

Quality of Mental Health Services for Idaho Youths Living in Foster Care, 2024

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What is this Report About?

The goal of this report was to better understand the quality of mental health services received by Idaho youths who are living in foster care. Using statewide data from the 2024 Idaho Youth Empowerment Services (YES) Family Survey, this report compares caregiver ratings of mental health service quality for youths living in foster care versus youths living in familial homes (i.e., with birth parents and/or legal guardians). Results are intended to identify potential gaps in the quality of mental health services for youths living in foster care from the perspective of foster families. This special report was commissioned by the Idaho Department of Health and Welfare, Division of Behavioral Health.

The YES Family Survey is conducted annually by Boise State University in partnership with the Idaho Department of Health and Welfare, Division of Behavioral Health. The survey is conducted by postal mail and assesses the quality of mental health services received by Idaho youth, ages 4 to 17 years. Survey results represent a statewide, population-representative sample of youths who participated in mental health services within Idaho's YES system during the prior year. The survey is completed by youths' caregivers. For youths living in familial homes, the survey is completed by one of their parents or legal guardians; for youths living in foster care, the survey is completed by an adult member of their foster family. The survey includes questions that assess the quality of mental health services youths received in four domains:

- (1) **YES Quality Indicators** – To what extent do the services reflect YES principles such as strengths-based, family-centered, and outcome-focused?
- (2) **Mental Health Safety and Crisis Planning Quality Indicators** – How adequate is mental health safety and crisis planning? (these questions

are only asked of families that believe their youth needs a safety plan in place),

- (3) **CANS Quality Indicators** – To what extent do families’ experiences of the Child and Adolescent Needs and Strengths [CANS] assessment process align with best practices?
- (4) **Youth Outcomes** – To what extent has the youth improved or deteriorated during the last six months in the areas of behavior at home, performance at school, behavior in the community, and overall mental health?

Details of the 2024 YES Family Survey methodology are provided in Williams et al., (2024).

In 2024, 984 Idaho families responded to the YES Family Survey and described the quality of mental health services received by their youth during the last six months. This special report supplements the primary survey results (see Williams et al., 2024 for details) by comparing caregiver ratings of the quality of care received by youths living in foster care to the quality of care received by youths living in familial homes. It is important to note that this analysis was not originally envisioned as part of the 2024 YES Family Survey and consequently these results should be considered post-hoc and exploratory in nature.

What did we learn from the data?

Survey Sampling

The sampling frame for the 2024 YES Family Survey included 333 youths who were identified as living in foster care (3% of the sampling frame); of these, 188 were selected into the survey’s stratified random sample of 6,001 youths (3% of the sample; see **Box 1**). Without special procedures to ensure overrepresentation of foster youth in the survey sample, they represent a very small proportion of the targeted population and of the sample that was achieved (i.e., 3% of the sampling frame and the final sample).

Survey Response

Twenty-three caregivers of youths living in foster care completed and returned the 2024 YES Family Survey. Of these, 21 caregivers indicated their youths had received mental health services during the prior six months. This report compares the mental health care experiences of these 21 youths living in foster care with the experiences of the 963 youths living in familial homes, based on caregivers’ responses to the survey. Because of the small number of youths living in foster care included in these analyses ($n=21$), particularly for questions related to safety/ crisis planning ($n=6$), the results of these analyses should be interpreted with caution.

After excluding undeliverable mail, the response rate for caregivers of youths living in foster care was slightly lower (16%) than that of youths living in familial homes (21%), although this difference was not statistically significant and therefore may not be reliable (see **Figure 1** and **2**). The undeliverable rate for youths living in foster care was statistically significantly higher (23%) than for youths living in familial homes (14%), which suggests that address information for youths in foster care is less reliable (see **Figure 1**).

Among youths whose caregivers responded to the survey, there were no statistically significant differences between youths living in foster care and those living in familial homes in the distribution of average age, sex, race, ethnicity, most recent CANS rating, or number of months in services; however, descriptively, there were some differences in the distribution of demographic characteristics between the two groups (see **Table 1**). For example, compared to youths living in familial homes, a larger proportion of youths living in foster care were male, ages 5 to 9 years, identified as Hispanic/ Latino ethnicity, and identified as a race other than white, even though these differences were not statistically significant. These differences were adjusted for in all analyses so that all percentages reflect differences between youths living in foster care versus those living in familial homes after holding constant differences on other youth demographic characteristics.

Mental Health Care Quality and Outcomes

Just like for the full sample of YES Family Survey participants, youths in foster care who received higher quality services as rated by their caregivers on the YES Quality Indicators, also improved significantly more in their day-to-day functioning at home, at school, in the community, and in their overall mental health than youths who received lower quality services as rated by caregivers (see **Figure 3**). This indicates that the quality of care received by these youths is important.

