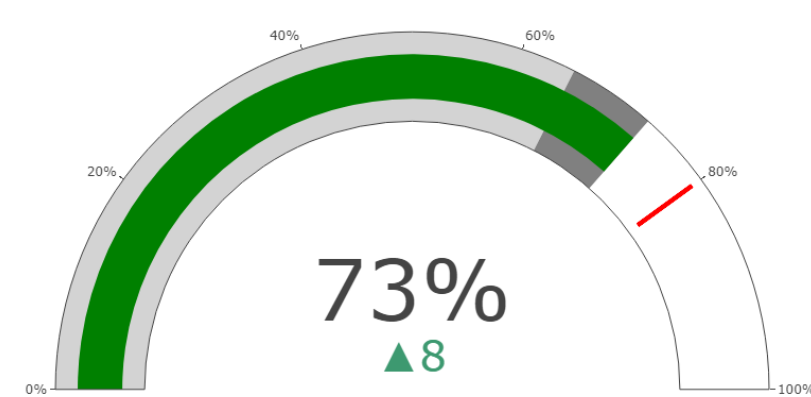
**From 2020 to 2021 there were significant improvements in families' experiences of care on 4 out of 8 YES principles.**



Youth/child is an active participant in planning services

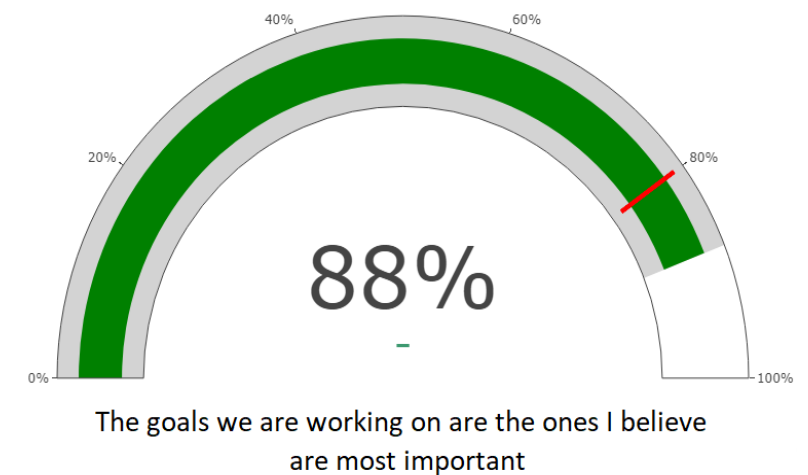
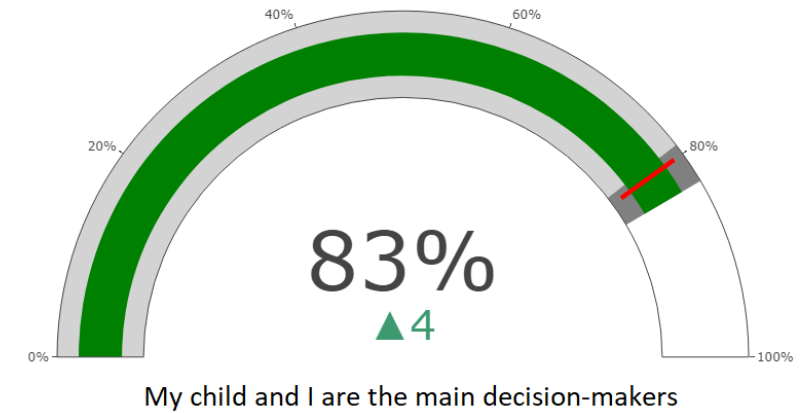
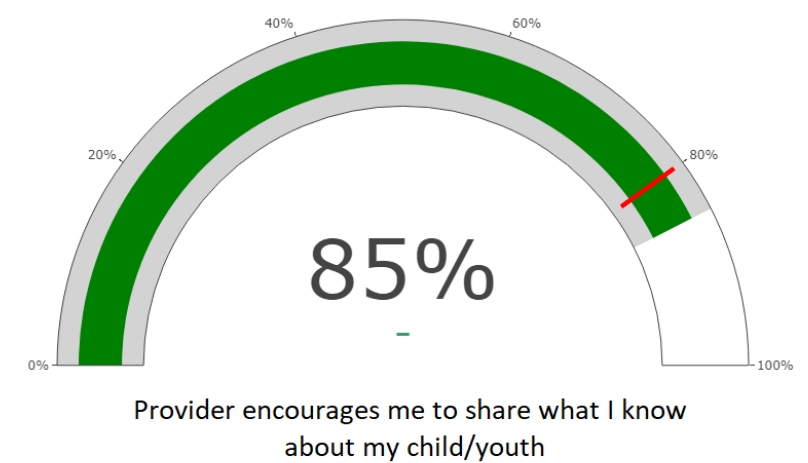
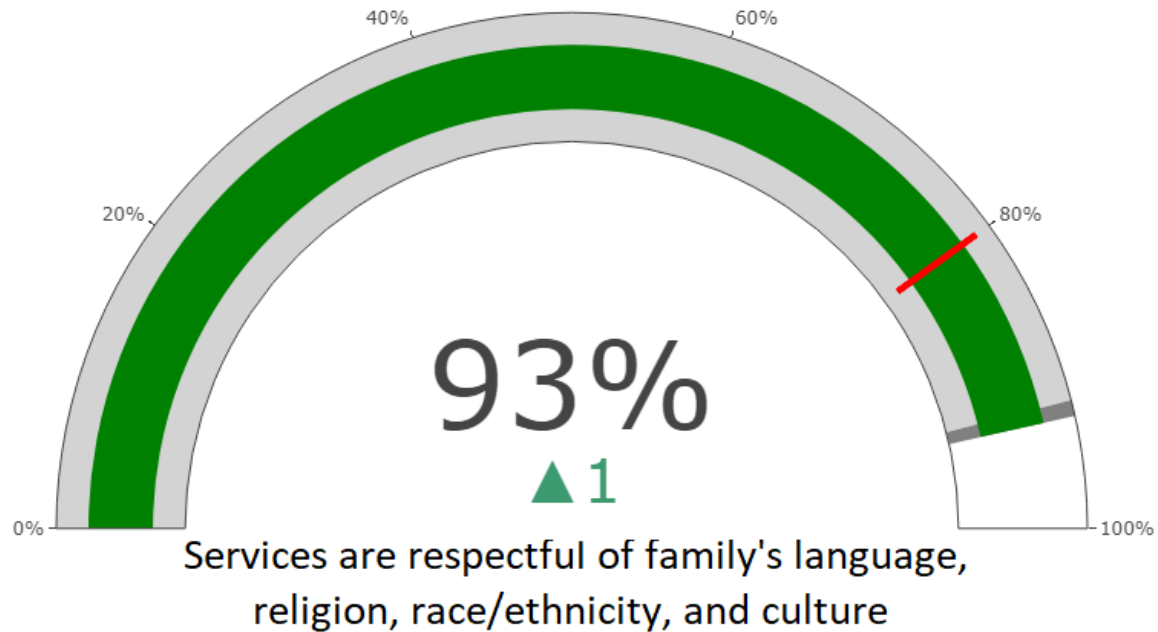


