

# IDAHO YOUTH EMPOWERMENT SERVICES (YES) FAMILY SURVEY RESULTS, 2024

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# 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 conducted by Boise State University in partnership with the Idaho Department of Health and Welfare, Division of Behavioral Health. The survey is mailed to a population-representative sample of caregivers of youth who participated in mental health services during the prior calendar year. This year, 1,060 families responded to the survey (21% response rate). Of these, 984 reported that their youth participated in mental health services during the prior six months. This report summarizes the responses of the 984 Idaho families who shared about their experiences of care through the 2024 YES family survey.

## WHAT DID WE LEARN?

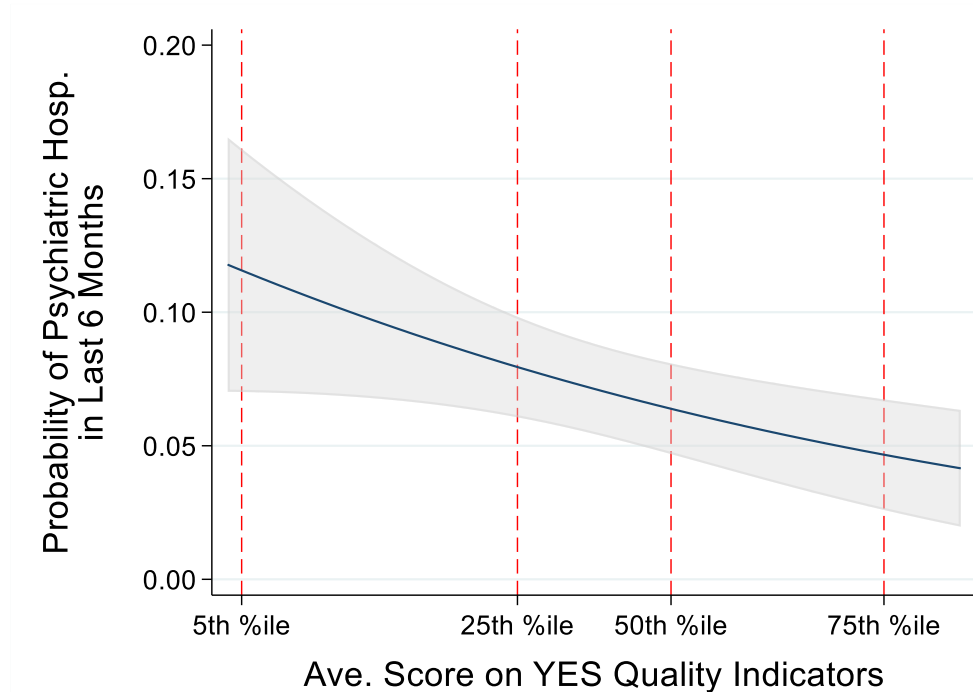
### GETTING BETTER CARE MATTERS

Similar to past years, results of this year's YES family survey indicated that youth improved more in their day-to-day lives when their caregivers rated their family's mental health services higher on the Idaho YES principles. The questions that measures families' experiences with the YES principles are called YES Quality Indicators. As is shown in **Figure 1**, caregivers who rated their youth's services higher on the YES Quality Indicators reported significantly greater improvement in their youth's day-to-day functioning (a composite of the youth's overall mental health, behavior at home, performance at school, and behavior in the community)

**Figure 1. Association of YES Principles with Youth Outcomes**



**Figure 2. Association of YES Principles with Risk of Psychiatric Hospitalization**

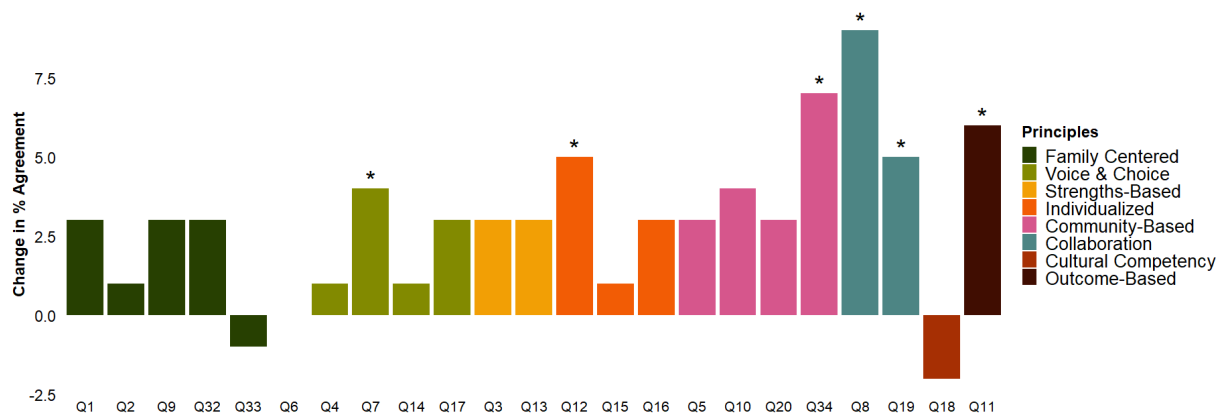


during the last six months. In addition, as is shown in **Figure 2**, youth whose caregivers rated their services higher on YES principles were significantly less likely to have experienced a psychiatric hospitalization during the last six months. These findings suggest youth outcomes are better when the services youth receive reflect Idaho YES principles.

### IDAHO FAMILIES' RATINGS OF MENTAL HEALTH CARE QUALITY REBOUNDED IN 2024

Last year's report showed that family ratings on several YES Quality Indicators *decreased* from 2022 to 2023, indicating deterioration in the quality of families' mental health care experiences. However, results of this year's survey indicated the trend *reversed*. From 2023 to 2024, family ratings *improved* on 20 of 23 YES Quality Indicators. This is shown in **Figure 3** which plots the change in the percentage of

**Figure 3. Change in Percentage of Families who Agreed with YES Quality Indicators, 2023-2024**

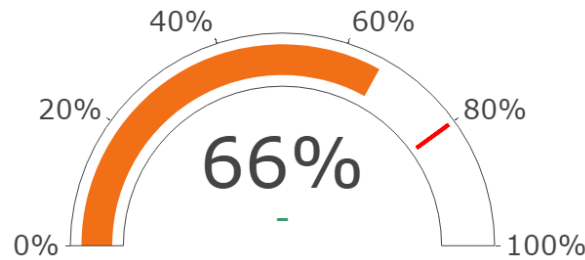


families who agreed with each YES Quality Indicator from 2023 to 2024. Ratings on 6 of the YES Quality Indicators exhibited statistically significant improvement from 2023 to 2024, indicating the change was most likely real and not due to error. These are marked with an asterisk in **Figure 3**. The significantly improved items reflected increased communication and coordination by providers with other important adults in children’s lives, increased partnership between families and providers to measure and monitor children’s progress, increased provider responsiveness when services were not helping, and increased ability of families to access recommended services. These improvements likely reflect positive changes in Idaho’s youth mental health system as it begins to emerge from the impacts of the COVID-19 pandemic which severely burdened Idaho families and the Idaho mental health provider network and workforce.

**NEW YES QUALITY INDICATORS, WHICH WERE ADDED IN 2024, HELPED CLARIFY THE PICTURE OF FAMILIES’ EXPERIENCES WITH MENTAL HEALTH SERVICES IN IDAHO, HIGHLIGHTING NEW AREAS WHERE THE SYSTEM NEEDS TO GROW**

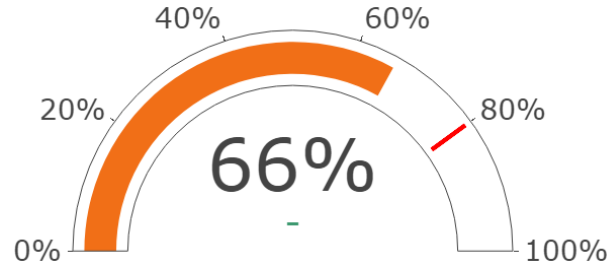
In 2024, the Boise State University research team conducted extensive item development and evaluation work with Idaho families to test the interpretability of the family survey items and to develop new YES Quality Indicators assessing families’ experiences with Idaho’s YES principles. This work resulted in the addition of 11 new items to the 2024 survey. Family responses to the new items highlighted some strengths of the system, such as high family ratings on new items assessing cultural competence. However, family ratings on other items highlighted new areas in which the system needs to improve.

One new item highlighted a gap in care coordination for caregivers:



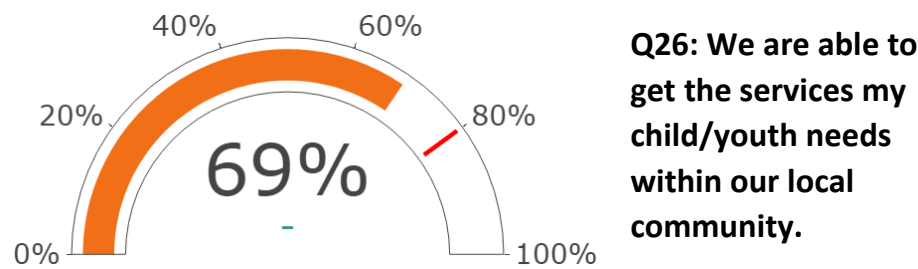
**Q27: The provider makes sure I have as much help as I need with coordinating services.**

Another new item highlighted gaps in involving important natural supports in youths’ care:



**Q21: People who are important in my child/youth’s life are invited to participate in treatment as much as I want.**

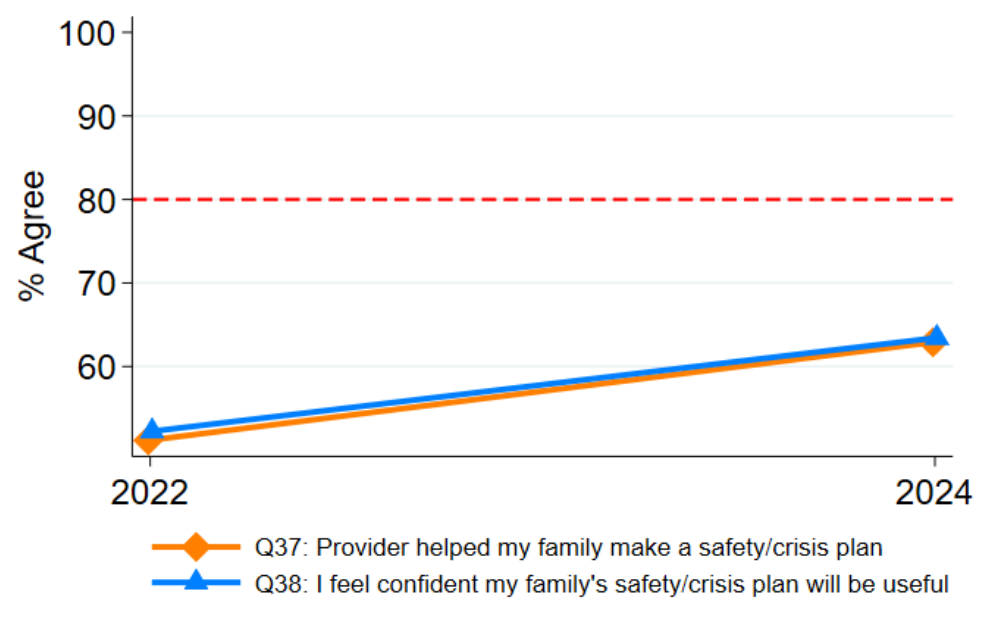
And, another new item highlighted the challenge many caregivers face across the State with accessing services in their local communities:



**THERE IS EVIDENCE THAT FAMILY AND YOUTH EXPERIENCES OF MENTAL HEALTH SAFETY/ CRISIS PLANNING IMPROVED FROM 2022-2024**

Families’ ratings of their experiences with mental health safety and crisis planning improved significantly from 2022 to 2024 (see **Figure 4**). Among families who believed their youth needed a mental health safety/ crisis plan, there was an increase of 10 percentage points in the proportion of families who agreed with both questions assessing the quality of safety/crisis planning. The percentage of families who were helped by their provider to make a plan increased from 51% in 2022 to 63% in 2024. Similarly, the percentage who felt confident their plan would be helpful during a crisis increased from 52% in 2022 to 63% in 2024. These improvements may be associated with extensive efforts by the Idaho Department of Health and Welfare to improve mental health safety and crisis planning for youth

**Figure 4. Change in the Percentage of Families’ Agreeing with Safety/ Crisis Planning Quality Indicators, 2022-2024**



*Note: Analyses only includes caregivers who believed their youth needed a safety/crisis plan.*

throughout the state during the last few years. These efforts have included provider training and family education campaigns. While these positive signs are encouraging, the data point to a strong need for further improvement. Far too many families who believe their child needs a safety/ crisis plan are not helped to make one (37%), pointing to the need for further work in this area.

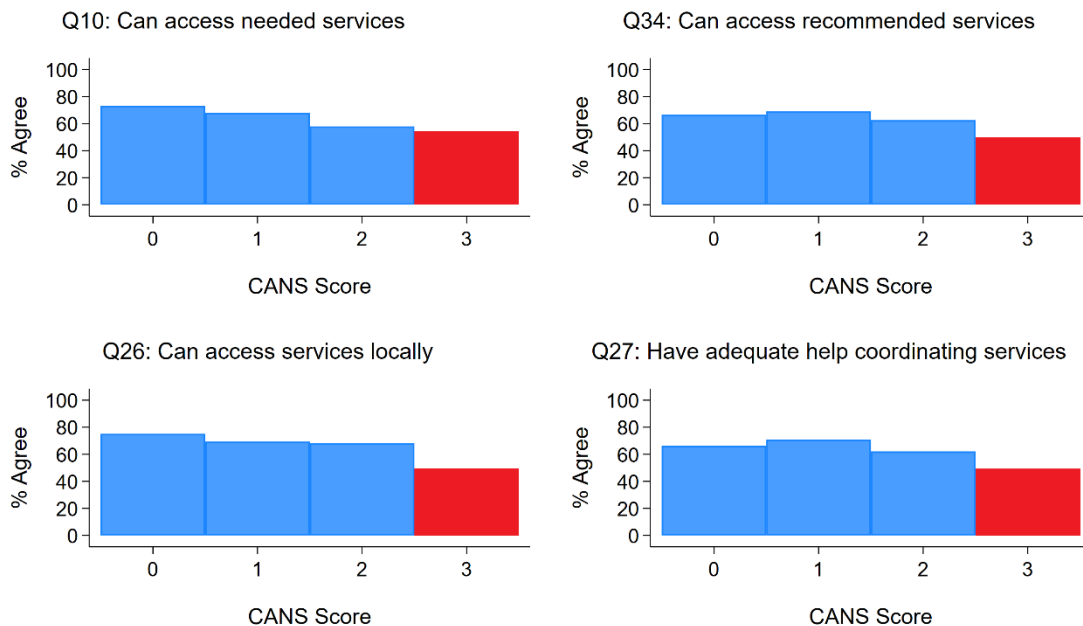
### **THERE ARE IMPORTANT ONGOING GAPS IN THE AVAILABILITY OF COMMUNITY-BASED MENTAL HEALTH SERVICES FOR YOUTH IN IDAHO**

The YES principle that is consistently rated lowest by Idaho families is “Community-Based Service Array.” This principle states that a comprehensive array of community-based mental health services will be available to youth and will be provided in the least restrictive environment, reflecting each youth’s individualized treatment plan. Family ratings on items that assess this principle have noted major gaps in access to community-based services for several years. From 2023 to 2024, family ratings of these items improved; however, about 1 in 3 caregivers still indicated they could not access mental health services they believed their child needed (31%) or services that were recommended by a provider (32%). Almost half of caregivers (48%) indicated they could not access services right away when their child needed to see someone. These findings are consistent with more detailed case review data indicating that families often experience long wait times to get services and difficulty finding providers. There is clearly an urgent need to increase the accessibility of community mental health services for youth in Idaho.