Youth Empowerment Services (YES) Quality Indicators

Youths living in foster care experienced significantly lower quality mental health services on 17 of 34 YES Quality Indicators (see **Figure 4**). This represents half (50%) of the quality indicators. The largest deficits in care quality were observed on indicators assessing YES principles of:

- (1) ***Collaboration/ Team-Based Care***: this includes coordination of care among providers (e.g., provider makes sure everyone involved with the child is working together in a coordinated way; provider communicates as much as needed with others involved in the child's care),

(2) **Family-Centered Care:** specifically, involvement of the foster family in services (e.g., provider includes me as an active participant in services; provider communicates with me about progress as much as I would like),

(3) **Strengths-Based Care:** this includes building on the child and family's strengths (e.g., provider builds on family's strengths and skills; provider builds on child's strengths),

(4) **Family and Youth Voice and Choice:** specifically related to agreement on goals (e.g., the goals we are working on are the most important ones in the child's life), and

(5) **Community-Based Service Array:** specifically, regarding meetings occurring at convenient times and locations.

Foster families also noted deficits regarding provider responsiveness (e.g., provider suggests changes to treatment when things are not getting better) and individualized care (e.g., provider makes specific suggestions about which services are might benefit youth the most).

Adequacy of Mental Health Safety & Crisis Planning

There were no statistically significant differences in the adequacy of mental health safety and crisis planning for youths in foster care compared to youths in familial homes; however, the trend was for foster families to report receiving less help with safety/crisis planning and to have lower confidence in the adequacy of their youth's existing safety/crisis plan (see **Figure 5**). However, this trend should be treated with extreme caution due to the very small number of caregivers of youths in foster care who answered these questions ($n=6$). It is unlikely that reliable conclusions can be drawn based on the small subsample of youths in foster care represented in the analysis of these specific questions.

Child & Adolescent Needs and Strengths (CANS) Assessment Implementation

Caregivers of youths living in foster care were significantly less likely to indicate they had received a copy of their youth's CANS (see **Figure 6**). Caregiver ratings on the other CANS items were descriptively lower for youths living in foster care compared to youths living in familial homes, however, these differences were not statistically significant.

Youth Mental Health Service Outcomes

There were no statistically significant differences in the perceived outcomes of mental health services for youths living in foster care compared to youths living in familial homes; however, descriptively, youths living in foster care made less improvement during the last six months in all areas of behavior at home, performance at school, behavior in the community, and overall mental health, as rated by their caregivers (see **Figure 7**).

Recommendations

Caution should be used in interpreting these data due to the very small number of respondents representing youth who lived in foster care ($n=21$), particularly for analyses related to mental health safety and crisis planning ($n=6$). Statistical power to detect true differences between the quality of care delivered to youth in foster care versus youth in familial homes is low and apparent differences in care quality may be caused by influential outliers rather than true differences between groups.

This report justifies oversampling youths in foster care during the 2025 YES Family Survey in order to better understand the quality of mental health services these youths receive and how it compares to the quality of care received by youths living in familial homes.

This report suggests work may be needed to improve information in the sampling frame, specifically to improve the accuracy of addresses for youths living in foster care. It also suggests that response rates for youths living in foster care may be lower and undeliverable rates are likely to be higher, which informs the oversampling design.

These preliminary data suggest youths living in foster care experience lower quality mental health services than youths living in familial homes, at least from the perspective of foster families who completed the 2024 YES Family Survey and with regard to several YES Quality Indicators. Steps may be needed to improve the quality of mental health services for youths living in foster care and their foster families. ■

SURVEY SAMPLING

Box 1. Data on Sampling and Survey Response for Youths Living in Foster Care

333/10,475

The sampling frame for the 2024 YES Family Survey included 10,475 youths. Of these, 333 youths (3%) were identified as living in foster care at the time of the survey.

188/6,001

A stratified random sample of 6,001 youths were selected from the sampling frame to have their caregivers receive the 2024 YES Family Survey. Of the 6,001 sampled youths, 188 youths (3%) were living in foster care.

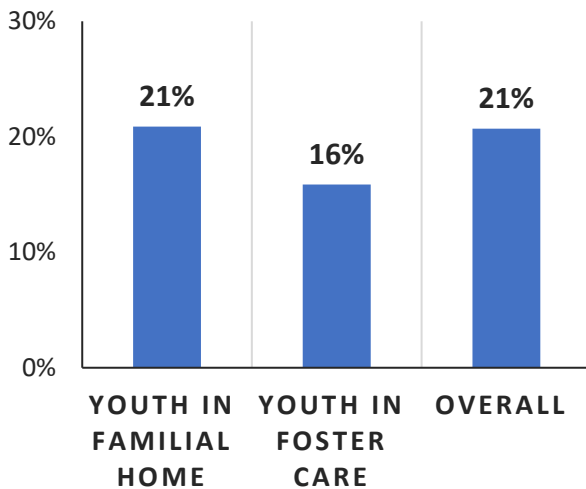
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Of the 188 caregivers of youths living in foster care who received the 2024 YES Family Survey, 21 caregivers completed the survey and indicated their youth had participated in mental health services during the last 6 months. This report compares their responses to youths who were not in foster care.