Youth has the opportunity to share his/her own ideas when decisions are made



Provider makes sure everyone is working together in a coordinated way

**Ratings remained high on Culturally  
Competent care and Family-Centered care.**

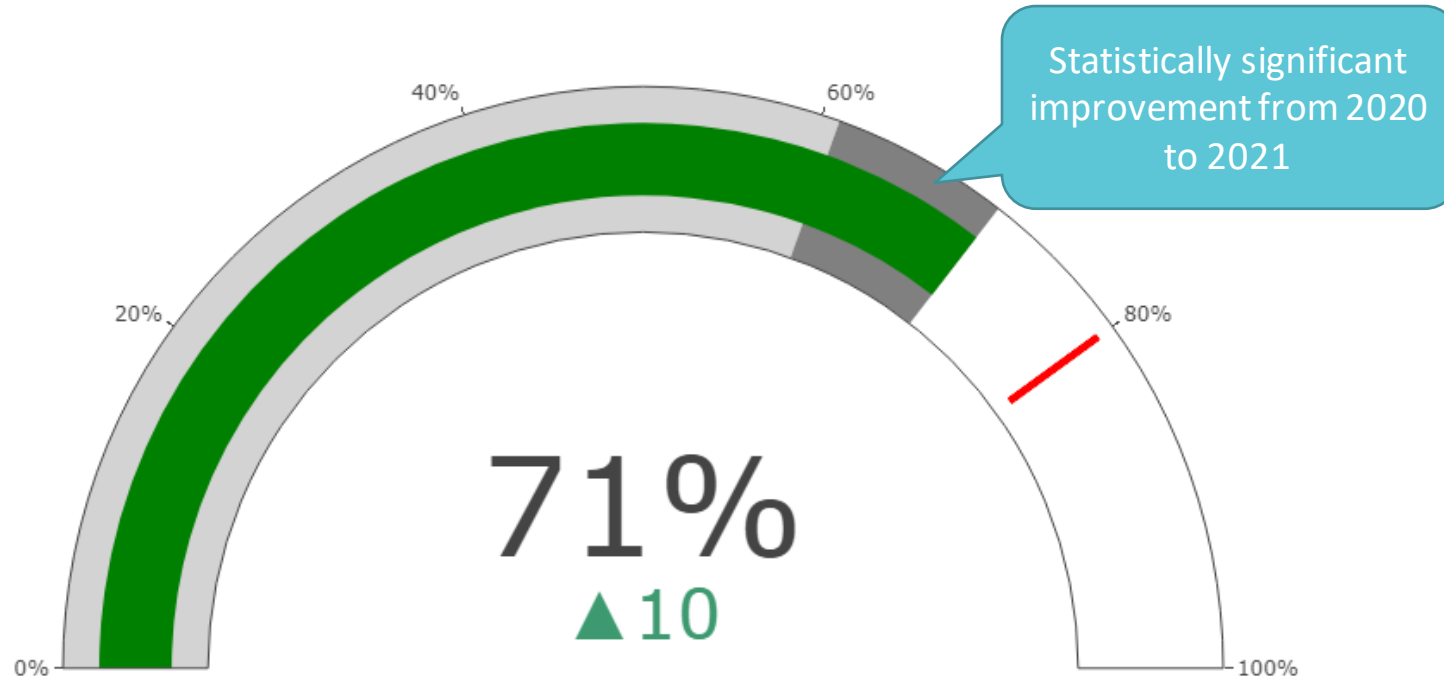




**The percentage of youth who received a face-to-face visit from a provider during a crisis increased significantly from 2020 to 2021.**

**Participation in Wraparound is increasing, but slowly.**

# Access to Mental Health Services



Family can easily access the services my child needs

- ✓ Odds of psychiatric hospitalization were 2.38 times ***lower*** for youth whose caregivers agreed with this item – even *after* controlling for youth sex, race, ethnicity, age, region, CANS, and months in services
- ✓ Improvement in day-to-day functioning was 27% greater

**Nearly 3 out of 10 Idaho families cannot easily access the mental health services their youth needs.**

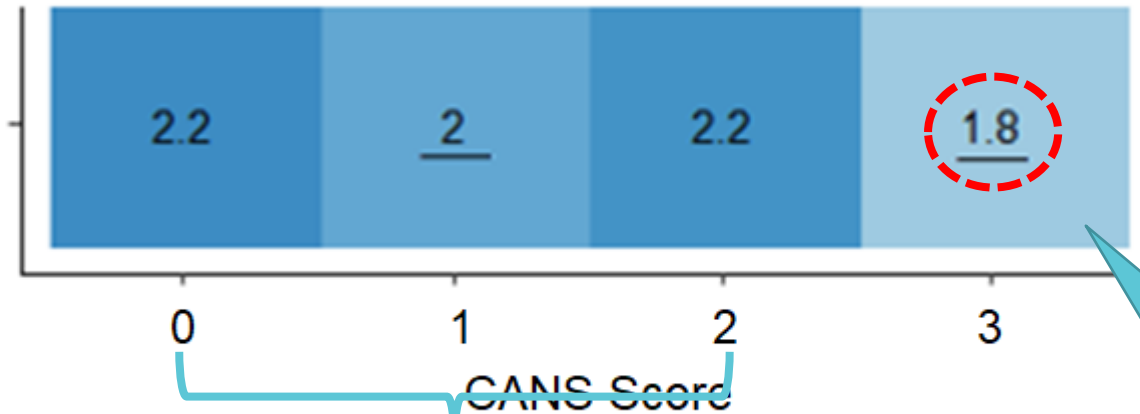
Family can easily access  
services my child needs

0 = disagree

1 = neutral

2 = agree

3 = strongly agree



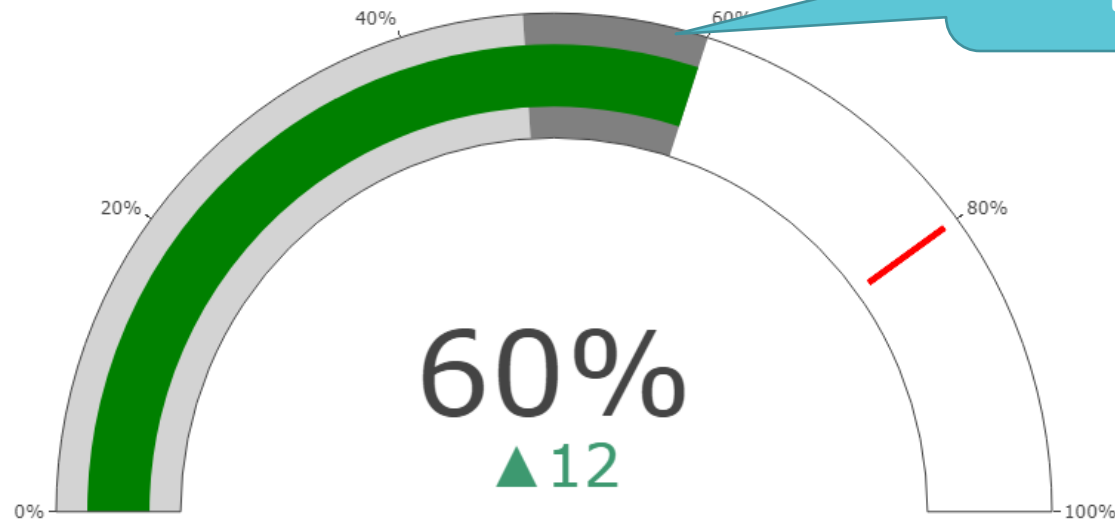
On average, these  
groups agree they can  
get services they need...

