IDAHO YOUTH EMPOWERMENT SERVICES (YES) FAMILY SURVEY RESULTS, 2025

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EXECUTIVE SUMMARY

WHAT IS THIS REPORT ABOUT?

Each year, the Idaho Youth Empowerment Services (YES) family survey is conducted to assess the quality and outcomes of mental health services provided to youth and their families in Idaho's YES system. Funded by the Idaho Department of Health and Welfare, Division of Behavioral Health, the survey is completed in partnership with Boise State University. The survey is mailed to a population-representative sample of parents and caregivers of youth who participated in mental health services in Idaho during the last six months of the prior calendar year. This year, 1,109 families responded to the survey (21.9% response rate). Of these, 1,056 indicated their youth had participated in mental health services during the prior six months and shared their experiences. This report summarizes what they shared.

WHAT DID WE LEARN?

GETTING BETTER CARE MATTERS

As has been true in years past, analyses of the YES family survey responses from 2025 indicated that youth improved more in their day-to-day well-being when their caregivers rated their family's mental health services higher on the Idaho YES principles. Within Idaho's YES system, mental health services are supposed to be delivered following a set of principles including family-centered, strengths-based,

Figure 1. Association of YES Principles with Youth Outcomes

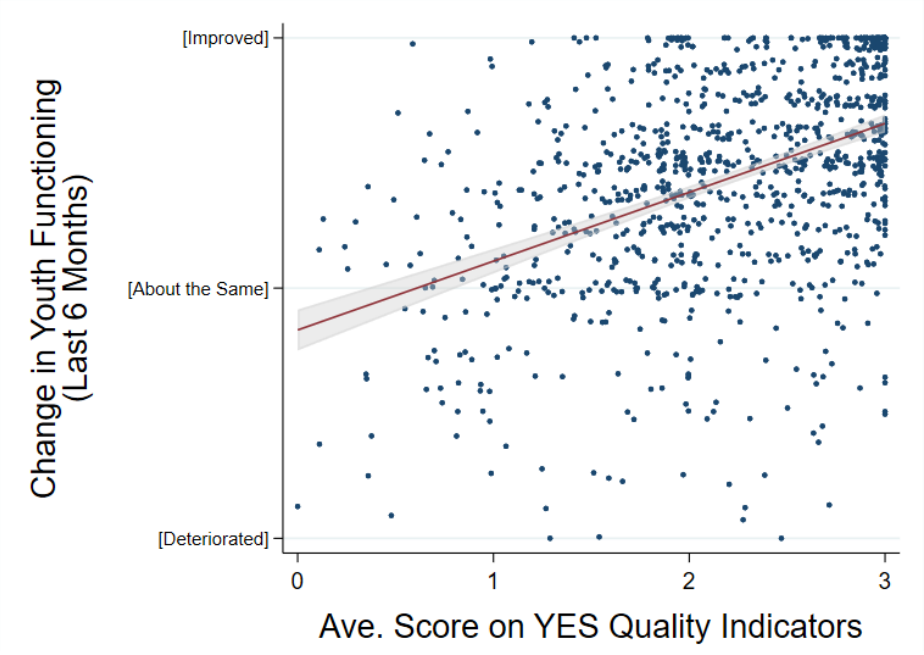
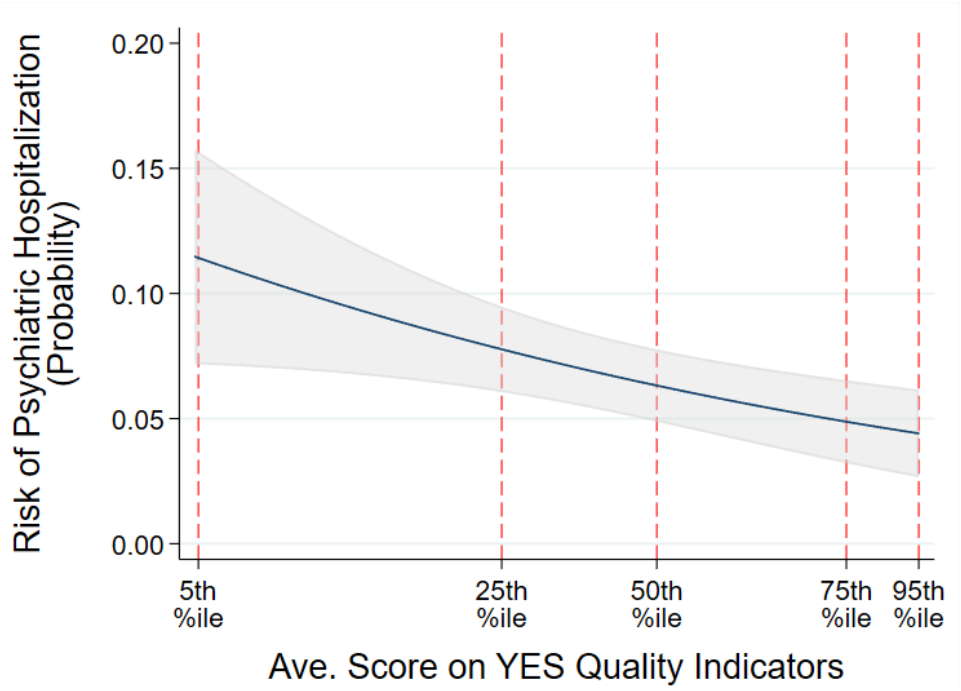
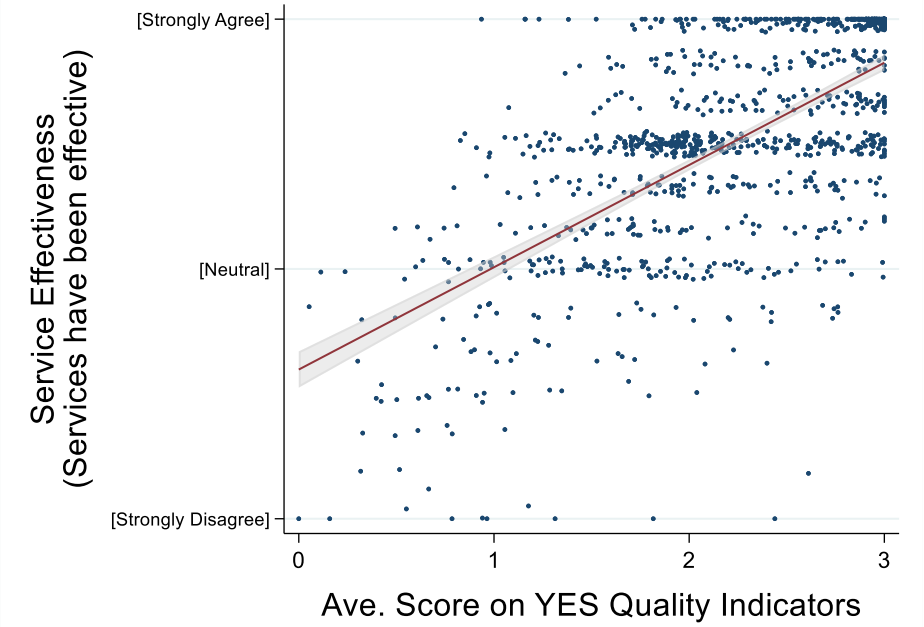


Figure 2. Association of YES Principles with Risk of Psychiatric Hospitalization



outcome-based, and culturally competent, among others. The questions that assess whether families experienced these YES principles as part of their care are called **YES Quality Indicators**. **Figure 1** shows that caregivers who rated their youth's services higher on the YES Quality Indicators (an average of all 34 indicators) also reported that their youth improved more in their day-to-day functioning (a composite of the youth's overall mental health, behavior at home, performance at school, and behavior in the community) during the last six months. **Figure 2** shows that caregivers who rated their youth's services higher on the YES Quality Indicators

Figure 3. Association of YES Principles with Service Effectiveness



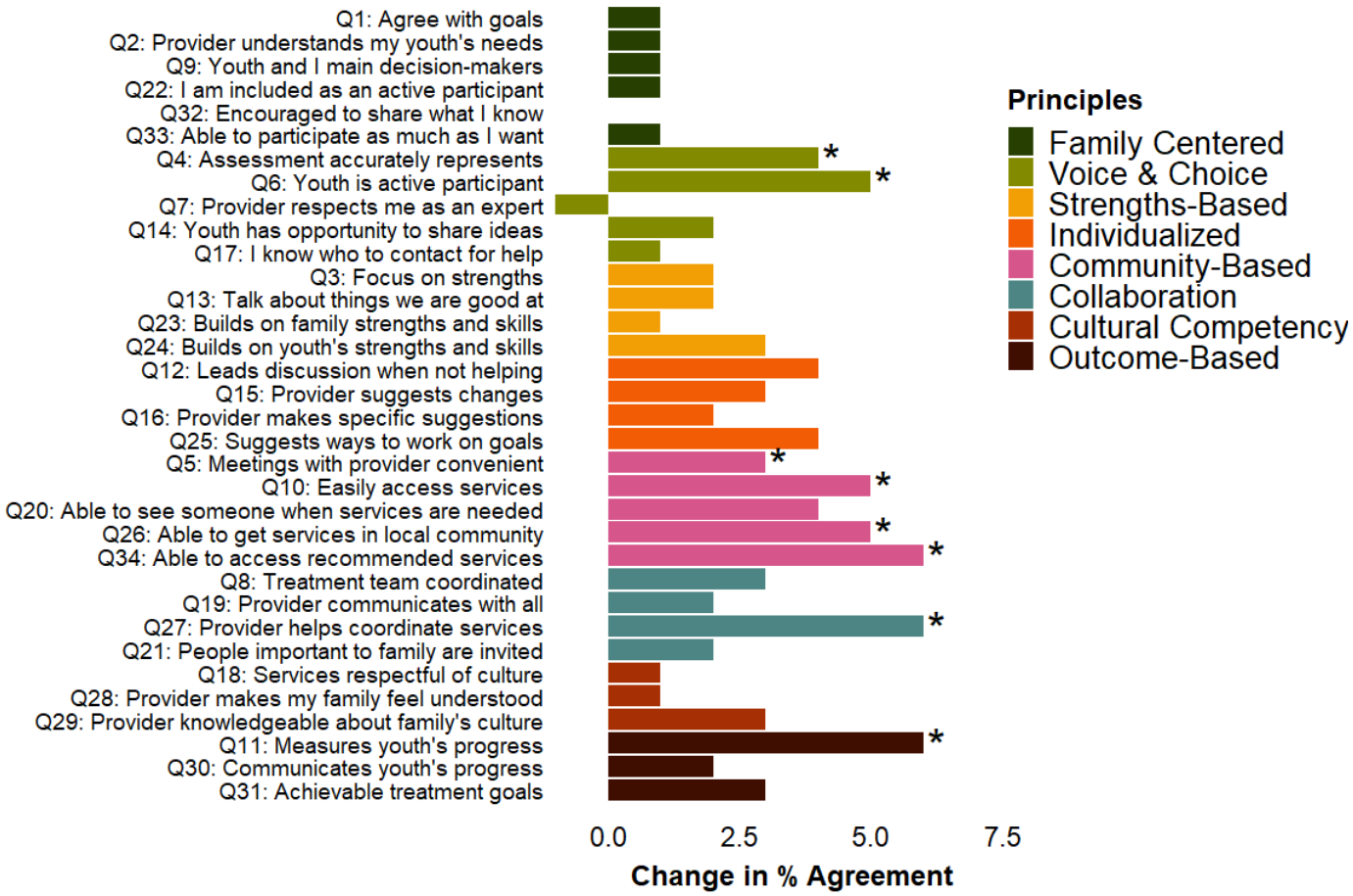
also had lower risk of having been psychiatrically hospitalized in the last 6 months. Avoiding unnecessary psychiatric hospitalizations is an important goal of the YES system.

This year, the survey asked caregivers three questions about the extent to which their youth benefitted from services. These *service effectiveness* items included statements like, "Services helped my child/youth effectively manage his/her emotions" and "Services have improved my child/youth's overall mental health." **Figure 3** shows that the more families experienced YES principles as part of their care, the more they agreed that their youth benefitted from services (a composite of all three service effectiveness questions). Together, these findings suggest youth outcomes are better when the services youth receive embody Idaho YES principles.

IDAHO FAMILIES' RATINGS OF MENTAL HEALTH CARE QUALITY CONTINUED A POSTIVE TREND OF IMPROVEMENT IN 2025

Last year's report showed that family ratings on several YES Quality Indicators began to improve in 2024 after considerable deterioration from 2022 to 2023. **Figure 4** shows that the positive trend toward improvement *continued* this year. From 2024 to 2025, family ratings *improved* on 32 of 34 YES Quality Indicators. This is shown in **Figure 4** which shows the change in the percentage of families who agreed with

Figure 4. Change in Percentage of Families who Agreed with YES Quality Indicators, 2024-2025



each YES Quality Indicator from 2024 to 2025. Thirty-two of the YES Quality Indictors have lines going to the right, indicating that more families agreed with the quality indicator this year, compared to last year. Nine of the Quality Indicators exhibited statistically significant improvements from last year, which means that the improvement from last year was most likely real and not simply due to sampling error. The Quality Indicators that exhibited statistically significant change are marked by an asterisk in **Figure 4**. These improvements represent a positive trend.

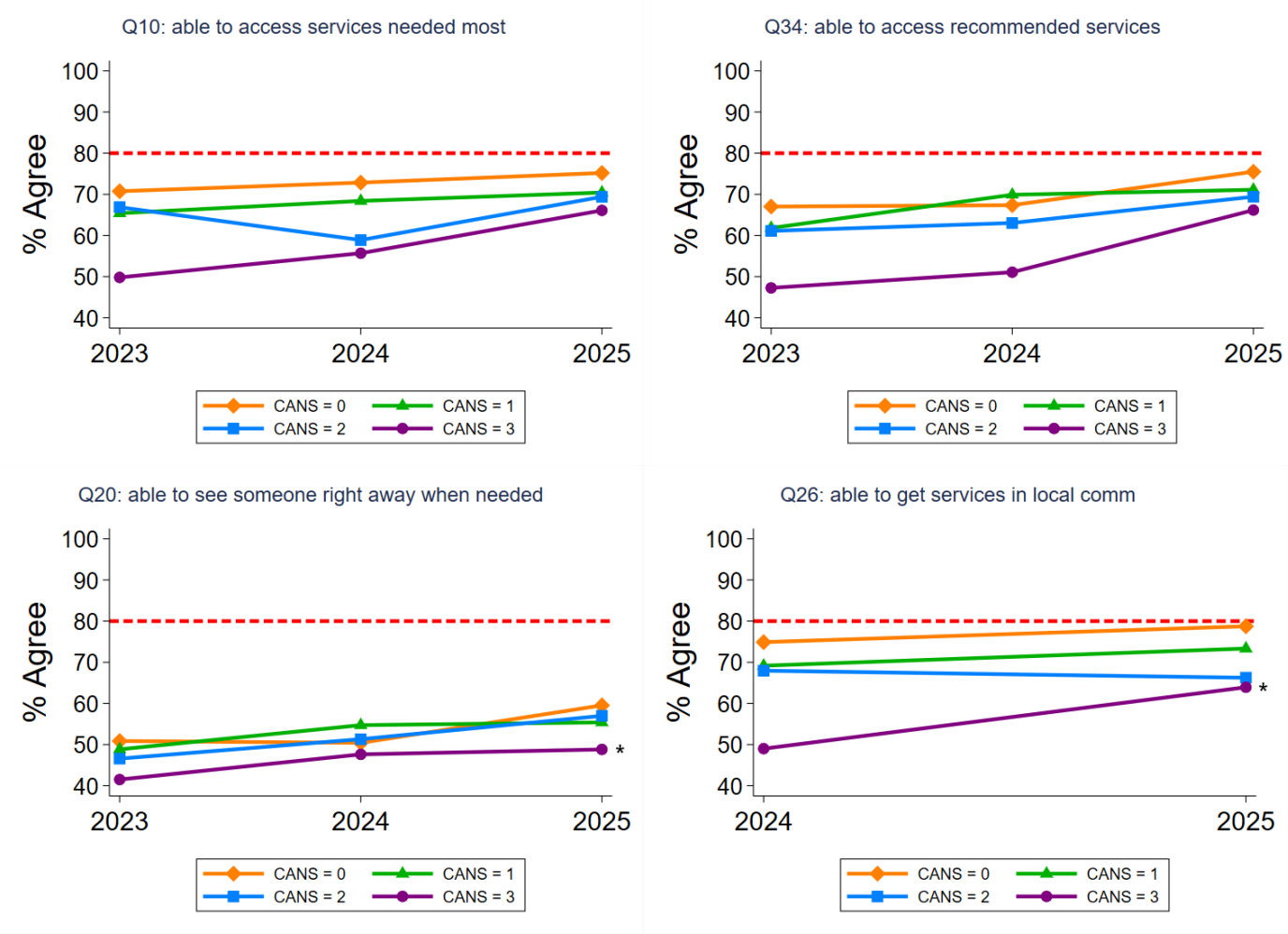
FOR THE LAST THREE YEARS, CAREGIVERS HAVE CONSISTENTLY IDENTIFIED THREE YES PRINCIPLES THAT NEED IMPROVEMENT IN ORDER TO MEET THE 80% QUALITY TARGET ESTABLISHED BY IDHW: (1) INDIVIDUALIZED CARE, (2) COLLABORATION/ TEAM-BASED CARE, AND (3) COMMUNITY-BASED SERVICE ARRAY.

In order to monitor system performance, IDHW established a quality target of 80% agreement on each of the YES Quality Indicators. The goal is for 80% of surveyed families to indicate that their youth's mental health services met the YES Quality Indicator. Examination of the gauge charts on pages 18-36, reveals that three YES principles have consistently failed to meet this quality benchmark across multiple YES Quality Indicators for multiple years. First, is the YES principle of *Individualized Care* which had 0 of 4 YES quality indicators meet the 80% quality target this year. This is a consistent trend evident over the last three years for these items. Second, is the YES principle of *Collaborative/ Team-based Care* which also had 0 of 4 indicators meet the quality target this year and the last two years. Third, is the YES principle of *Community-Based Service Array* on which only 1 of 5 indicators met the quality target this year and in the prior two years. Although it is noteworthy that 4 of 5 *Community-Based Service Array* quality indicators showed statistically significant improvement from last year to this year, which means they improved in a reliable way, these indicators do not yet meet the quality target of 80% agreement. The persistence of gaps on these three principles suggests work is needed to improve the extent to which mental health services for youth in Idaho are individualized, collaborative/ team-based, and provided in an accessible community-based service array.

