

2022 Idaho YES Family Survey Results

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



IDAHO DEPARTMENT OF
HEALTH & WELFARE



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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 **Candace Falsetti, Michelle Schildauer, Maggie Copeland, and Cheryl Hawkins** from the Department.

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 Idaho's mental health system for youth and families.



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Why do we conduct the annual YES family 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



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Survey Topics



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



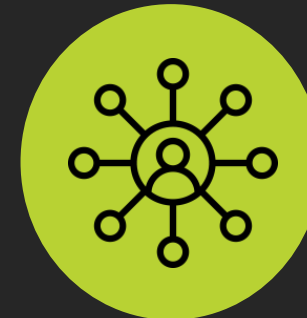
**Safety/Crisis
Planning**



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

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SAGE

Nathaniel J. Williams, PhD¹, James Beauchemin, PhD¹,
Guido Giuntini, MS¹, Jennifer Griffis, MLS² and Ya Mo, PhD¹

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

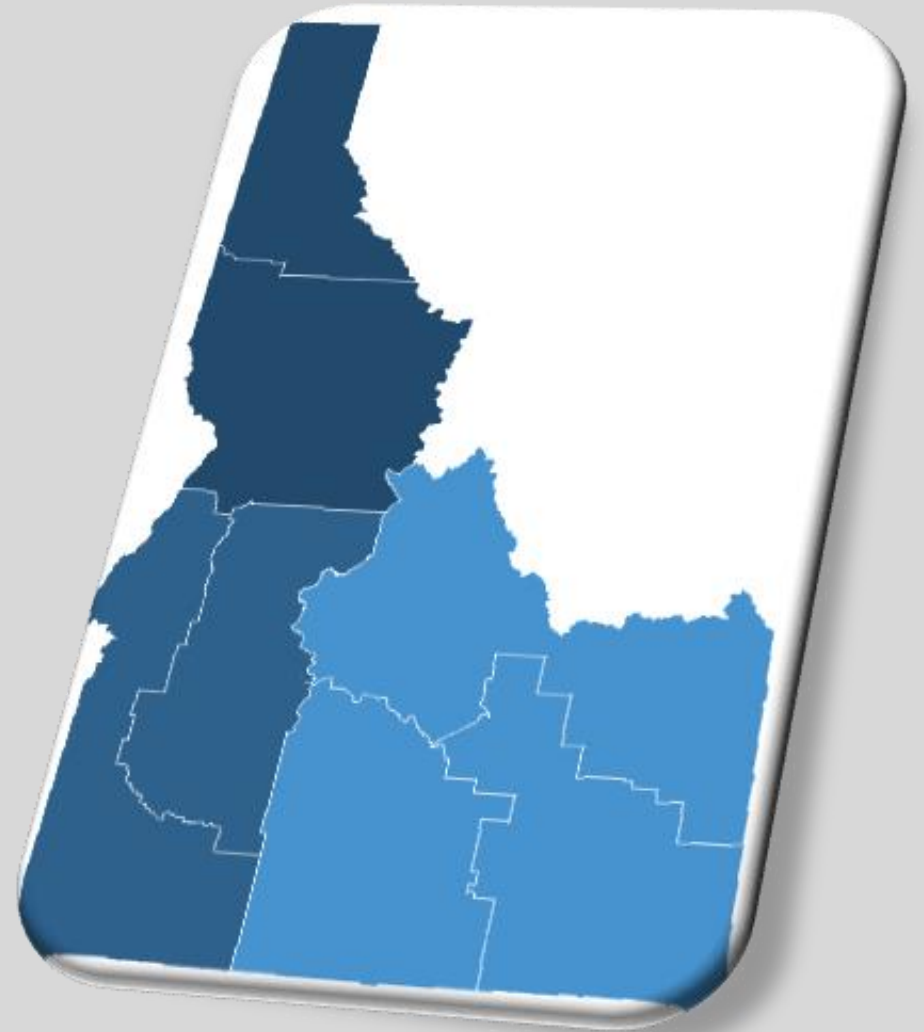
of care, system(s), implementation, programs/practices, adherence, psychometrics, involvement, families/parent(s)

Reliability & Validity of YES Quality Indicators

- Developed through a partnered process with families, policymakers, clinicians, and researchers
- Peer-reviewed 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, 2021 to December 31, 2021,
 - had a CANS,
 - ages 4 to 21,
 - had a valid address on file
- ✓ N=11,278 youth in database
- ✓ Stratified random sample of 5,999 youth
- ✓ Each Region's share of the sample was equal to its share of the total YES sampling frame



Survey Process



**Privacy and
confidentiality
protected!**

Pre-Survey
letter

Survey +
Business Reply
Envelope
(BRE)

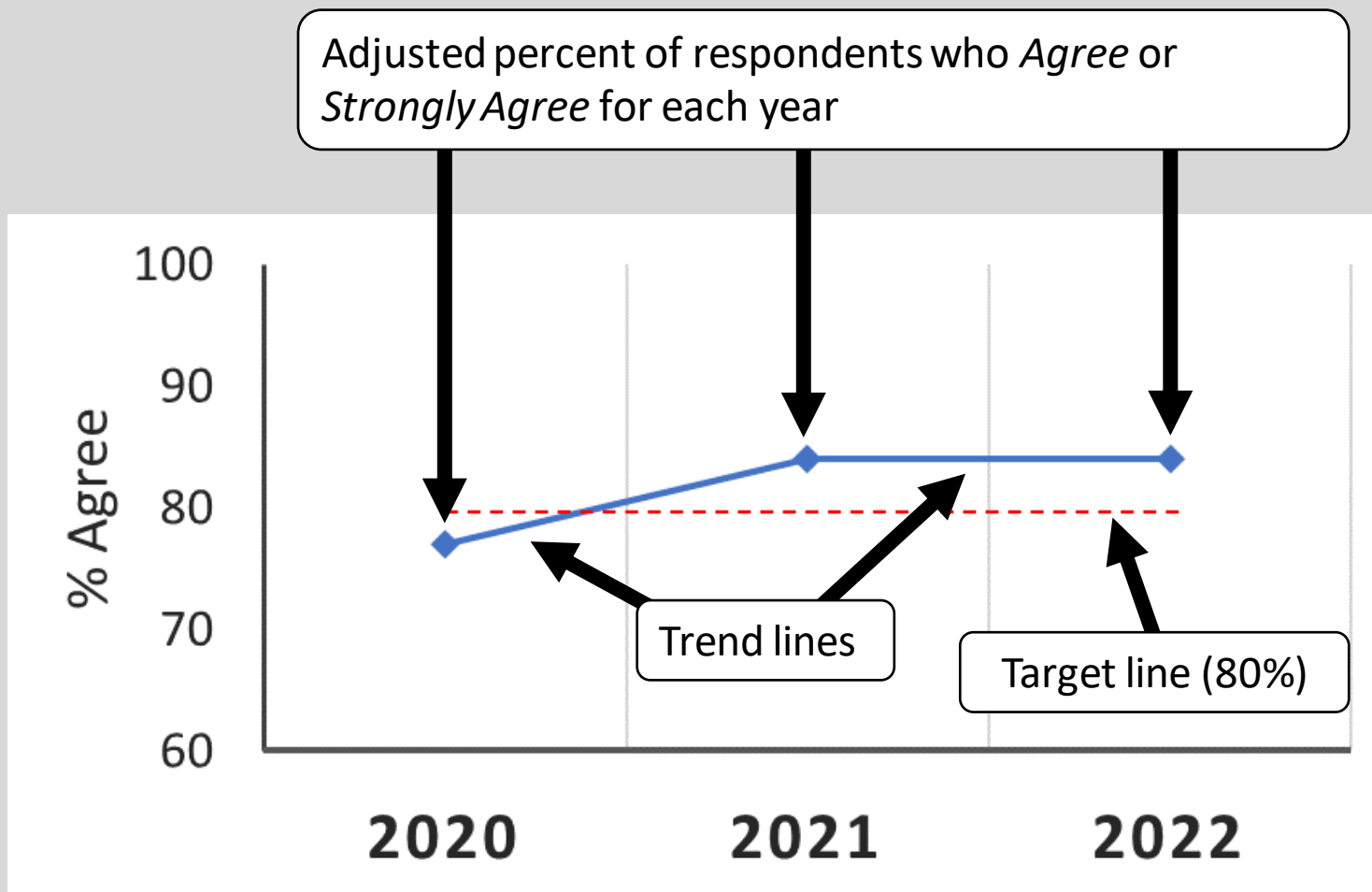
Reminder
Postcard

Follow-up
Survey + BRE



1-page / 45 agree-disagree-type questions

Interpreting Line Charts



The margin of error for the 2022 YES family survey was 2.8%.

