



Mental Health Statistical Information Program: 2019 Youth Services Survey for Families

Mike Dewine, Governor
Lori Criss, Director

Report prepared by:
Carol Carstens, PhD, LISW-S
OhioMHAS Office of Quality, Planning and Research

Overview

The Ohio Department of Mental Health and Addiction Services, Office of Quality, Planning, and Research (OMHAS-QPR) 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. Parents and guardians were queried between April 1 and July 31, 2019, 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 parents and guardians of young consumers of mental health services in Ohio perceive their treatment, experience, and recovery in the public mental health system.

Methodology

The 2019 survey administration drew a random sample stratified by race and county/board type from the MACSIS/MITS billing database. A sample of 14,500 children and adolescents under age 18 who met criteria for serious emotional disturbance (SED) was drawn from a universe of 75,388 youth with SED who received services in the during SFY 2018. 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/adolescent population were over-sampled to obtain adequate representation.

A notification was sent in advance of the surveys to let recipients know they had been selected in the SFY 2019 administration of the sampling. Survey materials were mailed out in two waves, with a second resurvey of the sample at about six 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

About thirteen percent (13.1%; $n = 1,879$) of survey packets were returned as undeliverable mail. Exactly 0.8% ($n = 97$) of respondents declined participation, and 90.5% ($n = 11,406$) of survey recipients did not respond by the survey deadline. A valid, completed survey was returned by 1,099 parent/guardians, or 8.7% of the sample that received a mail packet.

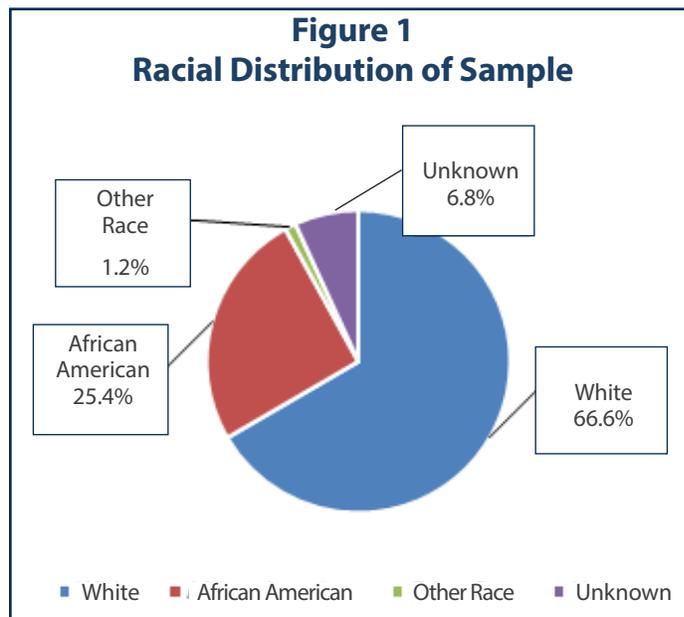
Sample Demographics

The child/adolescent consumer sample was 41.8% female ($n = 459$) and 58.2% male ($n = 640$). The gender distribution in the return sample was representative of the SFY 2019 child and adolescent sampling frame,

where 42.3% were female and 57.3% were male. The mean age of the return sample was 10.9 years ($SD = 3.5$), which was statistically different than the population mean age of 11.3 ($SD = 3.6$).

The return sample was 66.6% White ($n = 732$), and 25.4% African American ($n = 279$). Eight percent (8.0%; $n = 90$) were identified as other or unknown race. The racial distribution of the sample was not representative of the sampling frame, in which 63.8% were White, 29.3% were African American, and 6.9% were of other or unknown race. Figure 1 shows the racial distribution of the return sample.

The return sample was grouped into five county/board types, with the percentage distributions as follows: Appalachian 17.0% ($n = 187$), Rural 6.5% ($n = 71$), Metropolitan 53.6% ($n = 589$), Suburban 12.1% ($n = 133$), and Mixed 10.8% ($n = 119$). The return sample's geographic distribution was not representative of the 2019 sampling frame. Appalachian, Rural, Suburban, and Mixed board types were over represented in the return sample, while Metropolitan board types were under represented.