### **THERE ARE IMPORTANT GAPS IN CANS IMPLEMENTATION IN IDAHO**

Within the Idaho YES system, youth 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. In past years of the survey, family ratings of their experiences with the CANS have been low and have suggested the CANS is not being implemented in the way it is intended to be used. In 2024, three new questions were developed by IDHW partners and the research team in an effort to obtain better data about families’ experiences with the CANS. However, ratings on these items continued to be low (typically  $\leq 50\%$  of families agreed their experience reflected the intended CANS process). These ratings demonstrate continuing deficits in CANS implementation in Idaho. In addition, we recommend additional item development work to generate better indicators of CANS implementation in Idaho. We suggest formative work be completed to develop CANS quality indicator items which reflect the intended process and purpose of the CANS.

**Figure 5. Percentage of Caregivers Agreeing with Community-Based Service Array Quality Indicators by Level of Youth CANS**



**CAREGIVERS OF YOUTH WHO EXPERIENCE THE MOST INTENSIVE NEEDS ARE SIGNIFICANTLY LESS LIKELY THAN OTHER CAREGIVERS TO AGREE WITH SEVERAL YES QUALITY INDICATORS**

Consistent with prior years of the survey, in 2024, caregivers of youth who had a CANS of 3 were significantly less likely than other caregivers to agree with several YES Quality Indicators (see **Figure 5**). After holding constant youth age, gender, race, ethnicity, number of months in services, and provider rated, youths with a CANS of 3 scored significantly lower their ability to access services recommended by their provider, access the services that are needed most, and access services in the local community. In addition, caregivers of youth with a CANS of 3 were significantly less likely to agree that they had the help they need to adequately coordinate the services their child is involved in. This is important since youth with a CANS of 3 are most likely to be involved with multiple providers and to need help with service coordination.

**RECOMMENDATIONS**

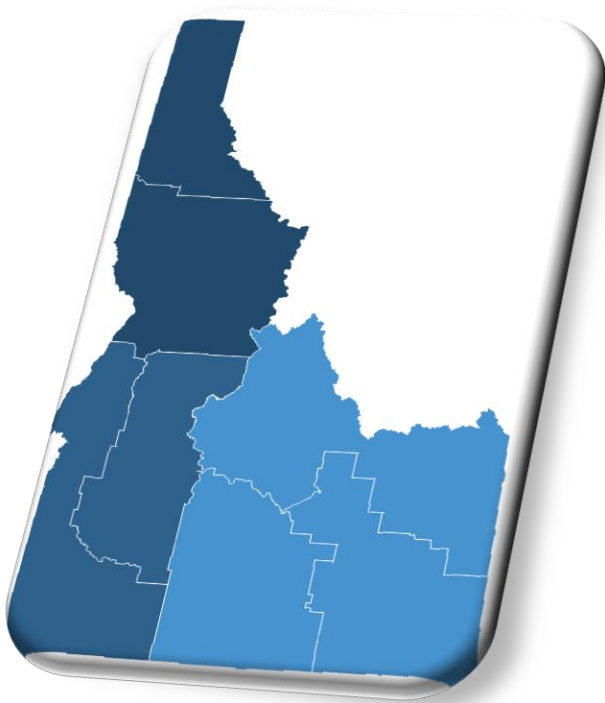
Based on the findings of this report, it is recommended that IDHW pursue the following improvement actions related to children’s mental health services in Idaho:

- ❖ Take steps to support Idaho families and providers to ensure that youth mental health services are delivered in a way that reflects the YES principles and practice manual. Specifically, efforts should be directed toward

ensuring that services delivered to Idaho youth are better aligned with the YES principles of:

- community-based service array,
  - collaborative care, and
  - individualized care;
- ❖ Take steps to improve the accessibility of community-based services for youth who have the most intensive needs (i.e., those with a CANS of 3);
  - ❖ Take steps to improve care coordination for youth who have the most intensive needs (i.e., those with a CANS of 3);
  - ❖ Continue to improve the adequacy of mental health crisis response services for youth in Idaho by continuing and expanding current efforts to train providers and educate families;
  - ❖ Continue to improve the implementation of CANS in Idaho so that its use reflects guidelines provided by the CANS developer.

July 17, 2024





## ACKNOWLEDGEMENTS

This work was funded through a research contract from the Idaho Department of Health and Welfare to Boise State University. Completion of this work 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, Rachel Murdock, and Gayla Smutny from the Idaho Department of Health and Welfare as well as Heather Fountaine from Boise State University. 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

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# 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 Idaho 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 2024 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 2024 YES family survey included 51 questions that asked about families' experiences with mental health services for their youth. The survey covered five areas:

- (1) the extent to which the care that youth and families experienced reflected the Idaho YES Principles of Care and Practice Model; these are called YES Quality Indicator items,
- (2) the extent to which families' experiences with the CANS (Child and Adolescent Needs and Strengths) assessment process adhered to established guidelines,
- (3) the extent to which families' experiences with mental health crisis and safety planning met their needs,
- (4) 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, and
- (5) services youth received (e.g., psychiatric hospitalization).

Research has shown that the YES Quality Indicators are valid and reliable measures of families' experiences of mental health care and that variation in caregivers' responses to

these questions is associated with variation in the extent to which youth benefitted from care (Williams et al., 2022; Williams et al., 2023).

The survey was fielded via postal mail in spring 2024 (see Appendix 1 for methodological details). The sample included 6,001 caregivers of youth who participated in YES mental health services during 2023.

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. A total of 1,060 caregivers responded to the survey (20.7% response rate after excluding returned mail). This is a positive response rate for surveys such as this. The response rate has remained steady during the last three years.

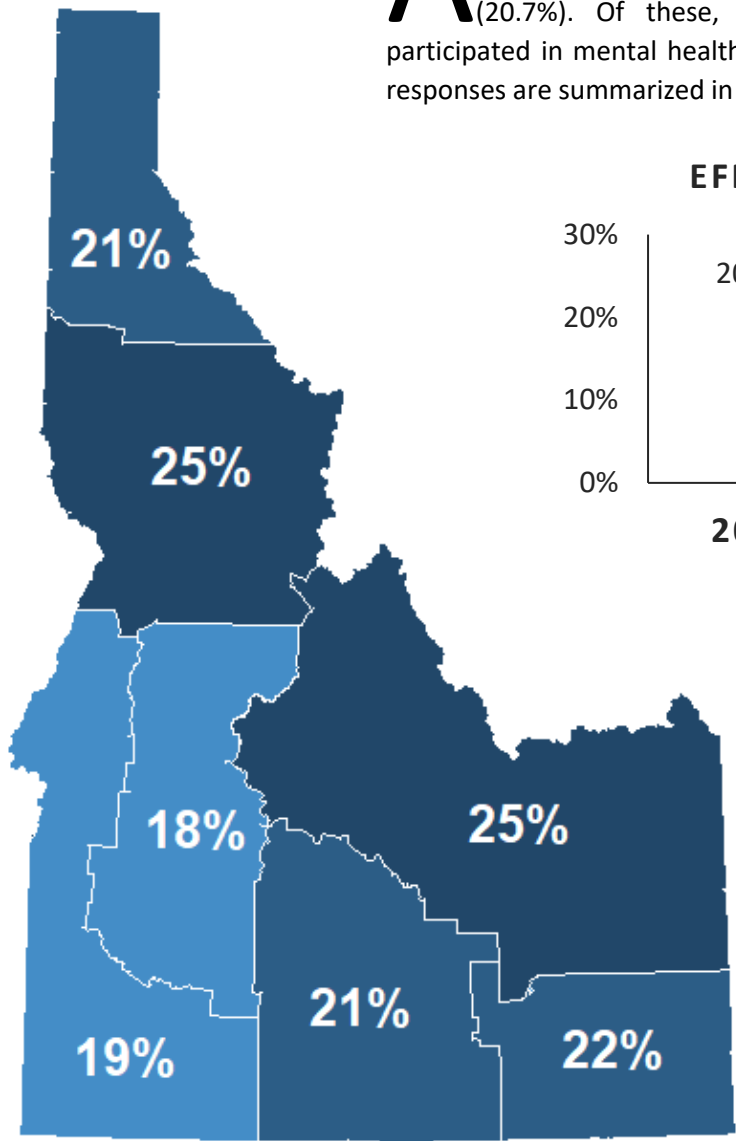
## WHAT DID WE LEARN?

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, and number of months in services to ensure that changes from year to year reflect real differences and not differences in the group of respondents. The survey margin of error was  $\pm 2.8\%$ .

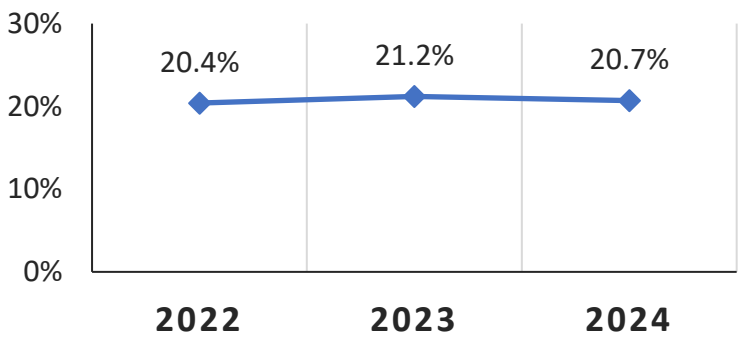
# SURVEY RESPONSE

# 1,060

A total of 1,060 Idaho families responded to the 2024 Idaho YES Family Survey. This represents 1 out of every 5 families that received a survey (20.7%). Of these, 984 caregivers indicated their youth had participated in mental health services during the previous 6 months; their responses are summarized in this report.



EFFECTIVE RESPONSE RATE



There were statistically significant differences in response rates across regions ( $p=.017$ ). The response rate for Region 4 was significantly lower than average and the response rate for Region 7 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. There were no statistically significant differences ( $p < 0.05$ ) between the two groups which suggests the sample of participants is representative of the target population.

	Caregiver Responded ( <i>N</i> =1,060)		Caregiver Did Not Respond ( <i>N</i> =4,941)	
	<i>n</i>	%	<i>n</i>	%
<b>YOUTH GENDER</b>				
Female	528	49.8	2,403	48.6
Male	516	48.7	2,474	50.1
Prefer to self-identify	8	0.8	35	0.7
Unknown/ Not reported	8	0.8	29	0.6
<b>YOUTH AGE</b>				
Under 5 years	10	0.9	68	1.4
5 to 9 years	282	26.6	1,323	26.8
10 to 14 years	435	41.0	2,059	41.7
15 years and older	333	31.4	1,491	30.2
<b>YOUTH CANS</b>				
0	412	38.9	1,852	37.5
1	469	44.25	2,091	42.3
2	74	7.0	417	8.4
3	105	9.9	581	11.8
<b>YOUTH RACE</b>				
American Indian/ Alaska Native	6	0.6	41	0.8
Native Hawaiian/ Other Pacific Islander	2	0.2	9	0.2
Asian	11	1.0	14	0.3
Black or African American	19	1.8	82	1.7
White	762	71.9	3,563	72.1
Multiracial	42	4.0	187	3.8
Prefer to self-identify	109	10.3	578	11.7
Unknown/ Not reported	109	10.3	467	9.5
<b>YOUTH ETHNICITY</b>				
Not Hispanic or Latino	715	67.5	3,248	65.7
Hispanic or Latino	160	15.1	852	17.2
Unknown/ Not reported	185	17.5	841	17.0
<b>MONTHS IN SERVICES</b>				
0-6 months	190	17.9		
7-12 months	223	21.0		
13-24 months	190	17.9		
25 months or more	356	33.6		
Not reported	101	9.5		

# 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 Idaho YES principles include:

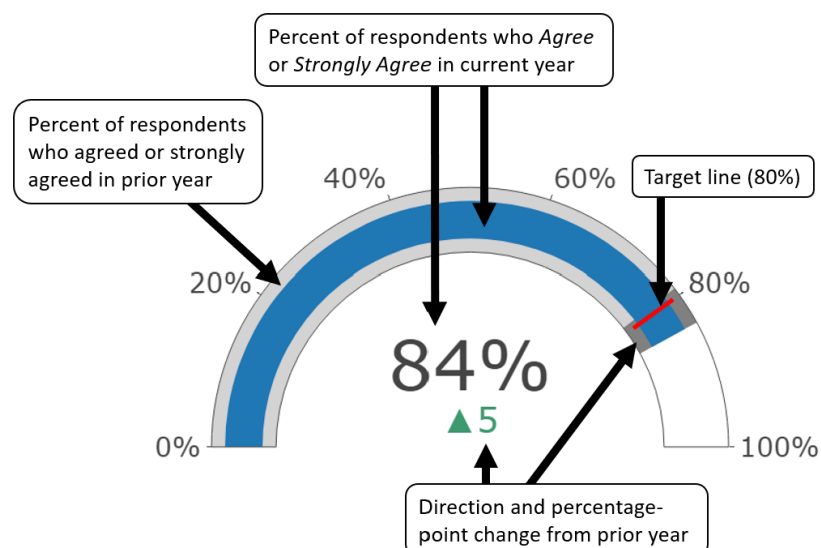
- 1) FAMILY-CENTERED
- 2) FAMILY & YOUTH VOICE AND CHOICE
- 3) STRENGTHS-BASED
- 4) INDIVIDUALIZED
- 5) COMMUNITY-BASED SERVICE ARRAY
- 6) COLLABORATION/ TEAM-BASED
- 7) CULTURAL COMPETENCY
- 8) OUTCOME-BASED

The YES family survey assesses the extent to which services are delivered to youth and families in accordance with these principles. These items are called YES Quality Indicators. Below, the YES Quality Indicators 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 2023 to 2024 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 2022 to 2024. Not all items were asked every year due to planned changes in survey content. Some items were new this year and some items were only asked in 2022 or 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 Indicators. These standards classify the system’s performance based on the percentage of caregivers who agree with each YES Quality Indicator. The standards are color-coded based on the level of high or low performance as follows:

**High Performance**



<b>Established</b>	<b>Green</b>	<b>85 – 100%</b>
<b>Evolving</b>	<b>Blue</b>	<b>75 – 84%</b>
<b>Emerging</b>	<b>Orange</b>	<b>65 – 74%</b>
<b>Needs Improvement</b>	<b>Red</b>	<b>&lt;65%</b>

**Low Performance**

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

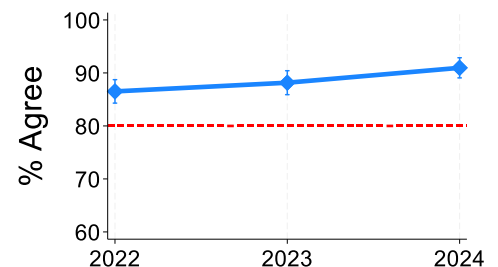
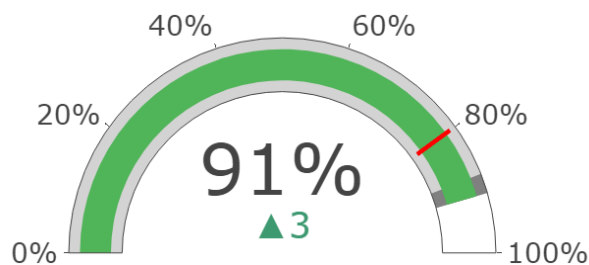


# FAMILY-CENTERED CARE

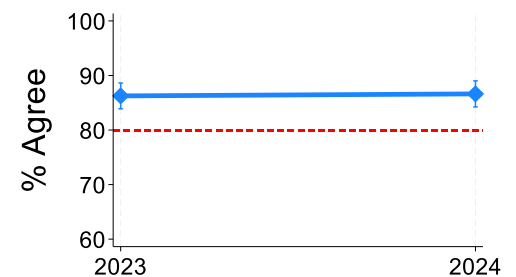
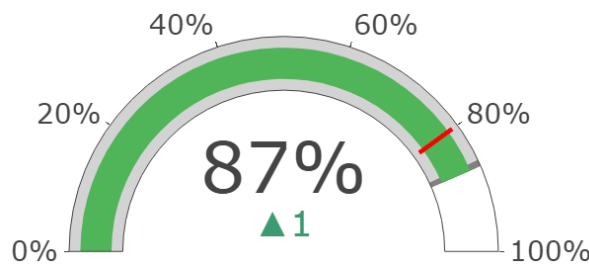


A defining characteristic of family-centered care is family engagement. Family engagement emphasizes family strengths and maximizes family resources. Family experience, expertise, and perspective are welcomed. Families are active participants in planning and decision-making. Families are respected and valued. Seven questions assessed this principle (Q1, Q2, Q9, Q21, Q22, Q32, Q33). Q21 and Q22 are new for 2024.