...this group does NOT.

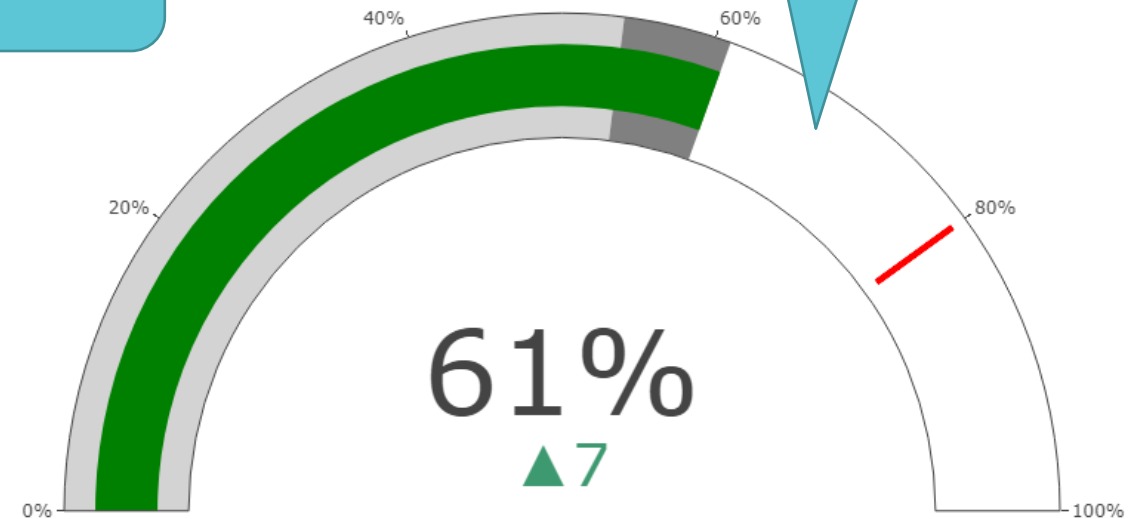
**Services are least accessible for youth with the most  
severe needs.**



