



# Mental Health Statistical Information Program: 2020 Youth Services Survey

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## 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 of mental health services. Parents and guardians were queried between May 29 and September 30, 2020, 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 2020 survey administration drew a random sample stratified by race and county/board type from the MACSIS/MITS (Multi-Agency Community Services Information Systems/Medicaid Information Technology System) billing database. A sample of 15,000 children and adolescents under age 18 years was drawn from a universe of 112,810 youth with a primary mental health diagnosis who received services during SFY 2019. Please note that this is a broader inclusion criterion than previous years, which restricted the survey to children and adolescents who had received services in the past fiscal year for Severe Emotional Disturbance (SED) only. 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 to parents and guardians in advance of the surveys to let recipients know they had been selected in the SFY 2020 administration of the sampling. Survey materials were mailed out in two waves, with a second resurvey of the sample at about ten weeks. Survey participants were given the option of responding by mail with a pre-paid business envelope or via an Internet survey website.

## Sampling Results

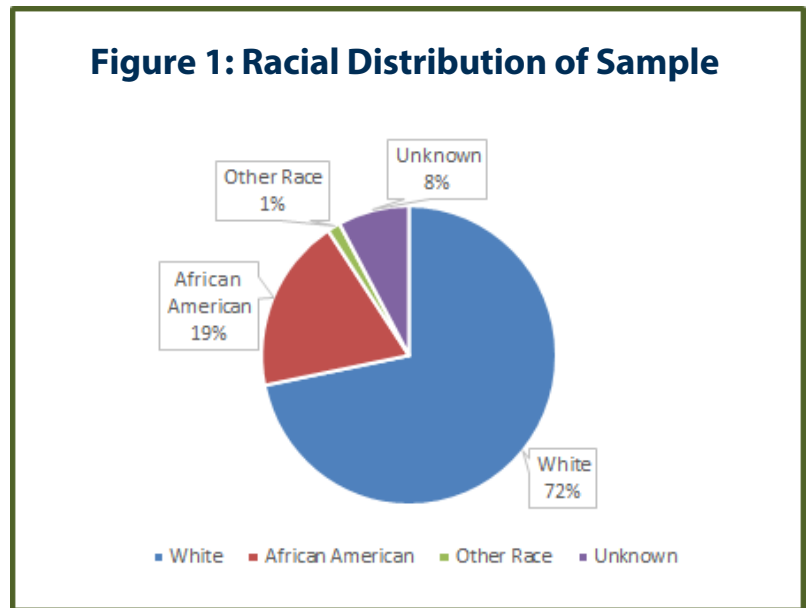
About twelve percent (12.4%; n = 1,854) of survey packets were returned as undeliverable mail. Exactly 0.6% (n = 75) of respondents declined participation, and 90.4% (n = 11,883) of survey recipients did not respond by the survey deadline. A valid, completed survey was returned by 1,188 parent/guardians, or 9.0% of the sample that received a mail packet.

### Sample Demographics

The child/adolescent consumer sample was 44.4% female (n = 528) and 53.7% male (n = 638), and 1.9% (n = 22) of unknown gender. The gender distribution in the return sample was representative of the SFY 2020 child and adolescent sampling frame, where 43.9% were female and 56.1% were male. The mean age of the return sample was 11.3 years (SD = 3.6), which was statistically the same as the population mean age of 11.2 (SD = 3.6).

The return sample was 71.8% White (n = 853), and 18.9% African American (n = 225). Just under ten percent (9.3%; n = 110) were identified as other or unknown race. The racial distribution of the sample was statistically different and therefore not representative of

the sampling frame, in which 63.6% were White, 28.5% were African American, and 7.9% 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 17.6% (n = 209), Rural 5.6% (n = 67), Metropolitan 50.6% (n = 601), Suburban 13.5% (n = 160), and Mixed 10.9% (n = 129). The return sample's geographic distribution was statistically different and therefore not representative of the SFY 2020 sampling frame. While the Rural board type was appropriately represented in the return sample, the Appalachian, Suburban, and Mixed board types were overrepresented in the return sample, while Metropolitan board types were underrepresented.