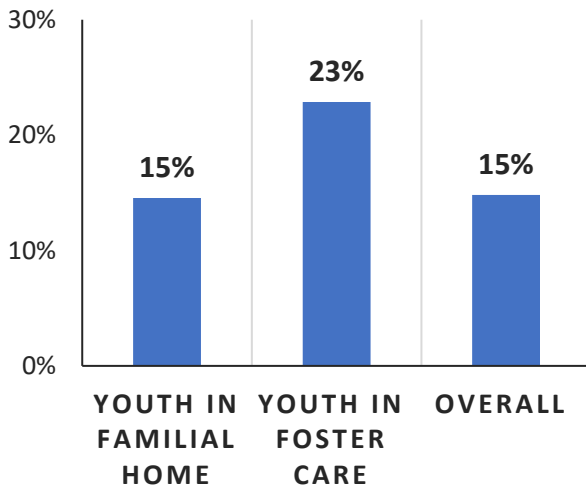
SURVEY RESPONSE

Figure 1. Comparison of 2024 YES Family Survey Response Rate and Undeliverable Mail Rate for Youths Living in Foster Care versus Youths Living in Familial Homes

A. Response Rate

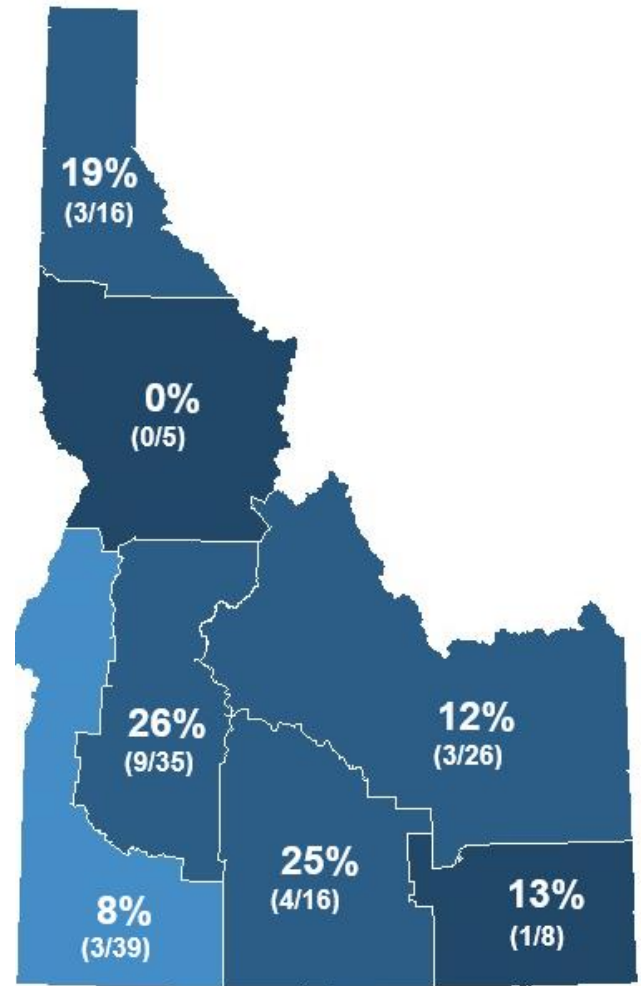


B. Undeliverable Mail Rate



Note: The response rate is calculated as: number of completed and returned surveys divided by number of successfully delivered surveys. There was no evidence of a statistically significant difference in response rate between caregivers of youths living in foster care compared to caregivers of youths living in familial homes ($p = .142$). However, the undeliverable mail rate was statistically significantly higher for caregivers of youths living in foster care compared to caregivers of youths living in familial homes ($p = .002$).

Figure 2. Response Rates of Caregivers of Youths Living in Foster Care for the 2024 YES Family Survey, by Region



Note: Although there was considerable variation in response rates across regions, none of these differences were statistically significant, likely due in part to the small sample sizes.

SURVEY SAMPLE

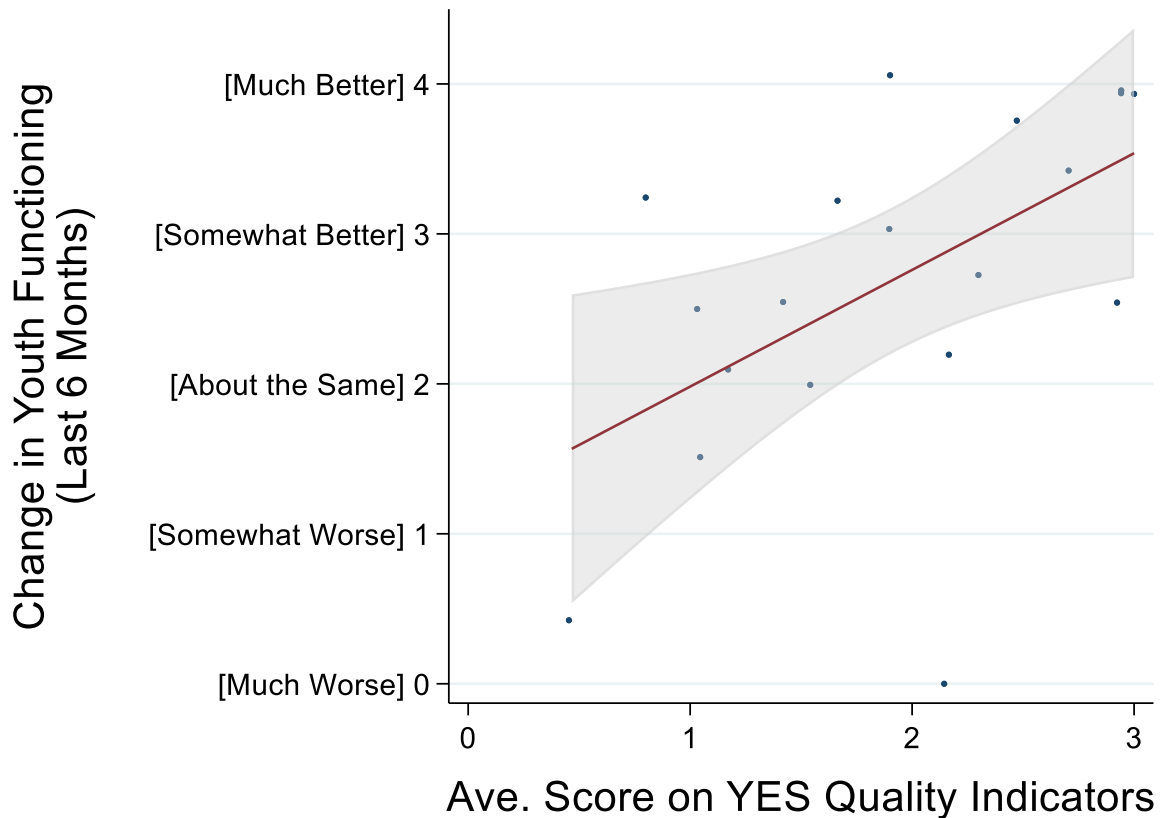
Table 1. Characteristics of Youths whose Caregivers Responded to the 2024 Idaho YES Family Survey, by Youth Foster Care Status