# Safety Planning



Provider helped make a safety/crisis plan

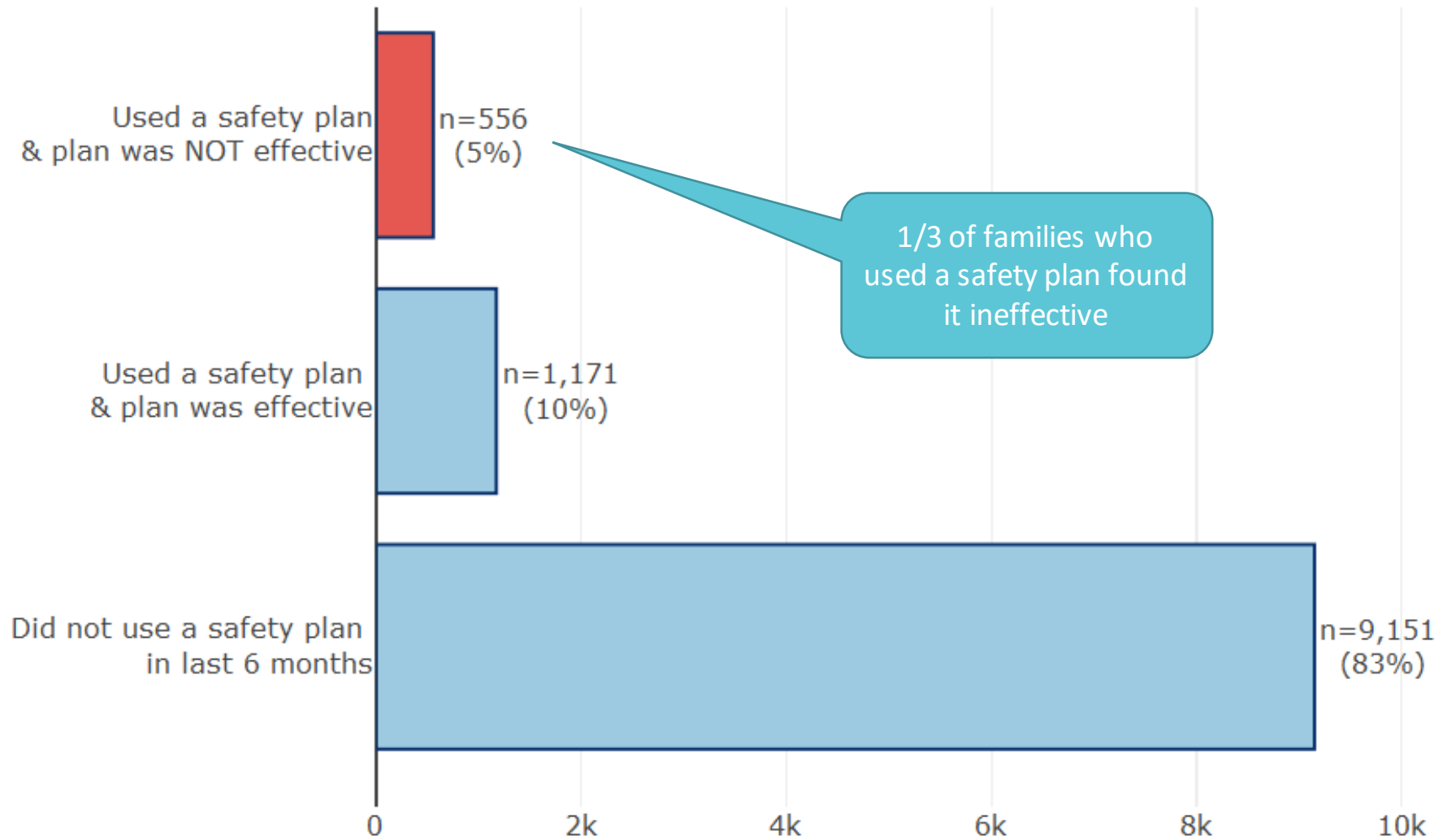


I feel confident that safety/crisis plan will be useful