### Other Characteristics of the Sample

Twenty-nine percent (28.7%; n = 341) of the sample indicated the child was not receiving services at the time of the survey, and 4.4% (n = 52) said the child was no longer living with the parent/guardian. Nearly five percent (4.7%; n = 56) reported police involvement in the 24 months prior to survey administration, and 19.2% (n = 228) reported a school suspension or expulsion in the 24 months prior to survey administration.

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

## YSS-F Instrument Scoring

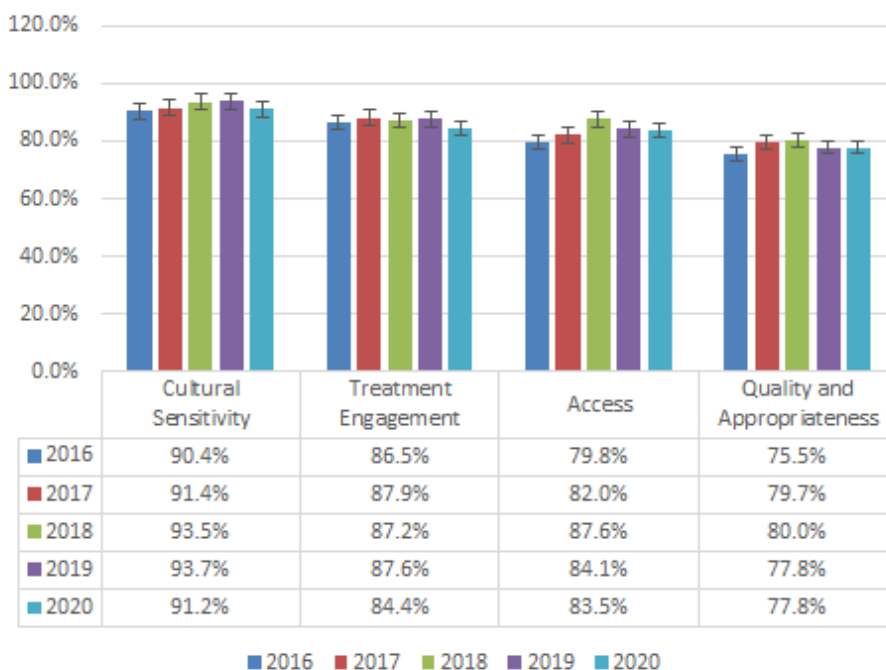
The content of subscales in the YSS-F instrument is unique to the child and adolescent mental health population. (See Table 1 for items in the seven subscale domains.) Items in a subscale are summed and divided by the total number of items, and scores greater than 3.5 on a scale of 1 to 5 are reported 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 of this report.

## 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 and Appropriateness. Results for SFY 2020 are shown by the aqua bars, SFY 2019 by the purple, SFY 2018 by the green, SFY 2017 by the red, and SFY 2016 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. However, change over time on these subscales is not statistically significant.

