



2015 Youth Services Survey for Families Results

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Overview

The Office of Quality, Planning, and Research in the Ohio Department of Mental Health and Addiction Services (OhioMHAS) administered its annual mail survey to parents and guardians of child and adolescent consumers with serious emotional disturbances (SED) on their perception of care and treatment outcomes. An additional questionnaire asking about school enrollment and grade advancement was included in the State Fiscal Year (SFY) 2015 administration of the survey. (See back of report for instrument.) Parents and guardians were queried between April 1 and June 30, 2015 using the Youth Services Survey for Families (YSS-F) instrument. Survey results are used for Mental Health Block Grant reporting requirements, to inform quality improvement initiatives, and to give stakeholders a direct indication of how consumers of mental health services in Ohio perceive their treatment and experience in the public mental health system.

Methodology

The 2015 survey administration drew a random sample stratified by race and county/board type from the MACSIS/MITS billing database. A sample of 16,000 children and adolescents under age 18 who met criteria for serious emotional disturbance was drawn from a universe of 78,557 youth with SED who received services in the last two quarters of SFY 2014. The sample size for the youth service population was based on a power analysis for confidence intervals (CI) of +/-3 percent. Racial minorities in the child and adolescent population were over-sampled in an effort to obtain adequate representation.

Surveys were mailed out in two waves, with reminder postcards issued three weeks after the first mailing, and a second survey mailed at eight weeks. Survey participants were given the option of responding by mail with a pre-paid business envelope, by phone over the department's toll-free line, or via an internet survey website.

Sampling Results

In the parent/guardian return sample, 10.9 percent ($n = 1740$) of survey packets were returned as undeliverable mail. About 0.2 percent ($n = 35$) of respondents declined participation, and 74.2 percent ($n = 5,329$) of survey recipients did not respond by the survey deadline. A valid, completed survey was returned by 1,040 parent/guardians, or 7.3 percent of the sample that received a mail packet.

Sample Demographics

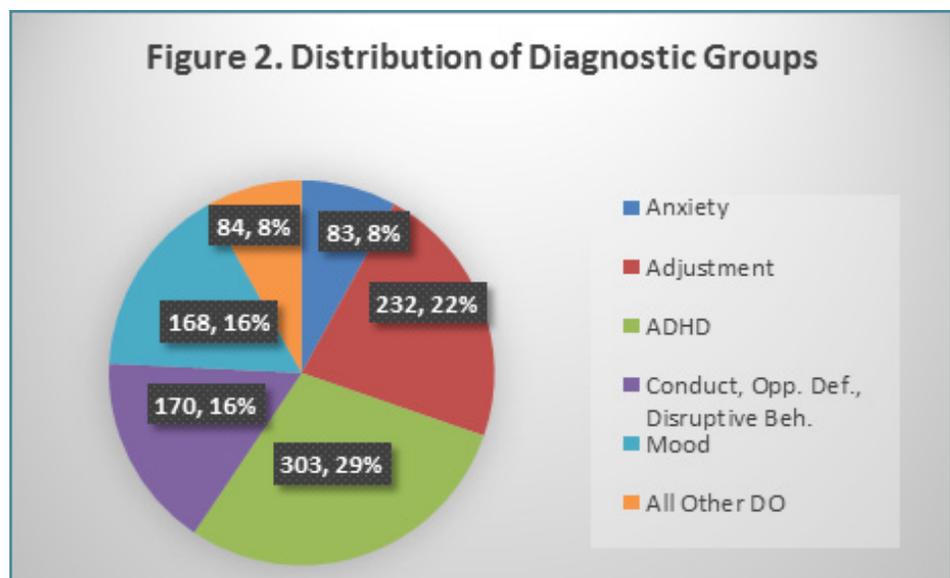
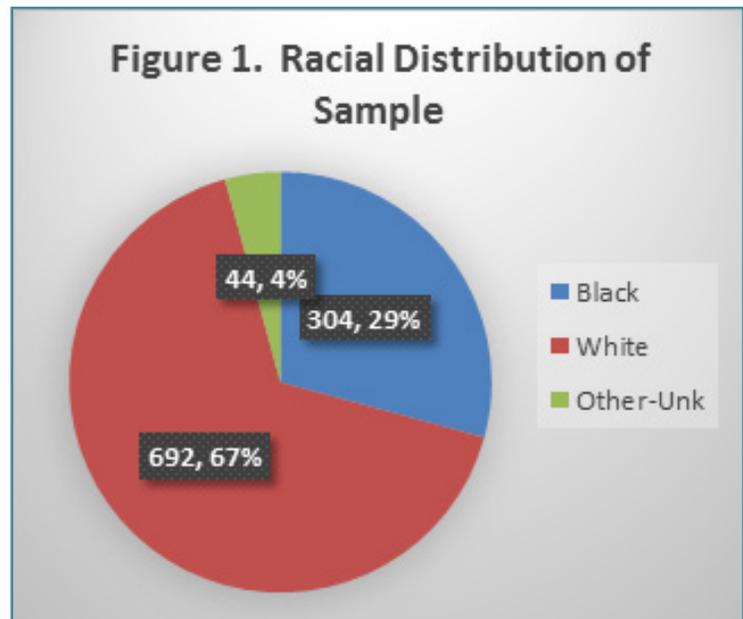
The child/adolescent consumer sample was 38.9 percent female ($n = 405$) and 61.1 percent male ($n = 635$). The gender distribution in the return sample was not representative of the SFY 2014 child and adolescent service population, where 41.7 percent are female and 58.3 percent are male. Mean age of the return sample was 11.3 years ($SD = 3.6$), which was no different than the population mean age of 11.3 ($SD = 3.7$).

