IDAHO YOUTH EMPOWERMENT SERVICES (YES) FAMILY SURVEY RESULTS, 2023

Nathaniel Williams, PhD, LCSW
James Beauchemin, PhD, LCSW
Nallely Vega, LMSW
Boise State University
School of Social Work | June 2023

EXECUTIVE SUMMARY

The Idaho Youth Empowerment Services (YES) family survey is conducted annually to assess the quality and outcomes of mental health services for youth 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 year, 1,076 families responded to the survey. Of these, 966 reported that their youth participated in mental health services during the past six months. This report summarizes the responses of the 966 Idaho families who shared about their experiences of care through the 2023 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 (e.g., family-centered, strengths-based). Caregivers who rated their youth's services higher on YES principles reported significantly greater improvement in their youth's overall mental health and behavior at home, at school, and 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.

FAMILIES' RATINGS OF MENTAL HEALTH CARE QUALITY DECLINED FROM 2022 TO 2023

From 2022 to 2023, family ratings declined on 13 of 19 items assessing the extent to which their services reflected Idaho YES principles. Ratings on 3 items exhibited statistically significant deterioration from 2022 to 2023. These items reflected youth involvement in service planning, the availability of services recommended by the provider, and coordination of services across providers. These declines indicate a need to improve Idaho's youth mental health system in the areas of youth involvement in their own care, availability of community-based services, and coordination of services across providers.

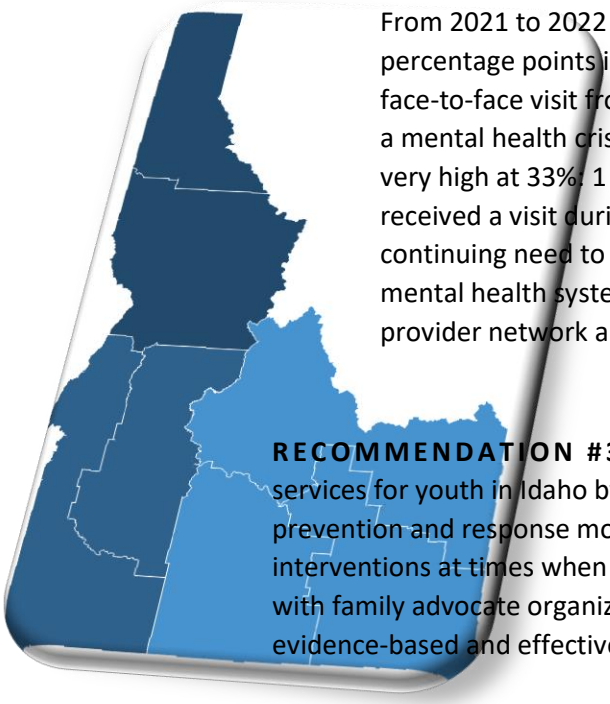
RECOMMENDATION #1: Improve youth involvement in service planning by providing training to the provider network in this core competency. Also, work with family advocacy organizations to develop materials that educate youth and families about what their role should look like during the service planning process. Share these materials broadly with providers and families.

RECOMMENDATION #2: Increase collaboration across providers by providing continuing education training to the provider network which describes the importance and impact of cross-provider collaboration, details best practices for collaboration with other professionals and with natural supports in the assessment and treatment process, and describes effective business practices to ensure time spent in collaboration is fairly renumerated.

FAMILY RATINGS OF CARE QUALITY REMAINED HIGH ON ITEMS RELATED TO FAMILY-CENTERED CARE AND CULTURAL COMPETENCE.

Despite the decline in ratings observed on other indicators, caregivers continued to give high ratings on items assessing family-centered care and cultural competence. This indicates the system is doing well with regard to identifying the goals that matter to youth and families and focusing work on those goals. It also suggests families and youth believe their cultural values and identities are respected.

USE OF MENTAL HEALTH CRISES VISITS REMAINED HIGH IN 2023, SUGGESTING A NEED FOR FURTHER DEVELOPMENT OF CRISIS SERVICES AND SUPPORTS FOR FAMILIES



From 2021 to 2022 there was a large and statistically significant increase of 21 percentage points in the percentage of families who reported they received a face-to-face visit from a mental health professional at the time and location of a mental health crisis. In 2023, this percentage dipped slightly but remained very high at 33%: 1 in 3 families who responded to the survey indicated they received a visit during a mental health crisis. This high percentage suggests a continuing need to improve mental health crisis response in Idaho's children's mental health system. A multi-pronged strategy that addresses both the provider network and families is likely needed.

RECOMMENDATION #3: Improve the adequacy of mental health crisis response services for youth in Idaho by training the provider network in evidence-based crisis prevention and response models and incentivizing the delivery of effective crisis interventions at times when they are most needed. Work directly with families and with family advocate organizations to equip families with resources for developing evidence-based and effective crisis response plans.

ACCESS TO WRAPAROUND SERVICES MAINTAINED GAINS OBSERVED IN PRIOR YEARS

The percentage of survey respondents who reported participation in Wraparound increased significantly from 2021 to 2022 and remained steady in 2023 at 11% of families. Extrapolating back to the population, this represents 1,029 families who reported participating in Wraparound. A recent report on need for Wraparound in Idaho (Williams & Beauchemin, 2023) suggested 1,520 Idaho youth likely need this service; consequently, there appears to be additional work to do to improve youth enrollment in the Wraparound process.

RECOMMENDATION #4: Continue expanding access to Wraparound through established channels. To ensure all youth who need Wraparound are offered the opportunity to participate in it, assess outreach and referrals processes for potential barriers and develop strategies to eliminate them.

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

Results of 2023 YES family survey indicated that, from the perspective of caregivers, access to mental health services for youth in Idaho is declining. In 2022, 3 out of 10 caregivers reported they could not easily access the mental health services they believed their child needed the most, and a similar percentage said they could not access services recommended by the provider. In 2023, access to services was *worse*: 35% of caregivers said they could not access services they believed their child needed and 38% – almost 4 in 10 – said they could not access services recommended by a provider. Indeed, from 2022 to 2023, there was a statistically significant 8-percentage-point *decrease* in the percentage of families saying they could access services recommended by the provider.

In addition, in 2023 a new question was asked about families' ability to "see someone as soon as we want" when they need services right away. Less than half of families agreed with this item (49%) which is the lowest percentage for any item ever fielded in the YES family survey. This is consistent with more detailed case example data on family experiences of care which suggest long wait times to get services and shrinkage in the Idaho children's mental health provider network. There is clearly an urgent need to increase the accessibility of community mental health services for youth in Idaho.

In addition to the above results for the full Idaho population, results of the 2023 survey replicated findings from 2021 and 2022 which showed that youths with the most intensive needs, that is, those with a most recent CANS score of 3, experienced even greater gaps in access to community-based services than youths with less intensive needs. After holding constant youth age, gender, race, ethnicity, number of months in services, and provider rated, only 52% of caregivers of youths with a CANS of 3 reported they could easily access the services their youth needed most, compared to 65-71% of caregivers of youths with lower CANS scores. This represents a decrease from 54% agreement within this group in 2022. A similar pattern was observed for lack of access to services recommended by a provider. These data clearly indicate a continuing and inceasing need for improved access to mental health services for youth in Idaho, particularly for youth with the most intensive needs.

RECOMMENDATION #5: Increase accessibility of mental health services for youth by reducing administrative and other barriers that have resulted in contraction of the service array delivered by providers. Analyses of the Idaho behavioral health workforce suggests providers are pulling back on service provision due to barriers of high administrative burden and low reimbursement. Unless these barriers are addressed in a systematic way, it is unlikely service availability will improve and it may continue to deteriorate.

FURTHER IMPROVEMENT IS NEEDED IN IMPLEMENTING THE CANS IN IDAHO

Within the Idaho YES system, youths are assessed periodically using the Child and Adolescent Needs and Strengths (CANS) measure 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 2022 to 2023, families' ratings of their experiences with the CANS remained stable across all five items, 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 are persistently low and indicate considerable need for improvement of CANS implementation in Idaho.

RECOMMENDATION #6: Improve CANS implementation using a three-pronged approach that targets providers and families. First, at the system level, consider reducing the frequency of CANS administration. Other States use annual CANS assessments rather than quarterly assessments. To supplement the CANS data, these States use more sensitive, brief assessments (e.g., the Youth Outcomes Questionnaire) which provide clinically meaningful, session-by-session data shown in randomized controlled trials to improve the outcomes of youth mental health services. Second, at the provider level, offer training in the clinical utility and use of the CANS. A multi-pronged approach that targets clinician buy-in as well as clinical expertise in application of the CANS is needed. Training alone is unlikely to foster meaningful change. As such,

the State should identify additional implementation strategies to improve the clinical utility of the CANS with families. In addition, providers should receive training on best business practices that ensure they are fairly compensated for use of the CANS in clinical work. Third, at the level of youth and families, education could be offered that informs families of the potential value and importance of the CANS, their role in the assessment process, questions they can ask providers about the CANS, their rights with regard to the CANS, and resources they can access if they do not believe the CANS is being used in a helpful way with their youth.

THERE ARE IMPORTANT GAPS IN CHILD AND FAMILY TEAMING.

Within the Idaho YES system, mental health services are supposed to be delivered to youth within child and family treatment teams. Ideally, teams will include all the individuals involved in the child/youth's care as well as anyone else the family would like to include. New this year, families were asked two questions about their experiences with child and family teams. After sharing a definition of what a team was, families were asked whether the provider talked with them about having a team meeting. Only 29% of families indicated they had been offered a child and family team meeting. More concerning than the overall low rate; however, was the low rates of child and family team meetings among youths with demonstrated high need for services as evidenced by a most recent CANS of 2or 3 or involvement with multiple providers. Only 38% of youths with a CANS of 2 and 43% of youths with a CANS of 3 had been offered a child and family team meeting. In addition, only 38% of caregivers who indicated their child worked with multiple providers indicated they had been offered a team meeting. These data highlight important deficits in child and family teaming for youth who are most likely to benefit from this approach.

RECOMMENDATION #7: Improve rates of child and family team meetings for youths with the highest CANS and for youths who work with multiple providers. Interventions designed to increase collaboration, described in Recommendation #1 and #2, should include information and guidelines for the child and family team approach. Providing a manual that operationalizes what the child and family team approach should look like in Idaho would also be helpful for providers; educational materials for caregivers and youth could also be developed.

June 30, 2023

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, Maggie Copeland, Lisa Moore, Michelle Schildhauer, and Gayla Smutny 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, QMIA
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 2023 YES family survey and compares these findings to results from prior years. 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 2023 YES family survey included 42 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 extent to which families' experiences of the CANS (Child and Adolescent Needs and Strengths) assessment process adhered to established guidelines, (3) select services the youth participated in (e.g., Wraparound, psychiatric hospitalization), (4) the extent to which families were invited to develop a child and family team as part of their services, 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 questions about the YES principles from the YES family survey 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; Williams et al., 2023). The

survey was fielded via postal mail from February 2023 to March 2023. The sample included 6,000 caregivers of youth who participated in YES mental health services during 2022.

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 four mailings: (1) a pre-survey letter, (2) a survey with postage paid return envelope, (3) a reminder postcard, and (4) a final survey with postage paid return envelope. The survey asked about one randomly selected youth within the household. A total of 1,076 caregivers responded (21.2% response rate after excluding returned mail).