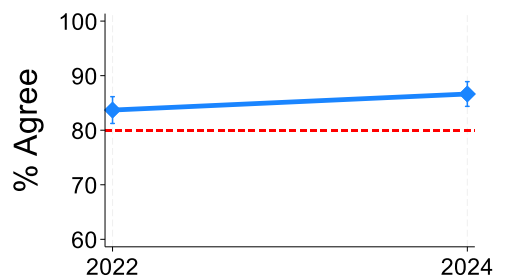
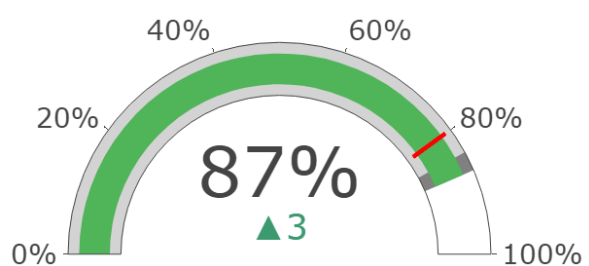
**Q1: THE GOALS WE ARE WORKING ON ARE THE ONES I BELIEVE ARE MOST IMPORTANT FOR MY CHILD/YOUTH.**



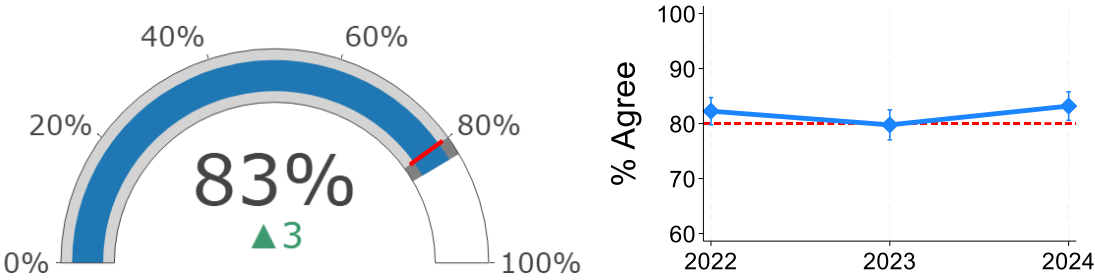
**Q2: THE PROVIDER SEEMS TO HAVE A CLEAR UNDERSTANDING OF MY CHILD/ YOUTH'S NEEDS.**



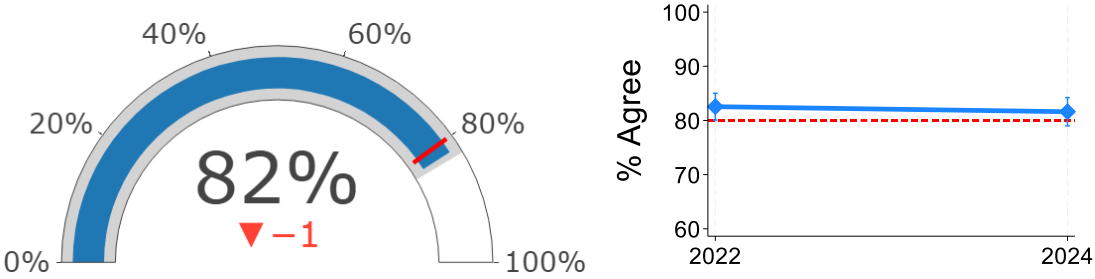
**Q32: THE PROVIDER ENCOURAGES ME TO SHARE WHAT I KNOW ABOUT MY CHILD/YOUTH'S STRENGTHS AND NEEDS**



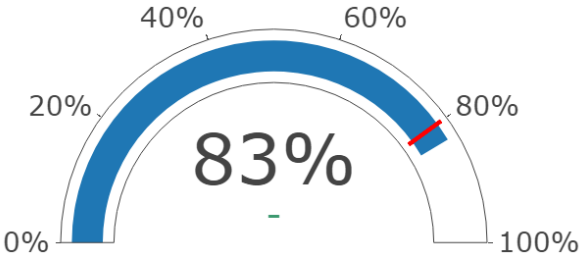
**Q9: MY CHILD AND I ARE THE MAIN DECISION-MAKERS WHEN IT COMES TO PLANNING SERVICES.**



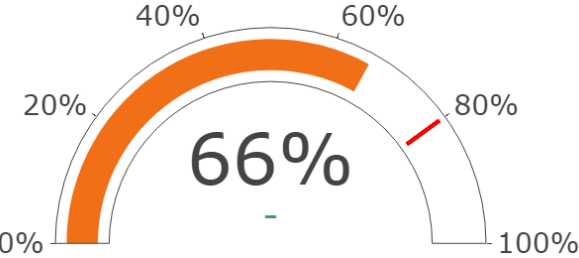
**Q33: I AM ABLE TO PARTICIPATE IN MY CHILD/YOUTH'S MENTAL HEALTH SERVICES AS MUCH AS I WANT.**



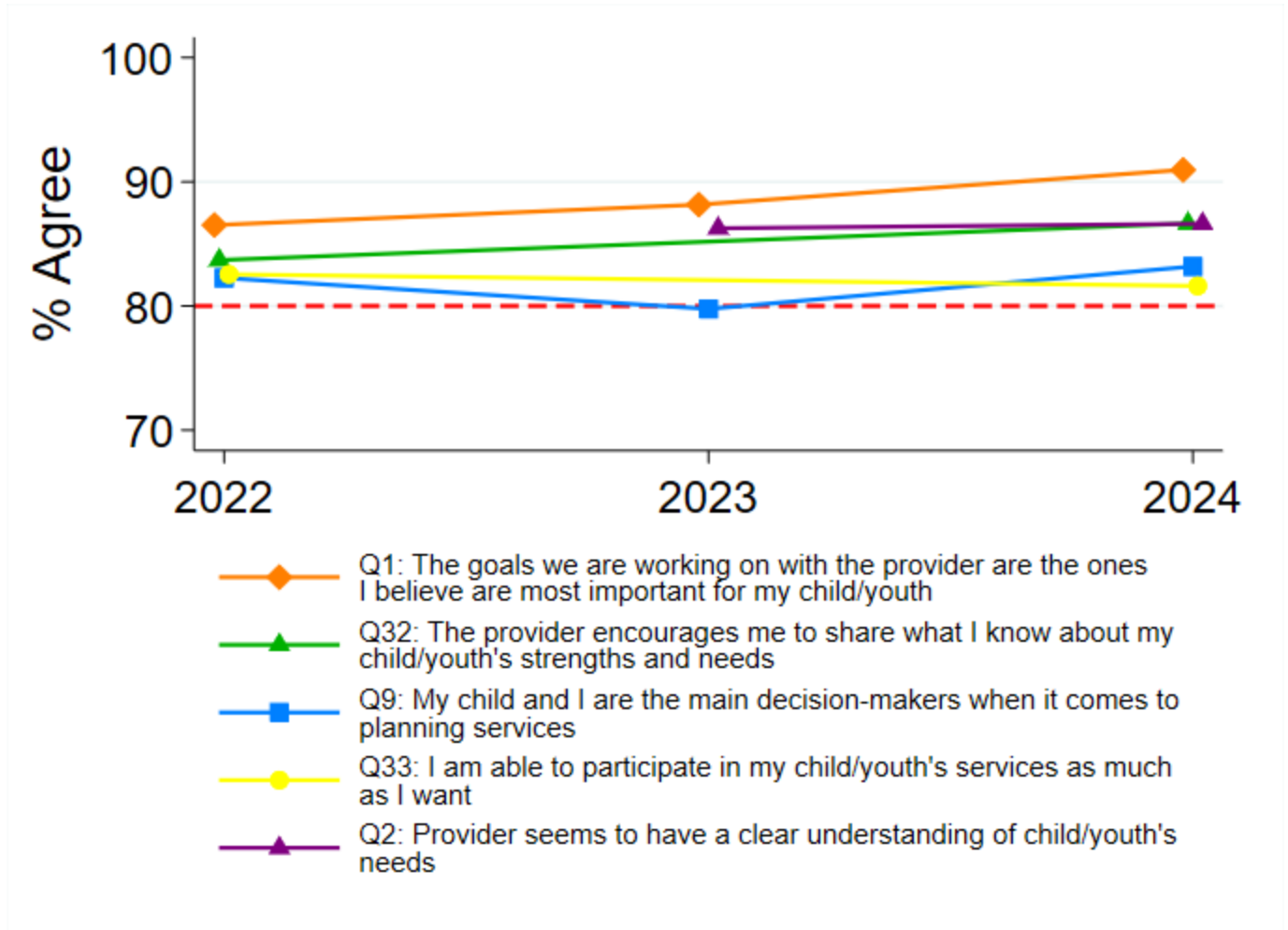
**Q22: THE PROVIDER INCLUDES ME AS AN ACTIVE PARTICIPANT IN MY CHILD/YOUTH'S CARE.**



**Q21: PEOPLE WHO ARE IMPORTANT IN MY CHILD/YOUTH'S LIFE ARE INVITED TO PARTICIPATE IN TREATMENT AS MUCH AS I WANT.**



## Summary of Family-Centered Care Items by Year



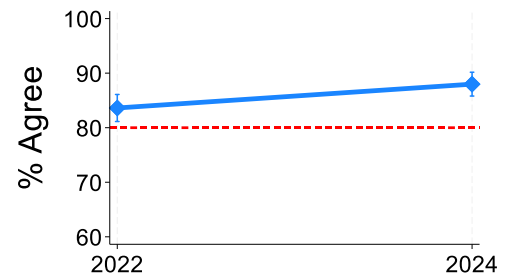
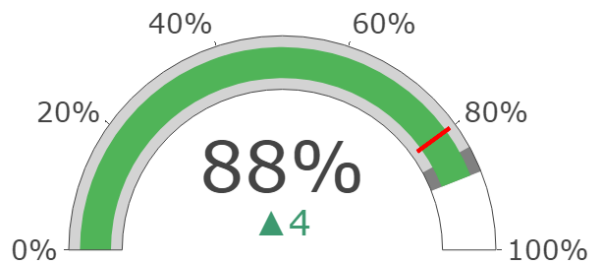
# FAMILY & YOUTH VOICE AND CHOICE



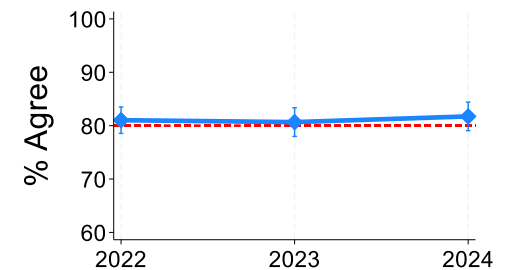
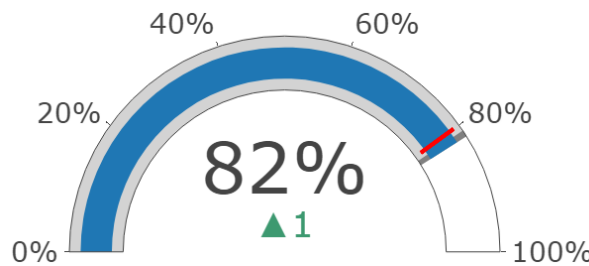
**F**amily and youth voice, choice, and preferences are elicited and prioritized during all phases of treatment. Service is founded on communicating openly and honestly in a way that supports disclosure of culture and personal experiences. Five questions assessed this principle (Q4, Q6, Q7, Q14, Q17).

