# YSS-F Survey Technical Report Fiscal Year 2012

A Report from the Colorado Department of Human Services

Division of Behavioral Health





This report was prepared by:

## **About this Report**

In 2011, the Colorado Division of Behavioral Health (DBH) conducted its ninth annual Youth Services Survey for Families (YSS-F) Survey with a focus on services provided in State Fiscal Year 2012 (July 1, 2011-June 30, 2012). Consistent with national trends in performance measurement, DBH administers the YSS-F Consumer Survey to assess perceptions of public behavioral health services provided in Colorado. This report, to be disseminated to all mental health centers, describes data collection, sample selection, and results of this year's survey. DBH is committed to the inclusion of consumer participation at multiple levels of behavioral health services and perceives the YSS-F survey as one way of meeting this ongoing goal.

It is important to note that the YSS-F Caregiver Survey was modeled after the Mental Health Statistics Improvement Program (MHSIP) Consumer Survey. The MHSIP survey was developed at a national level in part to promulgate data standards that allow for valid results that better inform policy and decisions. Other seminal aims of these surveys are the inclusion of consumers' and families' feedback and the promotion of consumer and family-oriented services through data. DBH has a vested interest in promoting these values in Colorado as the state moves toward a recovery-oriented behavioral health system. Continuing the national-state MHSIP and YSS-F partnership is key to this endeavor. As evidence of the weight that DBH has placed on the promotion of consumer-driven services, it is notable that the MHSIP and YSS-F have been incorporated into multiple levels of operations, including a federal grant application and statewide mental health center contracts. The YSS-F survey continues to provide an excellent opportunity for DBH to partner on both national and statewide levels to shape future services through data collection and evaluation.

Thank you to all who assisted in the data collection of the YSS-F survey. Center collaboration is instrumental to the success of the survey and DBH acknowledges and appreciates the hard work of the mental health centers and clinics in this process.

# What is the YSS-F Survey?

A modification of the MHSIP survey for adults, the YSS-F assesses caregivers' perceptions of behavioral health services for their children (aged 14 and under; see Appendix A for survey). Caregivers complete items pertaining to demographic (e.g. age, gender) and other pertinent information (e.g. medication, police encounters) about their child. Caregivers then use a Likert scale, ranging from strongly agree to strongly disagree to answer 21 items that compose the five following domains (see Appendix B):

- Access Domain (two items)
- Participation Domain (three items)
- Cultural Sensitivity (four items)
- Appropriateness Domain (six items)
- Outcomes Domain (six items)

This year, the Youth Services Survey (YSS) was also offered, allowing consumers who were 15 to 18 years old to complete their own surveys on their perceptions of behavioral health services. National standards allow youth as young as 13 years old to fill out the survey, but for this iteration, it was instructed that 15-18 year old youth could fill out the YSS. These results are included in this report and are not separated out from the YSS-F results.

## **Survey Procedures**

Although this is the ninth year of the YSS-F survey in Colorado, it is only the third year of the convenience sample procedure. In late 2008, a work group of stakeholders was formed in order to address a number of concerns raised by Colorado's mental health centers about the YSS-F survey project. This work group consisted of representatives from DBH, Colorado's Department of Health Care Policy and Financing, Behavioral Health Organizations, and various mental health centers across the state. Meeting regularly, the workgroup addressed several concerns from previous years including: a low number of respondents per mental health center, delayed feedback of consumers from time of service to time of data collection, high administrative and financial costs, and resulting data that was not representative of the population served. DBH would like to express our gratitude to the members of the workgroup for their hard work and dedication to improving the YSS-F methods and procedures.

#### **New Procedure**

These new procedures were used to collect FY 2012's YSS-F data, as well as FY 2009 and FY 2010/2011<sup>1</sup>'s data. Surveys were given directly to caregivers or consumers when they arrived for their appointment. In previous survey administrations, the surveys were mailed to the caregivers of current and discharged consumers. Additionally, caregivers or consumers who chose to complete the YSS-F or YSS survey were eligible to enter a drawing to win a \$10 gift card for a local grocery or convenient stores. And lastly, all consumers were included in the survey regardless of payor source. This was changed from previous years that included only the consumers who were indigent or on Medicaid (see Appendix C).

# **Sample**

The Division used a convenience sampling method whereby each of the 17 community mental health centers and the two specialty clinics, Asian Pacific and Servicios de la Raza, were provided with surveys to hand out to consumers who were receiving services during a three week period in September/October 2011. Consumers who were attending their first appointment, or intake, were excluded from the sample.

# **Survey Administration**

DBH contracted with the State of Colorado Central Services, Integrated Document Solutions (IDS), to prepare, mail, receive, and enter data for the FY 2012 survey periods. IDS mailed each agency a pre-determined number of YSS-F packets (including a cover letter, a YSS-F survey, and a lottery ticket to enter the gift card drawing) based on FY2010/2011 response rates for each agency. During the three-week data collection period, caregivers of youth consumers and youth consumers 13 years and older were offered the opportunity to complete the YSS-F or YSS survey and a lottery ticket for entering a gift card drawing. Respondents could choose to mail the survey directly to IDS in a postage-paid return envelope or could drop (completed or refused) surveys in a secure box located at the center. At the end of the data collection period, centers shipped all surveys collected to IDS where they were sorted and processed. Data from the completed surveys were then entered and forwarded to DBH by IDS.

#### Results

The unit of analysis for this report is at a state level. Although DBH previously computed domain scores at the agency level, this approach was stopped because it undermined DBH's goal to foster a collaborative and learning environment amongst Colorado's public mental health system. Rather, scores are computed at a state level and individual agencies are given the data for their specific agency for further analysis.

