IDAHO YOUTH EMPOWERMENT SERVICES (YES) FAMILY SURVEY RESULTS, 2026

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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 families in Idaho's YES system. Funded by the Idaho Department of Health and Welfare (IDHW), Division of Behavioral Health (DBH), 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, 978 families responded to the survey (20.3% response rate). Of these, 923 indicated that their youth had participated in mental health services during the prior six months. This report summarizes what they shared about their experiences with mental health services in Idaho.

WHAT DID WE LEARN?

KEY FINDINGS AT A GLANCE

1. Youth outcomes were better when families experienced YES Principles.
2. Most YES Quality Indicators improved or remained stable in 2026, but access to provider-recommended services declined sharply statewide.
3. Access to services for youth with the highest needs improved but important gaps remain.
4. Regions 4 and 7 improved while Regions 1 and 6 showed concerning declines in youth exposure to overall YES Principles.
5. Crisis planning and urgent service access remain below state targets.

YOUTH OUTCOMES WERE BETTER WHEN FAMILIES EXPERIENCED YES PRINCIPLES

Within Idaho's YES system, mental health services are supposed to be delivered following a set of YES Principles including family-centered, strengths-based, outcome-based, and culturally competent, among others. Several questions on the survey assess whether families experienced these YES Principles as part of their care; these questions are called **YES Quality Indicators**.

Figure 1. Association of YES Principles with Youth Outcomes

As has been true in years past, results of the 2026 family survey indicated that families who experienced more YES Principles in their care consistently reported better outcomes. Higher YES Quality Indicator scores were associated with greater improvement in youth day-to-day functioning (**Figure 1**), lower risk of psychiatric hospitalization in the last six months (**Figure 2**) and greater perceived service effectiveness (**Figure 3**). Together, these findings indicate that families who experience greater adherence to YES Principles tend to report better youth outcomes.

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

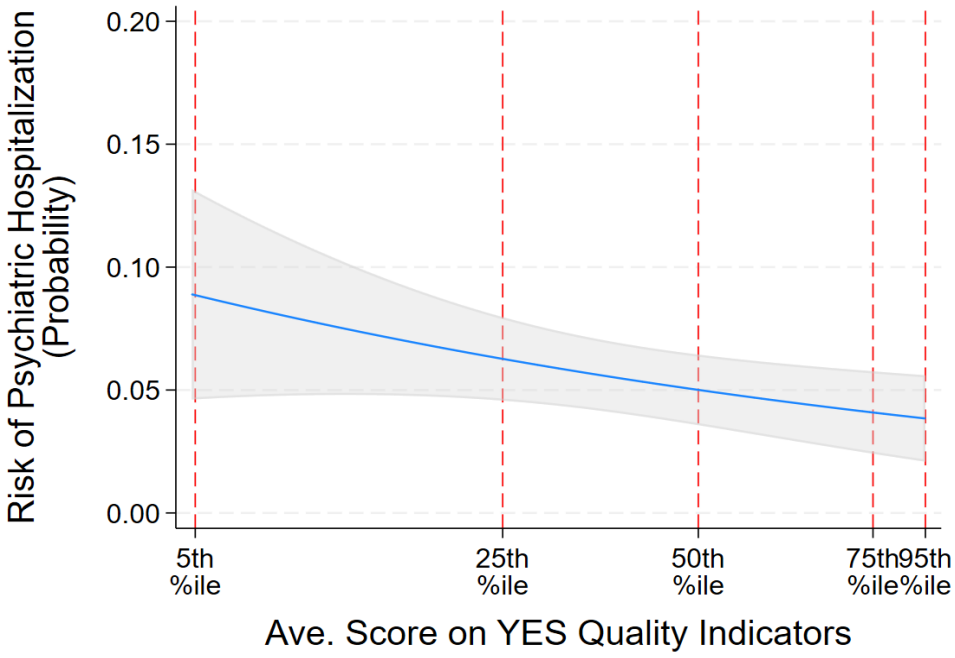
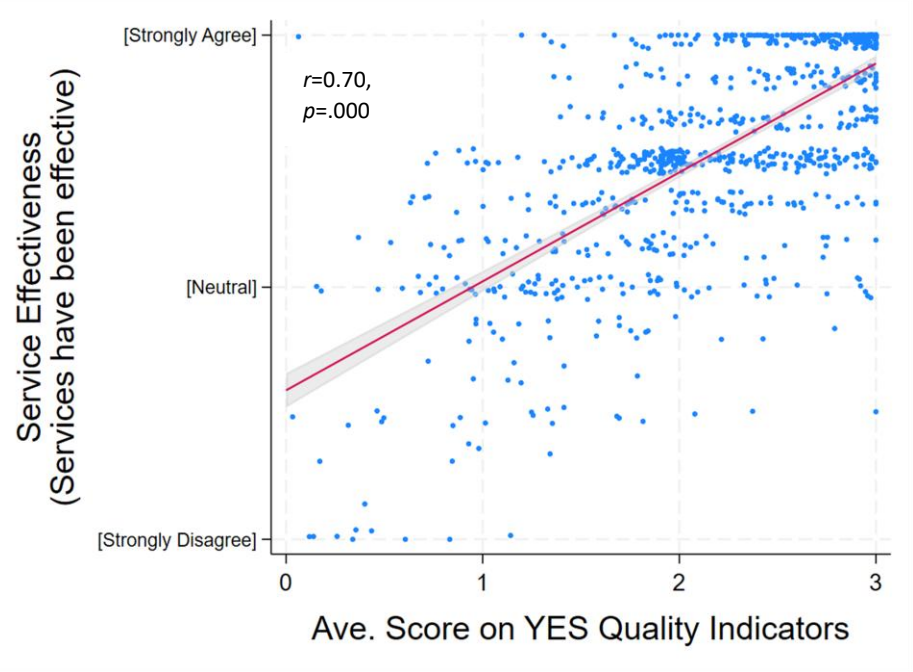


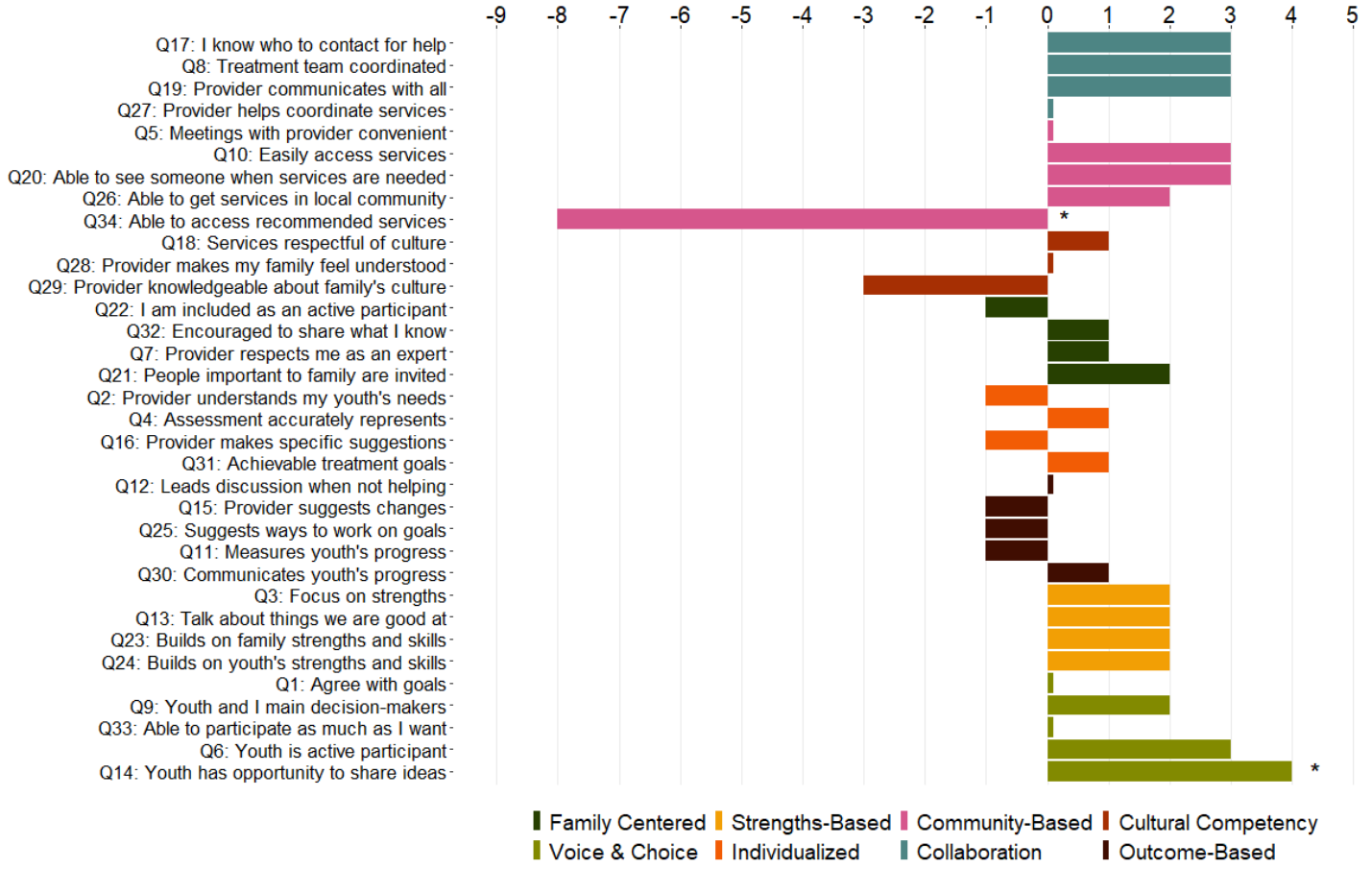
Figure 3. Association of YES Principles with Service Effectiveness



MOST YES QUALITY INDICATORS IMPROVED OR REMAINED STABLE IN 2026; HOWEVER, ACCESS TO PROVIDER-RECOMMENDED SERVICES DECLINED SHARPLY STATEWIDE

In 2026, most YES Quality Indicators improved or remained stable, with 20 of 34 Indicators (59%) improving, 6 (18%) holding steady, and 8 (24%) deteriorating (see **Figure 4**). Notable improvements were achieved on YES Principles of *Collaboration/Team-Based Care*, *Strengths-Based Care*, and *Family and Youth Voice & Choice*. However, this overall positive signal was accompanied by substantial deterioration on one *Community-Based Service Array* Quality Indicator regarding families' ability to "access all the mental health services recommended by the provider." This Indicator experienced a severe drop of 8 percentage points from 2025 to 2026. This represents the single largest shift across all Quality Indicators by a wide margin, indicating potentially important barriers or drop-off in service capacity or coverage, despite otherwise positive progress or stability on the other YES Quality Indicators. This sharp drop in families' reported access to recommended services likely indicates that macro-level issues, such as workforce shortage, service capacity constraints, or changes in provider networks, are negatively affecting families' ability to access services recommended by a provider. Diagnosing the cause of this substantial, statewide deterioration should be a major priority since ensuring families have access to mental health services recommended by their provider is a key goal of the YES system of care.

Figure 4. Change in Percentage of Families who Agreed with YES Quality Indicators, 2025-2026



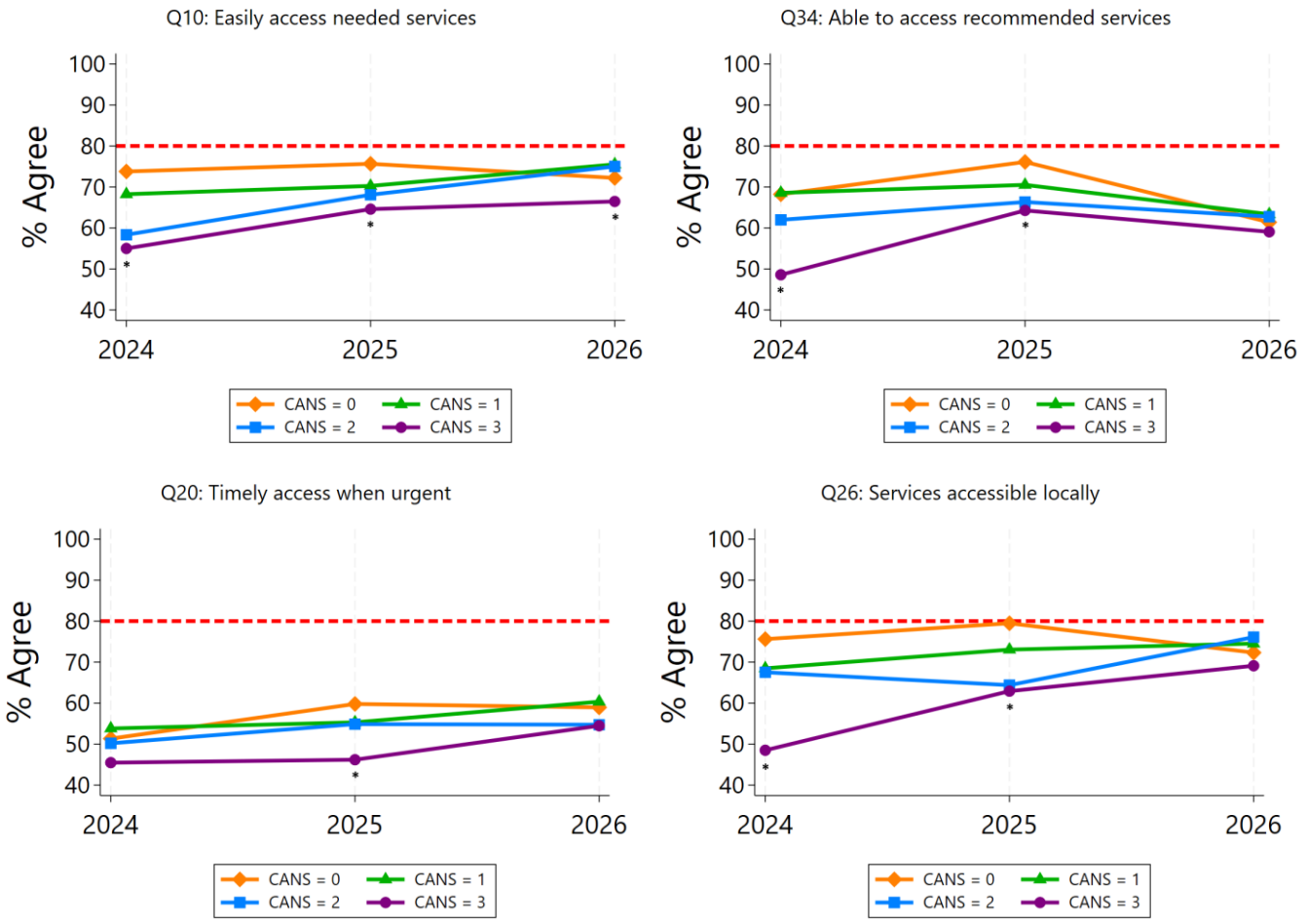
Note: All changes in percentage are weighted to represent population changes from 2025 to 2026. Analyses are adjusted for youth characteristics. YES Quality Indicator items are grouped by YES Principle. Bars marked with an asterisk represent Quality Indicators that experienced a statistically significant change from 2025 to 2026.

ACCESS TO MENTAL HEALTH SERVICES FOR YOUTH WITH THE MOST INTENSIVE NEEDS CONTINUED TO IMPROVE BUT IMPORTANT GAPS REMAIN

Historically, results of the YES Family Survey indicated that youth who experienced the most intensive needs (i.e., those with a most recent Child and Adolescent Needs and Strengths (CANS) assessment score of 3) reported 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). These differences were apparent on four YES Quality Indicators which assess the *Community-Based Service Array* principle (see **Figure 5**). However, beginning last year, this gap began to diminish on two of the items. The good news in 2026 is that the gap has almost entirely closed on three of four of these items.

As shown in **Figure 5**, there is no longer a statistically significant difference across youths with different CANS scores on their families' agreement with items assessing whether their youth can easily access needed services, recommended services, and services in their local community. On two of these items, the elimination of the care gap was caused by positive improvement in access among youth with a CANS of 3; however, on one item (access to recommended services), the care gap disappeared due to deterioration among all groups, as noted above. Taken together, these findings suggest 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 access to recommended services across all CANS groups.

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



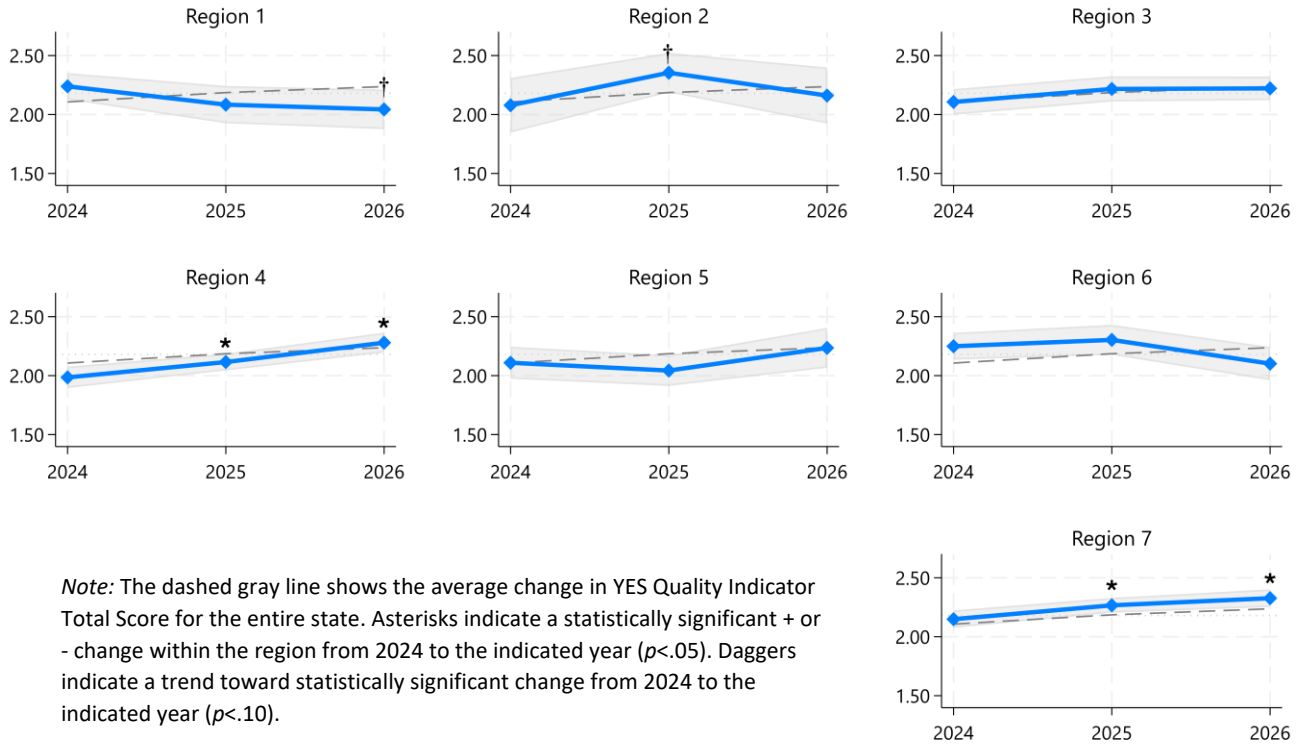
Note: An asterisk below the line for CANS = 3 indicates caregivers of youths with a CANS of 3 rated the Quality Indicator significantly lower than did caregivers of youths with a CANS < 3 (i.e., with a less severe score).