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

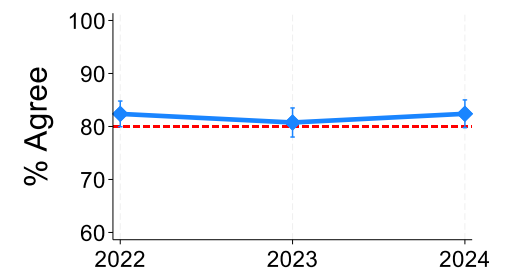
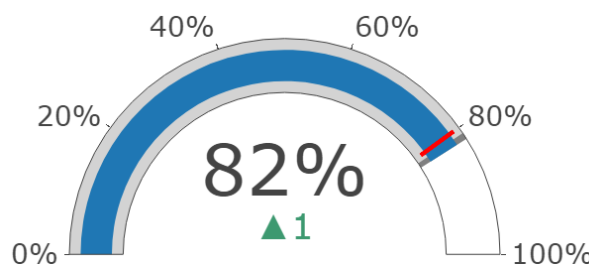
**Caregivers  
feeling  
respected  
as experts  
increased  
significantly  
from 2023  
to 2024.**



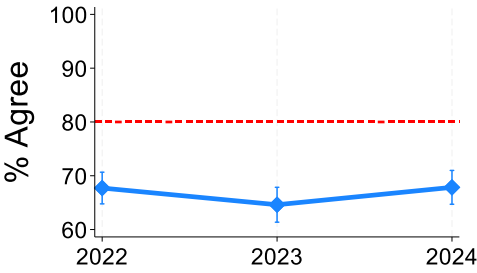
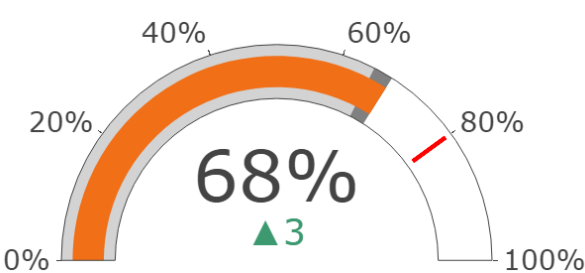
**Q4: THE ASSESSMENT COMPLETED BY THE PROVIDER ACCURATELY REPRESENTS MY CHILD/YOUTH'S NEEDS.**



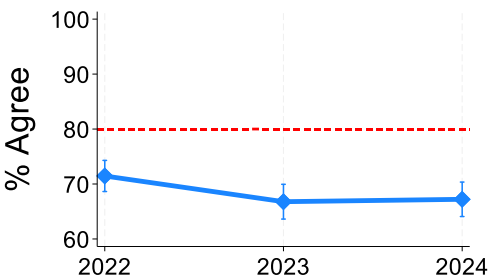
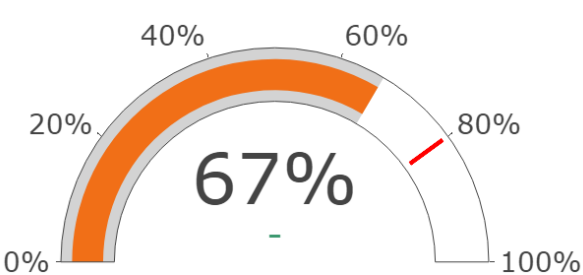
**Q14: WHEN DECISIONS ARE MADE, MY CHILD/YOUTH HAS THE OPPORTUNITY TO SHARE HIS/HER OWN IDEAS.**



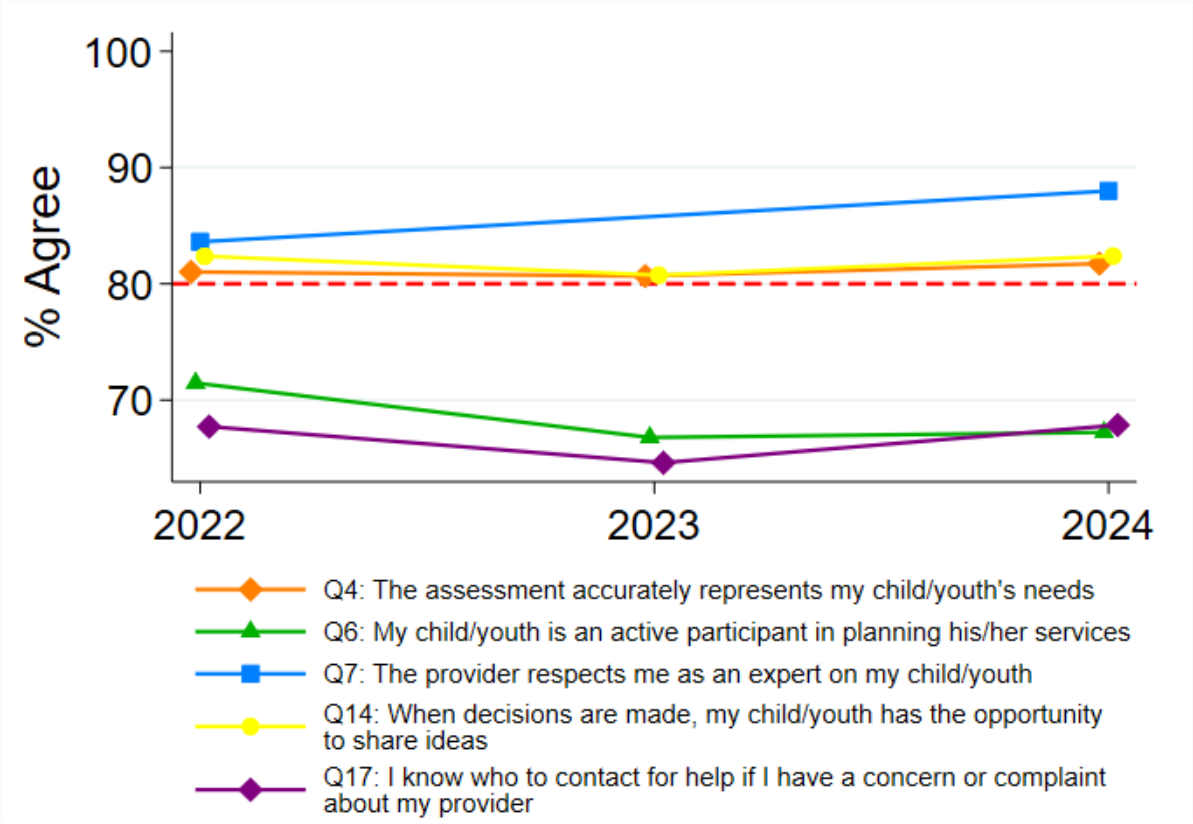
Q17: I KNOW WHO TO CONTACT FOR HELP IF I HAVE A CONCERN OR COMPLAINT ABOUT MY PROVIDER.



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



Summary of Family & Youth Voice and Choice Items by Year

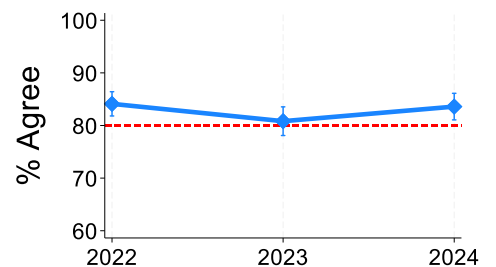
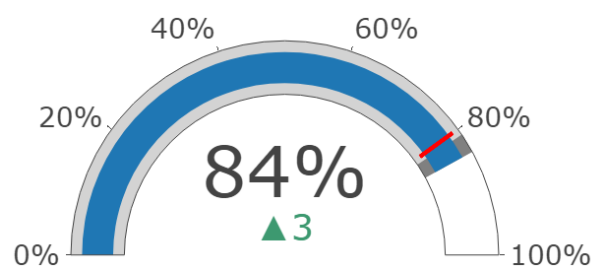


# STRENGTHS-BASED CARE

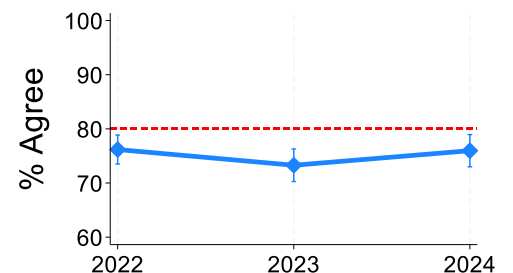
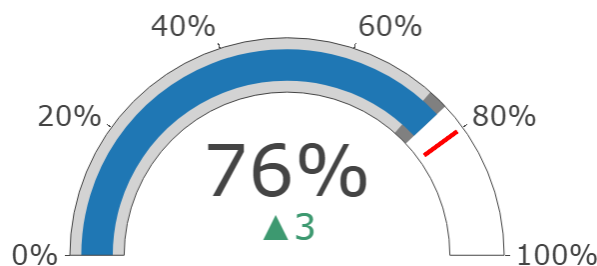


Services and supports are planned and delivered in a manner that identifies, builds on, and enhances the capabilities, knowledge, skills, and assets of the youth and family, their community, and other team members. Four questions assessed this principle (Q3, Q13, Q23, Q24). Q23 and Q24 were new for 2024.

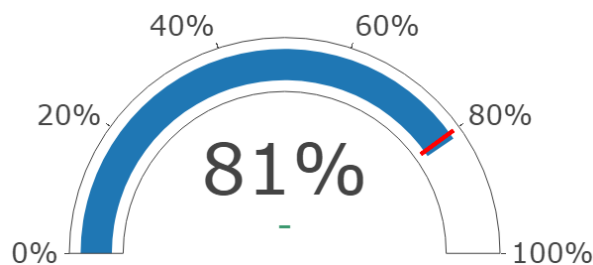
**Q3: THE SERVICES FOCUS ON WHAT MY CHILD/YOUTH IS GOOD AT, NOT JUST ON PROBLEMS.**



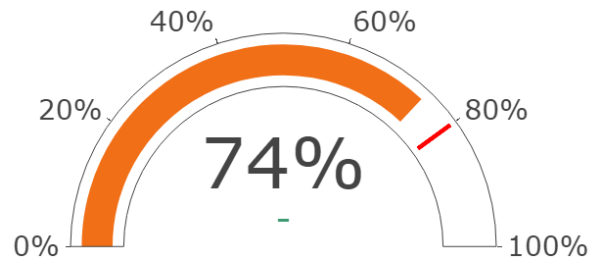
**Q13: THE PROVIDER TALKS WITH US ABOUT HOW WE CAN USE THINGS WE ARE GOOD AT TO OVERCOME PROBLEMS.**



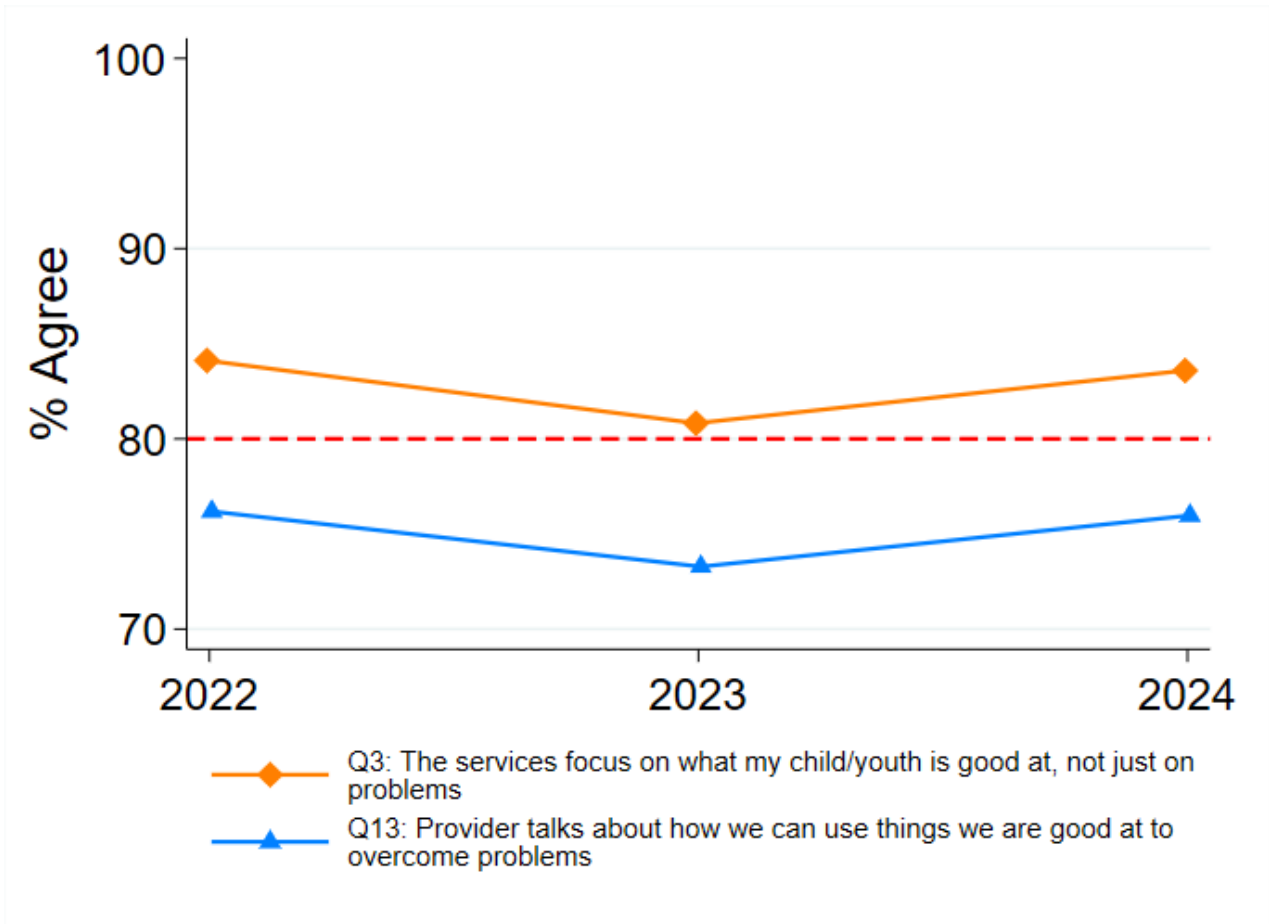
**Q24: THE PROVIDER BUILDS ON MY CHILD/YOUTH'S STRENGTHS TO REACH TREATMENT GOALS.**



**Q23: THE PROVIDER BUILDS ON MY FAMILY’S STRENGTHS AND SKILLS TO HELP US OVERCOME CHALLENGES.**



**Summary of Strengths-Based Care Items by Year**

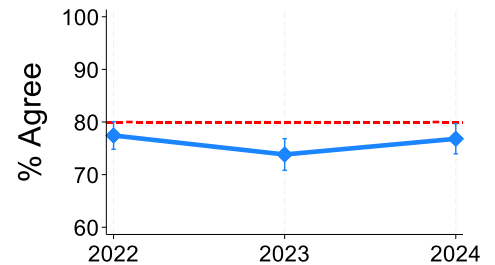
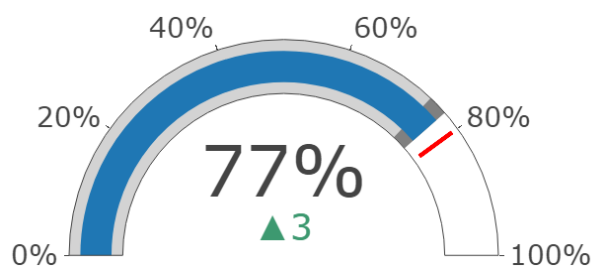


# INDIVIDUALIZED CARE

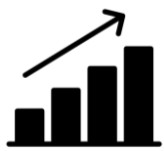
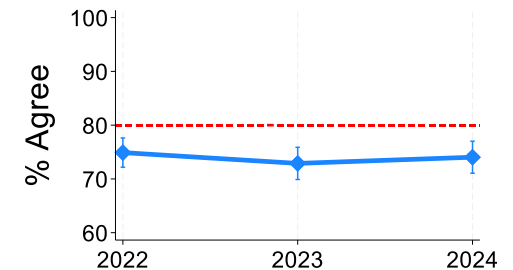
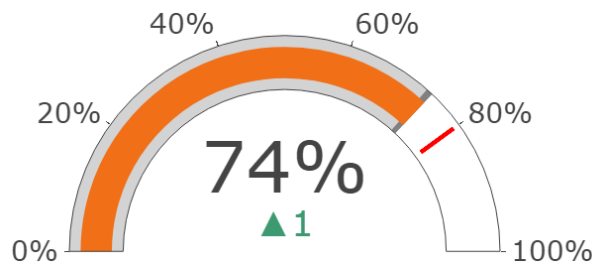


Services, strategies, and supports are individualized to the unique strengths and needs of each youth and family. They are altered when necessary to meet changing needs and goals or in response to poor outcomes. Four items assessed this principle (Q12, Q15, Q16, Q25); one was new for 2024 (Q25)