The return sample was 66.5 percent White ($n = 692$), and 29.2 percent African American ($n = 304$). Under five percent ($n = 44$) were identified as other race or unknown. The racial distribution of the sample was representative of the SFY 2014 service population. (See Figure 1.) Some 4.7 percent ($n = 49$) of the sample were identified by one of several Hispanic/Latino ethnicities. The ethnic distribution of respondents was not representative of the SFY 2014 service population, where 3.1 percent are identified as Hispanic.

The sample was grouped into five county/board types, with the percentage distributions as follows: Appalachian 14.1 percent ($n = 147$), Rural 6.6 percent ($n = 69$), Small City 18.6 percent ($n = 193$), Suburban 14.9 percent ($n = 155$), and Major Metropolitan 45.8 percent ($n = 476$). The return sample's geographic distribution was not representative of the SFY 2014 service population. Appalachian and Major Metropolitan board types were under-represented in the return sample, while Rural, Small City, and Suburban board types were over-represented.

Some 67.2 percent ($n = 699$) of the sample had received services in the prior fiscal year. Respondents who received services in SFY 2013 and 2014 were considered "long term," and those (32.8%; 341) who only received services in SYF 2014 were classified as "short term." Compared to the SFY 2014 service population, long-term consumers were over-represented in the sample, and short-term consumers were under-represented.

The sample was categorized into diagnostic groups: Some 8 percent ($n = 83$) had an anxiety disorder (DO); 22.3 percent ($n = 232$) had adjustment disorder; 29.1 percent ($n = 303$) had attention deficit, hyperactivity disorder (ADHD); 16.3 percent



($n = 170$) conduct, oppositional defiant, or disruptive behavior disorders; 16.2 percent ($n = 168$) a mood disorder such as depression and bipolar; and 8.1 percent ($n = 84$) were classified with “other” disorders. (See Figure 2.)

Other Characteristics of the Sample

Some 21.9 percent ($n = 228$) of the sample indicated the child was not receiving services at the time of the survey, and 3.9 percent ($n = 40$) said the child was no longer living at home. Among 376 short-term consumers, 5.9 percent ($n = 22$) reported police involvement over a 24 month period. Of 664 long-term consumers, 8.3 percent ($n = 55$) reported police involvement over the same time period. (More detailed information about criminal justice involvement is found in the report *Trends in Arrests for Adult and Child and Adolescent Consumers*.) Among the short-term consumers, 16.5 percent ($n = 62$) reported a suspension or expulsion in the 12 months prior to survey administration. Of the long-term consumers, 24.4 percent ($n = 162$) had had a school suspension or expulsion during the same time period. (More detailed information about school suspensions and expulsions is found in the report *Trends in Child and Adolescent School Disciplinary Events*.)

Survey Results

	YSS-F Subscale	Survey Item Numbers
Perception of Care	<i>Appropriateness</i>	1, 4, 5, 7, 10, 11
	<i>Access</i>	8, 9
	<i>Cultural Sensitivity</i>	12, 13, 14, 15
	<i>Participation in Treatment</i>	2, 3, 6
Treatment Outcomes	<i>Outcomes</i>	16, 17, 18, 19, 20, 21, 22
	<i>Functioning</i>	16, 17, 18, 19, 20, 22
	<i>Social Connectedness</i>	23, 24, 25, 26

The content of subscales in the YSS-F instrument is unique to the child and adolescent mental health population. (See Table 1 for items in the seven subscale domains.) Items in a subscale are summed and divided by the total number of items, and scores greater than 3.5 are reported in the positive percent of responses range. Cases with subscales where more than one-third of items are missing are dropped from the final analysis. A copy of the YSS-F instrument with questions linked to each item number is located at the end this report.

