

IDAHO YOUTH EMPOWERMENT SERVICES (YES) FAMILY SURVEY RESULTS, 2022

Nathaniel J. Williams, PhD, LCSW
James Beauchemin, PhD, LCSW
Boise State University
School of Social Work | June 2022

EXECUTIVE SUMMARY

The Idaho Youth Empowerment Services (YES) family survey is conducted annually to assess the quality and outcomes of mental health services in Idaho's YES system. The survey is mailed to a population-representative sample of caregivers of youth who participated in mental health services during the prior year. This report summarizes the responses of 1,048 Idaho families who shared about their experiences of care by completing the 2022 YES family survey.

WHAT DID WE LEARN?

GETTING BETTER CARE MATTERS

Similar to past years, results of this year's YES family survey indicated that youth outcomes were better when caregivers rated their family's mental health services higher on YES principles. Higher caregiver ratings on YES principles were associated with higher ratings of improvement in youth mental health, behavior at home, performance at school, and behavior in the community during the last six months. In addition, youth whose caregivers rated their services higher on YES principles were less likely to have experienced a psychiatric hospitalization during the last six months. These findings suggest youth outcomes are better when the services they receive reflect Idaho YES principles.

DESPITE SIGNIFICANT CHALLENGES TO IDAHO'S MENTAL HEALTH SYSTEM POSED BY THE COVID PANDEMIC, FAMILY RATINGS OF CARE QUALITY AND SAFETY/CRISIS PLANNING REMAINED STABLE FROM 2021 TO 2022

Services delivered within Idaho's YES system are designed to follow specific YES principles and a YES practice model. Making sure services were delivered according to these quality principles was arguably difficult during the rating period because of the numerous challenges to Idaho families and Idaho's mental health provider network posed by the COVID pandemic. Despite these challenges, caregiver ratings of the quality of YES services remained stable from 2021 to 2022, maintaining the significant gains on YES principles and on the adequacy of safety and crisis planning that occurred from 2020 to 2021.

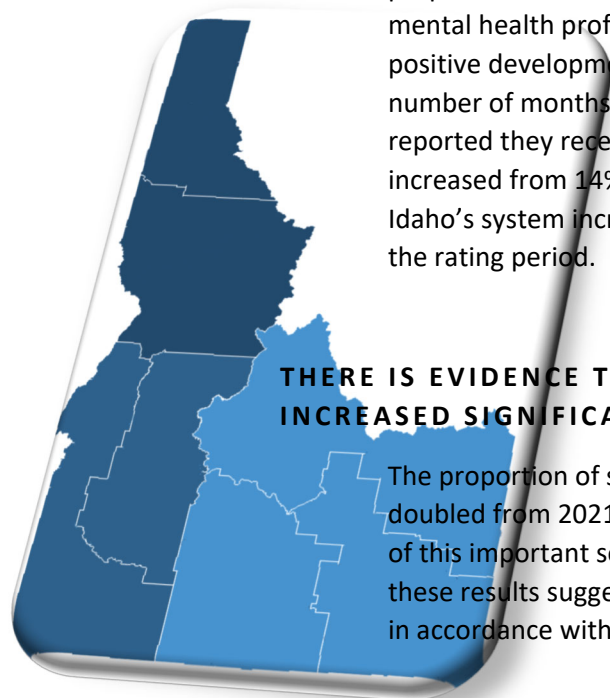
In fact, the only YES principle or safety planning item that changed significantly from 2021 to 2022 *improved*: there was a significant *increase* of five percentage points in the proportion of caregivers who reported their youth played an active role in service planning. Caregiver ratings remained especially strong in the areas of family-centered care and cultural competence: over 80% of survey respondents indicated their care met these quality benchmarks. This stability in ratings of YES principles and the adequacy of safety and crisis planning can be considered system strengths in light of the numerous challenges posed by the global COVID pandemic during the rating period.

THERE IS EVIDENCE THAT IDAHO YOUTH WHO PARTICIPATED IN YES SERVICES EXPERIENCED MORE MENTAL HEALTH CRISES IN 2022 COMPARED TO 2021 AND THAT THE SYSTEM STEPPED UP ITS RESPONSE TO SUPPORT THESE YOUTH AND FAMILIES

Psychiatric hospitalizations among youths whose caregivers completed the YES survey increased significantly year-over-year from 5% in 2021 to 8% in 2022 after adjusting for youth age, sex, race, ethnicity, and number of months in services. This trend is consistent with national data demonstrating an escalating mental health crisis among youth in America during the rating period, related in part to the consequences of the COVID pandemic. However, alongside this increase in psychiatric hospitalizations among youth whose families completed the survey, there was also a large increase in the proportion of survey respondents who reported receiving a crisis visit from a mental health professional at the time and location of the crisis. This is a positive development. Holding constant youth age, sex, race, ethnicity, and number of months in services, the proportion of survey respondents who reported they received a crisis visit from a mental health professional increased from 14% in 2021 to 36% in 2022. This is positive news suggesting Idaho's system increased its responsiveness as youth needs increased during the rating period.

THERE IS EVIDENCE THAT ACCESS TO WRAPAROUND SERVICES INCREASED SIGNIFICANTLY IN IDAHO IN 2022

The proportion of survey respondents who participated in Wraparound doubled from 2021 (7%) to 2022 (14%), reflecting Idaho's increased expansion of this important service for youths with the most intensive needs. Overall, these results suggest Idaho's YES system is expanding access to Wraparound in accordance with system plans and needs.



CONSISTENT WITH RESULTS FROM PRIOR YEARS, THERE WAS MINIMAL EVIDENCE OF VARIABILITY IN SERVICE QUALITY BY YOUTH SEX, RACE, OR ETHNICITY

There was minimal variation in caregiver ratings of YES principles regardless of their youth's characteristics. This is positive as it suggests that the quality of care families received was not related to their youth's characteristics such as sex, race, or ethnicity.

IMPROVEMENT IS NEEDED IN THE IDAHO COMMUNITY-BASED MENTAL HEALTH SERVICE ARRAY FOR YOUTH, PARTICULARLY FOR YOUTH WITH THE MOST INTENSIVE NEEDS

Similar to 2021, results of the 2022 YES family survey indicated that 3 out of 10 survey respondents could not easily access the mental health services they believed their child needed the most. In 2022, a new question was also asked about whether families can access mental health services that are *recommended* by a provider. Arguably, this is an easier standard to meet because providers may not recommend services that they know are not available in the community. However, 3 out of 10 survey respondents indicated they could not access all of the services recommended by their provider. These results represent the full sample of survey respondents for 2022. While it is positive that 70% of Idaho families can easily access the mental health services they believe their youth needs, these results suggest additional work is needed to improve access to mental health services for all youth and families in Idaho.

Results of the 2022 survey also replicated findings from the 2021 survey in showing that youths with the most intensive needs, that is, those with a CANS score of 3, experienced greater gaps in access to community-based services than their peers. After holding constant youth age, sex, race, ethnicity, number of months in services, and provider rated, 56% of caregivers of youths with a CANS of 3 reported they could easily access the services their youth needed most, compared to 71% of caregivers of youths with lower CANS scores. While it is positive that the majority of caregivers feel their youth can access the services their youth needs, the difference between youths with a CANS of 3 compared to their peers suggests action is needed to improve service accessibility for this population. There were signs of improvement in this area, however; from 2021 to 2022, the percentage of caregivers of youth with a CANS of 3 who indicated they could easily access the services their youth needed most increased from 54% to 56%.

FURTHER IMPROVEMENT IS NEEDED IN IMPLEMENTING THE CANS IN IDAHO

Within the Idaho YES system, youths are assessed regularly by the Child and Adolescent Needs and Strengths (CANS) to help guide treatment planning and level of care. The CANS is designed to be implemented in a collaborative way that involves youth, caregivers, and providers. From 2021 to 2022, families' ratings of their experiences with the CANS remained stable on all but one item, suggesting there were not major changes in families' experience with the CANS. While this stability can be seen as a positive in light of the significant strain on Idaho's mental health system during the rating period, the ratings remained relatively low and indicate there is considerable room for improving CANS implementation in Idaho. Notably, caregivers of youths who had higher CANS scores and who had been in care longer tended to have better ratings of their experience with the CANS process. This suggests that the CANS is implemented more effectively with families whose youth have greater needs or who have been in the system longer. This may be related to the importance of the CANS for accessing more intensive services and higher levels of care. These data indicate continued improvement is needed to enhance the implementation of the CANS in Idaho.

July 12, 2022

ACKNOWLEDGEMENTS

This work was funded through a research contract from the Idaho Department of Health and Welfare (IDHW) to Boise State University (BSU). Completion of this survey was a team effort that would not have been possible without the hard work and expertise of numerous individuals. In particular, we would like to thank Candace Falsetti, Michelle Schildauer, Maggie Finnegan, and Cheryl Hawkins from the Idaho Department of Health and Welfare. 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.

FURTHER INFORMATION

For additional information about this report please contact:

Nate Williams
Associate Professor
School of Social Work
Boise State University
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
(208) 484-0767

INTRODUCTION

WHY DID WE CONDUCT THIS SURVEY?

The Idaho Department of Health and Welfare, Division of Behavioral Health (DBH) is committed to improving mental health services for Idaho youth. With that goal in mind, DBH partnered with Boise State University (BSU) beginning in 2020 to conduct an annual statewide survey of families' experiences and outcomes of mental health care within the Idaho Youth Empowerment Services (YES) system. The YES system is designed to support the well-being of youth with emotional and behavioral disorders and their families by providing an array of community-based services and supports. This report presents results of the 2022 YES family survey and compares these findings to results from the 2020 and 2021 surveys. The aims of the annual YES family survey are to monitor the quality and outcomes of mental health services for youth in Idaho from the perspective of families and to guide statewide service improvement efforts.

HOW DID WE DO IT?

The 2022 YES family survey included 45 questions that asked about families' experiences of care in five areas: (1) the extent to which youth and families' care adhered to the Idaho YES principles of care and Practice Model, (2) the adequacy of crisis safety planning, (3) the extent to which the CANS assessment process followed guidelines, (4) select services the youth participated in (e.g., Wraparound, psychiatric hospitalization), and (5) caregivers' perceptions of service outcomes such as improvements in youth overall mental health and day-to-day functioning at home, at school, and in the community. Research has shown these questions are valid and reliable indicators of families' experiences of care and that variation in participants' responses predicts variation in the extent to which youth benefit from care (Williams et al., 2021).

The survey was fielded via postal mail from February 2022 to April 2022. The sample included 5,999 caregivers of youth who participated in YES mental health services during 2021.

Caregivers were randomly sampled with proportional allocation across DBH’s seven regions to ensure adequate representation across the State. Following an evidence-based process, the survey entailed a pre-survey letter, survey with postage paid return envelope, reminder postcard, and final survey with postage paid return envelope. The survey asked about one randomly selected youth within the household. A total of 1,048 caregivers responded (20.4% response rate after excluding returned mail).

WHAT DID WE LEARN?

