

Mike DeWine, Governor **Lori Criss**, Director

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Overview

The Ohio Department of Mental Health and Addiction Services' Bureau of Quality, Planning, and Research administered its annual mail survey to parents and guardians of child and adolescent consumers with a primary mental health diagnosis on their perception of care and treatment outcomes. Parents and guardians were queried between April 29 and September 30, 2021, 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 return consumers of mental health services in Ohio perceive their treatment, experience, and recovery in the public mental health system.

Methodology

The SFY 2021 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 was drawn from a universe of 133,197 youth with a primary mental health diagnosis who received services during SFY 2020. Similarly to the previous year's report, this is a broader inclusion criterion than was used in 2019 and earlier, 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 2021 administration of the sampling. The youth survey was administered in two waves, with those who had not yet responded by mid-July having the survey resent to them. Survey participants were given the option of responding by mail with a pre-paid business envelope or via an Internet survey website.

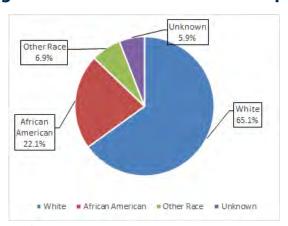
Sampling Results

About ten percent (10.3%; n = 1,550) of the advance notifications and survey packets were returned as undeliverable mail. Exactly 0.6% (n = 76) of respondents declined participation, and 91.7% (n = 12,337) of survey recipients did not respond by the survey deadline. A valid, completed survey was returned by 1,037 parent/guardians, or 7.7% of the sample that received a mail packet.

Sample Demographics

The child/adolescent consumer sample was 41.9% female (n = 435) and 57.9% male (n = 600). The gender distribution in the return sample was not representative of the SFY 2021 child and adolescent sampling frame, where 44.5% were female and 55.5% were male. The mean age of the return sample was 11.1 years (SD = 3.5), which was statistically the same as the population mean age of 11.2 (SD = 3.6).

Figure 1: Racial Distribution of Sample



The return sample was 65.1% White (n = 674), and 22.1% African American (n = 229). Six and nine-tenths percent (6.9%; n = 72) were identified as another race, while 5.9% (n = 61) were of unknown race. The racial distribution of the sample was not representative of the sampling frame, where 61.9% were White, 28.2% were African American, 2.1% were another race, and 7.8% were of 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 15.5% (n = 160), Rural 4.4% (n = 46), Metropolitan 55.5% (n = 574), Suburban 13.3% (n = 138), and Mixed 11.3% (n = 117). The return sample's geographic distribution was statistically different and therefore not completely representative of the SFY 2021 sampling frame. While the Appalachian board type was appropriately represented in the return sample, the Mixed and Unknown board types were overrepresented in the return sample, while the Metropolitan and Rural board types were underrepresented.

Other Characteristics of the Sample

Over one quarter (25.5%; n = 341) of the sample indicated the child was not receiving services at the time of the survey, and 4.1% (n = 42) said the child was no longer living with the parent/guardian. About five percent (5.1%; n = 53) reported police involvement in the 24 months prior to survey administration, and 11.7% (n = 120) reported a suspension or expulsion in the 24 months prior to survey administration.

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

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 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 & Appropriateness. Results for SFY 2021 are shown by the agua bars, SFY 2020 by the purple, SFY 2019 by the green, SFY 2018 by the red, and SFY 2017 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.

The results for the Perception of Care subscales have been remarkably consistent; 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. The results also indicate consistent variation within the four subscales: the standard deviations for each of the subscales are small. Change over time on these subscales is not statistically significant.



Figure 2: Perception of Care, SFY 2017-2021

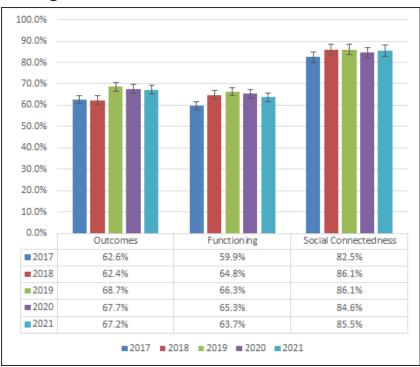
Cultural Sensitivity is ranked highest across time by survey respondents, with an average 92.5% of parents/guardians (SD = 1.2%) rating providers favorably on this measure. Treatment Engagement is ranked second highest over time, with an average 86.4% (SD = 1.6%) rating providers favorably. Access is third, with an average 84.3% (SD = 2.1%) rating favorably, and Quality and Appropriateness is last, with an average 78.7% (SD = 1.1%) rating favorably. These five-year averages are highly consistent with the previous five-year averages (SFY 2016-2020).

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 2021 results are shown by the aqua bars, SFY 2020 by the purple, SFY 2019 by the green, SFY 2018 by the red, and SFY 2017 by the blue.

The Outcomes and Functioning subscales display more variability over time than the Social Connectedness subscale. Despite this, there is considerable overlap in the MOE bars over the past five years in both subscales. In the Outcomes subscale, the MOE bars for SFYs 2017 and 2018 overlap each other, while the tops of them just slightly overlap the bottoms

Figure 3: Treatment Outcomes, SFY 2017-2021



of the MOE bars for SFYs 2019 and 2020. On the Functioning subscale, the MOE bar in SFY 2017 slightly overlaps the bottoms of the MOE bars for SFYs 2018 and 2021. The two subscales are highly correlated, and there is greater variability in time in the Outcomes measure than 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 65.7% (SD = 3.0%) and the positive percent on the Functioning subscale is 64.0% (SD = 2.5%).