THERE IS EVIDENCE THAT ACCESS TO MENTAL HEALTH SERVICES IMPROVED FOR YOUTH WITH THE MOST INTENSIVE NEEDS IN 2025, HOWEVER, SIGNIFICANT GAPS STILL EXIST

During the last several years, one of the consistent findings of the YES family survey has been that youths who experience the most intensive needs (i.e., those with a most recent Child and Adolescent Needs and Strengths (CANS) assessment score of 3) report significantly lower access to needed and recommended mental health services, on average, than youths with less intensive needs (i.e., those with lower CANS scores). In 2025, this gap persisted; however, there were important signs of improvement.

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



Note: An asterisk beside the line for CANS = 3 indicates caregivers of youths with a CANS of 3 rated the Quality Indicator significantly lower than the combined average rating of caregivers of youths with a lower CANS score.

Figure 5 shows the change in four YES Quality Indicators which assess the YES principle of *Community-Based Service Array*, broken out by youths' most recent CANS score. These analyses show the percentage of caregivers who agreed with each quality indicator over time, holding constant youth age, gender, race/ethnicity, number of months in services, and provider rated.

On two of the indicators, youths with a CANS of 3 no longer scored significantly lower than other youths in 2025 (Q10: ability to access needed services; Q34 ability to access recommended services). These represent welcome improvements, although the overall low levels of service accessibility still point to the need for continued improvement in this area. However, on the remaining two items, youths with a CANS of 3 continued to score significantly lower than other youths in 2025 (Q20: ability to see someone right away when needed; Q26 ability to get services in local community). Taken together, these findings suggest some improvement has occurred in the accessibility of mental health services for Idaho youths with the

most intensive needs; however, they also highlight a continued need to substantially improve in this area.

MORE FAMILIES ARE BEING OFFERED CHILD AND FAMILY TEAM MEETINGS; HOWEVER, FURTHER IMPROVEMENT IS NEEDED

Within Idaho's YES system, youth mental health services are supposed to be provided within the context of a child and family team. Child and family teams include the child/youth, their parent or caregivers, mental health and other professionals who are working with the youth, and anyone else families would like to include. Beginning in 2023, the YES family survey began asking families about their experiences with child and family team meetings. The survey provides a simple definition of what a 'child and family team' is and then asks families if they were offered the opportunity to have, or had, a child and family team meeting. Caregivers can answer 'yes' or 'no.' For those who say 'no,' the survey further asks if they believe such a meeting would be helpful for their youth. These questions are asked every other year (i.e., 2023 and 2025).

Figure 6 shows the percentage of families who indicated they were offered or attended a child and family team meeting in 2023 versus 2025. (The question wording was identical in both years.) Results indicate there was a statistically significant (i.e., likely real) increase in the percentage of families indicating they

Figure 6. Change in the Percentage of Families' Indicating they were Offered a Child and Family Team Meeting or Believed such a Meeting would be Helpful, 2023-2025

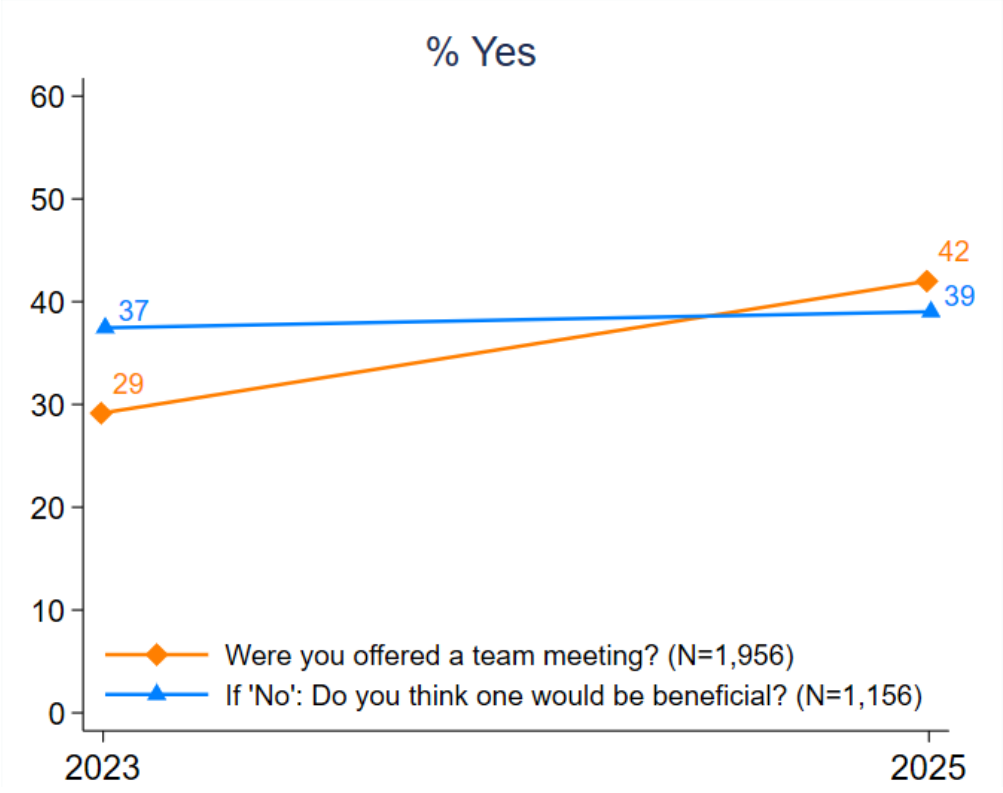
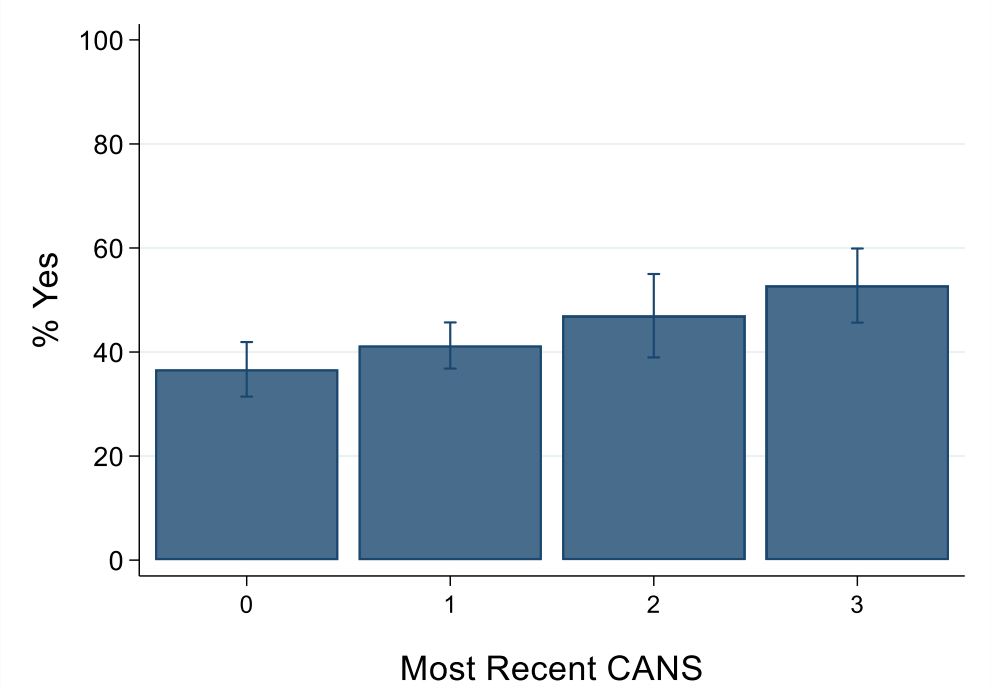


Figure 7. Percentage of Families' Indicating they were Offered or Attended a Child and Family Team Meeting by Youth's Most Recent CANS, 2025



Note: N=1,014. Percent of families who reported they were offered or attended a child and family team meeting in 2025. Percentages are adjusted for youth sex, race/ethnicity, age, number of months in services, and provider rated.

were offered or attended such a meeting, with a large increase of 13 percentage points. This is good news because it suggests more families are being offered mental health services within the child and family team framework. However, there is still substantial room for improvement, as indicated by the fact that only 42% of families indicated they were offered or attended a child and family team meeting in 2025. Not surprisingly, the percentage of families who were *not* offered a meeting but believed one would be helpful remained relatively constant, increasing only slightly from 37% in 2023 to 39% in 2025.

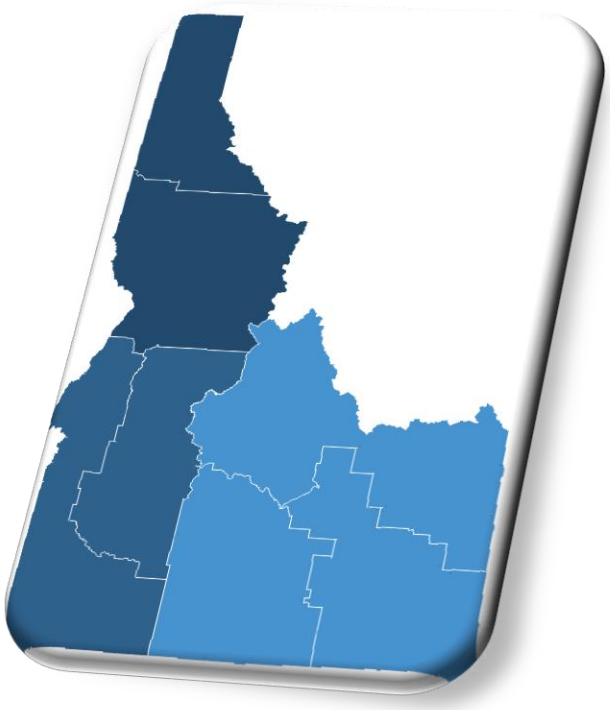
To better understand which youths were offered or attended a child and family team meeting, we analyzed the 2025 data by youth characteristics. Results indicated that youths who scored higher on their most recent CANS were significantly more likely to have been offered or attended a child and family team meeting (see **Figure 7**). This is important because youths with more severe needs are most likely to have multiple providers involved in their care and therefore are most likely to benefit from a child and family team meeting. However, in 2025 only 53% of youths with a most recent CANS of 3 (which indicates the most severe level of need) were offered a team meeting. This suggests additional work is needed to improve the delivery of YES services within the child and family team framework, particularly for youths with the most intensive needs.

RECOMMENDATIONS

Based on the findings of this report, the authors recommend that IDHW pursue the following improvement actions related to children's mental health services in Idaho:

- Continue and expand efforts to ensure that youth mental health services in Idaho are delivered in a way that reflects the YES principles and practice model. These efforts should target provider workforce and families. Special effort should be directed toward aligning the delivery of youth mental health services in Idaho with the YES principles of:
  - individualized care,
  - collaboration/ team-based care,
  - community-based service array;
- Commit resources to improving the accessibility of community-based mental health services for youth, particularly for youth who have the most intensive needs (i.e., those with a CANS of 3);
- Take steps to increase the delivery of youth mental health services within a child and family team framework by providing education and resources to the provider workforce and educational or onboarding materials to youth and families.

August 22, 2025



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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. This report presents results of the 2025 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 2025 YES family survey included 46 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 were invited by providers to participate in a child and family teaming process which is supposed to guide all services delivered within YES,
(3) caregivers' perceptions of youth outcomes, including the extent to which their child/ youth has improved in overall mental health and day-to-day functioning at home, at school, and in the community within the last six months,
(4) caregivers' perceptions of service effectiveness, including the extent to which services helped their child/ youth build strengths, more effectively manage their emotions, and improve their overall mental health, 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 2025 (see Appendix 1 for methodological details). The sample included 5,390 caregivers of youth who participated in YES mental health services during 2024.

Caregivers were randomly sampled with proportional allocation across DBH's seven regions to ensure adequate representation across the State. In order to develop a supplemental report that focuses on the needs of foster youth and foster families, youths in foster care were purposefully oversampled. This oversampling was adjusted for in the data analysis to ensure results properly reflect the overall target population. 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 1,109 caregivers responded to the survey (21.9% response rate after excluding returned mail). This is a positive response rate for surveys such as this and is slightly higher than has been achieved in prior years.

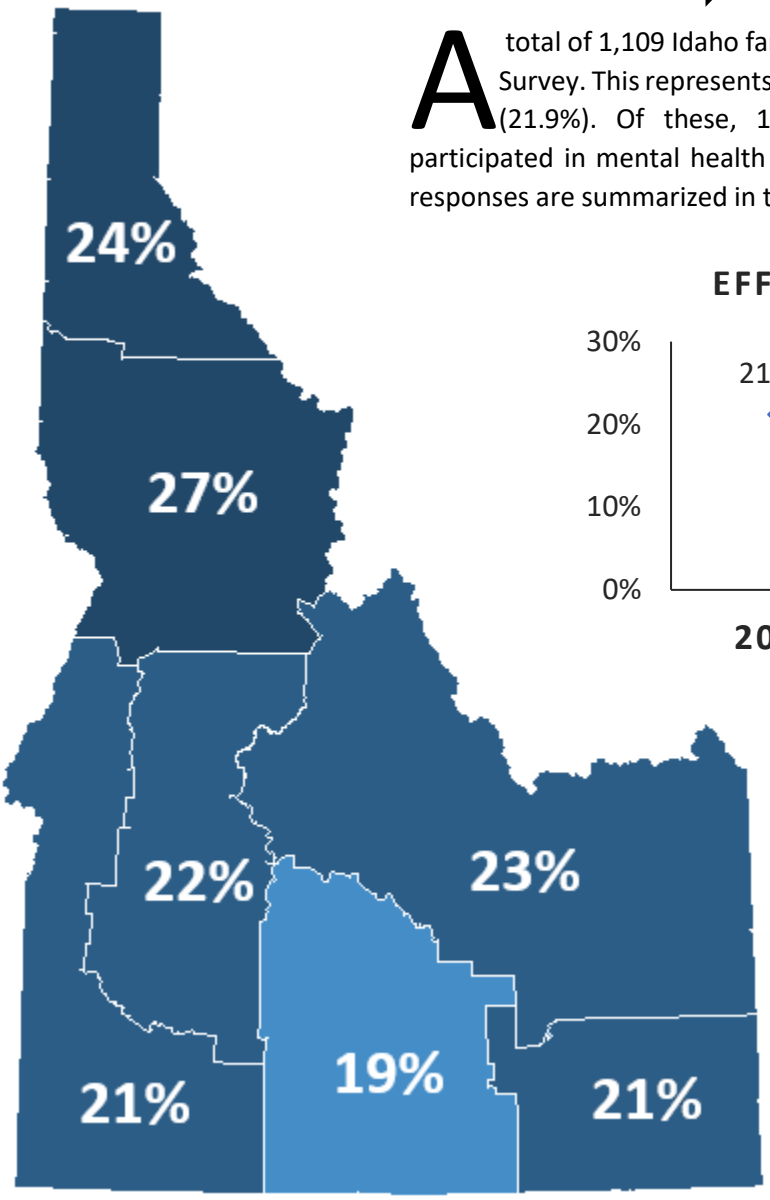
WHAT DID WE LEARN?

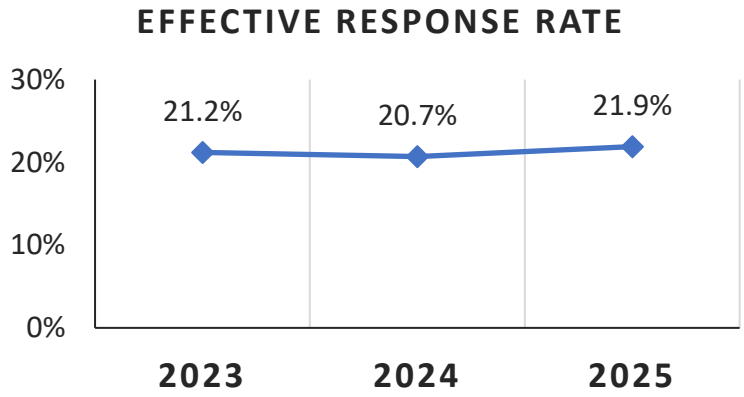
The following sections of this report describe the survey results. All analyses were weighted to account for survey nonresponse and sampling probability, including the oversampling of youth living in foster care. Consequently, all results represent population percentages. As appropriate, longitudinal analyses also controlled for youth characteristics of gender, age, race/ ethnicity, most recent CANS, number of months in services, and the provider rated, in order to ensure that changes from year to year reflect real differences and not differences in the group of respondents. The overall survey margin of error for this year was ±2.5%.

SURVEY RESPONSE

1,109

A total of 1,109 Idaho families responded to the 2025 Idaho YES Family Survey. This represents 1 out of every 5 families that received a survey (21.9%). Of these, 1,056 caregivers indicated their youth had participated in mental health services during the previous 6 months; their responses are summarized in this report.





There were no statistically significant differences in response rates across regions (p=0.388). Nonetheless, any minor differences in response rate were statistically adjusted for using non-response weights.

SURVEY SAMPLE

Youths whose caregivers responded to the survey were similar to youths whose caregivers did not respond in terms of the distribution of youth gender, age, and most recent CANS score; however, a significant difference was observed on youth race/ethnicity, such that caregivers of Hispanic and Black/African American youths were less likely to respond (p=.045). Adjustments were made to the statistical analyses to account for these differences in response rates.

	Caregiver Responded (*N*=1,109)		Caregiver Did Not Respond (*N*=4,281)	
	n	%	*n*	%
YOUTH GENDER				
Female	568	51.2	2,121	49.5
Male	534	48.2	2,122	49.6
Unknown/ Not reported	7	0.6	38	0.9
YOUTH AGE				
Under 5 years	16	1.4	77	1.8
5 to 9 years	301	27.1	1,258	29.4
10 to 14 years	514	46.4	1,876	43.8
15 years and older	278	25.1	1,070	25.0
YOUTH CANS				
0	331	29.9	1,329	31.0
1	445	40.1	1,706	39.9
2	137	12.4	550	12.9
3	196	17.7	696	16.3
YOUTH RACE/ETHNICITY				
American Indian/ Alaska Native	31	2.8	93	2.2
Asian	5	0.5	11	0.3
Black or African American	20	1.8	130	3.0
Hispanic	154	13.9	712	16.6
Native Hawaiian/ Other Pacific Islander	1	0.1	7	0.2
Other	1	0.1	4	0.1
White	851	76.7	3,128	73.1
Unknown/ Not reported	46	4.2	196	4.6
MONTHS IN SERVICES				
0-6 months	142	12.8		
7-12 months	200	18.0		
13-24 months	251	22.6		
25 months or more	449	40.5		
Not reported	67	6.0		

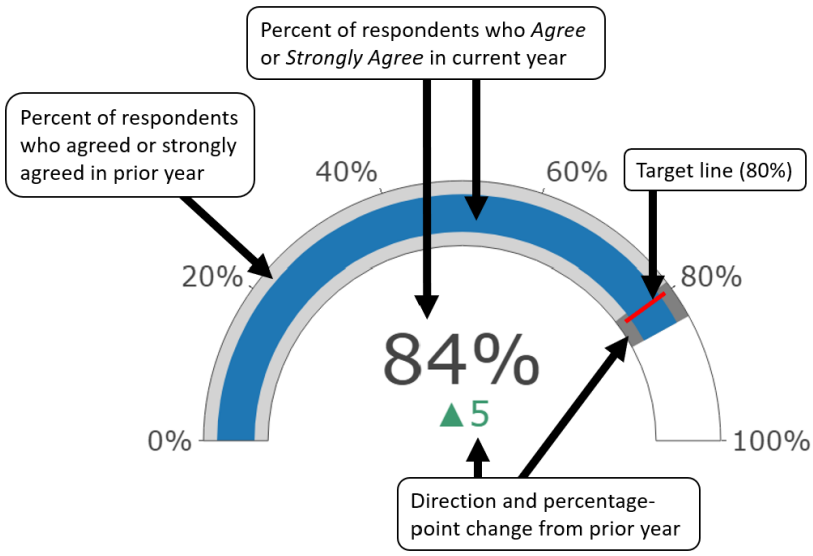
YES PRINCIPLES OF CARE

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 2024 to 2025 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 over the last three years. Not all items were asked in 2023, therefore some items only have two years of data.