THERE IS IMPORTANT VARIATION IN OVERALL YOUTH EXPOSURE TO YES PRINCIPLES ACROSS REGIONS AND TARGETED IMPROVEMENT MAY BE NEEDED TO REVERSE DECLINES IN REGIONS 1 AND 6

Caregivers' responses on the 34 YES Quality Indicators can be averaged to generate a Total Score, ranging from 0 to 3, which indicates the overall extent to which the youth experienced YES Principles during their mental health services. These Total Scores can be averaged within each IDHW region and examined from year-to-year to gain insight into regional differences in the overall level of YES Principles experienced by youth and how these change over time. **Figure 6** shows the average YES Quality Indicator Total Score by year for each of DBH's seven regions. The gray line in each plot represents the statewide average Total Score, which improved from 2.11 in 2024, to 2.19 in 2025, and to 2.24 in 2026. Statistically significant regional changes in quality from 2024 to subsequent years are marked by an asterisk (p<.05). These asterisks indicate that the change in regional Total Score is likely a real shift and is not likely a result of random error. Changes marked with a dagger indicate there was a trend toward statistical significance (p<.10). All analyses are adjusted for youth characteristics so that, as much as possible, trends represent real changes in the Total Score over time.

Two regions stand out with consistent improvement: Regions 4 and 7. Region 4 experienced one of the largest and most meaningful improvements in overall

Figure 6. Adjusted Average YES Quality Indicator Total Score by Region and Year



Note: The dashed gray line shows the average change in YES Quality Indicator Total Score for the entire state. Asterisks indicate a statistically significant + or - change within the region from 2024 to the indicated year (p<.05). Daggers indicate a trend toward statistically significant change from 2024 to the indicated year (p<.10).

quality from 2024-2026, with an improvement of 15% over three years. Region 7 improved by 8%.

Two regions declined and require attention. Region 1 experienced a steady decline in YES Quality Indicator Total Score since 2024, resulting in a drop of 9% over the three-year period. Region 6 improved considerably from 2024 to 2025 but dropped sharply in the last year (8% drop from 2025 to 2026). These regions may warrant intervention to improve the extent to which youth and families experience YES Principles.

Two regions have fluctuated during the last three years and warrant monitoring to determine how quality changes in the coming years. Region 2 is volatile; however, the small sample in that region makes it difficult to determine whether the changes are meaningful or statistical noise. Region 5 dipped down in 2025 but had a recovery in 2026.

FROM 2024-2026 THERE WAS IMPORTANT REGIONAL VARIATION IN HOW ACCESS TO MENTAL HEALTH CARE CHANGED

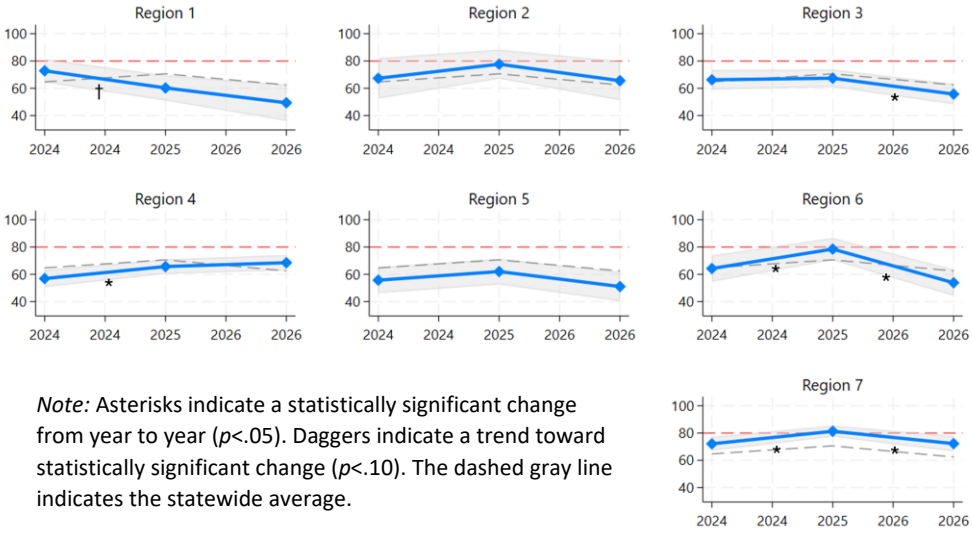
All four of the *Community-Based Service Array* Quality Indicators that assess mental health service accessibility showed statistically significant variability in how they changed from 2024 to 2026 across DBH regions. This means that there is important, likely real variation across DBH regions in how access to mental health care is changing for youth across Idaho over the last three years.

Overall, the pattern of results suggests that from 2024 to 2026 access to youth mental health services improved or held steady in Region 4 (which includes Ada County and Boise), whereas it significantly deteriorated or was more mixed in Idaho's six other regions.

Figure 7 shows the most marked difference in how access to mental health care changed across Idaho regions by analyzing, "We are able to access all the mental health services recommended by the provider." Region 4 was the only area of the state that slightly improved on this Quality Indicator, whereas it deteriorated in Idaho's six other regions, three of which experienced statistically significant declines (regions 3, 6, and 7). This pattern suggests that access to mental health services recommended by providers exhibited a notable decline across the entire state in 2026, with the exception of Region 4.

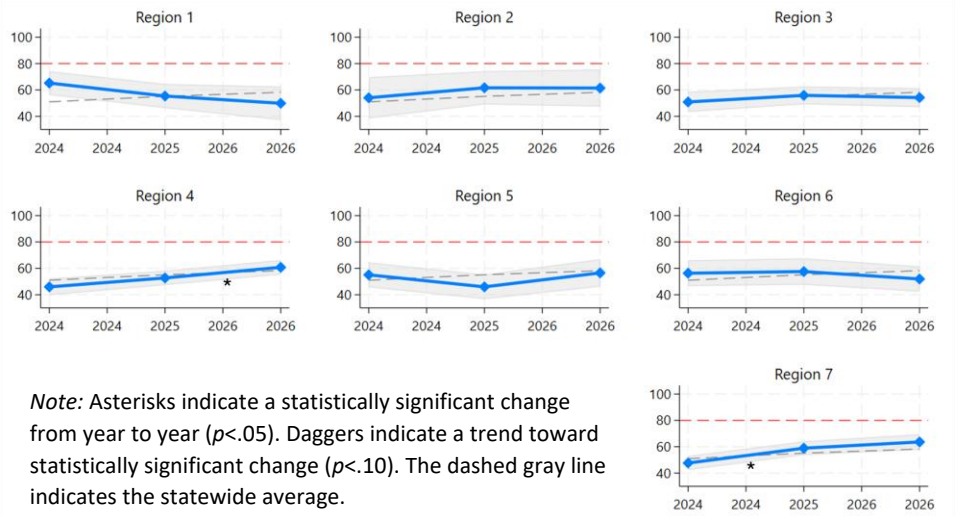
Negative trends were not as evident on other access Quality Indicators, however, Region 4 clearly outperformed the other regions. **Figure 8** shows change in "When we need services right away, we are able to see someone as soon as we want." From 2025 to 2026 there was a statistically significant improvement in Region 4 which was joined by regions 5 and 7 in exhibiting positive year-to-year changes. However, Regions 2 and 3 remained relatively flat and Regions 1 and 6 deteriorated. These findings point to a need to improve access to mental health services outside Region 4.

Figure 7. Change in Adjusted Percent Agreement with Q34 ("We are able to access all the mental health services recommended by the provider") by Year and Region



Note: Asterisks indicate a statistically significant change from year to year (p<.05). Daggers indicate a trend toward statistically significant change (p<.10). The dashed gray line indicates the statewide average.

Figure 8. Change in Adjusted Percent Agreement with Q20 ("When we need services right away, we are able to see someone as soon as we want") by Year and Region



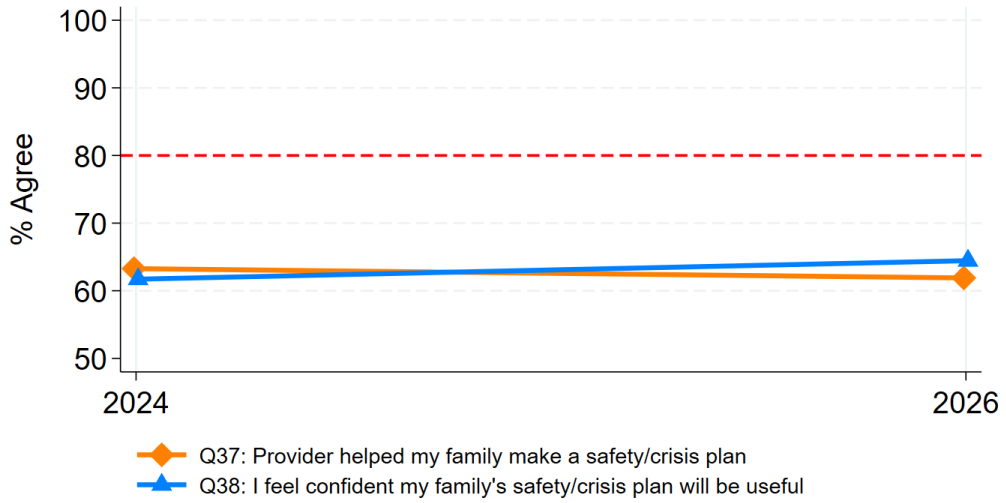
Note: Asterisks indicate a statistically significant change from year to year (p<.05). Daggers indicate a trend toward statistically significant change (p<.10). The dashed gray line indicates the statewide average.

MENTAL HEALTH CRISIS/SAFETY PLANNING AND URGENT SERVICE ACCESS REMAIN BELOW STATE TARGETS

Fewer than two-thirds of families who believed their child needed a crisis or safety plan reported being helped to make one (62%) or felt confident that their families' plan would be useful in times of crisis (64%). These percentages were largely unchanged from 2025 (see **Figure 9**). Across all families, only 58% reported being

able to access services as quickly as needed during urgent situations (Q20: "When my child/youth needs services right away, he or she is able to see someone as soon as we want"). These findings remain well below state quality targets and represent one of the clearest opportunities for improvement identified in the survey.

Figure 9. Percentage of Idaho Families Agreeing with Crisis/Safety Planning Quality Indicators, 2024-2026



Note: Percentages are calculated only among youths whose caregivers indicated that they believed their child may need a mental health crisis/safety plan. Percentages are adjusted for youth characteristics. Combined 2024-2026 sample sizes are *n* = 575 for Q37 and *n* = 557 for Q38.

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:

Priority 1: Restore Access to Recommended Services

- ✓ Investigate statewide declines in access.
- ✓ Identify workforce, capacity, referral, and network barriers.
- ✓ Develop region-specific improvement plans.

Priority 2: Strengthen Crisis Response Capacity

- ✓ Expand provider training and family preparation for crisis/safety planning.
- ✓ Assess and address structural barriers to improving urgent-care access.
- ✓ Prioritize underserved regions.

Priority 3: Expand efforts to ensure services are delivered in accordance with YES Principles

- ✓ Enact provider training and quality-improvement efforts to improve the implementation of YES Principles, particularly in Regions 1 and 6.
- ✓ Develop structural, funding, and workforce strategies to improve YES Principles of *Community-Based Service Array*, *Collaboration/Team-Based Care* and *Outcome-Based Care*.

Priority 4: Improve the Accessibility of Community-based Services for Youth with High Needs

- ✓ Continue reducing access disparities for youth with CANS = 3.
- ✓ Improve access to urgent care and local availability of services particularly for areas outside of Region 4.

July 30, 2026

ACKNOWLEDGEMENTS

This work was funded through a research contract from the Idaho Department of Health and Welfare to Boise State University. Completion of this work would not have been possible without the hard work and expertise of numerous individuals. In particular, we would like to thank Gayla Smutny, Johanna Jordan, Maggie Copeland, and Candace Falsetti from the Idaho Department of Health and Welfare as well as Danielle Lonborg, Aubri Turner, and Tyler O'Donnell from Boise State University. Most of all, we wish to thank the hundreds of Idaho caregivers who took the time to share their experiences with us. We hope this report honors and amplifies your voices as we all work to improve the well-being of Idaho youth and families.

FURTHER INFORMATION

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INTRODUCTION

WHY DID WE CONDUCT THIS SURVEY?

The Idaho Department of Health and Welfare (IDHW), 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 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 2026 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 2026 YES Family Survey included 50 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) youth and families' experience with mental health crisis and safety planning,
(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).

Peer-reviewed, published 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 2026 (see Appendix 1 for methodological details). The sample included 5,359 caregivers of youth who participated in YES mental health services during 2025.

Caregivers were randomly sampled with proportional allocation across seven Division of Behavioral Health regions to ensure adequate representation across the entire State. The survey was fielded using an evidence-based process that included 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 978 caregivers responded to the survey (20.3% response rate after excluding returned mail). This is a positive response rate for surveys such as this and is similar to the response rate achieved in prior years.

WHAT DID WE LEARN?

The following sections of this report describe the survey results for families who reported that their youth participated in mental health services. All analyses were weighted to account for survey nonresponse and sampling probability. Consequently, all results represent Idaho State population percentages for youth who participated in YES mental health services. As appropriate, longitudinal analyses controlled for youth characteristics, including sex, age, race/ethnicity, most recent CANS, number of months in services, DBH region, and the provider that the caregiver rated (i.e., counselor/therapist, case manager, prescriber), to ensure that changes from year to year reflect real differences rather than shifts in who completed the survey.

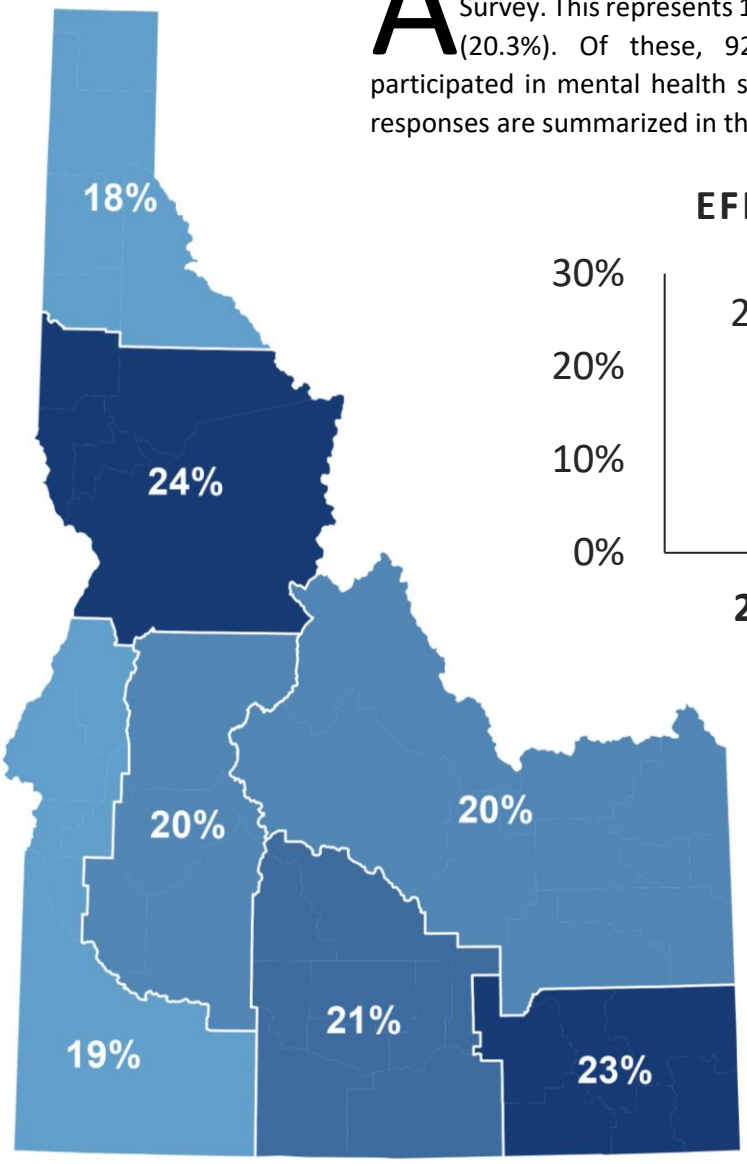
Because we surveyed a representative sample of families rather than all families that participated in YES services, and because some families did not respond, the percentages presented in this report represent estimates of statewide values. Though scientifically rigorous, these estimates include random error which is quantified using a statistic called the margin of error. The exact margin of error varies across items because it depends largely on the percentage of people who agreed with each item. To keep things straightforward, we report a single maximum margin of error of $\pm$3.1%. This means that if the survey shows 50% of families agreed with a Quality Indicator, we can be highly confident that the true percentage for the entire state population is somewhere between 46.9% and 53.1% agreement (3.1% higher or lower than the survey result).

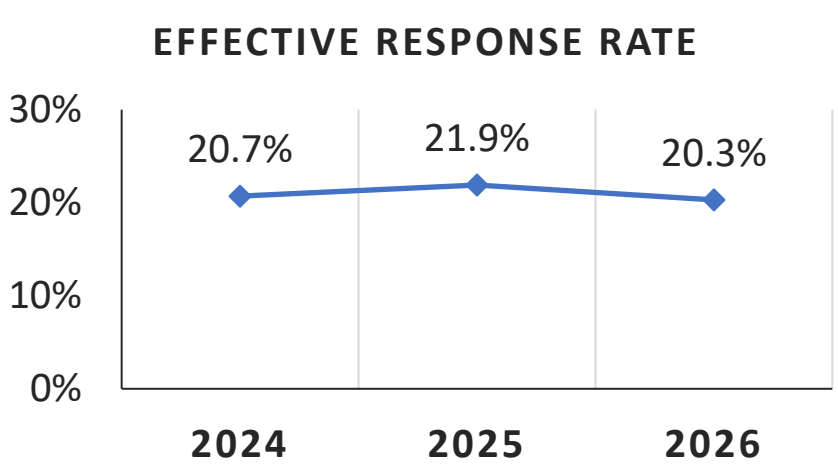
Following standard research conventions, this $\pm$3.1% margin of error is a conservative, "worst-case scenario" value. The margin of error naturally shrinks when respondents mostly agree or mostly disagree with a survey item.

SURVEY RESPONSE

978

A total of 978 Idaho families responded to the 2026 Idaho YES Family Survey. This represents 1 out of every 5 families that received a survey (20.3%). Of these, 923 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 = 0.331). 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 sex, age, and most recent CANS score; however, a statistically significant difference was observed on youth race/ethnicity, such that caregivers of Hispanic and Black/African American youths were less likely to respond compared to caregivers of White youths (p = .001). Adjustments were made to the statistical analyses to account for these differences in response rates. Note that percentages in the table may not add exactly to 100 due to rounding.

	Caregiver Responded (*N*=978)		Caregiver Did Not Respond (*N*=4,381)	
	n	%	*n*	%
YOUTH SEX				
Female	499	51.0	2,169	49.5
Male	479	49.0	2,212	50.5
YOUTH AGE				
Under 5 years	11	1.1	82	1.9
5 to 9 years	264	27.0	1,297	29.6
10 to 14 years	448	45.8	1,930	44.1
15 years and older	255	26.1	1,072	24.5
YOUTH CANS				
0	202	20.7	924	21.1
1	387	39.6	1,800	41.1
2	165	16.9	702	16.0
3	224	22.9	955	21.8
YOUTH RACE/ETHNICITY				
American Indian/Alaska Native	27	2.8	86	2.0
Asian	4	0.4	19	0.4
Black or African American	51	5.2	336	7.7
Hispanic	123	12.6	752	17.2
Native Hawaiian/Other Pacific Islander	3	0.3	14	0.3
Other	1	0.1	3	0.1
White	729	74.5	3,023	69.0
Unknown/Not reported	40	4.1	148	3.4
MONTHS IN SERVICES				
0-6 months	97	9.9		
7-12 months	182	18.6		
13-24 months	216	22.1		
25 months or more	409	41.8		
Not reported	74	7.6		

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 for each principle 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.

The YES Quality Indicator items are grouped into clusters representing each YES principle. The groupings of items in this year's report differ somewhat from prior years because of new empirical analyses completed in the last year. Using data from the 2024 and 2025 YES survey, our research team used an empirical process, called confirmatory factor analysis, to determine which items best fit together to measure each principle (see Williams et al., in press for further information). The items are now grouped according to the best fitting empirical solution which showed excellent fit to the data. The results of this analysis suggested that the items should be grouped as shown in this report to best represent each YES principle.

For each item, changes from 2025 to 2026 are presented in a gauge chart. The figure on the next page shows how to interpret gauge charts.

In addition, line charts show how the level of agreement with each item changed over the last three years.

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.