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

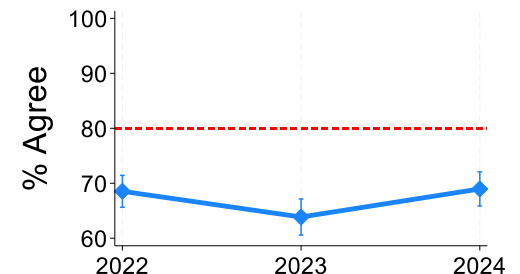
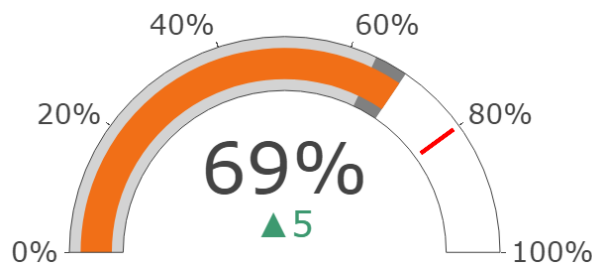


**Q15: THE PROVIDER SUGGESTS CHANGES IN MY CHILD/YOUTH'S TREATMENT PLAN OR SERVICES WHEN THINGS AREN'T GOING WELL.**



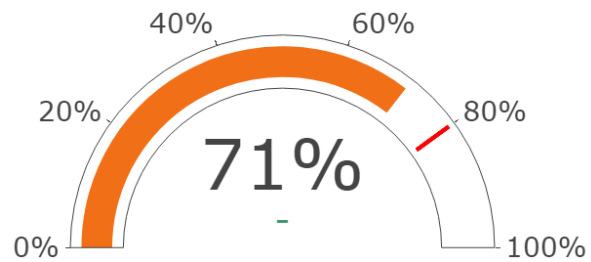
**Provider engagement to improve services improved significantly from 2023 to 2024.**

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

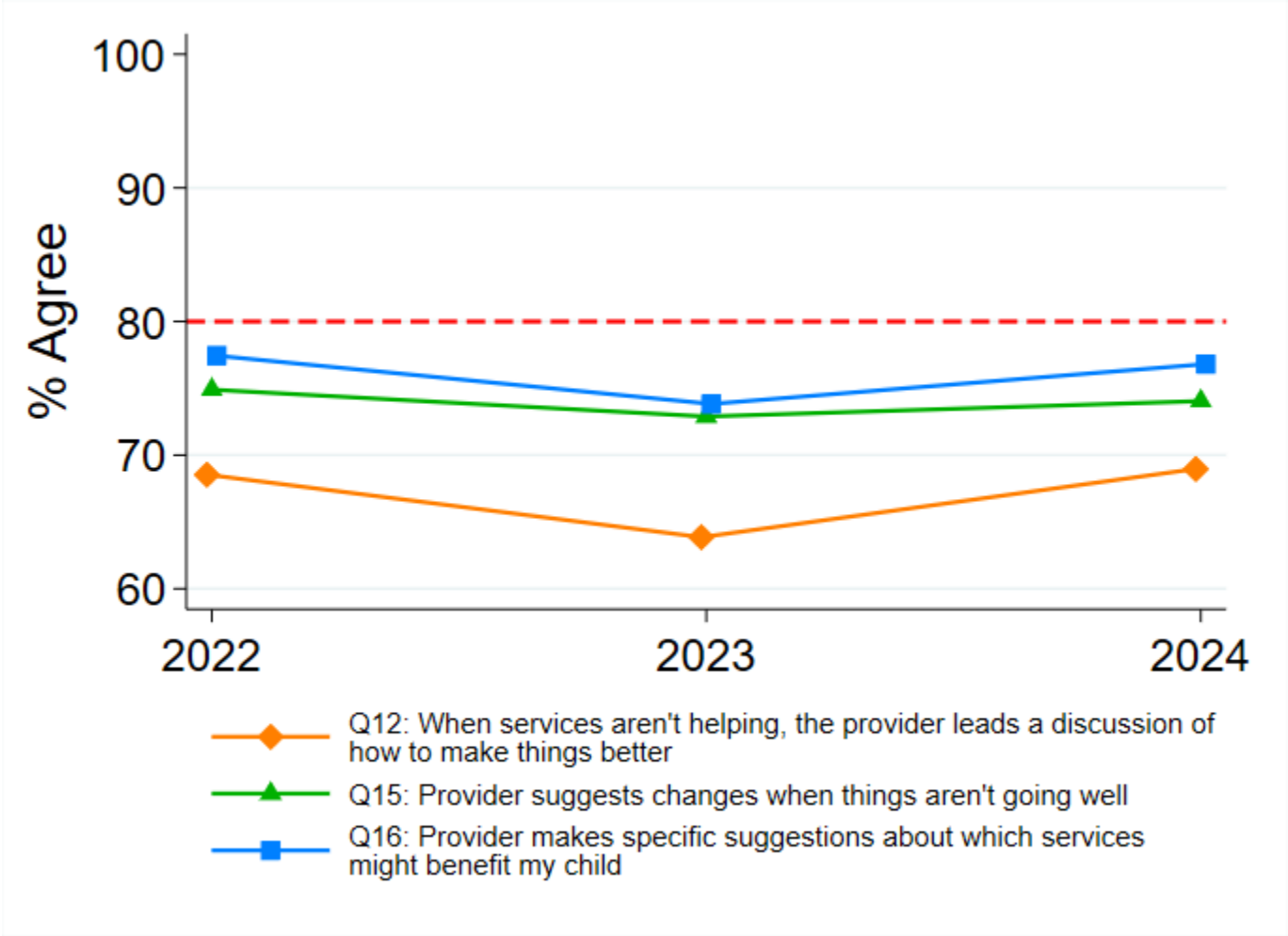




Q25: THE PROVIDER OFTEN SUGGESTS WAYS FOR OUR FAMILY TO WORK ON GOALS OUTSIDE OF TREATMENT SESSIONS.



Summary of Individualized Care Items by Year

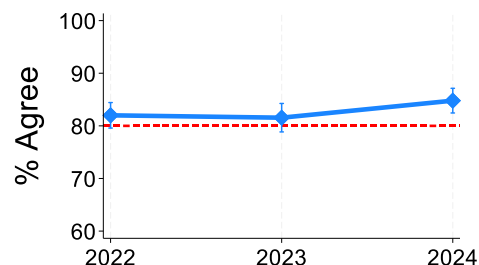
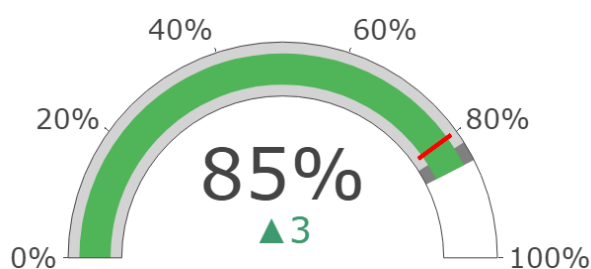


# COMMUNITY-BASED SERVICE ARRAY

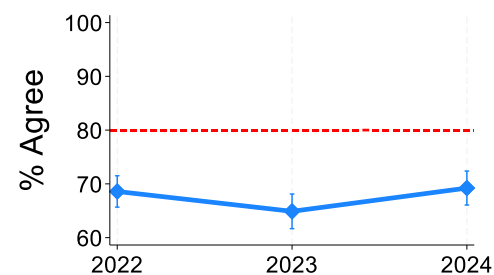
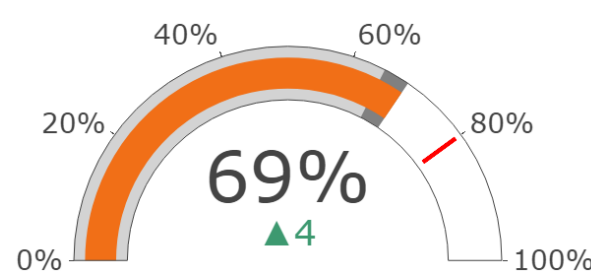


An array of community-based interventions will be available and provided according to the individualized treatment plan and in the least restrictive setting to meet the youth’s needs. These five items (Q5, Q10, Q20, Q26, Q34) address the accessibility and adequacy of the community-based service array for youth and families. Q26 was new in 2023.

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

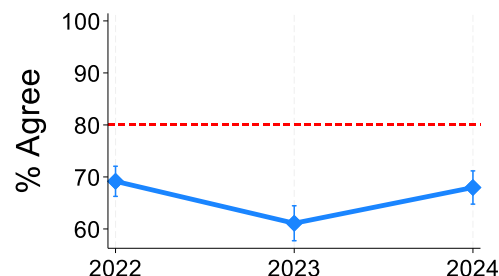
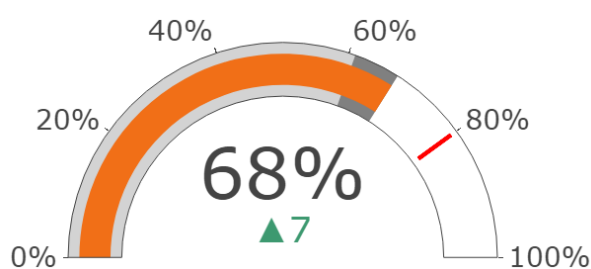


**Q10: MY FAMILY CAN EASILY ACCESS THE SERVICES MY CHILD/YOUTH NEEDS MOST.**

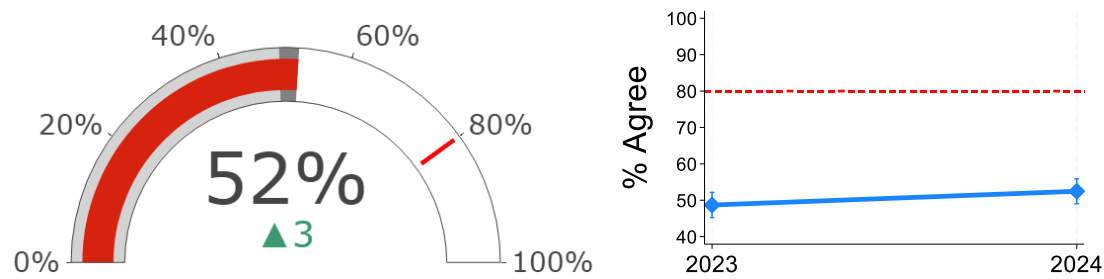


**Families’ ability to access recommended services increased significantly from 2023 to 2024.**

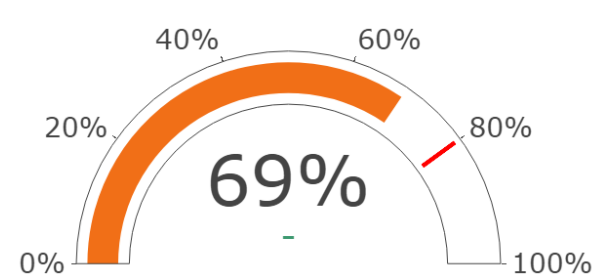
**Q34: WE ARE ABLE TO ACCESS ALL THE MENTAL HEALTH SERVICES RECOMMENDED BY THE PROVIDER.**



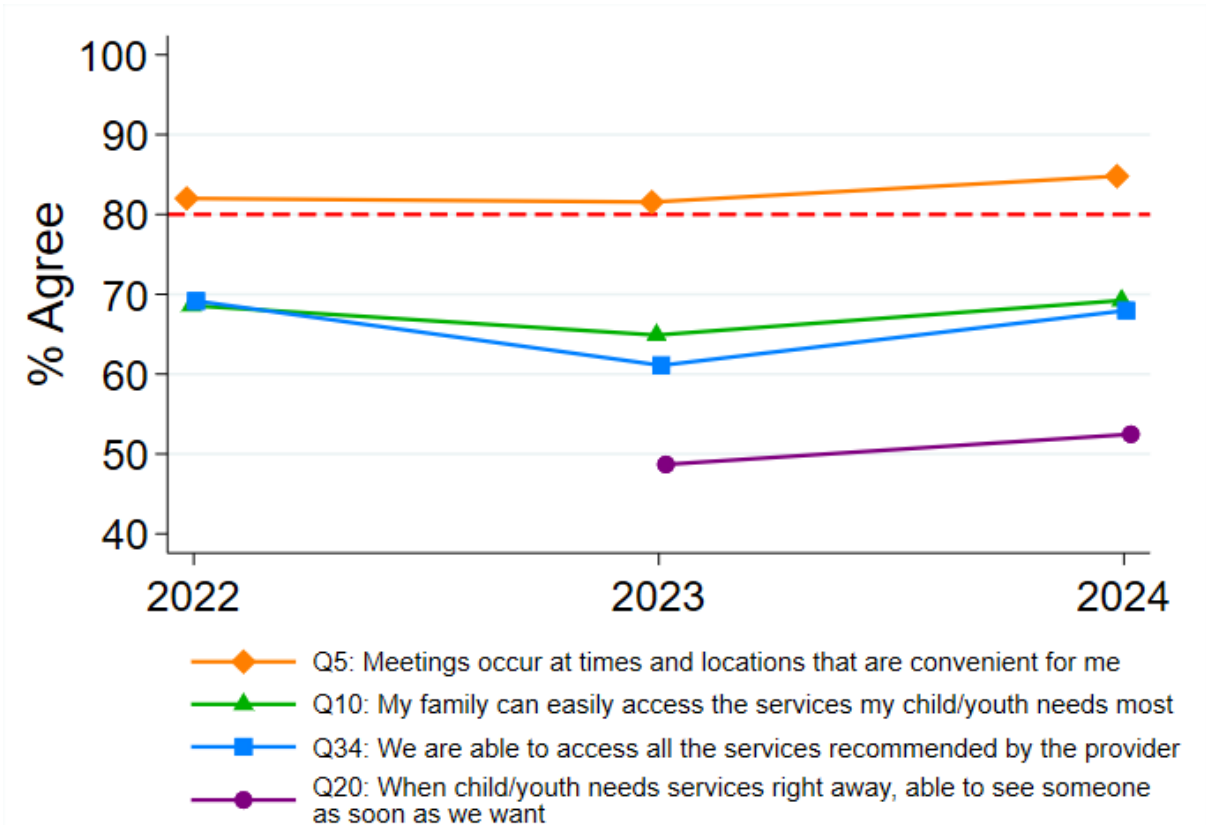
20: WHEN MY CHILD/YOUTH NEEDS SERVICES RIGHT AWAY, HE OR SHE IS ABLE TO SEE SOMEONE AS SOON AS WE WANT.



Q26: WE ARE ABLE TO GET THE SERVICES MY CHILD/YOUTH NEEDS WITHIN OUR LOCAL COMMUNITY.