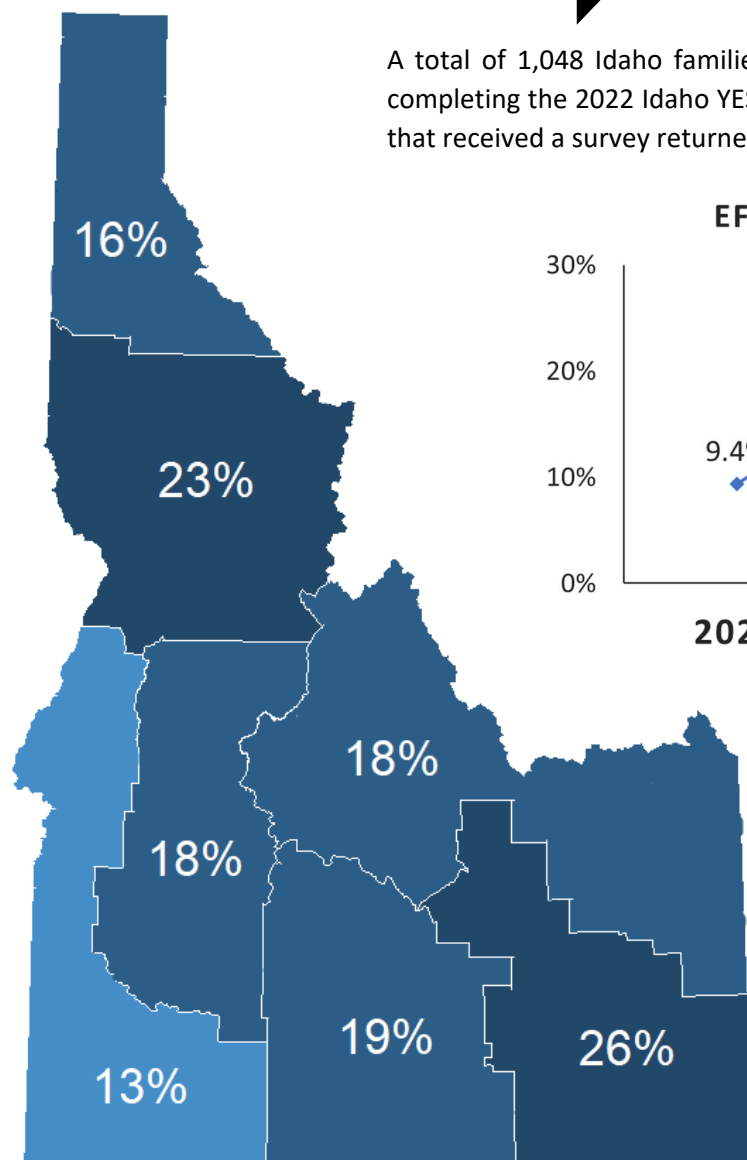
The following sections of this report describe the survey results. All analyses were weighted to adjust for sampling probability and survey nonresponse. The survey margin of error was 2.8%.

Part 1: Survey response rate	9
Part 2: Characteristics of youth whose caregivers responded versus those who did not	10
Part 3: Provider adherence to the YES principles of care and practice model	11
Part 4: Adequacy of safety/ crisis planning	21
Part 5: Items assessing implementation of the CANS	22
Part 6: Items assessing youth and family outcomes	24
Part 7: Items assessing youth and family participation in services	25
Part 8: Analysis of potential disparities in care quality by youth characteristics	26

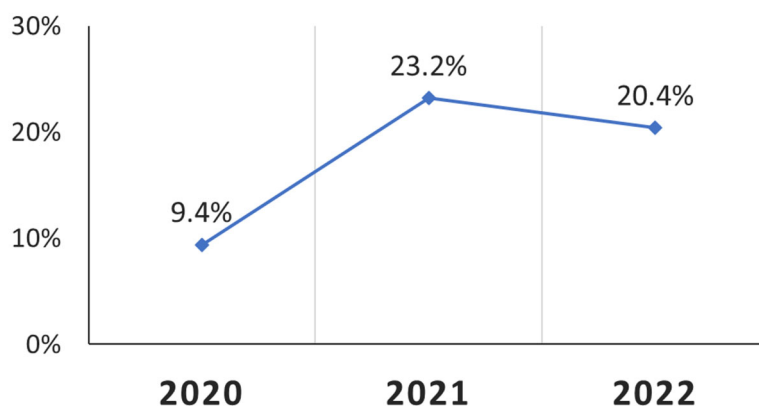
SURVEY RESPONSE

1,048

A total of 1,048 Idaho families shared about their experiences of care by completing the 2022 Idaho YES Family Survey. One out of every five families that received a survey returned it (20.4%).



EFFECTIVE RESPONSE RATE



In 2022 there was a drop in participation compared to 2021, but participation was significantly higher than 2020.

There were significant differences in response rate across regions. Regions 2 and 7 were highest and Region 3 was lowest.

SURVEY SAMPLE

Youth whose caregivers responded to the survey were similar to youth whose caregivers did not respond. There were no statistically significant differences ($p < 0.05$) between the two groups which suggests the sample of survey respondents represents the Idaho YES population well.

	Caregiver Responded (<i>N</i> =1,048)		Caregiver Did Not Respond (<i>N</i> =4,951)	
	<i>n</i>	%	<i>n</i>	%
YOUTH GENDER				
Female	522	49.8	2,484	50.2
Male	515	49.1	2,388	48.2
Other gender identity	5	0.5	39	0.7
Unknown/ Not reported	6	0.6	40	0.8
YOUTH AGE				
Under 5 years	9	0.9	66	1.3
5 to 9 years	258	24.6	1,210	24.4
10 to 14 years	460	43.9	2,047	41.3
15 years and older	321	30.6	1,628	32.9
YOUTH CANS				
0	385	36.7	1799	36.3
1	457	43.6	2163	43.7
2	101	9.6	435	8.8
3	105	10.0	554	11.2
YOUTH RACE				
Youth of color	219	20.9	984	19.9
White youth	749	71.5	3549	71.7
Unknown/ Not reported	80	7.6	418	8.4
YOUTH ETHNICITY				
Not Hispanic or Latino	718	68.5	3366	68.0
Hispanic or Latino	185	17.7	845	17.1
Unknown/ Not reported	145	13.8	740	14.9
MONTHS IN SERVICES				
0-6 months	230	22.0		
7-12 months	250	23.8		
13-24 months	206	19.7		
25 months or more	298	28.4		
Not reported	64	6.1		

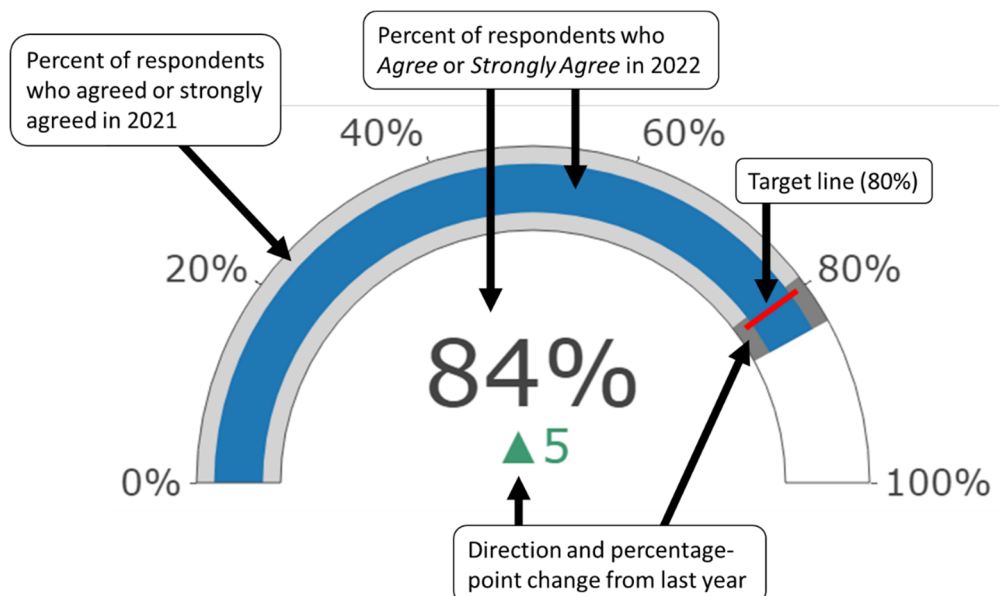
YES PRINCIPLES OF CARE

Compared to peers, youth whose care was consistent with YES Principles were 2 times more likely to improve in their day-to-day well-being and 43% less likely to experience a psychiatric hospitalization during the prior 6 months.

Services provided to youth and families within the Idaho YES system should be delivered in accordance with the Idaho YES principles and practice manual. The principles include:

- 1) FAMILY-CENTERED
- 2) FAMILY AND YOUTH VOICE & CHOICE
- 3) STRENGTHS-BASED
- 4) INDIVIDUALIZED
- 5) COMMUNITY-BASED SERVICE ARRAY
- 6) COLLABORATION/ TEAM-BASED
- 7) CULTURAL COMPETENCY
- 8) OUTCOME-BASED

The YES family survey assesses the extent to which services are delivered to youth and families in accordance with these principles. Below, the items assessing YES Principles are presented along with the percentage of caregivers who agreed or strongly agreed with each item. Agreement indicates the family's experience of care reflected the YES principle as intended. For each item, changes from 2021 to 2022 are presented in a gauge chart. The Figure below shows how to interpret gauge charts. In addition, line charts show how the level of agreement changed from 2020 to 2022. All analyses are adjusted for youth characteristics to ensure that changes over time reflect real differences and not simply changes in the composition of youth whose caregivers responded to the survey.