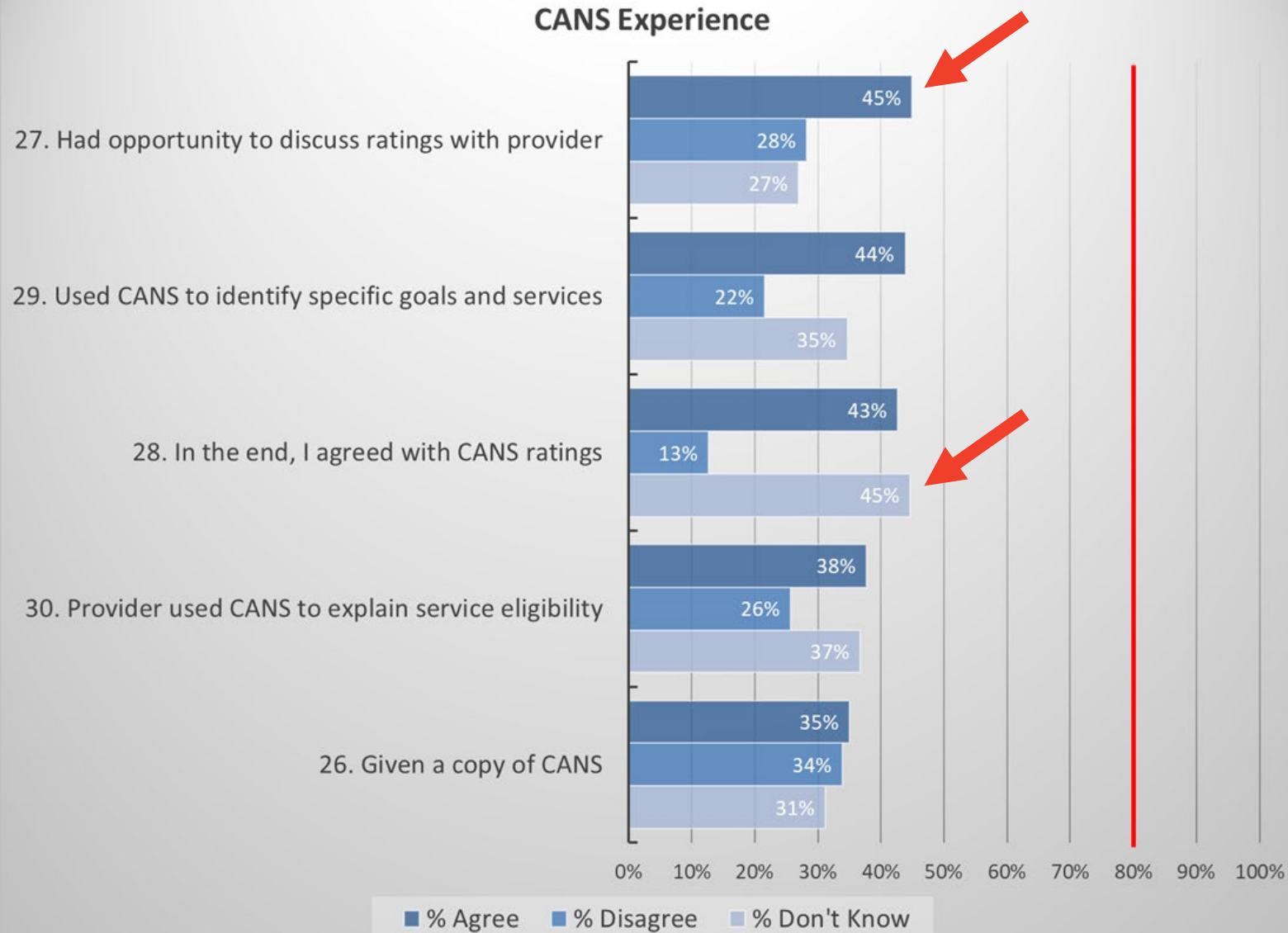
**40% of Idaho families who believed their youth needed a safety plan were not helped to make one by a provider.**