#### **Response Rate**

This year, the agencies provided feedback on collecting response rate. Some reported that it was difficult for the front desk staff to keep track the number of surveys that were offered and rejected as well as the number of surveys that were offered and completed. Instead, it was proposed that each agency report the number of clients with scheduled appointments during the YSS-F survey period. Then, response rate could be calculated by taking the number of surveys completed from each agency divided by the number of clients scheduled for appointments. When calculating response rate in this way, it is assumed that every client was offered the survey and either declined or accepted. There is no way to verify that this process actually happened. The Division received a total of 918 completed or partially completed YSS-F surveys. Following national standards, only YSS-F and YSS surveys that were for consumers under 18 years of age were included in the analyses (877). Soon after the survey administration, agencies were asked for the number of clients that were seen during the survey period. All agencies responded with their numbers, but the numbers were not broken down into adult and youth numbers, as the Division did not ask for these separate numbers. As analyses were conducted, it became apparent that adult and youth numbers needed to be reported separately in order to calculate response rate. The Division then asked agencies for these separate numbers, and all responded except for 2 agencies (see Appendix D). In order to complete the report, the response rate is calculated without these two agencies' responses. For the 17 agencies that reported numbers, 749 surveys were completed or partially completed, and 8,770 youth clients were reportedly seen

<sup>&</sup>lt;sup>1</sup> Last year's report was named FY2010/2011 in order to help align the data collection and report title more accurately. Please see the YSS\_F Consumer Survey Technical Report Fiscal Year 2010/2011 for more information.

during the 3-week survey period, representing an 8.5% return rate (see Appendix D)<sup>2</sup>. This percentage is significantly different from the last couple of years (FY 2010/2011, 85.0%; FY 2009, 87.6%). However, the number of surveys completed is consistent with last year's numbers. Last year's report only included consumers under 15 years old, as only the YSS-F survey was used, so those numbers are provided for comparison (FY2012, 675; FY2010/2011, 700).

This year's survey process was not significantly different from the previous two years, and the number of surveys completed this year was similar to the number completed last year (675 and 700, respectively for consumers under 15 years old). Therefore, it is likely that the change in the methodology of calculating response rate contributed to the wide discrepancy rather than a true difference in response rate this year compared to previous years.

# **Respondent Demographics**

The majority of the YSS-F respondents<sup>3</sup> were male (60.6%), compared to 39.3% females (.1% identified as Transgender, and 1.9% chose prefer not to answer or did not report gender). Regarding age, 8.3% of respondents were 0-5 years old, 39.8% were 6-10 years old, 28.8% were 11-14 years old, and 23.0% were 15-17 years old. See Appendix D for demographic data.

Following national guidelines, race and ethnicity were separated into two questions on this year's survey. Hispanic/Latino(a) was the sole choice for ethnicity, and 29.1% of respondents endorsed this item. About 8.5% of respondents preferred not to answer about ethnicity and 5.7% left the item blank. Race had the following choices: American Indian/Alaska Native, White/Caucasian, Black/African American, Native Hawaiian/Pacific Islander, Asian, and Other. If a respondent chose more than one race, their racial identification was coded as Multiracial. The majority of respondents identified with only one racial group (89.7%). Most respondents identified as White/Caucasian (74.1%) followed by Multiracial and Other (10.3% and 6.7% respectively. See Appendix D for more information.

Respondents were also asked about language fluency. Most of the respondents were fluent in only English (90.1%), and 1.1% were fluent in Spanish only. Of the many languages spoken, 7.9% of respondents were bilingual.

Disability. Of the FY 2012 YSS-F respondents, 85.5% reported having at least one disability. Of that group, 72.3% identified as a person with one disability, 10.5% identified as a person with two disabilities, and 2.7% as a person with three or more disabilities (14.5% of respondents chose not to answer regarding disability). There were 43.9% that reported having no disability. Regarding the type of disability reported, 25.0% identified as a person with a learning disability, 13.1% identified as a person with a developmental disability, 2.3% identified as a person with a physical disability, and 1.8% and .9% identified as individuals with deafness or blindness (respectively). Another .8% identified as a person with a traumatic brain injury, and 14.3% identified as a person with some other type of disability.

*Place of Residence.* Regarding place of residence, 41.9% of respondents reported living within 5 miles of the mental health agency, followed by 26.2% who lived 6-10 miles away, 20.8% who lived 11-20 miles away, and 11.0% who were more than 20 miles away.

Criminal Background. For respondents who had been in services for less than 12 months, a small minority (3.6%) reported having been arrested since beginning treatment with a slightly lower proportion (3.2%) indicating having been arrested in the 12 months prior to that time frame. Respondents who had been in services for more than 12 months were similar with 3.3% indicating having been arrested in the past 12 months and 4.2% indicating having been arrested in the 12 months prior to that time frame.

<sup>3</sup> Although parents/guardians comprised the majority of actual respondents, the term 'respondents' herein refers to clients for whom YSS-F data was reported – that is, for the youth who received the services.

<sup>&</sup>lt;sup>2</sup> Response Rate will vary from year to year and should not be viewed as a true response rate. It is difficult to obtain an accurate rate of refusal for the survey and therefore the response rate should be viewed more as an estimate or approximation.