All analyses are weighted to reflect population totals, account for survey nonresponse, and account for differences in youth characteristics across years.



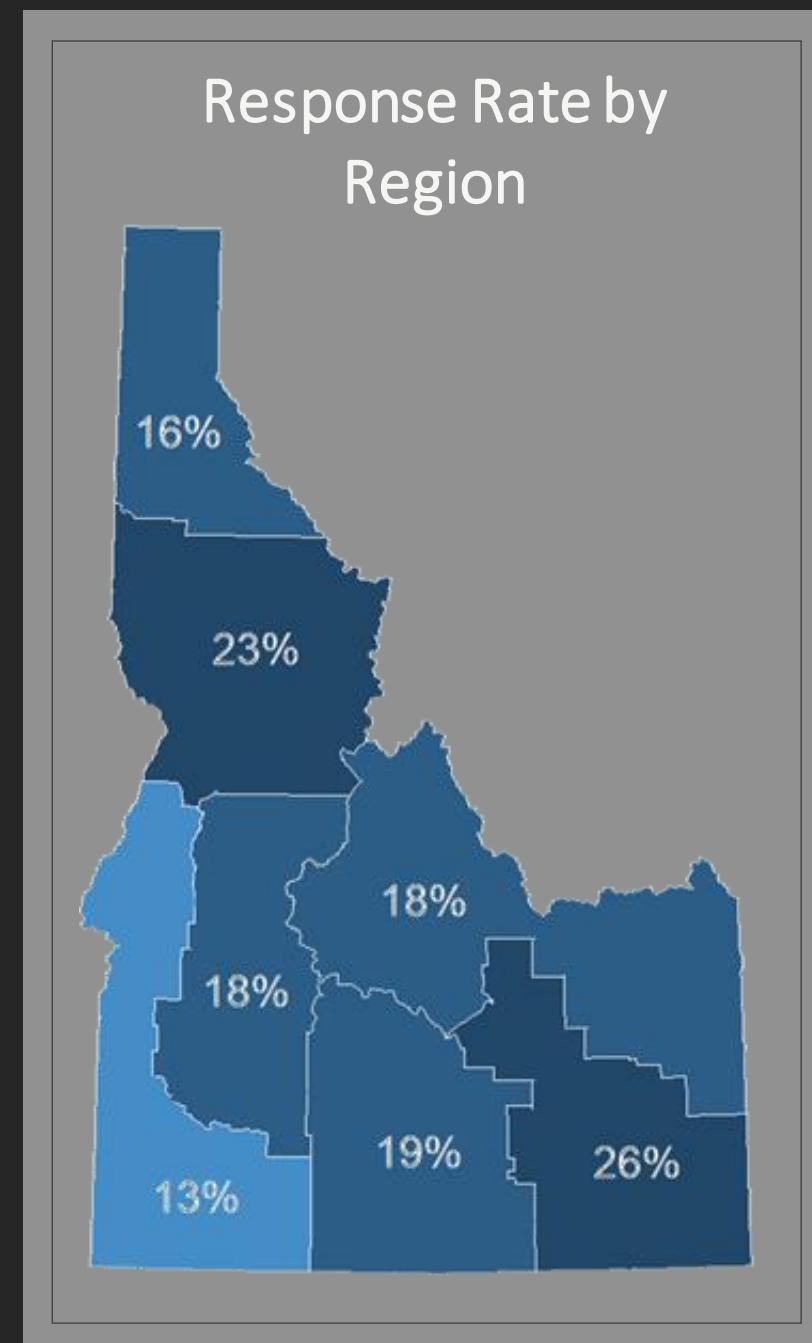
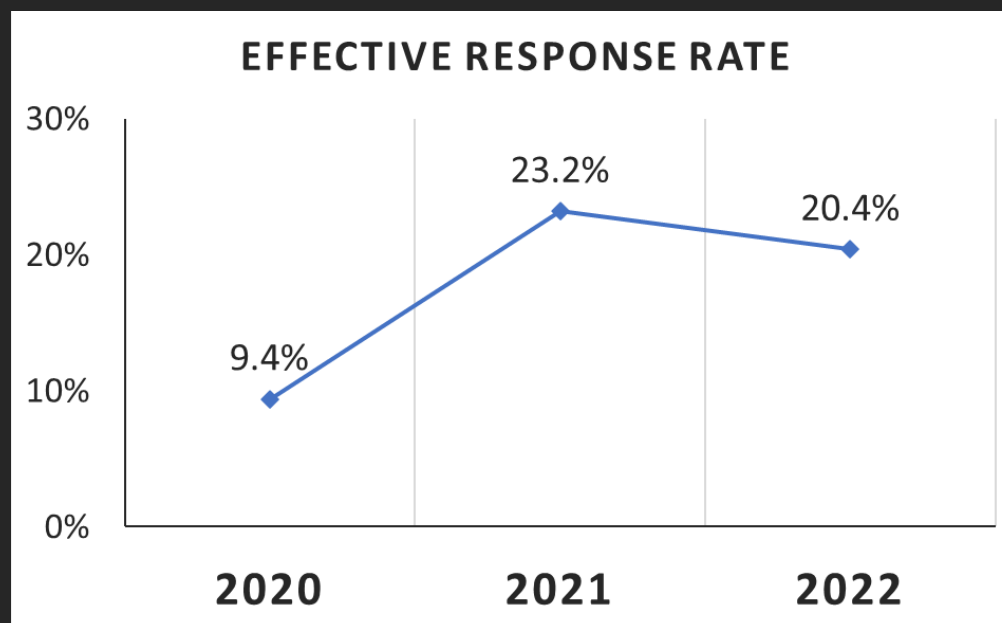
What was the
response?

Survey Response

1,048

Idaho families shared their experiences by completing the 2022 YES Family Survey.

1 out of 5 Idaho caregivers (20.4%) who received a survey completed it.



	n	%
YOUTH GENDER		
Female	522	49.8
Male	515	49.1
Other gender identity	5	0.5
Unknown/ Not reported	6	0.6
YOUTH AGE		
Under 5 years	9	0.9
5 to 9 years	258	24.6
10 to 14 years	460	43.9
15 years and older	321	30.6
YOUTH CANS		
0	385	36.7
1	457	43.6
2	101	9.6
3	105	10.0
YOUTH RACE		
Youth of color	219	20.9
White youth	749	71.5
Unknown/ Not reported	80	7.6
YOUTH ETHNICITY		
Not Hispanic or Latino	718	68.5
Hispanic or Latino	185	17.7
Unknown/ Not reported	145	13.8
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

Youth Characteristics

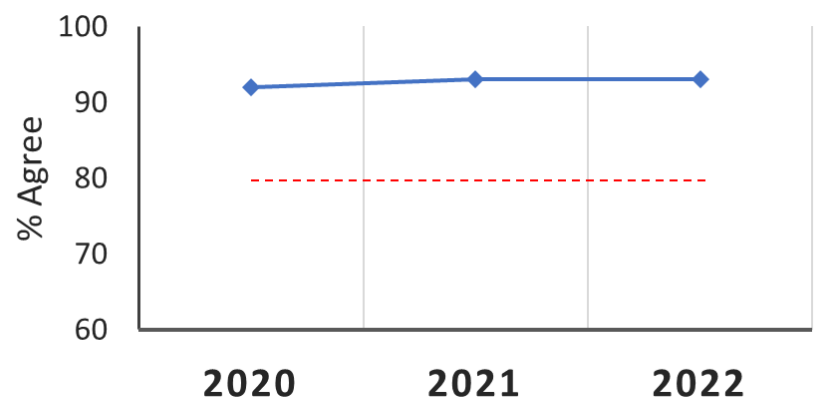
There were no statistically significant differences between the characteristics of youth whose caregivers responded to the survey versus those who did not.