Note: 63% of the sample indicated their youth needed a safety plan (n = 749)

## Use and Effectiveness of Safety/ Crisis Plan



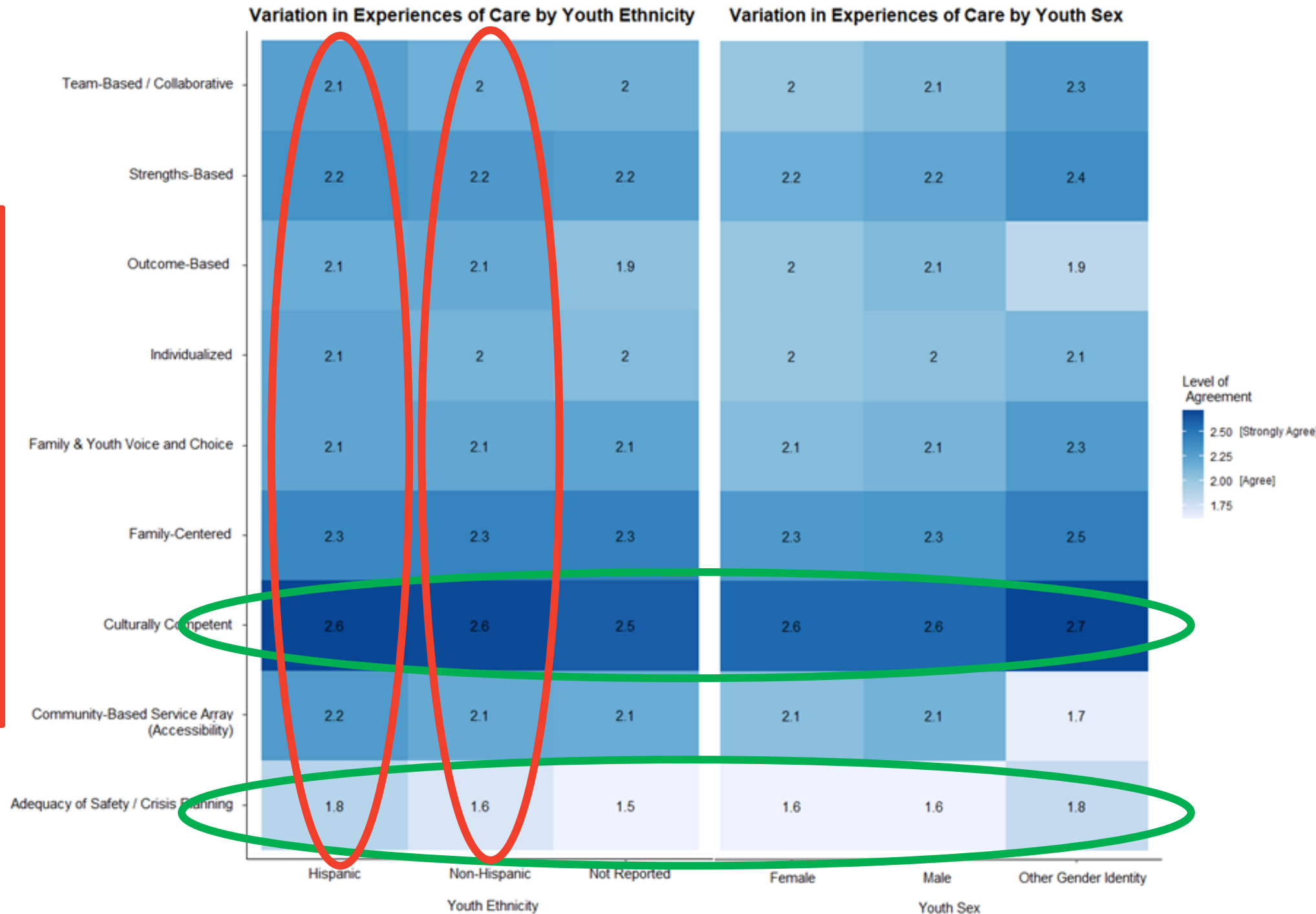
### CANS Experience



## CANS Implementation

- ✓ 27% to 45% of caregivers can't report on key aspects of their youth's CANS process
- ✓ Adherence to target CANS processes is <50% on all indicators