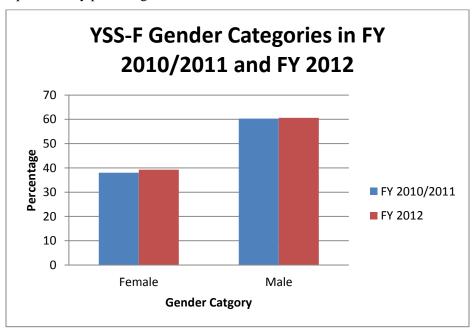
Payor Source. On this year's survey, there were two ways of collecting data regarding respondents' payor source. There was a specific item on the survey: "Do you currently receive Medicaid" with a yes/no answer. In addition, agency staff was asked to mark the payor source of the respondent on the survey when handing it to them. According to respondents answering the survey question, 80.5% were currently receiving Medicaid at the time of survey completion (with only 2.4% of respondents missing data on this item). The data from agency staff are not seen as reliable as over 60% were missing. See Appendix E for more detail on payor source.

Health Services Utilization and Treatment Duration. Among 2012 YSS-F respondents, 73.9% indicated having seen a physician or nurse for a health check-up, physical exam, or for an illness during the past year. Another 3.9% were seen in Emergency Departments. Over half of the respondents (59.8%) indicated that they were prescribed medication for emotional/behavioral problems from the mental health center. Regarding number of sessions in the past six months, many respondents, 28.9% reported being early in treatment with only attending 1-5 sessions. Another 29.3% of respondents reported attending 6-11 sessions at the time of survey completion. Approximately 30% of respondents attended between 12 and 24 sessions. Only 9.4% reported attending 26 or more sessions.

Consumer Input for Future Surveys. On this year's survey, there was a question asking YSS-F respondents for input into future surveys. Specifically, the question was, "In the future, would you like to complete this survey online?" Over 70% of respondents indicated they would like to do so, compared to almost 60% of MHSIP respondents.

FY 2010/2011-2012 Demographic Comparison. In terms of comparing YSS-F respondent demographics from year to year, the demographics of FY 2012 are similar to FY 2010/2011 demonstrating that the populations are highly comparable in terms of demographic information. See Figure 1 and 2.

Figure 1. Gender of respondents by percentage



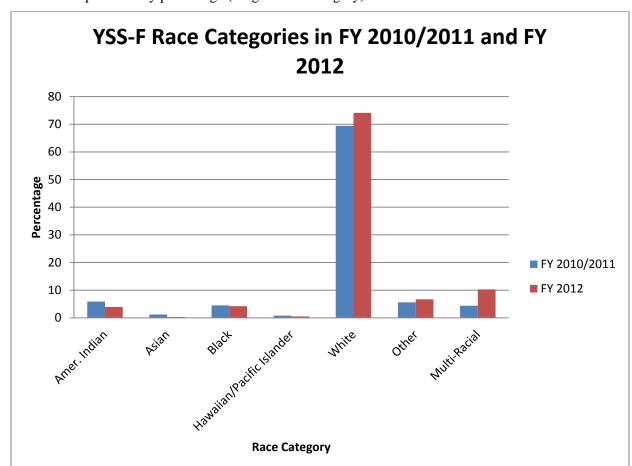


Figure 2. Race of respondents by percentage (Single Race Category)

#### **YSS-F** respondents compared to the CCAR population

The YSS-F respondents' demographics were examined in comparison to demographics for the CCAR population. The CCAR measure is completed for all publicly funded consumers and thus more representative sample of people receiving mental health services within the state. Therefore, the samples were compared to explore whether the YSS-F sample is representative of this larger group. Statistical comparisons were not made as the sample sizes vary greatly in size and the instruments measure demographics slightly differently and are completed by different people (the MHSIP is self-report and the CCAR is clinician report). Instead, the comparison was a general overall looking at trends of demographic similarity.

The two samples were compared on gender, age, race, and ethnicity. In general, the two samples are demographically similar: more boys receiving services than girls, older children (6-14) were the primary age group served, and the population identifies as White/Caucasian. Respondents identifying as Hispanic/Latino(a) in both samples was similar with 31.8% on the YSS-F and 32.5% on the CCAR. See Appendix F for YSS-F/CCAR demographic data.

#### **Domain Analyses**

DBH computes domain scores reflecting the percentage of agreement versus disagreement on a Likert scale for the State of Colorado. Agreement is defined as a mean that ranges from 1 to 2.49 whereas disagreement is defined as a mean that ranges from 2.50 to 5. Respondents who do not answer at least 2/3 of domain items do not receive a domain score. This method of computation follows national recommendations. Table 1 displays the corresponding items for each domain.

Table 1. YSS-F Domain Items

# Access Domain (2)

The location of services was convenient. Services were available at times that were good for me.

#### **Participation Domain (3)**

- I helped to choose my child's services.
- *I helped to choose my child's treatment goals.*
- *I participated in my child's treatment.*

#### **Outcomes Domain (6)**

- *My child is better at handling daily life.*
- *My child gets along better with family members.*
- *My child gets along better with friends and other people.*
- My child is doing better in school and/or work.
- My child is better able to cope when things go wrong.
- I am satisfied with our family life right now.

## **Appropriateness Domain (6)**

- Overall, I am satisfied with the services my child received.
- The people helping my child stuck with us no matter what.
- I felt my child had someone to talk to when he/she was troubled.
- The services my child and/or family received were right for us.
- My family got the help we wanted for my child.
- My family got as much help as we needed for my child.

#### **Cultural Sensitivity (4)**

- Staff treated me with respect.
- Staff respected my family's religious/spiritual beliefs.
- Staff spoke with me in a way that I understood.
- Staff were sensitive to my cultural/ethnic background.