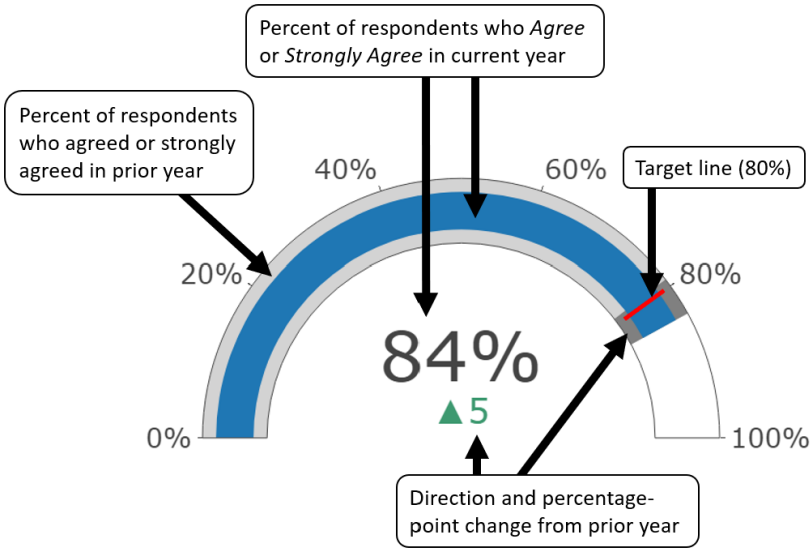
To help interpret the results of the survey, IDHW established performance standards for the YES Quality Indicators. These standards classify the system's performance based on the percentage of caregivers who agree with each YES Quality Indicator. The standards are color-coded based on the level of high 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

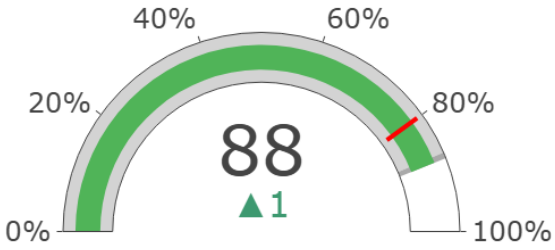
The gauge charts below are color-coded to indicate the level of performance based on these standards. Within each section, the items are organized so that those with the highest levels of agreement (e.g., green) are presented before items with lower levels of agreement.

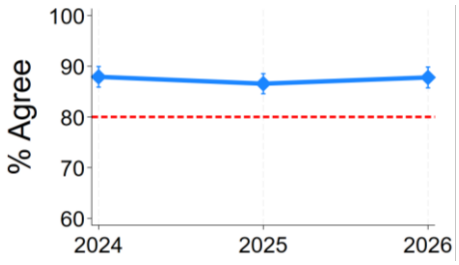


FAMILY-CENTERED CARE

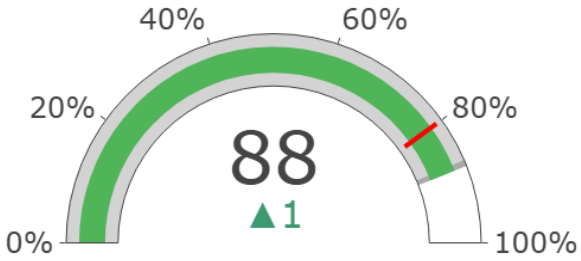
A defining characteristic of family-centered care is family engagement. Family engagement emphasizes family strengths and maximizes family resources. Family experience, expertise, and perspective are welcomed. Families are active participants in planning and decision-making. Families are respected and valued. Four questions assessed this principle (Q7, Q21, Q22, Q32).

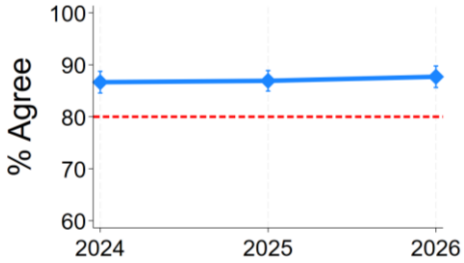
Q7: THE PROVIDER RESPECTS ME AS AN EXPERT ON MY CHILD/YOUTH.



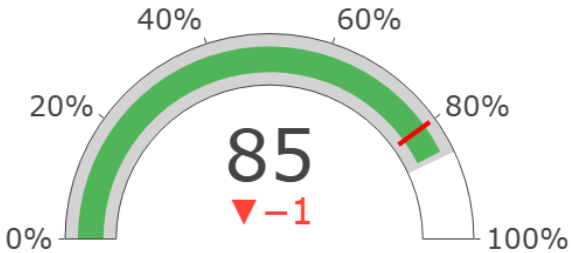


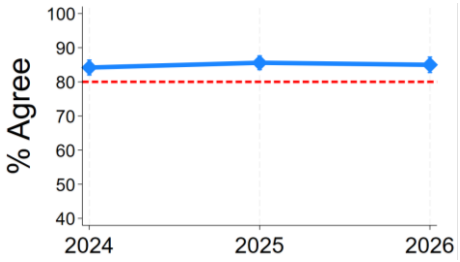
Q32: THE PROVIDER ENCOURAGES ME TO SHARE WHAT I KNOW ABOUT MY CHILD/YOUTH'S STRENGTHS AND NEEDS.



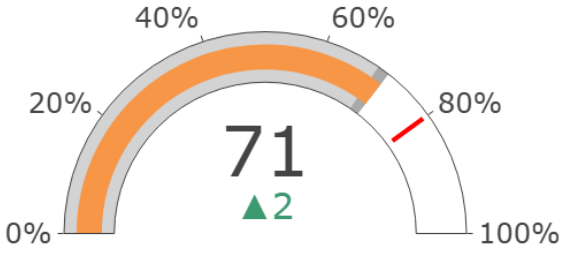


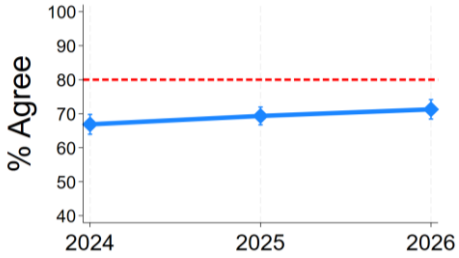
Q22: THE PROVIDER INCLUDES ME AS AN ACTIVE PARTICIPANT IN MY CHILD/YOUTH'S CARE.



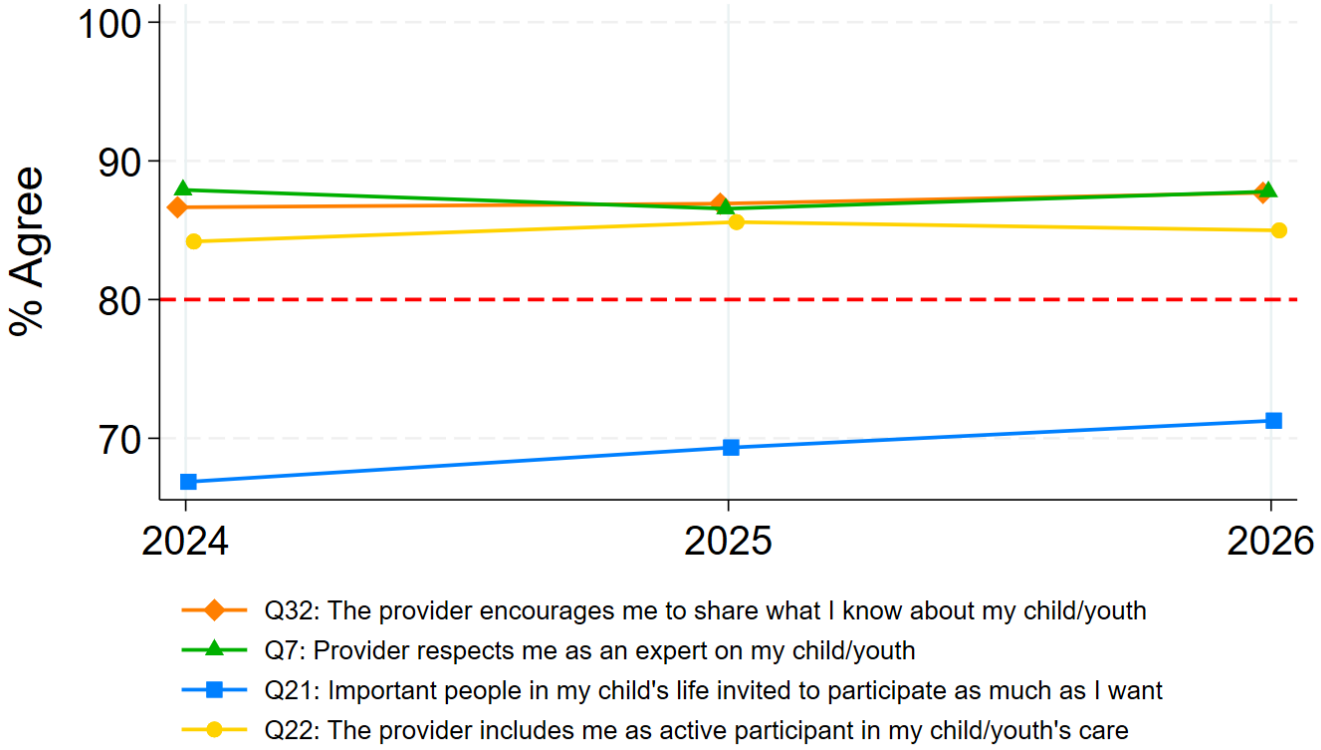


Q21: People who are important in my child/youth's life are invited to participate in treatment as much as I want.





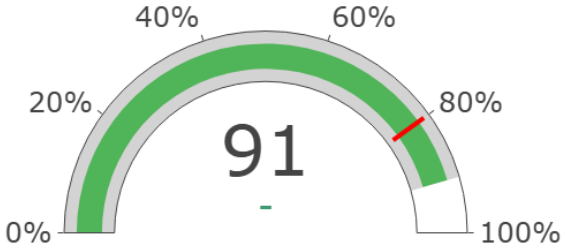
Summary of Family-Centered Care Items by Year

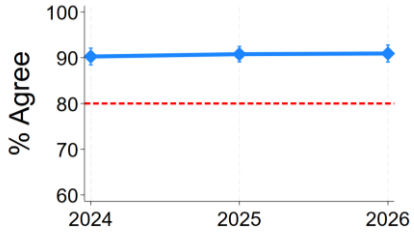


FAMILY & YOUTH VOICE AND CHOICE

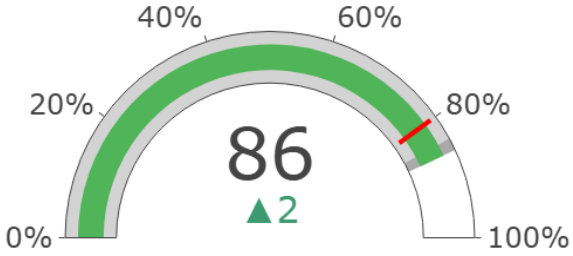
Family and youth voice, choice, and preferences are elicited and prioritized during all phases of treatment. Service is founded on communicating openly and honestly in a way that supports disclosure of culture and personal experiences. Five questions assessed this principle (Q1, Q6, Q9, Q14, Q33).

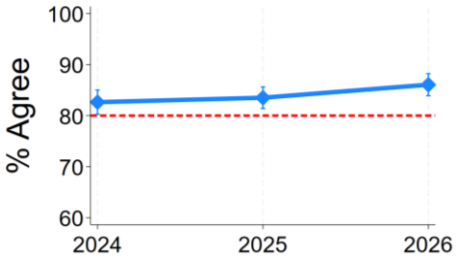
Q1: THE GOALS WE ARE WORKING ON WITH THE PROVIDER ARE THE ONES I BELIEVE ARE MOST IMPORTANT FOR MY CHILD/YOUTH.



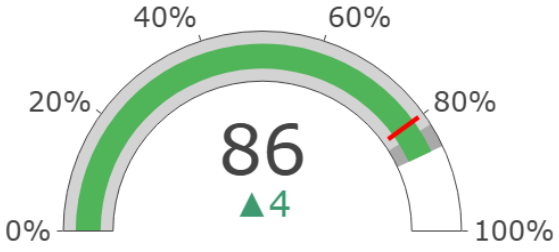


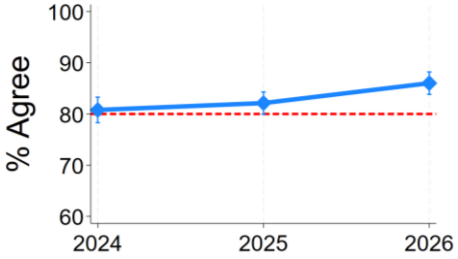
Q9: MY CHILD AND I ARE THE MAIN DECISION-MAKERS WHEN IT COMES TO PLANNING SERVICES.



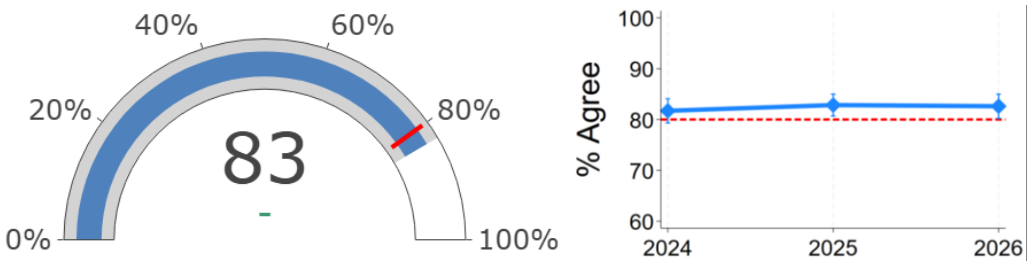


Q14: WHEN DECISIONS ARE MADE ABOUT SERVICES, MY CHILD/YOUTH HAS THE OPPORTUNITY TO SHARE HIS/HER OWN IDEAS.

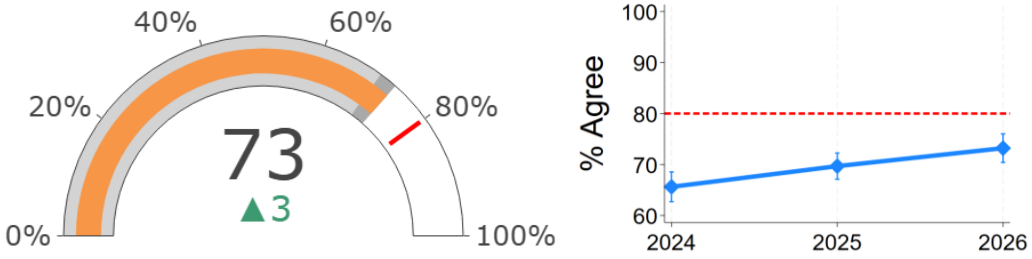




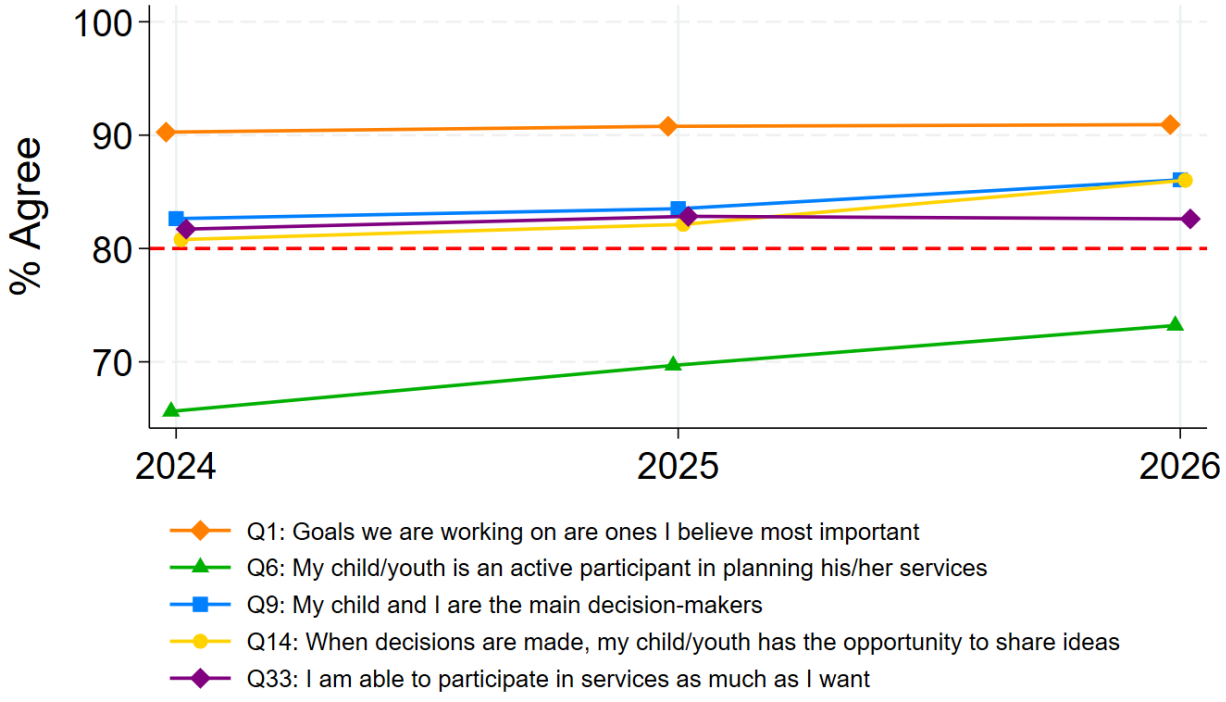
Q33: I AM ABLE TO PARTICIPATE IN MY CHILD/YOUTH'S MENTAL HEALTH SERVICES AS MUCH AS I WANT.



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



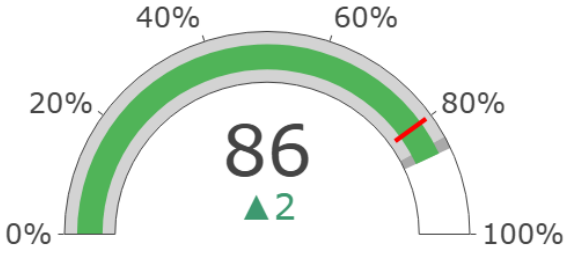
Summary of Family & Youth Voice and Choice Items by Year

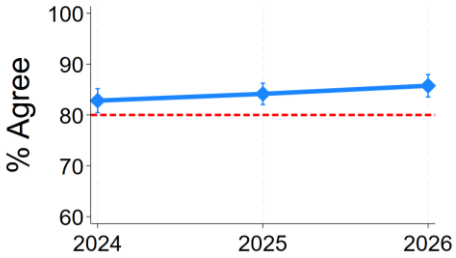


STRENGTHS-BASED CARE

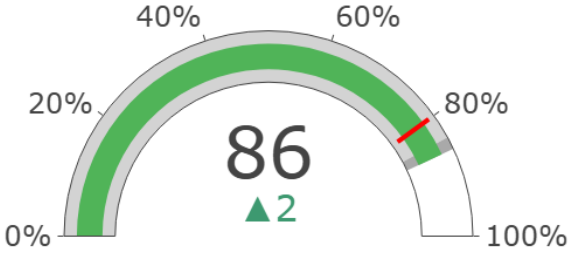
Services and supports are planned and delivered in a manner that identifies, builds on, and enhances the capabilities, knowledge, skills, and assets of the youth and family, their community, and other team members. Four questions assessed this principle (Q3, Q13, Q23, Q24).

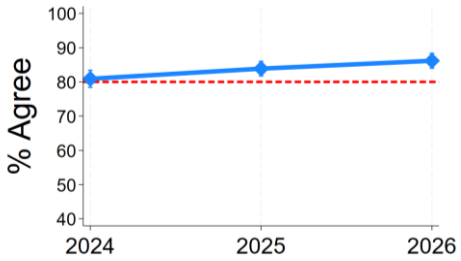
Q3: THE SERVICES FOCUS ON WHAT MY CHILD/YOUTH IS GOOD AT, NOT JUST ON PROBLEMS.