	Youth in Familial Home (N=963)		Youth in Foster Care (N=21)	
	n	%	n	%
YOUTH GENDER				
Female	478	49.6	9	42.9
Male	469	48.7	12	57.1
Prefer to Self-identify	8	0.8	0	0.0
Not reported	8	0.8	0	0.0
YOUTH AGE				
Under 5 years	9	0.9	1	4.8
5 to 9 years	254	26.4	8	38.1
10 to 14 years	401	41.6	5	23.8
15 years and older	299	31.1	7	33.3
YOUTH CANS				
0	371	38.5	7	33.3
1	426	44.2	10	47.6
2	67	7.0	2	9.5
3	99	10.3	2	9.5
YOUTH RACE				
American Indian/ Alaskan Native	6	0.6	0	0.0
Native Hawaiian/ Other Pacific Islander	2	0.2	0	0.0
Asian	10	1.0	0	0.0
Black or African American	14	1.5	2	9.5
White	697	72.4	10	47.6
Multiracial	38	4.0	2	9.5
Prefer to self-identify	95	9.9	3	14.3
Not reported	101	10.5	4	19.1
YOUTH ETHNICITY				
Not Hispanic	650	67.5	13	61.9
Hispanic or Latino	138	14.3	5	23.8
Not reported	175	18.2	3	14.3
MONTHS IN SERVICES				
0-6 months	185	19.2	4	19.1
7-12 months	217	22.5	6	28.6
13-24 months	185	19.2	5	23.8
25 months or more	349	36.2	5	23.8
Not reported	27	2.8	1	4.8

Note: Percentages may not add to 100 due to rounding. There were no statistically significant differences between groups on any youth demographic characteristics.