All longitudinal analyses are adjusted for youth characteristics to ensure that changes over time reflect real differences and are not simply caused by 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

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

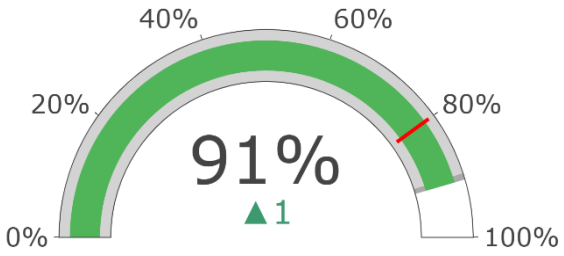
Low Performance

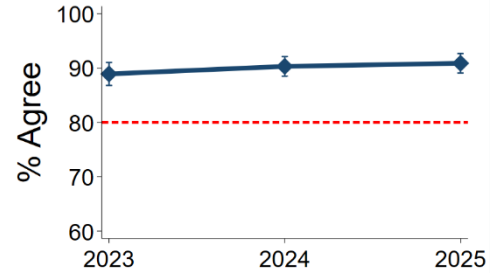
The gauge charts below are color-coded to indicate the level of performance based on these standards. Within each section, the items are organized so that those with the highest levels of agreement (e.g., green) are presented before items with lower levels of agreement.

FAMILY-CENTERED CARE

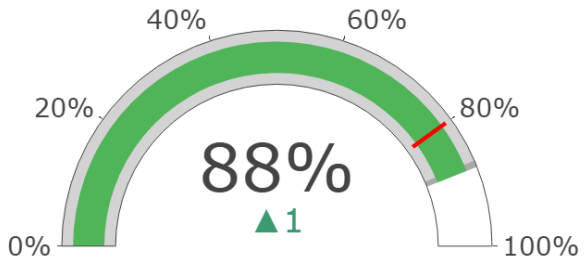
A defining characteristic of family-centered care is family engagement. Family engagement emphasizes family strengths and maximizes family resources. Family experience, expertise, and perspective are welcomed. Families are active participants in planning and decision-making. Families are respected and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

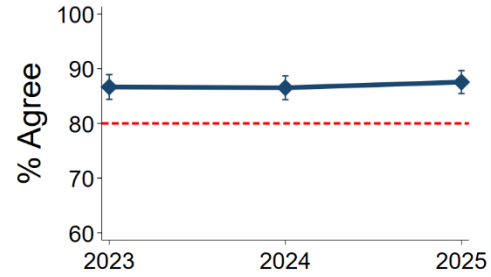
Q1: THE GOALS WE ARE WORKING ON ARE THE ONES I BELIEVE ARE MOST IMPORTANT FOR MY CHILD/YOUTH.



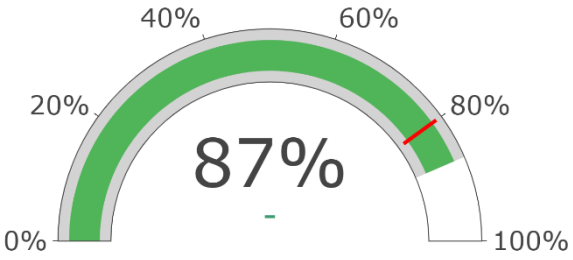


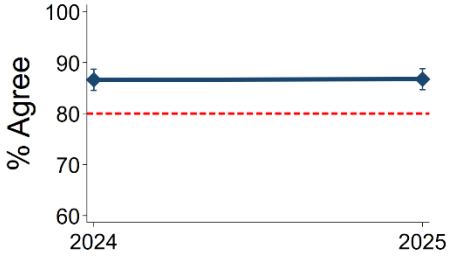
Q2: THE PROVIDER SEEMS TO HAVE A CLEAR UNDERSTANDING OF MY CHILD/ YOUTH'S NEEDS.



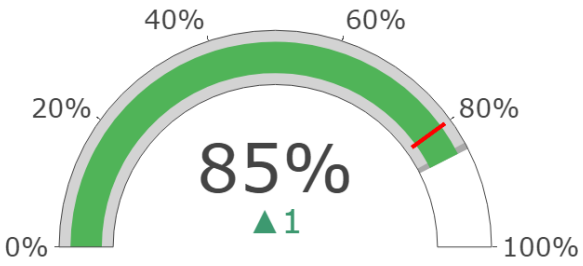


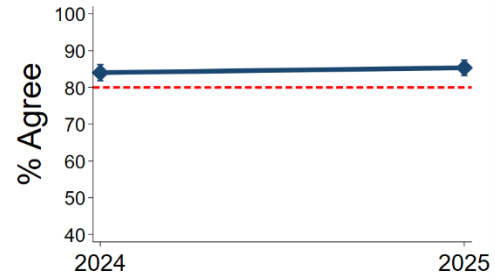
Q32: THE PROVIDER ENCOURAGES ME TO SHARE WHAT I KNOW ABOUT MY CHILD/YOUTH'S STRENGTHS AND NEEDS.



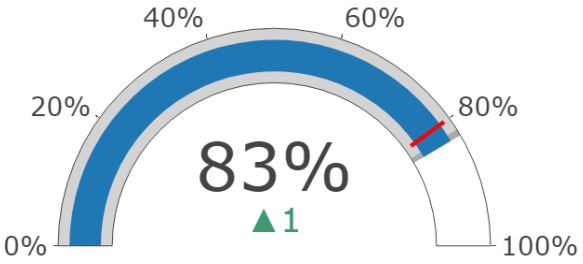


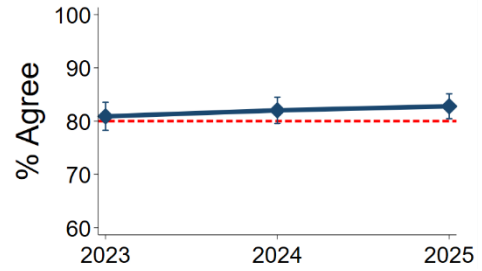
Q22: The provider includes me as an active participant in my child/youth's care.



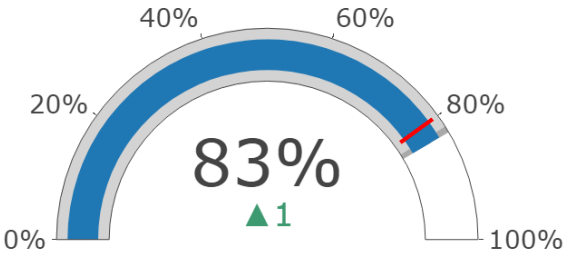


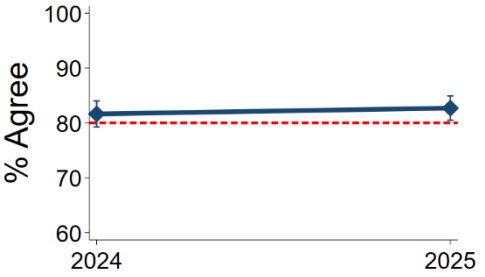
Q9: My child and I are the main decision-makers when it comes to planning services.



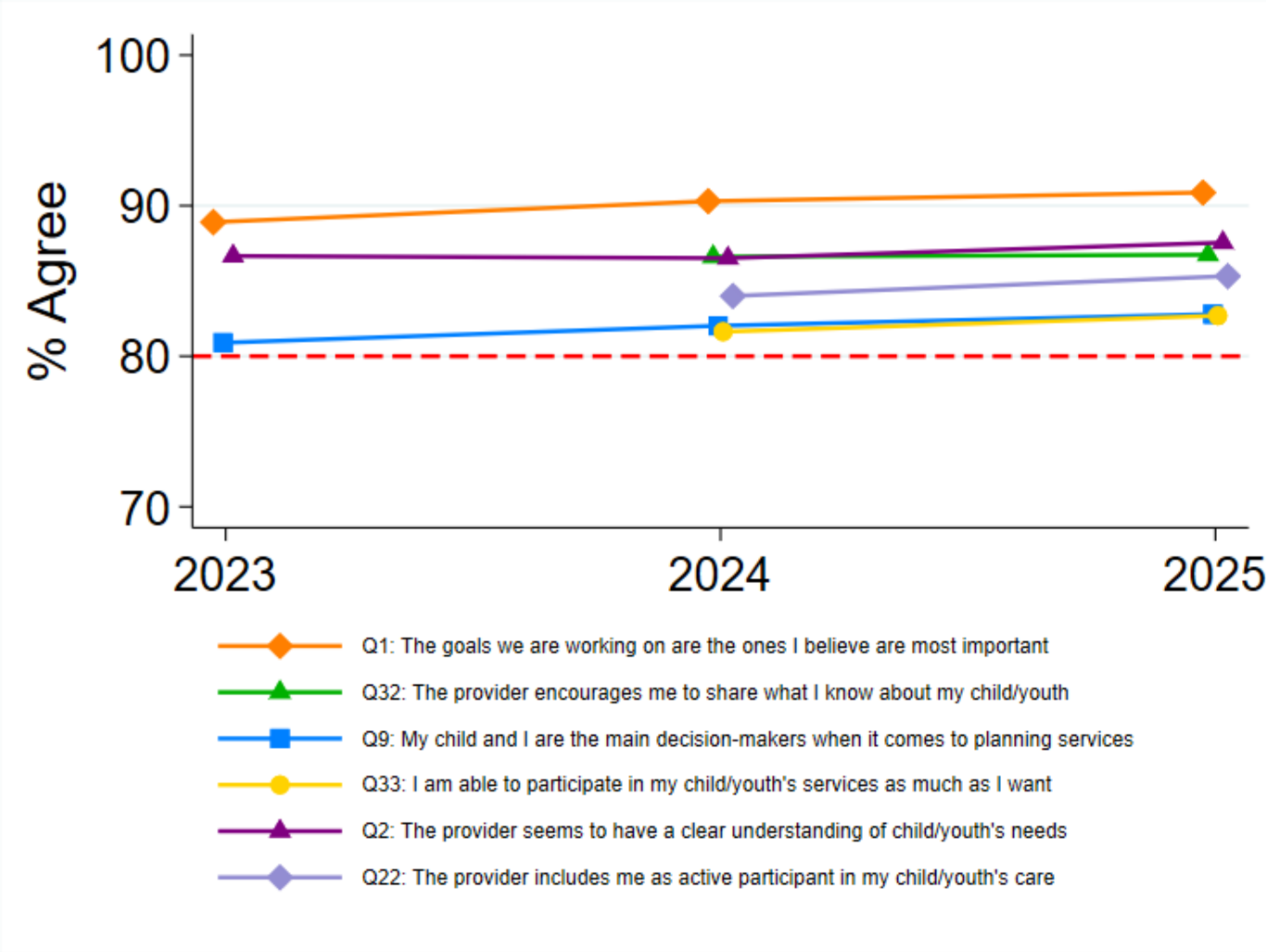


Q33: I am able to participate in my child/youth's mental health services as much as I want.





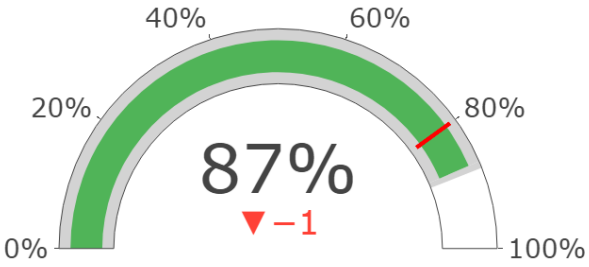
Summary of Family-Centered Care Items by Year

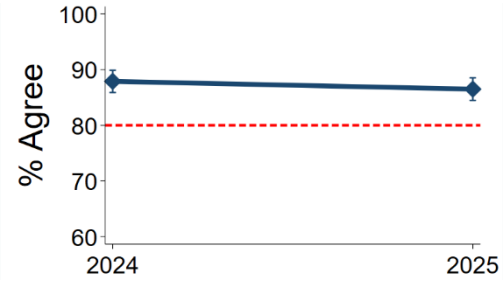


FAMILY & YOUTH VOICE AND CHOICE

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).

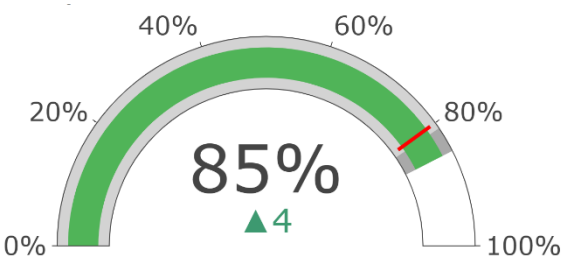
Q7: THE PROVIDER RESPECTS ME AS AN EXPERT ON MY CHILD/YOUTH.

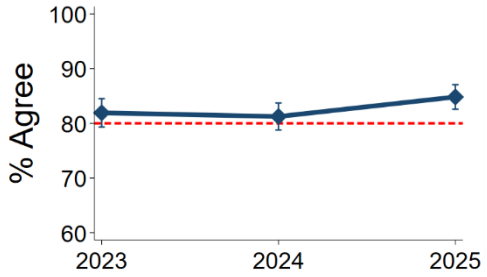




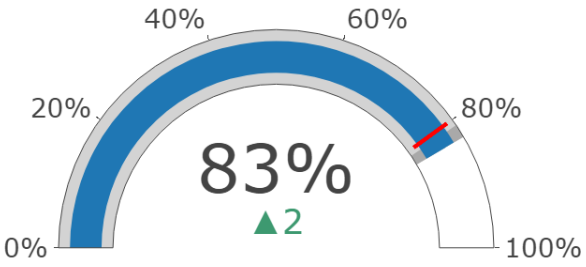
Caregivers believing that their youth's assessment was accurate increased significantly from 2024 to 2025.

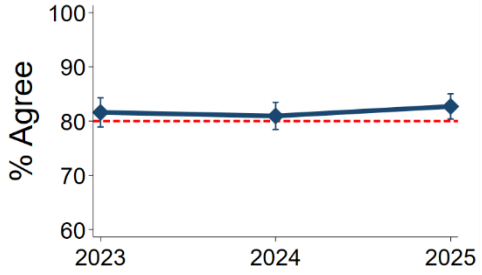
Q4: THE ASSESSMENT COMPLETED BY THE PROVIDER ACCURATELY REPRESENTS MY CHILD/YOUTH'S NEEDS.



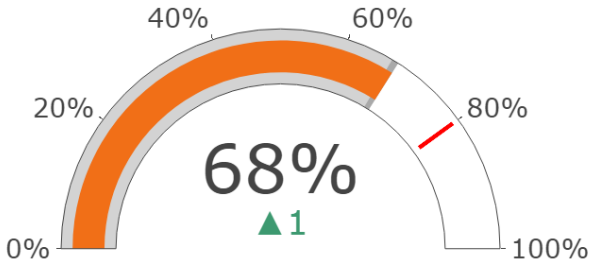


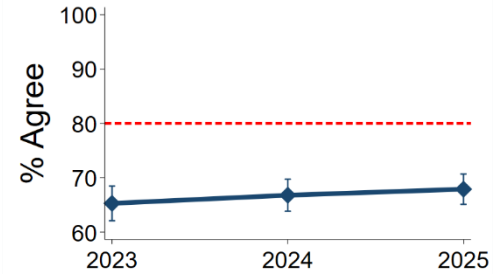
Q14: WHEN DECISIONS ARE MADE, MY CHILD/YOUTH HAS THE OPPORTUNITY TO SHARE HIS/HER OWN IDEAS.



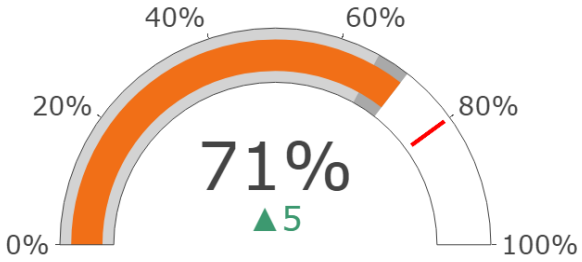


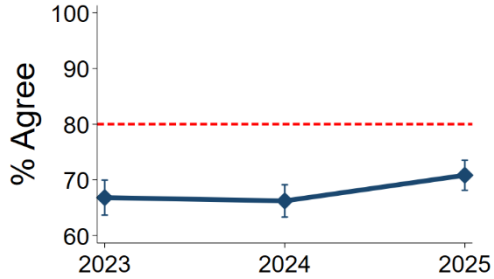
Q17: I KNOW WHO TO CONTACT FOR HELP IF I HAVE A CONCERN OR COMPLAINT ABOUT MY PROVIDER.