Summary of Community-Based Service Array Items by Year



## Qualitative Data on the Community-Based Service Array

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 service or services you were NOT able to get:**”

A total of 204 caregivers answered this question. Caregivers could indicate multiple services they were not able to access so in the list below, caregivers may have been counted multiple times:

- 28% (n=57) 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: Group Therapy, Equine Therapy, Family Counseling, Eye-Movement Desensitization and Reprocessing (EMDR), Behavioral Therapy, Cognitive Behavioral Therapy (CBT), Play Therapy, and Art Therapy
- 24% (n=48) indicated long wait times to access services was a barrier
- 9% (n=18) indicated they could not access services within local community
- 8% (n=17) indicated poor provider communication was a barrier
- 7% (n=15) said they could not access Community-Based Rehabilitative Services (CBRS)
- 7% (n = 14) could not access respite
- 6% (n=12) indicated lack of insurance and financial concerns were a barrier
- 5% (n=11) indicated lack of providers was a barrier
- 3% (n = 6) could not access residential placement
- 2% (n = 4) could not access ‘psychiatry’ (e.g., medication management)
- 2% (n=5) indicated scheduling difficulties were a barrier
- 1% (n=3) indicated language as a barrier such as needing services in Spanish or Sign Language

Quotes relating to waitlists included:

- *"Diagnosing and counseling is technically "accessible" but the wait lists are disheartening and frustrating"*
- *"Waitlists for services make mental health care feel not accessible"*
- *" Many services have long wait lists making it a barrier to access services."*

Quotes related to additional barriers to accessing services included:

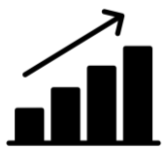
- *"The process to get funds for services beyond Medicaid is very difficult and time consuming."*
- *"We live in a small town and drive an hour and half away for services but we feel it is worth going"*
- *" We are currently able to get services during school hours. If not, we go on a wait list for after school hours"*
- *" Therapy is recommended/desired, but the clinic is short staffed on therapists"*
- *"Consultas que involcren a los padres/familia en espanol" [Counseling that include parents/families in Spanish]*

# COLLABORATIVE CARE

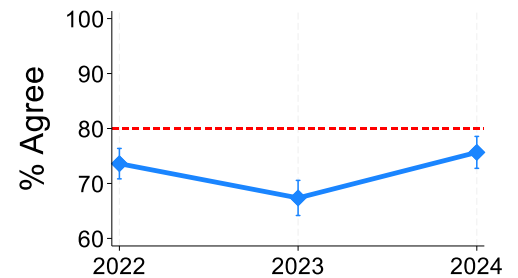
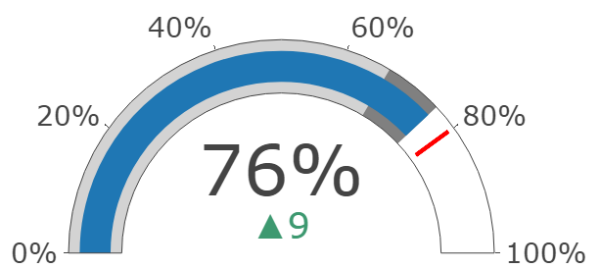


System partners work together to meet the mental health needs of youths involved in multiple systems. A team-based approach, in partnership with the family and youth, strives to bring together natural supports, professionals, and others to develop a family-driven, strengths-based, and solution-focused individualized treatment plan. Three items assessed this principle (Q8, Q19, Q27). Q27 was new in 2024.

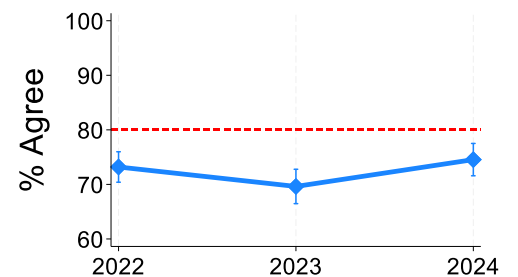
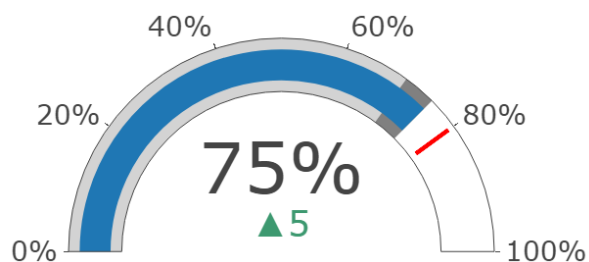
**Q8: THE PROVIDER MAKES SURE EVERYONE ON MY CHILD'S TREATMENT TEAM IS WORKING TOGETHER IN A COORDINATED WAY.**



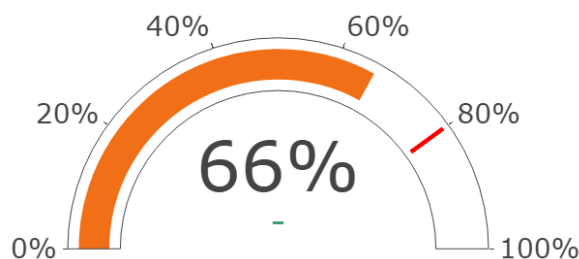
**Coordination of care (Q8) and communication with other providers (Q19) rebounded significantly from 2023 to 2024.**



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



**Q27: THE PROVIDER MAKES SURE I HAVE AS MUCH HELP AS I NEED WITH COORDINATING SERVICES.**

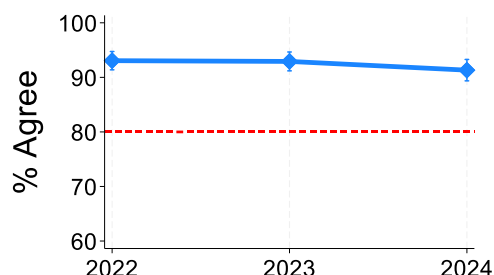
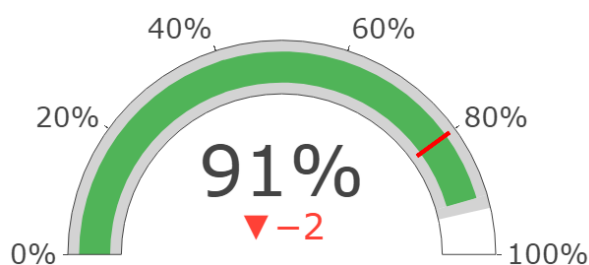


# CULTURALLY COMPETENT CARE

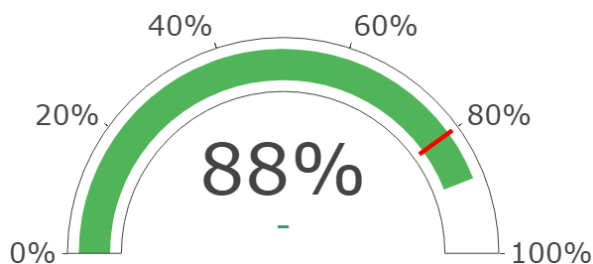


Services are provided in a manner that is understandable and relatable to the family and youth. Services are provided in a manner that is considerate of family and youth's unique cultural needs and preferences. Services also respect the individuality of each individual. Three items assessed this principle (Q18, Q28, Q29). Q28 and Q29 were new for 2024.

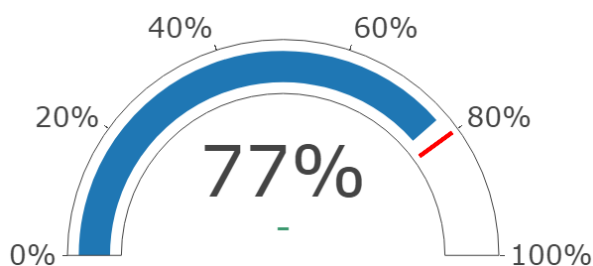
**Q18: SERVICES ARE RESPECTFUL OF OUR FAMILY'S LANGUAGE, RELIGION, RACE/ETHNICITY, AND CULTURE.**



**Q28: THE PROVIDER USES LANGUAGE THAT MAKES MY FAMILY FEEL UNDERSTOOD.**



**Q29: THE PROVIDER IS KNOWLEDGEABLE ABOUT MY FAMILY'S UNIQUE CULTURE.**



# OUTCOME-BASED CARE

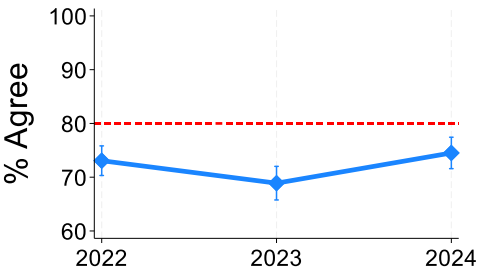
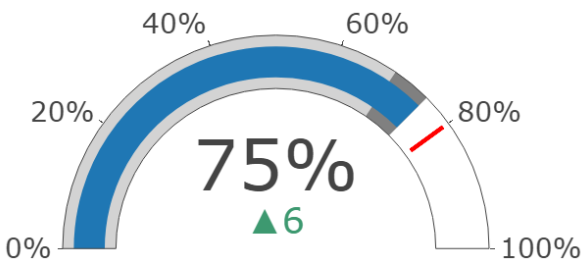


Individualized Treatment Plans contain observable, measurable indicators of success that are monitored and revised to achieve the intended goals or outcomes. Three items assessed this principle (Q11, Q30, Q31). Q30 and Q31 were new for 2024.

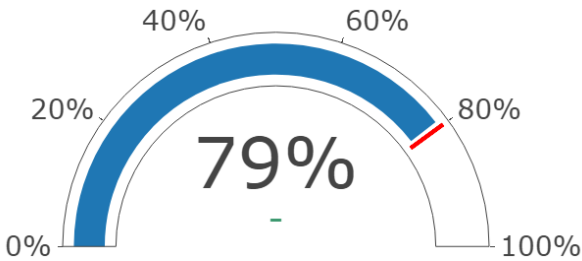


Measuring youths' progress increased significantly from 2023 to 2024.

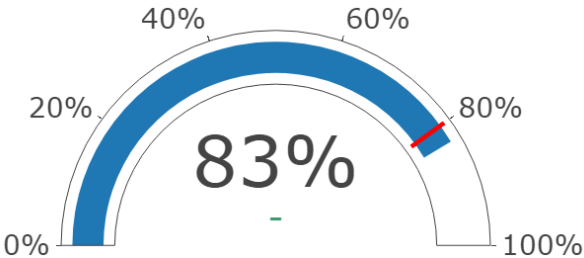
Q11: THE PROVIDER OFTEN WORKS WITH OUR FAMILY TO MEASURE MY CHILD/YOUTH'S PROGRESS TOWARD HIS/HER GOALS.



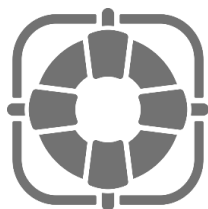
Q30: THE PROVIDER COMMUNICATES WITH ME ABOUT MY CHILD/YOUTH'S PROGRESS AS OFTEN AS I WANT.



Q31: MY CHILD/YOUTH'S TREATMENT GOALS ARE ACHIEVABLE.

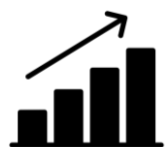


# SAFETY/CRISIS PLANNING

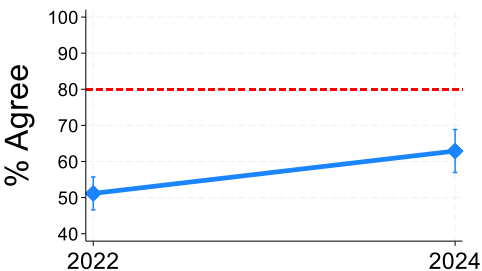
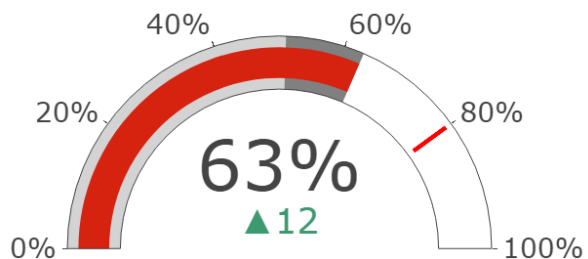


Crisis and safety planning is an important part of care to ensure youths and families are kept safe and have their needs met during a mental health crisis. The following questions asked caregivers about their family’s experience with crisis safety planning.<sup>1</sup>

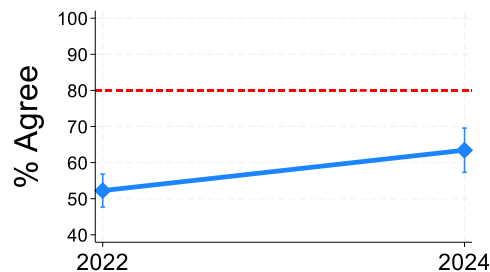
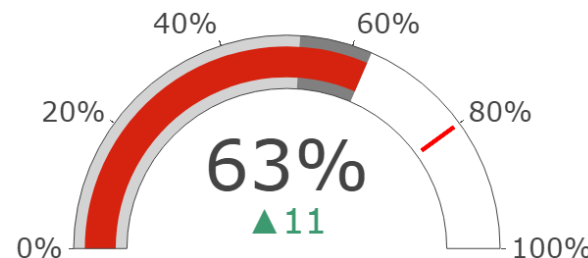
Q37: THE PROVIDER HELPED MY FAMILY MAKE A SAFETY/CRISIS PLAN.



From 2022 to 2024 there was a significant improvement in families’ ratings on safety/crisis planning quality indicators (Q37, Q38).

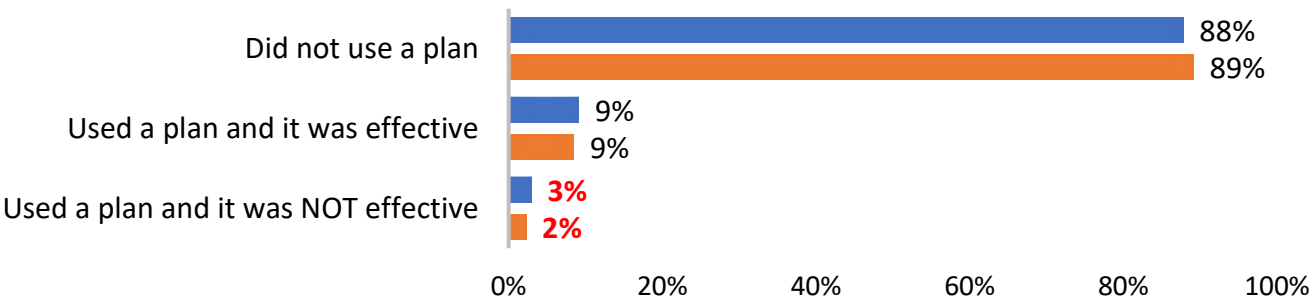


Q38: I FEEL CONFIDENT MY FAMILY’S SAFETY/CRISIS PLAN WILL BE USEFUL IN TIMES OF CRISIS.