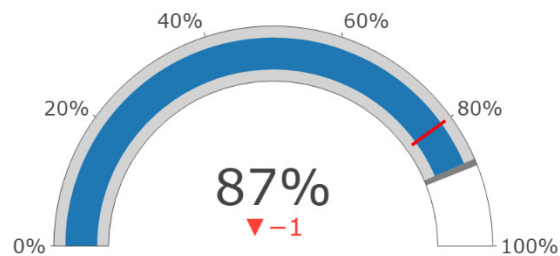


FAMILY-CENTERED CARE

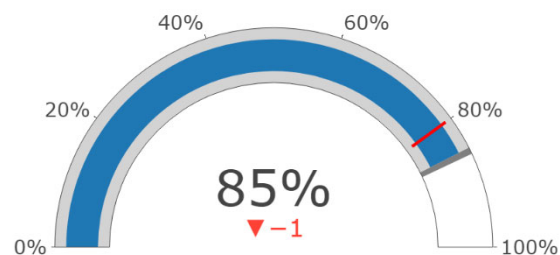


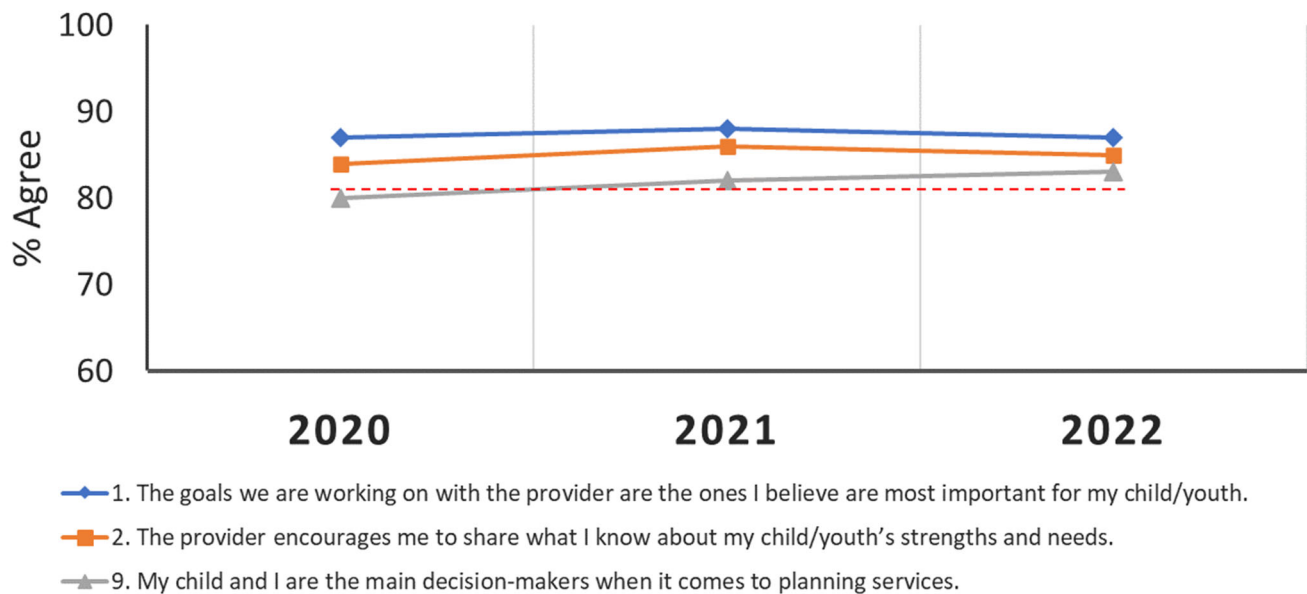
A defining characteristic of family-centered care is family engagement. Family engagement emphasizes family strengths and maximizes family resources. Family experience, expertise, and perspective are welcomed. Families are active participants in solution and outcome-focused planning and decision-making. Families of birth, foster, and adoptive parents, and families of choice are respected and valued. Four questions assessed the extent to which services provided to youth and families were family-centered. Three questions (Q1, Q2, Q9) had been asked in previous years and one question (Q20) was new for 2022.

Q1: THE GOALS WE ARE WORKING ON ARE THE ONES I BELIEVE ARE MOST IMPORTANT FOR MY CHILD/YOUTH.

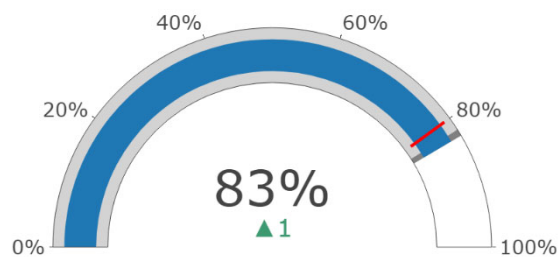


Q2: THE PROVIDER ENCOURAGES ME TO SHARE WHAT I KNOW ABOUT MY CHILD/YOUTH'S STRENGTHS & NEEDS

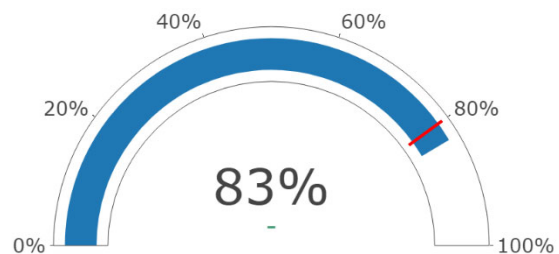




Q9: MY CHILD AND I ARE THE MAIN DECISION-MAKERS WHEN IT COMES TO PLANNING SERVICES.



Q20: I WAS ABLE TO PARTICIPATE IN MY CHILD/YOUTH'S MENTAL HEALTH SERVICES AS MUCH AS I WANT.

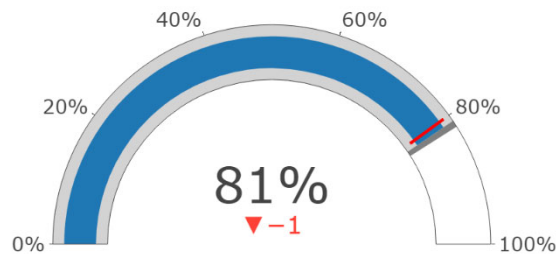


FAMILY AND YOUTH VOICE & CHOICE



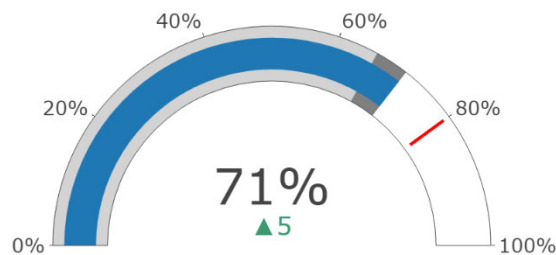
Family and youth voice, choice, and preferences are intentionally elicited and prioritized during all phases of the treatment process. Service is founded on the principle of communicating openly and honestly in a way that supports disclosure of culture and personal experiences to meet the individual needs of the family and youth. Five questions assessed this principle (Q4, Q6, Q7, Q14, Q17).

**Q4: THE ASSESSMENT COMPLETED BY THE PROVIDER
ACCURATELY REPRESENTS MY CHILD/YOUTH'S NEEDS.**

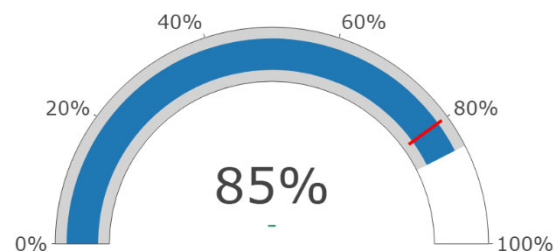


**Participation
of youth in
planning rose
significantly
from 2021 to
2022.**

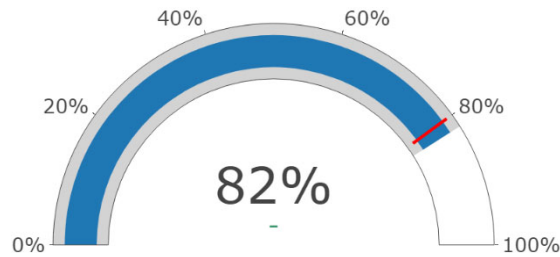
**Q6: MY CHILD/YOUTH IS AN ACTIVE PARTICIPANT IN
PLANNING HIS/HER SERVICES.**



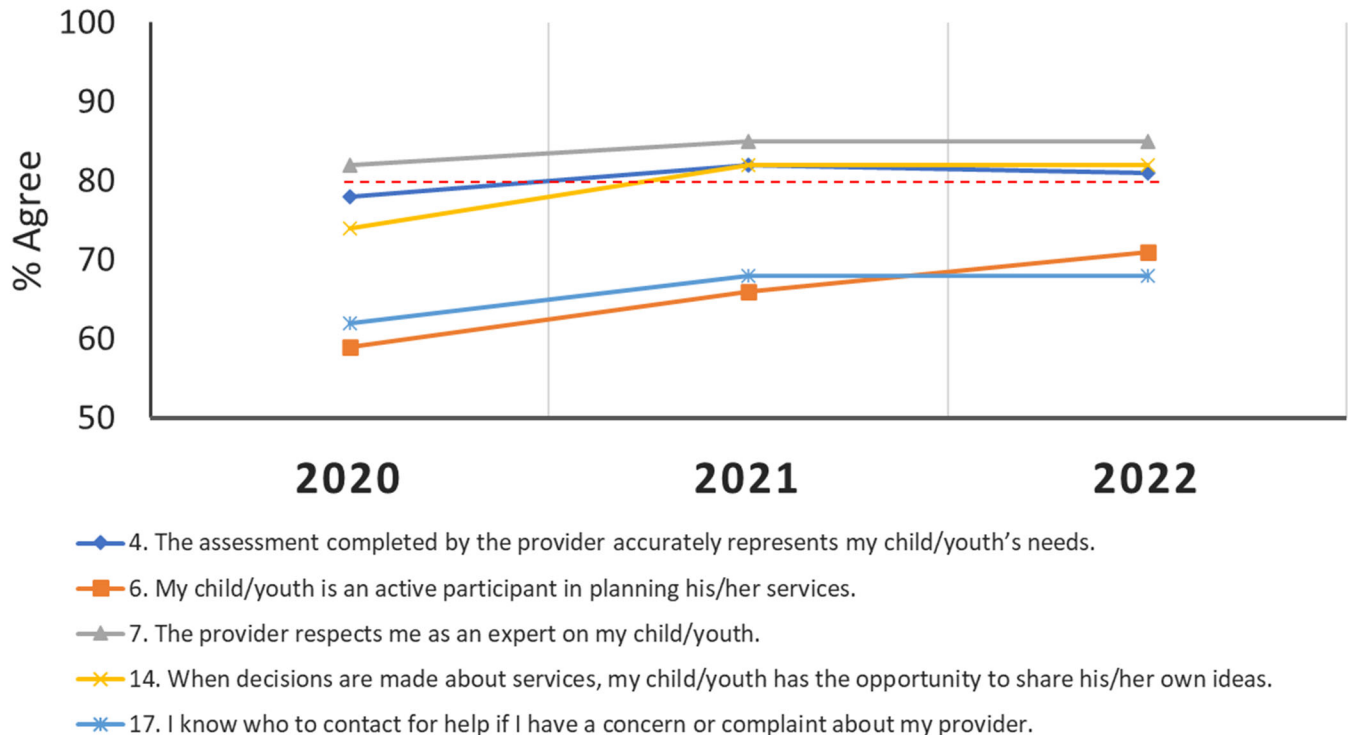
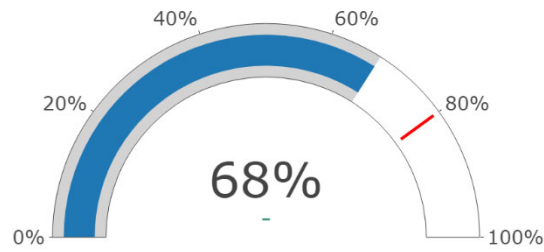
**Q7: THE PROVIDER RESPECTS ME AS AN EXPERT ON MY
CHILD/YOUTH.**



Q14: WHEN DECISIONS ARE MADE, MY CHILD/YOUTH HAS THE OPPORTUNITY TO SHARE HIS/HER OWN IDEAS.



Q17: I KNOW WHO TO CONTACT FOR HELP IF I HAVE A CONCERN ABOUT MY PROVIDER.