The Social Connectedness subscale is more stable over time, with an average percent of positive ratings in the five-year span of 85.0% and a standard deviation of 1.5%. Each MOE bar within this subscale overlaps every other year's MOE bar, showing consistency in the results over 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 7.7% 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. The SFY 2021 sampling frame was carefully stratified to create a stratified random sample for survey participation. However, in the survey return sample, racial groups were not completely representative of the sampling frame: White consumers and consumers of another race (non-White; non-African American) were overrepresented, while African American consumers were underrepresented. In addition, male consumers were overrepresented in the return sample, and geographic groups were not completely 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.

Discussion

The SFY 2021 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/quardian population responding to the survey, satisfaction with provider services is fairly high, ranging from an average low of 78.7% positive on Quality and Appropriateness of services to an average 92.5% positive on provider Cultural Sensitivity. Additionally, the standard deviations of these averages are fairly low, suggesting that there is little variation through the five-year period.

The treatment outcomes subscales for Outcomes and Functioning show some significant variability over time. Despite this, as mentioned in the results section, there is considerable overlap in the MOE bars over the past five years in both subscales. Both subscales had a pattern of increasing significantly from SFY 2017 to SFY 2019, then decreasing slightly but not significantly in SFY 2021. The variation in the Outcomes and Functioning subscales suggests the possibility of 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.

Within the Social Connectedness subscale, the percent positive has maintained consistently over the past four years. On average, between eight and nine out of every ten parents/guardians with a child treated for a mental health condition reports a favorable assessment of their (the parents') social connectedness (85.0%). In SFY 2019, OhioMHAS began an intentional focus on social support and connectedness across Department areas in programs such as Early Childhood Mental Health, Crisis Text Line, Youth-Lead Initiatives, and in campaigns such as Tell Me, Start Talking!, I'm Here, Be Present, and the PAX Good Behavior Game. These programs all aim to increase social cohesion and increase youth resiliency, one of the most important protective factors for lifetime positive outcomes.

Citation: Linley, J. (2021). <i>Mental Health Statistical Information Program Survey Results: 2021 Youth Services Survey for Families</i> . Columbus, OH: The Ohio Department of Mental Health and Addiction Services, Bureau of Quality, Planning, and Research.	



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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	0	O	O	O	0
2.	I helped to choose my child's services	0	0	0	0	0
3.	I helped to choose my child's treatment goals	0	0	0	0	0
4.	The people helping my child stuck with us no matter what	0	0	0	O	0
5.	I felt my child had someone to talk to when he/she was troubled	0	Ο	0	0	Ο
6.	I participated in my child's treatment	0	O	O	0	0
7.	The services my child and/or family received were right for us	0	0	0	0	Ο
8.	The location of services was convenient for us	0	O	O	0	0
9.	Services were available at times that were convenient for us	O	O	O	O	Ο
10.	My family got the help we wanted for my child	O	O	O	O	O
11.	My family got as much help as we needed for my child	O	O	O	O	O
12.	Staff treated me with respect	O	O	O	O	O
13.	Staff respected my family's religious/spiritual beliefs	O	O	O	O	O
14.	Staff spoke with me in a way that I understood	O	O	O	O	O
15.	Staff were sensitive to my cultural/ethnic background	O	O	O	O	O
As	a result of the services my child and/or family receiv	red:				
16.	My child is better at handling daily life	O	O	O	O	O
17.	My child gets along better with family members	O	O	O	O	Ο
18.	My child gets along better with friends and other people	O	O	O	O	O
19.	My child is doing better in school and/or work	\circ	\circ	\circ	\circ	\circ

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	Ο	Ο	0	Ο	Ο
21.	I am satisfied with my family life right now	0	0	0	0	Ο
22.	My child is better able to do the things he or she wants	-	0	0	0	0
	to do	O	O	O	O	O
Ple	ease answer for relationships with persons other that	n your men	tal heal	th provider	r(s)	
23.	I know people who will listen and understand me when I need to talk	0	Ο	Ο	Ο	Ο
24.	I have people I'm comfortable talking with about my child's problems	Ο	0	0	0	Ο
25.	In a crisis, I would have the support I need from family . and friends	Ο	O	0	0	Ο
26.	I have people with whom I can do enjoyable things	0	Ο	Ο	Ο	Ο
27.	Is your child currently living with you?			O Yes	O No	
28.	Does your child currently receive mental health services?			O Yes	O No	
29.	Was your child arrested in the last 12 months			O Yes	O No	
30.	Was your child arrested during the 12 months prior to that	t?		O Yes	O No	
31.	Over the last year, have encounters with the police:					
	O Been reduced. Child hasn't been arrested, hassled by	police or esc	orted to	a shelter or c	risis prograr	n.
	O Stayed the same.					
	O Increased.					
	O Not applicable. There were no police encounters t					
32.	2. Was your child expelled or suspended in the last 12 months?				O No	
33.	33. Was your child expelled or suspended during the 12 months prior to that? O Yes				O No	
34.	Over the last year, the number of days my child was in sch	ool is:				
	O Greater. O Less.					
	O About the same. O Does not apply.					

Thank You for Participating!