Oregon Youth Services Survey for Families of Youth Receiving Outpatient Oregon Health Plan Services

2003

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Office of Mental Health and Addiction Services

Health Services

Department of Human Services

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Executive Summary

The Office of Mental Health and Addictions Services developed a plan approved by the Mental Health Planning and Advisory Council for monitoring the improvement of mental health services provided to Oregon's children and families. This plan for monitoring mental health services supported by the Oregon Health Plan Medicaid waiver, State general funds, and federal block grant funds has specific goals for monitoring and improving mental health services delivered to children and their families.

As part of this effort, caregivers (parents or guardians) were asked to judge the way outpatient mental health services are delivered to their children. This survey was directed to parents and guardians of children receiving Oregon Health Plan (OHP) outpatient services. The information gathered is used to assist the State in monitoring and improving mental health services.

The Youth Services Survey for Families (YSS-F) probed the critical performance issues of Access, Participation in Treatment, Cultural Sensitivity, Appropriateness and Treatment Outcomes.

- 77% of caregivers surveyed agreed they had access to treatment at a convenient time and location—up from 72% a year ago.
- 69% agreed that their participation in planning and choice making for their children was honored—about the same as the 68% a year ago.
- 91% agreed their cultural background and religious beliefs were respected—up from 89% a year ago.
- 63% indicated the services provided were appropriate—slightly up from 62% last year.
- 54% of caregivers endorsed positive treatment outcomes—up from 51% a year ago.

A total of 338 completed responses (17% of mailed surveys) were received. This number of responses achieves a 95% confidence level and an item confidence interval of +/- 6%.

The results of this survey provide a state-wide baseline of critical dimensions for OHP mental health outpatient services delivered to children in Oregon and provide a foundation from which local communities may compare their progress in meeting Oregon standards for children's mental health services. Indicators of caregiver access, participation, satisfaction, and assessment of treatment outcomes are central to ongoing quality improvement efforts and are considered necessary components of the treatment process for children.

OMHAS will continue to implement a strategy for continual improvement and monitoring of the children's treatment system through collaboration with Community Mental Health Programs, Mental Health Organizations, OMHAS Planning and Management Advisory Council, advocacy groups, and local and state agency partners.

- OMHAS will identify programs that are performing well and utilize a strategy to transfer information about successful programs throughout the state.
- OMHAS will develop a strategy to identify and systematically implement evidence-based practices for children and adolescents in community mental health settings in an effort to improve the performance dimensions measured by this survey.
- OMHAS will work with Mental Health Organization Quality Improvement Coordinators and their provider system to develop a plan to improve treatment appropriateness and outcomes for children receiving services.
- OMHAS will review current Oregon Administrative Rules and contract language to ensure this language promotes the delivery of mental health practices that would improve treatment appropriateness and outcomes.

Using the Youth Services Survey for Families to Assess the Oregon Health Plan Children's Mental Health Outpatient Service

Introduction

The Office of Mental Health and Addiction Services (OMHAS) surveyed caregivers (parents or guardians) of children who received Oregon Health Plan (OHP) funded outpatient mental health services from 7/1/02 to 12/31/02.

OMHAS adopted a survey instrument developed through the Mental Health Statistical Improvement Project (MHSIP) and endorsed by the National Association of State Mental Health Program Directors. The Youth Services Survey for Families (YSS-F) is designed to collect data measuring caregivers' perception of services received by their children along five dimensions: access, family involvement or participation, cultural sensitivity, appropriateness, and treatment outcome. These areas are consistent with the Oregon State plan for mental health services and target areas for monitoring and improvement specified in Oregon Administrative Rules for children's mental health services.

Prior to adopting the standardized the YSS-F, OMHAS relied on an internally developed survey instrument. This is the second year OMHAS has used the YSS-F, which allows for comparisons to the results from last year's survey. Comparisons to surveys prior to the implementation of the YSS-F are not valid due to the different formats and analysis procedures.