Figure 3 displays the percentage of respondents viewing their care positively. Subscale averages for SFY 2011-2014 are reported as benchmarks for comparison to the SFY 2015 results. The perception of care subscales have been stable over the past four years, with the respective standard deviations at 1.2 percent, 0.5 percent, 1.4 percent, and 0.2 percent. All data points have a confidence interval of +/-3 percentage points. The “I” bars on

the chart bars represent the confidence intervals for each subscale. Cultural sensitivity (the highest ranked of the subscales) and access each show a three point decline in percent of positive ratings in the SFY 2015 sample. These data points are within range of the confidence intervals for the subscales' four-year averages, but well over three standard deviations for two subscales with minimal variability.

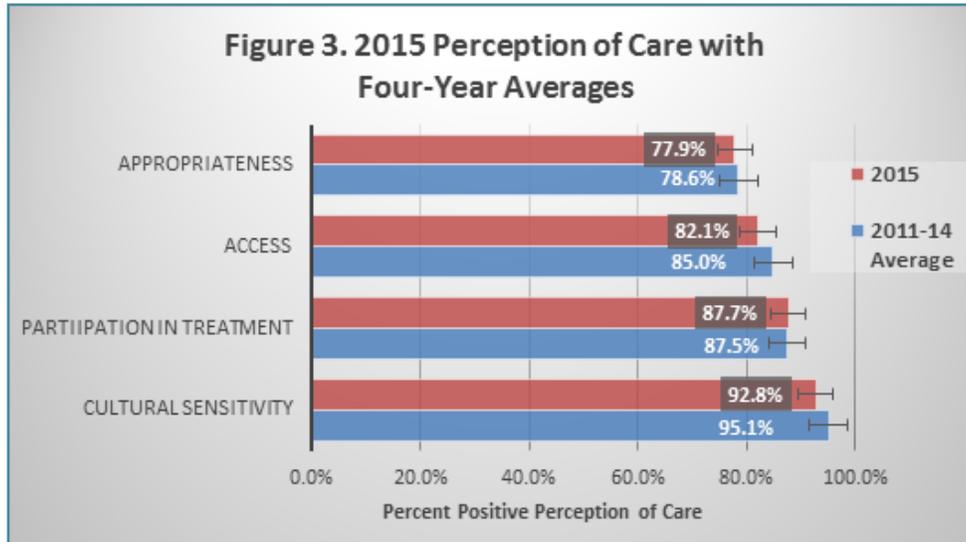
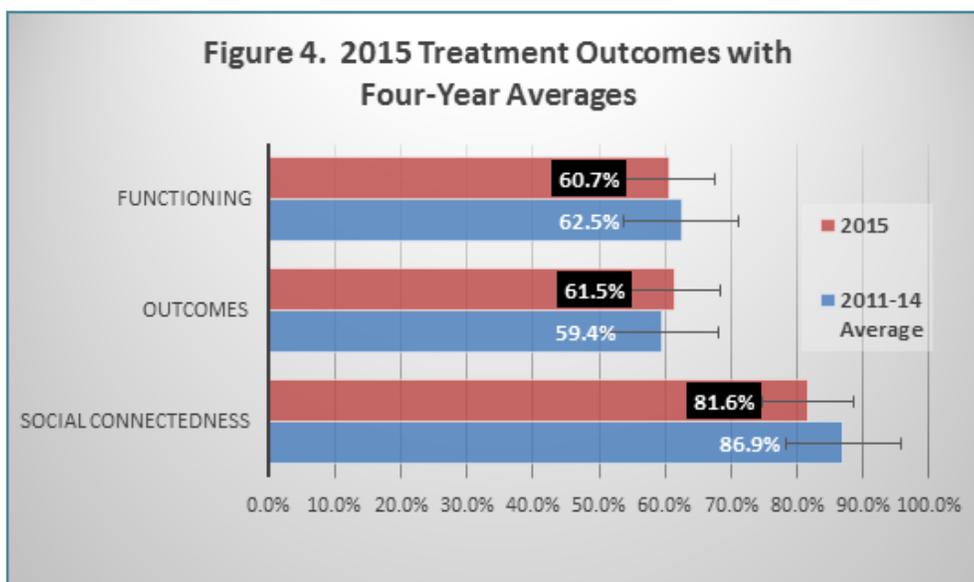


Figure 4 shows the SFY 2015 treatment outcome subscales of functioning, outcomes and social connectedness compared to the four-year average for each subscale. The four-year standard deviations for functioning, outcomes, and social connectedness are 1.7 percent, 2.2 percent and 2.5 percent, respectively. At 81.6 percent, the SFY 2015 percent of positive responses for social connectedness shows a five point decline from the previous four-year average, and it is the lowest rating for the subscale for the five years of survey administration. Although well within the confidence interval for the four-year average, the SFY 2015 social connectedness score is over two standard deviations from the four-year mean.