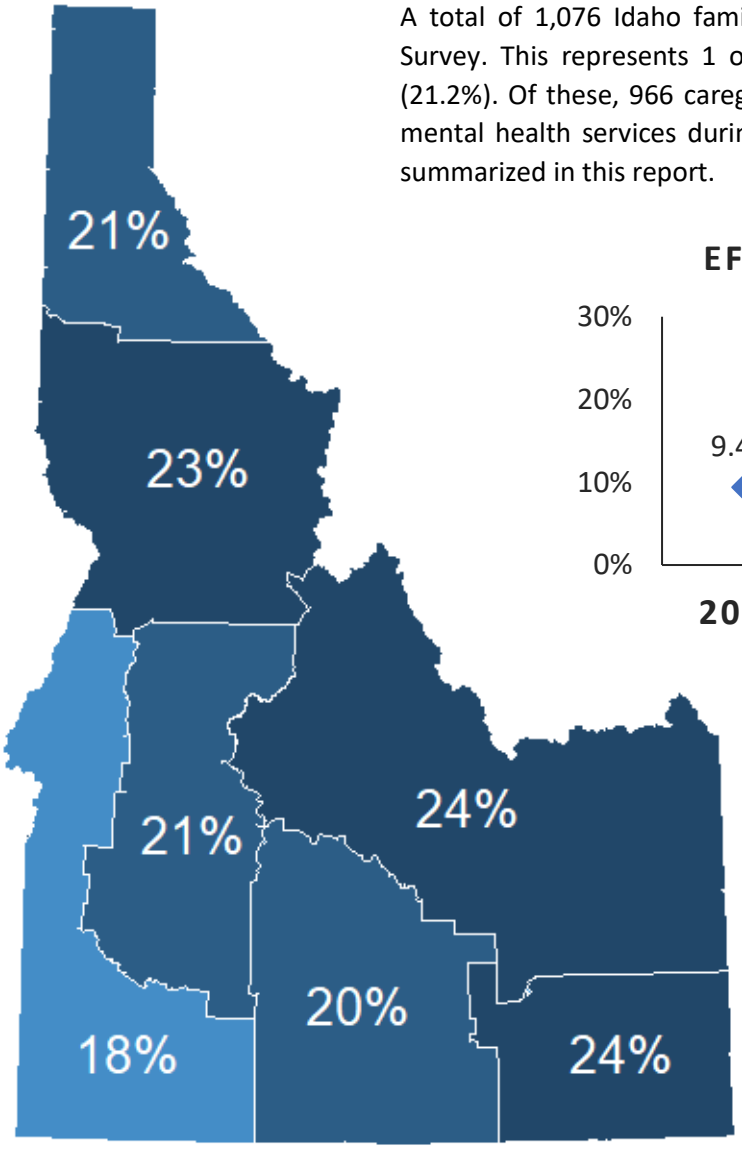
WHAT DID WE LEARN?

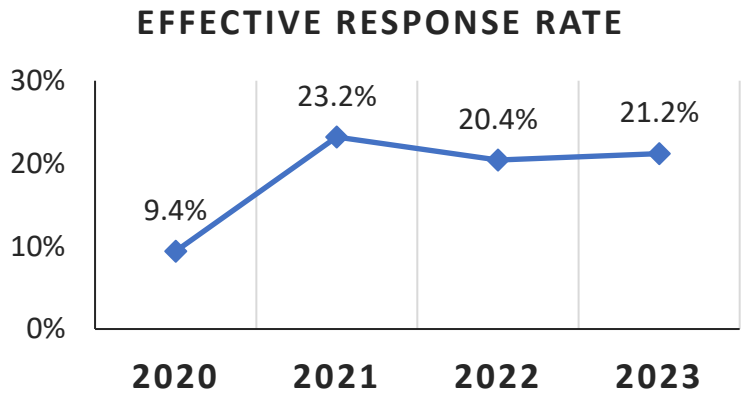
The following sections of this report describe the survey results. All analyses were weighted to account for survey nonresponse and sampling probability. As appropriate, longitudinal analyses also controlled for youth characteristics of gender, age, race, ethnicity, CANS, number of months in services, and provider rated. The overall survey margin of error was 2.9%.

SURVEY RESPONSE

1,076

A total of 1,076 Idaho families responded to the 2023 Idaho YES Family Survey. This represents 1 out of every 5 families that received a survey (21.2%). Of these, 966 caregivers indicated their youth had participated in mental health services during the previous 6 months; their responses are summarized in this report.





There were statistically significant differences in response rates across regions (p=.016). The response rate for Region 3 was significantly lower than average and the response rate for Region 6 was significantly higher than average. These differences were statistically controlled using non-response weights.

SURVEY SAMPLE

Youth whose caregivers responded to the survey were similar to youth whose caregivers did not respond on age, gender, race, and ethnicity; however, caregivers of youth with a most recent CANS of 0 were more likely to respond and caregivers of youth with a most recent CANS of 2 were less likely to respond, compared to average. Adjustments were made to the statistical analyses to account for these differences in response rates.

	Caregiver Responded (*N*=1,076)		Caregiver Did Not Respond (*N*=3,990)	
	n	%	n	%
YOUTH GENDER				
Female	535	49.7	2,489	50.6
Male	522	48.5	2,363	48.0
Prefer to self-identify	9	0.8	41	0.8
Unknown/ Not reported	10	0.9	31	0.6
YOUTH AGE				
Under 5 years	19	1.8	46	0.9
5 to 9 years	254	23.6	1,184	24.1
10 to 14 years	452	42.0	2,049	41.6
15 years and older	351	32.6	1,654	33.4
YOUTH CANS				
0	455	42.3	1,789	36.3
1	438	40.7	2,144	43.6
2	73	6.8	430	8.7
3	110	10.2	561	11.4
YOUTH RACE				
American Indian/ Alaska Native	7	0.7	43	0.9
Native Hawaiian/ Other Pacific Islander	0	0.0	10	0.2
Asian	9	0.8	24	0.5
Black or African American	13	1.2	78	1.6
White	805	74.8	3,565	72.4
Multiracial	36	3.4	205	4.2
Prefer to self-identify	103	9.6	572	11.6
Unknown/ Not reported	103	9.6	427	8.7
YOUTH ETHNICITY				
Not Hispanic or Latino	730	67.8	3,339	67.8
Hispanic or Latino	163	15.2	873	17.7
Unknown/ Not reported	183	17.0	712	14.5
MONTHS IN SERVICES				
0-6 months	171	15.8		
7-12 months	230	21.4		
13-24 months	184	17.10		
25 months or more	272	25.3		
Not reported	219	20.4		

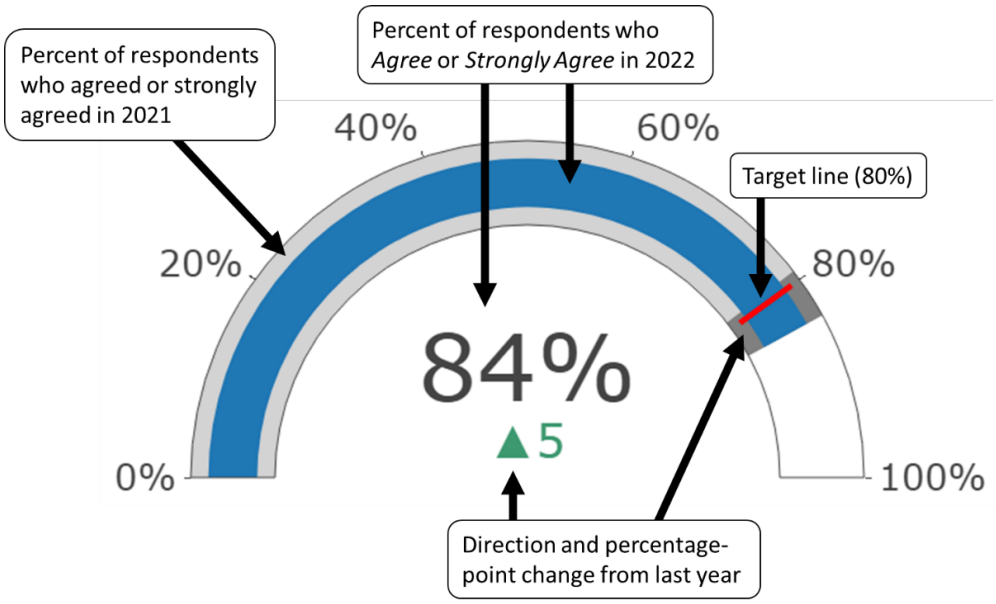
YES PRINCIPLES OF CARE

Services provided to youth and families within the Idaho YES system should be delivered in accordance with the Idaho YES principles and the YES 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 2022 to 2023 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 2023. 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.

To help interpret the results of the survey, the Idaho Department of Health and Welfare established performance standards for the YES quality indicator items. These standards classify the system's performance based on the percentage of caregivers who agree with each YES principle/ item. The standards are color-coded based on the level of high or low performance as follows:

High Performance

Established	Green	85 – 100%
Evolving	Blue	75 – 84%
Emerging	Orange	65 – 74%
Needs Improvement	Red	<65%

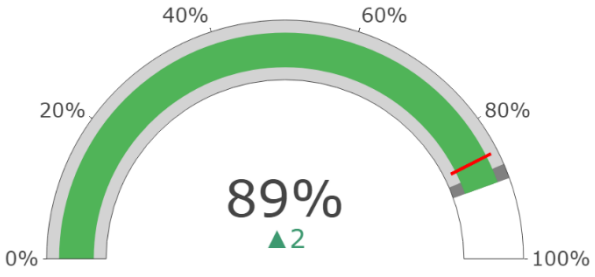
Low Performance

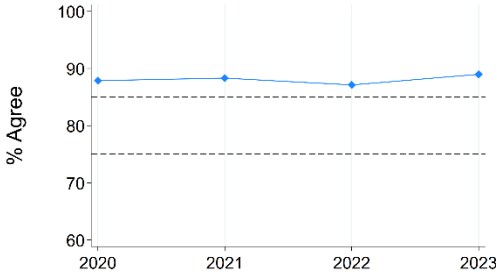
The gauge charts below are color-coded to indicate the level of performance based on these standards.

FAMILY-CENTERED CARE

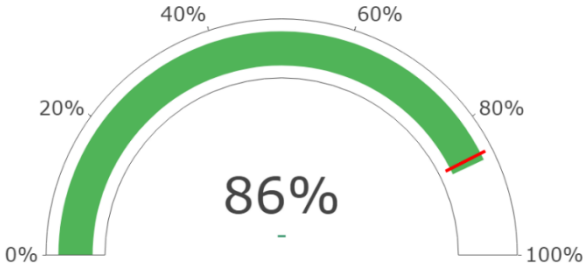
A defining characteristic of family-centered care is family engagement. Family engagement emphasizes family strengths and maximizes family resources. Family experience, expertise, and perspective are welcomed. Families are active participants in planning and decision-making. Families are respected and valued. Three questions assessed this principle (Q1, Q2, Q9). Q2 was new for 2023.