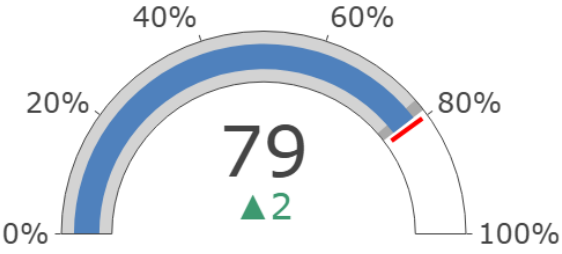


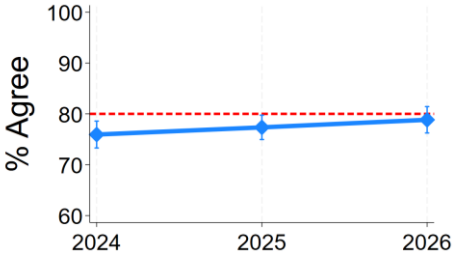
Q24: THE PROVIDER BUILDS ON MY CHILD/YOUTH'S STRENGTHS TO REACH TREATMENT GOALS.



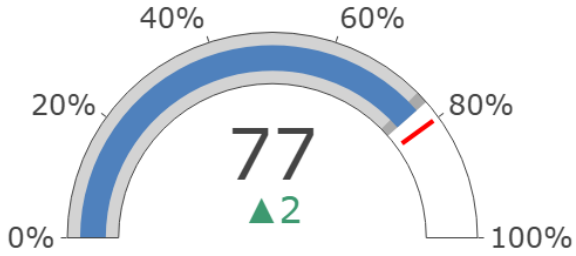


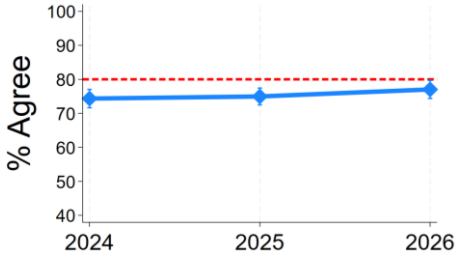
Q13: THE PROVIDER TALKS WITH US ABOUT HOW WE CAN USE THINGS WE ARE GOOD AT TO OVERCOME PROBLEMS.

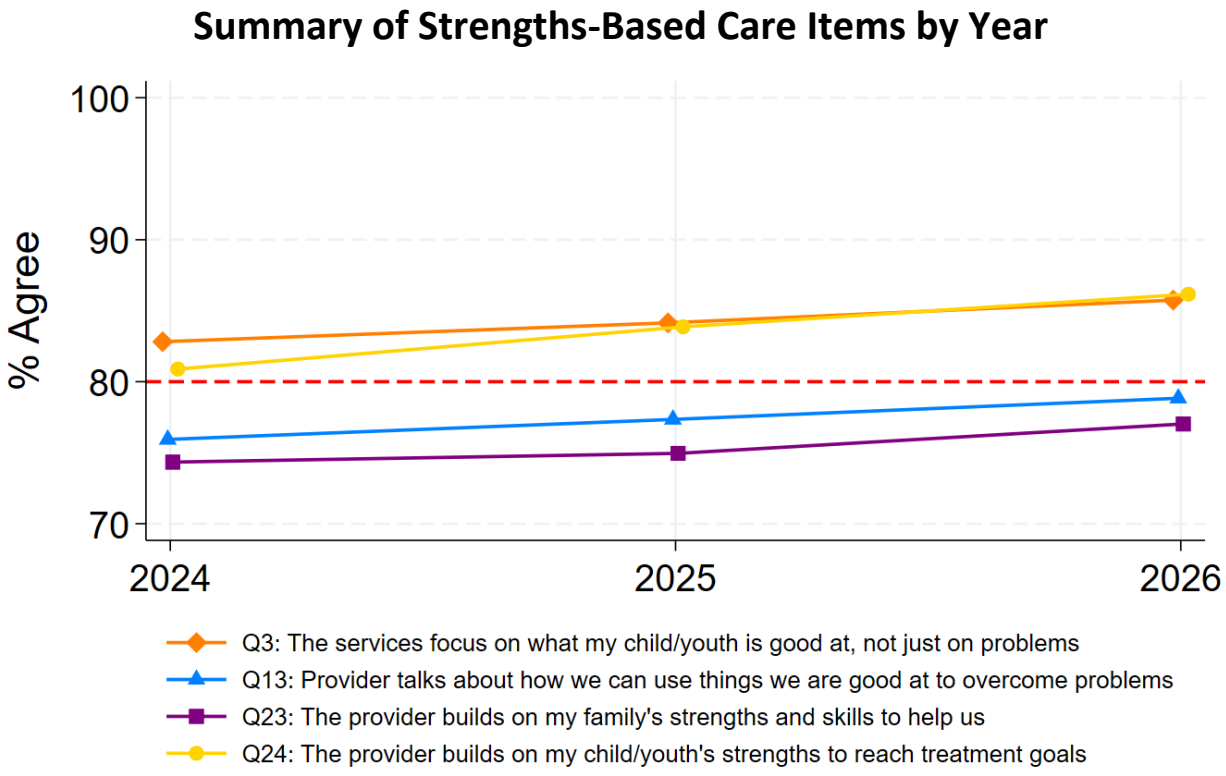




Q23: The provider builds on my family's strengths and skills to help us overcome challenges.



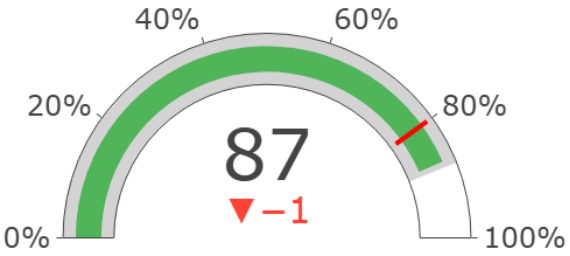


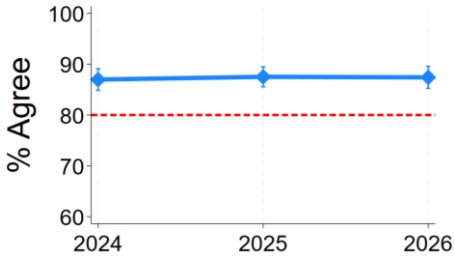


INDIVIDUALIZED CARE

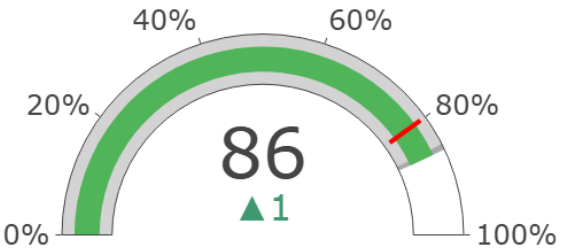
Services, strategies, and supports are individualized to the unique strengths and needs of each youth and family. They are altered when necessary to meet changing needs and goals or in response to poor outcomes. Four items assessed this principle (Q2, Q4, Q16, Q31).

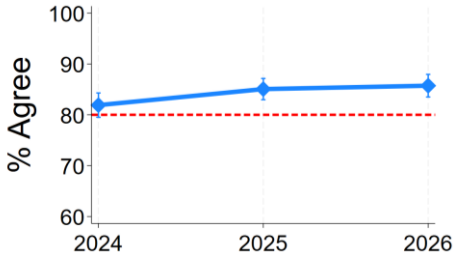
Q2: THE PROVIDER SEEMS TO HAVE A CLEAR UNDERSTANDING OF MY CHILD/YOUTH'S NEEDS.



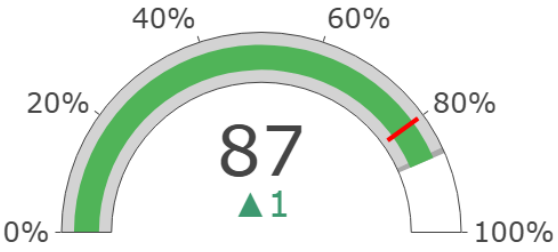


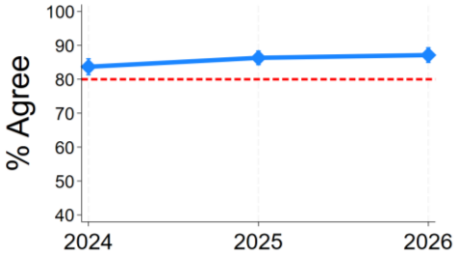
Q4: THE ASSESSMENT COMPLETED BY THE PROVIDER ACCURATELY REPRESENTS MY CHILD/YOUTH'S NEEDS.



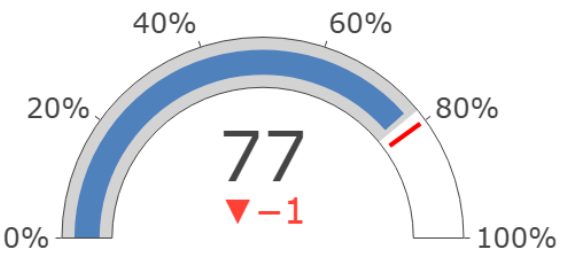


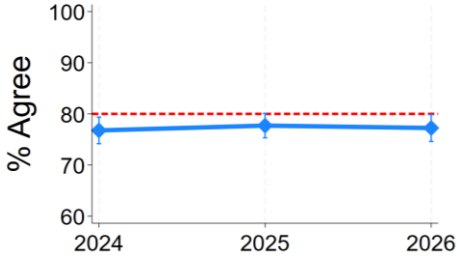
Q31: MY CHILD/YOUTH'S TREATMENT GOALS ARE ACHIEVABLE.



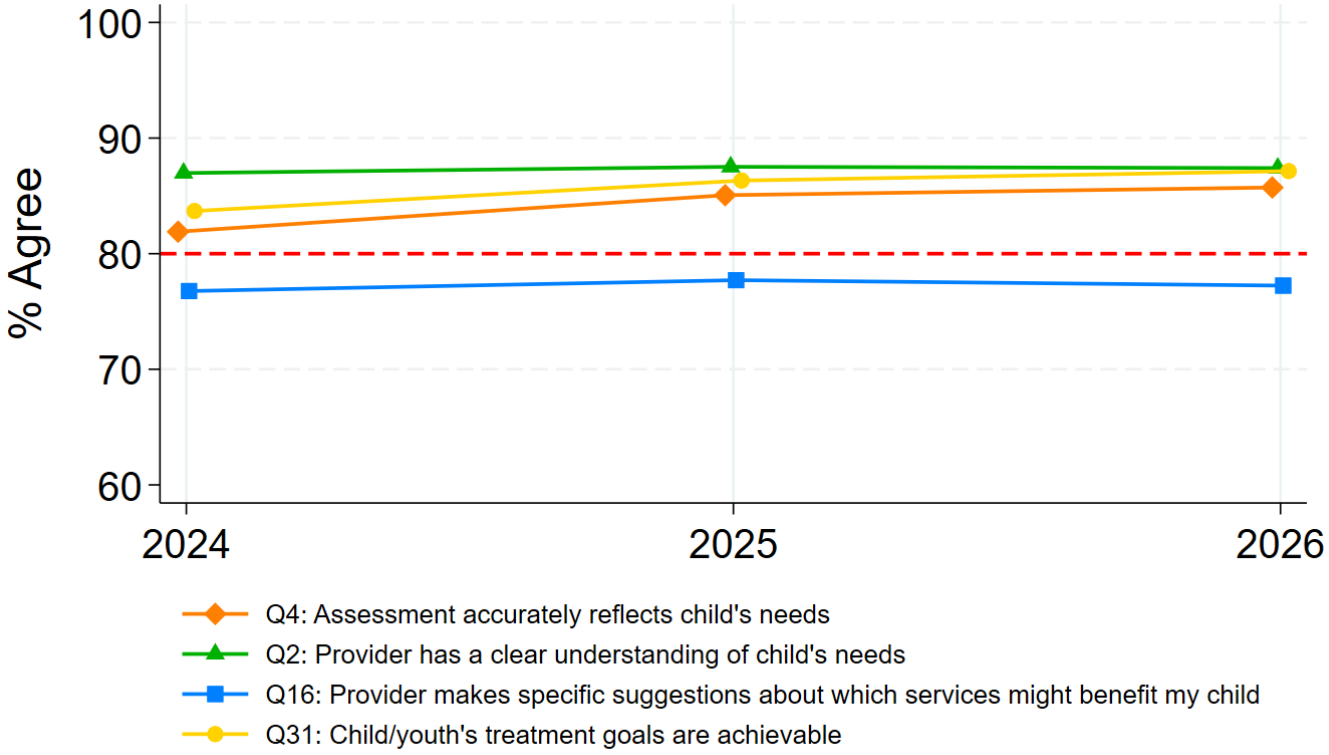


Q16: The provider makes specific suggestions about what services might benefit my child/youth.





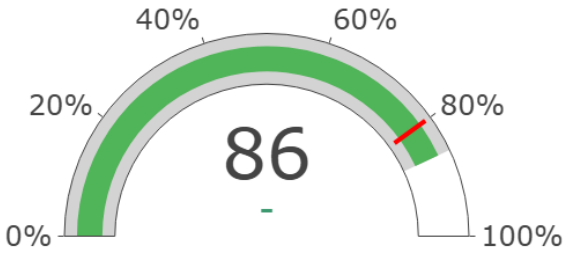
Summary of Individualized Care Items by Year

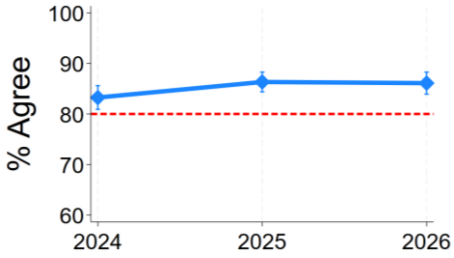


COMMUNITY-BASED SERVICE ARRAY

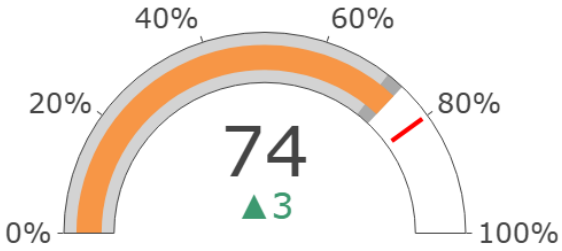
An array of community-based interventions will be available and provided according to the individualized treatment plan and in the least restrictive setting to meet the youth's needs. These five items (Q5, Q10, Q20, Q26, Q34) address the accessibility and adequacy of the community-based service array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

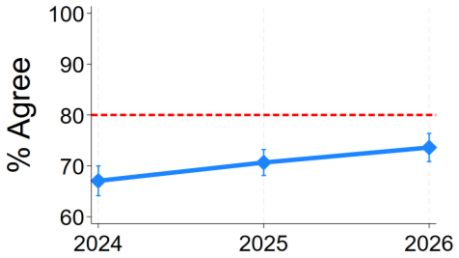
Q5: MEETINGS WITH THE PROVIDER OCCUR AT TIMES AND LOCATIONS THAT ARE CONVENIENT FOR ME.



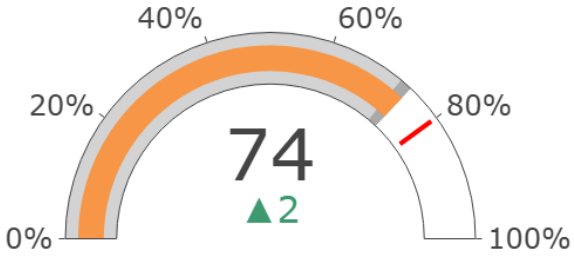


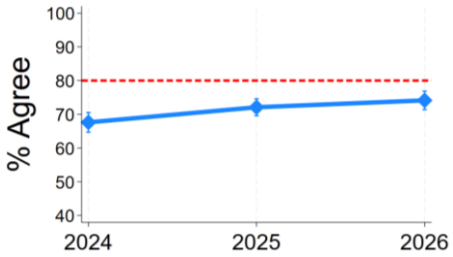
Q10: MY FAMILY CAN EASILY ACCESS THE SERVICES MY CHILD/YOUTH NEEDS MOST.



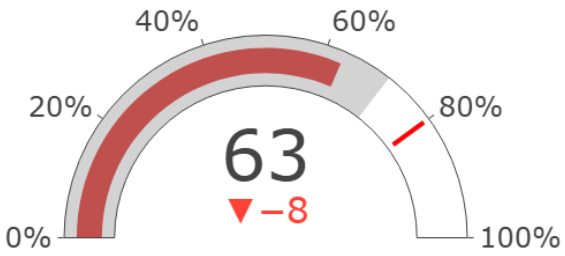


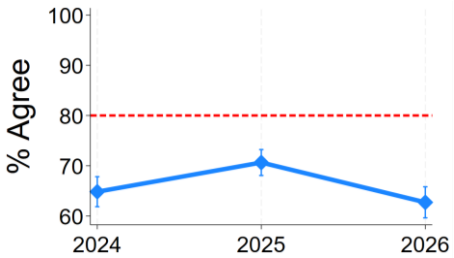
Q26: WE ARE ABLE TO GET THE SERVICES MY CHILD/YOUTH NEEDS WITHIN OUR LOCAL COMMUNITY.



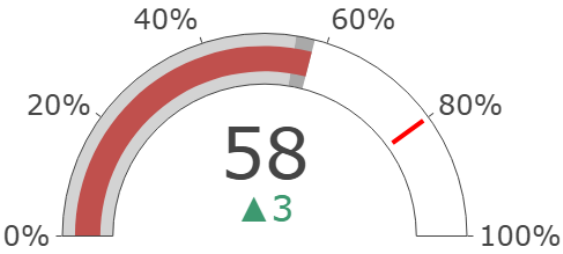


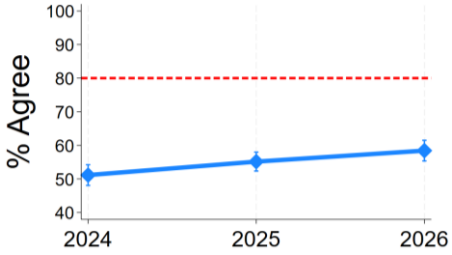
Q34: We are able to access all the mental health services recommended by the provider.



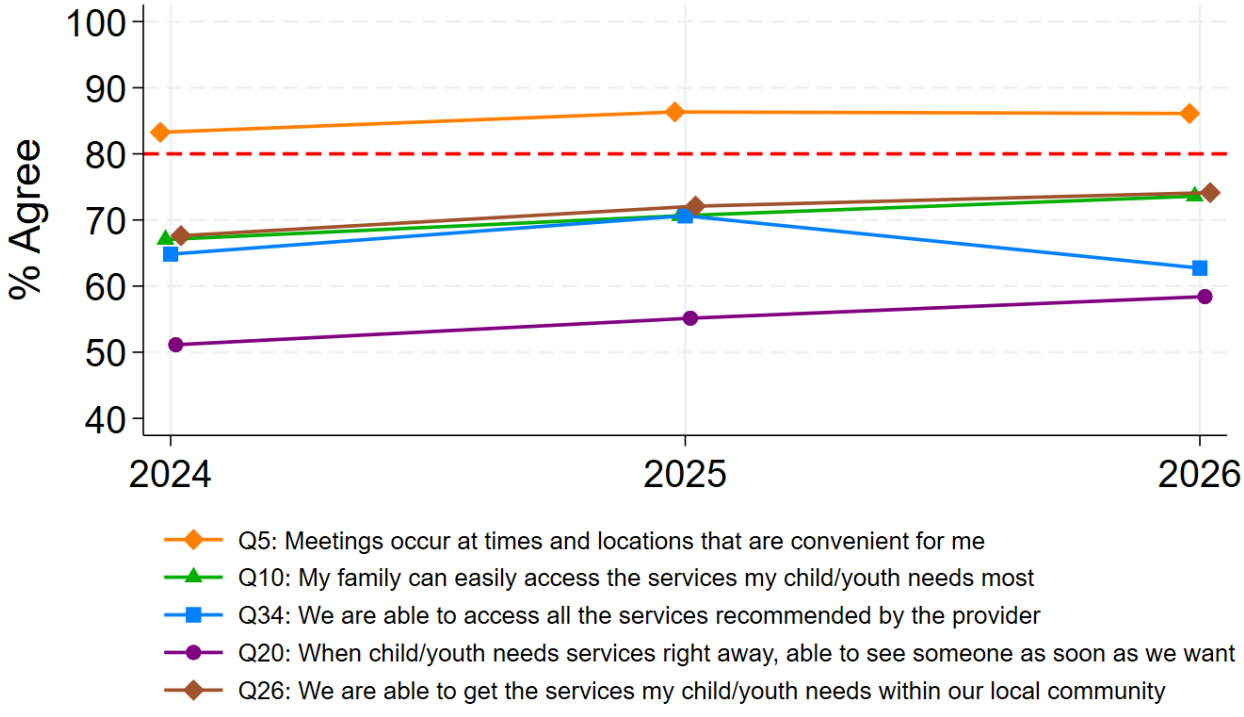


20: When my child/youth needs services right away, he or she is able to see someone as soon as we want.