Other Characteristics of the Sample

Twenty-seven and eight-tenths percent (27.8%; $n = 306$) of the sample indicated the child was not receiving services at the time of the survey, and 4.6% ($n = 51$) said the child was no longer living at home. Seven and seven-tenths percent (7.6%; $n = 84$) reported police involvement in the 24 months prior to survey administration, and 24.7% ($n = 272$) reported a suspension or expulsion in the 24 months prior to survey administration.

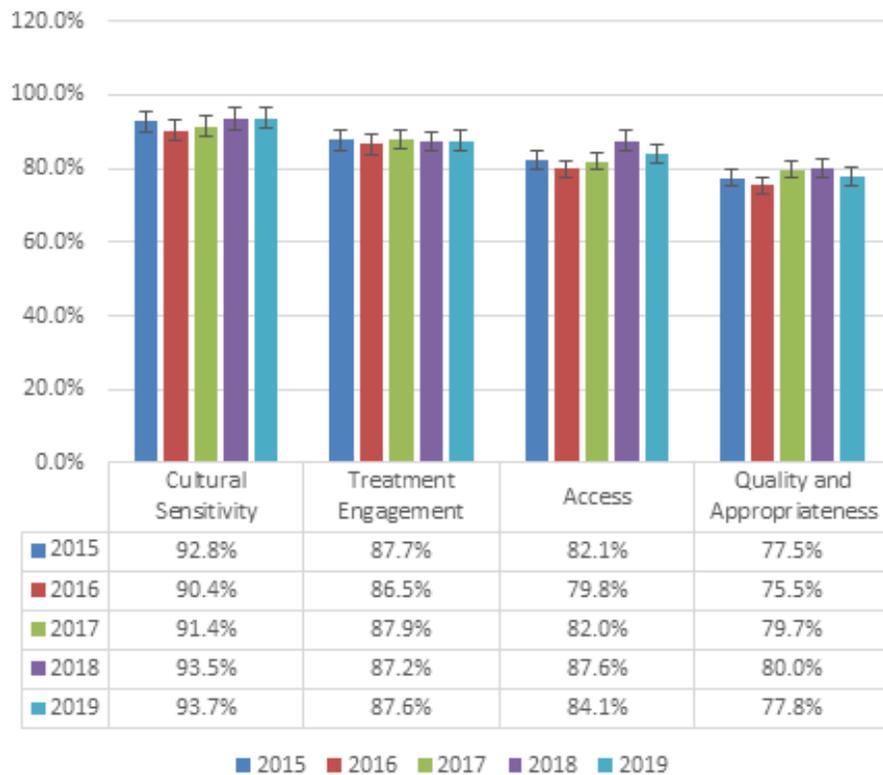
Instrumentation

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 on a scale of 1 to 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.