Method

The Survey Instrument

MHSIP developed the YSS-F instrument. The survey instrument is designed to measure selected indicators consistent with national standards for children's mental health services. The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services coordinated the development of this survey. The

instrument has twenty-one items, which provide data in five major domains: access, family participation in treatment, cultural sensitivity, appropriateness, and outcomes.

Survey Method

A sample of 2,000 caregivers was selected randomly from a population of 9,949 parents or guardians of children who received at least 10 units of OHP funded mental health outpatient services between 7/1/02 and 12/31/02. The sample was limited to children who were between 2 and 17 years old when they received services. The surveys were mailed out in August 2003 to each caregiver in the sample with a cover letter describing the project, assurances of privacy, and the advantages of participation.

Seventeen percent of the surveys were returned. The 338 completed[1] responses allowed the results to achieve a 95% confidence level and an item confidence interval of +/- 6%. This means, for example, that if 80% of the respondents indicated services had helped them, there is a confidence level of 95% that the true percentage for the service population is between 74% and 86% (or 80% +/- 6).

The confidence level and interval is based on the assumption that our survey respondents are representative of the service population. The respondents were compared to the original service population along a number of demographics and found to be similar (see Table 1). So for the purpose of analysis and interpretation, our respondent set is assumed to be representative of the population from which it was drawn. Even with this interpretation, it is still important to remember that the respondents to the survey are self-selected. Meaning they voluntarily returned the survey. The fact that they did return the survey means that they are in some aspect different from those that did not return the survey, however the differences outside of demographic information are impossible to know.

A factor analysis method was used to detect commonality among survey items and classify them into factors associated with performance indicators. The items of the survey were statistically

[1] There are very few partially completed surveys.

group into the five performance domains mentioned earlier: access, family participation in treatment, cultural sensitivity, appropriateness, and outcomes. Based on those classifications, performance levels were assessed for each performance indicator using a method suggested by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services.

This report summarizes the findings from the survey in the form of performance indicators. These indicators, derived from caregiver's responses, can serve as baseline indicators of system performance assessment for the state overall and may provide a basis for comparison with other states. These findings may also serve as a baseline for local programs as part of a quality monitoring and improvement plan.

Results

Sample Characteristics

Table 1 summarizes the demographic characteristics of the sample (N=2,000) and of the respondent group (n=338).

Table 1. Sample and Respondent Characteristics

Characteristics Items		Share in:	
		Sample	Respondent
Sex	Female	43.4%	39.5%
	Male	56.6%	56.6%
	Unk	1.5%	3.9%
Age Group	0 – 5	12.1%	14.7%
	6 – 12	51.0%	52.4%
	13 – 17	36.9%	29.0%
	Unk	0.0%	3.9%
Race/Eth	Unk/Other	19.5%	17.4%
	White	80.5%	82.6%
Average Age In years	All	10.6	10.1
	Female	10.9	10.5
	Male	10.4	9.8
Avg Units of Service*		44.0	42.3

*Between 7/2002 and 12/2002

At the time of the survey,

- About 92% children lived with his/her caregiver,
- 64% of the children were still receiving mental health services,
- 50% of the children were on medication for emotional/behavioral problems,
- 89% of those taking medication had been advised of possible side effects of their medications.

Performance Indicators

The items of the survey can be grouped into five performance domains:

- Access
- Participation
- Cultural sensitivity
- Appropriateness
- Outcomes

The performance score for each of the domains is the percentage of responses for the domain items that had an average positive value for the scores (agreeing or strongly agreeing).

For example, convenience of office hours and location are the two survey items used to assess the access domain. Access performance was calculated by taking the percent of those with an average value for those two items that is greater than or equal to 3.5. The results of the past two years are provided in Table 2.

Table 2. Performance Indicators

Performance Domain	Description	2003	2002
Access	Location & time convenience	77%	72%
Participation	Family involvement in decisions	69%	68%
Sensitivity	Staff sensitivity to cultural background	91%	89%
Appropriateness	Satisfaction	63%	62%
Outcome	Treatment outcome	54%	51%

The confidence interval for the 2003 results is +/-6%. For the 2002 results, the confidence interval is +/-5%.