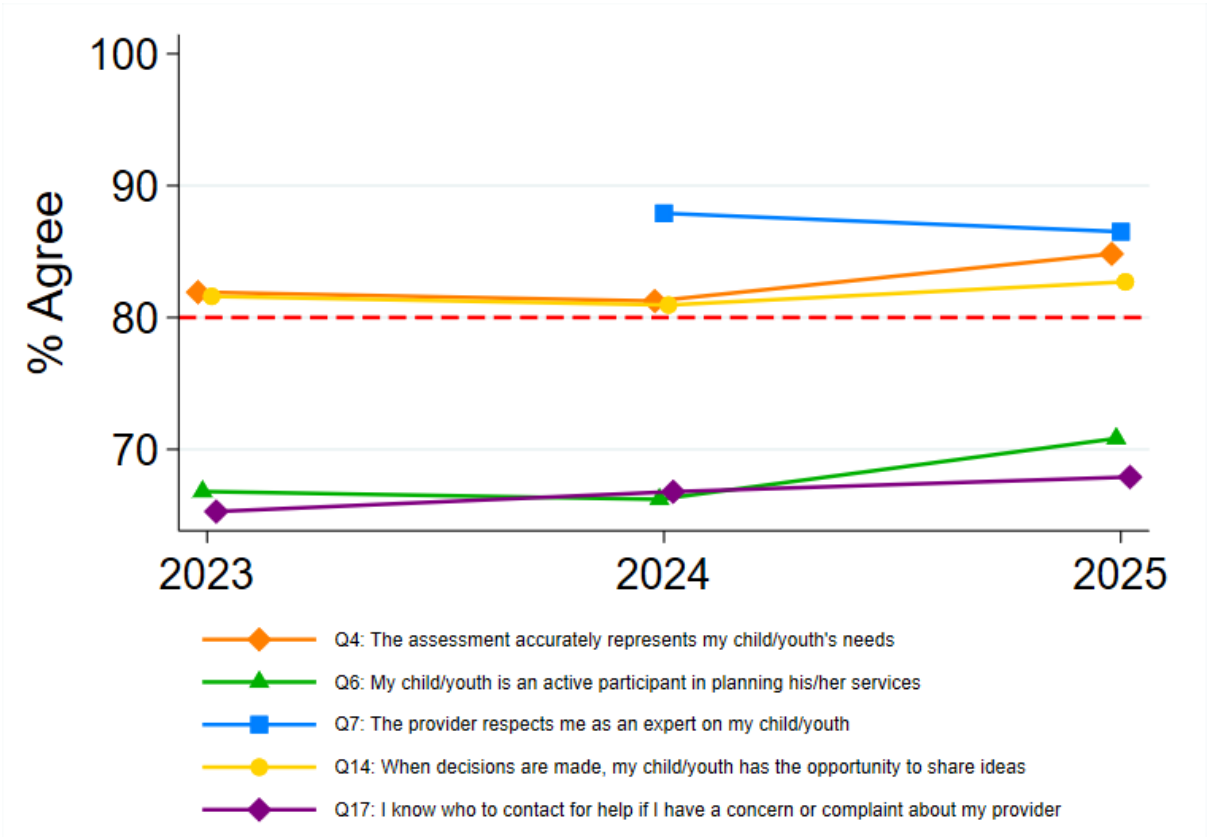
Q6: MY CHILD/YOUTH IS AN ACTIVE PARTICIPANT IN PLANNING HIS/HER SERVICES.





Youth being actively involved in service planning increased significantly from 2024 to 2025.

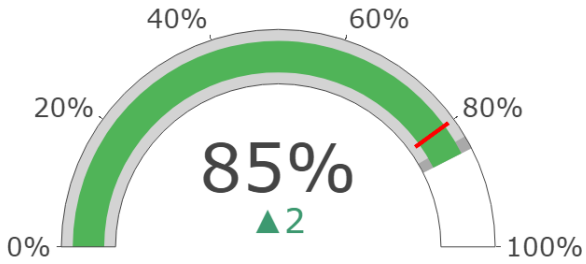
Summary of Family & Youth Voice and Choice Items by Year

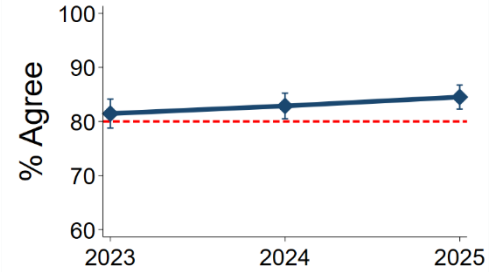


STRENGTHS-BASED CARE

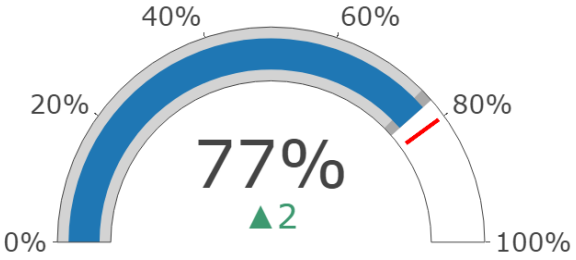
Services and supports are planned and delivered in a manner that identifies, builds on, and enhances the capabilities, knowledge, skills, and assets of the youth and family, their community, and other team members. Four questions assessed this principle (Q3, Q13, Q23, Q24).

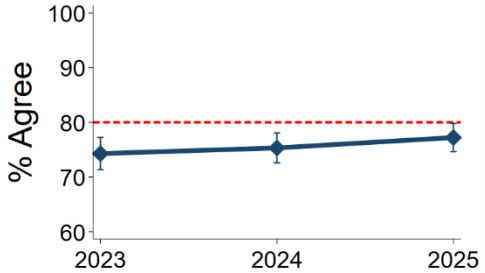
Q3: THE SERVICES FOCUS ON WHAT MY CHILD/YOUTH IS GOOD AT, NOT JUST ON PROBLEMS.



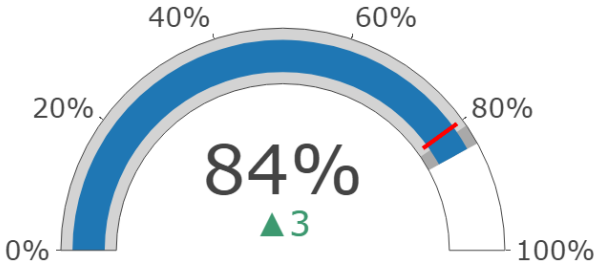


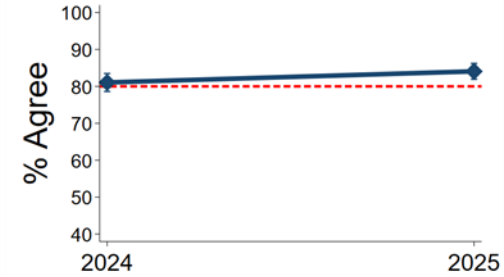
Q13: THE PROVIDER TALKS WITH US ABOUT HOW WE CAN USE THINGS WE ARE GOOD AT TO OVERCOME PROBLEMS.



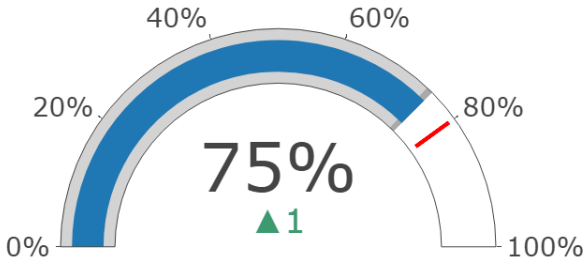


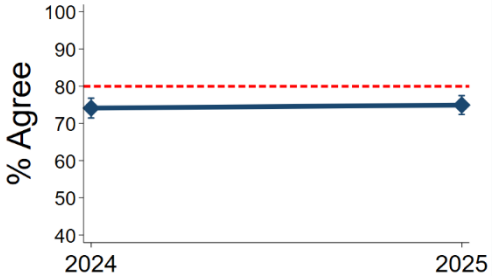
Q24: THE PROVIDER BUILDS ON MY CHILD/YOUTH'S STRENGTHS TO REACH TREATMENT GOALS.



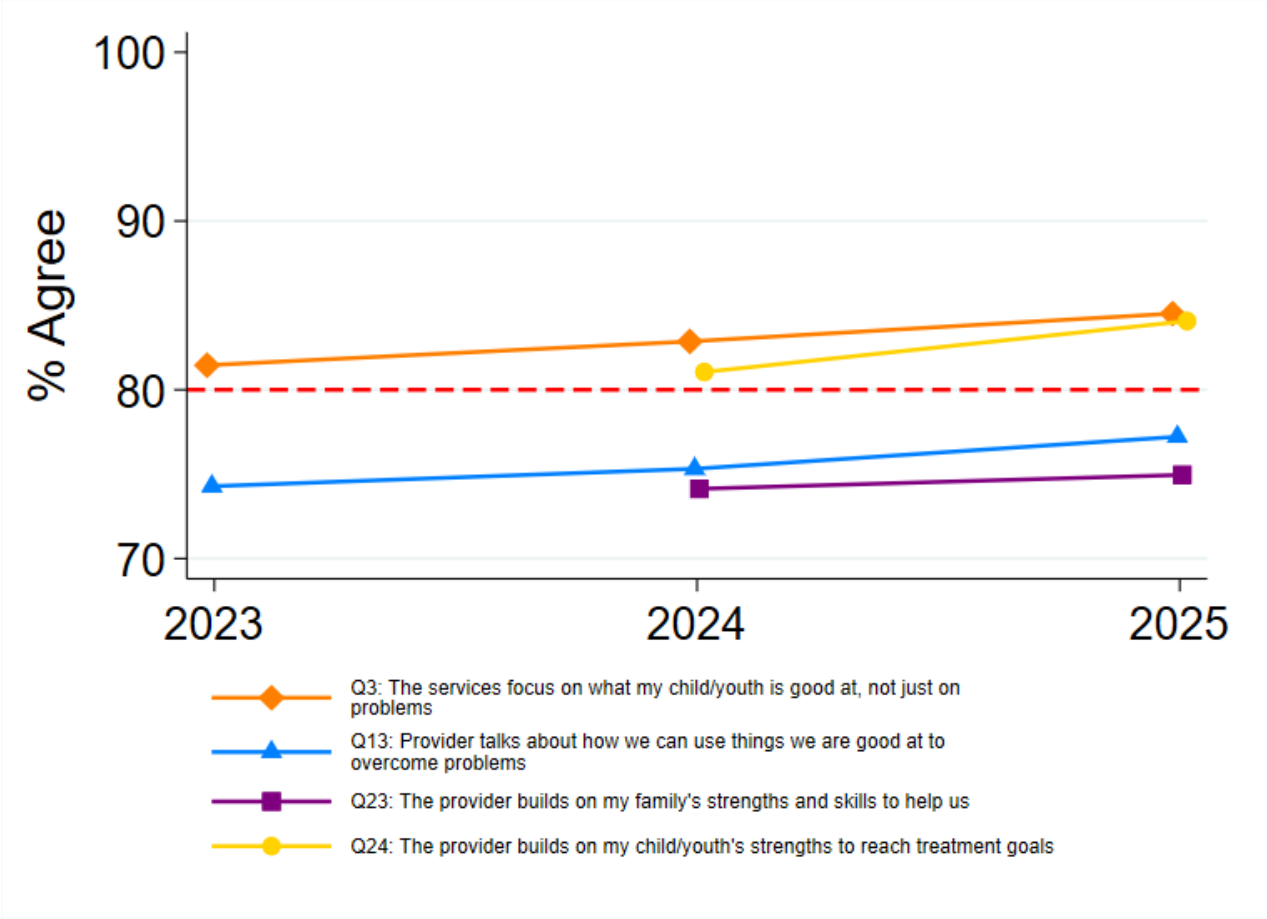


Q23: The provider builds on my family's strengths and skills to help us overcome challenges.





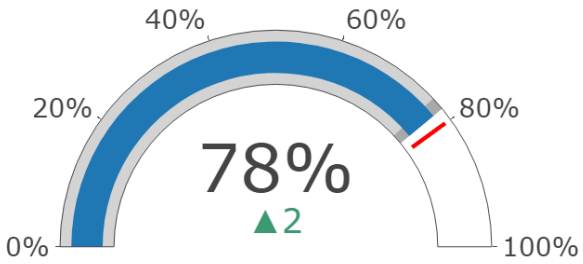
Summary of Strengths-Based Care Items by Year

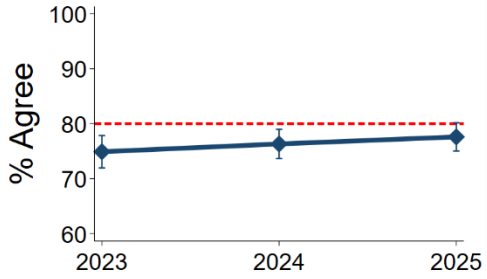


INDIVIDUALIZED CARE

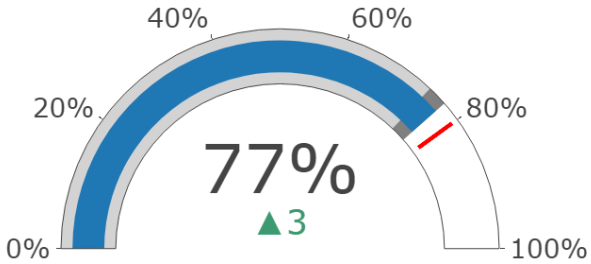
Services, strategies, and supports are individualized to the unique strengths and needs of each youth and family. They are altered when necessary to meet changing needs and goals or in response to poor outcomes. Four items assessed this principle (Q12, Q15, Q16, Q25).

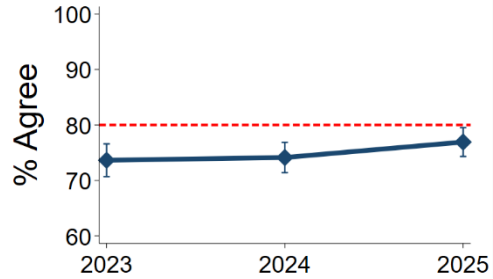
Q16: THE PROVIDER MAKES SPECIFIC SUGGESTIONS ABOUT WHICH SERVICES MIGHT BENEFIT MY CHILD.



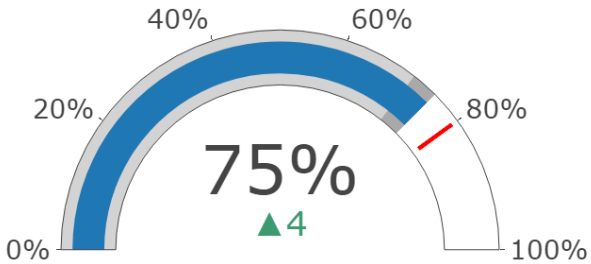


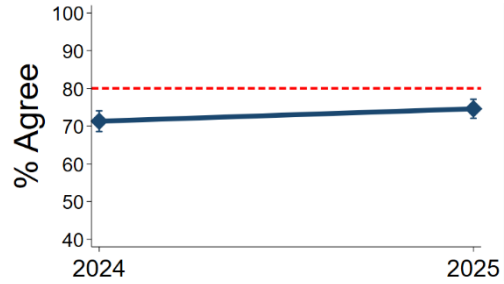
Q15: THE PROVIDER SUGGESTS CHANGES IN MY CHILD/YOUTH'S TREATMENT PLAN OR SERVICES WHEN THINGS AREN'T GOING WELL.



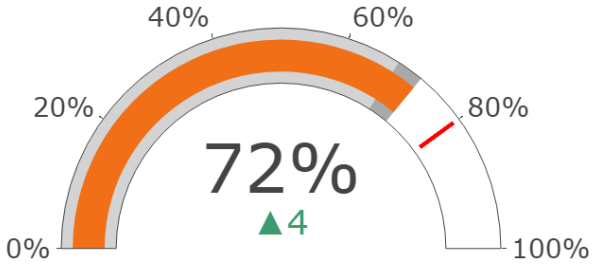


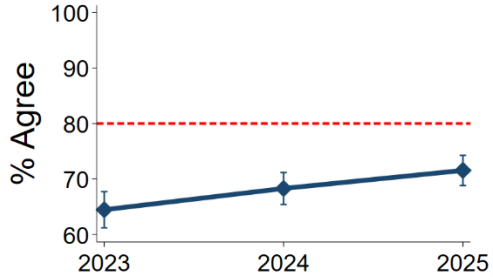
Q25: THE PROVIDER OFTEN SUGGESTS WAYS FOR OUR FAMILY TO WORK ON GOALS OUTSIDE OF TREATMENT SESSIONS.



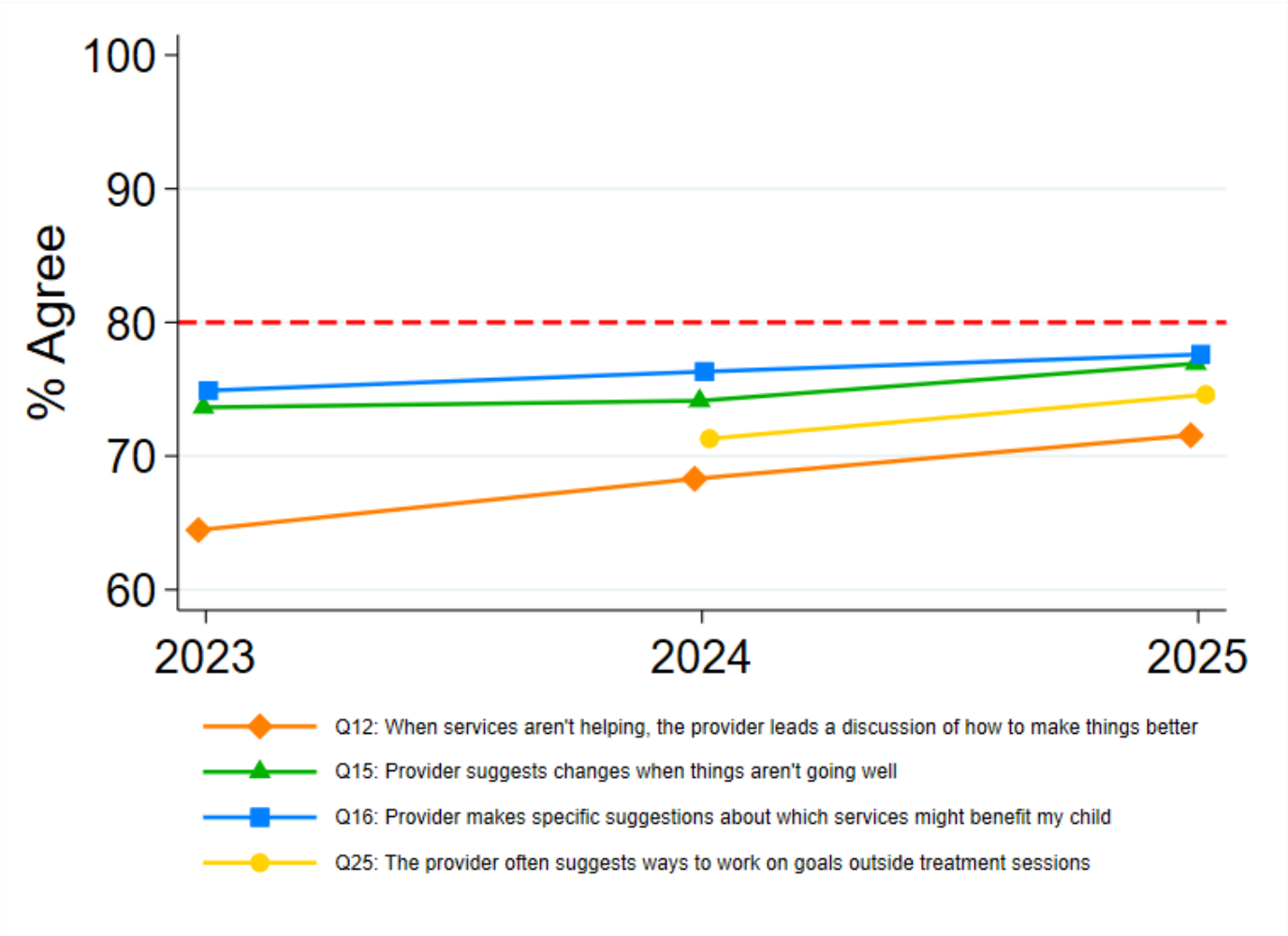


Q12: When services are not helping, the provider leads a discussion of how to make things better.