QUALITY & OUTCOMES

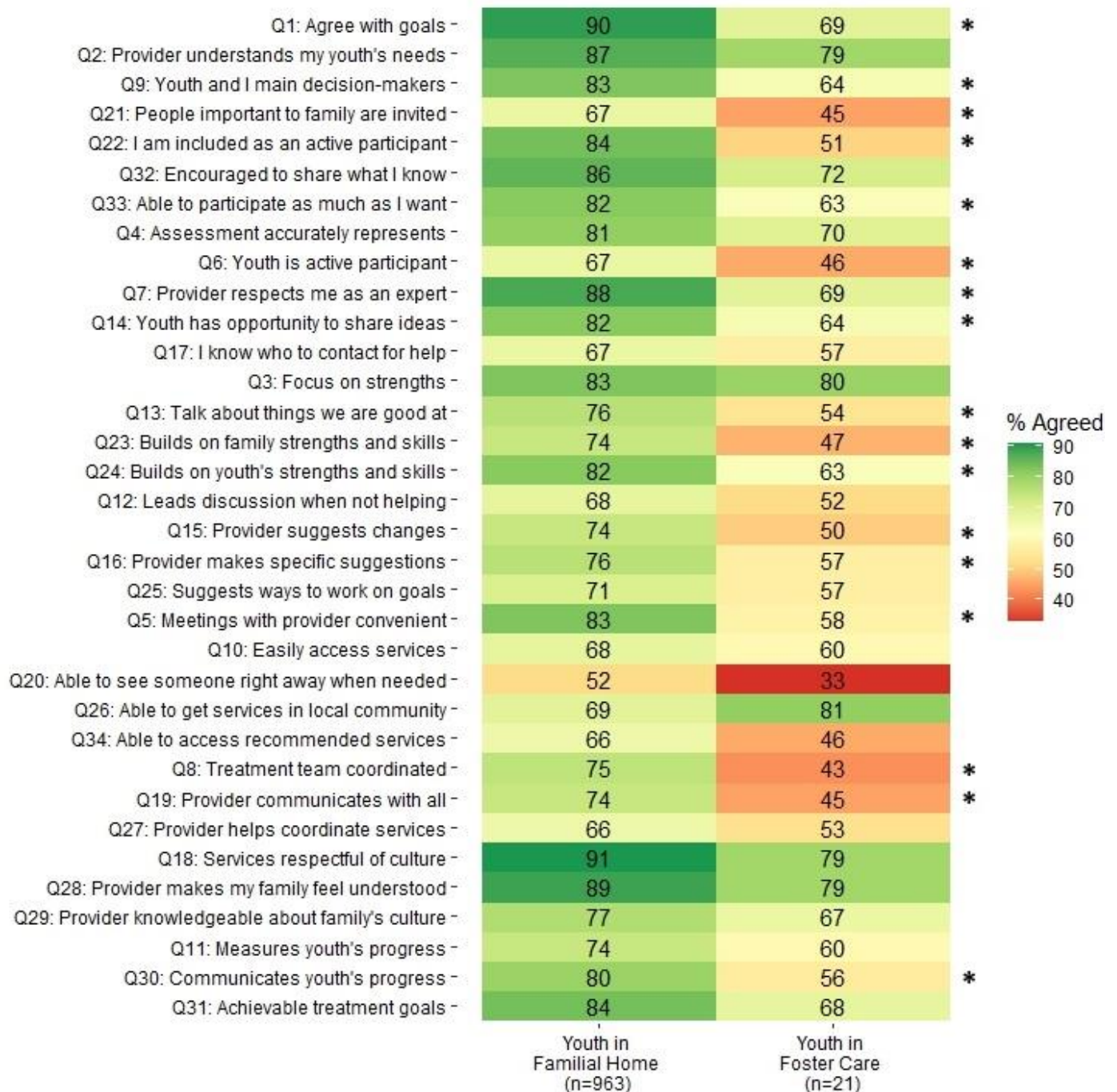
Figure 3. Relationship between Average Score on the YES Quality Indicators and Change in Daily Functioning during the Last Six Months for Youths Living in Foster Care



Note: $N=20$. This graph shows the relationship between quality of youth mental health services as rated by caregivers on the YES Quality Indicators (average score) and the extent to which youths improved in their day-to-day functioning at home, at school, and in the community during the last six months, as rated by caregivers. Each dot represents one youth and shows that youth's average score on the YES Quality Indicators mapped against that youth's average score on the items assessing improvement in day-to-day functioning. The relationship between quality of care and youth improvement was statistically significant ($p=.018$), indicating there is a real relationship between these variables. Results indicated that quality of care explained 29% of the variability in youth improvement during the last six months ($R\text{-squared} = .29$).

YES PRINCIPLES OF CARE

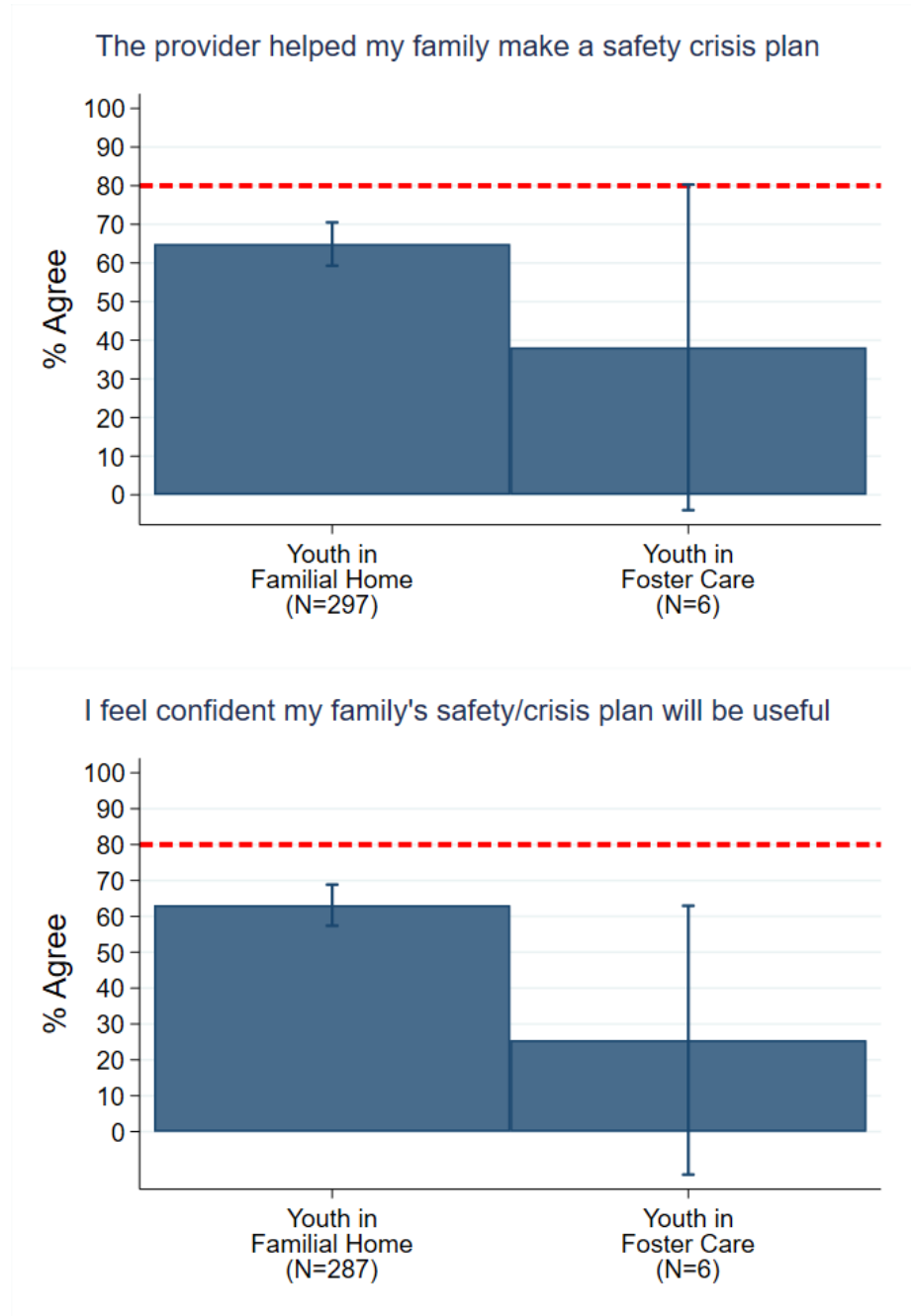
Figure 4. Variation in Caregiver Agreement with YES Quality Indicators by Youth Foster Status