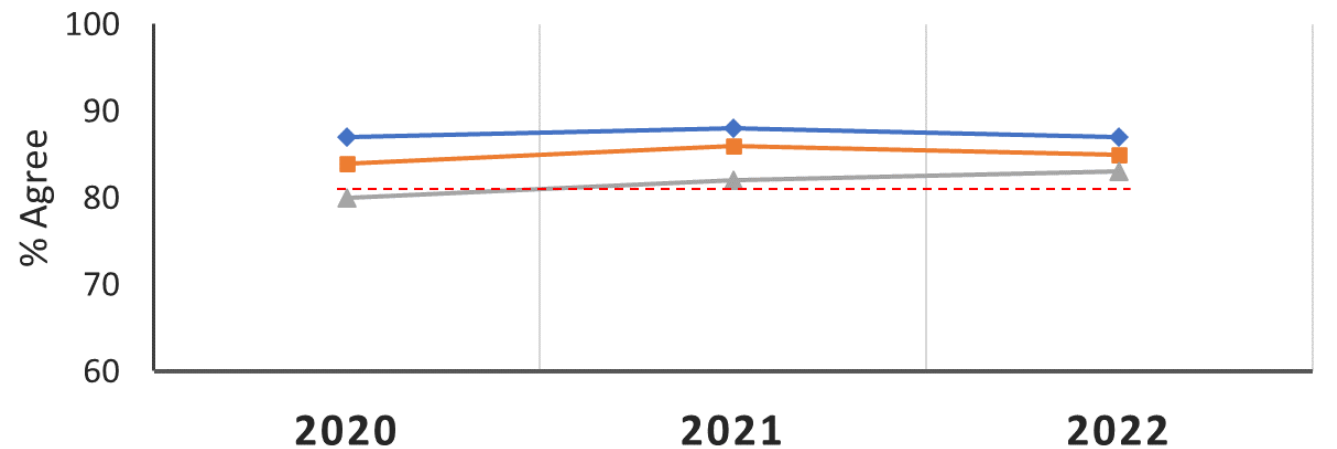


What did we learn?

Culturally Competent Care

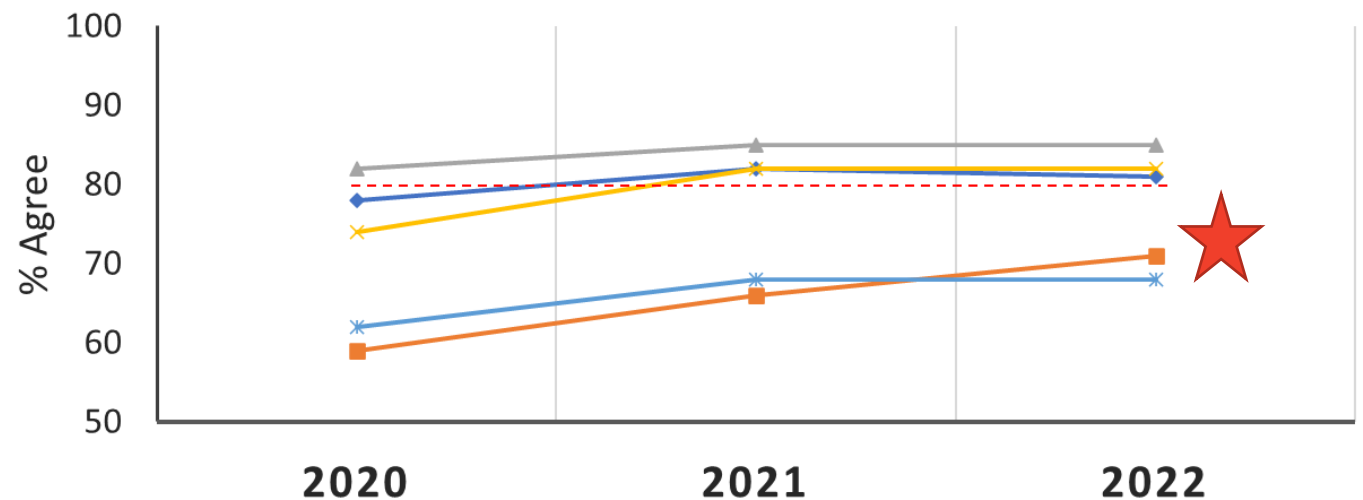


Family-Centered Care

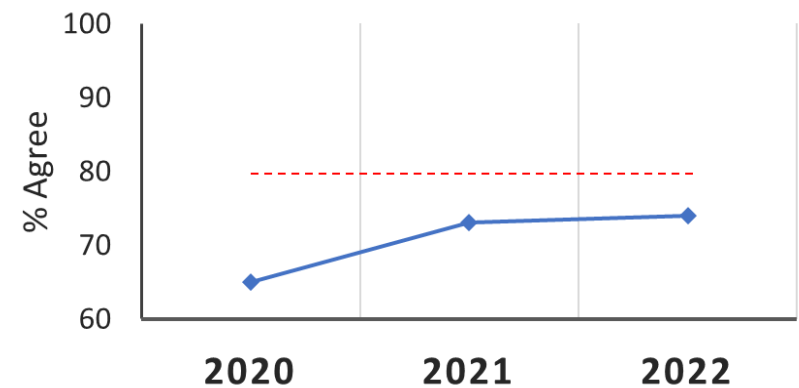


Caregiver ratings on the YES Quality Indicators remained stable from 2021 to 2022. Only 1 of 18 items changed significantly.