## WEIGHTED %

■ 2022 ■ 2024



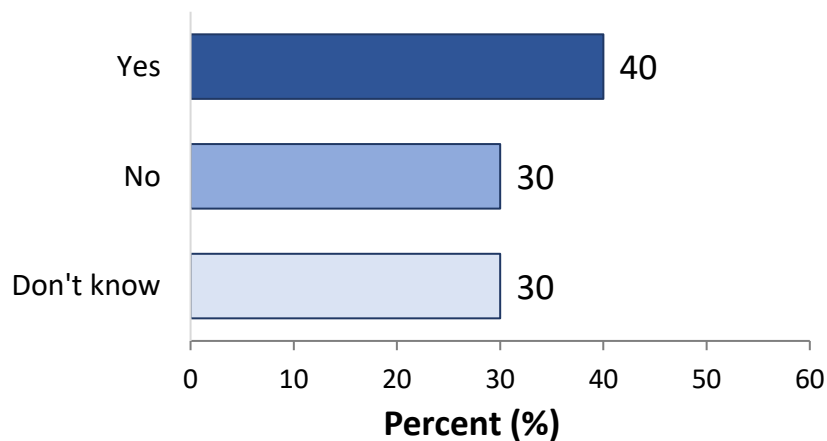


# CANS IMPLEMENTATION

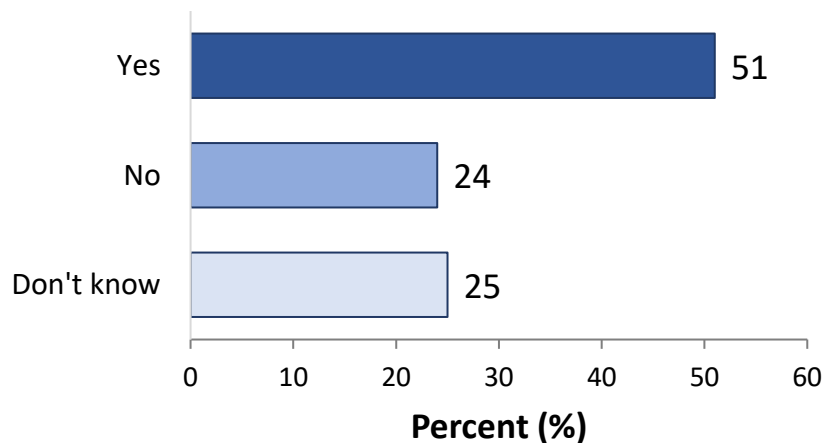


The CANS is an assessment of Child and Adolescent Needs and Strengths designed to support service planning and outcome monitoring. It is intended to be used in a collaborative way that supports communication among families and providers. The following items asked about families' experience with the CANS.

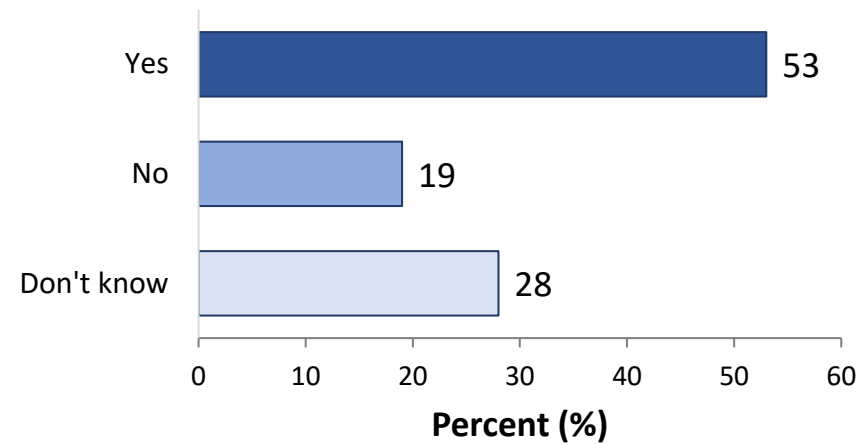
Q40: I was given a copy of my child's CANS (i.e., the ratings/scores and comments).



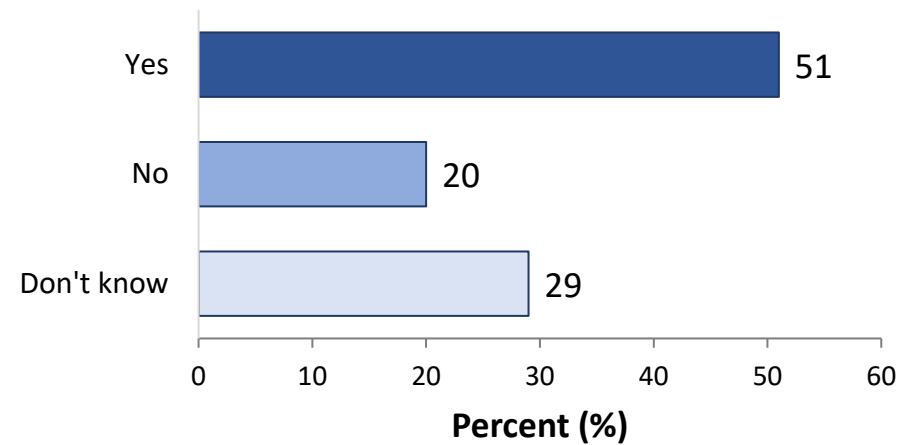
Q41: The provider discussed with me the strengths and needs identified with the CANS.



Q42: The provider, my child, and I used the strengths and needs identified on the CANS to create treatment goals.



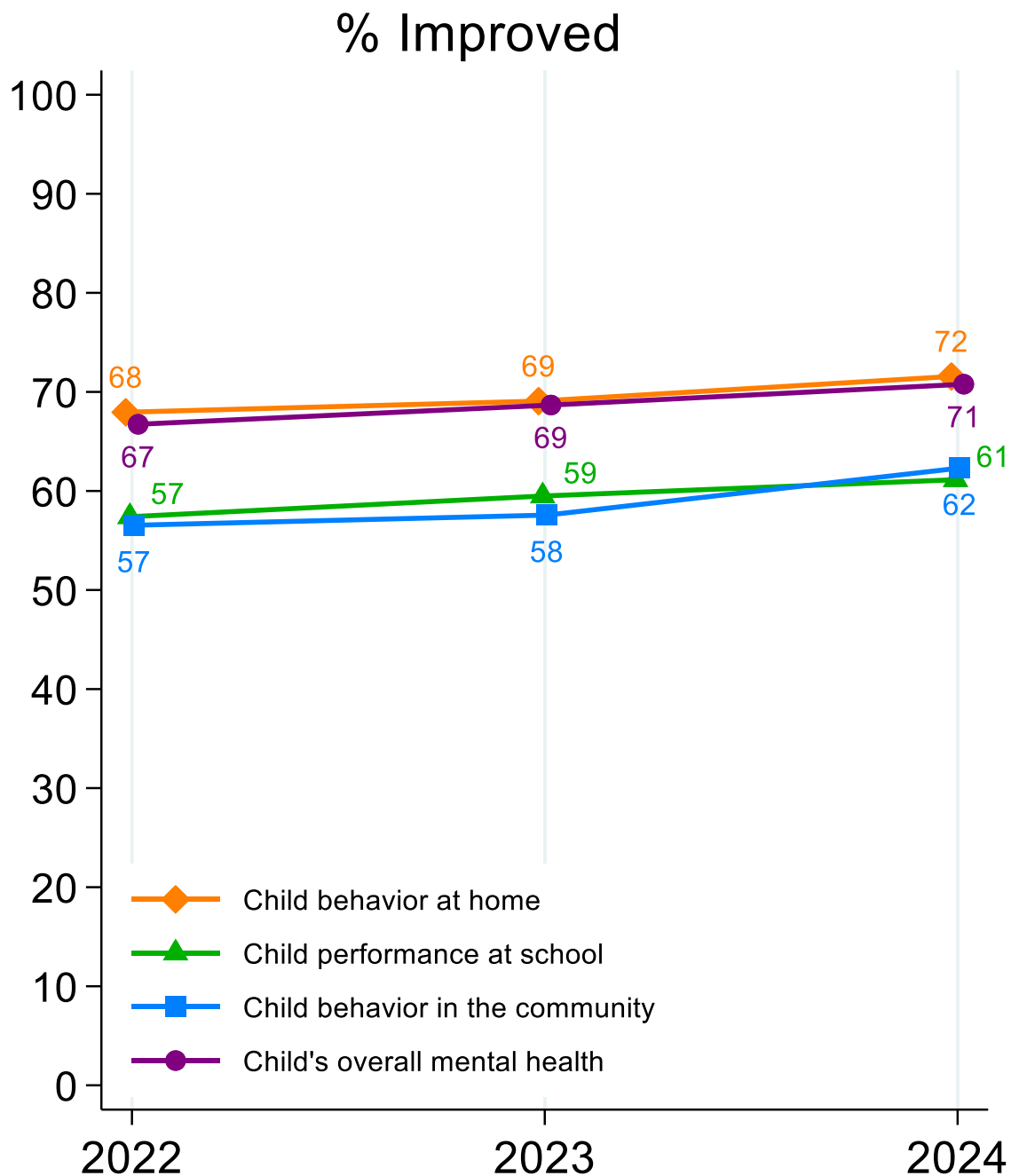
Q43: The provider used the strengths and needs identified on the CANS to help me understand what services my child/youth may benefit from.



# YOUTH OUTCOMES



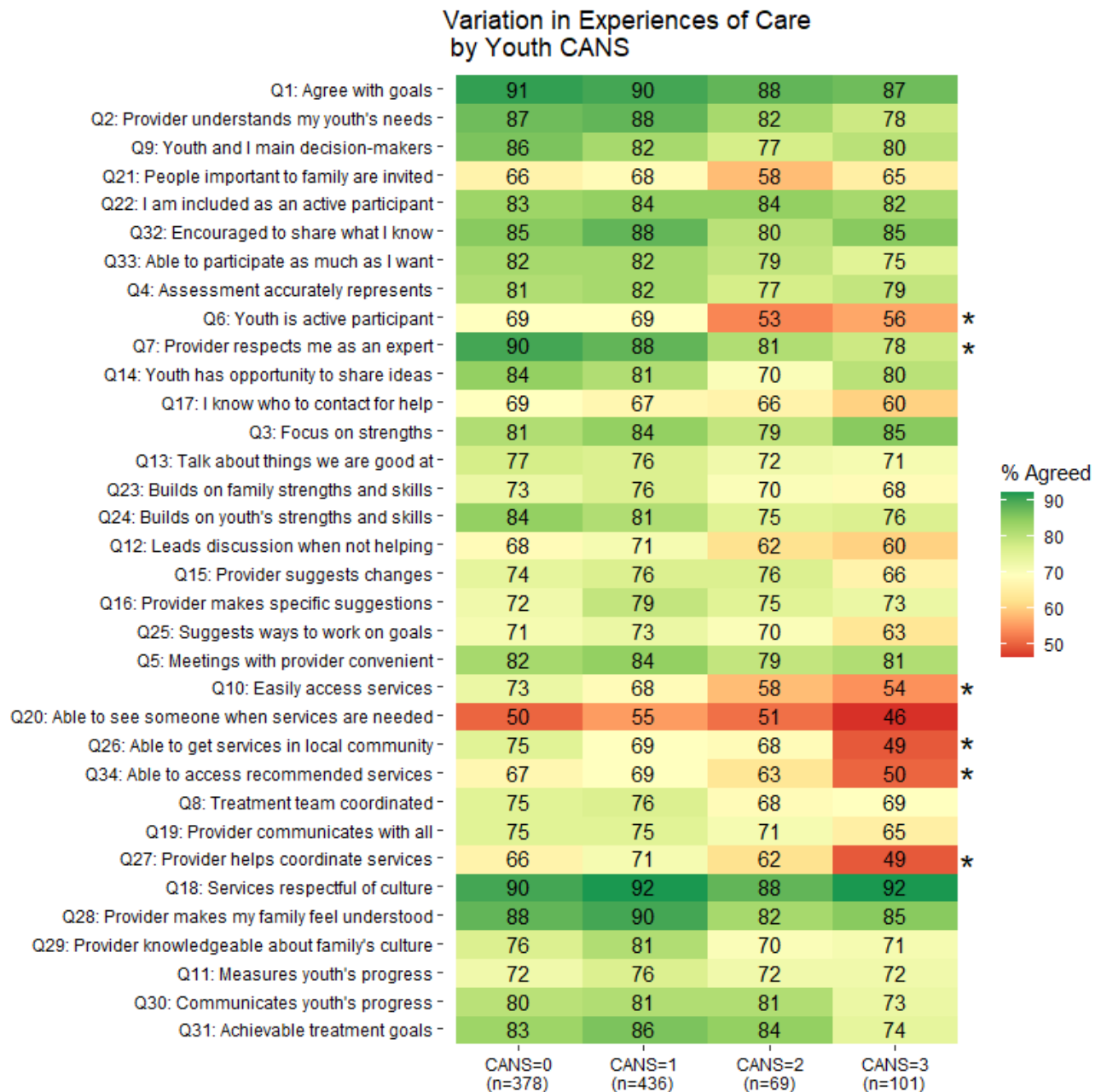
Idaho YES services are intended to improve youth mental health and day-to-day functioning at home, at school, and in the community. Four questions asked caregivers about how these outcomes have changed during the last 6 months. The chart below shows the percentage of caregivers who indicated their youth had improved in each area from 2022 to 2024. There is an upward trend in the percentage of caregivers indicating their youth improved during the last three years.



# VARIATION IN CARE

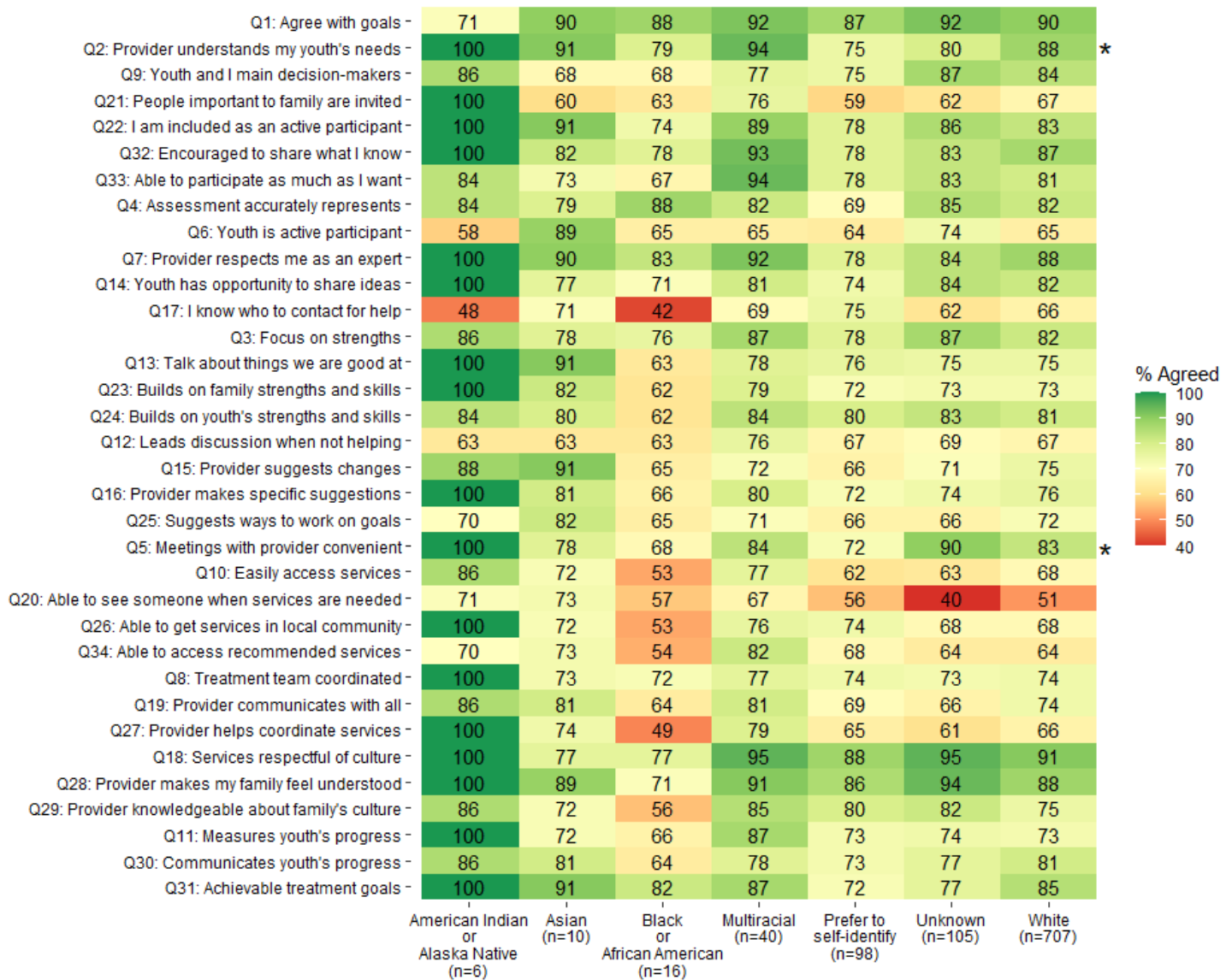
When the Idaho YES system is effectively meeting the needs of all youth, the extent to which services embody YES principles should not differ on the basis of youth characteristics. The charts below show the percentage of caregivers who agreed with each YES Quality Indicator broken out by youth characteristic. Items for which there was a statistically significant difference in the level of agreement across groups are marked with an asterisk (\*).