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

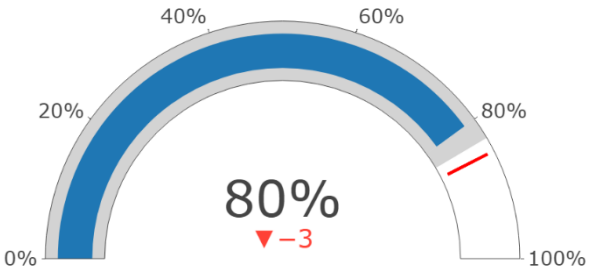


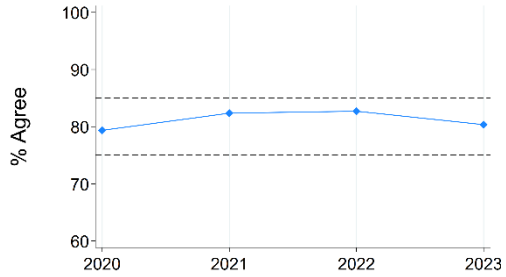


Q2: THE PROVIDER SEEMS TO HAVE A CLEAR UNDERSTANDING OF MY CHILD/ YOUTH'S NEEDS



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

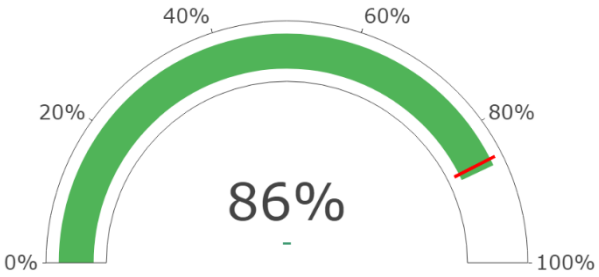




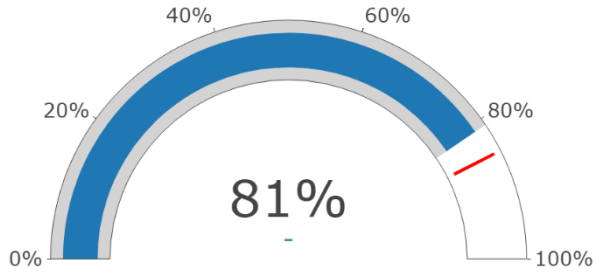
FAMILY AND YOUTH VOICE & CHOICE

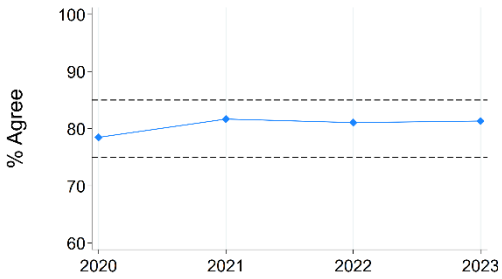
Family and youth voice, choice, and preferences are elicited and prioritized during all phases of treatment. Service is founded on communicating openly and honestly in a way that supports disclosure of culture and personal experiences. Five questions assessed this principle (Q4, Q6, Q7, Q14, Q17); one was new for 2023 (Q7).

Q7: The provider and I agree on what services my child/youth needs.

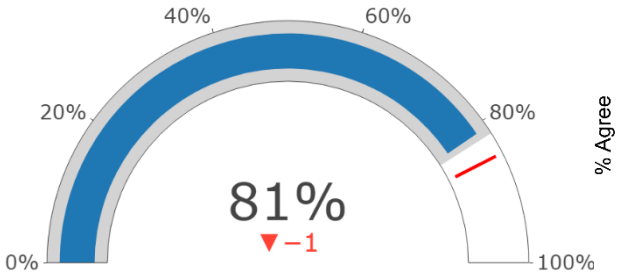


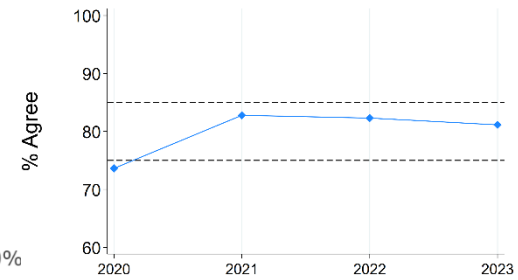
Q4: The assessment completed by the provider accurately represents my child/youth's needs.





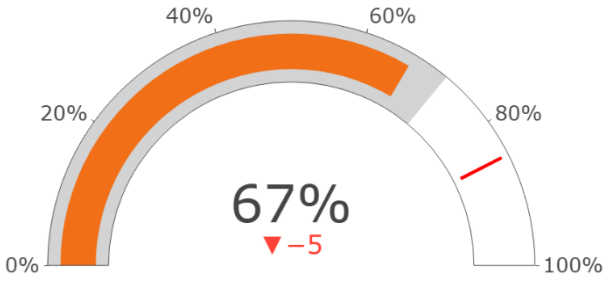
Q14: When decisions are made, my child/youth has the opportunity to share his/her own ideas.

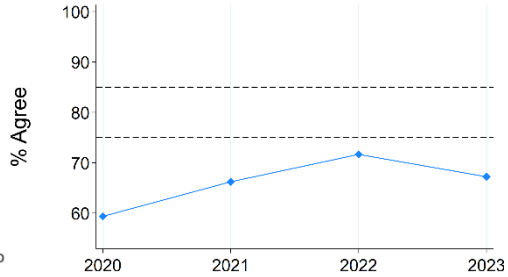




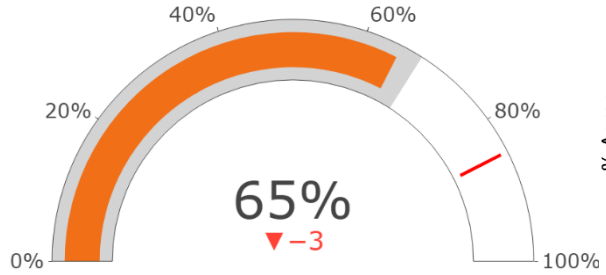
Participation of youth in planning declined significantly from 2022 to 2023.

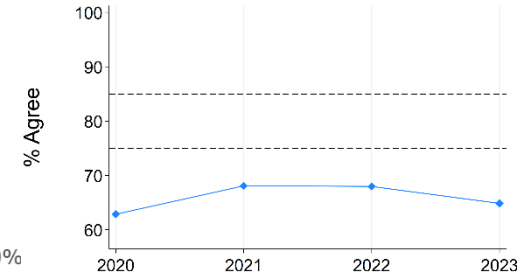
Q6: My child/youth is an active participant in planning his/her services.



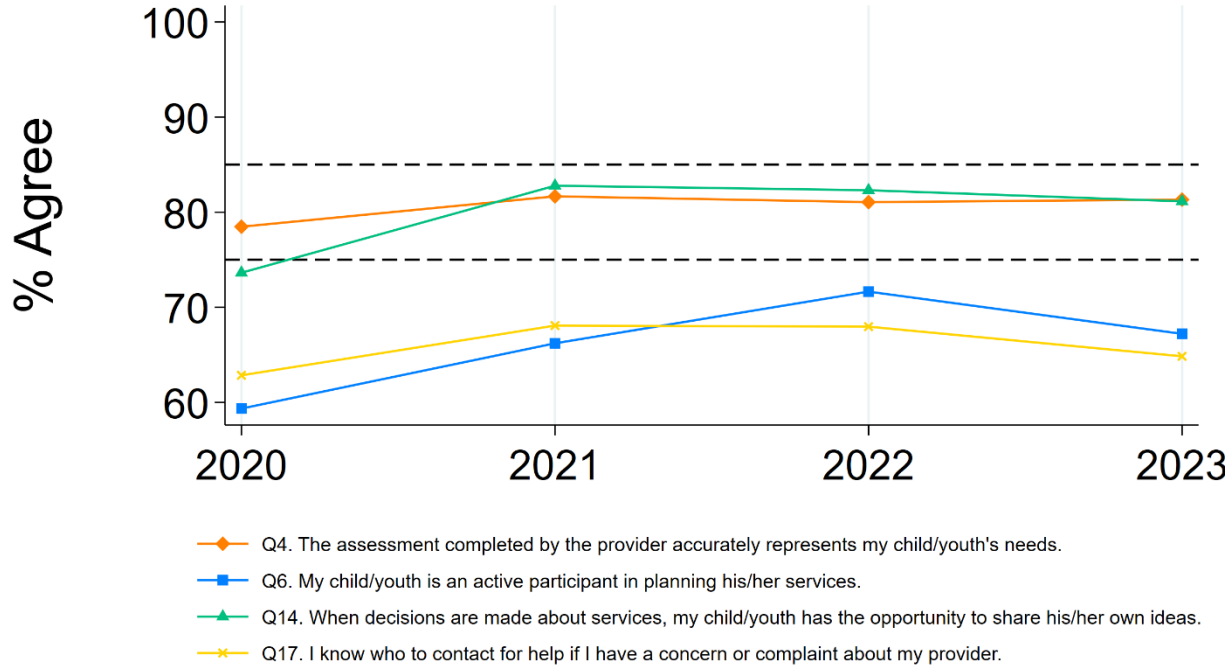


Q17: I know who to contact for help if I have a concern about my provider.





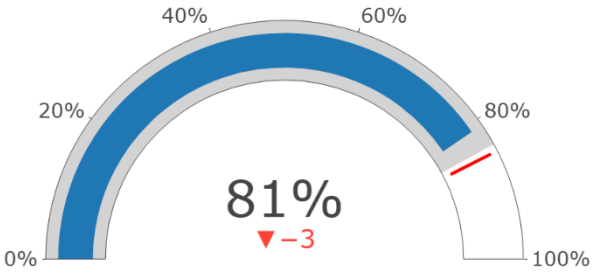
Summary of Family and Youth Voice & Choice Items by Year

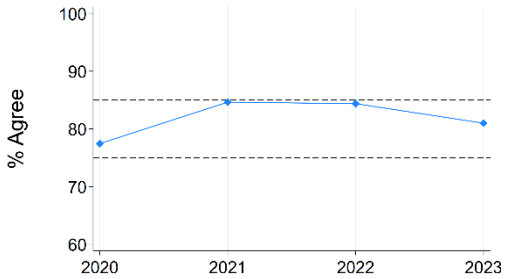


STRENGTHS-BASED CARE

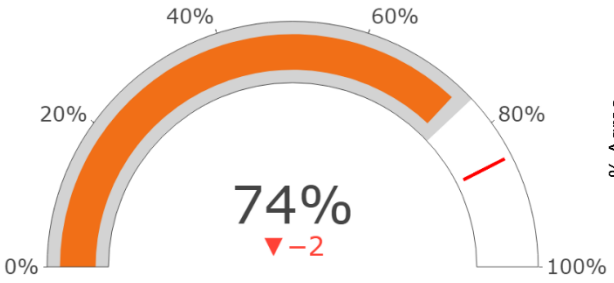
Services and supports are planned and delivered in a manner that identifies, builds on, and enhances the capabilities, knowledge, skills, and assets of the youth and family, their community, and other team members. Two questions assessed this principle (Q3, Q13).

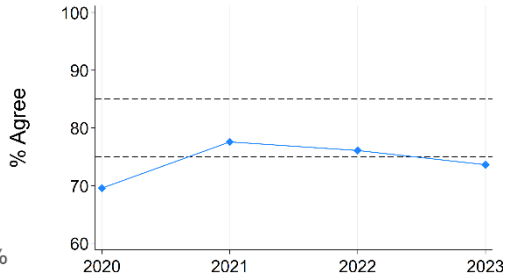
Q3: THE SERVICES FOCUS ON WHAT MY CHILD/YOUTH IS GOOD AT, NOT JUST ON PROBLEMS.