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 could not 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 **170** caregivers answered this question. The most prominent services caregivers identified that they were unable to access included: Mental Health Counseling, Psychological/ Diagnostic Testing, Community-Based Rehabilitation Services (CBRS), Respite, Behavior Intervention, and Occupational Therapy. 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% - Mental Health Counseling (n = 20)
- 12% - Psychological/ Diagnostic Testing (n = 20)
- 8% - Community-Based Rehabilitation Services (CBRS) (n = 14)
- 8% - Respite Care (n = 13)
- 6% - Behavior Intervention (n = 10)
- 5% - Occupational Therapy (n = 8)
- 4% - School-Based Services (n = 7)
- 4% - Applied Behavior Analysis (n = 7)
- 3% - Peer Support (n = 5)
- 3% - Family Counseling/ Intervention (n = 5)
- 2% - Case Management (n = 4)
- 2% - Group Counseling (n = 4)
- 2% - Inpatient/Residential Treatment (n = 4)
- 2% - Medical Services (n = 4)
- 2% - In-Home Services (n = 4)

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

- *"Many times I was told she needs to be evaluated for autism. Nothing happens"*
- *"Child requires neurofeedback but Medicaid refuses to pay"*
- *"One on one individual counseling weekly"*
- *"In school behavior services have been difficult to obtain"*
- *"Provider needed at home for behavioral/social interactions"*
- *"A lot of residential treatment facilities denied (youth). The one he was in was not safe so we are still struggling"*

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 170 caregivers who responded to this question, 46% (n = 79) identified specific barriers to service:

- 17% indicated that the lack of services available within their local community was a barrier (n = 29)
- 16% indicated that waitlists were a barrier to accessing services (n = 28)
- 9% indicated that communication issues were a barrier to services (n = 15)
- 4% indicated that a lack of knowledge about available services was a barrier (n = 7)
- 2% indicated that staff turnover was a barrier to accessing services (n = 4)
- 2% indicated that funding issues were a barrier to accessing services (n = 4)

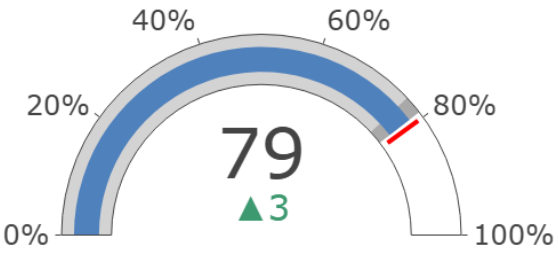
Quotes related to barriers to service included:

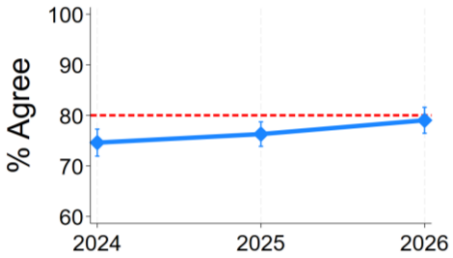
- *"Testing in our area not available. There are minimal providers in our area with long wait times"*
- *"The services are provided at school. There has been NO communication with our family"*
- *"Mental health provider does not communicate w/me about my child's needs/necessary services"*
- *"We live in a rural community, where there isn't a lot of anything available. We have to drive an hour away to get counseling. Telehealth isn't a good fit for my son"*
- *"Other services at the agency do not follow through or listen about my child's needs. No other options were given"*
- *"Took 2 yrs to get. Providers change every 6-8 months because turnover"*

COLLABORATION & TEAM-BASED CARE

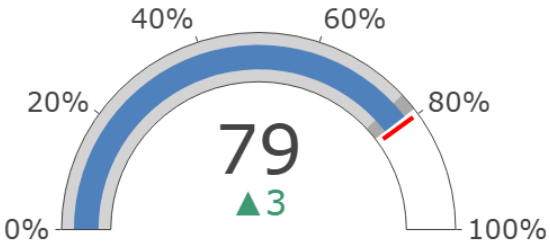
System partners work together to meet the mental health needs of youths involved in multiple systems. A team-based approach, in partnership with the family and youth, strives to bring together natural supports, professionals, and others to develop a family-driven, strengths-based, and solution-focused individualized treatment plan. Four items assessed this principle (Q8, Q17, Q19, Q27).

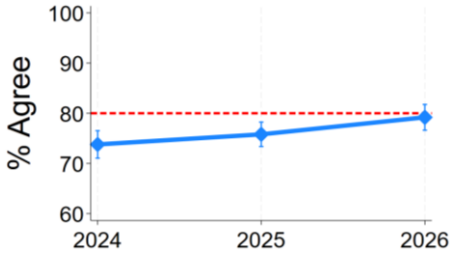
Q8: The provider makes sure everyone on my child's treatment team is working together in a coordinated way.



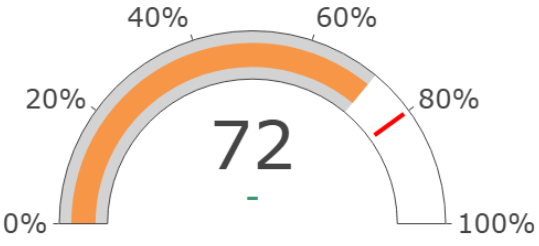


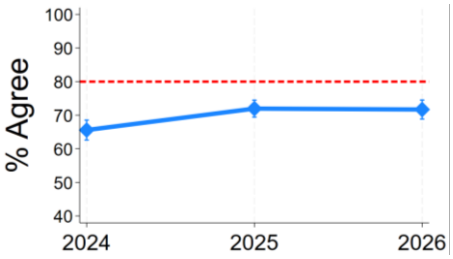
Q19: The provider communicates as much as needed with others involved in my child/youth's care.



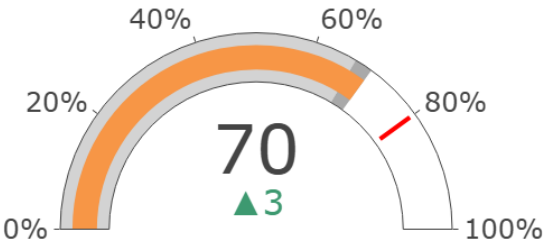


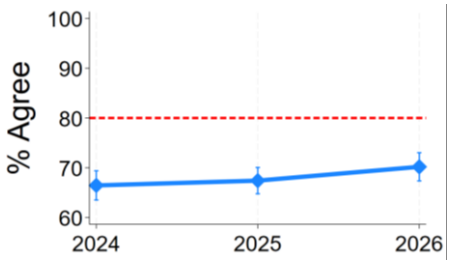
Q27: The provider makes sure I have as much help as I need with coordinating services.



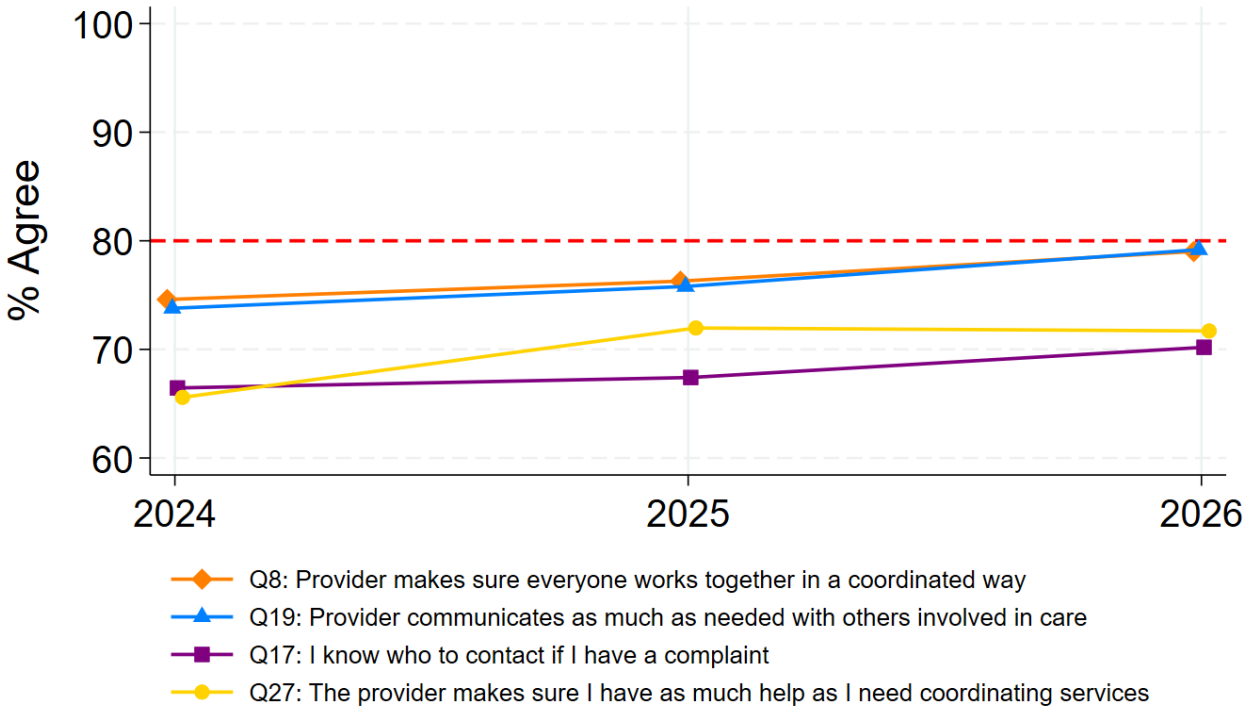


Q17: I KNOW WHO TO CONTACT FOR HELP IF I HAVE A CONCERN OR COMPLAINT ABOUT MY PROVIDER.





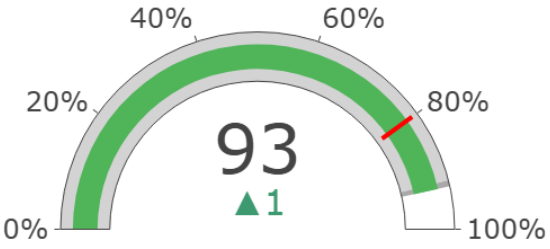
Summary of Collaboration and Team-Based Care Items by Year

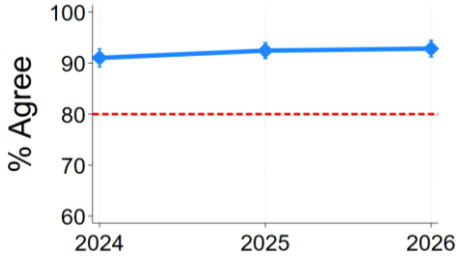


CULTURALLY COMPETENT CARE

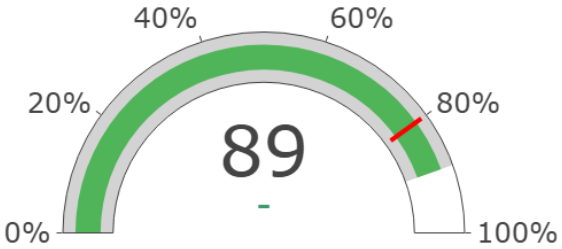
Services are provided in a manner that is understandable and relatable to the family and youth. Services are provided in a manner that is considerate of family and youth's unique cultural needs and preferences. Services also respect the individuality of each youth. Three items assessed this principle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

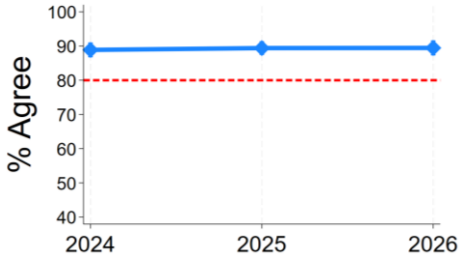
Q18: SERVICES WE RECEIVE ARE RESPECTFUL OF OUR FAMILY'S LANGUAGE, RELIGION, RACE/ETHNICITY, AND CULTURE.



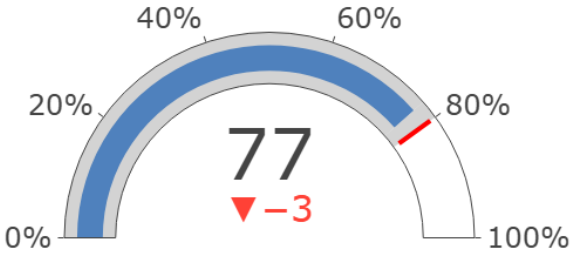


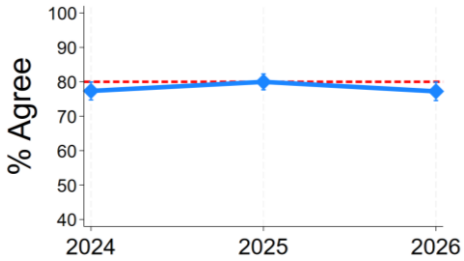
Q28: THE PROVIDER USES LANGUAGE THAT MAKES MY FAMILY FEEL UNDERSTOOD.



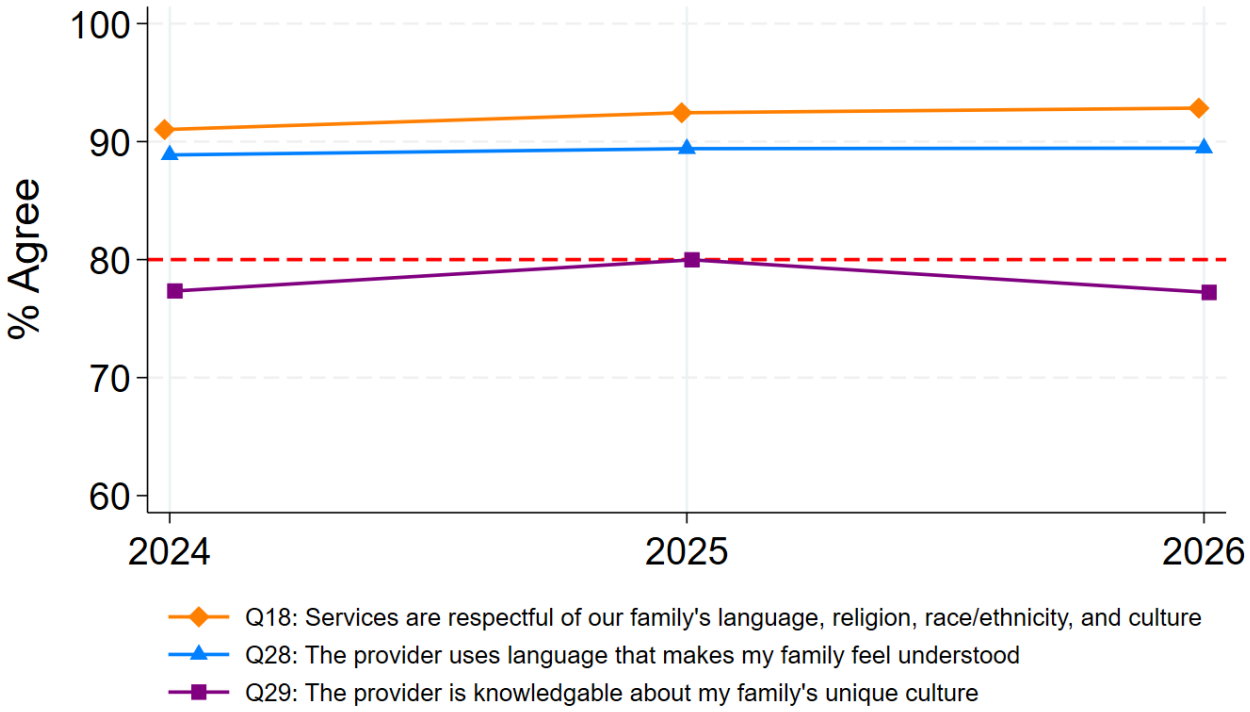


Q29: THE PROVIDER IS KNOWLEDGEABLE ABOUT MY FAMILY'S UNIQUE CULTURE.





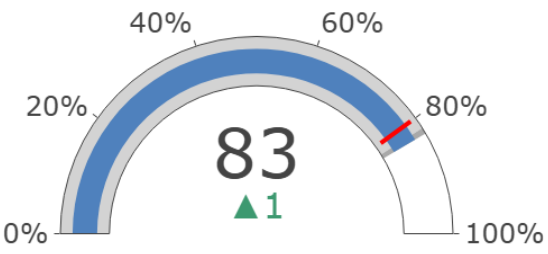
Summary of Culturally Competent Items by Year

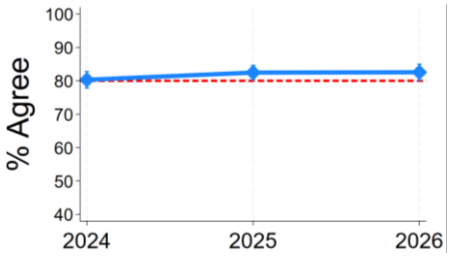


OUTCOME-BASED CARE

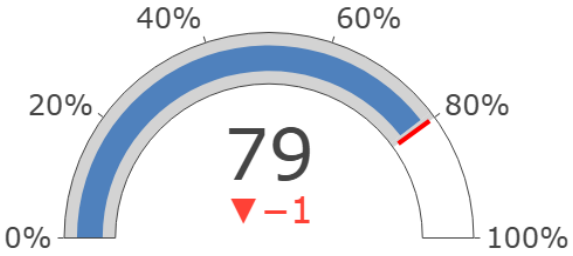
Individualized Treatment Plans contain observable, measurable indicators of success that are monitored and revised to achieve the intended goals or outcomes. Five items assessed this principle (Q11, Q12, Q15, Q25, Q30).

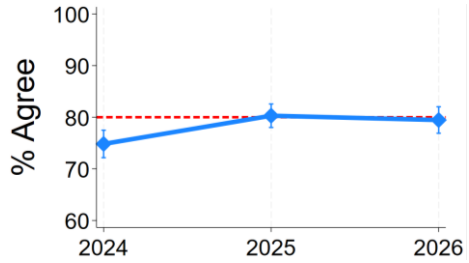
Q30: THE PROVIDER COMMUNICATES WITH ME ABOUT MY CHILD/YOUTH'S PROGRESS AS OFTEN AS I WANT.



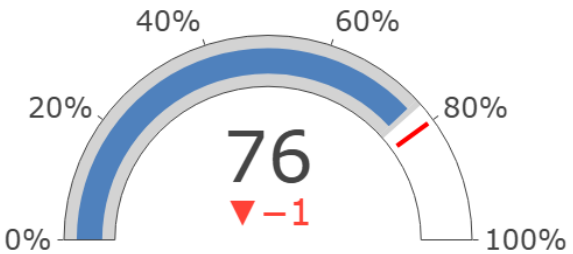


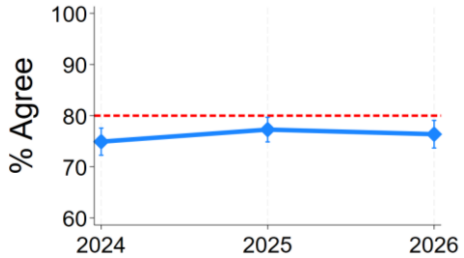
Q11: THE PROVIDER OFTEN WORKS WITH OUR FAMILY TO MEASURE MY CHILD/YOUTH'S PROGRESS TOWARD HIS/HER GOALS.