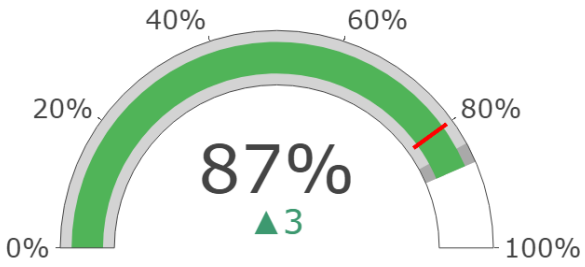
Summary of Individualized Care Items by Year

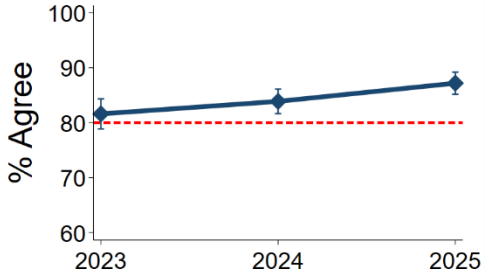


COMMUNITY-BASED SERVICE ARRAY

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.

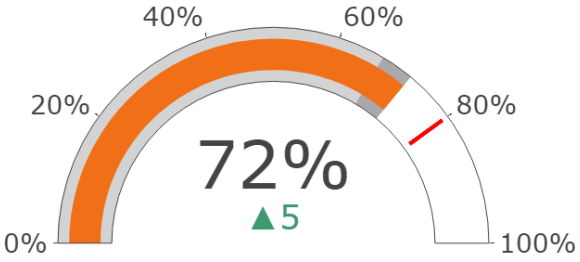
Q5: MEETINGS OCCUR AT TIMES AND LOCATIONS THAT ARE CONVENIENT FOR ME.

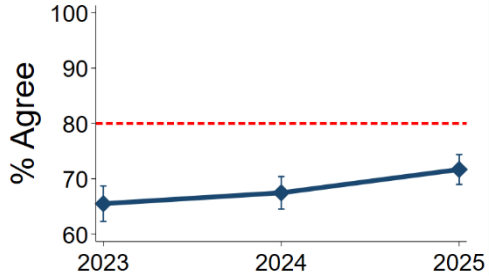




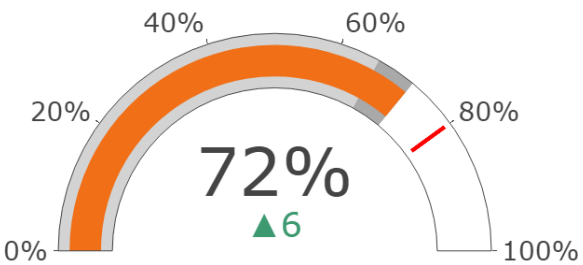
4 out of 5 community-based service array quality indicators increased significantly from 2024 to 2025 (Q5, Q10, Q34, Q26).

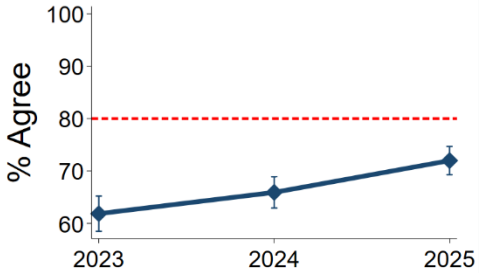
Q10: MY FAMILY CAN EASILY ACCESS THE SERVICES MY CHILD/YOUTH NEEDS MOST.



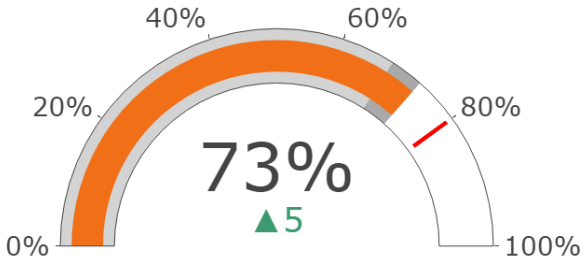


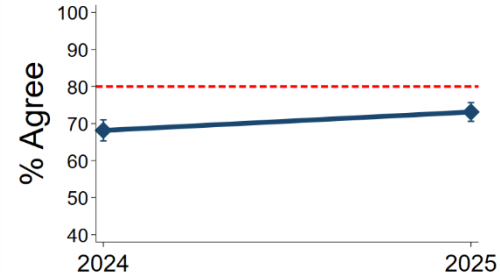
Q34: WE ARE ABLE TO ACCESS ALL THE MENTAL HEALTH SERVICES RECOMMENDED BY THE PROVIDER.



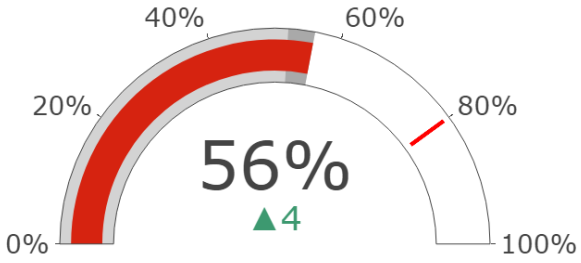


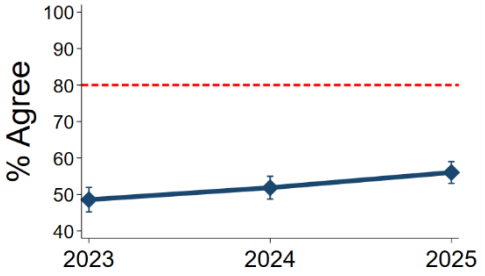
Q26: We are able to get the services my child/youth needs within our local community.



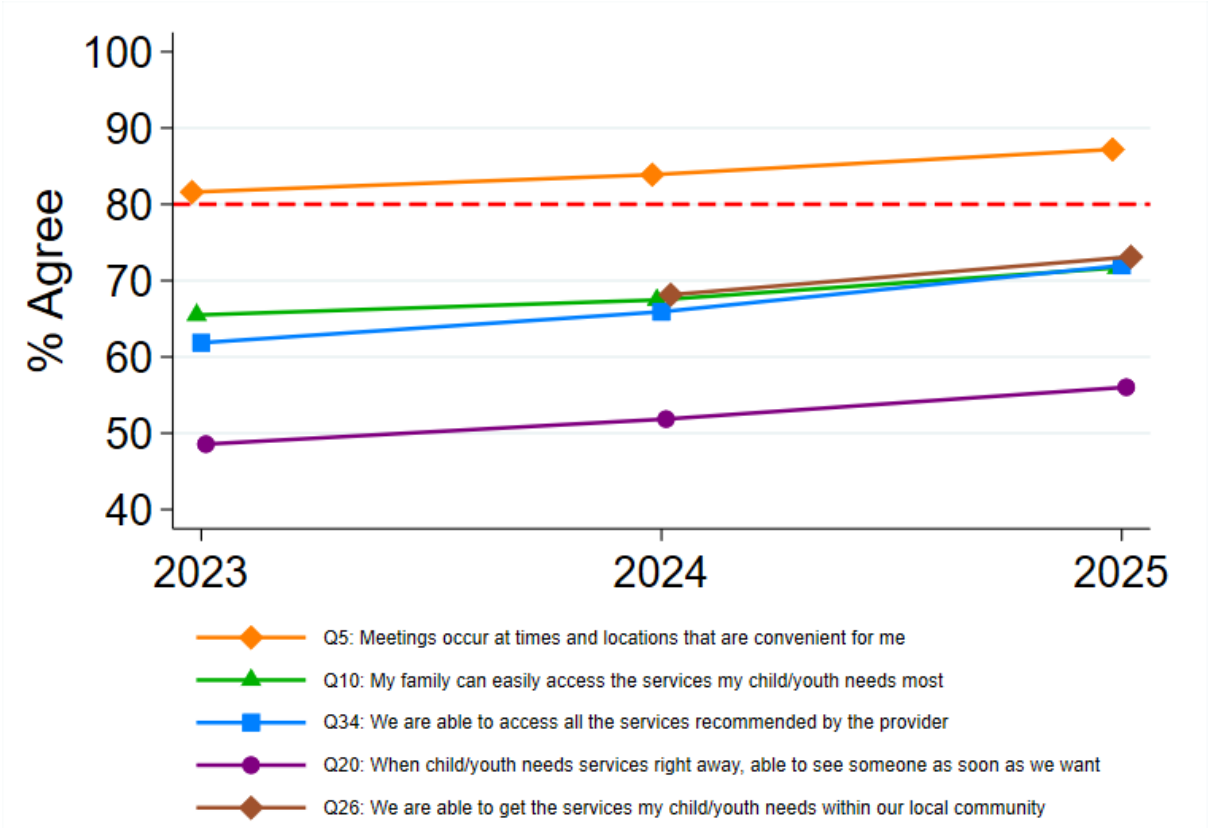


20: When my child/youth needs services right away, he or she is able to see someone as soon as we want.





Summary of Community-Based Service Array Items by Year



Qualitative Data on the Community-Based Service Array

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 **213** caregivers answered this question. The most prominent services caregivers identified that they were unable to access included: Community-Based Rehabilitation Services (CBRS), Respite, Occupational Therapy, and Mental Health Counseling. Caregivers could indicate multiple services they were not able to access, so in the list below, caregivers may have been counted multiple times:

Types of services unable to access:

- 12% indicated challenges accessing CBRS (n=25)
- 7.5% indicated challenges accessing Respite Care (n=16)
- 7% indicated challenges accessing Occupational Therapy (n=15)
- 5.6% indicated challenges accessing Mental Health Counseling (n=12)
- 5% indicated challenges accessing Inpatient/ Residential Treatment (n=10)
- 4% indicated challenges accessing Testing/ Assessment (n=9)
- 4% indicated challenges accessing Behavior Intervention (n=9)
- 3% indicated challenges accessing Applied Behavior Analysis (n=7)
- 3% indicated challenges accessing additional school support (n=6)
- 3% indicated challenges accessing Autism services (n=6)
- 2% indicated challenges accessing Skill Building (n=5)
- 2% indicated challenges accessing Peer Support (n=5)
- 2% indicated challenges accessing Case Management (n=4)
- 2% indicated challenges accessing Targeted Care Services (n=4)
- 1% indicated challenges accessing Wrap-Around (n=3)
- 1% indicated challenges accessing Speech Therapy (n=3)
- 1% indicated challenges accessing Psychiatry/ Medication management (n=3)

Quotes related to the types of services that caregivers were unable to access included:

- *"We've been trying to do CBRS but there is nothing locally available"*
- *"Occupational therapy - had to go to Moscow and they only had openings for us during summer months"*
- *"We are trying to get OT but our provider doesn't currently offer it for Tricare clients even though we also have Medicaid"*
- *"Counseling appointments frequently cancelled and unable to reschedule at a time that works for our family"*
- *"Respite - none available in our area"*
- *"We've been seeing respite services at agencies such as Pathways of Idaho and others, but the waitlist was long. And the turnover was difficult for my child to manage".*

Many caregivers made note of various barriers that made it difficult to access needed services. Most prominent barriers included long waitlists, lack of services available within their communities, and a lack of available providers. Of the 213 caregivers who responded to this question, 41% (n=87) identified specific barriers to service:

- 15% (n=32) identified waitlist issues as a barrier to accessing services
- 8% (n=17) indicated that the lack of services available within their local community was a barrier.
- 7.5% (n=16) indicated that a lack of providers was a barrier to accessing services.
- 4% (n=8) reported scheduling issues
- 3% (n=7) identified insurance or financial challenges as a barrier
- 3% (n=6) indicated that communication issues were a barrier to services

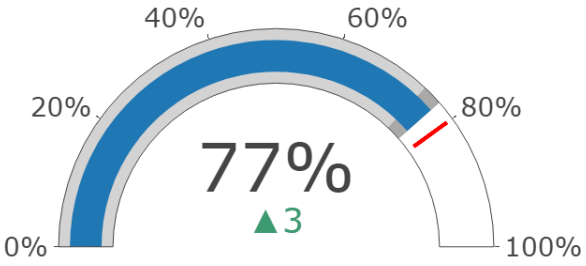
Quotes related to barriers to service included:

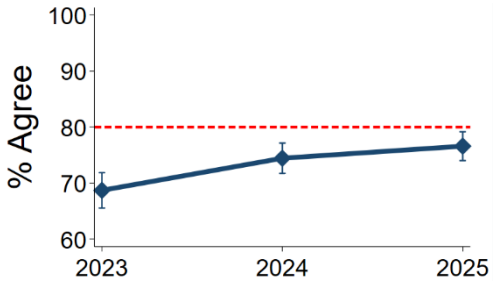
- *"Waiting lists are concerning. Having to wait weeks to months for a child with mental health crisis is concerning".*
- *"We find there are waiting lists for nearly all children's mental health services".*
- *"We have been waiting 3 years for an assessment".*
- *"We drive a hour half to get services because our community do not offer them. We even had to pull our son out of school to do online because of lack of things".*
- *"There was only 1 therapist available after 3 years of waiting"*
- *"We had challenges finding qualified providers and coordinating times that would work when we finally did find qualified personnel"*
- *"We have to drive to CDA from Silver Valley"*

COLLABORATION & TEAM-BASED CARE

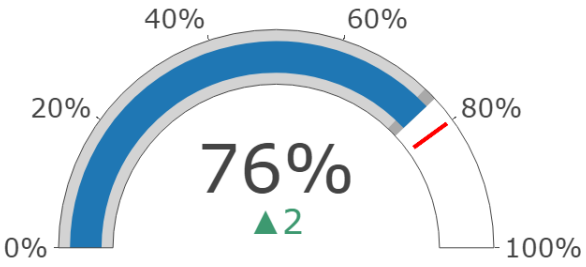
System partners work together to meet the mental health needs of youths involved in multiple systems. A team-based approach, in partnership with the family and youth, strives to bring together natural supports, professionals, and others to develop a family-driven, strengths-based, and solution-focused individualized treatment plan. Four items assessed this principle (Q8, Q19, Q21, Q27).

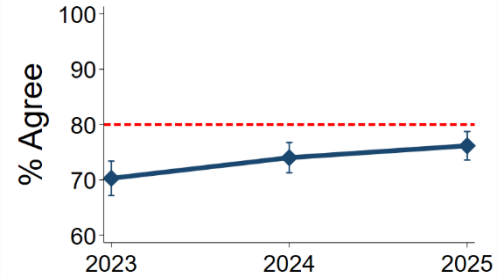
Q8: The provider makes sure everyone on my child's treatment team is working together in a coordinated way.

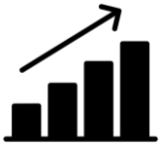




Q19: The provider communicates as much as needed with others involved in my child/youth's care.

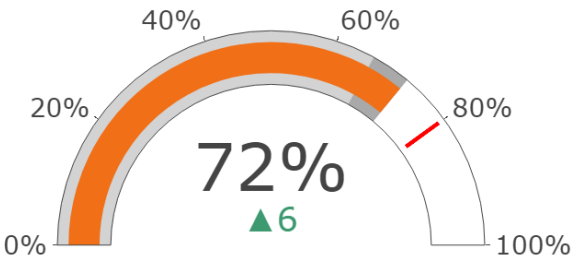


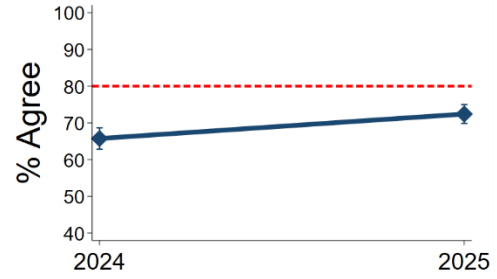




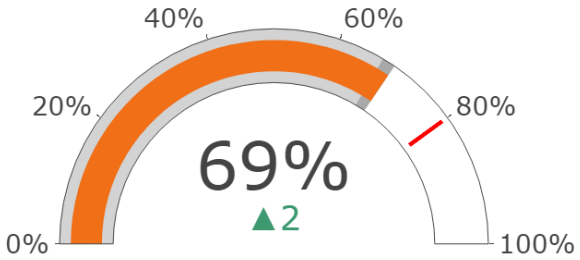
Assistance with coordinating services (Q27) improved significantly from 2024 to 2025.

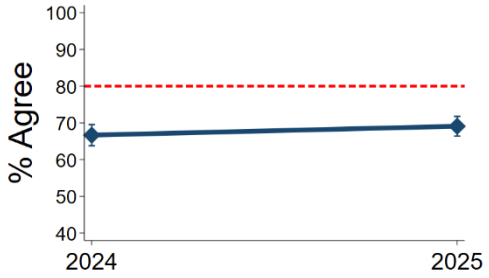
Q27: The provider makes sure I have as much help as I need with coordinating services.