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

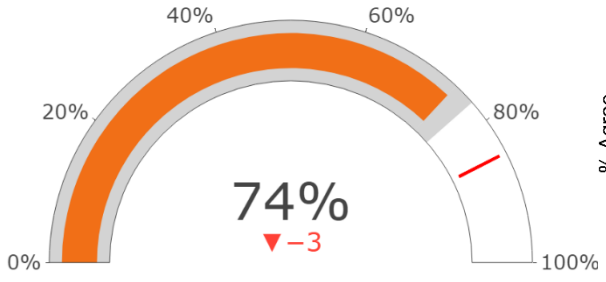


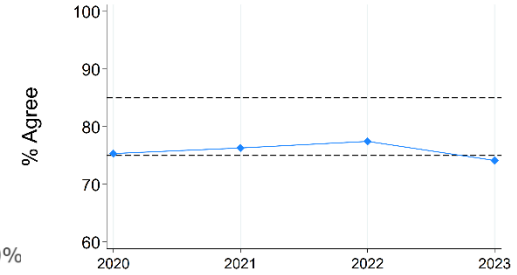


INDIVIDUALIZED CARE

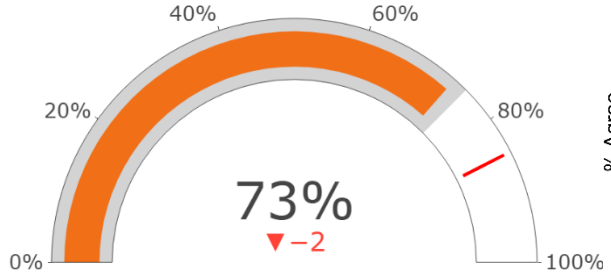
Services, strategies, and supports are individualized to the unique strengths and needs of each youth and family. They are altered when necessary to meet changing needs and goals or in response to poor outcomes. Three items assessed this principle (Q12, Q15, Q16).

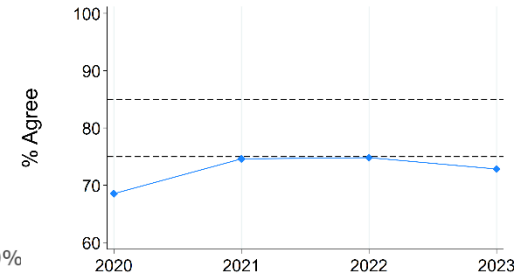
Q16: THE PROVIDER MAKES SPECIFIC SUGGESTIONS ABOUT WHICH SERVICES MIGHT BENEFIT MY CHILD.



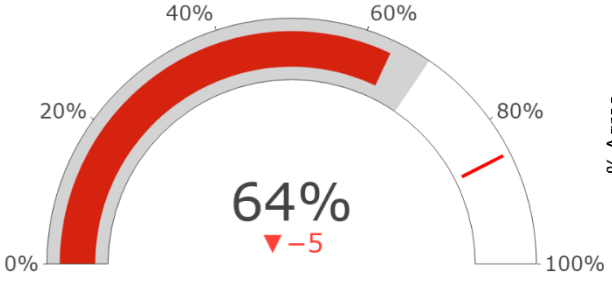


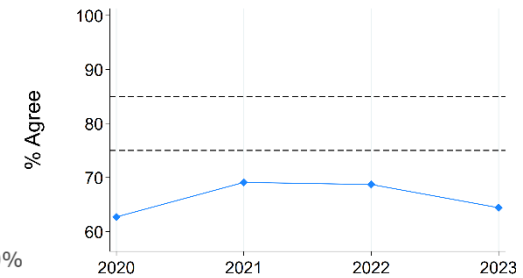
Q15: THE PROVIDER SUGGESTS CHANGES IN MY CHILD/YOUTH'S TREATMENT PLAN OR SERVICES WHEN THINGS AREN'T GOING WELL.





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

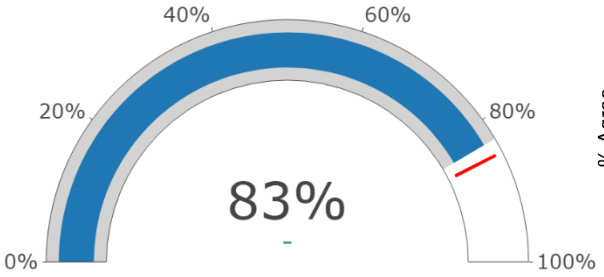


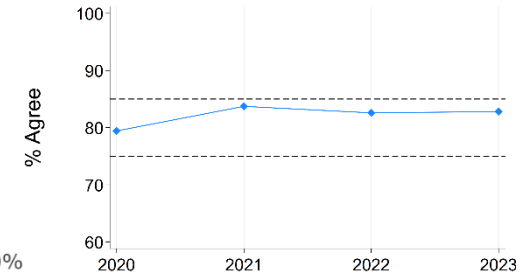


COMMUNITY-BASED SERVICE ARRAY

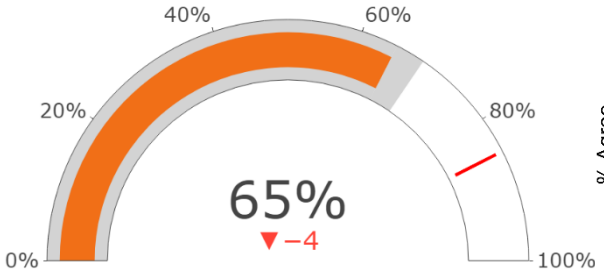
An array of community-based interventions will be available and provided according to the individualized treatment plan and in the least restrictive setting to meet the youth's needs. These three items (Q5, Q10, Q21) address the accessibility of services for youth and families. Q20 was new in 2023.

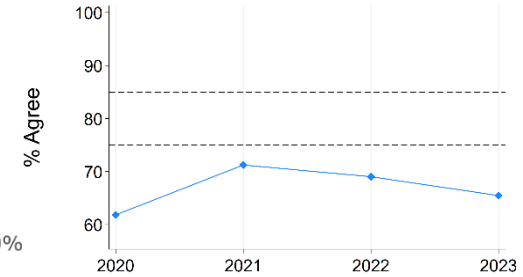
Q5: MEETINGS OCCUR AT TIMES AND LOCATIONS THAT ARE CONVENIENT FOR ME.





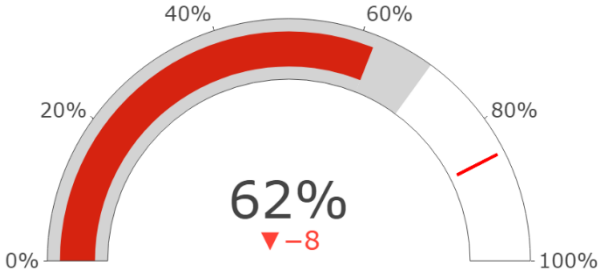
Q10: MY FAMILY CAN EASILY ACCESS THE SERVICES MY CHILD/YOUTH NEEDS MOST.

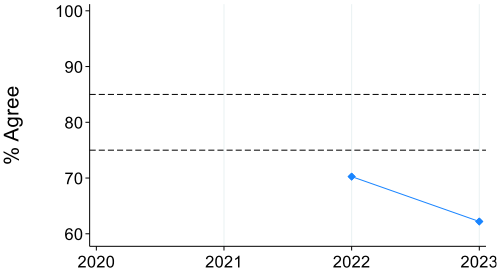




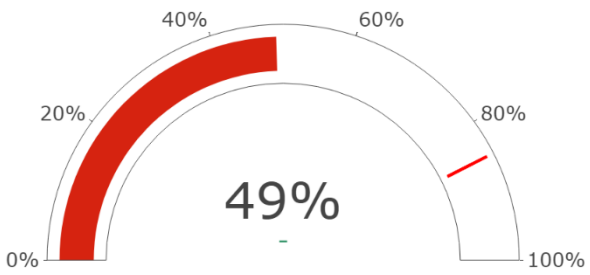
Accessibility of services recommended by the provider declined significantly from 2022 to 2023.

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

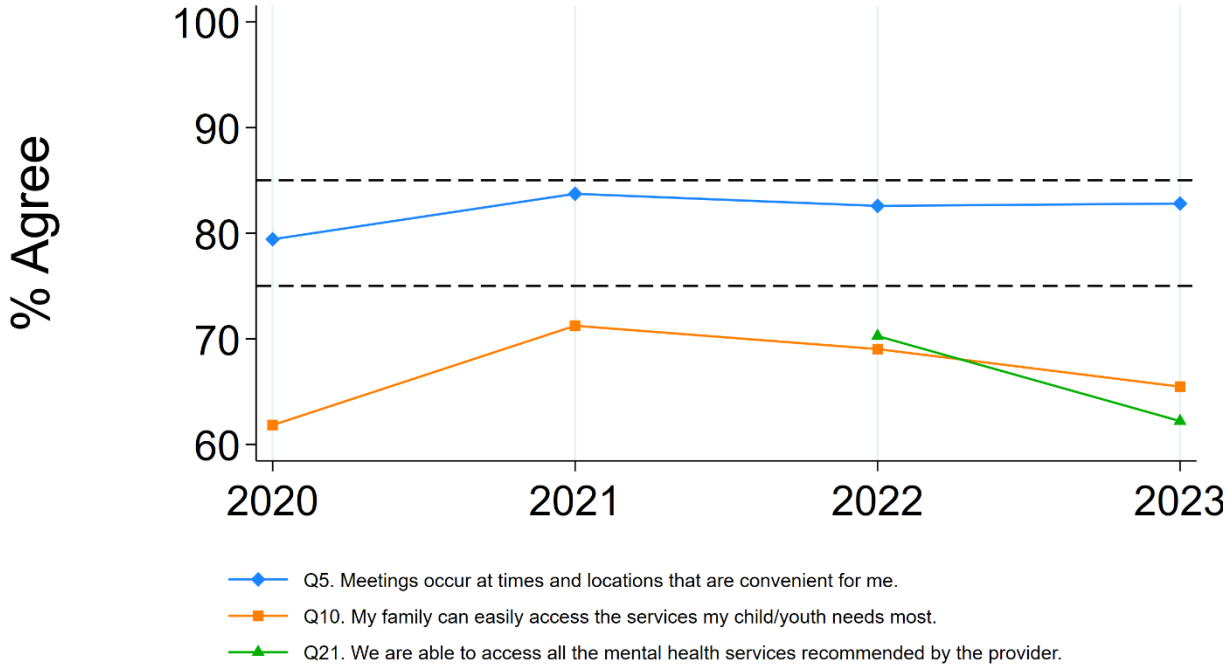




20: WHEN MY CHILD/YOUTH NEEDS SERVICES RIGHT AWAY, HE OR SHE IS ABLE TO SEE SOMEONE AS SOON AS WE WANT.



Summary of Community-Based Service Array Items by Year



Qualitative Data on the Community-Based Service Array

New this year, caregivers were provided with a single, open-ended question that allowed them to share more information about the services they were not able to access. For caregivers who reported they could not access services recommended by the provider, the survey asked:

"Please write in the box what services you were **NOT** able to get."