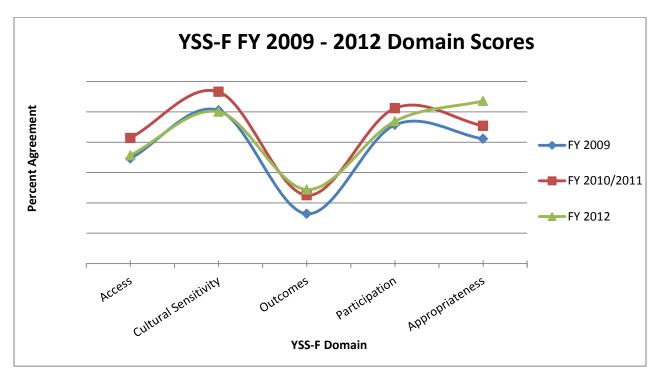
Table 2 presents summary results in percentages with confidence intervals (95%) for the total scores for the 2012 fiscal year as well as for 2009 and 2010/2011. Looking at the trends over time, the 2012 fiscal year levels of agreement remained relatively stable for all domains compared to fiscal years 2009 and 2010/2011. Please refer to Appendix G where percentages of endorsement for the full Likert scale are presented by item within each domain.

Table 2. Valid Percent Agreement by Fiscal Year

		Cultural			_
Fiscal Year	Access	Sensitivity	Outcomes	Participation	Appropriateness
2009	74.6	90.5	56.4	85.7	81.1
95% CI	71.7-77.5	88.5-92.5	53.1-59.7	83.4-88.0	78.5-83.7
n	674	818	510	775	733
2010/2011	81.4	96.6	62.5	91.2	85.4
95%CI	78.5-84.3	95.2-98.0	58.8-66.2	89.3-93.2	82.8-88.0
n	554	595	406	636	591
2012	75.7	93.6	64.4	86.9	90.0
95% CI	72.8-78.5	91.9-95.3	61.2-67.6	87.0-92.0	84.7-89.1
n	867	815	854	857	869

Because the procedures for the surveys were consistent, it is possible to examine trends in domain scores from year to year. Figure 3 illustrates that the domain scores for these three years are consistent and follow the same overall trend in percent agreement with scores rising slightly across all domains for 2012.

Figure 3. Percent Agreement for Domain Scores for YSS-F 2009, 2010/2011, and 2012



# **Moderators of Domain Agreement**

A moderator is a variable that influences the direction or strength of an outcome. Analysis of variance was conducted to examine the effects of a number of demographic variables that could impact the levels of agreement. Due to the number of tests conducted, an alpha level of .001 was utilized. No effects were demonstrated for gender, age group, race, ethnicity, disability, or length of treatment indicating that level of agreement was not related to these demographic variables (see Tables 3-7 below).

Table 3. Valid Percent Agreement by Gender<sup>4</sup>

Gender (n)	Access	Quality/Appropriateness	Outcomes	Participation	Cultural Sensitivity
Girl (489)	75	87	63	88	94
Boy (312)	77	87	65	91	93

Note. The reported n of each gender category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a small amount.

Table 4. Valid Percent Agreement by Age Group

Age Group (n)	Access	Quality/Appropriateness	Outcomes	Participation	Cultural Sensitivity
0-5 (67)	85	93	64	87	99
6-11 (392)	76	89	65	93	95
12-14 (162)	72	84	61	91	94
15-17 (194)	75	83	67	84	90

Note. The reported n of each age group category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a small amount.

<sup>4</sup> Transgender was not included in the table, as there was only 1 valid response for domain agreement.

Table 5. Valid Percent Agreement by Race

Race (n)	Access	Quality/Appropriateness	Outcomes	Participation	Cultural Sensitivity
American Indian/Alaska Native (29)	70	87	69	87	90
Asian (2)	50	100	100	100	100
Black/African American (30)	86	93	57	78	84
Native Hawaiian/Pacific Islander (4)	100	100	100	100	100
White/Caucasian (557)	74	87	64	88	91
Other (50)	84	92	70	81	87
Multiracial (77)	76	88	64	90	89

Note. The reported n of each racial category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a small amount.

Table 6. Valid Percent Agreement by Ethnicity

Ethnicity (n)	Access	Quality/Appropriateness	Outcomes	Participation	Cultural Sensitivity
Hispanic (231)	77	90	68	87	94
Non-Hispanic (473)	76	90	63	87	93

Note. The reported n of each ethnicity category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a small amount.

Table 7. Valid Percent Agreement by Length of Treatment

Length of Treatment (n)	Access	Quality/Appropriateness	Outcomes	Participation	Cultural Sensitivity
< 1 Month (53)	81	78	49	94	98
1-5 Months (183)	73	88	59	89	93
6 Months to 1 Year (195)	78	91	65	92	95
> 1 Year (312)	74	85	68	89	92

Note. The reported n of each length of treatment category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a small amount.

In examining distance from agencies, significant differences were found (see Tables 8-10). Specifically, respondents who lived 0-10 miles away from a mental health center had significantly higher levels of agreement on the Access domain as compared to all other respondents who lived further away. [F(3, 855) = 18.924, p = .000.]

Table 8. Valid Percent Agreement by Distance from Agency

Distance From Agency (n)	Access	Quality/Appropriateness	Outcomes	Participation	Cultural Sensitivity
0-5 Miles (343)	85	88	65	90	93
6-10 Miles (214)	80	88	67	92	94
11-20 Miles (158)	63	83	60	87	95
20+ Miles (92)	56	84	63	91	93

Note. The reported n of each distance from agency category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a small amount.

Table 9. Valid Percent Agreement by Disability

Disability (n)	Access	Quality/Appropriateness	Outcomes	Participation	Cultural Sensitivity
Blind/Partially Sighted					
(2)	50	100	100	100	100
Deaf/Hard of Hearing (8)	89	100	67	89	100
Developmental (29)	71	81	56	87	93
Learning (107)	77	89	60	93	92
None (6)	67	80	33	83	83
Physical (6)	100	83	67	83	100
TBI (2)	100	100	00	100	50
Multiple Disabilities					
(106)	76	78	53	92	95
Other (78)	73	84	67	90	92

Note. The reported n of each disability category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a small amount.