Limitations

The SFY 2015 survey administration had the lowest response rate in the five years of sampling. This raises the risk that results do not represent a population census. For this reason, it is important to look at the results in the context of other samples taken over the years. Low variability suggests reliable measurement. Randomization and stratification of the survey samples also helps reduce the risk of misrepresentation.

Discussion

The access and cultural sensitivity subscales, which have been stable for four years, show decreased percentages of positive responses in 2015. A significant decline in percent of positive responses was also seen on the adult consumer (MHSIP) access subscale. (See *The 2015 MHSIP Adult Consumer Survey Results*.) One could argue that the past years' cultural sensitivity subscale scores have been inflated due to disproportionately low minority representation. The downtrend on the measure in SFY 2015 may reflect a more robust sample of minority families. Cultural sensitivity could also be viewed as an indicator of access to meaningful, appropriate services, and decreased positive percentages on both subscales (cultural sensitivity and access) may be related.

Of the YSS-F outcome subscales, social connectedness has shown the most (albeit still low) variability over several years' administration. While the SYF 2015 decline on the social connectedness subscale appear to be due to normal variability, it should be noted that the SFY 2015 MHSIP adult consumer survey indicated a significant decline on the social connectedness subscale in comparison to four-year averages. (See *2015 MHSIP Consumer Survey Results*.)



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Please help the Department of Mental Health and Addiction Services (OhioMHAS) 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 as 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 trouble	<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"/>				

Continue on the back of this sheet. . .

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
20. Overall, I am satisfied with the services my child received	<input type="radio"/>				
21. I helped to choose my child s services.	<input type="radio"/>				
22. I helped to choose my child s treatment goals	<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. The people helping my child stuck with us no matter what	<input type="radio"/>				
24. I felt my child had someone to talk to when he/she was trouble	<input type="radio"/>				
25. I participated in my child's treatment.	<input type="radio"/>				
26. The services my child and/or family received were right for us	<input type="radio"/>				

27. Is your child currently living with you? Yes No
28. Does your child currently receive mental health services? Yes No
29. Was your child arrested since beginning services? Yes No
30. Was your child arrested during the 12 months prior to that?..... Yes No
31. Over the last year, 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.
32. Was your child expelled or suspended since beginning services? Yes No
33. Was your child expelled or suspended during the 12 months prior to that? ... Yes No
34. 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 is too young to be in school.
 - Child was expelled from school.
 - Child is home-schooled.
 - Child dropped out of school.
 - Other _____

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Please help us understand more about your child's school experience by answering the following questions.

35. What type of school best describes where your child gets an education? (Choose one.)

- | | | |
|--------------------------------------|--------------------------------------------|-----------------------------------------------------------------|
| <input type="radio"/> Public School | <input type="radio"/> Home School | <input type="radio"/> Other _____ |
| <input type="radio"/> Private School | <input type="radio"/> Day Treatment School | <input type="radio"/> Not applicable
(Does not go to school) |
| <input type="radio"/> Charter School | <input type="radio"/> Vocational School | |

36. What is the highest grade your child has completed? (Choose one.)

- | | |
|------------------------------------|--------------------------------------------|
| <input type="radio"/> Pre-school | <input type="radio"/> Sixth Grade |
| <input type="radio"/> Kindergarten | <input type="radio"/> Seventh Grade |
| <input type="radio"/> First Grade | <input type="radio"/> Eighth Grade |
| <input type="radio"/> Second Grade | <input type="radio"/> Ninth Grade |
| <input type="radio"/> Third Grade | <input type="radio"/> Tenth Grade |
| <input type="radio"/> Fourth Grade | <input type="radio"/> Eleventh Grade |
| <input type="radio"/> Fifth Grade | <input type="radio"/> Twelfth Grade or GED |

37. If your child takes psychiatric medication, does your child's school have a nurse that dispenses his/her medication? (Choose one.)

- | | |
|---------------------------|--------------------------------------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> Not Sure/Don't Know |
| <input type="radio"/> No | <input type="radio"/> Not applicable (Does not go to school) |

38. Does your child have an Individualized Education Plan (IEP)? (Choose one.)

- | | |
|---------------------------|--------------------------------------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> Not sure/Don't Know |
| <input type="radio"/> No | <input type="radio"/> Not applicable (Does not go to school) |

39. **If your child has an IEP, would you be willing to participate in a short one-page survey about your experience?**

- Yes**
- No**



Thank you for participating!