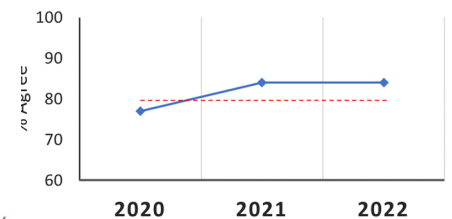
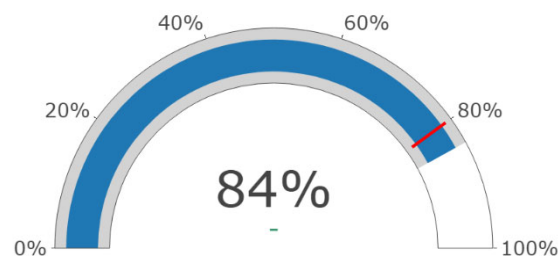


STRENGTHS-BASED CARE



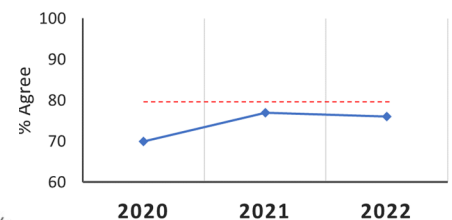
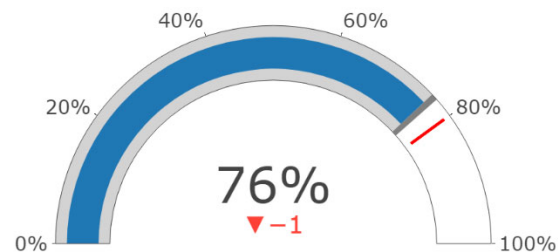
Services and supports are planned and delivered in a manner that identifies, builds on, and enhances the capabilities, knowledge, skills, and assets of the youth and family, their community, and other team members. Two questions assessed this principle (Q3, Q13).

Q3: THE SERVICES FOCUS ON WHAT MY CHILD/YOUTH IS GOOD AT, NOT JUST ON PROBLEMS.



Youth whose care was strengths-based were 50% more likely to improve their behavior at home and 32% more likely to improve at school compared to similar peers.

Q13: THE PROVIDER TALKS WITH US ABOUT HOW WE CAN USE THINGS WE ARE GOOD AT TO OVERCOME PROBLEMS.

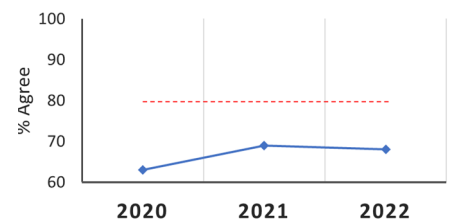
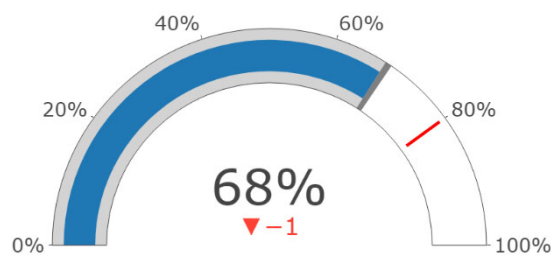


INDIVIDUALIZED CARE

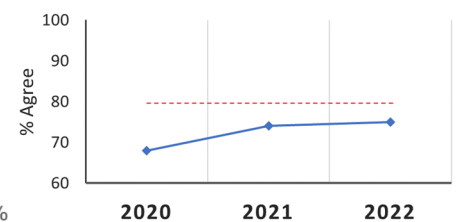
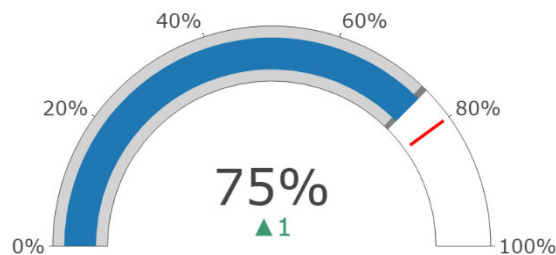


Services, strategies, and supports are individualized to the unique strengths and needs of each youth and family. They are altered when necessary to meet changing needs and goals or in response to poor outcomes. Three items assessed this principle (Q12, Q15, Q16).

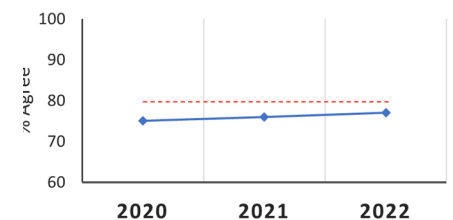
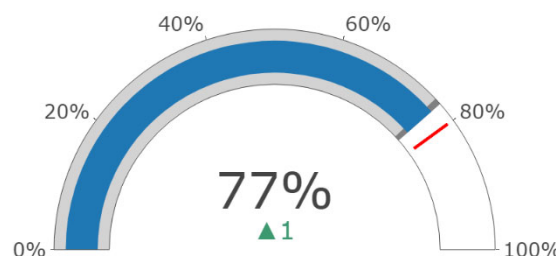
Q12: WHEN SERVICES ARE NOT HELPING, THE PROVIDER LEADS A DISCUSSION OF HOW TO MAKE THINGS BETTER.



Q15: THE PROVIDER SUGGESTS CHANGES IN MY CHILD/YOUTH'S TREATMENT PLAN OR SERVICES WHEN THINGS AREN'T GOING WELL.



Q16: THE PROVIDER MAKES SPECIFIC SUGGESTIONS ABOUT WHICH SERVICES MIGHT BENEFIT MY CHILD.



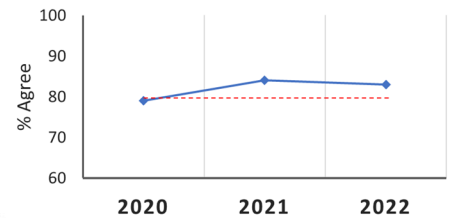
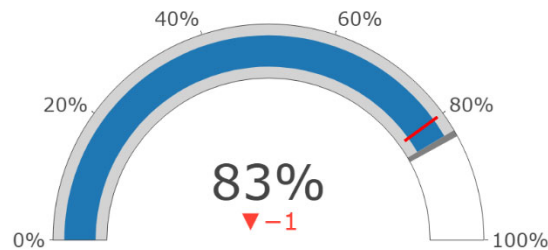
COMMUNITY-BASED SERVICE ARRAY



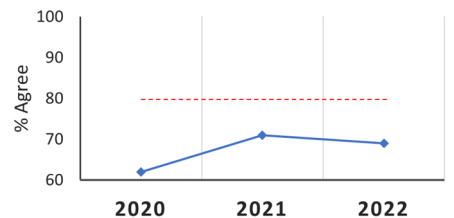
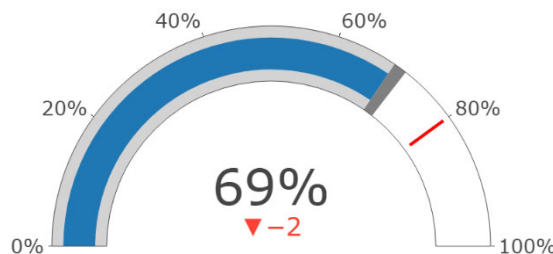
An array of community-based interventions will be available and provided according to the individualized treatment plan and in the least restrictive setting to meet the youth's needs. These three items (Q5, Q10, Q21) largely address the accessibility of services for youth and families. Q21 was new in 2022.

Higher scores on these items predicted significantly lower risk of psychiatric hospitalization, even after adjusting for CANS and other youth characteristics.

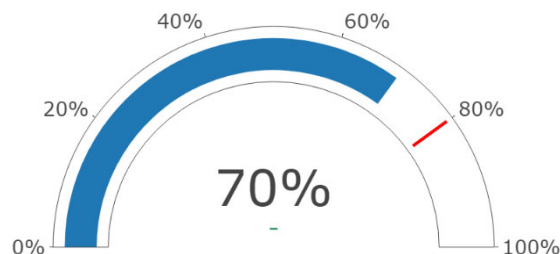
Q5: MEETINGS OCCUR AT TIMES AND LOCATIONS THAT ARE CONVENIENT FOR ME.



Q10: MY FAMILY CAN EASILY ACCESS THE SERVICES MY CHILD/YOUTH NEEDS MOST.



Q21: WE ARE ABLE TO ACCESS ALL THE MENTAL HEALTH SERVICES RECOMMENDED BY THE PROVIDER.

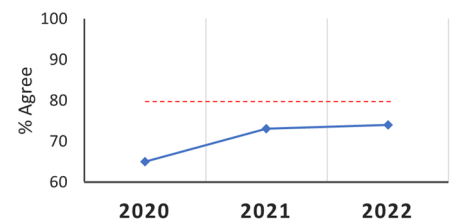
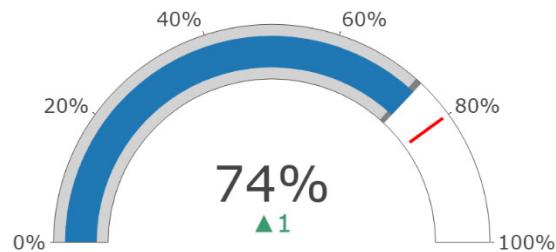


COLLABORATIVE CARE

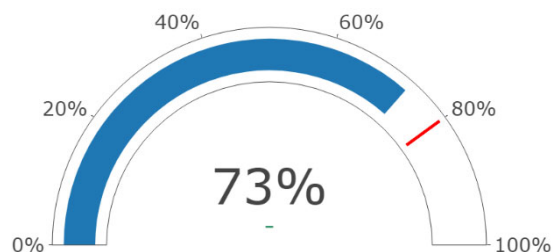


System partners work together to meet the mental health needs of youths involved in multiple systems. A team-based approach, in partnership with the family and youth, strives to bring together natural supports, professionals, and others to develop a family-driven, strengths-based, and solution-focused individualized treatment plan. Two items assessed this principle (Q8, Q19). Q19 was new for 2022.

Q8: THE PROVIDER MAKES SURE EVERYONE ON MY CHILD'S TREATMENT TEAM IS WORKING TOGETHER IN A COORDINATED WAY.



Q19: THE PROVIDER COMMUNICATES AS MUCH AS NEEDED WITH OTHERS INVOLVED IN MY CHILD/YOUTH'S CARE.



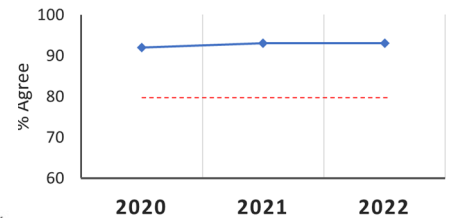
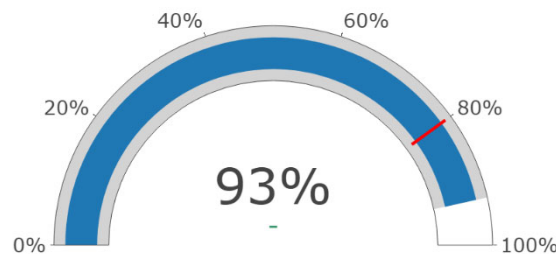
Youth who received collaborative care were significantly more likely to improve in their overall well-being and significantly less likely to experience a psychiatric hospitalization in the last six months compared to youth who did not receive collaborative care.

CULTURALLY COMPETENT CARE



Services are provided in a manner that is understandable and relatable to the family and youth. Services are provided in a manner that is considerate of family and youth's unique cultural needs and preferences. Services also respect the individuality of each individual. One item assessed this principle (Q18).