Table 10. Valid Percent Agreement by Language<sup>5</sup>

Language (n)	Access	Quality/Appropriateness	Outcomes	Participation	Cultural Sensitivity
English (724)	75	87	64	90	94
Spanish (6)	80	80	100	100	100
Bilingual (67)	78	93	69	93	96

Note. The reported n of each language category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a small amount.

A significant difference was found between scores on the Outcome domain by self-reported Medicaid status using a significance level of p<.001. A t-test was used for this analysis because there are only two response choices [t(271.33)=-3.6, p=.000; equal variance not assumed as Levene's test was significant]. See Table 11 for percent agreement across domains by self-reported Medicaid status groups. The non-Medicaid group had significantly higher percent agreement in the Outcome domain than the Medicaid group.

Table 11. Valid Percent Agreement by Self-reported Medicaid Status

Medicaid Status (n)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Medicaid (644)	76	89	62	87	94
Non-Medicaid					
(152)	72	92	75	89	94

#### **Oualitative Comments**

Two open-ended survey questions queried caregivers about the most and least helpful aspects of services delivered to the caregiver and the child. In response to these questions, approximately 72% of respondents provided written comments regarding what was most helpful and 59% of respondents provided written feedback for how to improve services. The Division of Behavioral Health provides this qualitative data to each site's executive director and consumer and family affairs officer. The Division's Data and Evaluation Section along with the Consumer and Family Affairs fielded phone calls regarding the survey, referring complaints and service requests to the Program Quality staff. For the FY2010 survey period, The Consumer and Family Affairs officer received one consumer complaint, which was that he/she had been offered a survey.

<sup>&</sup>lt;sup>5</sup> All other language choices had 5 or fewer responses and were not included in the table.

The responses to the open-ended question of "What two things do you like most about the services you receive?" were reviewed for common themes. The following themes were found from the responses:

- Positive relationships with therapist
  - Respondents commented often about having positive relationships with their child's therapist. They
    valued having someone to talk to about their child, being listened to and understood. Respondents also
    liked that their child had someone to talk to about their issues.
  - O Specific therapists were named many times as one of the things the respondents liked most about the services. Data would seem to support the well-established research finding that the relationship between therapist and consumer is instrumental to satisfaction and outcome<sup>6</sup>.

#### • Concrete ideas and strategies

 Caregivers' comments demonstrated an appreciation for concrete ideas and strategies that could help their child. For example, coping strategies were named numerous times. Others appreciated specific ideas that could be used in the home to manage behaviors. Some stated that the ideas and strategies were specifically targeted to their child and his/her environment.

#### Access to medication

 Many respondents remarked that having access to medication for their child was one of the things they liked most about the services. Beyond access, others had positive perceptions about working with the psychiatrist to adjust medication as needed.

The responses to the open-ended question of "What two things do you like least about the services you receive?" were also reviewed for common themes. The following themes were found within the responses:

#### Nothing

 Many caregivers' responses reflected that they were quite satisfied with services and could not think of anything to improve.

#### Access issues

Respondents wanted better access in terms of extended hours (i.e., outside of the school day), more access to male therapists for their male children, and better access to psychiatrists when needed. Some reported that they perceived a need for more staff members to increase access. Others wanted a location closer to their home.

#### • More collaboration

Some caregivers noted a desire to have more communication with their child's therapist about treatment.
 Others wanted to involve more family members or other service providers.

## **Discussion and Implications**

In 2011, DBH conducted its ninth annual YSS-F survey illuminating caregiver perceptions of the behavioral health services provided to youth consumers. Analyses were conducted at the state level. Although the sample may not be representative of the entire population of mental health consumers (i.e., consumers who have left treatment, and those who did not fill out the survey), the data do provide rich information regarding consumers' perceptions of care while engaged in treatment. These results can be a part of a larger framework of data used to inform future mental health services.

The fact that demographic data and domain scores are similar between FY 2010/2011 and FY 2012 suggests that the survey is capturing a consistent sample of consumers and that consumer perception of services are largely stable with a

<sup>&</sup>lt;sup>6</sup> Horvath, A. O., & Bedi, R. P. (2002). The alliance. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 37-69). New York: Oxford University Press. Horvath A.O. and Symonds B.D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. Journal of Counseling Psychology 38 (2), 139-149.

slight improvement over the last year. Similar to prior years, the Outcomes domain demonstrated the lowest levels of agreement. However, there was not a high level of disagreement with improved outcomes. Rather, respondents reported higher levels of feeling indecisive about the impact that services had on their daily lives. This may also be a result of the fact that consumers that experience great improvement on outcomes may not be in treatment any longer and thus are not a part of the survey sample.

In summary, the YSS-F FY 2012 provides valuable data regarding caregiver perceptions and will be used to inform change and highlight strengths for the state as a whole.

For information regarding this report please contact Adrienne Jones, at the Division of Behavioral Health, 3824 W. Princeton Circle, Denver, CO 80236, 303-866-7435/Adrienne.jones@state.co.us.