The percentages of respondents who reported agreeing or strongly agreeing to each survey item are provided in Table 3. The items are grouped within their performance domain.

Table 3. Percent of Respondents Who Agree or Strongly Agree to an Item

	Youth Services Survey for Families Item Results	2003	2002
Access:			
1	The location of services was convenient	78%	79%
2	Services were available at convenient time	75%	73%
Participation in Treatment:			
3	I helped to choose my child's services	68%	67%
4	I helped to choose my child's treatment goals	71%	70%
5	I participated in my child's treatment	85%	85%
Cultural Sensitivity:			
6	Staff treated me with respect	87%	87%
7	Staff respected my family's religious beliefs	84%	84%
8	Staff spoke with me in a way I can understand	92%	91%
9	Staff were sensitive to my cultural background	84%	83%
Appropriateness:			
10	Overall, I am satisfied with the services	68%	67%
11	The people helping my child stuck with us	67%	66%
12	I felt my child had someone to talk to	67%	65%
13	The services my child received were right	60%	58%
14	My family got the help we wanted for my child	59%	58%
15	My family got as much help as needed	50%	45%
Treatment Outcome:			
16	My child is better at handling daily life	55%	54%
17	My child gets along better with family	53%	54%
18	My child gets along better with friends	54%	54%
19	My child is doing better in school or at work	58%	56%
20	My child is better able to cope when things go wrong	46%	50%
21	I am satisfied with our family life right now	49%	49%

A Further Look at Performance Indicators

This is the second year the YSS-F has been used in Oregon. As part of the set of measures developed and endorsed by the Mental Health Statistical Improvement Program many other states use the survey. In addition, it is the recommended measure for the CMHS Block Grant Uniform Reporting System. This allows for comparison between Oregon and several other states. Comparing Oregon's performance with those other states can be useful, although it should be remembered that each state varies in how the survey was administered as well as the array of services that are offered. CMHS also published a US Average based on data submitted through the Block Grants Uniform Reporting System.

Table 4 compares Oregon's most recent performance domain scores with scores from selected other states and the US Average (FY02).

Table 4. Performance Indicators

Performance Domain	Oregon	US Avg	Kentucky	Indiana	Texas
Access	77%	79%	78%	79%	86%
Tx Participation	69%	77%	71%	73%	87%
CulturalSensitivity	91%	83%	82%	76%	93%
Appropriateness	63%	78%	70%	67%	83%
Outcome	54%	63%	47%	47%	66%

With the exception of cultural sensitivity, Oregon performance appears lower than that of the comparison groups. The biggest difference being in the domains of appropriateness and participation in treatment.

Performance Indicators by Age Group

Children of caregivers who responded to the survey were grouped into two age categories based on their age at the time of the survey: 2-12 years and 13-17 years. Table 5 shows the results on the performance dimensions by age group for the 2003 and 2002 surveys.

Table 5. Factor Scores by Age Group

	Age Group

Performance Domain	2-12 years		13-17 years	
	2003	2002	2003	2002
Access	79%	72%	71%	73%
Participation	73%	71%	60%	62%
Cultural Sensitivity	95%	89%	82%	90%
Appropriateness	64%	65%	62%	54%
Outcome	53%	51%	56%	52%

Much of the improvement in the performance dimensions overall was driven by improvements within the younger age group, where there was improvement in four of five dimensions. There was improvement in appropriateness, and outcomes within the older age group. In comparing the two age groups the most striking differences are in treatment participation, cultural sensitivity, and access.

Performance Indicators by Gender

Table 6 shows the results on the performance dimensions by gender group for the 2003 survey.

Table 6. Factor Scores by Gender

Performance Domain	Gender	
	Female	Male
Access	82%	73%
Participation	65%	72%
Cultural Sensitivity	89%	93%
Appropriateness	66%	62%
Outcome	60%	50%

Males had higher scores related to treatment participation and cultural sensitivity, while females were higher in the remaining performance domains: access, appropriateness, and outcomes.