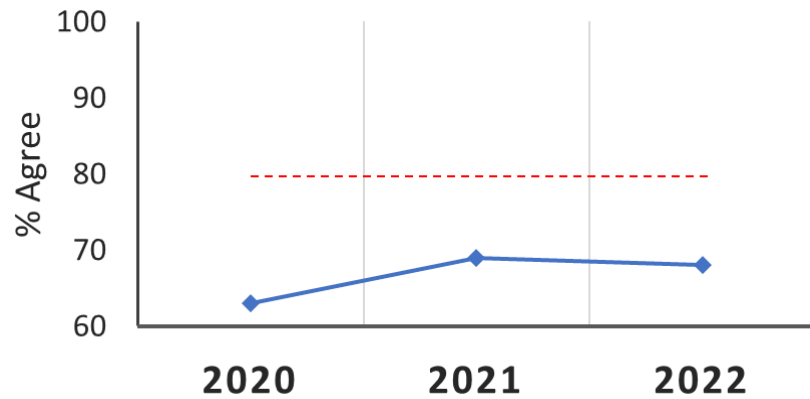
Family and Youth Voice & Choice



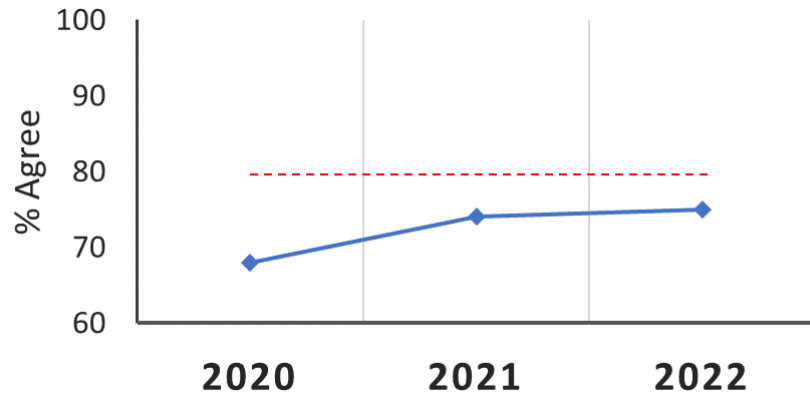
Collaborative Care



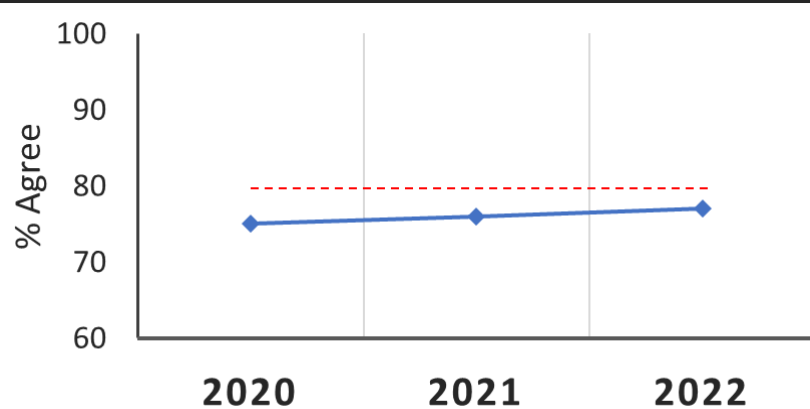
Individualized Care



**WHEN SERVICES AREN'T
HELPING, PROVIDER LEADS
DISCUSSION OF HOW TO MAKE
THINGS BETTER**

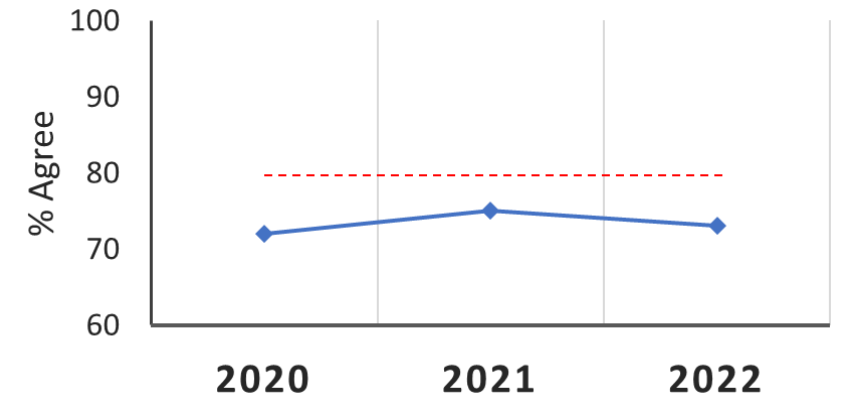


**PROVIDER SUGGESTS CHANGES IN
TREATMENT OR SERVICES WHEN
THINGS AREN'T GOING WELL**



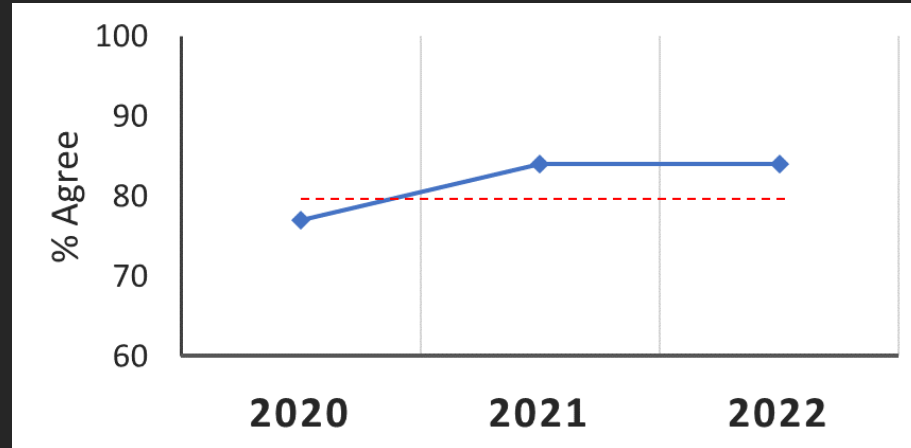
**PROVIDER MAKES SPECIFIC
SUGGESTIONS ABOUT WHICH
SERVICES MIGHT BENEFIT MY
CHILD**