**Figure 2: Perception of Care, SFY 2016-2020**

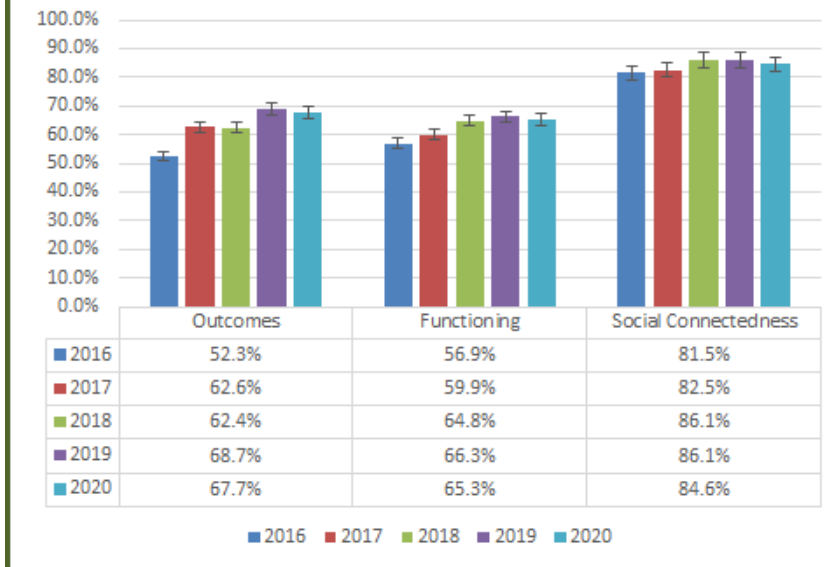


Cultural Sensitivity is ranked highest across time by survey respondents, with an average 92.0% of parents/guardians (SD = 1.5%) rating providers favorably on this measure. Treatment Engagement is ranked second highest over time, with an average 86.7% (SD = 1.4%) rating providers favorably. Access is third, with an average 83.4% (SD = 2.9%) rating providers favorably, and Quality and Appropriateness is last, with an average 78.2% (SD = 1.8%) rating providers favorably. These five-year averages are highly consistent with the previous five-year averages (SFY 2015-2019).

## 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 2020 results are shown by the aqua bars, SFY 2019 by the purple, SFY 2018 by the green, SFY 2017 by the red, and SFY 2016 by the blue. On the Outcomes subscale, the percentage of respondents with positive ratings ranges from a low of 52.3% in SFY 2016 to a high of 68.7% in SFY 2019, displaying a considerable amount of variability in this subscale over time. The MOE bar in SFY 2016 does not overlap with the bars for any of the following four years, while the MOE bars for SFY 2017 and 2018 overlap only with each other, and the MOE bars for SFY 2019 and 2020 also overlap only with each other. A somewhat similar pattern occurs over time in the Functioning subscale results, where the percentage of positive ratings ranges from a low of 56.9% in SFY 2016 to a high of 66.6% in SFY 2019. On the Functioning subscale, the MOE bar in SFY 2016 is outside the MOE bars for SFY 2018-2020. 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 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 62.7% (SD = 6.5%) and the positive percent on the Functioning subscale is 62.6% (SD = 4.0%). There is a slight upward trend over time on both subscales.

**Figure 3: Treatment Outcomes, SFY 2016-2020**



The Social Connectedness subscale is more stable over time, with an average percent of positive ratings in the five-year span of 84.2% (SD = 2.1%). Each MOE bar within this subscale overlaps every other year's MOE bar.

## 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 9.0% 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 SFY 2020 survey, racial and geographic 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/guardian perception of care is concerned, the survey is drawing from a similar respondent population from one year to the next.

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## Discussion

The SFY 2020 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/guardian population from one year to the next. It also suggests that for the parent/guardian population responding to the survey, satisfaction with provider services is fairly high, ranging from an average low of 78.2% positive on Quality and Appropriateness of services to an average 92.0% 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 and an upward trend over time. The MOE bar for the first year (SFY 2016) does not overlap with the MOE bars for the most recent two years (SFY 2019-2020), suggesting that the change over time might be significant. 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.

Within the Social Connectedness subscale, the upward trend that was noted last year has maintained, although the percent positive for SFY 2020 is slightly lower than the previous two years. On average, eight out of every ten parents/guardians with a child treated for a mental health condition reports a favorable assessment of their social cohesion. As noted last year, 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 Initiative and campaigns like Tell Me, Start Talking, I'm Here, 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.

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**Citation:**

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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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I helped to choose my child's services .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I helped to choose my child's treatment goals .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The people helping my child stuck with us no matter what	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt my child had someone to talk to when he/she was troubled .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I participated in my child's treatment .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The services my child and/or family received were right for us .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The location of services was convenient for us .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Services were available at times that were convenient for us .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My family got the help we wanted for my child .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My family got as much help as we needed for my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Staff treated me with respect .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Staff respected my family's religious/spiritual beliefs ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff spoke with me in a way that I understood .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff were sensitive to my cultural/ethnic background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>As a result of the services my child and/or family received:</b>					
16. My child is better at handling daily life .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My child gets along better with family members .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My child gets along better with friends and other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My child is doing better in school and/or work .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am satisfied with my family life right now . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. My child is better able to do the things he or she wants to do. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I have people I'm comfortable talking with about my child's problems . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. In a crisis, I would have the support I need from family and friends. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I have people with whom I can do enjoyable things. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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!*