Note: Numbers in the cells indicate the percentage of families who agreed with the quality indicator shown in the row. Percentages are adjusted for youth characteristics of age, sex, race, ethnicity, most recent CANS rating, number of months in services, and type of provider rated (e.g., counselor, prescriber). Verbiage of the quality indicators is abbreviated for presentation. Rows with an asterisk (*) indicate there was a statistically significant difference between the two groups in the percentage of caregivers who agreed that the quality indicator accurately represented the services their youth received ($p < .05$). Ns for each row may vary slightly due to missing values on some items.

SAFETY/ CRISIS PLANNING

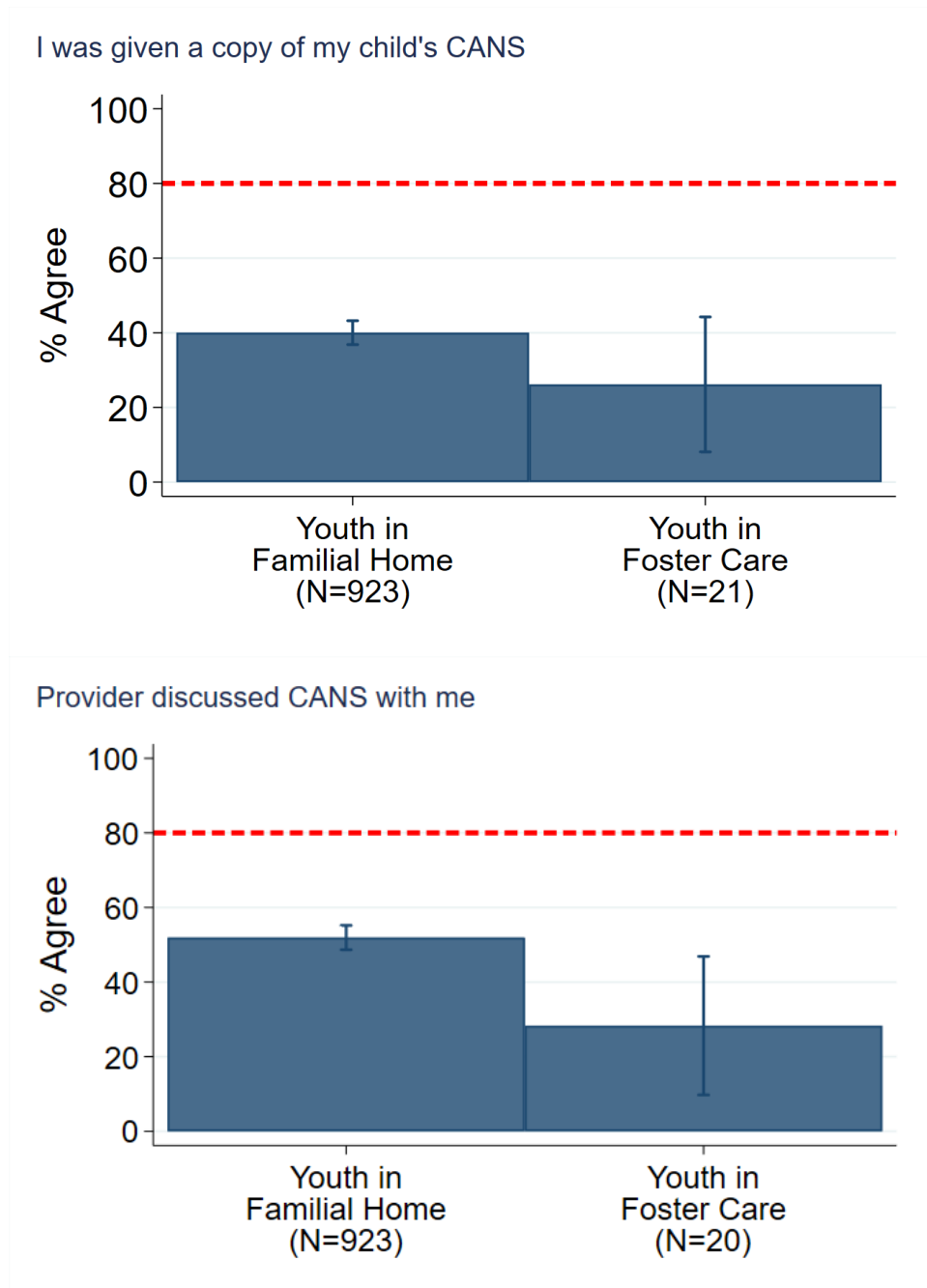
Figure 5. Variation in Caregiver Agreement with Mental Health Safety/ Crisis Planning Quality Indicators by Youth Foster Status