Of the 202 respondents who answered this question:

- 26% (n=53) identified counseling/psychotherapy as the recommended service they were unable to access. In addition to “general” counseling, other types of specific counseling/ psychotherapy mentioned included: Cognitive Behavioral Therapy (CBT), Eye-Movement Desensitization and Reprocessing (EMDR), family therapy, group therapy, and Dialectical Behavioral Therapy (DBT)
- 24% (n=48) indicated long wait times to access services was a barrier
- 19% (n=39) said they could not access Community-Based Rehabilitative Services (CBRS)
- 7% (n = 15) could not access respite
- 6% (n=13) indicated lack of providers was a barrier
- 3% (n = 7) could not access ‘psychiatry’
- 3% (n = 7) could not access residential placement
- 3% (n=6) indicated poor provider communication was a barrier
- 2% (n=5) indicated scheduling difficulties were a barrier
- 2% (n=5) indicated lack of insurance and financial concerns were a barrier
- 2% (n=4) indicated they could not access the ‘YES Program’

Quotes relating to waitlists included:

- *"We are on several waitlists. We would love to just get in to see a counselor or therapist so we can see what else might be needed"*
- *"We were finally able to get counseling but it took over 6 months to see someone"*
- *"We were on many waitlists for a long time to receive any services"*
- *"My child was on a waitlist for over a year"*

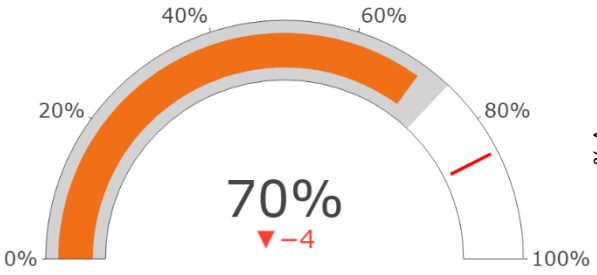
Quotes related to additional barriers to accessing services included:

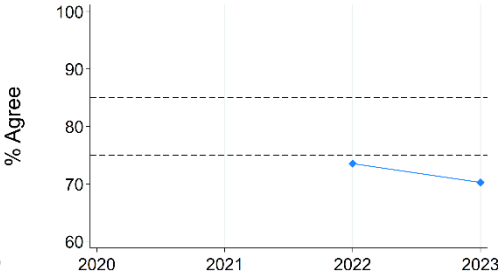
- *"A lack of providers in the area can make getting services extremely difficult"*
- *"Most services are very far away"*
- *"lacking providers that take insurance"*
- *"No services that are affordable"*
- *"We were not able to receive decent times during the day to have counseling without having to pull my son out of school each time"*

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).

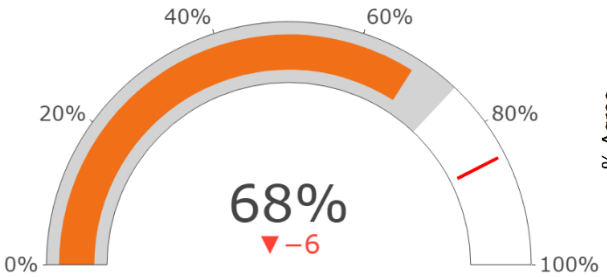
Q19: THE PROVIDER COMMUNICATES AS MUCH AS NEEDED WITH OTHERS INVOLVED IN MY CHILD/YOUTH'S CARE.

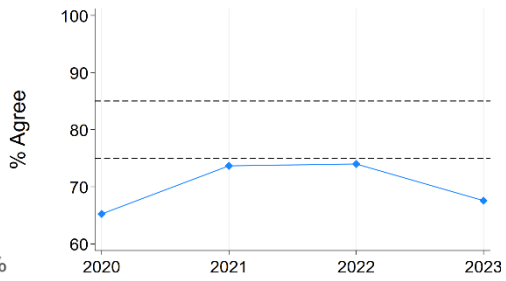




Coordination of care across providers declined significantly from 2022 to 2023.

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

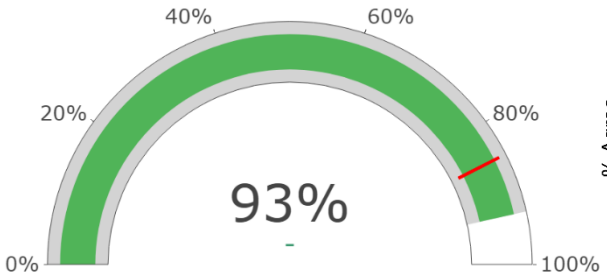


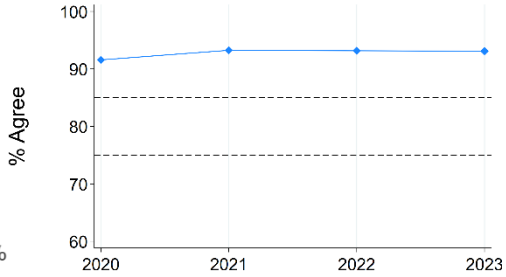


CULTURALLY COMPETENT CARE

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.

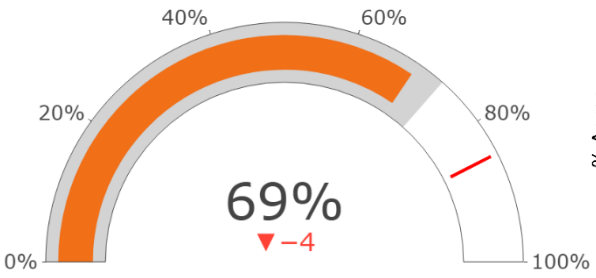


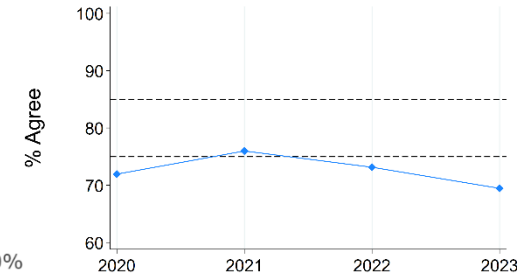


OUTCOME-BASED CARE

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.

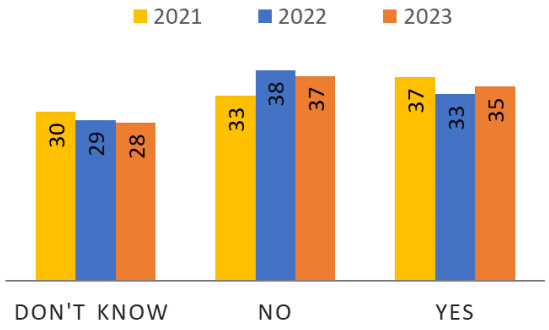




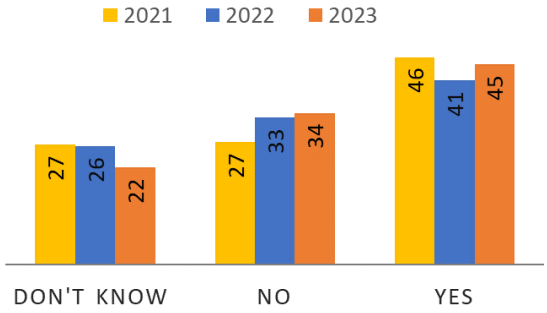
CANS IMPLEMENTATION

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.

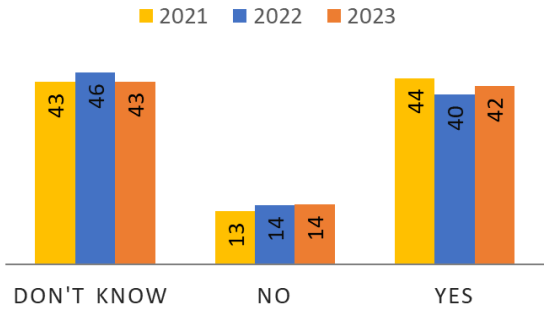
Q26: I was given a copy of my child's CANS (i.e., the ratings/scores and comments).



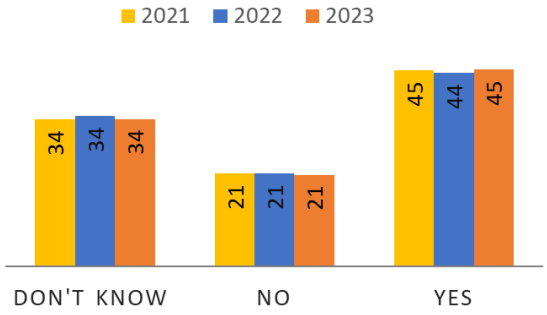
Q27: I had the opportunity to discuss my child's ratings/scores on the CANS with a provider.



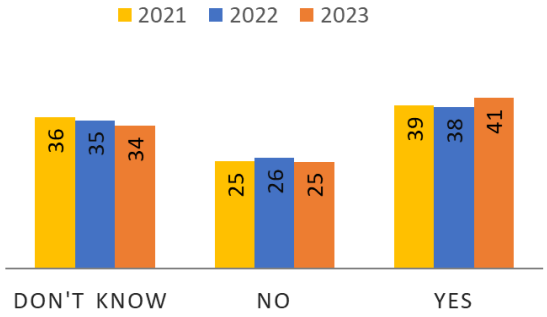
Q28: In the end, I agreed with my child's final ratings on the CANS.



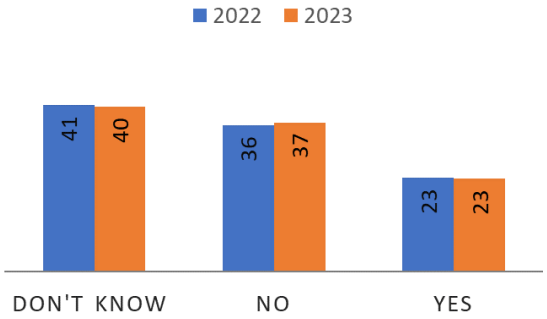
Q29: The provider, my child, and I used the CANS to identify specific treatment goals and services for my child/youth.



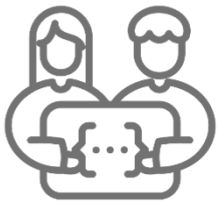
Q30: The provider used the CANS to help explain what services my child/ youth is eligible for.



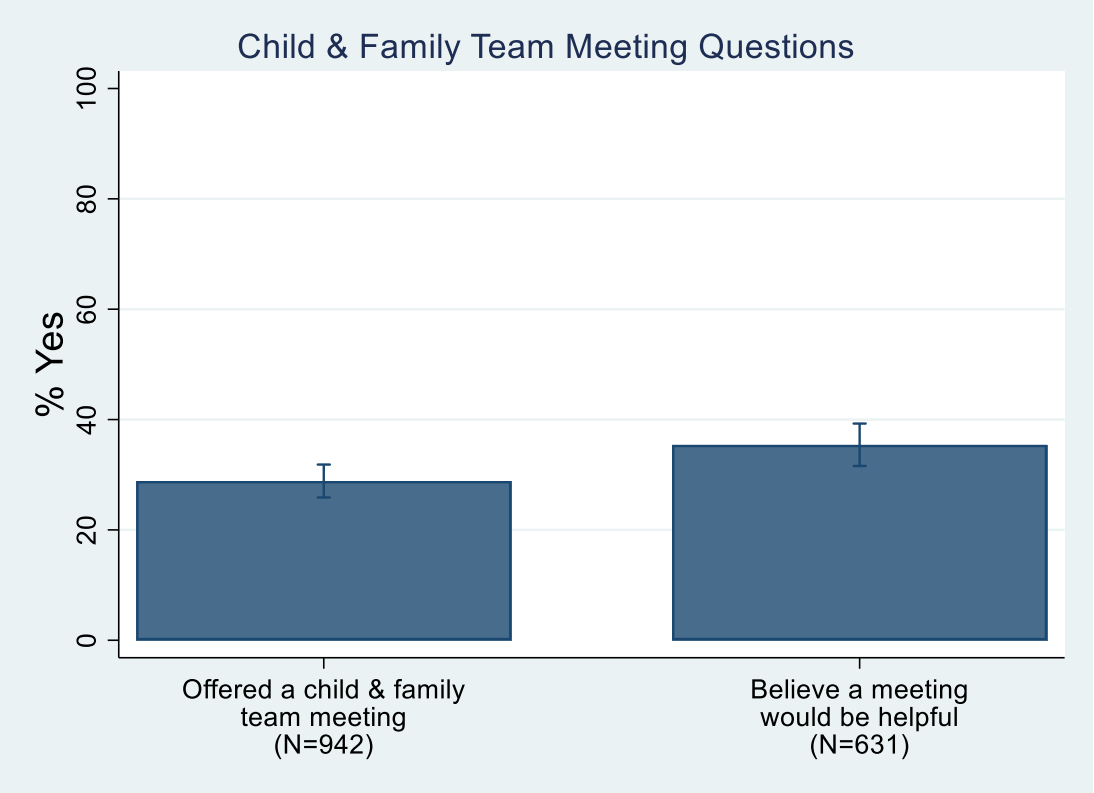
Q31: The provider required us to complete a CANS even though we already had one completed in the last four months.