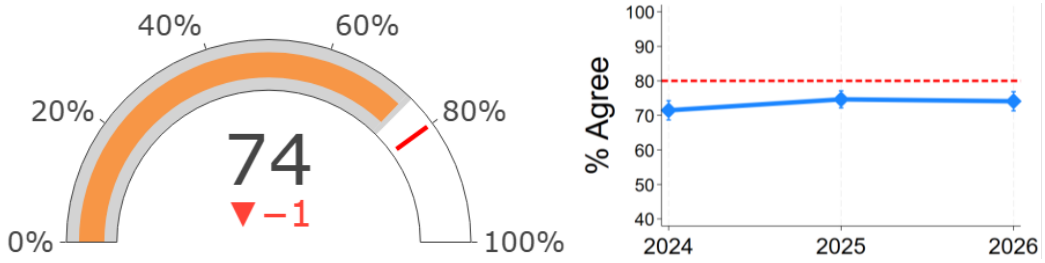


Q15: THE PROVIDER SUGGESTS CHANGES IN MY CHILD/YOUTH'S TREATMENT PLAN OR SERVICES WHEN THINGS AREN'T GOING WELL.

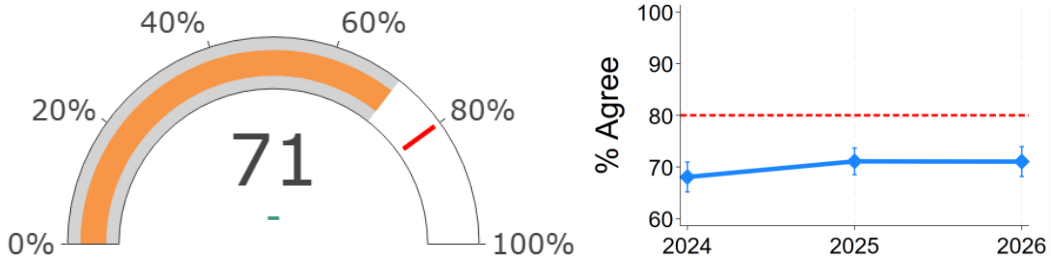




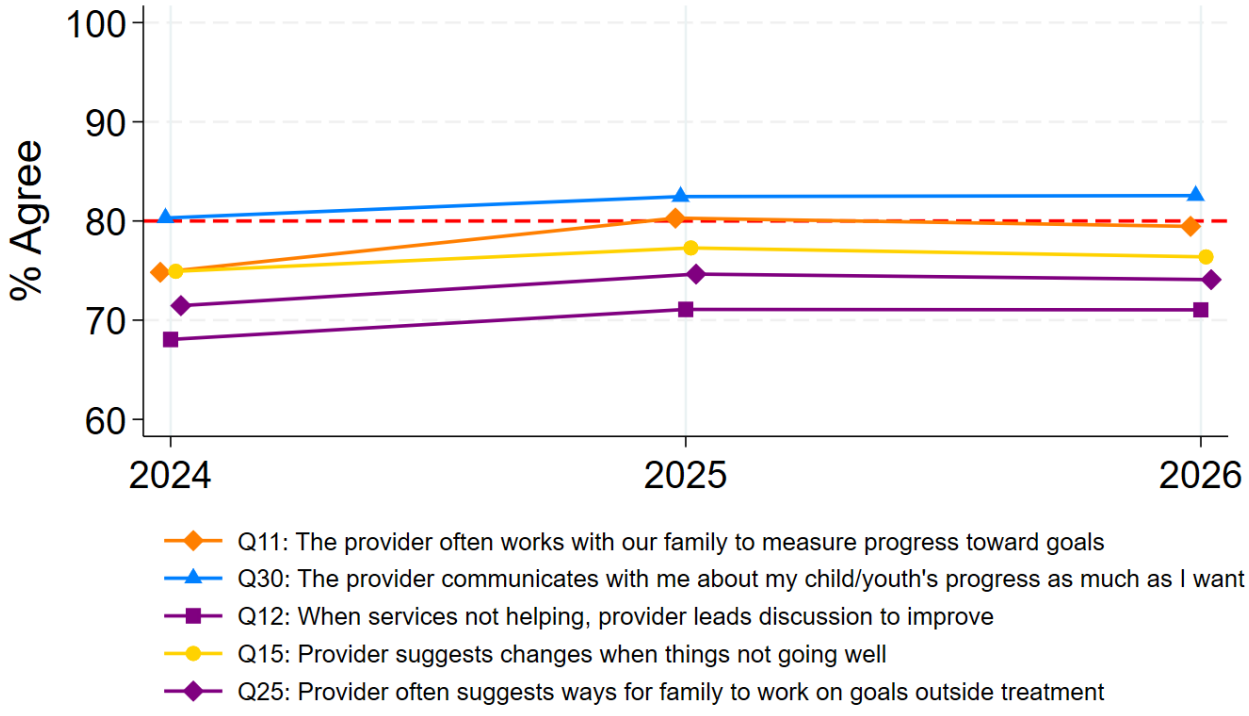
Q25: The provider often suggests ways for our family to work on goals outside of treatment sessions.



Q12: When services are not helping, the provider leads my child/youth's team in a discussion of how to make things better.



Summary of Outcome-Based Items by Year



REGIONAL ANALYSES OF YES PRINCIPLES

This section examines how youth and families' experiences with YES Principles varied across the Division of Behavioral Health's seven regions between 2024 and 2026. The regions are shown in the Survey Response section of this report. In this section, we present two sets of longitudinal analyses. The first analysis examines change in the average YES Quality Indicator Total Score for youth from 2024 to 2026 across each of the seven regions. The second analysis examines change in four *Community-Based Service Array* Quality Indicators which pertain to the accessibility of mental health services. Readers interested in a cross-sectional analysis comparing the seven DBH regions on all 34 YES Quality Indicators for 2026 can find that information in the Heatmaps section below.

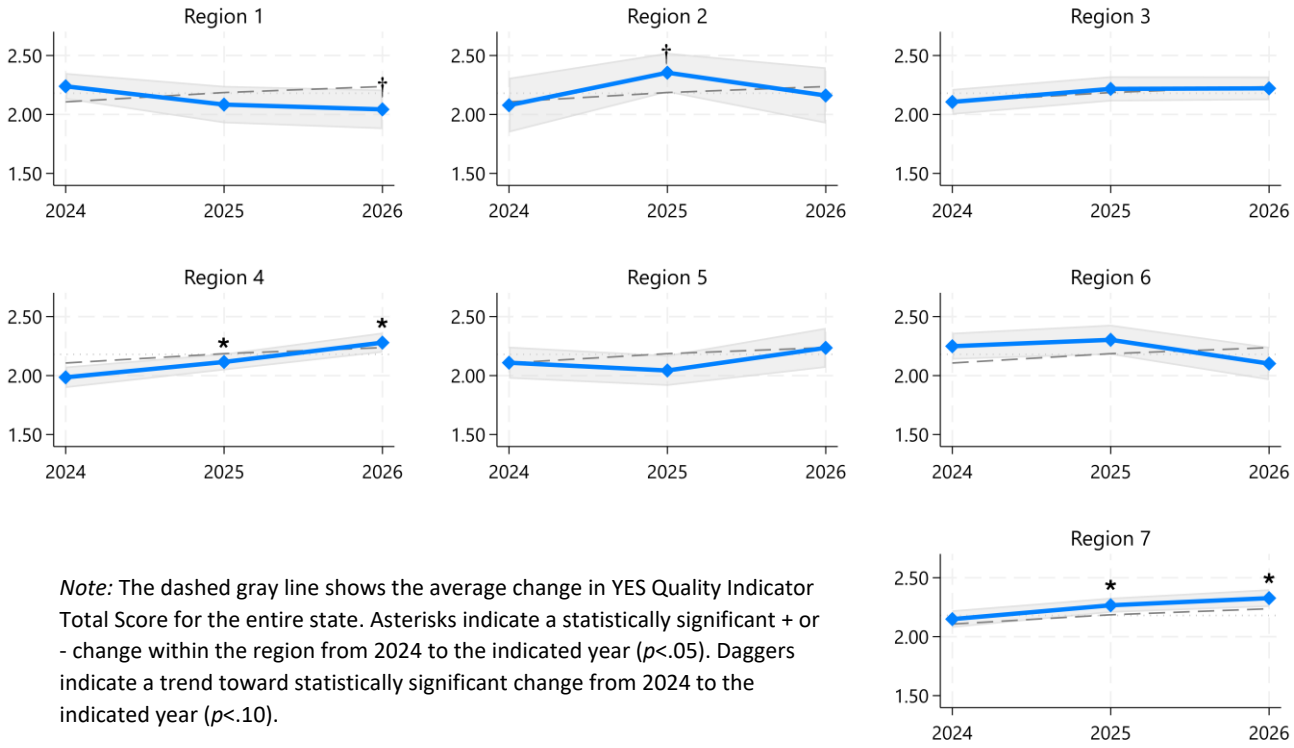
REGIONAL VARIATION IN CHANGE ON YES QUALITY INDICATOR TOTAL SCORES

Overall quality of youth and family experiences as measured by the YES Quality Indicators remained relatively stable across most regions from 2024 to 2026; however, important differences emerged. Regions 4 and 7 showed meaningful improvements, while Regions 1 and 6 exhibited concerning declines or instability.

Caregivers' responses on the 34 YES Quality Indicators can be averaged to generate a Total Score, which indicates the overall extent to which the youth experienced YES Principles during their mental health services. These Total Scores can be averaged within each IDHW region and examined from year-to-year to get an idea of regional differences in the overall level of YES Principles experienced by youth and how that changed over time. The figure on the following page shows how the average YES Quality Indicator Total Score changed from 2024 to 2026 for the entire state (gray line) and for each of DBH's seven regions. The gray line in the middle of each plot represents how the total score changed for the entire state from year to year. Overall, there was a positive statewide trend of improvement, with a statistically significant improvement in the statewide average Total Score from 2024 to 2025 ($p = .008$), and a trend toward statistically significant improvement from 2025 to 2026 ($p = .084$). If a change is statistically significant, that means it is likely real and not merely due to chance. These results suggests that overall, youths in Idaho are experiencing YES principles more, on average, from 2024 to 2026.

However, results of the analyses also indicated that there were statistically significant differences across regions in their individual trend lines, meaning that not all regions improved or changed in the same way ($p = .000$). This means there were

Adjusted Average YES Quality Indicator Total Score by Region and Year



Note: The dashed gray line shows the average change in YES Quality Indicator Total Score for the entire state. Asterisks indicate a statistically significant + or - change within the region from 2024 to the indicated year (p<.05). Daggers indicate a trend toward statistically significant change from 2024 to the indicated year (p<.10).

likely real and important differences in how the average level of quality changed across regions from 2024 to 2026.

The figure on this page ("Adjusted Average YES Quality Indicator Total Score by Region and Year") shows how each region's average YES Quality Indicator Total Score changed from 2024 to 2026. Statistically significant changes in quality from 2024 to subsequent years are marked by an asterisk (p<.05). Changes marked with a dagger indicate there was a trend toward statistical significance (p<.10), which also suggests there was likely a real difference in how quality changed over time. All analyses are adjusted for youth characteristics so that, as much as possible, trends represent real changes in the Total Score over time.

Regions that Improved. Two regions stood out as consistently improved: Regions 4 and 7. Region 4 experienced one of the largest and most meaningful improvements in overall quality from 2024-2026, reflecting a statistically significant improvement of 15% over three years. Region 7 also experienced a statistically significant and practically important improvement of 8% from 2024 to 2026.

Regions that Declined and Warrant Concern. Two regions declined and may require attention. Region 1 experienced a steady decline in YES Quality Indicator Total Score since 2024, resulting in a drop of 9% by 2026. Region 6 improved considerably from 2024 to 2025 but dropped sharply from 2025 to 2026 (8% drop). These regions may warrant intervention to improve the extent to which youth and families experience YES Principles.

Regions that Fluctuated and Warrant Monitoring. Two regions have fluctuated during the last three years and warrant monitoring. Region 2 is volatile but has wide confidence intervals (noted by the gray region around the line) because the sample size in that area is small. The small sample makes it difficult to tell if the changes are meaningful or statistical noise. Region 5 dipped down in 2025 but had a recovery in 2026. These regions may warrant monitoring to determine how quality changes in the coming years.

REGIONAL VARIATION IN CHANGE ON COMMUNITY-BASED SERVICE ARRAY QUALITY INDICATORS

The Total Score analysis above provides a broad picture of family experiences with YES Principles. To better understand one specific area of concern—access to care—we next examined four Quality Indicators related to the *Community-Based Service Array* principle. The following charts show the percentage of families who agreed with four of the *Community-Based Service Array* Quality Indicators that assess how mental health service accessibility changed over the last three years by region.

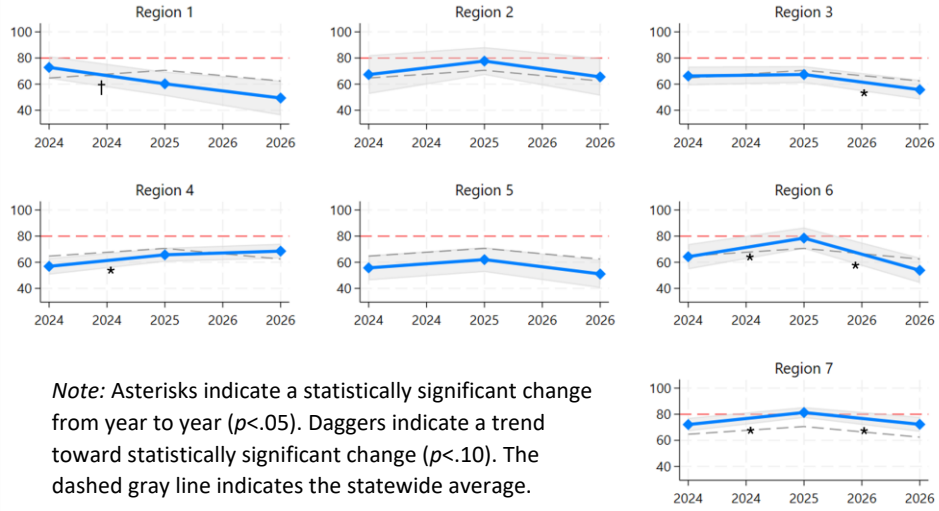
All four of the Quality Indicators showed statistically significant variability across regions in how they changed from 2024 to 2026. This means that there is important, likely real variation across DBH regions in how access to mental health care has changed for Idaho youth over the last three years.

Taken together, these findings suggest that Region 4 experienced the most consistent improvement in service accessibility between 2024 and 2026, while several other regions showed stagnant or declining performance on these Quality Indicators. Each of the charts below includes the statewide average for reference (gray line).

Some key points in analyzing these results:

Q34 "We are able to access all the mental health services recommended by the provider." Region 4 was the only area of the state that slightly improved on this Quality Indicator whereas it deteriorated in the six other regions, three of which experienced statistically significant declines (Regions 3, 6, and 7). This pattern suggests that access to provider-recommended mental health services exhibited a notable decline across the entire state in 2026, with the exception of Region 4.

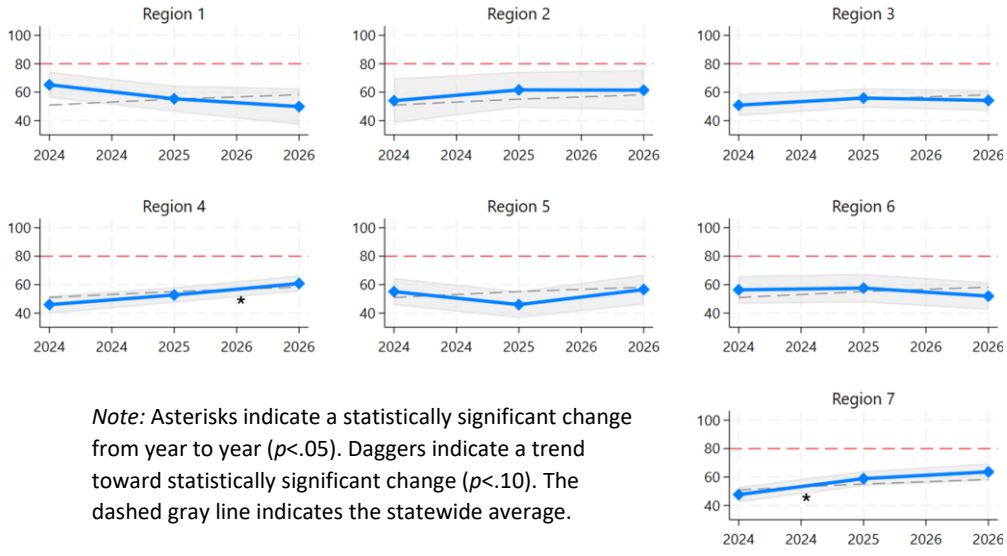
Change in Adjusted Percent Agreement with Q34 ("We are able to access all the mental health services recommended by the provider") by Year and Region



Note: Asterisks indicate a statistically significant change from year to year (p<.05). Daggers indicate a trend toward statistically significant change (p<.10). The dashed gray line indicates the statewide average.

Q20 "When my child/youth needs services right away, he or she is able to see someone as soon as we want." From 2025 to 2026 there was a statistically significant improvement in Region 4 which was joined by regions 5 and 7 in exhibiting positive year-to-year changes. However, Regions 2 and 3 remained

Change in Adjusted Percent Agreement with Q20 ("When my child/youth needs services right away, he or she is able to see someone as soon as we want") by Year and Region



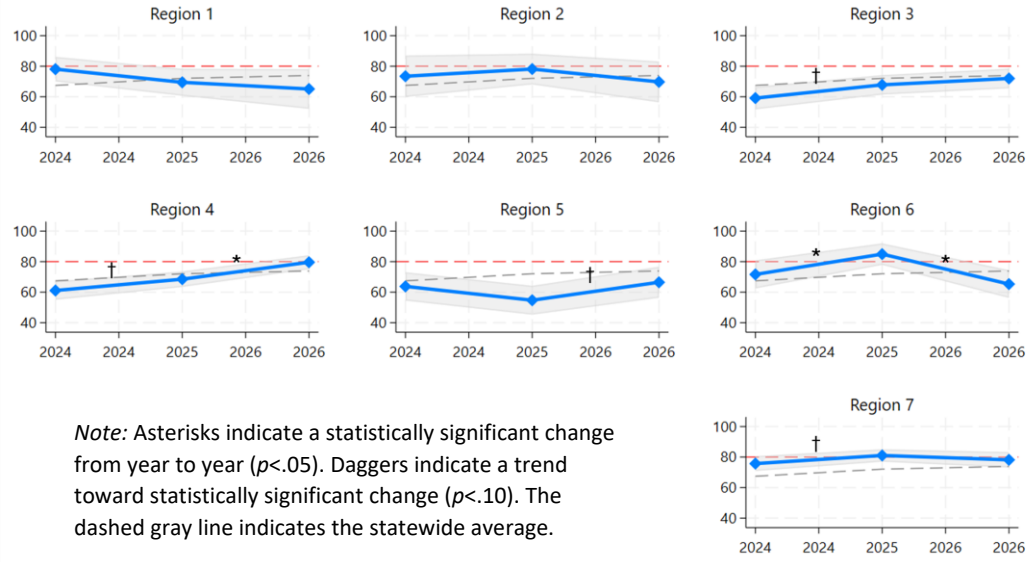
Note: Asterisks indicate a statistically significant change from year to year (p<.05). Daggers indicate a trend toward statistically significant change (p<.10). The dashed gray line indicates the statewide average.

relatively flat and Regions 1 and 6 saw practically important declines. Overall, family agreement with this item was far below the state quality target of 80%, indicating a need for improvement in this area.