# Appendix A: YSS-F Survey

	•		1. 155	1 201	5					
Fo	r Office Use Only: PAYOR CODE (Check all that appl	<b>y)</b> :	CHP	MD	MR	TPI	SP		0	-
6 N Str	ase help our agency make services better by answering son <b>MONTHS</b> . Your answers are confidential and will not influor tongly Disagree, Disagree, Are Neutral, Agree, or Strong to best describes your answer. Thank you!!!	ence the ser	vices yo	ou or y	our child	receive	es. Please	indicate	e if you	.1
		Strongly Agree	Agree	;	I am Neutral	I	Disagree	Stroi Disag		Not Applicable
1.	Overall, I am satisfied with the services my child received.									
2.	I helped to choose my child's services.									
3.	I helped to choose my child's treatment goals.									
4.	The people helping my child stuck with us no matter what.									
5.	I felt my child had someone to talk to when he/she was troubled.									
6.	I participated in my child's treatment.									
7.	The services my child and/or family received were right for us.									
8.	The location of services was convenient for us.									
9.	Services were available at times that were convenient for us.									
	My family got the help we wanted for my child.									
	My family got as much help as we needed for my child.									
	Staff treated me with respect.									
13.	Staff respected my family's religious/spiritual beliefs.									
	Staff spoke with me in a way that I understood.									
15.	Staff were sensitive to my cultural/ethnic background.									
	a result of the services my child and/or family	Strongly Agree	Agree	•	I am Neutral	I	Disagree	Stroi Disag		Not Applicable
	ceived:  My child is better at handling daily life.	Agree			Neutrai			Disag	<u> </u>	Applicable
	My child gets along better with family members.									
	My child gets along better with friends and other people.									
19.	My child is doing better in school and/or work.									
20.	My child is better able to cope when things go wrong.									
	I am satisfied with our family life right now.									
22.	My child is better able to do things he or she wants to do.									
Ot	her than my child's service providers:	Strongly Agree	Agree	•	I am Neutral	I	Disagree	Stroi Disag		Not Applicable
23.	I know people who will listen and understand me when I need to talk.									
24.	In a crisis, I would have the support I need from family and friends.									
25.	I have people that I am comfortable talking with about my child's problems.									

26. I have people with whom I can do enjoyable things.

The following two questions request your feedback regarding your experience of treatment. We value your comments, however answering is OPTIONAL. If you decide to provide feedback, please <u>DO NOT</u> include your name or any information that would identify you. Your comments will be shared with the center exactly as they are written. If you would like to speak with the Consumer/Family Affairs Complaints/Grievance officer for the State of Colorado, please call Donna Stains at 303-866-7191.

27.What has b	een the most	t helpful thing abo	out the service	es you and you	or child receive	d over the <b>las</b>	t 6 months?
28. What wou	ld improve tl	he services here?					
Please answe	er the follow	ring questions to	o let us know	how your ch	ild is doing.		
		any mental health ding today?	n sessions ha	s your child at	tended through	n this Center <b>i</b>	n the past 6 months
<b>O</b>		1-5	6-11	12-18	19-25	26+	
30. Does your	child current	tly receive Medica	aid or CHP+: (	Please choos	e one.):	s No	
	er form of ins dicare	surance does you Third Part	ır child have (I y Insurance (r			No Insurance	Э
30b. What form	Sliding Sca	t best describes y ale CHP+ Co-pay	Self-F			(Please choo No Payment	se one):
31. Is your chi		iving with you?					
32. Has your o	hild lived in	any of the followi	ng places in th	ne last 6 mon	ths? (CHECK /	ALL THAT AP	PLY)
	With anoth Foster hor Therapeut Crisis She Homeless	ic foster home Iter		Resid Hospi Local State	home ential treatmental tal jail or detention correctional fact way/homeless/d	n facility cility	

33. In the last year, did your child see a medical doctor (or nu one)	irse) for a health check up or because he/she was sick? (Check
Yes, in a clinic, office, or home visit	
Yes, but only in a hospital emergency room	
No	
Do not remember	
34. Is your child prescribed medication from this Center?	
Yes No	
34a. If YES, did the doctor or nurse tell you and/or your	child what side effects to watch for?
Yes No	
35. Is someone other than a parental figure requiring that you ordered)?	ir child attend mental health sessions (e.g., social services, court-
Please answer the following questions to let us know a lit	ttle about your child.
36. Child's Current Age: (years)	
37. Ethnicity: My child is Hispanic/Latino/a My child is	Not Hispanic/Latino/a I prefer not to answer
38. Race: (Mark all that apply)  American Indian/Alaska Native (Tribal Affiliation_ Asian	)
<ul><li>Black/African American</li><li>White/Caucasian</li><li>Native Hawaiian/Pacific Islander</li></ul>	Other I prefer not to answer
39. Child's Gender: ■ Boy ■ Girl ■ Transgender ■ O	Other I prefer not to answer
40. In which languages is your child fluent? (Mark all that app  English Spanish American Sign Language German French Arabic  Mark all that app Russian Italian Polish Vietnamese Korean	Chinese (Mandarin or Cantonese)  Japanese Tagalog Other I prefer not to answer
41. Do you identify your child as any of the following? (Mark at Person who is deaf or hard of hearing Person who is blind or partially sighted Person with a physical disability Person with a developmental disability Person with a learning disability	All that apply)  Person with a traumatic brain injury  None  Other  I prefer not to answer
42. With which sexual orientation does your child most closely  Heterosexual Lesbian/Gay Bisexual	Other I prefer not to answer
43. Approximate distance from your home to this mental healt	th center (Please check one):
0-5 miles 11-20 miles 6-10 m	niles 20+ miles