Outcome-Based Care



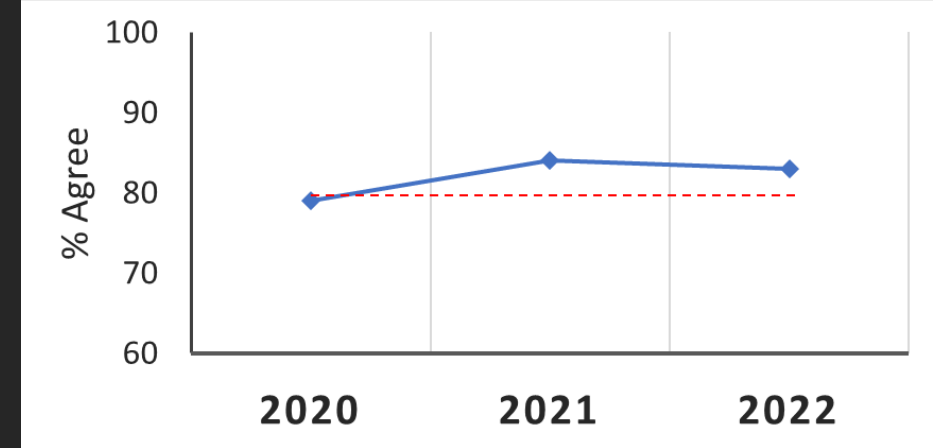
**PROVIDER OFTEN WORKS WITH US TO
MEASURE PROGRESS TOWARD GOALS**

Strengths-Based Care

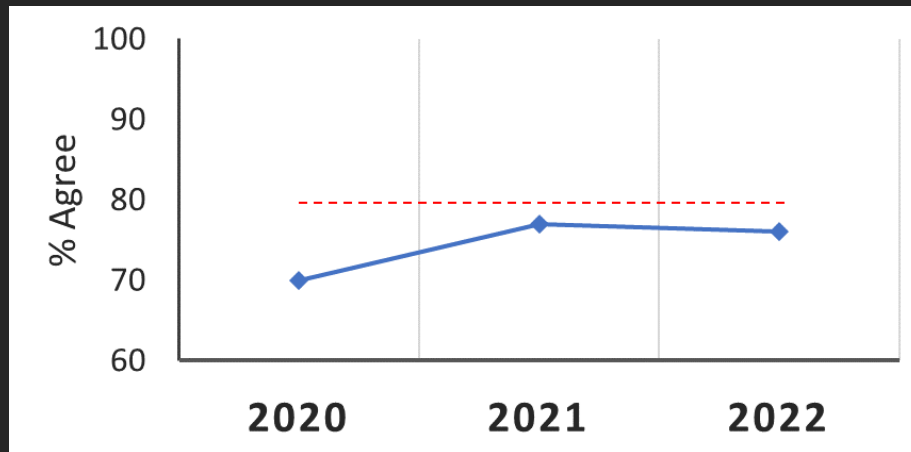


SERVICES FOCUS ON WHAT MY CHILD/YOUTH IS
GOOD AT

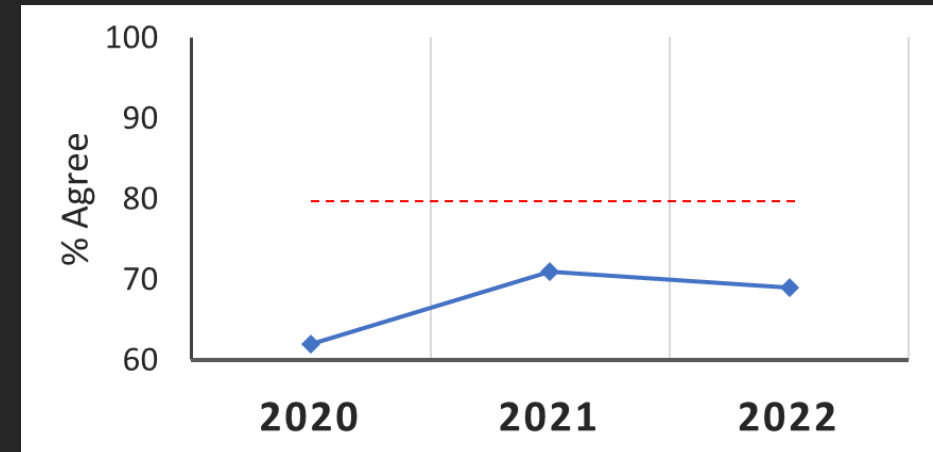
Community-Based Service Array



MEETINGS OCCUR AT CONVENIENT TIMES AND
LOCATIONS.

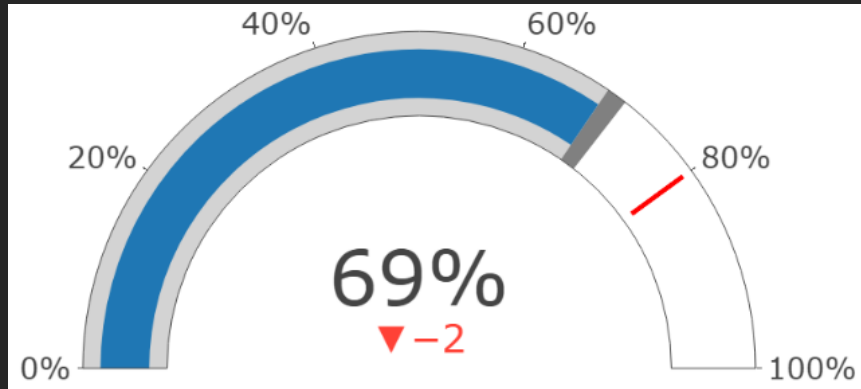


USE THINGS WE ARE GOOD AT TO OVERCOME
PROBLEMS

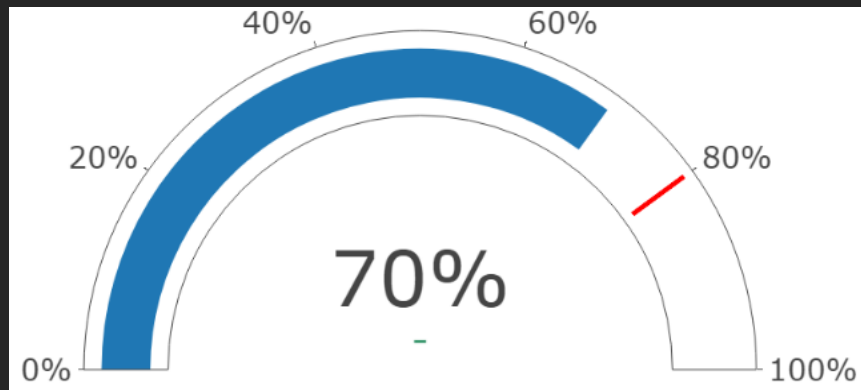


EASILY ACCESS THE SERVICES MY CHILD/YOUTH
NEEDS MOST.

