

Ohio Department of Mental Health Youth Services Survey For Families (YSS-F)

Please help the Department of Mental Health make services better by answering some questions about the services your child received OVER THE LAST 6 MONTHS. If your child has received services from more than one mental health provider, choose the one you think of the main or primary provider. Please indicate if you Strongly Agree, Agree, are Undecided, Disagree, or Strongly Disagree with each of the statements. Fill in or put a cross (X) in the circle that best describes your answer. Thank you!

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. Overall, I am satisfied with the services my child received.....	<input type="radio"/>				
2. I helped to choose my child s services.....	<input type="radio"/>				
3. I helped to choose my child s treatment goals.....	<input type="radio"/>				
4. The people helping my child stuck with us no matter what.....	<input type="radio"/>				
5. I felt my child had someone to talk to when he/she was troubled.....	<input type="radio"/>				
6. I participated in my child s treatment.....	<input type="radio"/>				
7. The services my child and/or family received were right for us.....	<input type="radio"/>				
8. The location of services was convenient for us.....	<input type="radio"/>				
9. Services were available at times that were convenient for us.....	<input type="radio"/>				
10. My family got the help we wanted for my child.....	<input type="radio"/>				
11. My family got as much help as we needed for my child.....	<input type="radio"/>				
12. Staff treated me with respect.....	<input type="radio"/>				
13. Staff respected my family s religious/spiritual beliefs.....	<input type="radio"/>				
14. Staff spoke with me in a way that I understood.....	<input type="radio"/>				
15. Staff were sensitive to my cultural/ethnic background.....	<input type="radio"/>				

As a result of the services my child and/or family received:

16. My child is better at handling daily life.....	<input type="radio"/>				
17. My child gets along better with family members.....	<input type="radio"/>				
18. My child gets along better with friends and other people.....	<input type="radio"/>				
19. My child is doing better in school and/or work.....	<input type="radio"/>				
20. My child is better able to cope when things go wrong.....	<input type="radio"/>				
21. I am satisfied with our family life right now.....	<input type="radio"/>				
22. My child is better able to do things he or she wants to do.....	<input type="radio"/>				

As a result of the services my child and/or family received: please answer for relationships with persons other than your mental health provider(s)

23. I know people who will listen and understand me when I need to talk.....	<input type="radio"/>				
24. I have people that I am comfortable talking with about my child’s problems....	<input type="radio"/>				
25. In a crisis, I would have the support I need from family or friends.....	<input type="radio"/>				
26. I have people with whom I can do enjoyable things.....	<input type="radio"/>				

Please turn survey over to answer questions on back side.

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Please answer the following questions to let us know how your child is doing.

27. Is your child currently living with you? Yes No

28. Does your child currently receive mental health services? Yes No

29. How long did/has your child receive(d) mental health services?

a Less than 12 months (go to question 30).

b. One year or more (go to question 36).

30. Was your child arrested since beginning to receive mental health services?

Yes No

31. Was your child arrested during the 12 months prior to that?

Yes No

32. Since your child began receiving mental health services, have encounters with the police:

Been reduced. Child hasn't been arrested, hassled by police or escorted to a shelter or crisis program.

Stayed the same.

Increased

Not applicable. There were no police encounters this year or last.

33. Was your child expelled or suspended since beginning services?

Yes No

34. Was your child expelled or suspended during the 12 months prior to that?

Yes No

35. Since beginning to receive mental health services, the number of days my child was in school is:

Greater.

About the same.

Less.

Does not apply. *Please select why this doesn't apply:*

Child didn't have a problem with attendance before starting services.

Child is too young to be in school.

Child was expelled from school.

Child is home-schooled.

Child dropped out of school.

Other.

36. Was your child arrested during the last 12 months?

Yes No

37. Was your child arrested during the 12 months prior to that?

Yes No

38. Over the last year, have your child's encounters with the police:

Been reduced. Child hasn't been arrested, hassled by police or escorted to a shelter or crisis program.

Stayed the same.

Increased

Not applicable. There were no police encounters this year or last.

39. Was your child expelled or suspended during the last 12 months?

Yes No

40. Was your child expelled or suspended during the 12 months prior to that?

Yes No

41. Over the last year, the number of days my child was in school is:

Greater.

About the same.

Less.

Does not apply. *Please select why this doesn't apply:*

Child didn't have a problem with attendance before starting services.

Child is too young to be in school.

Child was expelled from school.

Child is home-schooled.

Child dropped out of school.

Other.