44. How long has your child received services from this Cer	nter?
a. Less than 1 month	
b. 1 - 5 months	
c. 6 months to 1 year (Continue to question	on 45)
d. Longer than 1 year (Skip to question 51)	
45. Was your child arrested since beginning to receive mental health services from this Center?	
□ Yes □ No	51. Was your child arrested during the last 12 months?  ☐ Yes ☐ No
46. Was your child arrested during the 12 months prior to	52. Was your child arrested during the 12 months prior to that?
that? □ Yes □ No	□ Yes □ No
47. Since your child began to receive mental health	53. Over the last year, have your child's encounters with the police
services from this Center, have their encounters with the police	□ a. been reduced (for example, he/she have not been arrested, hassled by police, taken by
☐ a. been reduced (for example, he/she has not been arrested, hassled by police, taken by police to a shelter or crisis program)	police to a shelter or crisis program) ☐ b. stayed the same
☐ b. stayed the same	<ul><li>□ c. increased</li><li>□ d. not applicable (They had no police</li></ul>
☐ c. increased ☐ d. not applicable (He/she had no police	encounters this year or last year)
encounters this year or last year.)	54. Was your child expelled or suspended from school
48. Was your child expelled or suspended from school	during the last 12 months?  ☐ Yes ☐ No
since beginning services from this Center?  ☐ Yes ☐ No	55. Was your child expelled or suspended from school
49. Was your child expelled or suspended from school during the 12 months prior to that?	during the 12 months prior to that?  ☐ Yes ☐ No
☐ Yes ☐ No	56. Over the last year, the number of days my child was in school is
50. Since starting to receive services from this Center, the number of days my child was in school is	a. □ Greater b. □ About the same
a. ☐ Greater	c. □ Less
b. ☐ About the same c. ☐ Less	d. □ Does not apply (please select why this
d. □ Does not apply (please select why this	does not apply)
does not apply)	<ul> <li>i. □ child did not have a problem with attendance before starting services</li> </ul>
i.□ child did not have a problem with	ii. □ child is too young to be in school
attendance before starting services	iii. □ child was expelled from school
ii.□ child is too young to be in school	iv. □ child is home schooled
iii.□ child was expelled from school	v. ☐ child dropped out of school
iv.□ child is home schooled	vi. 🗆 Other:
v.□ child dropped out of school	
vi.□ Other:	
57. In the future, would you complete this survey online?	es No

 ${\it Thank you for taking the time to answer these questions!}$ 

## Appendix B: Domain Items

# **Access Domain** (completion of both items needed for domain score)

The location of services was convenient.

Services were available at times that were good for me.

# Participation Domain (completion of two items needed for domain score)

I helped to choose my child's services.

I helped to choose my child's treatment goals.

I participated in my child's treatment.

# Cultural Sensitivity (completion of three of the four items needed for domain score)

Staff treated me with respect.

Staff respected my family's religious/spiritual beliefs.

Staff spoke with me in a way that I understood.

Staff were sensitive to my cultural/ethnic background.

# **Appropriateness Domain** (completion of four of the six items needed for domain score)

Overall, I am satisfied with the services my child received.

The people helping my child stuck with us no matter what.

I felt my child had someone to talk to when he/she was troubled.

The services my child and/or family received were right for us.

My family got the help we wanted for my child.

My family got as much help as we needed for my child.

# Outcomes Domain (completion of four of the six items needed for domain score)

My child is better at handling daily life.

My child gets along better with family members.

My child gets along better with friends and other people.

My child is doing better in school and/or work.

My child is better able to cope when things go wrong.

I am satisfied with our family life right now.

Appendix C: Survey Counts/Response Rate by Agency<sup>7</sup>

Agency	Completed	Number of Adult Consumers Seen	Response Rate
Arapahoe/Douglas	209	975	21.4%
Asian Pacific	1	2	50.0%
AspenPointe	97	1,517	6.4%
Aurora	31	1,620	1.9%
Axis Health System	27	134	20.2%
Centennial	64	308	20.8%
Colorado West	27	513	5.3%
Community Reach <sup>8</sup>	91	Not Provided	Not Calculated
Jefferson	18	838	2.2%
Larimer <sup>9</sup>	37	Not Provided	Not Calculated
Mental Health Partners	83	441	18.8%
MHCD	6	272	2.2%
Midwestern	17	320	5.3%
North Range	34	525	6.5%
San Luis Valley	5	290	1.7%
Servicios de la Raza	0	0	Not included
Southeast	31	68	45.6%
Spanish Peaks	63	747	8.4%
West Central	36	200	18.0%
Total <sup>10</sup>	749	8,770	8.5%

<sup>&</sup>lt;sup>7</sup> These numbers are based on agency-reported numbers of youth seen during the survey time period.

<sup>8</sup> Not included in the calculation of response rates

<sup>9</sup> Not included in the calculation of response rates

<sup>10</sup> This number does not include Community Reach or Larimer, as they did not provide numbers for youth consumers seen during the survey period.

Appendix D: Demographic Information of 2010 YSS-F Respondents

	YSS-F	Respondents
Gender	%	n
Female	39.3	338
Male	60.6	521
Transgendered	.1	1
Other	0.0	0
Missing	1.9	17
Race		
American Indian/Alaska Native	3.9	30
Asian	.3	2
Black/African American	4.2	32
Native Hawaiian/Pacific Islander	.5	4
White/Caucasian	74.1	567
Other	6.7	51
Multi-Racial	10.3	79
Prefer Not To Answer	4.9	43
Missing	12.8	112
Ethnicity		
Hispanic/Latina(o)	29.1	241
Non-Hispanic/Latina(o)	62.4	516
Prefer Not To Answer	8.5	70
Missing	5.7	50
Age		
0-5	8.3	73
6-11	48.3	424
12-14	20.3	178
15-17	23.0	202
Missing	0.0	0
Disability*		
Blind/Partially Sighted	.9	8
Deaf/Hard of Hearing	1.8	16
Developmental Disability	13.1	115
Learning Disability	25.0	219
Physical Disability	2.3	20
Traumatic Brain Injury	.8	7
Other	14.3	125
Multiple Disabilities	29.9	110
No Disability	43.9	385
Prefer Not To Answer	6.2	54
Missing	9.6	85
Language*		
English	97.9	859
Spanish	8.3	73
American Sign Language	.6	5
German	.3	3
French	.1	1
Arabic	0.0	0
Russian	.1	1
Italian	.3	3
Polish	0.0	0
Vietnamese	0.0	0

Korean	0.0	0
Chinese	0.0	0
Japanese	.2	2
Tagalog	0.0	0
Other	.5	4
Bilingual	7.9	69
Multilingual	.5	4
Prefer Not to Answer	.3	3
Missing	.7	6

<sup>\*</sup> These are not mutually exclusive categories.