Q18: SERVICES ARE RESPECTFUL OF OUR FAMILY'S LANGUAGE, RELIGION, RACE/ETHNICITY, AND CULTURE.

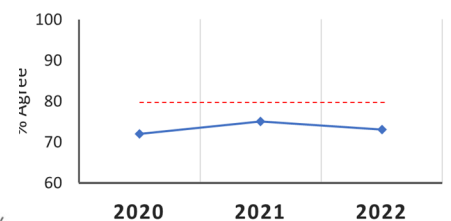
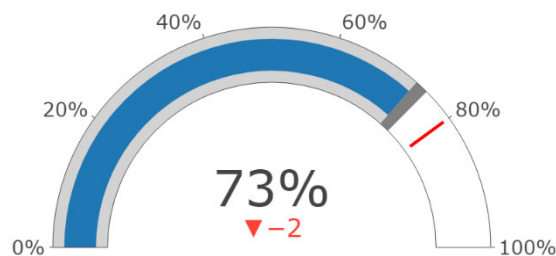


OUTCOME-BASED CARE



Individualized Treatment Plans contain observable, measurable indicators of success that are monitored and revised to achieve the intended goals or outcomes. One item assessed this principle (Q11).

Q11: THE PROVIDER OFTEN WORKS WITH OUR FAMILY TO MEASURE MY CHILD/YOUTH'S PROGRESS TOWARD HIS/HER GOALS.



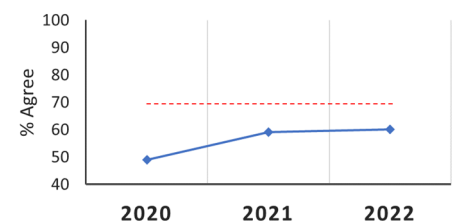
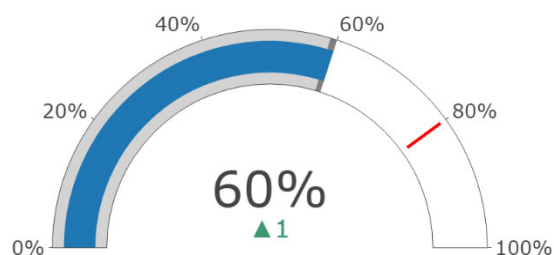
SAFETY/CRISIS PLANNING



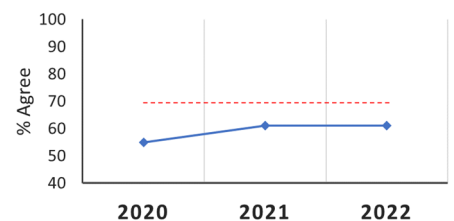
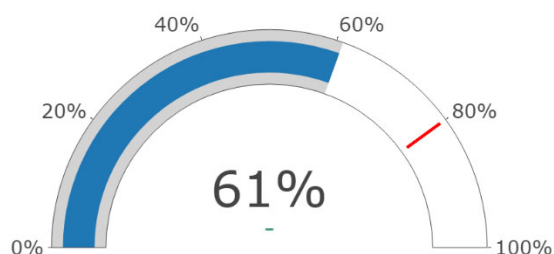
Crisis and safety planning is an important part of care to ensure youths and families are kept safe and have their needs met during a mental health crisis. The following questions asked caregivers about their family's experience with crisis safety planning (Q25, Q26, Q27).

Q25: THE PROVIDER HELPED MY FAMILY MAKE A

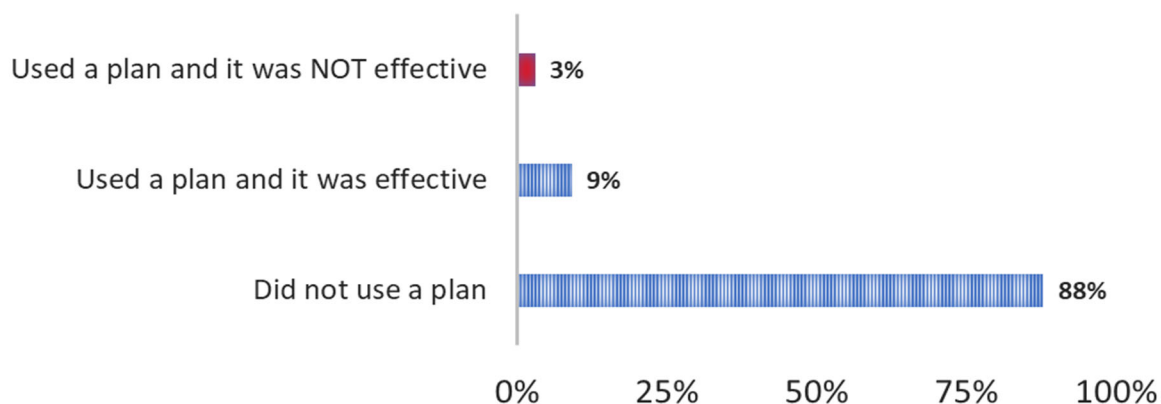
SAFETY/CRISIS PLAN.



Q26: I FEEL CONFIDENT MY FAMILY'S SAFETY/CRISIS PLAN WILL BE USEFUL IN TIMES OF CRISIS.



WEIGHTED %

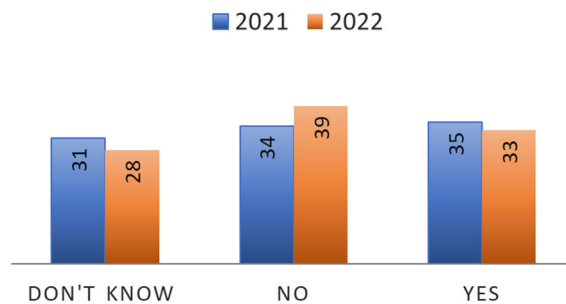


CANS IMPLEMENTATION

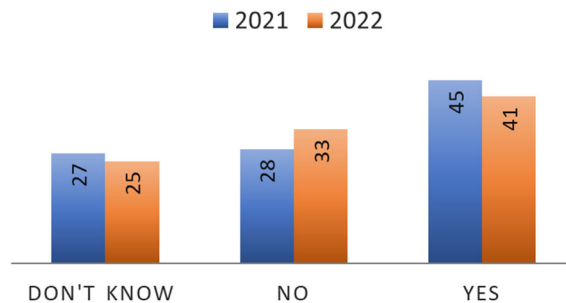


The CANS is an assessment of Child and Adolescent Needs and Strengths designed to support service planning and outcome monitoring. It is intended to be used in a collaborative way that supports communication among families and providers. The following items asked about families' experience with the CANS.

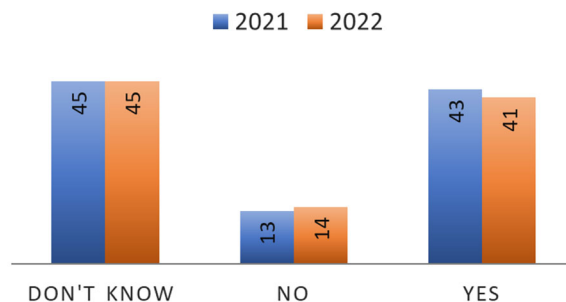
Q28: I was given a copy of my child's CANS (i.e., the ratings/scores and comments).



Q29: I had the opportunity to discuss my child's ratings/scores on the CANS with a provider.

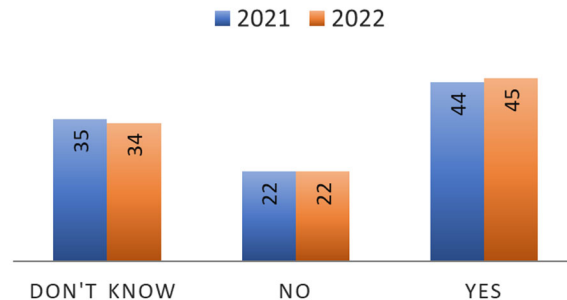


Q30: In the end, I agreed with my child's final ratings on the CANS.

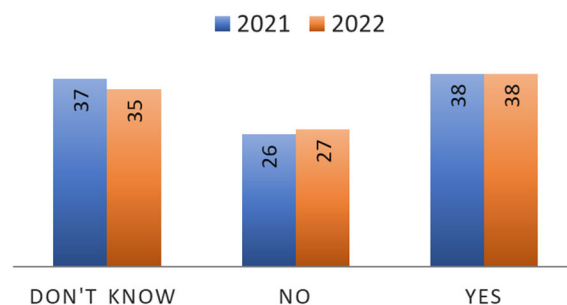


Use of the CANS to guide service planning (Q31) and describe eligibility for services (Q32) was associated with greater improvement in day-to-day functioning and lower risk of psychiatric hospitalization.

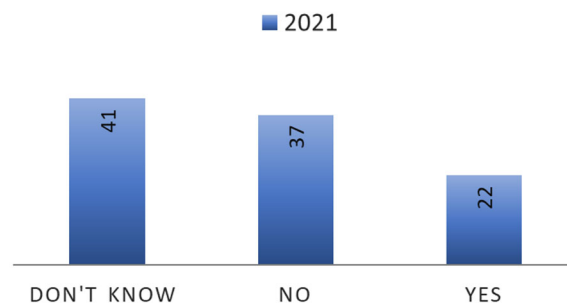
Q31: The provider, my child, and I used the CANS to identify specific treatment goals and services for my child/youth.



Q32: The provider used the CANS to help explain what services my child/ youth is eligible for.



Q33: The provider required us to complete a CANS even though we already had one completed in the last four months.