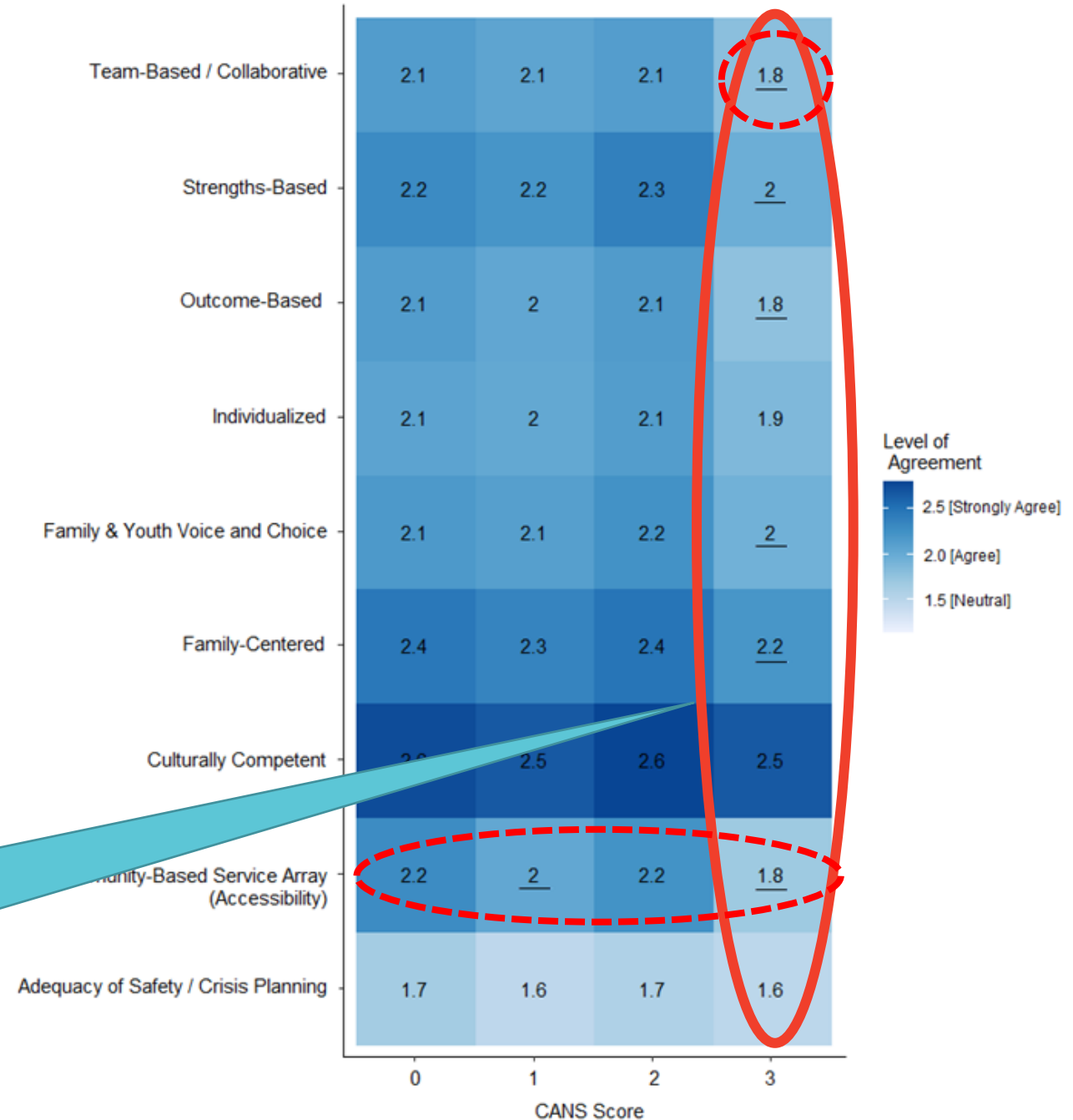
There was little to no evidence of variation in experiences of care by youth sex, race, or ethnicity.