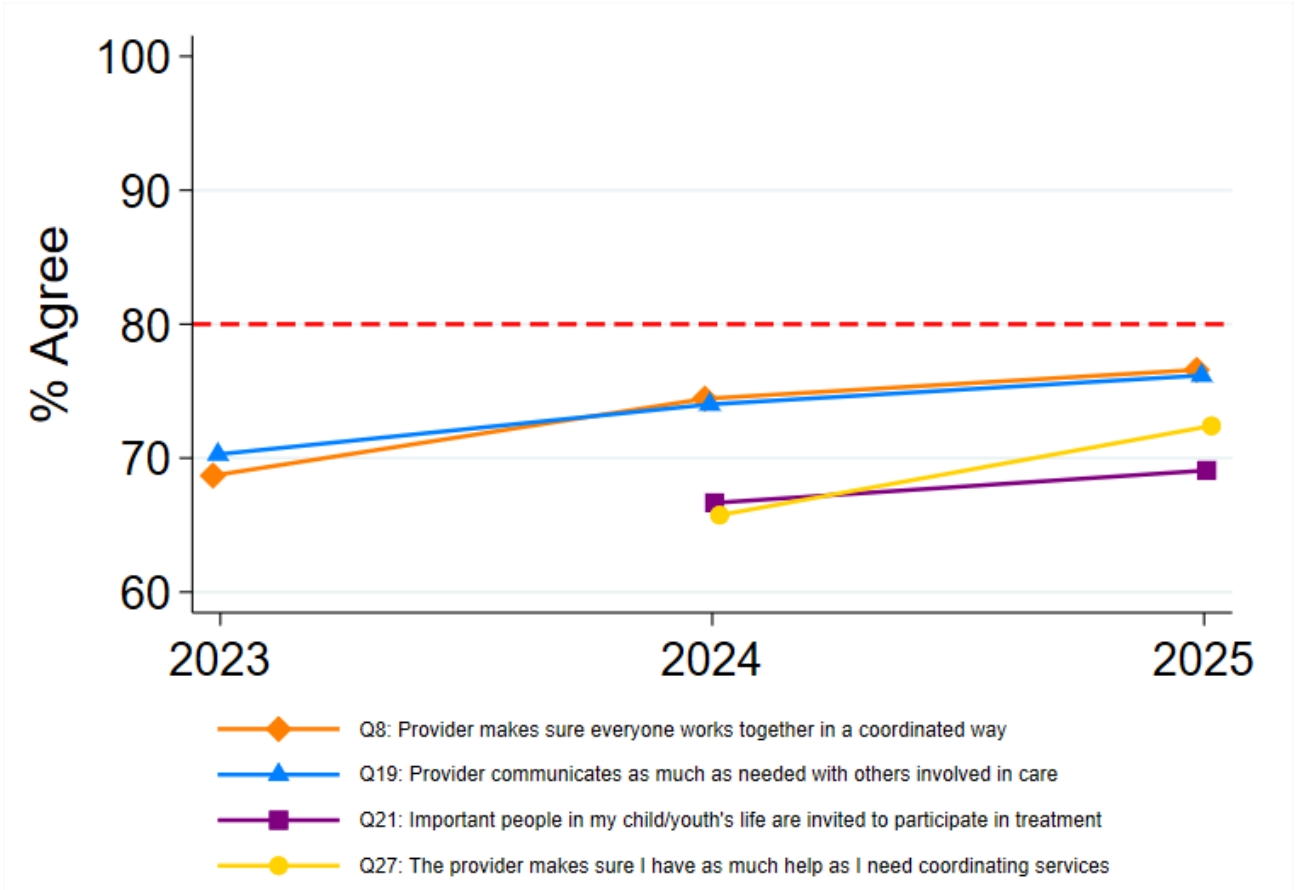


Q21: People who are important in my child/youth's life are invited to participate in treatment as much as I want.





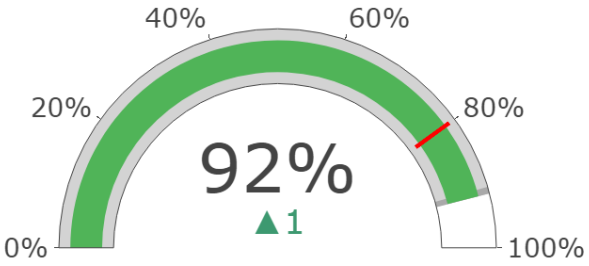
Summary of Collaboration and Team-Based Care Items by Year

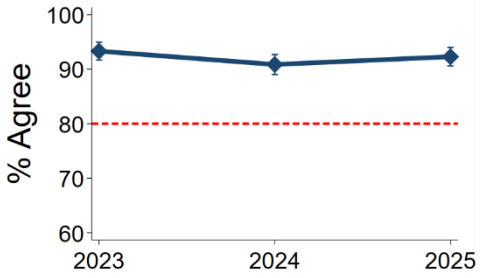


CULTURALLY COMPETENT CARE

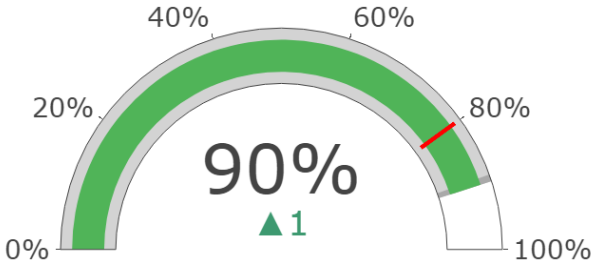
Services are provided in a manner that is understandable and relatable to the family and youth. Services are provided in a manner that is considerate of family and youth's unique cultural needs and preferences. Services also respect the individuality of each youth. Three items assessed this principle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

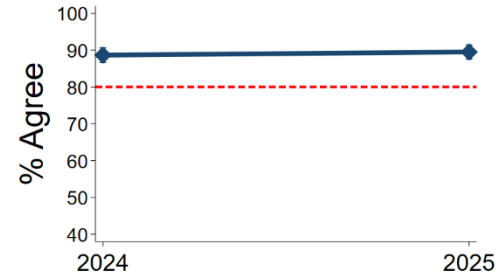
Q18: SERVICES ARE RESPECTFUL OF OUR FAMILY'S LANGUAGE, RELIGION, RACE/ETHNICITY, AND CULTURE.



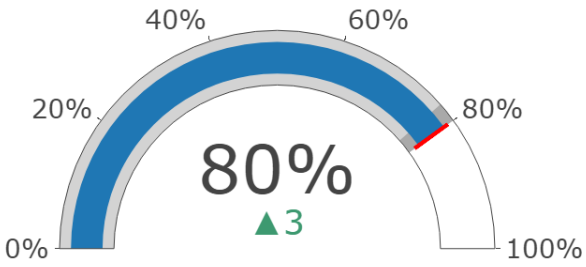


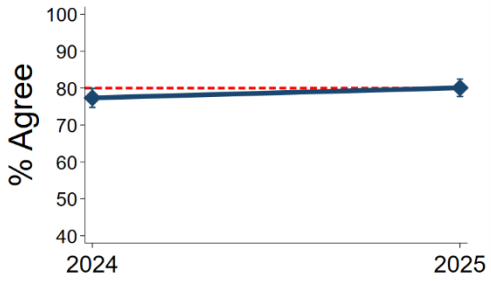
Q28: THE PROVIDER USES LANGUAGE THAT MAKES MY FAMILY FEEL UNDERSTOOD.



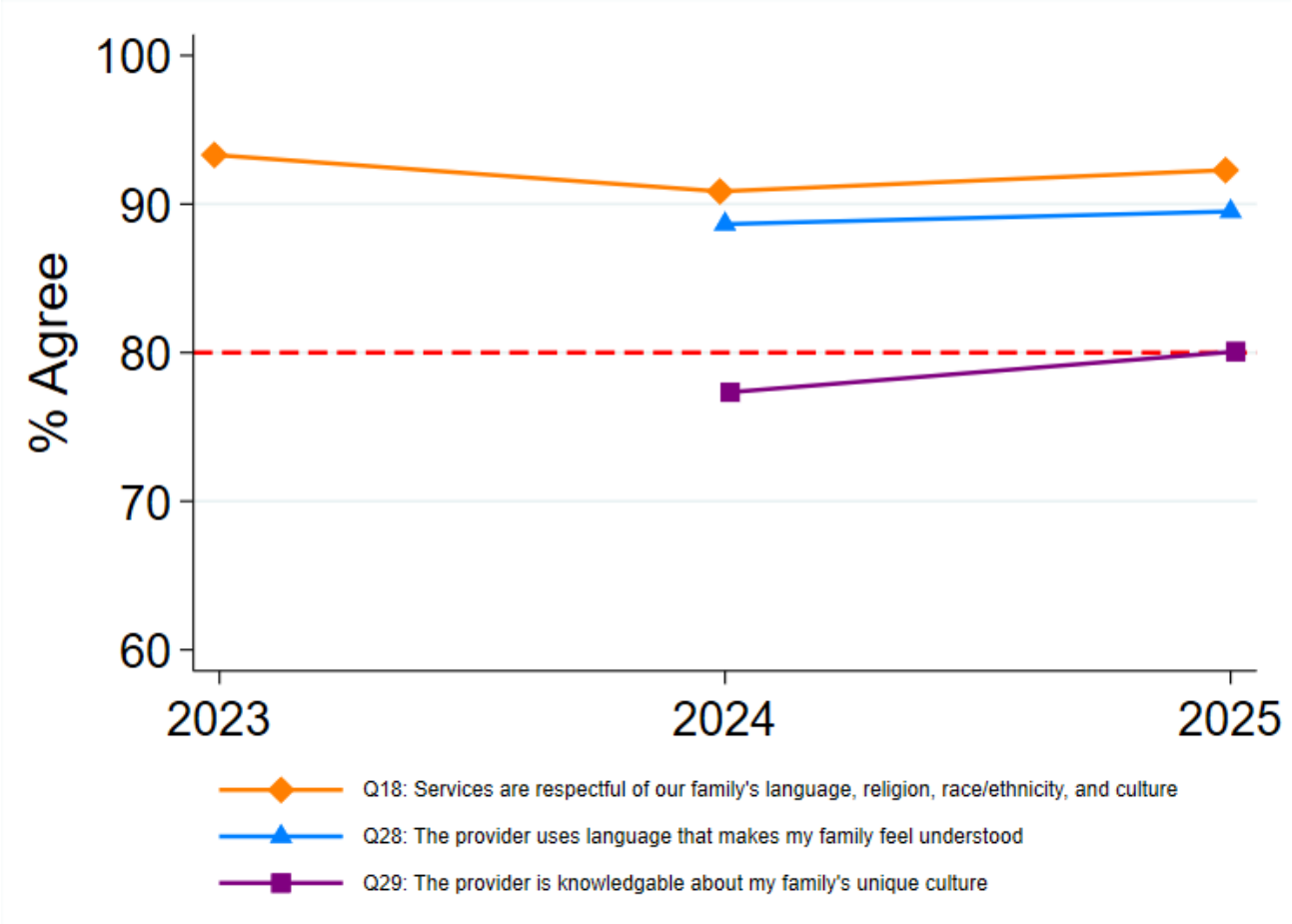


Q29: THE PROVIDER IS KNOWLEDGEABLE ABOUT MY FAMILY'S UNIQUE CULTURE.





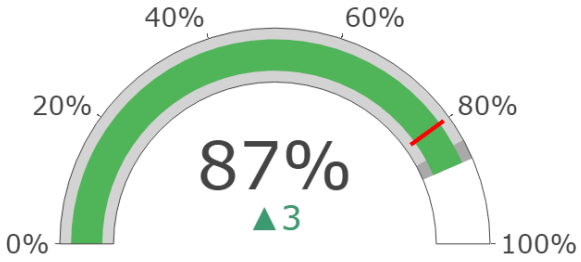
Summary of Culturally Competent Items by Year

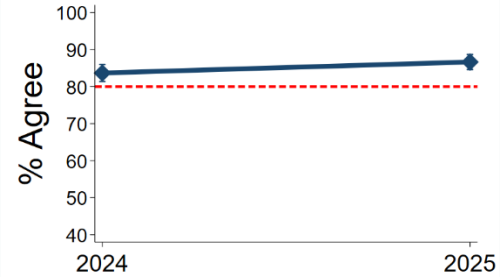


OUTCOME-BASED CARE

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).

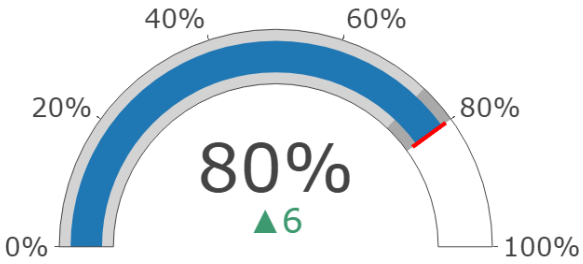
Q31: My child/youth's treatment goals are achievable.

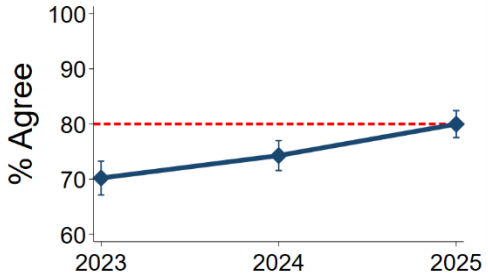




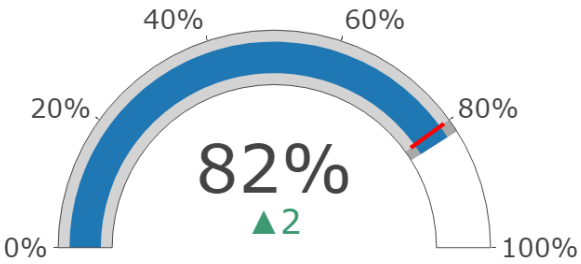
Measuring youths' progress increased significantly from 2024 to 2025.

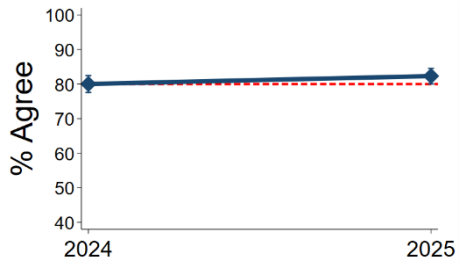
Q11: The provider often works with our family to measure my child/youth's progress toward his/her goals.



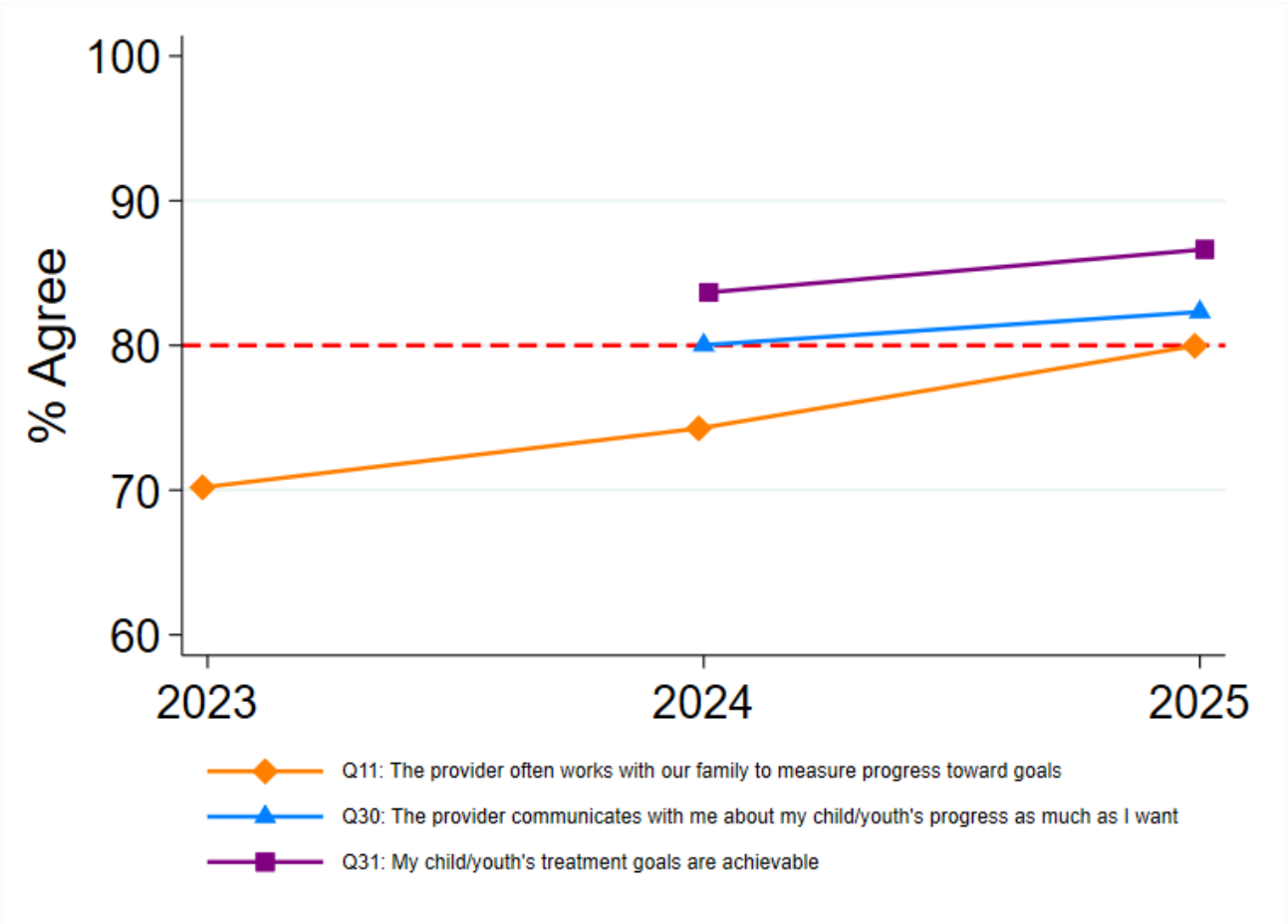


Q30: The provider communicates with me about my child/youth's progress as often as I want.

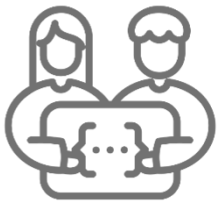




Summary of Outcome-Based Items by Year



CHILD & FAMILY TEAMING

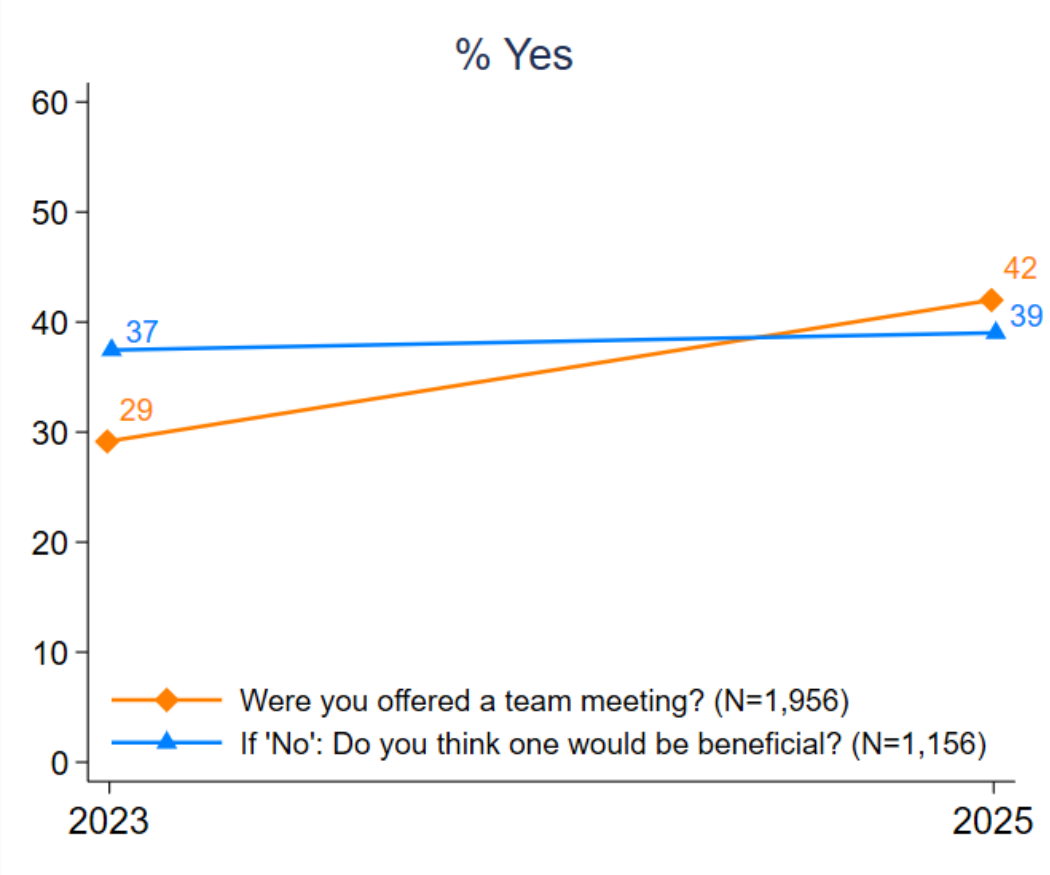


Within the Idaho YES system, mental health services are supposed to be delivered to youth within child and family treatment teams. Ideally, teams will include all the individuals involved in the child/youth's care as well as anyone else the family would like to include. We first asked families about their experience with child and family teaming in 2023. Since these questions are included in the YES survey every other year, they were asked for the second time in 2025, allowing us to look at trends for the first time.