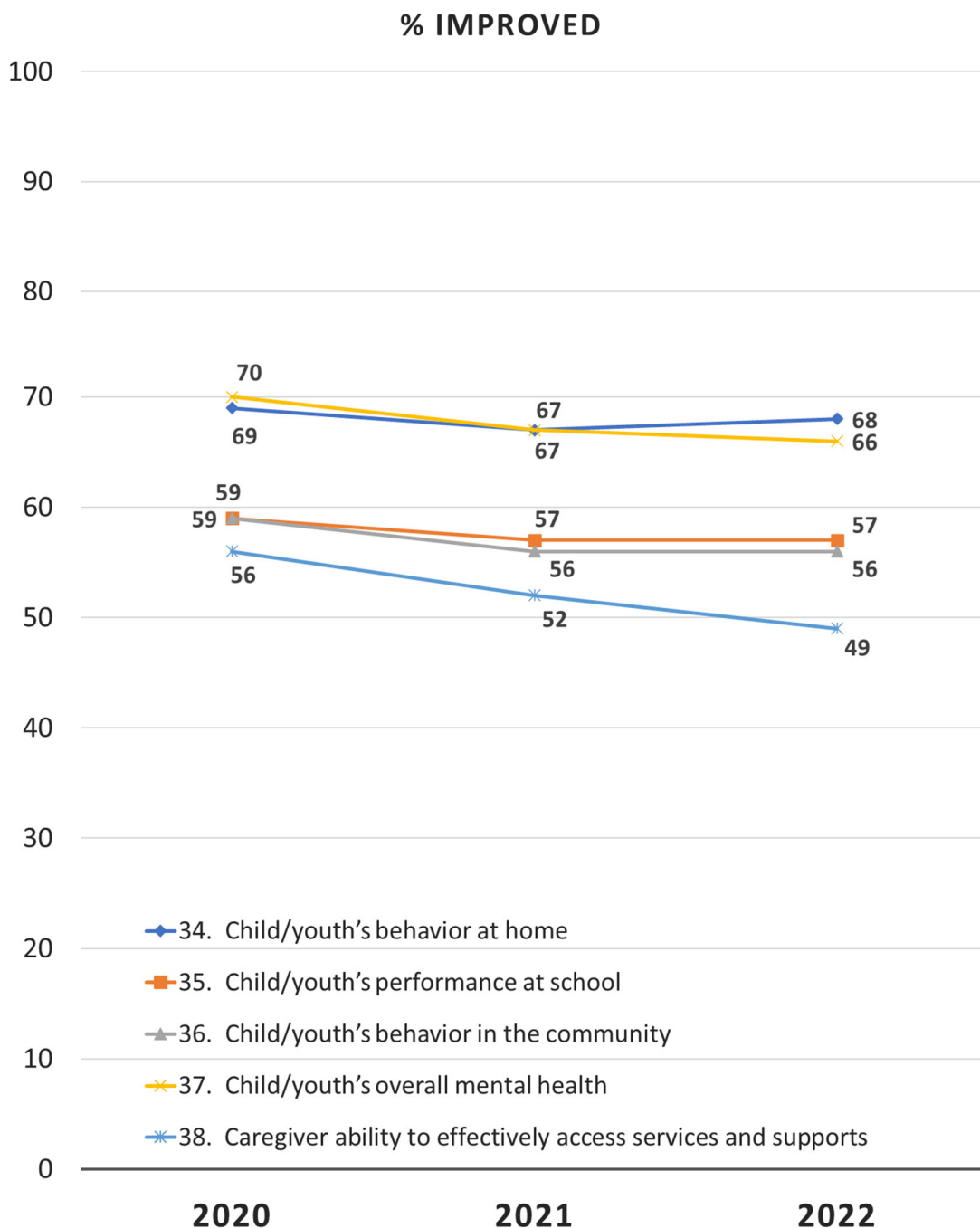


YOUTH OUTCOMES



Idaho YES services are intended to improve youth mental health and day-to-day functioning at home, at school, and in the community. Services are also intended to support caregivers as they meet the needs of their youth and navigate the mental health system. Five questions ask caregivers about how their youths' mental health and daily functioning have changed during the last 6 months.

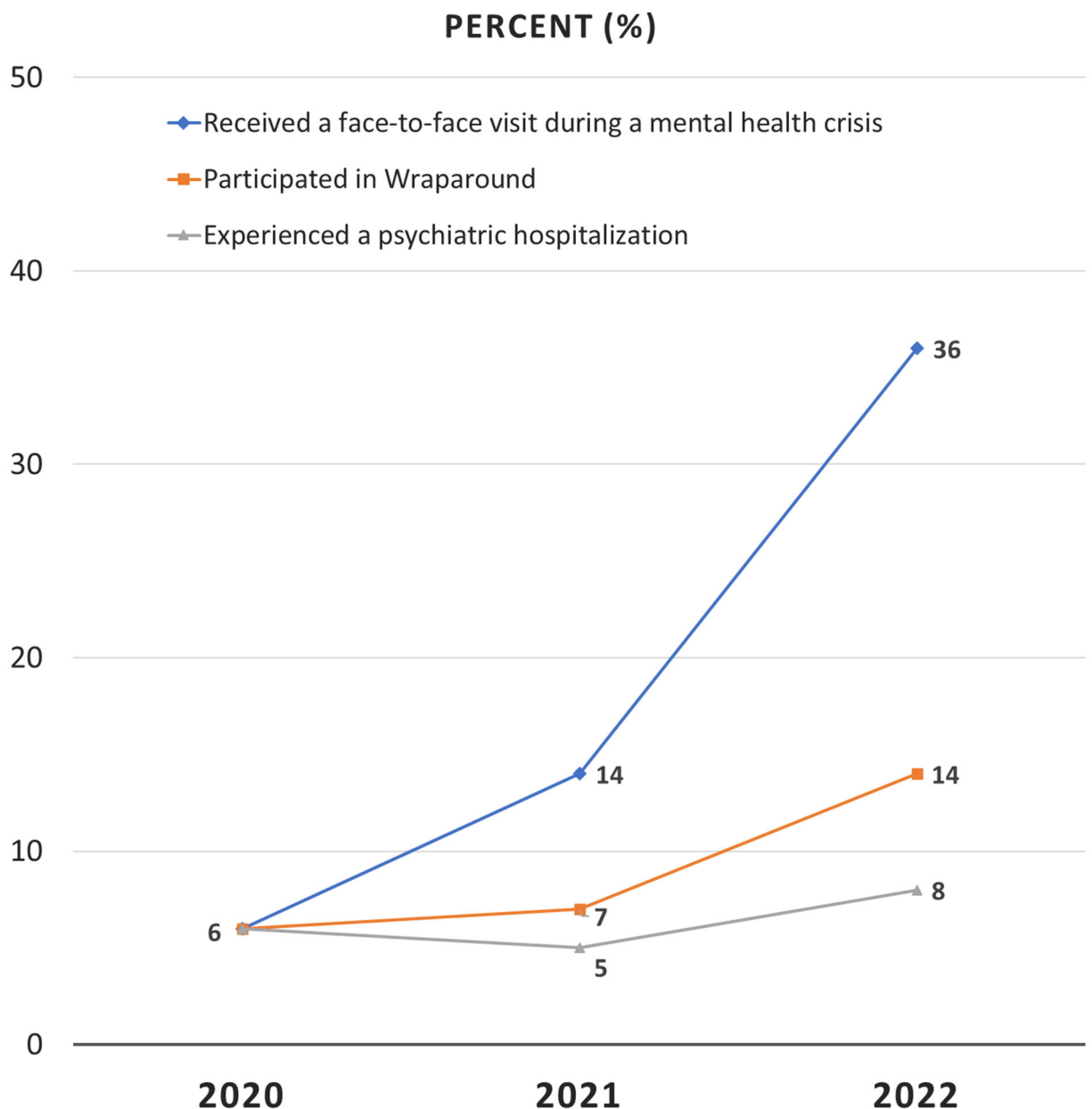
From 2020 to 2022, there was a significant decrease in caregivers' confidence in their ability to access services and supports for their youths.



USE OF SERVICES



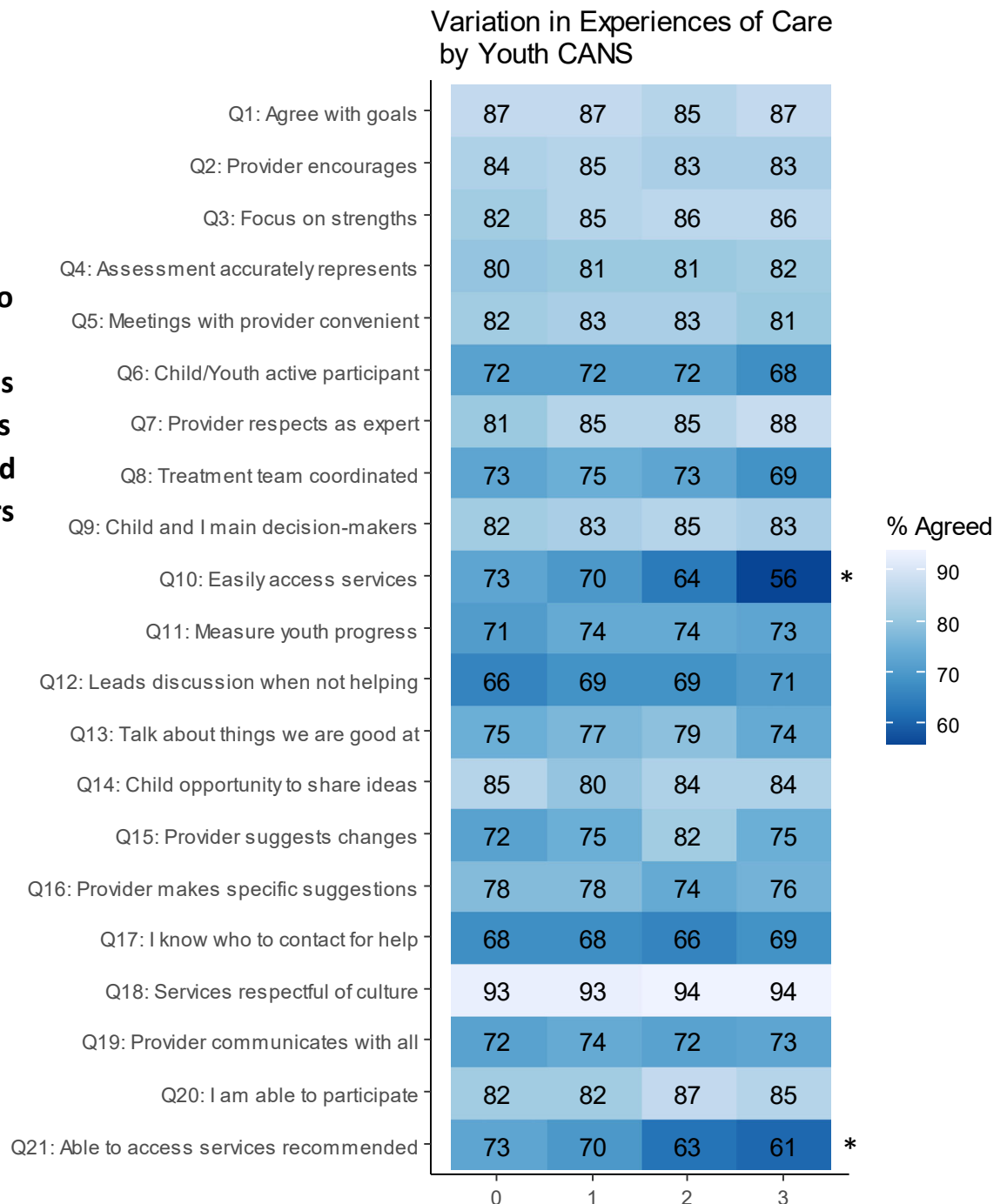
From 2021 to 2022, there were significant increases in the percent of youth who received a crisis visit, participated in Wraparound, and were psychiatrically hospitalized. Youths who participated in Wraparound were significantly more likely to receive a crisis visit.