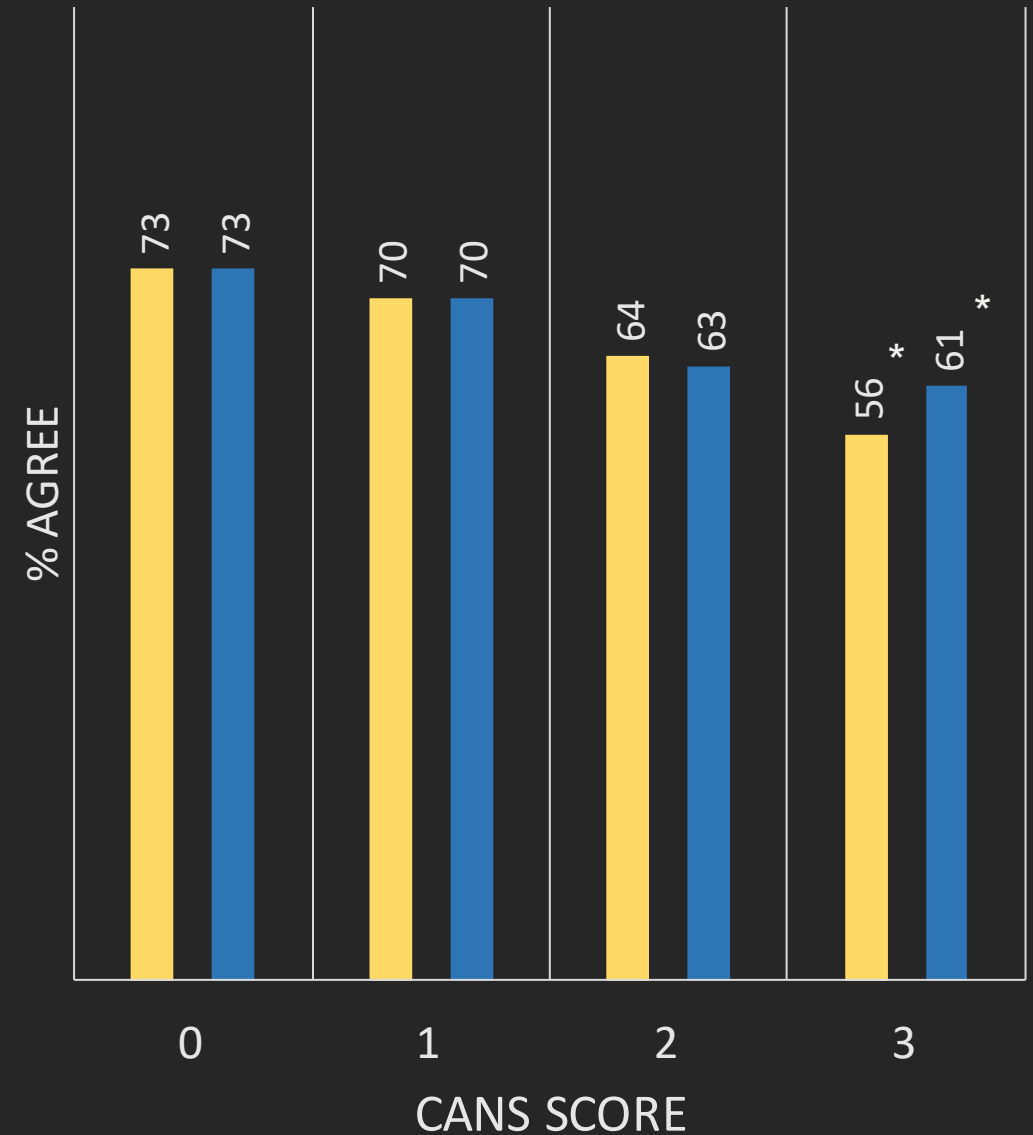
Community-Based Service Array



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



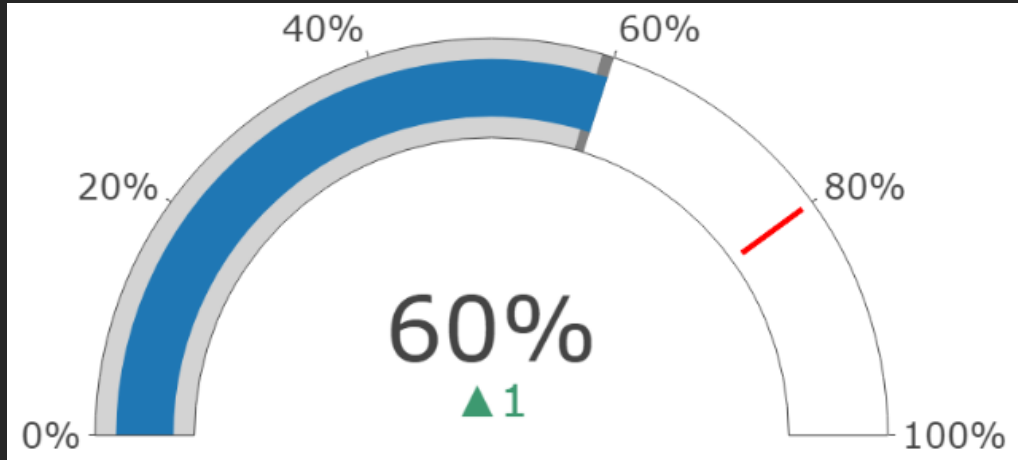
WE ARE ABLE TO ACCESS ALL THE MENTAL HEALTH SERVICES RECOMMENDED BY THE PROVIDER



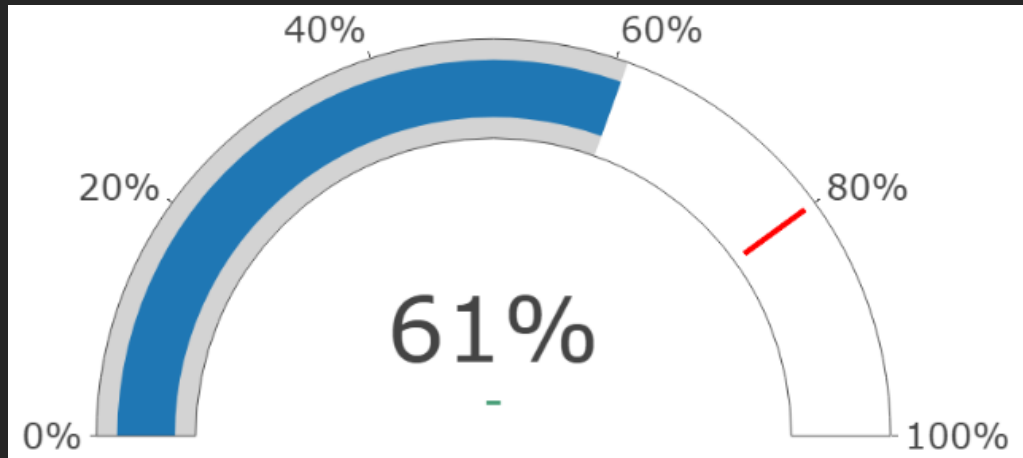
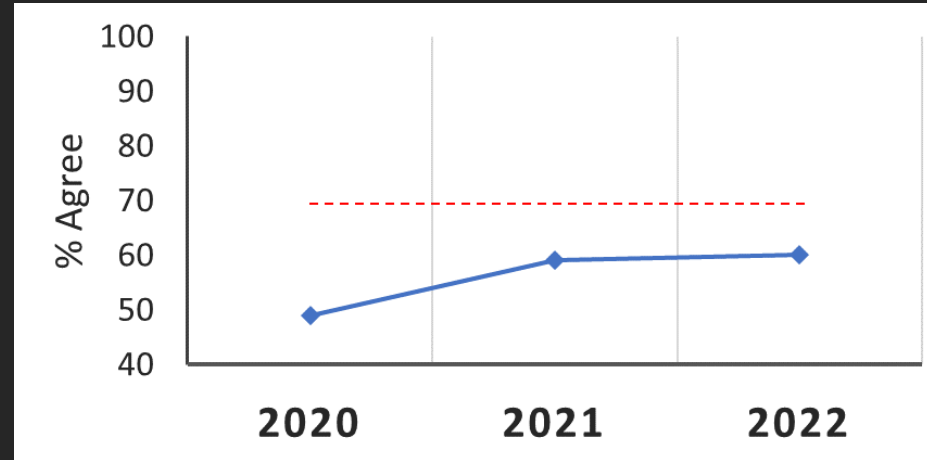
- Easily access services child needs most
- Able to access all recommended services

* Significantly different from other groups at $p < .05$

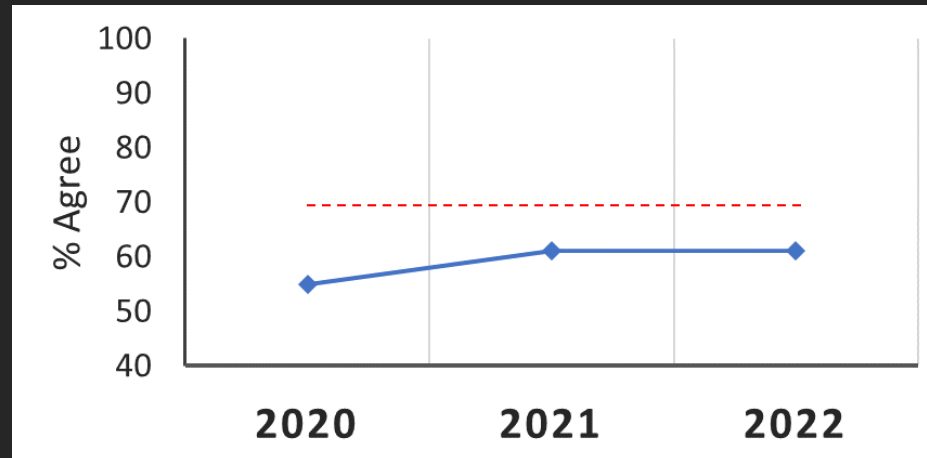
Safety Planning



THE PROVIDER HELPED MY FAMILY MAKE A SAFETY/CRISIS PLAN



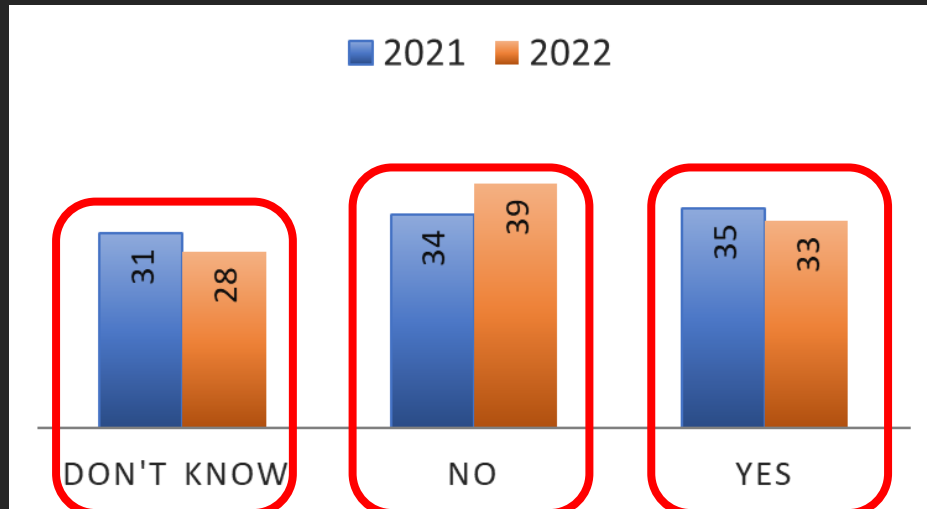
I FEEL CONFIDENT MY FAMILY'S SAFETY/CRISIS PLAN WILL BE USEFUL IN TIMES OF CRISIS