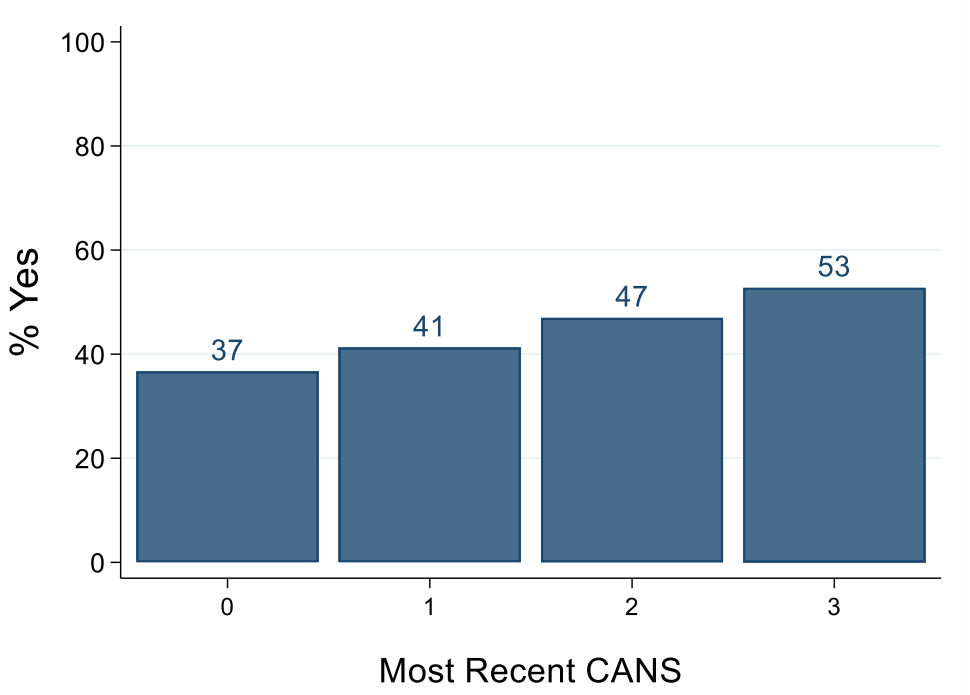
Families are asked two questions about their experience with child and family teams. After sharing a definition of what a child and family team is, the survey asks whether the provider talked with the family about having a team meeting (yes or no). For those who indicated they were not given that opportunity, the survey asks if the caregiver believes such a meeting would be beneficial for their child and family (yes or no).

The graph below shows the change in families' responses to these questions from 2023 to 2025. In 2023, only 29% of families reported they were offered

Response to Child & Family Team Questions by Year



Response to Child & Family Team Question #1 by Youth's Most Recent CANS Score (2025)



Note: N=1,014. Percent of families who reported they were offered or attended a child and family team meeting in 2025. Percentages are adjusted for youth sex, race/ethnicity, age, number of months in services, and provider rated.

a child and family team meeting; this increased to 42% of families who indicated they had been offered such a meeting in 2025. This is a very large and statistically significant improvement, which means it is likely a reliable change in how families experienced this process from 2023 to 2025.

Among families who had not been offered a child and family team meeting, 37% believed having such a meeting would be helpful in 2023. In 2025, that percentage remained relatively constant at 39% of families who believed such a meeting would be helpful.

These results suggest there are a considerable number of Idaho families who are *not* offered a child and family team meeting (58% of families who participated in mental health services), and of those who were not offered a meeting, a large percentage believe one would be helpful (39%).

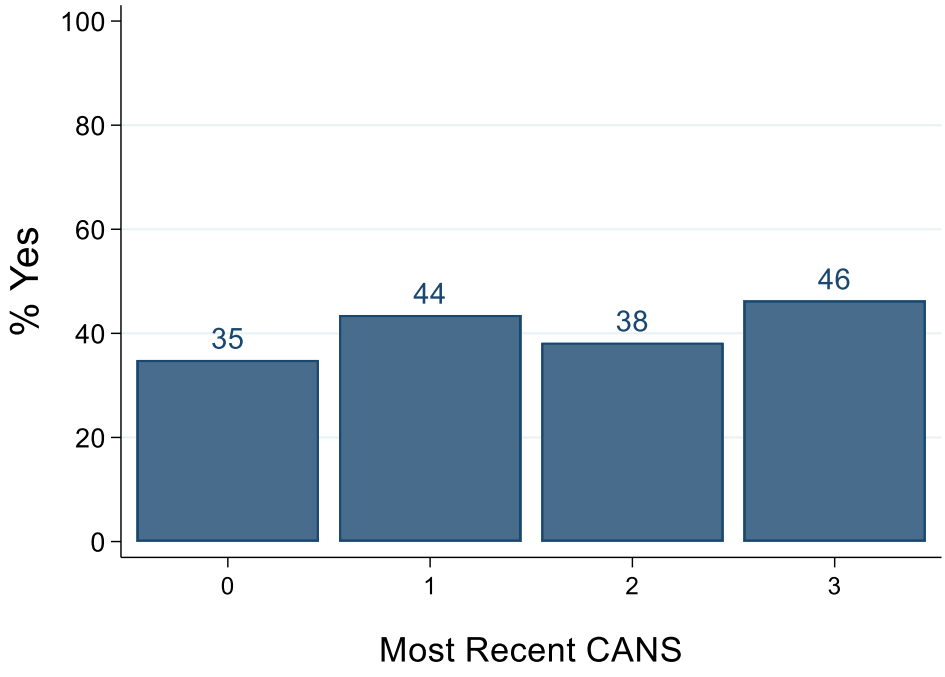
To better understand families' experience of child and family teaming, we tested whether any youth characteristics were related to the likelihood of having been invited to attend a child and family team meeting. These analyses included data only from 2025.

Results (shown in the graph on this page) indicated that, after adjusting for all other youth characteristics (e.g., sex, race, age), youths with higher CANS scores were more likely to have been invited to attend a child and family

team meeting than youths with lower CANS scores. Nonetheless, only 53% of youth with a most recent CANS of 3 had been invited to attend a child and family team meeting and only 47% of youth with a most recent CANS score of 2 had been invited to attend such a meeting. Given the clinical severity of these youths' needs, these two groups are most likely to have multiple providers involved in their care and therefore to benefit from a child and family team meeting. These results suggest greater attention is needed to increase the availability of child and family team meetings, particularly for youths with higher needs.

As a follow-up analysis, we examined 2025 data from families who indicated they had not been offered a child and family team meeting to see if the desire for such a meeting varied by the youth's most recent CANS score. Results of this analysis are presented in the Figure on this page. There was not a statistically significant relationship between the youth's most recent CANS score and the likelihood that their caregiver believed a child and family team meeting would be helpful, although descriptively, caregivers of youths with the highest CANS score were the most likely to agree that such a meeting would be helpful (46% agreement among youths with CANS=3).

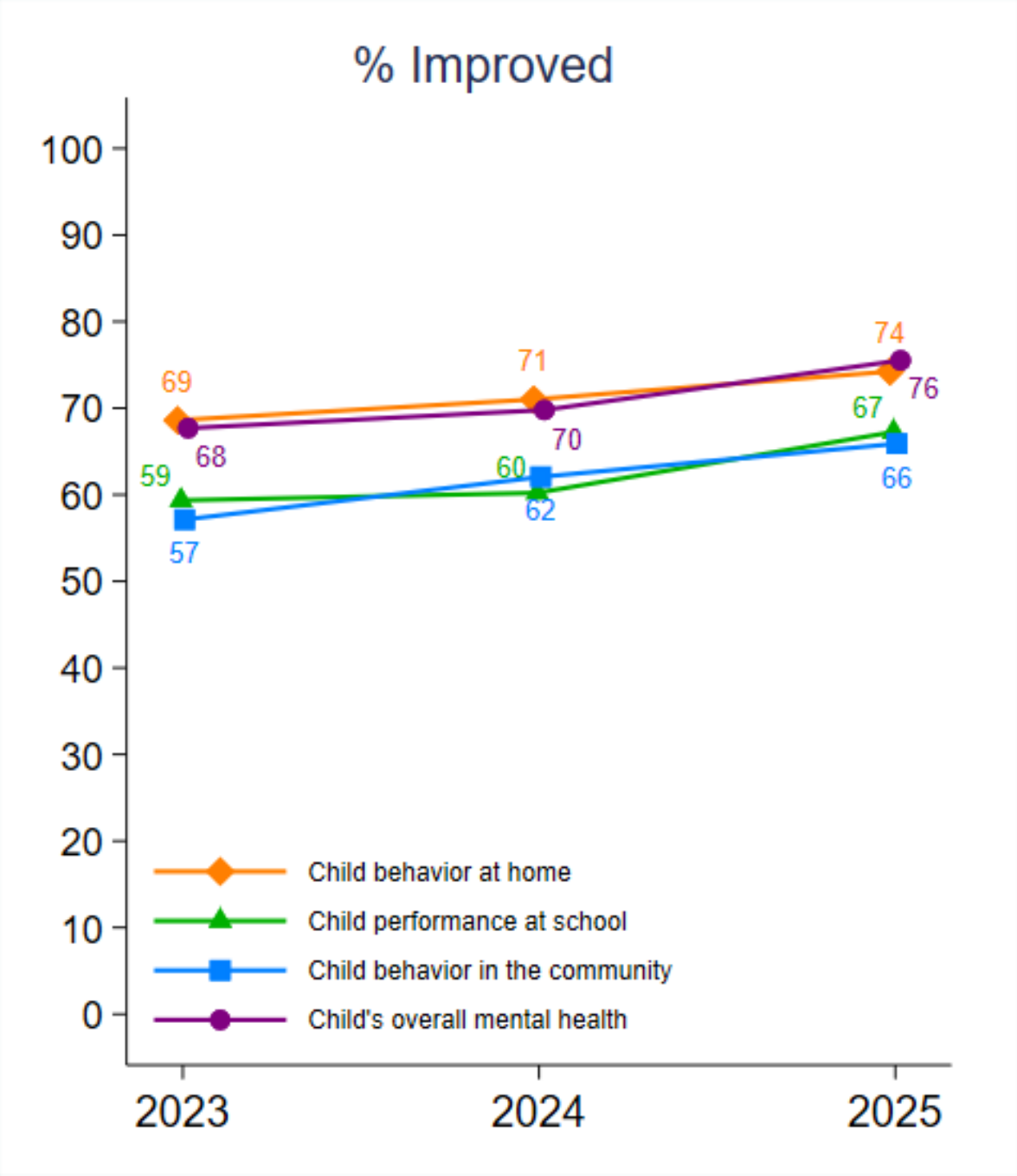
Response to Child & Family Team Question #2 by Youth's Most Recent CANS Score (2025)



Note: N=524. Among families who were not offered a child and family team meeting, the percentage who reported one would be beneficial in 2025. Percentages are adjusted for youth sex, race/ethnicity, age, number of months in services, and provider rated.

YOUTH OUTCOMES

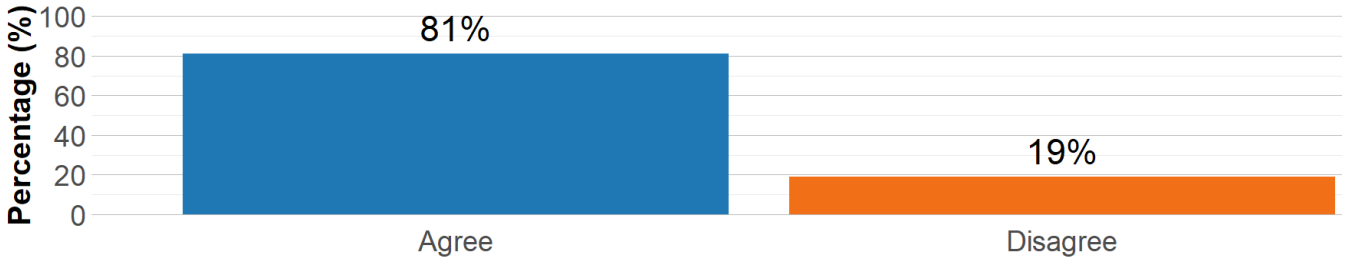
Idaho YES services are intended to impove youth mental health and day-to-day functioning at home, at school, and in the community. Four questions asked caregivers about how these outcomes have changed during the last 6 months. The chart below shows the percentage of caregivers who indicated their youth had improved in each area from 2023 to 2025. There is an upward trend in the percentage of caregivers indicating their youth improved during the last three years.



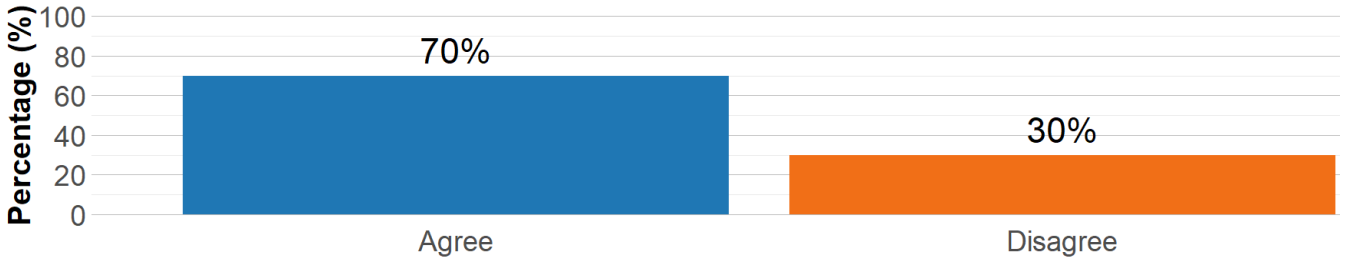
SERVICE EFFECTIVENESS

New this year, we asked Idaho caregivers three questions about how much their youth had benefitted from the mental health services they received during the last six months. These questions focus on service effectiveness by asking about how much services have contributed to improvements in youths' strengths, their ability to effectively manage their emotions, and their overall mental health. The charts below indicate what percentage of families agreed with each item. In future years, we will be able to analyze trends to see if services are perceived as more or less effective and helpful over time.

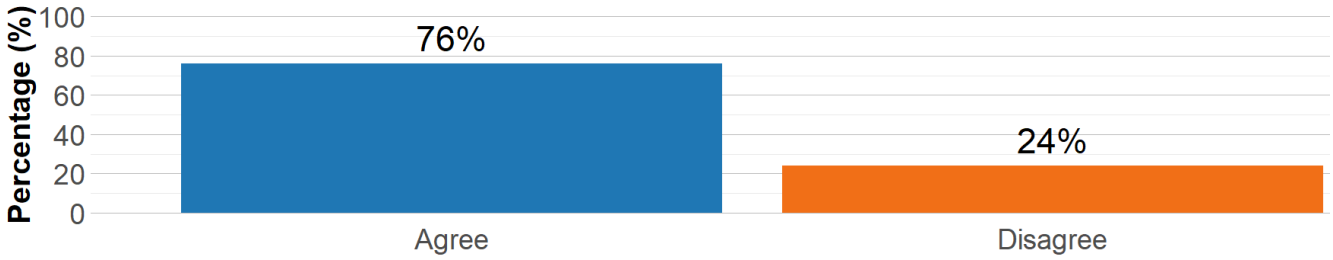
Q42: SERVICES HAVE HELPED MY CHILD/YOUTH BUILD STRENGTHS.



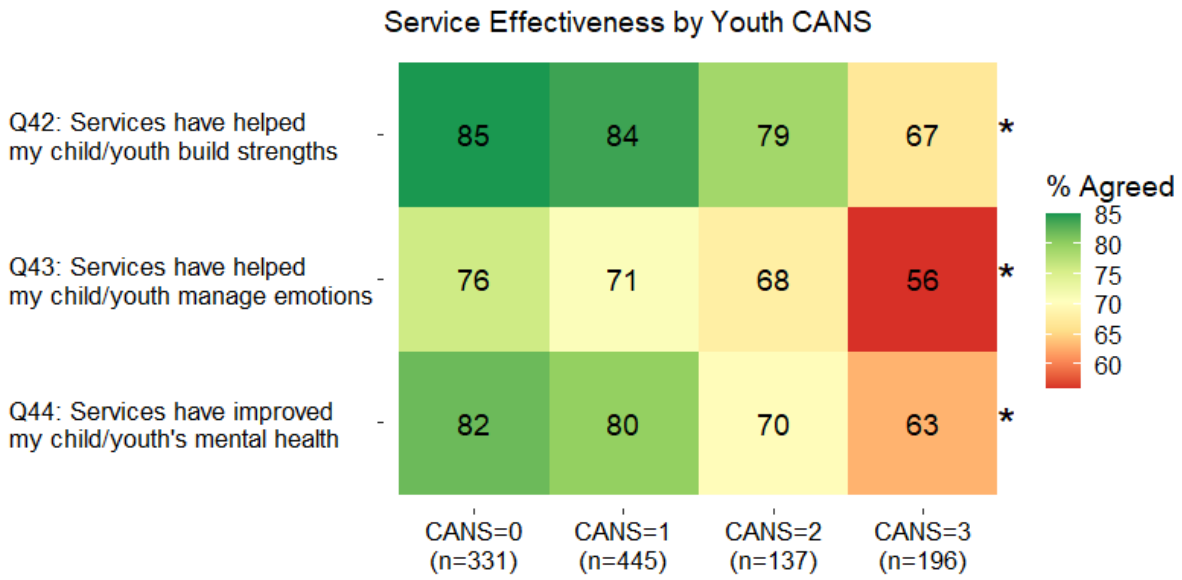
Q43: SERVICES HAVE HELPED MY CHILD/YOUTH EFFECTIVELY MANAGE HIS/HER EMOTIONS.