Q26 "We are able to get the services my child/youth needs within our local community." There was important variability across regions in how local access to services changed over the last three years. Similar to the other access indicators, Region 4 saw an improvement in local accessibility of youth mental health services during the last three years, including a statistically significant increase from 2025 to 2026. Region 3 also exhibited a trend toward improvement over this time period. However, Region 1, Region 2, and Region 6 all saw important declines during this time.

Region 2 is largely rural part of the state with low population density, which may raise the question of why more caregivers in this region perceive services as locally accessible than in Region 4 which has much higher population and provider density. Several factors may help explain this pattern, although the survey data cannot directly test these explanations. One is that behavioral health systems often adapt to rurality by embedding clinicians directly into schools, so that services seem highly accessible to families. Higher telehealth adoption in rural areas can also make services more locally accessible as can co-location of mental health services within primary care medical clinics where families have established relationships. Finally, people living in highly rural areas may have very different definitions of "local" compared to people in urban or suburban areas. For example, in a city, a 45-minute drive may be perceived as a massive distance and service barrier. Conversely, the same drive may seem completely normal and woven into daily life for families living in rural areas, where it may be common to drive 45 minutes or an hour to the nearest town for groceries, school, or medical care.

Change in Adjusted Percent Agreement with Q26 ("We are able to get the services my child/youth needs within our local community") by Year and Region

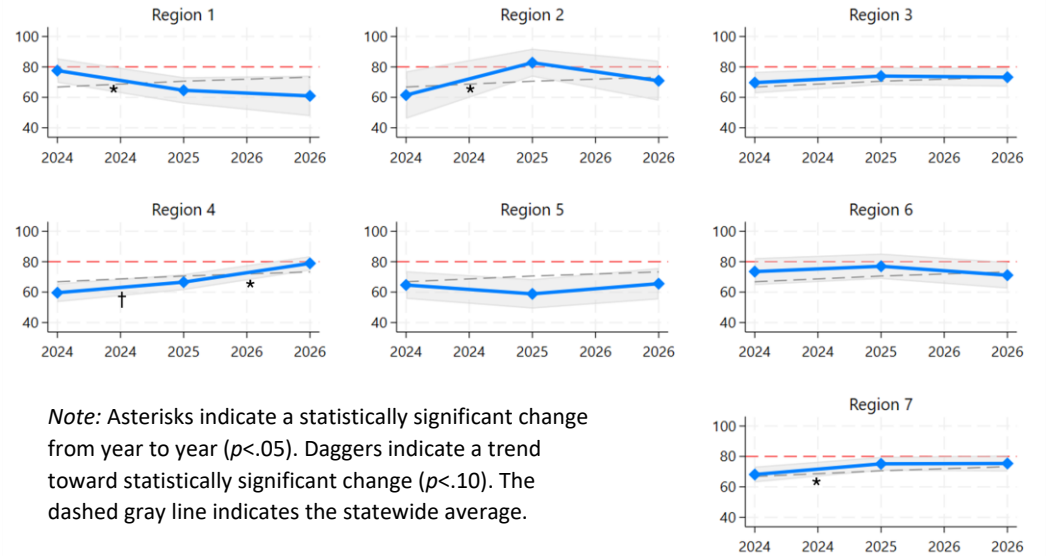


Note: Asterisks indicate a statistically significant change from year to year (p<.05). Daggers indicate a trend toward statistically significant change (p<.10). The dashed gray line indicates the statewide average.

Q10 "My family can easily access the services my child needs most." This question assesses caregivers' perception that their child is able to get the mental health services they really need. Answering the question does not require an exhaustive knowledge of all available services or the clinical expertise to diagnose a child's mental health condition; rather, it reflects a parent's intuition and belief that their child is getting the mental health help they need.

Similar to the other access-oriented Quality Indicators, there was statistically significant variation in families' agreement with this Quality Indicator across regions over time. Three regions, 3, 6, and 7, held relatively stable during the last three years. Region 1 again exhibited a steady decline, suggesting a need for potential intervention in this area of the state. Region 4 was the only area where family agreement with this Quality Indicator consistently improved over the last three years, including a statistically significant improvement from 2025 to 2026.

Change in Adjusted Percent Agreement with Q10 ("We are able to get the services my child/youth needs within our local community") by Year and Region



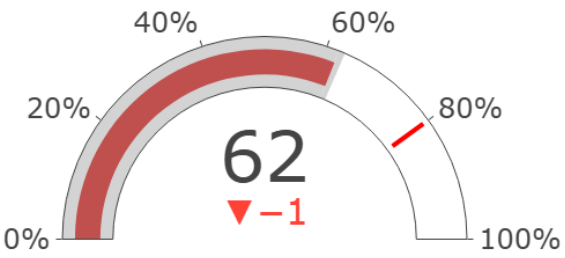
Note: Asterisks indicate a statistically significant change from year to year (p<.05). Daggers indicate a trend toward statistically significant change (p<.10). The dashed gray line indicates the statewide average.

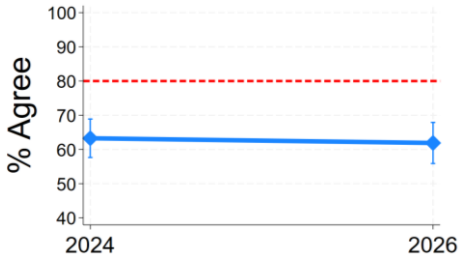
Summary. Overall, the pattern of results from these analyses suggests that access to mental health services has held steady or improved in Region 4 during the last three years, however, other areas of the state have remained stagnant, below the 80% quality benchmark, and some regions, such as 1 and 6 have exhibited concerning declines that should be monitored or intervened upon to improve care.

SAFETY/CRISIS PLANNING

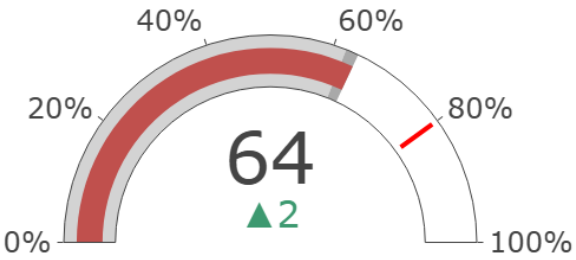
Crisis and safety planning is an important part of mental health services to ensure youths and families are kept safe and have their needs met during a mental health crisis. The following questions asked caregivers about their family's experience with crisis safety planning.

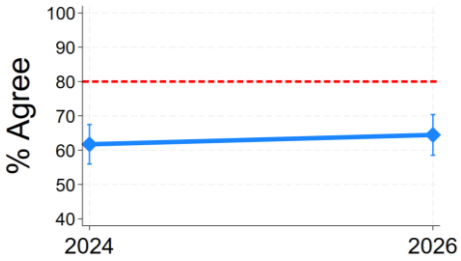
Q37: THE PROVIDER HELPED MY FAMILY MAKE A SAFETY/CRISIS PLAN.



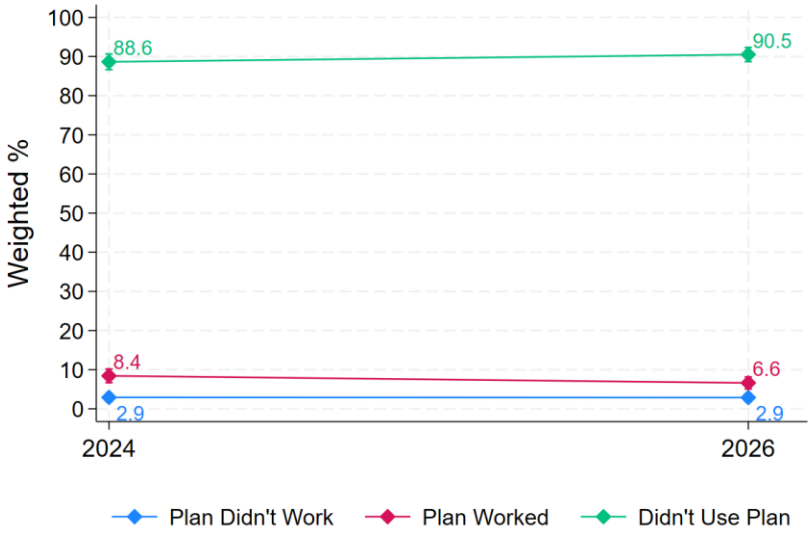


Q38: I FEEL CONFIDENT MY FAMILY'S SAFETY/CRISIS PLAN WILL BE USEFUL IN TIMES OF CRISIS.



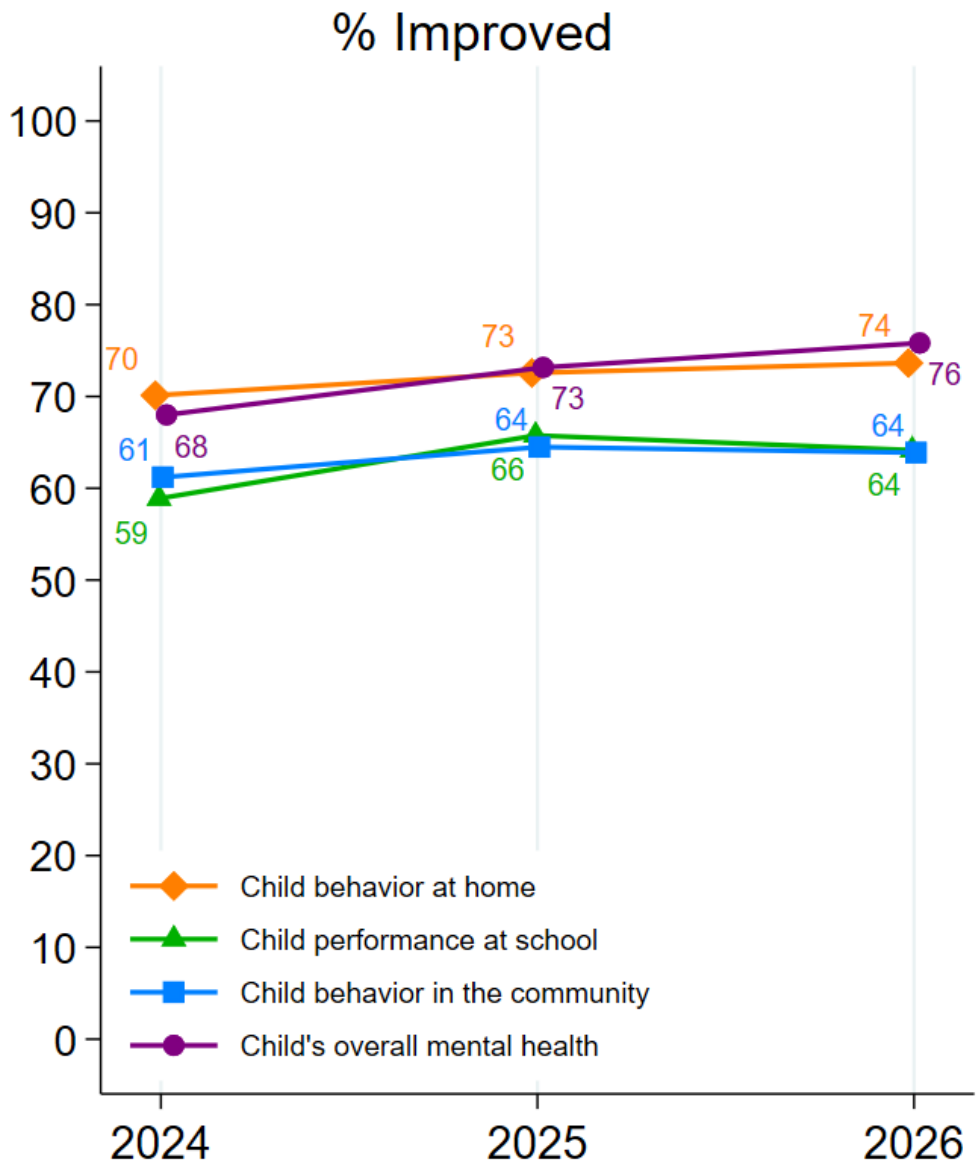


Family-Reported Usage and Effectiveness of Safety/Crisis Plan, by Year



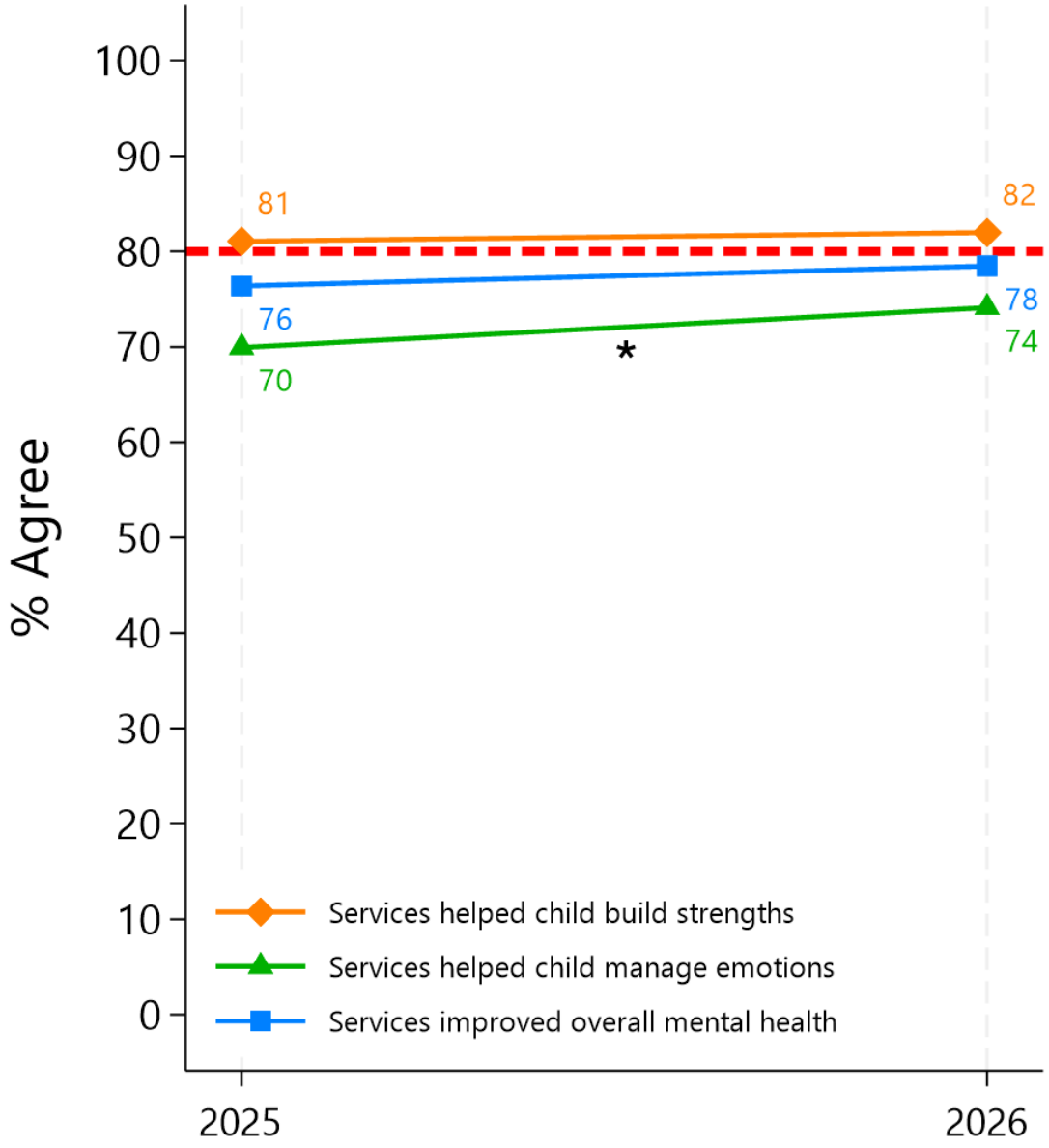
YOUTH OUTCOMES

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 2024 to 2026. These percentages are adjusted to account for variation in youth characteristics from year to year. In general, youth outcomes improved or remained stable compared to last year with the exception of performance at school. There were no statistically significant changes in outcomes from 2025 to 2026.

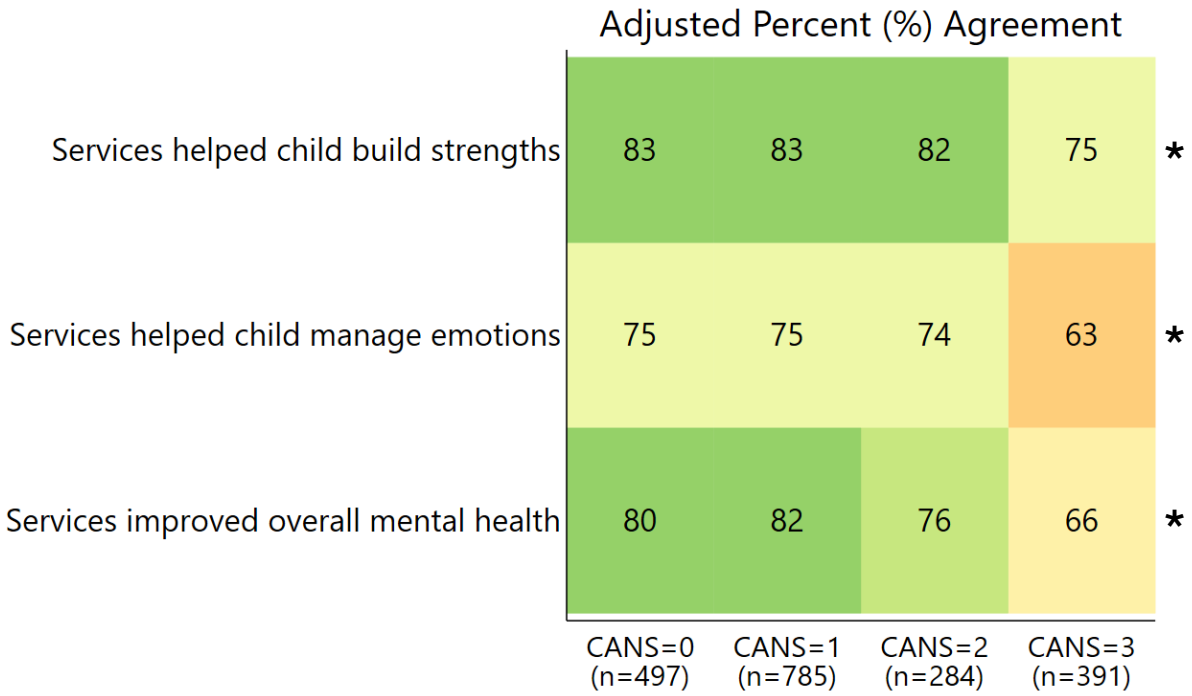


SERVICE EFFECTIVENESS

Beginning in 2025, the YES Family Survey asked Idaho caregivers three questions about how much their youth had benefitted from the mental health services they participated in during the prior six months. These questions focus on service effectiveness by asking how much services have contributed to improvements in youths' strengths, their ability to effectively manage their emotions, and their overall mental health. The chart shows the adjusted percentage of families that agreed with each item in 2025 and 2026. There was a statistically significant improvement in the percentage of families agreeing that services had helped their child effectively manage their emotions.



To better understand how caregiver perspectives on service outcomes differed based on youth characteristics, we examined how caregivers' level of agreement with each service effectiveness item varied across different Child and Adolescent Needs and Strengths (CANS) scores. After accounting for other measured youth characteristics, a clear pattern emerged across all three items: caregivers of youth with a CANS score of 3 (the highest level of impairment) were significantly less likely to agree that services had benefitted their child compared to those with lower CANS scores. This analysis included pooled 2025 and 2026 responses.