Appendix E: Payor Status

	YSS-F R	espondents
Number of Payors <sup>11</sup>	%	n
None	1.8	6
One	97.0	327
Two	1.2	4
Missing	61.6	540
Insurance <sup>12</sup>	%	n
Medicaid/CHP+	80.5	689
No Insurance	43.9	385
Medicare	9.1	80
Third Party	17.0	149
Don't Know	9.8	86
Payment Plan for Services	%	n
Medicaid/Medicare Co-pay	57.9	490
No payment	19.2	163
Sliding scale	1.4	12
Don't know	8.3	70
Self-pay	2.4	20
Third-party co-pay	10.9	92
Missing	3.4	30

 $<sup>^{11}</sup>$  This data represents provided payor source for less than  $\frac{1}{2}$  of the respondents. Over 60% of the data for this question were missing.  $^{12}$  Numbers are not mutually exclusive. This is the more reliable number regarding Medicaid funding. It is answered by the respondent and only 5% of the data was missing. The agency data was provided by staff and over 60% of that data was missing. Due to the large percentage of missing data, these numbers are not provided.

Appendix F: Comparison of Demographic Information of FY 2012 YSS-F Respondents to FY 2012 CCAR Respondents

	YSS-F Re	spondents	CCAR Re	espondents
Gender <sup>13</sup>	%	n	%	N
Girl/Female	39.3	338	44.2	11,363
Boy/Male	60.7	521	55.8	14,367
Age Group in Years				
0-5 years old	8.3	73	11.0	2,838
6-11 years old	48.3	424	38.6	9,936
12-14 years old	20.3	178	24.1	6,213
15-17 years old	23.0	202	26.2	6,743
Ethnicity				
Hispanic/Latina/o	31.8	241	32.5	8,354
Non-Hispanic/Latina/o	68.2	516	67.5	17,376
Race				
American Indian/Alaska Native	3.9	30	1.4	241
Asian	.3	2	.7	127
Black/African American	4.2	32	9.6	1667
Native Hawaiian/Pacific Islander	.5	4	.3	50
White/Caucasian	74.1	567	73.6	12,794
Other	5.8	51	5.2	897
Multi-Racial	10.3	79	9.2	1,600

 $<sup>^{13}</sup>$  The MHSIP options of "Transgender" and "Other" were removed from this analysis because the CCAR does not have analogous options.

Appendix G: Percent Endorsement of YSS-F Domains by Item

#### Access Domain Item Endorsement

				Percent Endorsen	nent	
Access Item (N)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	
The location of services was convenient for us (868).	48.4	32.7	11.2	5.3	2.4	
Services were available at times that were convenient for us (873).	45.6	33.8	11.6	6.9	2.2	

# Quality/Appropriateness Domain Item Endorsement

				Percent Endorsen	nent	
Quality/Appropriateness Item (N)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	
Overall, I am satisfied with the services my child received (872).	54.0	36.9	6.1	1.8	1.1	
The people helping my child stuck with us no matter what (847).	54.3	31.2	10.4	3.4	0.7	
The services my child and/or family received were right for us (869).	49.8	38.3	8.9	2.0	1.0	
I felt my child had someone to talk to when he/she was troubled (852).	51.9	35.1	9.5	2.7	0.8	
My family got the help we wanted for my child (863).	46.1	38.8	11.4	2.4	1.3	
My family got as much help as we needed for my child (859).	43.7	36.7	13.7	4.5	1.4	

Participation Domain Item Endorsement

		Percent Endorsement				
Participation Item (N)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	
I helped to choose my child's services (852).	42.1	42.3	10.2	4.1	1.3	
I helped to choose my child's treatment goals (850).	50.4	39.6	8.0	1.6	0.4	
I participated in my child's treatment (858).	53.6	39.4	4.8	2.0	0.2	

# Outcome Domain Item Endorsement

		Percent Endorsement				
Outcome Item (N)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	
My child is better at handling daily life (859).	30.2	41.2	21.9	5.7	1.0	
My child gets along better with family members (852).	25.5	42.4	22.2	8.3	1.6	
My child gets along better with friends and other people (841).	26.0	44.5	22.1	6.1	1.3	
My child is doing better in school and/or work (846).	29.8	38.2	22.8	7.6	1.7	
My child is better able to cope when things go wrong (856).	22.5	41.7	24.1	9.7	2.0	
I am satisfied with our family life right now (852).	22.7	34.4	27.0	12.0	4.0	
My child is better able to do things he or she wants to do (852).	23.9	42.6	23.5	8.2	1.8	

# Cultural Sensitivity

		Percent Endorsement				
Satisfaction Item (N)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	
Staff treated me with respect (875).	68.2	27.7	2.9	0.9	0.3	
Staff respected my family's religious/spiritual beliefs (797).	59.5	29.4	10.7	0.4	0.1	
Staff spoke with me in a way that I understood (868).	62.7	34.2	2.6	0.5	0.0	
Staff were sensitive to my cultural/ethnic background (779).	58.0	29.1	12.1	0.5	0.3	