In Treatment or Not in Treatment at the Time of the Survey

Of the respondents about 64% confirmed that their child was still receiving services when they completed the survey. The respondents were assigned to two different groups based on their response to the questions “Is your child still receiving mental health services?’. Those who indicated that their child is still receiving mental health services constitute one group and those who reported that their child is not receiving services another. Performance scores were computed for each group (Table 6).

Table 6. Performance Scores by Group

Factor	Still in Service (n=187)	Not Receiving Services (n=107)
Access	78%	76%
Participation	70%	64%
Cultural Sensitivity	92%	89%
Appropriateness	62%	61%
Outcome	51%	59%

In general, scores were higher for children that were still in service, but there seems a marked difference between the two groups in two of the five factors—Outcomes and Participation. Caregivers whose children were receiving services at the time of the survey indicated more participation than those whose children were not receiving services. The reverse pattern was found in relation to perceived outcomes. A similar pattern was found in last year’s survey.

This may indicate that those who have completed service have had more opportunity to observe positive outcomes. At the same time, participation in treatment might not be remembered as positively after the completion of services compared to at the time of services.

Summary and Recommendations

This year’s and last year’s administration of the YSS-F indicate there is room for improvement in the provision of OHP child and adolescent outpatient services. While the pattern of results is similar to a couple of comparison states and the US average, overall the performance is lower for Oregon.

Survey results were better among those who were still in service when they completed the survey. This is a common finding for surveys that include both those currently in service and those who have completed service. It points to the need to explore what factors cause many of the ratings to fall once service is complete. The main exception to this finding is in the outcome domain. Perhaps it is necessary for treatment to be complete in order to fully see the positive effects.

Comparing age groups reveal higher ratings for the 2-12 age group versus the 13-17 age group. These results may be partly attributable to the difficulty of maintaining parental involvement with older adolescents in general. Once again these results are in common with other states.

OMHAS will continue to implement a strategy for continual improvement and monitoring of the children's treatment system through collaboration with Community Mental Health Programs, Mental Health Organizations, OMHAS Planning and Management Advisory Council, advocacy groups, and local and state agency partners.

- OMHAS will identify programs that are performing well and utilize a strategy to transfer information about successful programs throughout the state.
- OMHAS will develop a strategy to identify and systematically implement evidence-based practices for children and adolescents in community mental health settings in an effort to improve the performance dimensions measured by this survey.
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- OMHAS will review current Oregon Administrative Rules and contract language to ensure this language promotes the delivery of mental health practices that would improve treatment appropriateness and outcomes.

Reference

Brunk, M. & Koch, R. (2002). *Assessing the Outcome of Children's Mental Health Services: Development of the YSS-F*. Office of Research and Evaluation, Virginia Department of Mental Health, Mental Retardation, and Addiction Services.

Technical Note:

The pattern matrix below summarizes the findings of the factor analysis. Exploratory analysis showed that the survey items are correlated to some degree with each other. For this reason, the Oblimin Rotation technique was used with Kaiser Normalization to maximize variations in the resulting factor structure. Rotation converged at the 14th iteration. The principal axis factoring method provided factor structure consistent with expectations and is reported below. Only items with factor loads in excess of 0.35 are included.

Pattern Matrix from Factor Analysis

Survey Item	Appropriate	Outcomes	Cultural Sensitivity	Treatment Participation	Access
Overall, I am satisfied with services	X				
I helped to choose the services				X	
I helped to choose the tx goals				X	
The people stuck with us	X				
I felt my child had some one to talk	X				
I participated in my child's treatment				X	
The services were right	X				
The location was convenient					X
The time of delivery was convenient					X
My family got the services we wanted	X				

My family got as much help	X				
Staff treated me with respect			X		
Staff respected our religion/culture			X		
Staff spoke with me clearly			X		
Staff were sensitive to my background			X		
My child is better at handling daily life		X			
My child gets along better with family		X			
My child gets along better with others		X			
My child is doing better in school		X			
My child is better able to cope		X			
I am satisfied with our family life		X			

[a] Items may be abbreviated or reworded to accommodate them in small space