



Youth Services Surveys (YSS & YSSF)



Guidelines for Administration

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■ Description of Surveys

- Collaborative Development
 - Children's Indicator Workgroup of Sixteen State Study
 - Consumers
- Youth Services Survey (YSS)
 - Youth self report
 - Appropriate for youth 13 years and up
- Youth Services Survey for Families (YSSF)
 - Caregiver/parent report

Sixteen State Pilot Project

- Five states used mail survey methods to collect data with the two instruments
 - Currently have 1078 caregiver surveys and 430 youth surveys
 - On YSSF, youth had average age of 12.17 years and were mostly male (62.7%)
- Two states will be using telephone survey methods
- Final report of pilot project expected in Aug, 2001

Indicator Recommendations

- Surveys are recommended for collecting data on the following children's indicators:
 - Client Perception of Care (Basic): see table
 - Consumers linked to physical health services (Basic): Q28, Q29
 - Children in Family-like Arrangements (Developmental): Q26, Q27
 - Other 24-hour residential care (Developmental): Q27

Client Perception of Care Indicators

Indicator	Items	Alpha
Access	Q8, Q9	.713
Participation in Treatment	Q2, Q3, Q6	.776
Cultural Sensitivity	Q12, Q13, Q14, Q15	.863
Appropriateness	Q1, Q4, Q5, Q7, Q10, Q11	.927
Outcome	Q16, Q17, Q18, Q19, Q20, Q21	.893

Indicator Recommendations

- Surveys are not recommended for measuring the school attendance and juvenile justice indicators.
 - Items related to this on survey (Q30, Q31, Q32) are for descriptive information **only** and are optional.
 - Use to clarify findings on other indicators (For example, parents of youth involved in juvenile justice may report lower outcomes. Therefore, different benchmarks may be needed for the different groups)
 - Use as a measure of penetration (e.g., provider serves higher percentage of youth with these problems than occurs in general population)
 - Do not use as a measure of effectiveness or performance



Indicator Recommendations

- Performance indicators in the areas of school attendance and juvenile justice should be based on how the same individual changes over time.
 - Survey methodology not appropriate for collecting this type of information. Respondents can only reliably report on brief periods of time (e.g., one month)
 - Recommended methods include repeated measures via clinician interview or administrative data sets from appropriate agencies (e.g., school attendance records, arrest records)

Lessons Learned

- States should only compare their data to other states that used a similar methodology
- Comparison data will be available for mail and telephone surveys
- Consumers who are no longer receiving services rate services significantly lower than those consumers currently in services (Q25)
- Data on length of time consumer has been in service critical to understanding of findings (Q24)

■ Lessons Learned

- Response rates
 - Anonymity did not improve response rate
 - Bad addresses were the most important factor in low response rates
 - Using two mailings significantly improved response rates
 - Providers who have some incentive to collect information will have better response rates

Methodological Recommendations

- Type of survey
 - Mail or telephone survey or face-to-face interviews preferable to point of service
 - Telephone or face-to-face have highest response rate (60% - 70%), mail survey response rate (10% - 33%)
 - Family survey (YSSF) will allow provider to sample largest percentage of population served
 - Youth self report (YSS) appropriate for youth excluded from family survey

Methodological Recommendations

- Confidential vs. Anonymous
 - Using a unique id allows for linking with other data and preventing duplicate responses with multiple mailings
- Sample
 - Include youth receiving service during a specified time period (e.g., all SED in past six months)
 - Do not use YSSF with youth who don't want parents to know they are in service, emancipated minors, and youth without a stable caregiver

Methodological Recommendations

■ Procedures

- Addresses and phone numbers should be updated by local providers prior to conducting data collection
- Wording of survey's Likert scale items should not be altered
- Additional items can be added to end of survey
- Demographic information can be eliminated from survey if that data is available by linking to other data bases. However, all data in this section is critical for reporting indicators.

Resources

- Copies of surveys can be obtained at www.mhsip.org
- Reference:
 - Brunk, M.,; Koch, J. R.; McCall, B. (2000). Report on Parent Satisfaction with Services at Community Services Boards. Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services.