Consistent with prior years of the survey, caregivers of youth who had a CANS of 3 were significantly less likely than other caregivers to agree with several YES Quality Indicators.



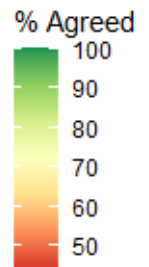
Analyses of caregiver responses to the YES Quality Indicators broken out by youth race revealed statistically significant differences in levels of agreement on two items. In prior years of the YES survey, there have not been statistically significant differences in the level of agreement with YES principles by youth race. Consequently, the results from this year should be monitored to see if they are replicated in future years. Information on youth race was provided by the sampling database from the Department.

### Variation in Experiences of Care by Youth Race



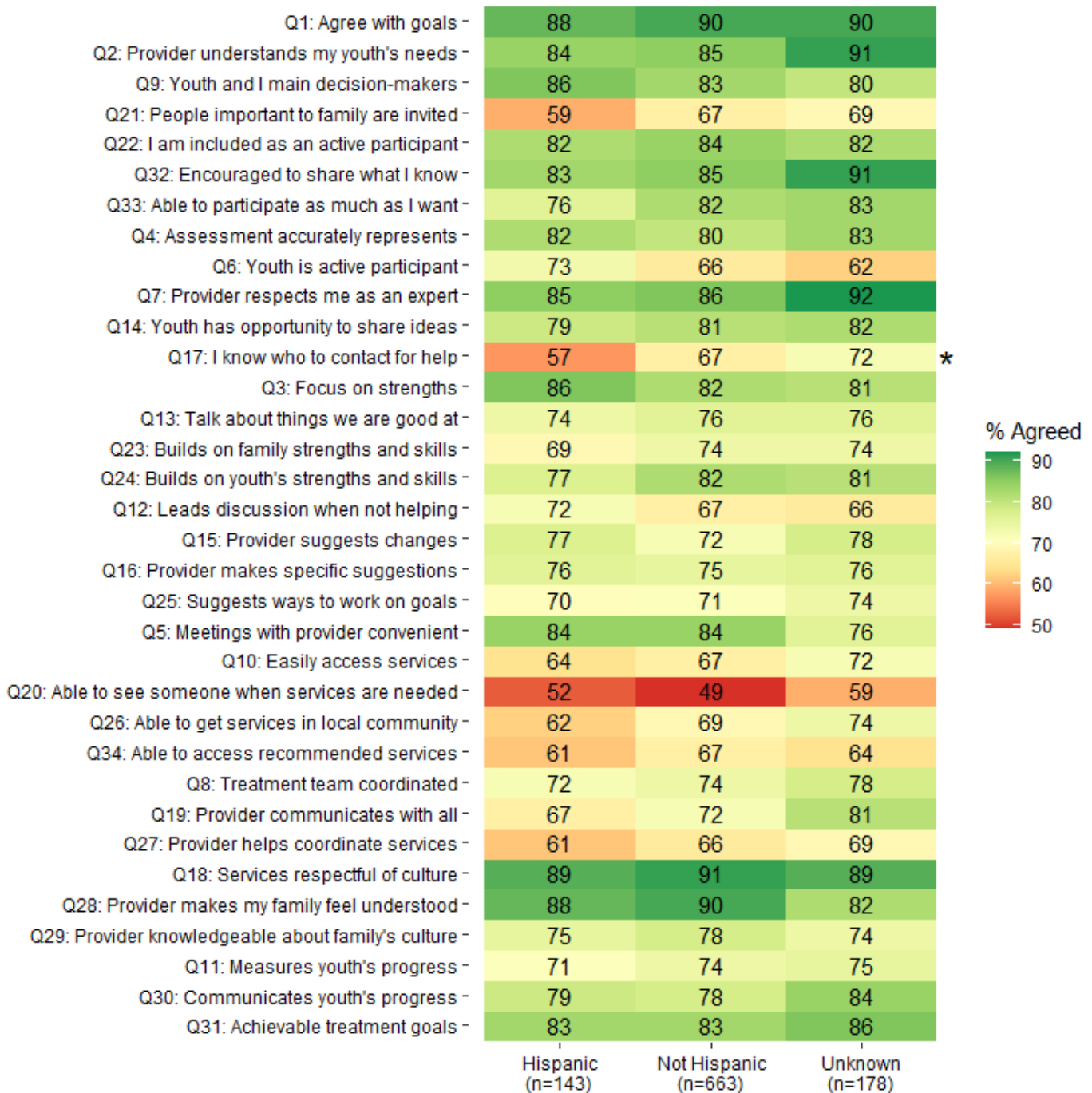
## Variation in Experiences of Care by Youth Gender

Q1: Agree with goals -	91	89	100	100
Q2: Provider understands my youth's needs -	87	86	100	100
Q9: Youth and I main decision-makers -	86	80	78	77
Q21: People important to family are invited -	67	65	48	90
Q22: I am included as an active participant -	83	83	90	83
Q32: Encouraged to share what I know -	85	86	87	88
Q33: Able to participate as much as I want -	80	83	70	69
Q4: Assessment accurately represents -	84	79	63	100
Q6: Youth is active participant -	72	61	86	100
Q7: Provider respects me as an expert -	88	86	64	75
Q14: Youth has opportunity to share ideas -	85	78	100	100
Q17: I know who to contact for help -	66	68	59	44
Q3: Focus on strengths -	83	82	72	100
Q13: Talk about things we are good at -	76	75	74	92
Q23: Builds on family strengths and skills -	73	74	76	89
Q24: Builds on youth's strengths and skills -	81	81	78	100
Q12: Leads discussion when not helping -	67	68	88	74
Q15: Provider suggests changes -	75	73	63	100
Q16: Provider makes specific suggestions -	77	74	88	89
Q25: Suggests ways to work on goals -	70	72	77	78
Q5: Meetings with provider convenient -	83	83	46	100
Q10: Easily access services -	69	66	62	100
Q20: Able to see someone when services are needed -	54	49	58	68
Q26: Able to get services in local community -	70	67	73	86
Q34: Able to access recommended services -	68	63	72	100
Q8: Treatment team coordinated -	76	72	66	90
Q19: Provider communicates with all -	74	72	73	87
Q27: Provider helps coordinate services -	67	64	72	74
Q18: Services respectful of culture -	91	91	73	89
Q28: Provider makes my family feel understood -	89	88	73	84
Q29: Provider knowledgeable about family's culture -	77	76	73	73
Q11: Measures youth's progress -	75	73	67	70
Q30: Communicates youth's progress -	80	80	66	67
Q31: Achievable treatment goals -	86	84	84	74
	Female (n=487)	Male (n=481)	Prefer to self-identify (n=8)	Unknown (n=8)



There were statistically significant differences by youth gender on two YES Quality Indicators. In both cases, caregivers of male youths were less likely to agree that their youth was actively involved in the service planning process. This is the first year that differences like this have emerged and they should be monitored to see if the pattern continues in future years. Information on youth gender was provided by the sampling database from the Department.

## Variation in Experiences of Care by Youth Ethnicity



Caregivers of Hispanic youths were significantly less likely to agree with one YES Quality Indicator relating to knowing who to contact about concerns or complaints. This is the first year this finding has appeared on the survey and it is worthy of monitoring in future years to see if a pattern becomes apparent. Information on youth ethnicity was provided by the sampling database from the Department.

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<sup>1</sup>Analyses include all families who indicated their child *may* need a crisis/safety plan, that is, all parents/caregivers who answered “Yes” or “Unsure” on Question 36 – “Do you believe your child/youth should have a safety/crisis plan in place?” (N=309). This differs from the approach used in the 2022 YES family survey report. In that report, the analysis of this same question included only families who indicated with certainty that their child needed a crisis plan (i.e., only families who answered “Yes” to Question 36). The two different samples used in the two reports result in different estimates for the percent of families who agreed with this quality indicator in the year 2022. However, both reports are correct. The discrepancy is simply caused by the analysis of different samples. In future years of this report, the plan is to use the more inclusive sample of all families who indicated their child may need a safety/ crisis plan (i.e., those who answered “Yes” or “Unsure”).



# APPENDIX 1: METHODS

## TARGET POPULATION AND SAMPLE

The target population for the 2024 YES family survey was Idaho youth ages 4 to 18 years and their families who participated in YES services from July 1, 2023 to December 31, 2023. Target respondents were parents or caregivers of these youth.

The sampling frame was generated by DBH and included all youth ages 4 to 18 who: (a) had participated in YES mental health services (either active or closed cases) from July 1, 2023 to December 31, 2023, (b) had received a CANS assessment as reflected in the iCANS database, and (c) had a complete mailing address. The sampling frame included a total of 10,475 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 6,001 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  $N = 6,001$  youth, randomly sampled from seven strata (IDHW Regions), proportionate to each Region's share of the full sampling frame. The sample of 6,001 youth represented 57% of the sampling frame.

## SURVEY ITEMS

Items on the 2024 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) youth and families' experience of safety/crisis planning, and
- (4) family's perceptions of youth outcomes, including changes in youth day-to-day functioning at home, school, and in the community,
- (5) information on service utilization (e.g., experience of psychiatric hospitalization and number of months in services).

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., 2022; Williams et al., 2023).

This year, the YES family survey included 11 new questions about the Idaho YES Principles. These questions were developed after in-depth qualitative interviews with families in which we asked about their experiences with services. In addition, this year we completed 10 in-depth cognitive interviews with caregivers to get their feedback on the YES family survey instructions and items. These interviews provided evidence that families interpreted the items in the way intended and also helped with re-wording the newly developed items to improve their clarity.

## 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 2024 to April 2024. It was open for a total of 10 weeks.

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. De-identified surveys were provided 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 IRB23-514.

# 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. (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 2024 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.

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.

☐ Counselor/ Therapist/ Psychotherapist

☐ Case Manager/ Targeted Care Coordinator/ Wraparound Coordinator

☐ Medication prescriber (psychiatrist / physician / nurse practitioner)

☐ Other (please write in):

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:

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

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
26. We are <b>able to get the services</b> my child/youth needs <b>within our local community</b> .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
27. The provider makes sure I <b>have as much help as I need with coordinating services</b> .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
28. The provider <b>uses language that makes my family feel understood</b> .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
29. The provider is <b>knowledgeable about my family's unique culture</b> .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
30. The provider <b>communicates with me about my child/youth's progress as often as I want</b> .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
31. My child/youth's <b>treatment goals are achievable</b> .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
32. The provider <b>encourages me to share what I know</b> about my child/youth's strengths and needs.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
33. <b>I am able to participate</b> in my child/youth's mental health services <b>as much as I want</b> .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
34. We are able to <b>access all the mental health services recommended</b> by the provider.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
35. If you were NOT able to get all of the services recommended by your child/youth's mental health provider, please <u>write in the box below</u> <b>what service or services you were NOT able to get:</b>					

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 if one occurs. It often lists coping strategies, support people, phone numbers, and resources. **Not all youth and families need a safety/crisis plan.**

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
36. Do you believe your child/youth should have a safety/crisis plan in place? <input type="radio"/> No (Skip to question 40) <input type="radio"/> Yes (Answer all questions below) <input type="radio"/> Unsure (Answer all questions below)					
37. The provider helped my family make a <b>safety/crisis plan</b> .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
38. I feel <b>confident</b> that my family's safety/crisis plan <b>will be useful</b> in times of crisis.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
39. Have you <b>used</b> a <b>safety/crisis plan</b> for your child in the <b>last 6 months</b> ? <input type="radio"/> No <input type="radio"/> Yes	IF YES, was the plan <b>effective</b> ? <input type="radio"/> No <input type="radio"/> 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.

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**."

	DON'T KNOW	NO	YES
40. I was <b>given a copy</b> of my child's CANS (i.e., the ratings/scores and comments).	<input type="checkbox"/> 99	<input type="checkbox"/> 0	<input type="checkbox"/> 1
41. The <b>provider discussed with me the strengths and needs identified</b> with the CANS.	<input type="checkbox"/> 99	<input type="checkbox"/> 0	<input type="checkbox"/> 1
42. The provider, my child, and I <b>used the strengths and needs</b> identified on the CANS <b>to create treatment goals</b> .	<input type="checkbox"/> 99	<input type="checkbox"/> 0	<input type="checkbox"/> 1
43. The provider <b>used the strengths and needs</b> identified on the CANS to help me understand <b>what services my child/ youth may benefit from</b> .	<input type="checkbox"/> 99	<input type="checkbox"/> 0	<input type="checkbox"/> 1

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

	MUCH WORSE	A LITTLE WORSE	THE SAME	ABOUT THE SAME	A LITTLE BETTER	MUCH BETTER
44. ... your child/youth's <b>behavior at home now</b> (e.g., getting along with family, following rules, helping around the house)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
45. ... your child/youth's <b>performance at school now</b> (e.g., attendance, behavior, grades)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
46. ... your child/youth's <b>behavior in the community now</b> (e.g., behavior in public, participation in positive activities, involvement with police)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
47. ... your child/youth's <b>overall mental health now</b> ?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

48. How long has your child/youth been participating in mental health services? ☐ 6 Months or less ☐ 7-12 Months ☐ 13-24 Months ☐ 25 months or more
49. **In the last 6 months**, has your child/youth spent **one or more nights in a hospital** due to mental, emotional, or behavioral problems? ☐ No ☐ Yes

☐ Please check this box if you would like to receive a letter from the Idaho Department of Health and Welfare describing other ways you can give feedback on mental health services for youth.

**Thank you for sharing about your experience!**

OFFICE USE ONLY

Form #.....