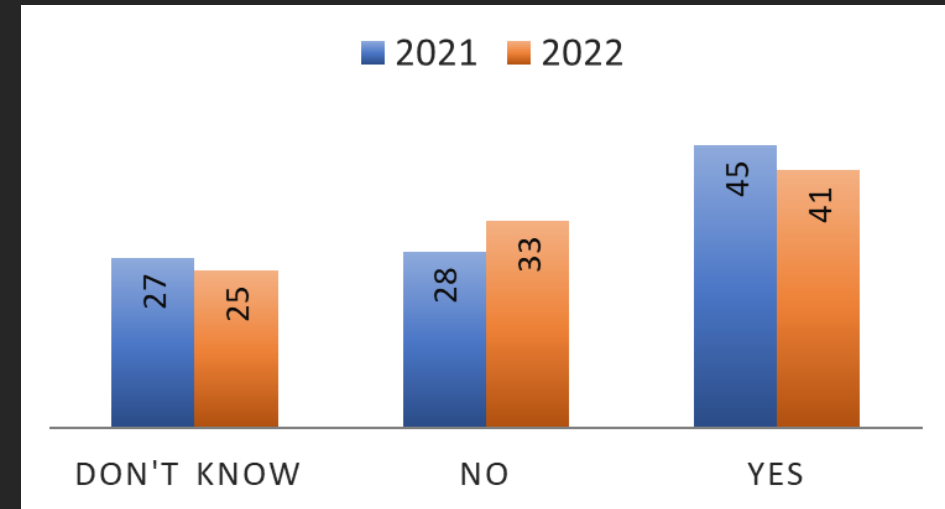
40% of Idaho families who participate in YES services & who believe their youth needs a safety plan were not helped to make one by a provider.

Note: 36% of the sample indicated their youth needed a safety plan (n =360)

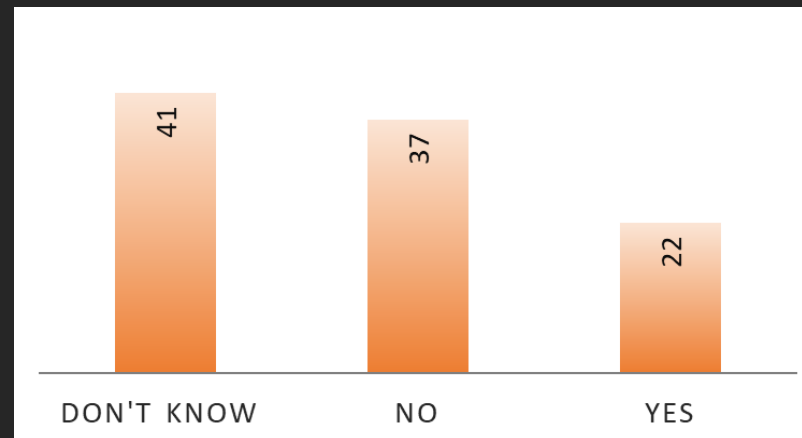
CANS Implementation



Given a copy of the CANS

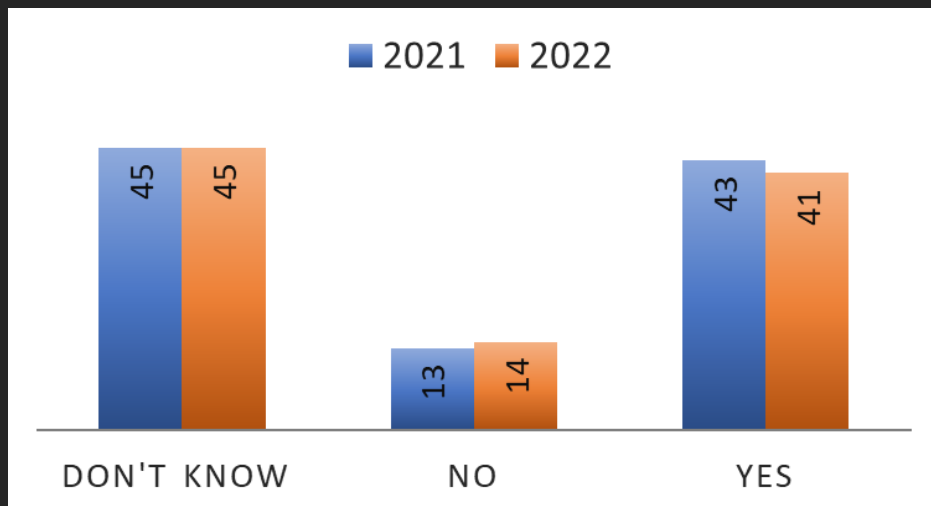


Opportunity to discuss ratings with provider*

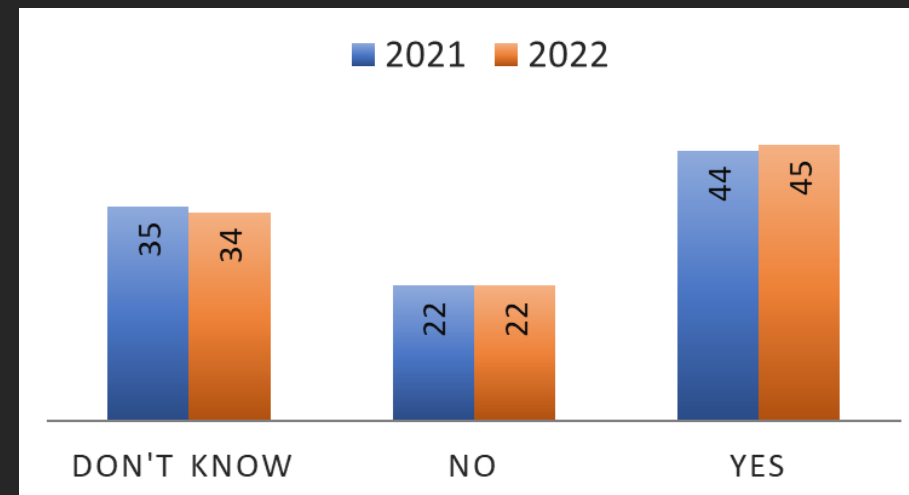


Required to complete CANS even though done in last 4 months

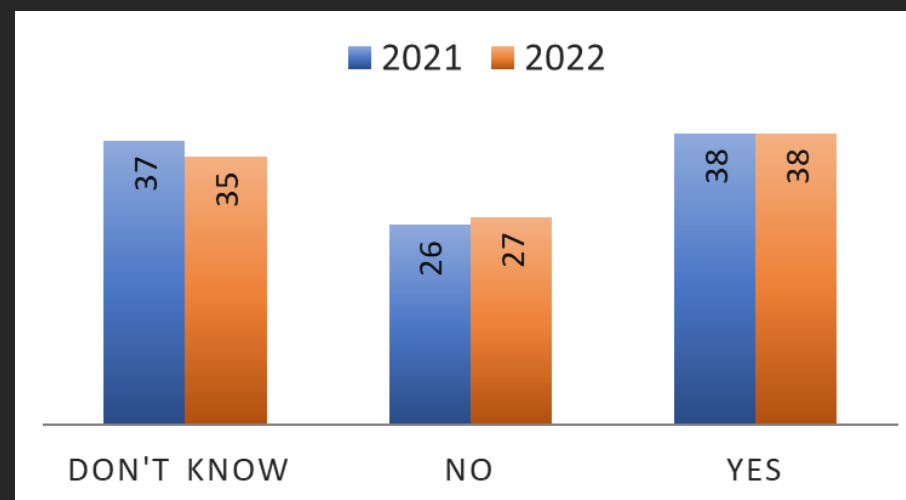
*Changed significantly from 2021 to 2022, even after adjusting for youth characteristics ($p < 0.05$).