Q44: SERVICES HAVE HELPED MY CHILD/YOUTH'S OVERALL MENTAL HEALTH.



In order to better understand how caregiver perceptions of service effectiveness varied across youth characteristics, we examined whether the percentage of caregiviers who agreed with each service effectiveness item varied depending on the youth's most recent CANS score. The analysis controlled for all measured youth characteristics. As is shown in the heat map below, on all three service effectiveness items, caregivers of youths with a most recent CANS of 3 (indicating the highest level of impairment) were significantly less likely to agree their youth had benefitted from services compared to youths with lower CANS scores.

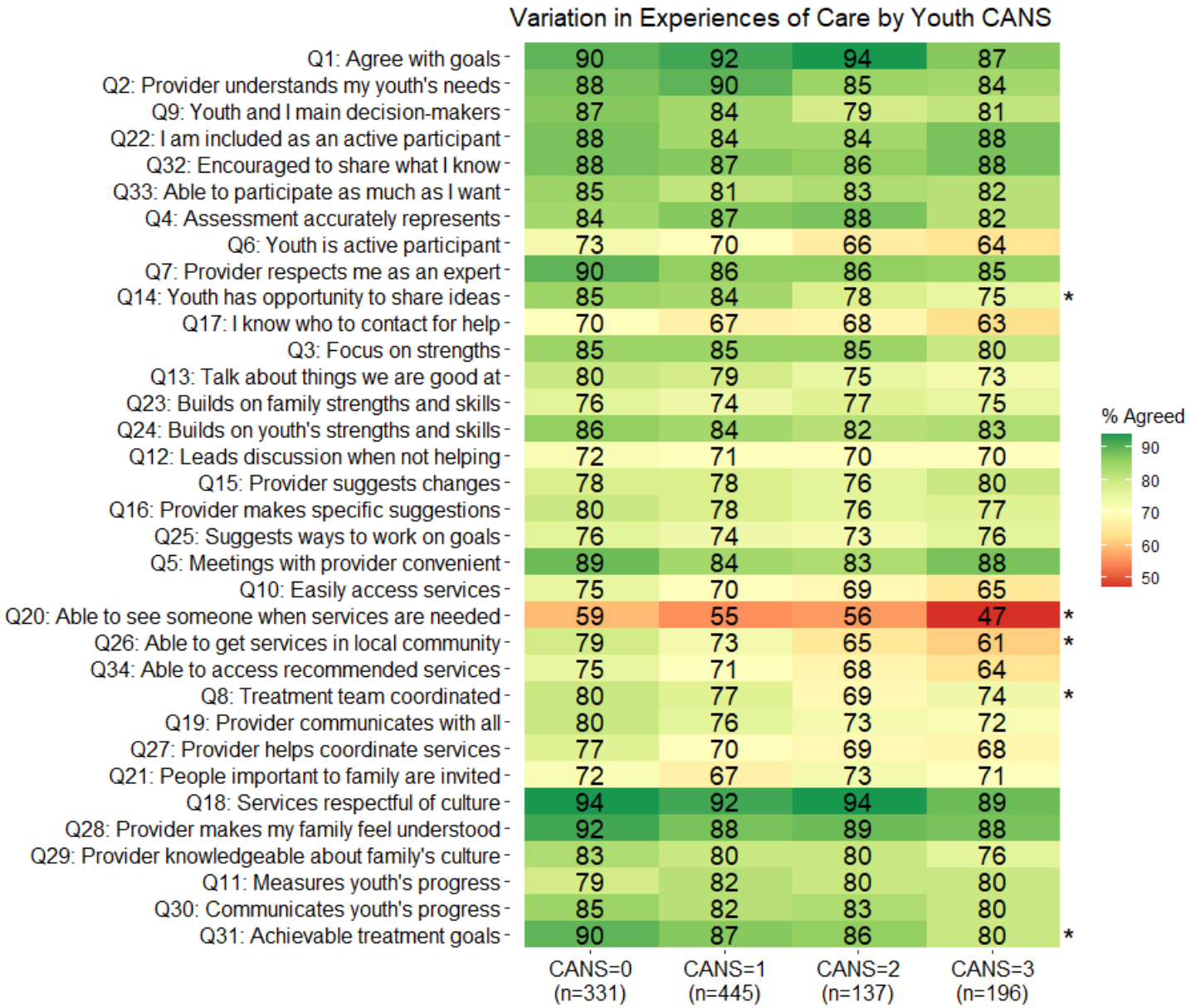


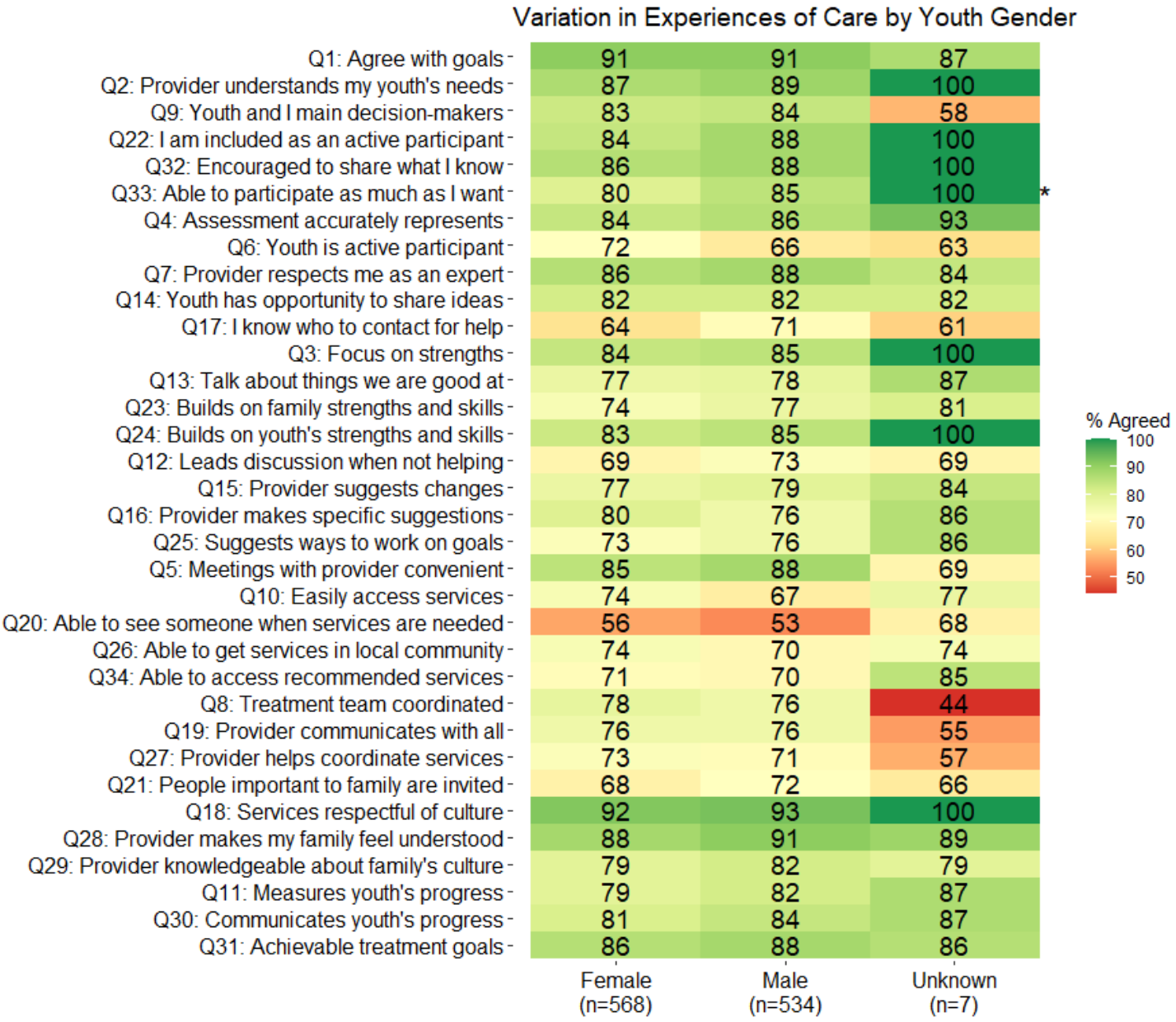
Note: In rows marked with an asterisk, there was a statistically significant difference in the percentage of caregivers who agreed with the item, contrasting caregivers of youths with a CANS=3 versus caregivers of youths with a CANS<3 (all p-values were < .001). Percentages are adjusted for youth sex, race/ethnicity, age, number of months in services, and provider rated.

VARIATION IN CARE

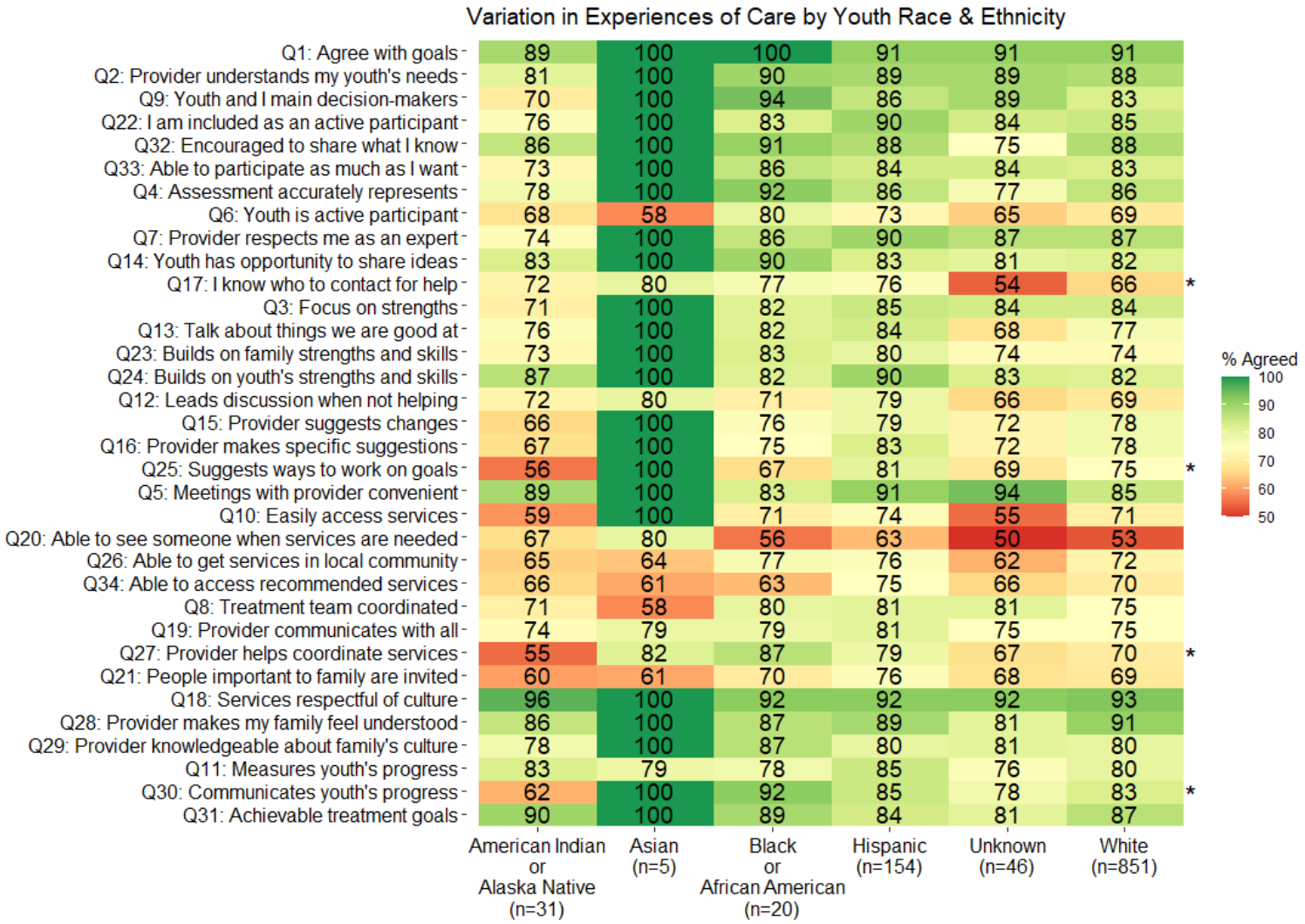
When the Idaho YES system is effectively meeting the needs of all youth, the extent to which services embody YES principles should not differ on the basis of youth characteristics. The charts below show the percentage of caregivers who agreed with each YES Quality Indicator broken out by youth characteristic.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

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





There were statistically significant differences by youth gender on one YES Quality Indicator. Caregivers of male youths were more likely than caregivers of female youths to agree that they were able to participate in their youth's services as much as they wanted to. Information on youth gender was provided by the sampling database from the Department.



Analyses of caregiver responses to the YES Quality Indicators broken out by youth race/ethnicity revealed statistically significant differences in levels of caregiver agreement on four items. Information on youth race/ethnicity was provided by the sampling database from the Department. These analyses can be difficult to interpret because some of the groups are very small, which can lead to unstable results, and because one group includes youths whose race/ethnicity was "Unknown/ Not Reported." Nonetheless, based on the four items that exhibited statistically significant differences across race/ethnicity groups, the most consistent pattern of findings was that caregivers of youths who identified as American Indian or Alaskan Native were significantly less likely than average to agree with the YES Quality Indicators compared to other caregivers (3 of 4 items). These findings suggest additional attention may be beneficial to meet the needs of this population.

APPENDIX 1: METHODS

TARGET POPULATION AND SAMPLE

The target population for the 2025 YES family survey was Idaho youth, ages 4 to 17 years, who lived at home, and who participated in YES services from July 1, 2024 to December 31, 2024. Target respondents were parents or caregivers of these youth.

The sampling frame was generated by DBH and included all youth ages 4 to 17 who: (a) had participated in YES mental health services (either active or closed cases) from July 1, 2024 to December 31, 2024, (b) had completed a CANS assessment as reflected in the P-CIS database, and (c) had a complete mailing address. The sampling frame included a total of 6,298 youths.

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. The number of youths selected in each region was proportionate to that region's share of the total sampling frame. New this year, IDHW requested that youths who lived in foster care be purposefully oversampled in order to generate accurate data on this specific subpopulation. After analyzing the total number of youths in foster care who were present in the sampling frame, it was determined that all foster youth would be sampled, with the exception of cases where multiple foster youth were present in a single household. In order to reduce burden on foster families, a single foster youth was randomly selected from each household and caregivers were sent a survey only for that youth. For youth who were not in foster care, families received surveys for all youth who received services and therefore could have received multiple surveys. In order to obtain a sample large enough to produce a +/- 3% margin of error, the target sample size was 5,390 youth.

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 IDHW and returned to IDHW in order to protect participants' privacy.

The final sample included *N* = 5,390 youths, from all seven IDHW Regions. The sample of 5,390 youths represented 86% of the sampling frame.

SURVEY ITEMS

Items on the 2025 YES family survey assessed caregivers' perceptions of the following domains:

(1) the extent to which care provided to the youth and family was adherent to the Idaho YES Principles of Care and Practice Model (YES Quality Indicators),
(2) youth and families' experience of child and family teaming, and
(3) family's perceptions of youth outcomes, including changes in youth day-to-day functioning at home, school, and in the community,
(4) family's perceptions of service effectiveness, that is, the extent to which the youth benefitted from services,
(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 "child and family team." All survey items were developed with extensive input from families of youth who received mental health services in Idaho, as well as Idaho program managers and leaders, mental health clinicians, and researchers. The item development process included (1) cognitive interviews, completed in 2024, to ensure family respondents understood the items and interpreted them in the intended way, as well as (2) in-depth qualitative interviews with caregivers of Idaho youth who participated in mental health services, to ensure the YES Quality Indicators captured the full range of service experiences that are relevant and important to families. The YES family survey items have been evaluated in peer-reviewed published studies which have shown that the questions are valid and reliable indicators of families' experiences of care and that variation in families' responses to questions about their care predicts variation in the extent to which youth benefit from care (Williams et al., 2022; Williams et al., 2023).

Some of the content on the Idaho YES family survey rotates on and off the survey every other year. This year, questions about the adequacy of safety/ crisis planning were not included since they were asked last year. Instead, questions about child and family teaming were asked.

New this year were three items asking about service effectiveness, or the extent to which the youth benefitted from services. These questions were added to the survey in an effort to better understand not just how much youths' functioning had changed in the last six months, but also the extent to which parent and caregivers believed services were responsible for positive changes in their youth's life during the last six months. These new questions provide a deeper look into families' perceptions of how effective services are.

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 2025 to May 2025. 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 IRB25-029.

REFERENCES

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APPENDIX 2: COPY OF 2025 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 **respects me as an expert** on my child/youth.	☐ 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. **People who are important** in my child/youth's life **are invited to participate** in treatment **as much as I want.**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
22. The provider **includes me as an active participant** in my child/youth's care.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
23. The provider **builds on my family's strengths and skills** to help us overcome challenges.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
24. The provider builds on **my child/youth's strengths** to reach treatment goals.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
25. The provider often suggests ways for our family **to work on goals outside of treatment sessions.**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

IDAHO DEPARTMENT OF HEALTH & WELFARE

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
26. We are **able to get the services** my child/youth needs **within our local community.**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
27. The provider makes sure I **have as much help as I need with coordinating services.**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
28. The provider **uses language that makes my family feel understood.**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
29. The provider is **knowledgeable about my family's unique culture.**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
30. The provider **communicates with me about my child/youth's progress as often as I want.**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
31. My child/youth's **treatment goals are achievable.**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
32. The provider **encourages me to share what I know** about my child/youth's strengths and needs.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
33. **I am able to participate** in my child/youth's mental health services **as much as I want.**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
34. We are able to **access all the mental health services recommended** by the provider.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

35. 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:**

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. You may or may not have had this opportunity. Please share about your experience:

36. 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 38)
◯ No (Answer question 37)

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

Compared to 6 months ago, how would you rate...	MUCH WORSE	A LITTLE WORSE	ABOUT THE SAME	A LITTLE BETTER	MUCH BETTER
38. ...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
39. ... your child/youth's **performance at school now** (e.g., attendance, behavior, grades)?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
40. ... 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
41. ... your child/youth's **overall mental health now?**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

The following questions ask about how much your child **has or has not benefitted** from participating in the mental health services you rated 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
42. Services have **helped** my child/youth **build strengths.**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
43. Services have **helped** my child/youth **effectively manage his/her emotions.**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
44. Services have **improved** my child/youth's **overall mental health.**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

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

45. 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

46. **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 #