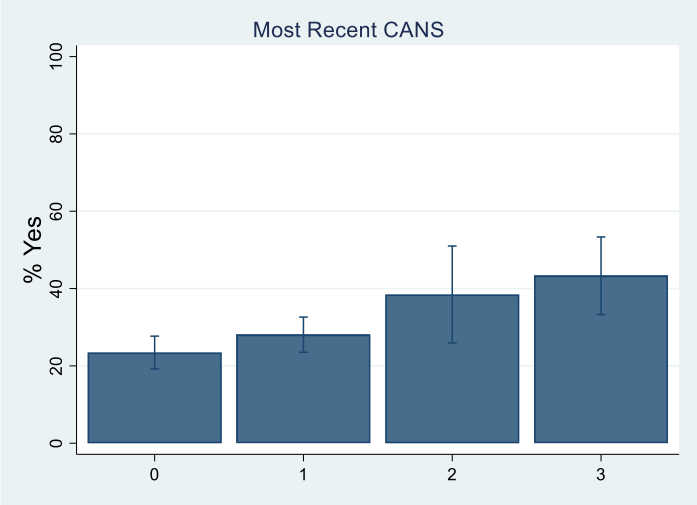
CHILD & FAMILY TEAMING



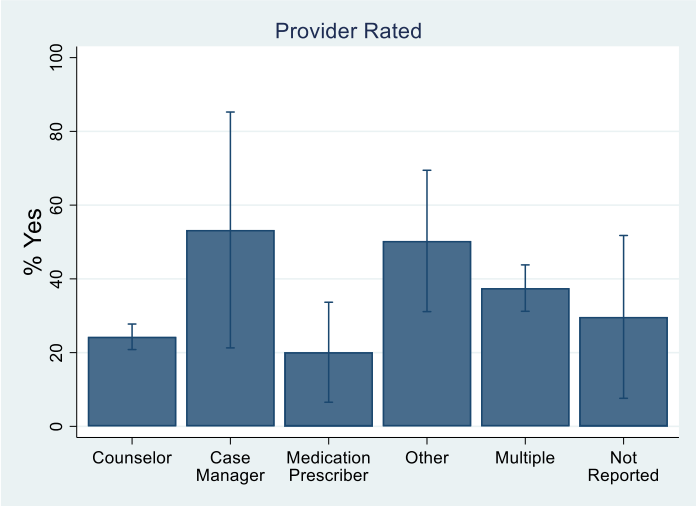
Within the Idaho YES system, services are supposed to be delivered to youth within child and family treatment teams. Ideally, teams will include all the individuals involved in the child/youth's care as well as anyone else the family would like to include. New this year, we asked families two questions about their experience with child and family teams. After sharing a definition of what a team was, we asked families whether the provider talked with them about having a team meeting. For those who indicated they were not given that opportunity, we asked if they thought such a meeting would be helpful. The graph below shows that only 29% of families had been offered a child and family team meeting. Among those who had not been offered a child and family team meeting, 35% of families believed having such a meeting would be helpful. Extrapolating to the full population, this suggests 2,711 Idaho families were not offered a child and family team meeting but believe one would be helpful.



To better understand families' experience of child and family teaming, we tested whether any youth characteristics were related to the likelihood of having been invited to attend a child and family team meeting. Results indicated that youths with higher CANS scores were more likely to have been invited to attend a child and family team meeting. Nonetheless, only 43% of youth with a most recent CANS of 3 had been invited to attend a child and family team meeting and only 38% of youth with a most recent CANS of 2 had been invited to attend such a meeting.

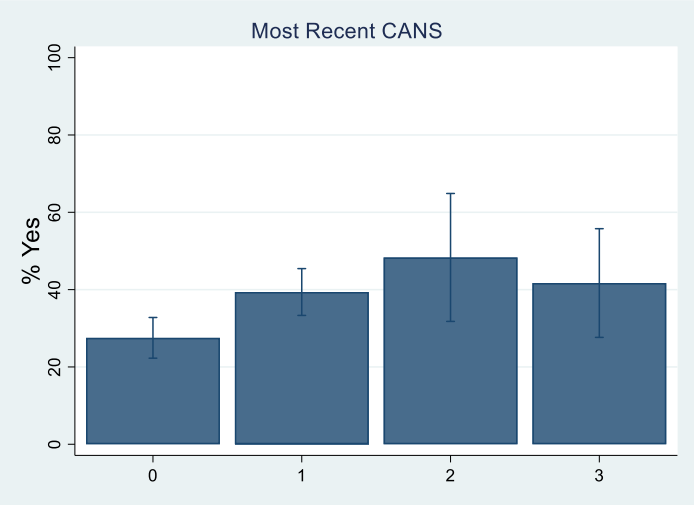


The other youth characteristic that predicted the likelihood of receiving a child and family team meeting was the provider the caregiver rated. Caregivers were asked to rate the provider who 'worked the most' with their youth during the last six months and to indicate what type of provider this was. Caregivers who rated a case manager, other provider[1], or multiple providers were more likely to have been invited to a child and family team meeting than caregivers who rated other provider types. However, even amongst youth whose caregivers evaluated a case manager only 53% had been invited to a child and family team meeting. Furthermore, among caregivers who rated multiple providers, which indicates a likely benefit of child and family team meetings, only 38% of caregivers indicated they had been invited to a meeting.

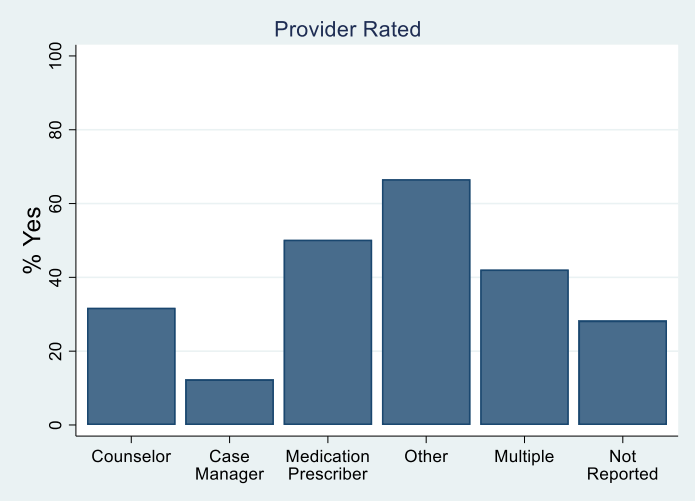


[1] Other providers rated by families included: Community Based & Rehabilitative Services, Applied Behavioral Analysis, Developmental Disabilities Services, Habilitative Intervention Services, Intensive Outpatient Program, Occupational Therapy, Speech Therapist/pathologist, YES assessor/recertification

To better understand the perceptions of caregivers who were not offered a child and family team meeting, we tested whether any youth characteristics were related to the likelihood a caregiver indicated that a child and family team meeting would be helpful. Results indicated that caregivers of youths with a most recent CANS score of 0 were significantly less likely to believe a meeting would be helpful. This makes sense as these youth likely have the lowest level of needs and often may not be involved with multiple providers.

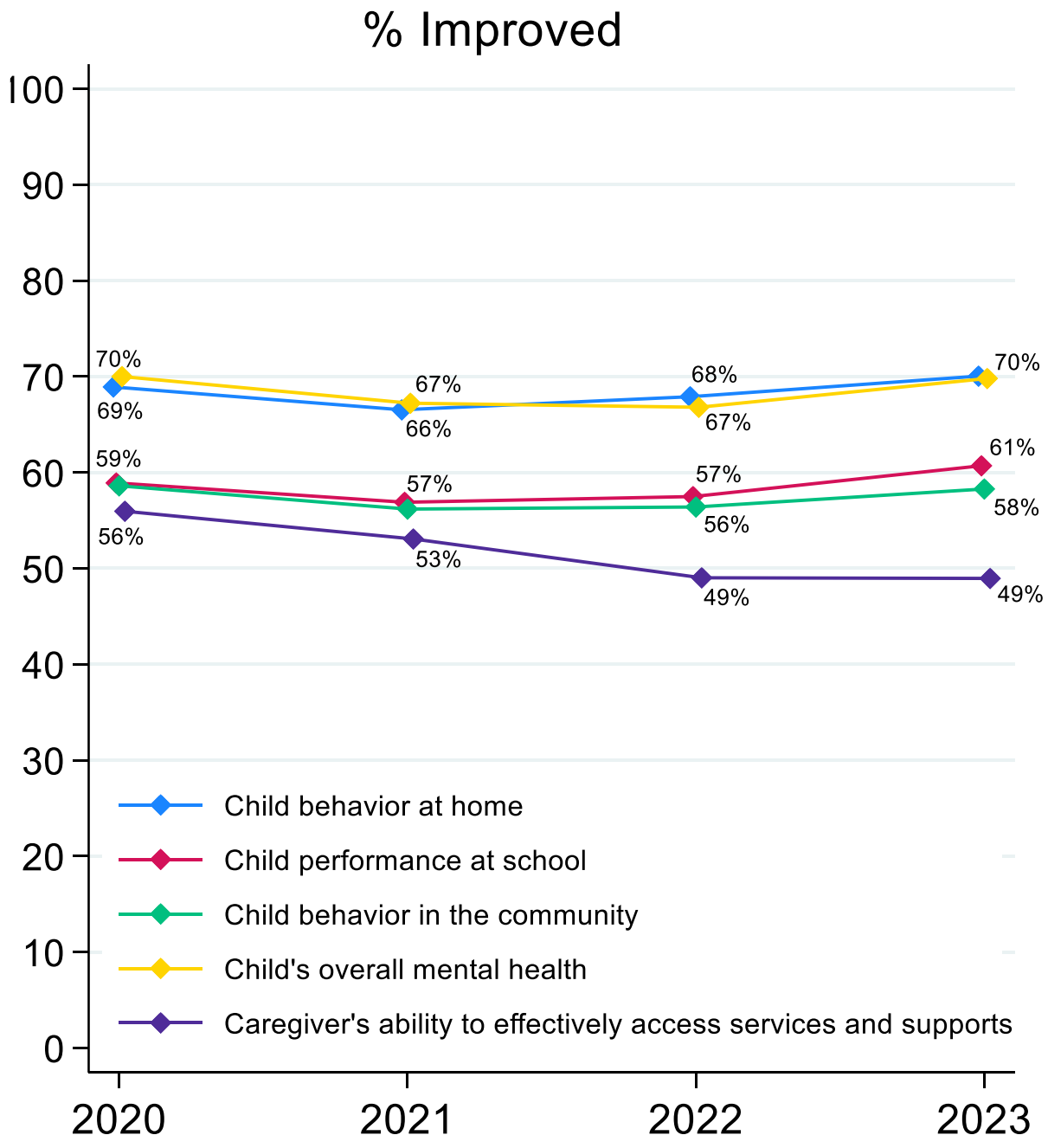


Results also indicated that caregivers who rated a case manager and counselor felt that team meetings would be less useful whereas caregivers who rated other providers or medication prescribers felt a team meeting would be more helpful.