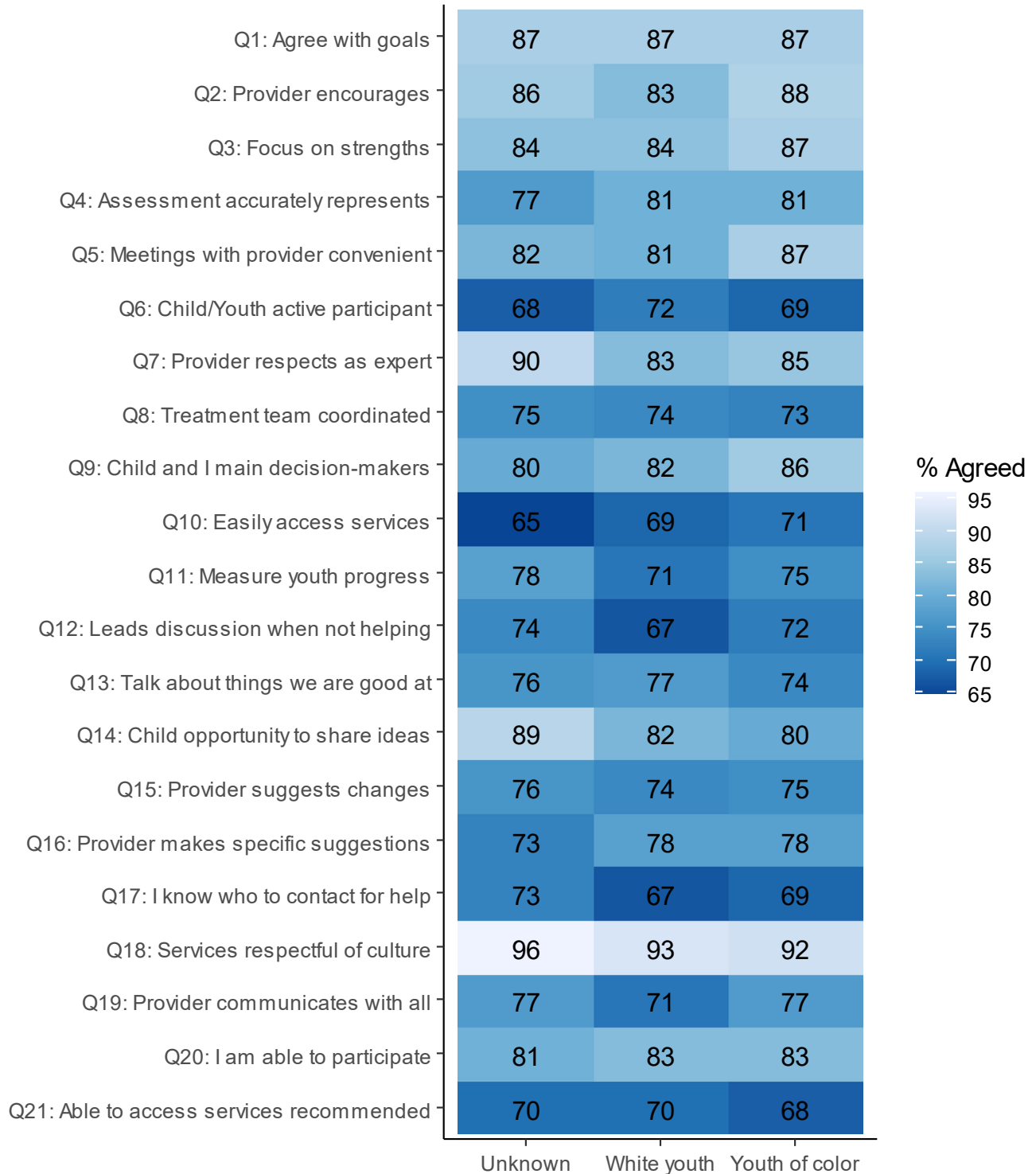
VARIATION IN CARE

When the Idaho YES system is effectively meeting the needs of all youth, experiences of care should not differ solely on the basis of youth characteristics. The charts below show the percentage of caregivers who agreed with each item by youth characteristic. Significant differences across groups are marked with an asterisk (*).

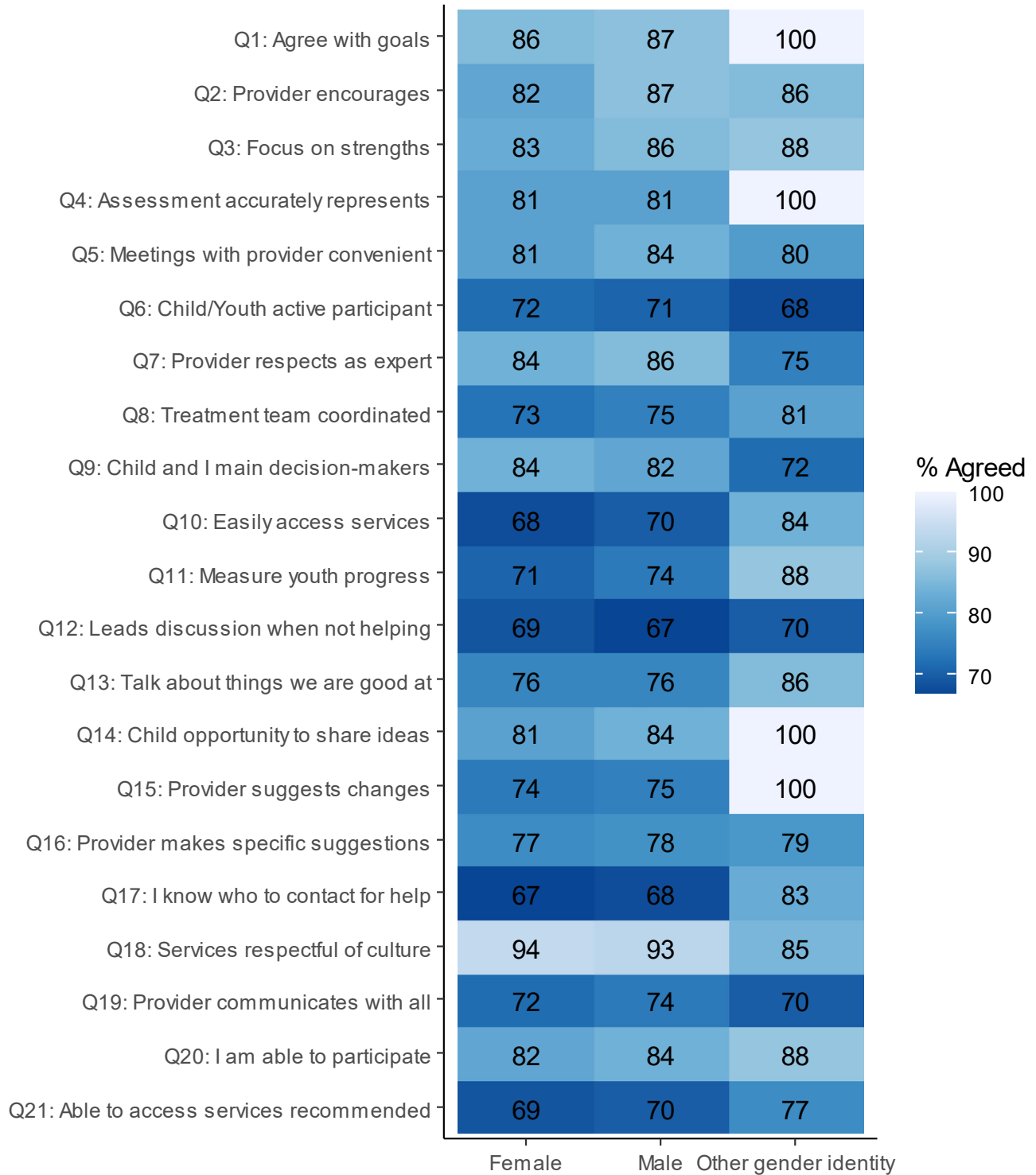
Youths with higher CANS were significantly less likely to have access to community-based services that providers recommended and caregivers felt were necessary.



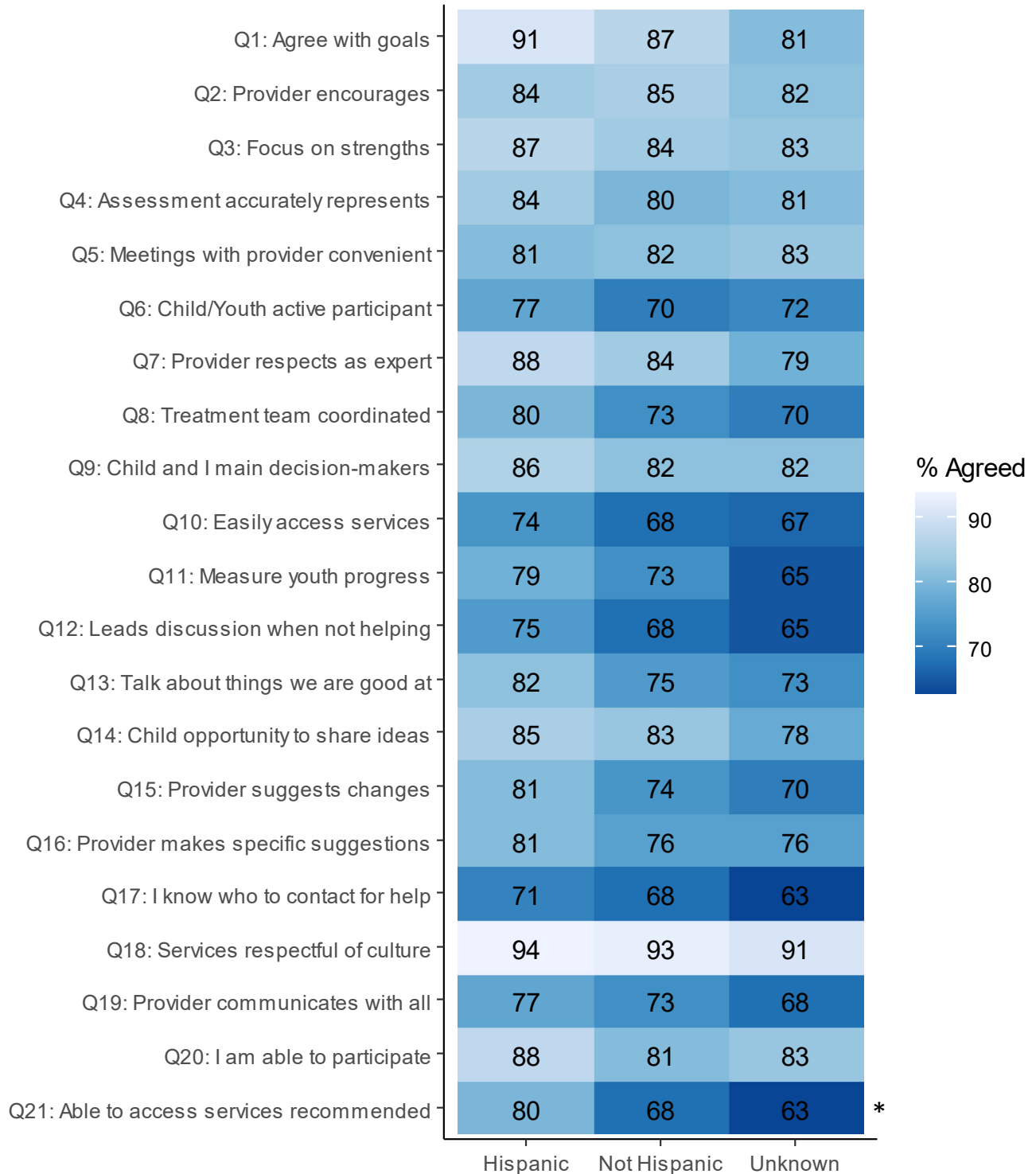
Variation in Experiences of Care by Youth Race



Variation in Experiences of Care by Youth Gender



Variation in Experiences of Care by Youth Ethnicity



APPENDIX 1: METHODS

TARGET POPULATION AND SAMPLE

The target population for the 2022 YES family survey was youth ages 4 to 21 years and their families who participated in YES services from July 1, 2021 to December 31, 2021 and who were not currently housed in residential out-of-home placements. Target respondents were parents or caregivers of these youth.