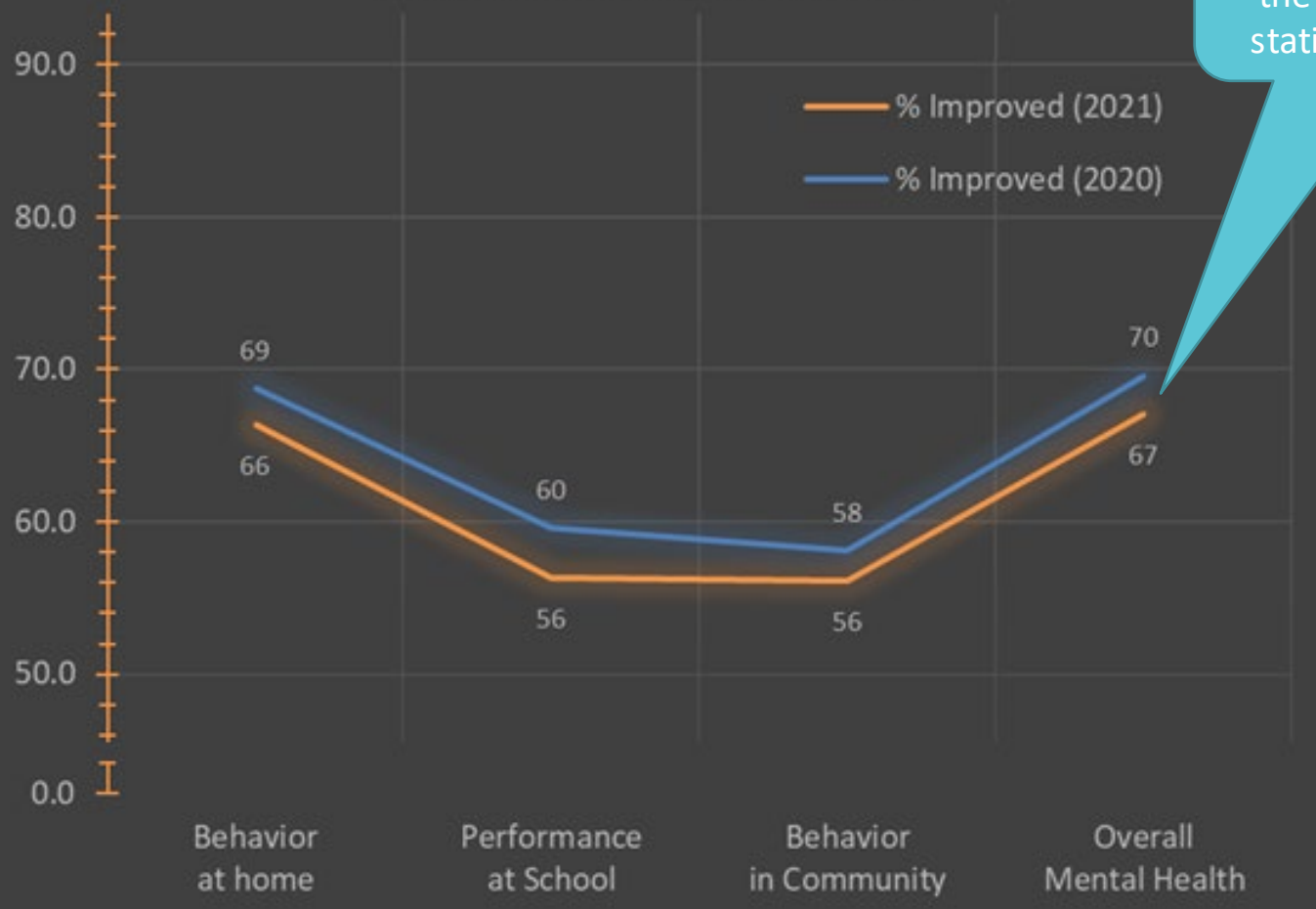
**Youth and families who face the most significant mental health challenges have the worst care experiences.**

Youth with a CANS of 3 scored significantly lower on 6 out of 9 quality indicators – even after controlling for all youth characteristics.

Variation in Experiences of Care by Youth CANS Score



**% of Youth Improved by Domain of Youth Functioning, 2020 - 2021**



On average, youth improved less in 2021 but the difference wasn't statistically significant.

**Youths made fewer improvements in their well-being from 2020 to 2021, but this difference was not statistically significant.**

# Further Information

For additional information about this survey please contact:

Nathaniel Williams  
Associate Professor  
Institute for the Study of Behavioral Health and Addiction  
Boise State University  
[natewilliams@boisestate.edu](mailto:natewilliams@boisestate.edu)  
(208) 426-3145

Candace Falsetti  
Director, Quality Assurance  
Division of Behavioral Health  
Idaho Department of Health and Welfare  
[Candace.Falsetti@dhw.idaho.gov](mailto:Candace.Falsetti@dhw.idaho.gov)  
(208) 484-0767