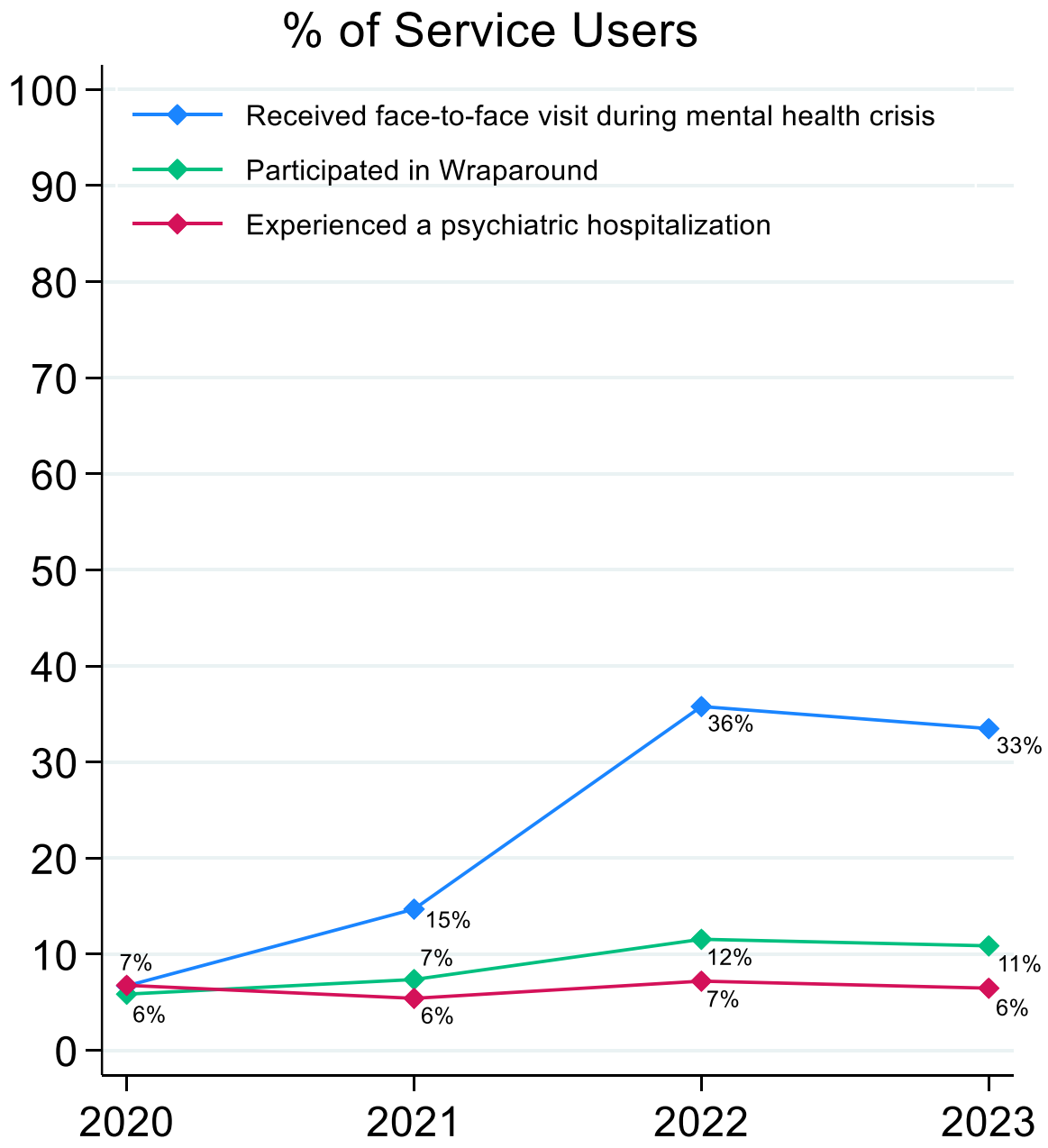
YOUTH OUTCOMES

Idaho YES services are intended to impove 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 these outcomes have changed during the last 6 months.



USE OF SERVICES

From 2021 to 2022, there was a significant increase in the percent of youth who received a crisis visit, participated in Wraparound, and were psychiatrically hospitalized. There were no significant changes in participation rates from 2022 to 2023.



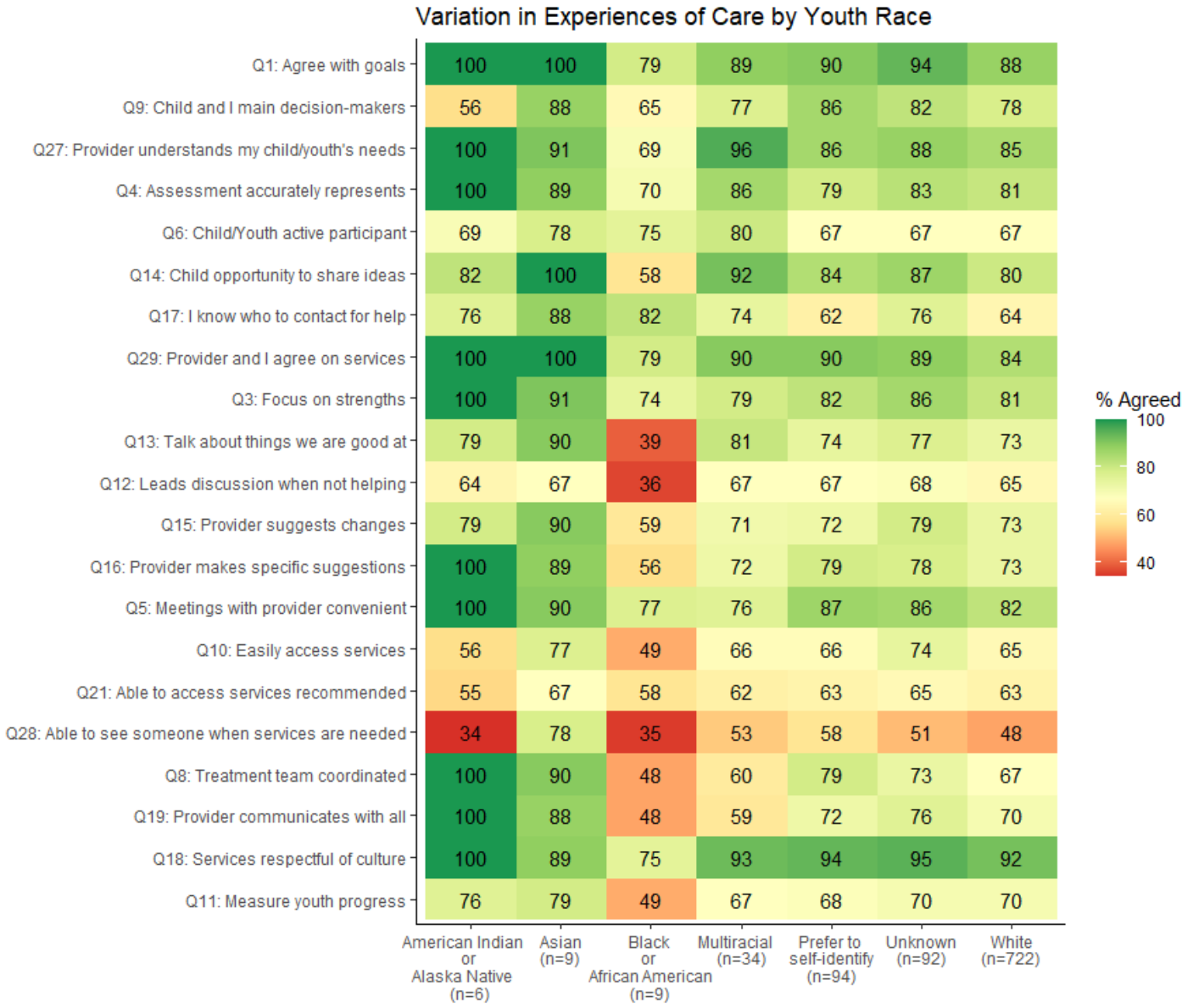
VARIATION IN CARE

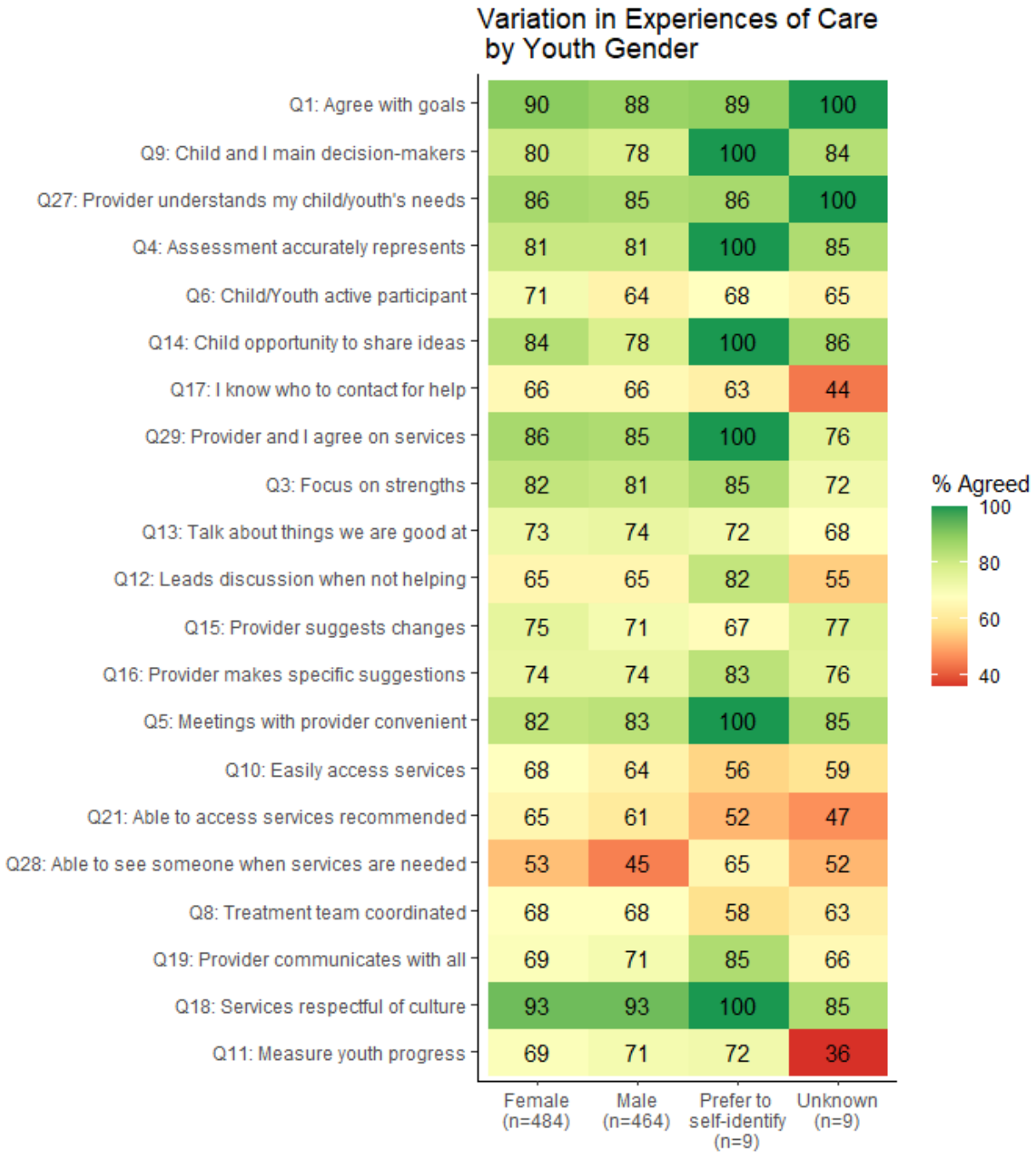
When the Idaho YES system is effectively meeting the needs of all youth, the extent to which services embody YES principles should not differ on the basis of youth characteristics. The charts below show the percentage of caregivers who agreed with each item by youth characteristic. Significant differences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

Caregivers of youth with a CANS of 3 were significantly less likely to agree they could access services they believed their youth needed (Q10) and that were recommended by a provider (Q21). They were also significantly less likely to agree that their youth was an active participant in service planning.