The sampling frame was generated by DBH and included all families of youth ages 4 to 21 who: (a) had participated in YES mental health services (either active or closed cases) from July 1, 2021 to December 31, 2021, (b) had received a CANS assessment as reflected in the iCANS database, (c) were not housed in a residential out-of-home placement, and (d) had a complete mailing address. The sampling frame included a total of 11,275 youth.

In order to ensure the survey sample was representative of the entire State of Idaho, investigators selected a stratified random sample of youth from each of IDHW's seven Regions (see Figure 1). The number of youths selected in each region was proportionate to that region's share of the total sampling frame. In order to obtain a sample large enough to produce a +/- 3% margin of error, the target sample size was 6,000 youth. For families with more than one youth in care, one youth was randomly selected from the household for inclusion in the sampling frame. The sampling process was completed in partnership by IDHW staff and investigators at Boise State University. Investigators at BSU only had access to a de-identified database; they never had access to any identifiable information about any youth or family.

The final sample included $N = 5,999$ youth, randomly sampled from seven strata (IDHW Regions), proportionate to each Region's share of the full sampling frame. The sample of 5,999 youth represented 53.2% of the entire population.

SURVEY ITEMS

Items on the 2022 YES family survey assessed caregivers' perceptions of the following domains:

- (1) the extent to which care provided to youth and families was adherent to the Idaho YES principles of care and Practice Model,
- (2) the adequacy of crisis and safety planning,
- (3) the extent to which families' experience with the CANS reflected its purpose and goals,
- (4) select services the youth participated in, including crisis intervention, Wraparound, and out-of-home care, and
- (5) service outcomes, including youth day-to-day functioning and caregiver confidence (self-efficacy) to access services and supports for their youth.

In each of these areas, caregivers were asked to rate the services and outcomes of their youth during the last six months. Caregivers were asked to think of the mental health provider or providers who worked with their child or youth the most during the last six months and to rate that provider. Definitions were provided to clarify terms such as "Safety/crisis plan" and "CANS." Research has shown that questions on the Idaho YES family survey are valid and reliable indicators of families' experiences of care and that variation in participants' responses to questions about their care experiences predicts variation in the extent to which youth benefit from care (Williams et al., 2021).

FIELDING PROCEDURE

The survey was fielded using an empirically-supported process described by Dillman et al. (2014) which included: (1) a pre-survey letter designed to inform participants that the survey would be forthcoming and that it was a legitimate request from the Idaho Department of Health and Welfare (IDHW), (2) a survey invitation letter, survey, and postage-paid return envelope, (3) a reminder postcard, and (4) a final survey mailed to individuals who had not yet responded which included the survey and a new postage paid return envelope. In total, participants received four contacts about the survey. The survey was available in English and Spanish. The survey was fielded from February 8, 2022 to April 22, 2022.

In order to protect participants' privacy, all surveys were mailed by staff at the IDHW Division of Behavioral Health (DBH). Surveys were mailed from IDHW to families and surveys were returned to IDHW. Following closure of the survey, IDHW staff provided the de-identified surveys to BSU investigators for analysis. Investigators at BSU only had access to de-identified information.

ETHICS APPROVAL

The study was reviewed and approved by the BSU Institutional Review Board (IRB) which is concerned with the protection of human subjects. The protocol number was 041-SB21-242.

REFERENCES

Dillman, D. A., Smyth, J. D., & Christian, L. M. (2014). *Internet, phone, mail, and mixed-mode surveys: the tailored design method*. John Wiley & Sons.

Williams, N. J., Beauchemin, J., Giuntini, G., Griffis, J., & Mo, Y. (2021). 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*, 10634266211028204.

APPENDIX 2: COPY OF 2022 YES FAMILY SURVEY



Experiences of Care and Outcomes for Youth & Families

Please help improve mental health services for children and families in Idaho by answering some questions about the mental health services your child/youth has received. Your answers are private and will not influence current or future services you receive.

For the following questions, please **rate the mental health provider** who has worked with your child/youth **the most** in the **past 6 months**. In the box below, please indicate the **type** of provider you are rating:

- | | |
|--|---|
| <input type="radio"/> Counselor/ Therapist/ Psychotherapist | <input type="radio"/> Medication prescriber (psychiatrist / physician / nurse practitioner) |
| <input type="radio"/> Case Manager/ Targeted Care Coordinator | <input type="radio"/> Respite provider |
| <input type="radio"/> Wraparound coordinator | <input type="radio"/> Substance use counselor or therapist |
| <input type="radio"/> Community Based Rehabilitation Specialist (CBRS) | <input type="radio"/> Other (please write in): _____ |

Below are some statements that **may or may not describe the mental health services your child/youth received** from the provider you indicated above.

Please rate how much you **Disagree** or **Agree** with each statement. Please answer the questions based on the **last 6 months** OR if you have not participated in services for 6 months just base your answers on services you received so far.

	Disagree	Neutral	Agree	Strongly Agree
1. The goals we are working on with the provider are the ones I believe are most important for my child/youth.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2. The provider encourages me to share what I know about my child/youth's strengths and needs.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3. The services focus on what my child/youth is good at, not just on problems .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4. The assessment completed by the provider accurately represents my child/youth's needs .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. Meetings with the provider occur at times and locations that are convenient for me .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. My child/youth is an active participant in planning his/her services.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. The provider respects me as an expert on my child/youth.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8. The provider makes sure everyone on my child's treatment team is working together in a coordinated way .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9. My child and I are the main decision-makers when it comes to planning services.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
10. My family can easily access the services my child needs most.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
11. The provider often works with our family to measure my child/youth's progress toward his/her goals.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
12. When services are not helping, the provider leads my child/youth's team in a discussion of how to make things better.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
13. The provider talks with us about how we can use things we are good at to overcome problems .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
14. When decisions are made about services, my child/youth has the opportunity to share his/her own ideas.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
15. The provider suggests changes in my child/youth's treatment plan or services when things aren't going well .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
16. The provider makes specific suggestions about what services might benefit my child/youth.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
17. I know who to contact for help if I have a concern or complaint about my provider.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
18. Services we receive are respectful of our family's language, religion, race/ethnicity, and culture .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
19. The provider communicates as much as needed with others involved in my child/youth's care.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
20. I am able to participate in my child/youth's mental health services as much as I want .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
21. We are able to access all the mental health services recommended by the provider.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

In the **last 6 months**, **how many times** has your child/youth participated in the following services?

22. Received a **face-to-face** visit from a mental health professional for **help with a crisis at the time and location of the crisis**

- ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

23. Participated in **Wraparound team meetings or visits** with a Wraparound coordinator

- ☐ None ☐ 1 to 2 ☐ 3 to 5 ☐ 6 to 7 ☐ 8 to 10 ☐ 11 or more

The next questions ask about a **safety/crisis plan**. A safety/crisis plan is a written document that says what you, your child, and others will do to de-escalate a mental health crisis. It often lists coping strategies, support people, phone numbers, and resources.

	Disagree	Neutral	Agree	Strongly Agree
24. Do you believe your child/youth should have a safety/crisis plan in place? <input type="radio"/> No (Skip to question 28) <input type="radio"/> Yes (Answer all questions below) <input type="radio"/> Unsure (Answer all questions below)				
25. The provider helped my family make a safety/crisis plan .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
26. I feel confident that my family's safety/crisis plan will be useful in times of crisis.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
27. Have you used a safety/crisis plan for your child in the last 6 months ? <input type="radio"/> No <input type="radio"/> Yes IF YES, was the plan effective ? <input type="radio"/> No <input type="radio"/> Yes				

	Don't Know	No	Yes
The CANS is a tool used by Idaho mental health providers to assess " C hild and A dolescent N eeds & S trengths." It is typically completed when a child/youth first enters services and then every 4 months after that. Below are some statements that may or may not describe your experience with the CANS. Please state <u>whether you agree</u> with each statement by marking " No " or " Yes ." If you are unsure, please mark " Don't know ."			
28. I was given a copy of my child's CANS (i.e., the ratings/scores and comments).	<input type="radio"/> 99	<input type="radio"/> 0	<input type="radio"/> 1
29. I had the opportunity to discuss my child's ratings/scores on the CANS with a provider .	<input type="radio"/> 99	<input type="radio"/> 0	<input type="radio"/> 1
30. In the end, I agreed with my child's final ratings on the CANS.	<input type="radio"/> 99	<input type="radio"/> 0	<input type="radio"/> 1
31. The provider, my child, and I used the CANS to identify specific treatment goals and services for my child/youth.	<input type="radio"/> 99	<input type="radio"/> 0	<input type="radio"/> 1
32. The provider used the CANS to help explain what services my child/ youth is eligible for .	<input type="radio"/> 99	<input type="radio"/> 0	<input type="radio"/> 1
33. The provider required us to complete a CANS even though we already had one completed in the last four months.	<input type="radio"/> 99	<input type="radio"/> 0	<input type="radio"/> 1

	Much Worse	A Little Worse	About the Same	A Little Better	Much Better
Compared to 6 months ago, how would you rate...					
34. ...your child/youth's behavior at home now (e.g., getting along with family, following rules, helping around the house)?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
35. ...your child/youth's performance at school now (e.g., attendance, behavior, grades)?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
36. ...your child/youth's behavior in the community now (e.g., behavior in public, participation in positive activities, involvement with police)?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
37. ...your child/youth's overall mental health now ?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
38. ... your ability to effectively access services and supports your child/youth needs?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

In the last 6 months , how many total nights did your child/youth spend in...				
39. ...a hospital due to problems with behaviors or feelings?	<input type="radio"/> None	<input type="radio"/> 1 to 2	<input type="radio"/> 3 to 7	<input type="radio"/> 8 or more
40. ...a crisis shelter due to problems with behavior or feelings?	<input type="radio"/> None	<input type="radio"/> 1 to 2	<input type="radio"/> 3 to 7	<input type="radio"/> 8 or more
41. ...a residential treatment center or group home?	<input type="radio"/> None	<input type="radio"/> 1 to 30	<input type="radio"/> 31 to 60	<input type="radio"/> 61 to 90 <input type="radio"/> 91 or more
42. ...a juvenile detention center or other correctional facility?	<input type="radio"/> None	<input type="radio"/> 1 to 30	<input type="radio"/> 31 to 60	<input type="radio"/> 61 to 90 <input type="radio"/> 91 or more
43. ... treatment foster care ?	<input type="radio"/> None	<input type="radio"/> 1 to 30	<input type="radio"/> 31 to 60	<input type="radio"/> 61 to 90 <input type="radio"/> 91 or more

Please answer the following questions to let us know a little about your child/youth.	
44. How long has your child/youth been participating in mental health services?	_____ months
45. Is your child living in an out-of-home placement today ? (An out-of-home placement is any setting outside your home where youth stay overnight for two or more weeks under professional supervision, such as a residential treatment facility, group home, foster care, juvenile corrections, or crisis shelter). <input type="radio"/> No <input type="radio"/> Yes	

Thank you for sharing about your experience!

OFFICE USE ONLY
FORM #