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

Figure 2
Perception of Care: SFY 2015-2019



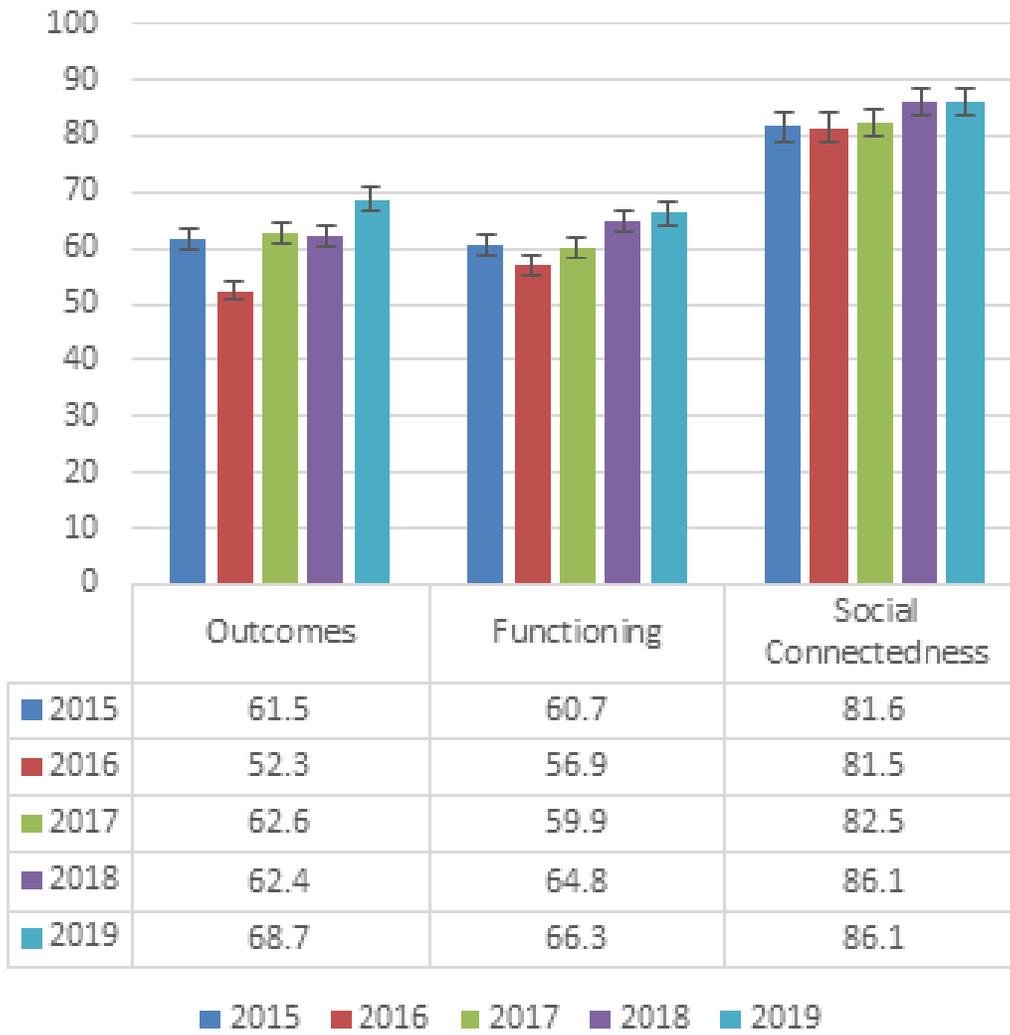
Results

Perception of Care Subscales

Figure 2 shows five years' results on the four YSS-F Perception of Care subscales: Cultural Sensitivity, Treatment Engagement, Access and Quality & Appropriateness. Results for SFY 2019 are shown by the aqua bars, SFY 2018 by the purple, SFY 2017 by the green, SFY 2016 by the red, and SFY 2015 by the blue. The "I" bars at the top of each subscale bar indicate the +/-3 percent margin of error (MOE) for each year's results on the four subscales. With one exception, the MOE bars overlap on all the subscales over the past five years. Within each subscale, the top of one year's MOE bar does not drop below the bottom of any other year's MOE bar. This indicates that from one year to the next, there is not a statistically significant difference in the percentages reporting positively on each subscale. One exception is seen in the measurement of access in SFY 2016 and 2018: there is a statistical difference between these two years. Other than this limited exception, Figure 2 also shows consistent variation within the four subscales. Change over time on these subscales is not statistically significant.

Cultural Sensitivity is ranked highest across time by survey respondents, with an average 92% of parents/guardians ($SD = 1.4\%$) rating providers favorably on this measure. Treatment engagement is ranked second highest over time,

Figure 3
Treatment Outcomes: SFY 2015-2019



with an average 87% ($SD = 0.6\%$) rating providers favorably. Access is third, with an average 83% ($SD = 2.9\%$) rating favorably, and Quality and Appropriateness is last, with an average 78% ($SD = 1.8\%$) rating favorably.

Parent-reported Treatment Outcomes

Figure 3 shows five years’ results on the YSS-F’s three outcome subscales: Outcomes, Functioning, and the caregiver’s Social Connectedness. SFY 2019 results are shown by the aqua bars, SFY 2018 by the purple, SFY 2017 by the green, SFY 2016 by the red, and SFY 2015 by the blue. On the Outcomes subscale, the percentage of respondents with positive ratings ranges from a low of 52.3% in 2016 to a high of 68.7% in 2019. The MOE bars in 2016 and 2019 are both outside the MOE bars in 2015, 2017, and 2018. A similar pattern occurs over time in the Functioning subscale results, where the percentage of positive ratings ranges from a low of 56.9% in 2016 to a high of 66.6% in 2019. On the Functioning subscale, the MOE bar in 2016 is outside the MOE bars in 2018 and 2019. The two subscales are highly correlated, and differences in their variability over time is due to a single item on one subscale that is not on the other. There is greater variability in the Outcomes measure than with the Functioning measure, and this is due to inclusion of an item in the Outcomes subscale that asks about satisfaction with family