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

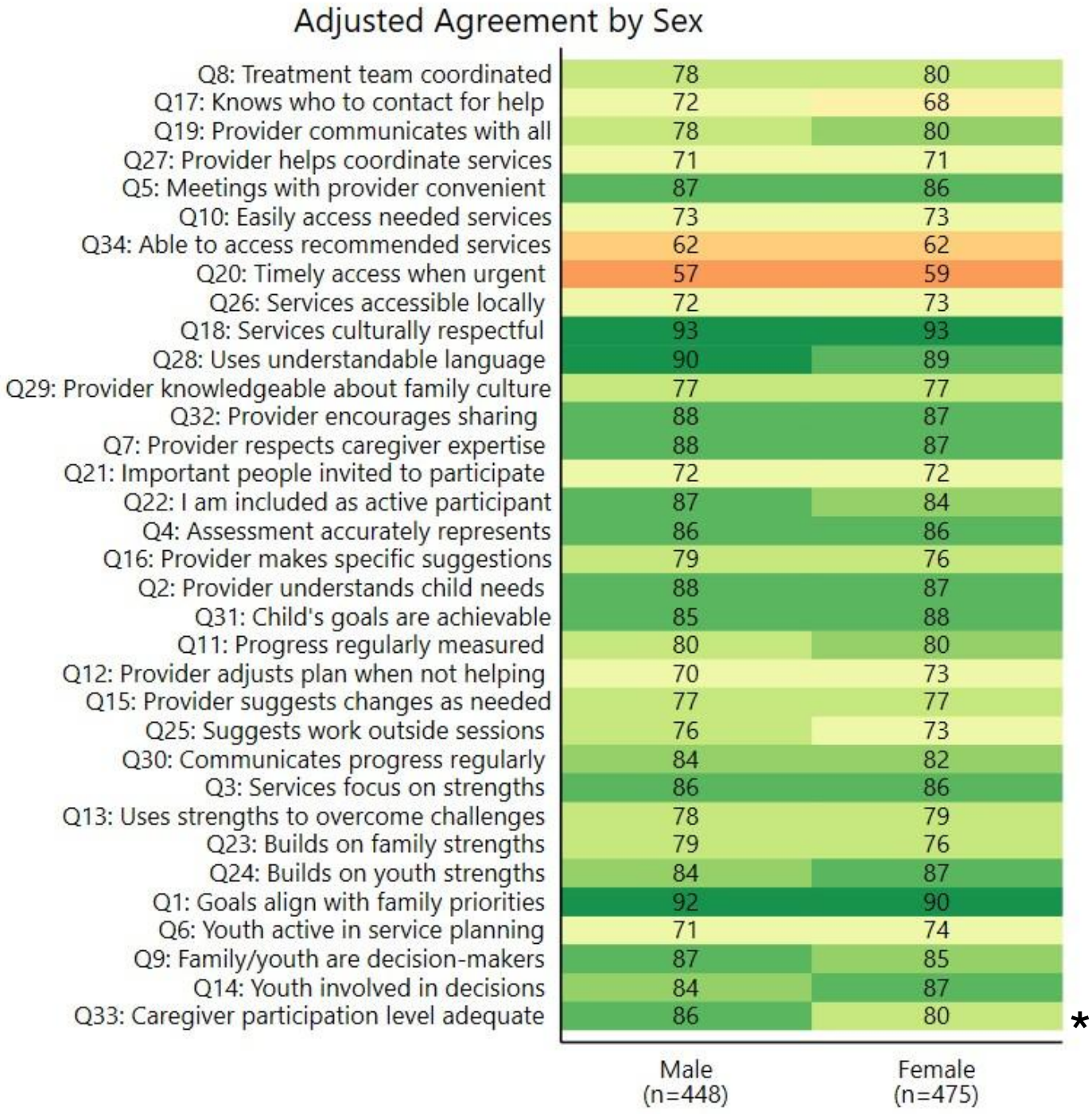
When the Idaho YES system is effectively meeting the needs of all youth, the extent to which services embody YES Principles should not differ on the basis of youth characteristics. The charts below show the percentage of caregivers who agreed with each YES Quality Indicator broken out by youth characteristic; percentages are adjusted to account for youth characteristics not included in the heatmap. 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 that they could easily access the mental health services their child needed most.

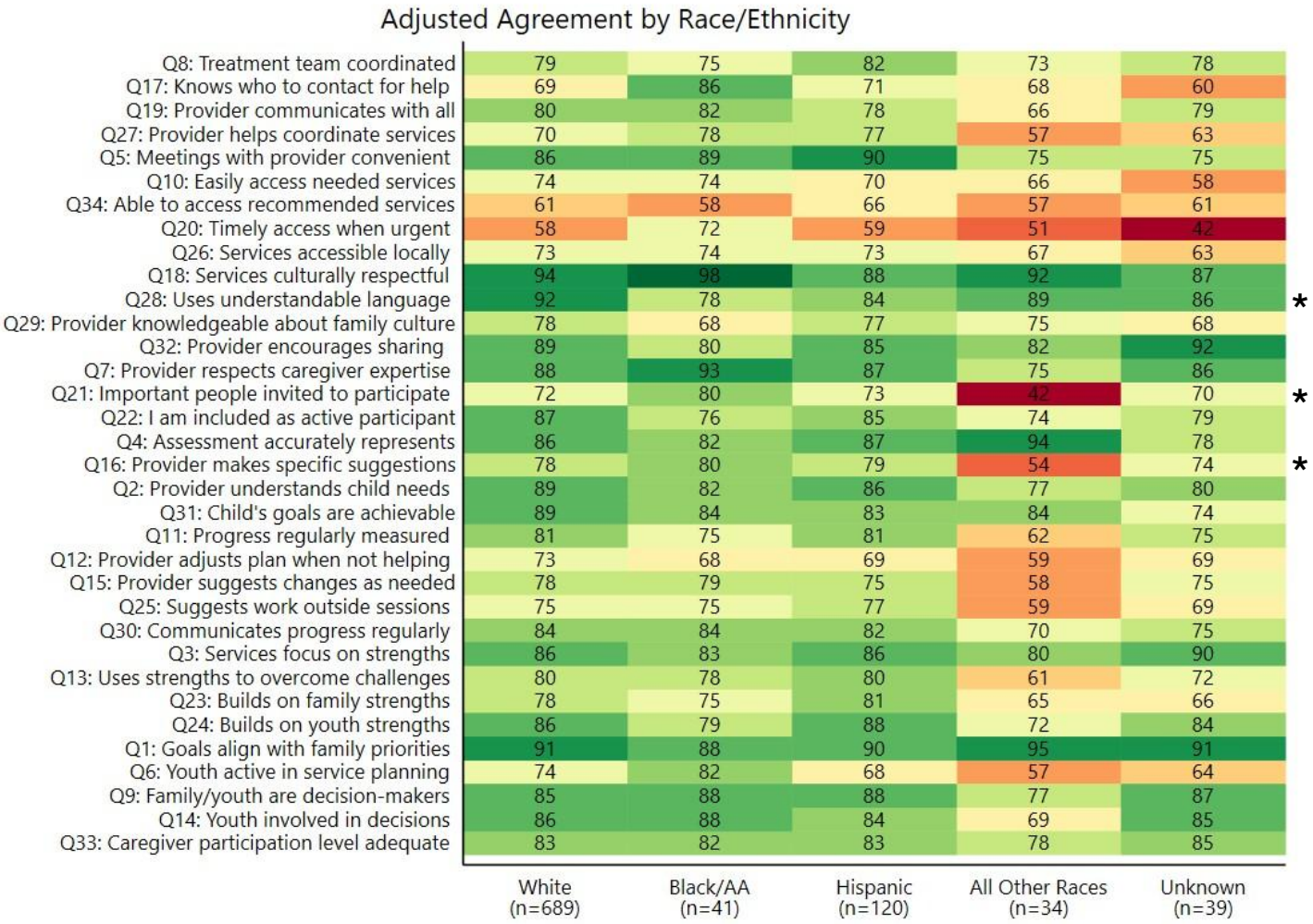
Adjusted Agreement by CANS Category

	CANS=0 (n=190)	CANS=1 (n=369)	CANS=2 (n=153)	CANS=3 (n=211)	
Q8: Treatment team coordinated	79	80	80	77	
Q17: Knows who to contact for help	74	71	67	66	
Q19: Provider communicates with all	79	81	79	76	
Q27: Provider helps coordinate services	72	72	69	69	
Q5: Meetings with provider convenient	88	87	87	82	
Q10: Easily access needed services	74	76	74	64	*
Q34: Able to access recommended services	63	64	61	57	
Q20: Timely access when urgent	61	61	53	53	
Q26: Services accessible locally	72	75	76	68	
Q18: Services culturally respectful	94	94	89	93	
Q28: Uses understandable language	88	90	90	91	
Q29: Provider knowledgeable about family culture	79	77	76	76	
Q32: Provider encourages sharing	88	87	85	91	
Q7: Provider respects caregiver expertise	89	88	86	88	
Q21: Important people invited to participate	70	74	70	70	
Q22: I am included as active participant	84	87	84	85	
Q4: Assessment accurately represents	89	85	86	84	
Q16: Provider makes specific suggestions	80	79	76	73	
Q2: Provider understands child needs	86	87	89	88	
Q31: Child's goals are achievable	86	89	84	86	
Q11: Progress regularly measured	76	82	82	79	
Q12: Provider adjusts plan when not helping	68	75	70	70	
Q15: Provider suggests changes as needed	74	79	78	75	
Q25: Suggests work outside sessions	72	76	74	74	
Q30: Communicates progress regularly	80	86	80	83	
Q3: Services focus on strengths	87	86	83	85	
Q13: Uses strengths to overcome challenges	78	80	79	76	
Q23: Builds on family strengths	78	78	80	72	
Q24: Builds on youth strengths	87	87	84	83	
Q1: Goals align with family priorities	94	90	90	91	
Q6: Youth active in service planning	73	75	71	68	
Q9: Family/youth are decision-makers	88	86	85	82	
Q14: Youth involved in decisions	87	86	85	83	
Q33: Caregiver participation level adequate	81	84	81	83	

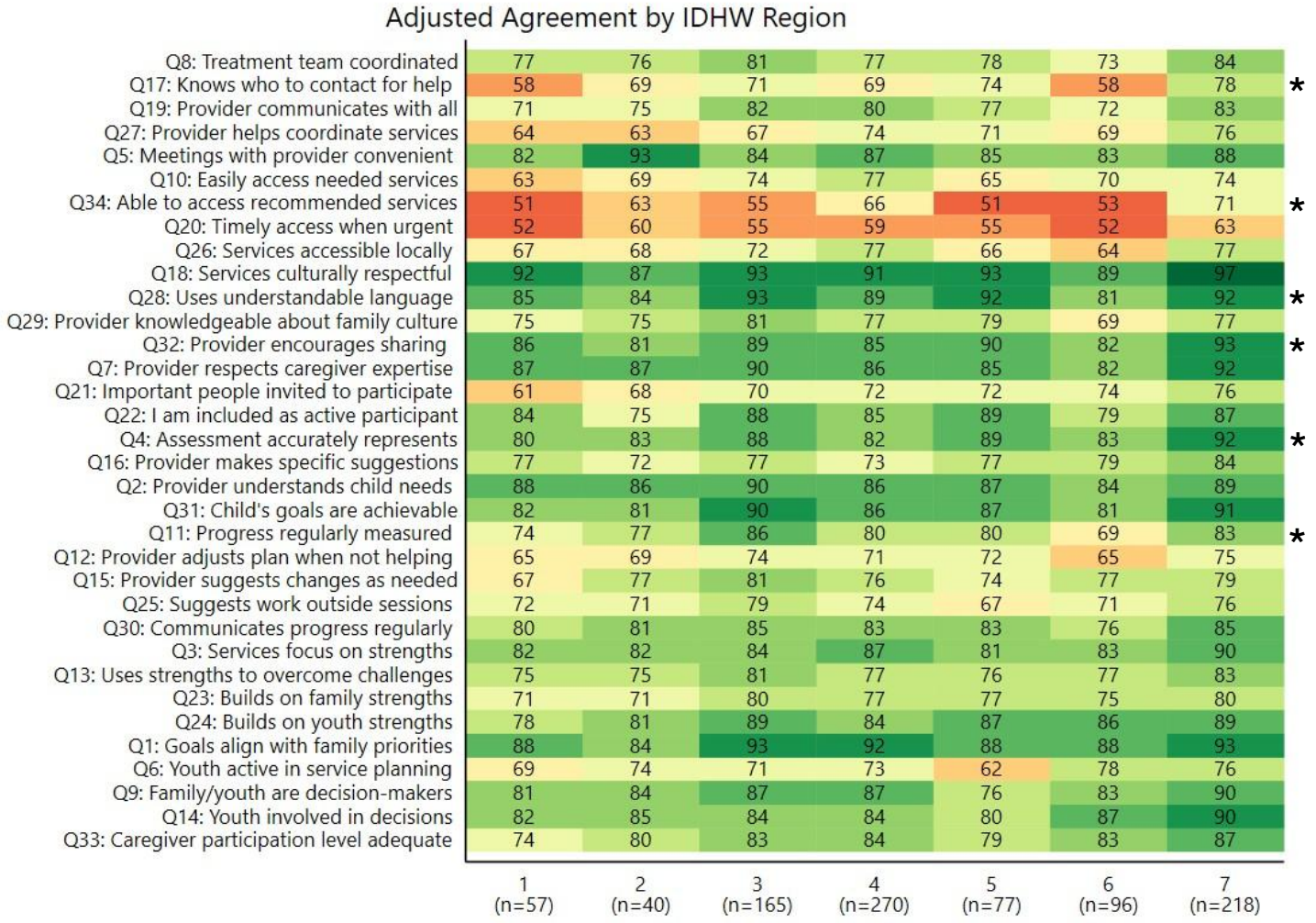
There were statistically significant differences by youth sex on one YES Quality Indicator. Caregivers of male youths were more likely than caregivers of female youths to agree that they were able to participate in their youth's services as much as they wanted to, after adjusting for other youth characteristics.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



Analyses of caregiver responses to the YES Quality Indicators broken out by youth race/ethnicity revealed statistically significant differences in adjusted levels of caregiver agreement on three items. Information on youth race/ethnicity was provided by the sampling database from DBH. These analyses can be difficult to interpret because small groups must be combined into larger ones in order to make estimates statistically reliable, and because one group includes youths whose race/ethnicity was not reported. Nonetheless, caregivers of youths grouped into the "All Other Races" category were significantly less likely than average to agree that people who are important in the child's life were invited to participate in treatment or that the provider made specific suggestions about services that might benefit their child. Caregivers of youths categorized as white were significantly more likely than other caregivers to agree that the provider used language that helped them feel understood.



New this year, an analysis was completed comparing adjusted rates of caregiver agreement on the YES Quality Indicators broken out by DBH Regions. These analyses indicated there were statistically significant differences across regions on six items which are summarized in the heatmap and table below. The table shows which regions were significantly higher or lower than the average value across all regions. Examination of the table indicates that Region 7 stood out as higher than average on 4 indicators whereas Region 6 was lower than average on three indicators.



Summary of Regional Differences on YES Quality Indicators

Indicator	DBH Region						
	1	2	3	4	5	6	7
Q17: Know who to contact for help if compliant	–					–	+
Q34: Able to access all recommended services					–		+
Q28: Provider uses language makes family feel understood			+			–	
Q32: Provider encourages sharing							+
Q4: Assessment accurately represents child				–			+
Q11: Progress regularly measured			+			–	

Note: A cell with a plus or minus sign indicates that region was significantly different from the average adjusted level of agreement on that Quality Indicator. The direction of the sign indicates if the region was higher or lower than average.

APPENDIX 1: METHODS

TARGET POPULATION AND SAMPLE

The target population for the 2026 YES Family Survey was Idaho youth, ages 4 to 17 years, who lived at home, and who participated in YES mental health services from July 1, 2025 to December 31, 2025. 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, 2025 to December 31, 2025, (b) had completed a CANS assessment as reflected in the P-CIS database, and (c) had a complete mailing address. The sampling frame included 8,223 eligible youths.

To improve the representativeness of the survey sample and ensure coverage of all areas of the state, investigators selected a stratified random sample of youth from each of DBH's seven regions. The number of youths selected in each region was proportionate to that region's share of the total sampling frame. To obtain a sufficient number of completed surveys to estimate statewide proportions with an approximate margin of error of ±3 percentage points at the 95% confidence level, assuming a response rate of approximately 20%, the target sample size was set at 5,359 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 sample of 5,359 youths represented 65% of the sampling frame. This large sampling fraction increases the precision of survey estimates and allows the use of finite population corrections in variance estimation.

SURVEY ITEMS

Items on the 2026 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 with mental health crisis and safety planning,
(3) families' perceptions of youth outcomes, including changes in youth day-to-day functioning at home, school, and in the community,
(4) families' 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 "safety/crisis plan." 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 studies that provide evidence supporting the validity and reliability of the measures and demonstrate that variation in families' experiences of care is associated with variation in reported youth outcomes (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 included and questions asking about child and family teaming were excluded since they were asked last year.

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 2026 to May 2026.

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.

DATA ANALYSIS

The YES Family Survey is a repeated cross-sectional survey, meaning a new random sample is selected each year. As a result, differences observed across survey years reflect changes in the experiences of the population of youth receiving YES services, rather than changes in the experiences of the same individual youth over time. Analyses incorporate survey weights that adjust for differences in sampling probabilities and survey response rates across groups of youth. Analyses also account for the stratified sampling design and finite population corrections based on the known size of the sampling frame. These features help ensure that the estimates generated in this report represent population totals for Idaho youth who participated in YES mental health services, as indicated by virtue of having been included in the sampling frame.

The focus of this report is on describing the experiences of youths who participated in mental health services from July to December of the prior calendar year; however, caregivers may not have accurate recall of experiences that occurred more than six months ago. To account for this, the first question on the survey asks caregivers to indicate whether their youth participated in mental health services during the prior six months. If caregivers indicate, "No," they are instructed to return the survey. If they indicate "Yes," they are asked to complete the survey. Because some sampled caregivers may report that their youth did not receive mental health services during the previous six months, survey estimates are restricted to the subgroup of youth who were confirmed by caregivers to have received services during that period. Survey estimation procedures account for the complex sampling design when producing estimates for this subgroup.

Analyses that examine change in family experience over time must be adjusted for the characteristics of youths whose caregivers responded from year to year in order to ensure an 'apples to apples' comparison across years. Variables describing youth characteristics, including sex, age, race/ethnicity, and other demographic factors, are therefore included in longitudinal analyses to support valid comparisons across years.

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 IRB25-538.

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Dillman, D. A., Smyth, J. D., & Christian, L. M. (2014). *Internet, phone, mail, and mixed-mode surveys: the tailored design method*. John Wiley & Sons.

Williams, N. J., Beauchemin, J., Giuntini, G., Griffis, J., & Mo, Y. (2022). Psychometric evaluation of a pragmatic measure for assessing adherence to System of Care principles in behavioral health service interactions. *Journal of Emotional and Behavioral Disorders, 30*(3), 221-234.

Williams, N. J., Beauchemin, J., & Marcus, S. C. (under review). Development and psychometric evaluation of a patient-reported experience measure for monitoring system-of-care principles in youth mental health services.

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

APPENDIX 2: COPY OF 2026 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

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	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:**

The next questions ask about a **safety/crisis plan.** A safety/crisis plan is a written document that says what you, your child, and others will do to de-escalate a mental health crisis if one occurs. It often lists coping strategies, support people, phone numbers, and resources. **Not all youth and families need a safety/crisis plan.**

36. Do you believe your child/youth should have a safety/crisis plan in place?
- ◯ No (Skip to question 40)
- ◯ Yes (Answer all questions below)
- ◯ Unsure (Answer all questions below)

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
37. The provider helped my family make a **safety/crisis plan**.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
38. I feel **confident** that my family's safety/crisis plan **will be useful** in times of crisis.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

39. Have you **used** a **safety/crisis plan** for your child in the **last 6 months?** ◯ No ◯ Yes — IF YES, was the plan **effective?** ◯ No ◯ Yes

Compared to 6 months ago, how would you rate...	MUCH WORSE	A LITTLE WORSE	ABOUT THE SAME	A LITTLE BETTER	MUCH BETTER
40. ...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
41. ... your child/youth's **performance at school now** (e.g., attendance, behavior, grades)?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
42. ... 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
43. ... 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
44. Services have **helped** my child/youth **build strengths.**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
45. Services have **helped** my child/youth **effectively manage his/her emotions.**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
46. 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.

47. 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

48. **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

Thank you for sharing about your experience!

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Form #