Note: Adjusted analyses shown. These questions were only answered by caregivers who indicated that they believed their youth may need a mental health safety/ crisis plan in place. There were no statistically significant differences on the safety planning items by foster status in either the adjusted or unadjusted analyses. This is likely due in part to the extremely small number of youths in this foster care subsample.

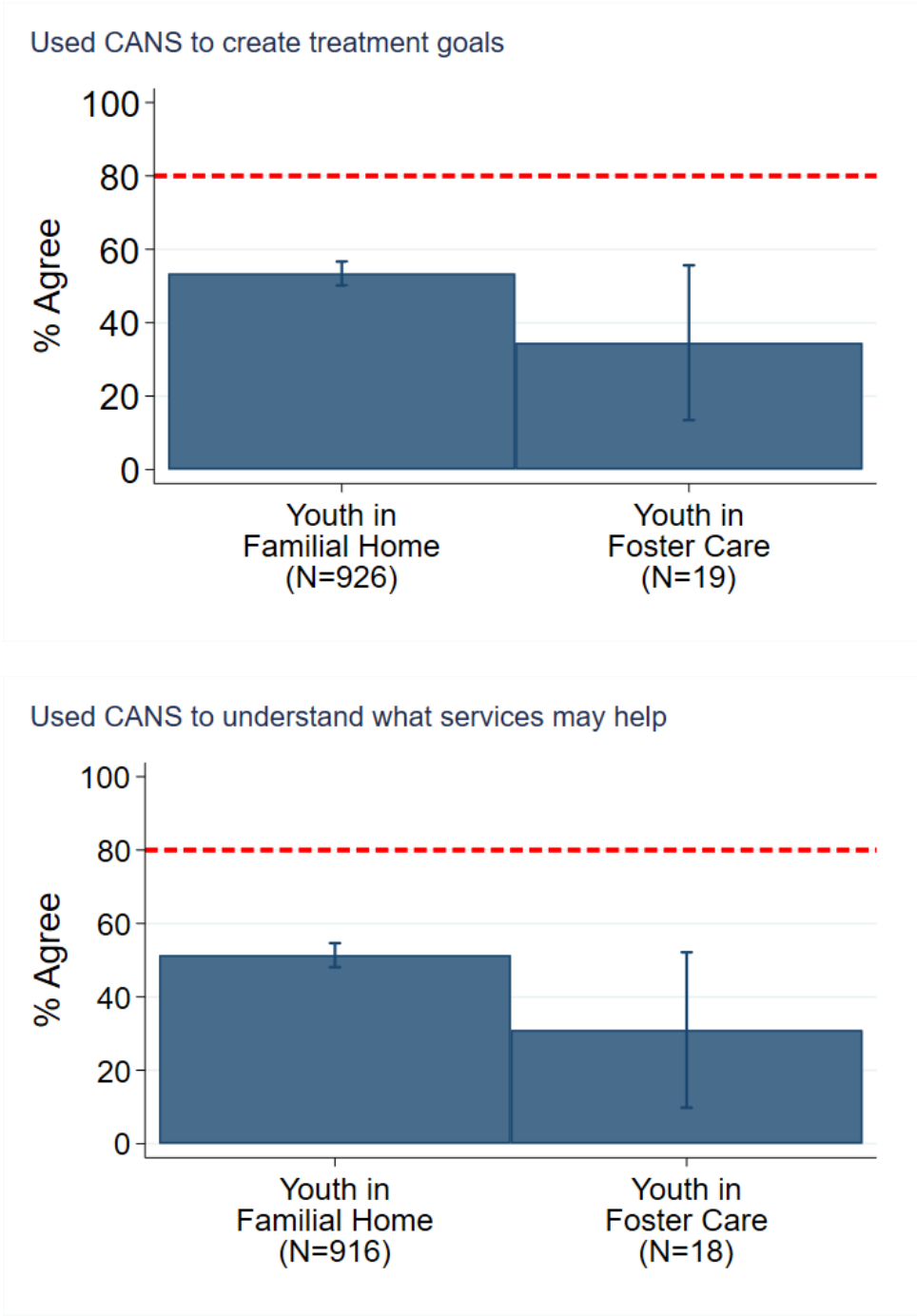
CANS IMPLEMENTATION

Figure 6. Variation in Caregiver Agreement with CANS Quality Indicators by Youth Foster Status



Note: Adjusted analyses shown. Caregivers of youths living in foster care were significantly less likely to agree that they received a copy of their child's CANS in both adjusted and unadjusted analyses; however, there were no other statistically significant differences between youths living in foster care versus those living in familial homes on any CANS items. Item content is abbreviated for presentation.