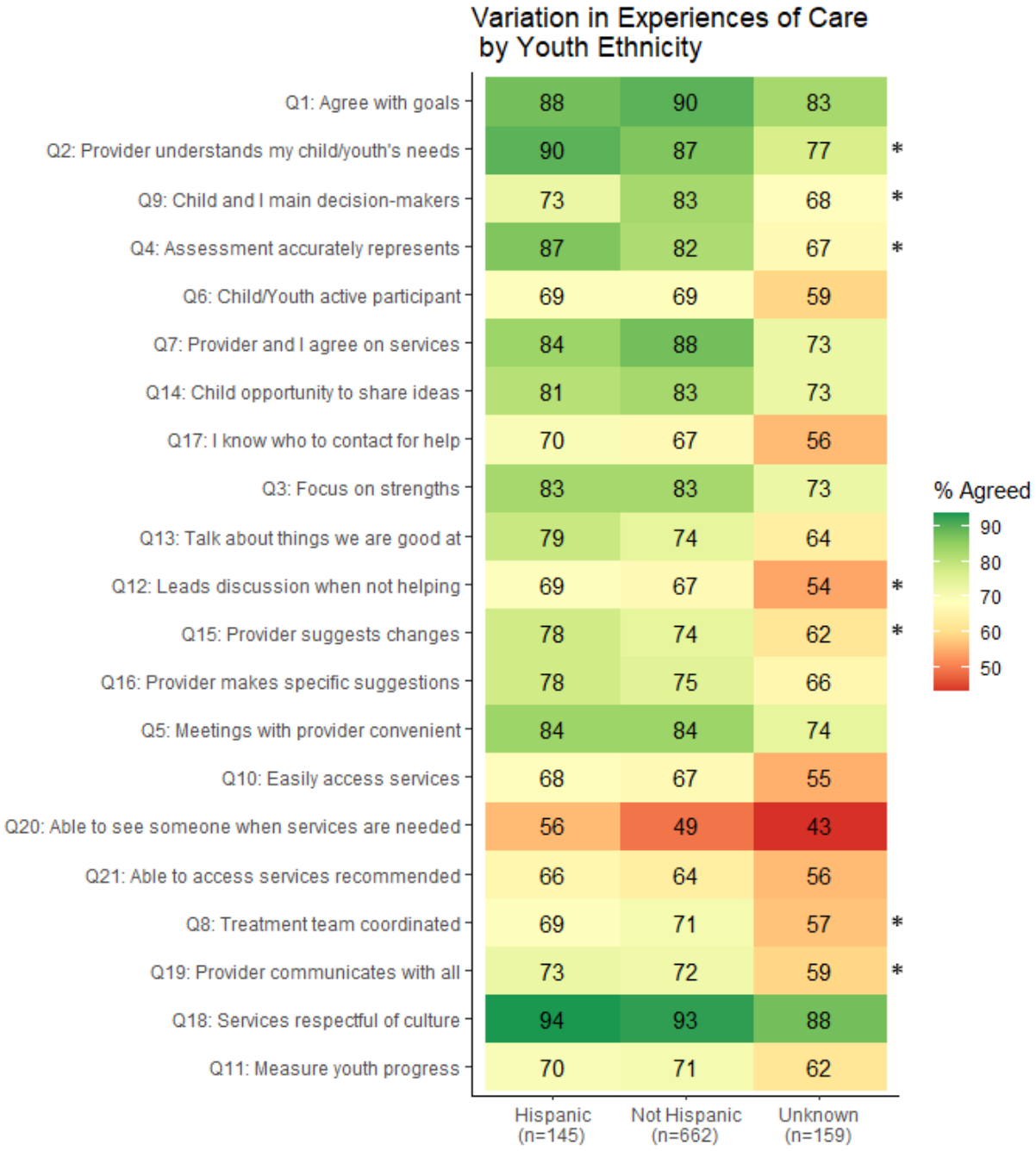
There were no statistically significant differences in youths' experiences of care based on youth race. However, due to a very small sample size in some cells (e.g., African American), there was low statistical power to detect differences across groups. This means that even if there was a 'real' difference between the smaller group and other groups, the statistical analysis would not have been able to 'see' it. The difference in cell sizes was not caused by different response rates: there were no differences in response rate to the survey by youth race. Information on youth race was provided by the sampling database from the Department. In the full sampling database, 1.4% of youths (N=151) were identified as African American or Black.

It is notable that the small number of caregivers of Black or African American youth who participated in the survey reported much lower levels of agreement with several items. Additional inquiry into this pattern of results may be warranted. To conduct such an inquiry, it would be necessary to oversample African American and Black youth during the sampling process.





There were no statistically significant differences in youths' experiences of care based on youth gender. However, as with the analyses of race, there was low statistical power to detect differences for some groups due to small sample sizes. Information on youth gender was provided by the sampling database from the Department.



On several items, caregivers of youths of unknown ethnicity reported significantly less agreement than caregivers of youths of Hispanic and non-Hispanic origin. The reason for this is unclear; however, further investigation may be useful. Information on youth ethnicity was provided by the sampling database from the Department.

APPENDIX 1: METHODS

TARGET POPULATION AND SAMPLE

The target population for the 2023 YES family survey was youth ages 4 to 21 years and their families who participated in YES services from July 1, 2022 to December 31, 2022 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, 2022 to December 31, 2022, (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 10,888 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. Because some families have more than one youth in care, it is possible that some households received multiple surveys. Caregivers were asked to complete one survey for each youth; focusing only on the youth whose name was printed on the letter. 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. All mailings were sent out by the Department and returned to the Department in order to protect participants' privacy.

The final sample included *N* = 6,000 youth, randomly sampled from seven strata (IDHW Regions), proportionate to each Region's share of the full sampling frame. The sample of 6,000 youth represented 55% of the sampling frame.

SURVEY ITEMS

Items on the 2023 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 extent to which families' experience with the CANS reflected its purpose and goals,
(3) select services the youth participated in, including crisis intervention, Wraparound, and psychiatric hospitalizations,
(4) the extent to which families were invited to develop a child and family team as part of their services, 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 "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; Williams et al., 2023).

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 2023 to March 2023.

In order to protect participants' privacy, all surveys were mailed by staff at the IDHW Division of Behavioral Health. 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 Boise State University Institutional Review Board (IRB) which is concerned with the protection of human subjects. The protocol number was 041-SB23-012.

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. (2023). Biannual estimate of need for intensive care coordination among Idaho youth, SFY 2023 (June 2023 report). [Technical report submitted to the Idaho Department of Health and Welfare, Division of Behavioral Health.] Boise, ID: Boise State University.

Williams, N. J., Beauchemin, J., Giuntini, G., Griffis, J., & Mo, Y. (2022). 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, 30*(3), 221-234.

Williams, N. J., Beauchemin, J., Griffis, J., & Marcus, S. C. (2023). Disparities in adherence to system-of-care principles by youth level of need. *Community Mental Health Journal.* https://doi.org/10.1007/s10597-023-01126-w

APPENDIX 2: COPY OF 2023 YES FAMILY SURVEY

IDAHO DEPARTMENT OF HEALTH & WELFARE

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.

Has your child/youth participated in **any** mental health services with a provider during the last 6 months ?

☐ **No**
If you marked "No," please **STOP** here.
You have completed the survey.
Please place it in the envelope and mail it back.
Thank you.

☐ **Yes**
If you marked "Yes," please complete the rest of this survey.

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

- ☐ Counselor/ Therapist/ Psychotherapist
- ☐ Case Manager/ Targeted Care Coordinator/ Wraparound Coordinator
- ☐ Medication prescriber (psychiatrist / physician / nurse practitioner)
- ☐ 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.

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

22. **If you were** not **able to get all of the services recommended by your child/youth's mental health provider**, please write in the box below what service or services you were **NOT** able to get:

Continued on the back

IDAHO DEPARTMENT OF HEALTH & WELFARE

Experiences of Care and Outcomes for Youth & Families

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

23. 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

24. 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

25. Spent the night in a hospital due to problems with behaviors or feelings?

☐ None ☐ 1 to 2 ☐ 3 to 7 ☐ 8 or more

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 whether you agree with each statement by marking **"No"** or **"Yes."**
If you are unsure, please mark **"Don't know."**

	Dont' know	No	Yes
26. I was **given a copy** of my child's CANS (i.e., the ratings/scores and comments).	☐99	☐0	☐1
27. I had the **opportunity to discuss** my child's ratings/scores on the CANS **with a provider.**	☐99	☐0	☐1
28. In the end, I agreed with **my child's final ratings on the CANS.**	☐99	☐0	☐1
29. The provider, my child, and I used the CANS to identify **specific treatment goals and services** for my child/youth.	☐99	☐0	☐1
30. The provider used the CANS to help **explain what services my child/ youth is eligible for.**	☐99	☐0	☐1
31. The provider required us to complete a CANS **even though we already had one completed in the last four months.**	☐99	☐0	☐1

Compaired to 6 months ago, how would you rate...

	Much Worse	A Little Worse	About the Same	A Little Better	Much Better
32. …your child/youth's **behavior at home now** (e.g., getting along with family, following rules, helping around the house)?	☐0	☐1	☐2	☐3	☐4
33. …your child/youth's **performance at school now** (e.g., attendance, behavior, grades)?	☐0	☐1	☐2	☐3	☐4
34. …your child/youth's **behavior in the community now** (e.g., behavior in public, participation in positive activities, involvement with police)?	☐0	☐1	☐2	☐3	☐4
35. …your child/youth's overall **mental health now**?	☐0	☐1	☐2	☐3	☐4
36. …**your ability** to effectively **access services and supports** your child/youth needs?	☐0	☐1	☐2	☐3	☐4

When a child/youth and family are involved in mental health services, they sometimes have the opportunity to meet with a treatment team that includes all the individuals involved in the child/youth's care as well as anyone else the family would like to include. This may not be necessary for your child/youth and you may or may not have had this opportunity. Please share about your experience:

37. Has your provider talked to you about having a team meeting or arranged a team meeting with the individuals you want to be involved in your child's care plan? ☐ Yes (Skip to question #39) ☐ No (Answer question #38)

38. If no: Do you think a meeting like this would be helpful for your child/youth? ☐ Yes ☐ No

Please answer the following questions to let us know a little about your child/youth.

39. **How long has your child/youth been participating in mental health services?** _____ months

40. **Is your child living in an out-of-home placement today?**
(An out-of-home placement is any setting outside of a family home or regular foster home, where youth stay overnight for two or more weeks under professional supervision, such as a residential treatment facility, group home, juvenile corrections, or crisis shelter). ☐ No ☐ Yes

Thank you for sharing about your experience!

OFFICE USE ONLY

FORM #