life. Across the five years, the average percent of positive ratings on the Outcomes subscale is 61.5% (SD = 5.8%) and the positive percent on the Functioning subscale is 61.7% (SD = 3.8). There is a slight upward trend over time on both subscales that is not statistically significant.

There is a 5.4% increase in the percentage of positive ratings on the Social Connectedness subscale between SFY 2015 and 2019, and this increase is statistically significant. Linear regression of the subscale scores indicates that 84% of the change between 2015 and 2019 is associated with the progression of time.

Limitations

While oversampling the service population assures there will be enough completed surveys for +/-3 percentage points in the confidence intervals of the scales, the low return rate of 8.4% raises questions about the overall representativeness of the sample. The problem of a low return rate can be controlled somewhat when stratification groups in the sample are representative of the population, but in the case of the 2019 survey, racial, geographic, gender and age groups were not representative. Results may not be generalizable to the population due to potential biases in the sample. Nevertheless, the four perception of care subscales are stable across the various samples, suggesting that where parent perception of care is concerned, the survey is drawing from a similar respondent population from one year to the next.

Discussion

The SFY 2019 scores for the perception of care subscales (Cultural Sensitivity, Treatment Engagement, Access, and Quality and Appropriateness) are comparable to those of the previous four administrations of the survey. This suggests that the survey sampling is drawing from a similar parent population from one year to the next. It also suggests that for the parent population responding to the survey, satisfaction with provider services is fairly high, ranging from an average low of 78% positive on Quality and Appropriateness of services to an average 92% positive on provider Cultural Sensitivity. If we assigned a letter grade scale to these scores, the grades might be: Quality and Appropriateness: C+; Access: B-; Treatment Engagement: B+; and Cultural Competence: A-.

The treatment outcomes subscales for Outcomes and Functioning show significant variability, but not significant change over time. The variation in the Outcomes and Functioning subscales suggests slight differences in the child and adolescent populations represented in each year's sample. The survey does not collect specific information about the symptom severity or clinical complexity of the children and families represented in each year's sample, and we can only speculate that this might explain the variation seen in the Outcomes and Functioning subscales. On average, six out of ten parents of a child or adolescent consumer report favorable treatment outcomes.

Most interestingly, there has been a small but statistically significant increase in the percentage of positive responses on the Social Connectedness subscale over the past five years. On average, eight out of every ten parents with a child treated for a serious emotional disturbance reports a favorable assessment of their social cohesion. Possible explanations for this finding point to OhioMHAS' intentional focus on Social Connectedness across program areas. Programs such as Early Childhood Mental Health, Crisis Text Line, Youth Lead Initiates and campaigns like Tell Me, Start Talking, I'm Here, and Be Present and the PAX Good Behavior Game all aim to increase social cohesion and increase youth resiliency, one of the most important protective factors for lifetime positive outcomes.



OhioMHAS Quality, Planning and Research
 30 E. Broad Street, 8th Floor
 Columbus, OH 43215

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 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"/>				

Continue on the back of this sheet. . .

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

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
20. My child is better able to cope when things go wrong.	<input type="radio"/>				
21. I am satisfied with my family life right now	<input type="radio"/>				
22. My child is better able to do the things he or she wants to do.	<input type="radio"/>				

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 I'm comfortable talking with about my child's problems	<input type="radio"/>				
25. In a crisis, I would have the support I need from family and friends.	<input type="radio"/>				
26. I have people with whom I can do enjoyable things.	<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 in the last 12 months. 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 in the last 12 months? 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. Less.

About the same. Does not apply.

Thank You for Participating!

Citation:

Carstens, C. (2019). *Mental Health Statistical Information Program Survey Results: 2019 Youth Services Survey for Families*. Columbus, OH: Ohio Department of Mental Health and Addiction Services, Office of Quality, Planning and Research.