Agreed with final ratings

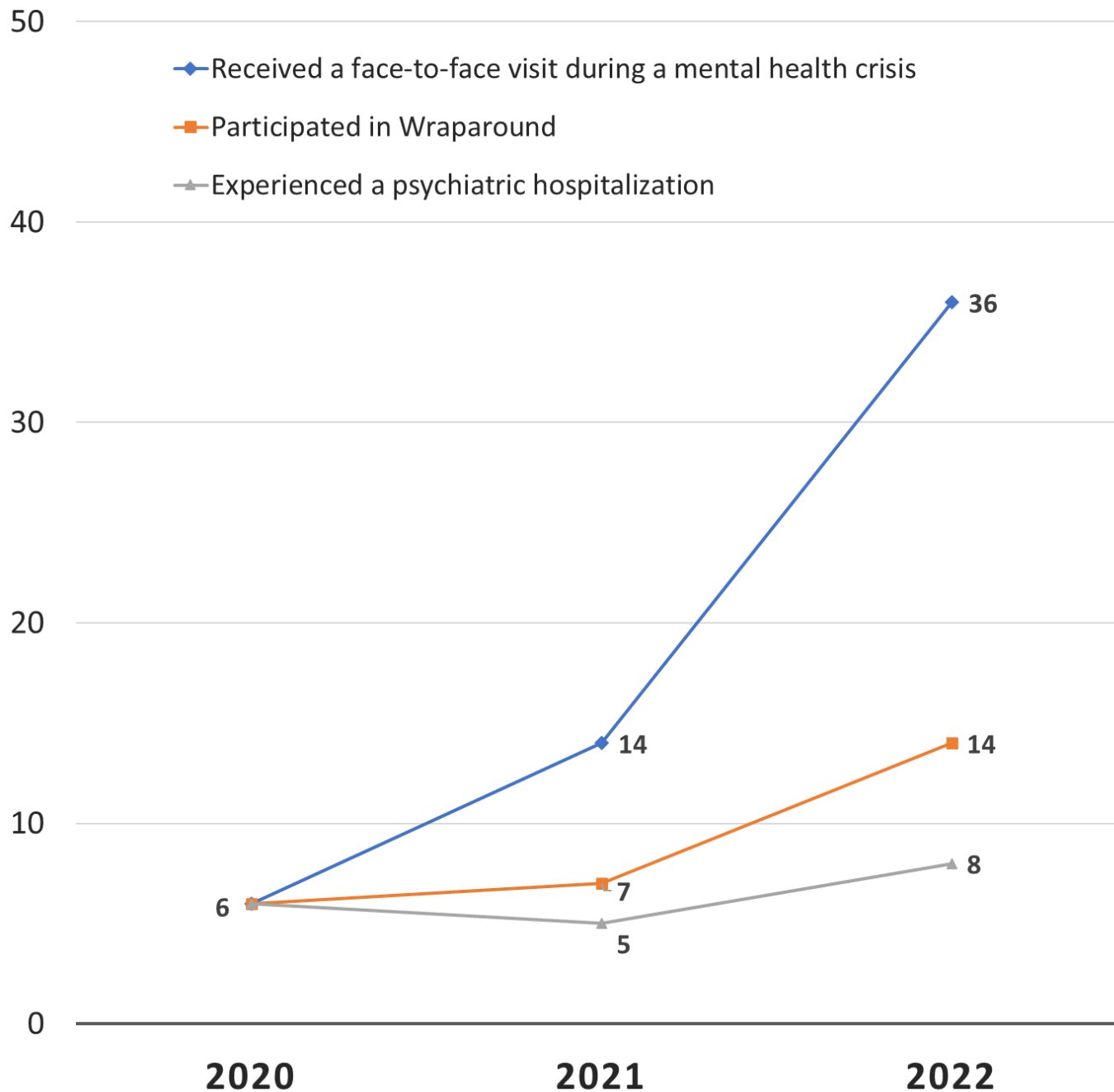


Used CANS to identify specific goals & services



Used CANS to explain eligibility

PERCENT (%)



From 2021 to 2022, there were significant increases in the percentage of youth who:

- **received a face-to-face visit from a provider at the time and location of a crisis,**
- **participated in Wraparound, and**
- **experienced a psychiatric hospitalization**

**After
adjusting for
multiple
comparisons,
there was no
evidence of
variation in
experiences of
care by youth
gender, race,
or ethnicity.**

Variation in Experiences of Care
by Youth Race

	Unknown	White youth	Youth of color
Q1: Agree with goals	87	87	87
Q2: Provider encourages	86	83	88
Q3: Focus on strengths	84	84	87
Q4: Assessment accurately represents	77	81	81
Q5: Meetings with provider convenient	82	81	87
Q6: Child/Youth active participant	68	72	69
Q7: Provider respects as expert	90	83	85
Q8: Treatment team coordinated	75	74	73
Q9: Child and I main decision-makers	80	82	86
Q10: Easily access services	65	69	71
Q11: Measure youth progress	78	71	75
Q12: Leads discussion when not helping	74	67	72
Q13: Talk about things we are good at	76	77	74
Q14: Child opportunity to share ideas	89	82	80
Q15: Provider suggests changes	76	74	75
Q16: Provider makes specific suggestions	73	78	78
Q17: I know who to contact for help	73	67	69
Q18: Services respectful of culture	96	93	92
Q19: Provider communicates with all	77	71	77
Q20: I am able to participate	81	83	83
Q21: Able to access services recommended	70	70	68

Variation in Experiences of Care
by Youth Gender

	Female	Male	Other gender identity
Q1: Agree with goals	86	87	100
Q2: Provider encourages	82	87	86
Q3: Focus on strengths	83	86	88
Q4: Assessment accurately represents	81	81	100
Q5: Meetings with provider convenient	81	84	80
Q6: Child/Youth active participant	72	71	68
Q7: Provider respects as expert	84	86	75
Q8: Treatment team coordinated	73	75	81
Q9: Child and I main decision-makers	84	82	72
Q10: Easily access services	68	70	84
Q11: Measure youth progress	71	74	88
Q12: Leads discussion when not helping	69	67	70
Q13: Talk about things we are good at	76	76	86
Q14: Child opportunity to share ideas	81	84	100
Q15: Provider suggests changes	74	75	100
Q16: Provider makes specific suggestions	77	78	79
Q17: I know who to contact for help	67	68	83
Q18: Services respectful of culture	94	93	85
Q19: Provider communicates with all	72	74	70
Q20: I am able to participate	82	84	88
Q21: Able to access services recommended	69	70	77

Variation in Experiences of Care
by Youth Ethnicity

	Hispanic	Not Hispanic	Unknown
Q1: Agree with goals	91	87	81
Q2: Provider encourages	84	85	82
Q3: Focus on strengths	87	84	83
Q4: Assessment accurately represents	84	80	81
Q5: Meetings with provider convenient	81	82	83
Q6: Child/Youth active participant	77	70	72
Q7: Provider respects as expert	88	84	79
Q8: Treatment team coordinated	80	73	70
Q9: Child and I main decision-makers	86	82	82
Q10: Easily access services	74	68	67
Q11: Measure youth progress	79	73	65
Q12: Leads discussion when not helping	75	68	65
Q13: Talk about things we are good at	82	75	73
Q14: Child opportunity to share ideas	85	83	78
Q15: Provider suggests changes	81	74	70
Q16: Provider makes specific suggestions	81	76	76
Q17: I know who to contact for help	71	68	63
Q18: Services respectful of culture	94	93	91
Q19: Provider communicates with all	77	73	68
Q20: I am able to participate	88	81	83
Q21: Able to access services recommended	80	68	63

THANK YOU!

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