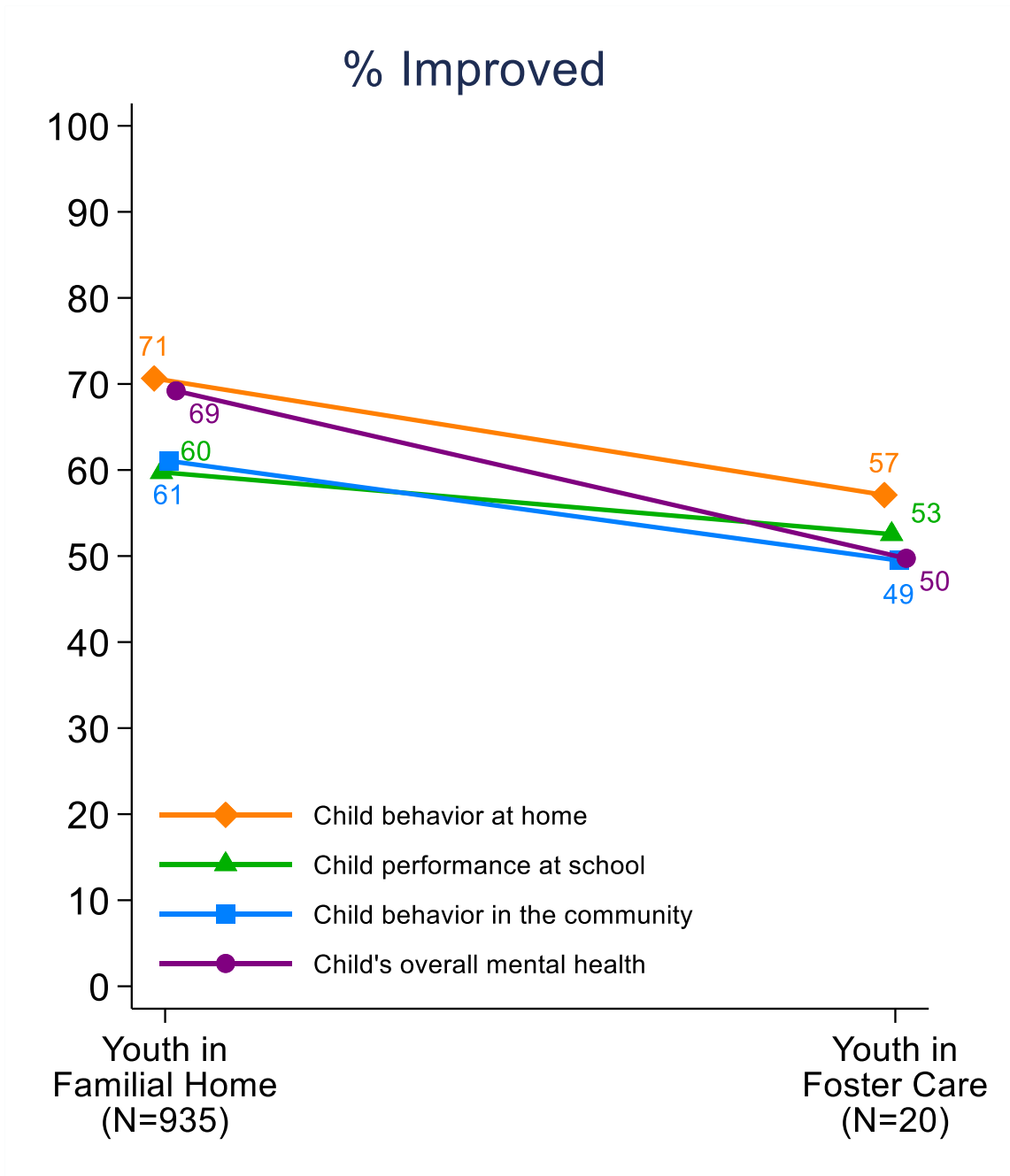
Figure 6, continued. Variation in Caregiver Agreement with CANS Quality Indicators by Youth Foster Status



Note: Adjusted analyses shown. Item content abbreviated for presentation.

YOUTH OUTCOMES

Figure 7. Variation in Caregiver Ratings of Youth Improvement in Day-to-Day Functioning and Overall Mental Health during the Last Six Months, by Youth Foster Status



Note: Adjusted analyses shown. The markers indicate the percentage of youths who improved in that domain, as reported by caregivers. There were no statistically significant differences on youth outcomes in either adjusted or unadjusted analyses. Ns vary for some outcomes due to missing responses. Adjusted analyses control for youth most recent CANS score, age, sex, race, ethnicity, number of months in services, and type of provider rated.

REFERENCES

Williams, N. J., Beauchemin, J., & Vega, N. R. (2024). *Idaho Youth Empowerment Services (YES) family survey results, 2024*. [Report to the Idaho Department of Health and Welfare, Division of Behavioral Health]. Boise, ID: Boise State University.