## Texas Youth Services Survey for Families (YSSF) Results FY 2006

### Introduction

In state fiscal year (FY) 2006, Texas conducted its fifth annual Youth Services Survey for Families (YSSF). The YSSF, developed by the federal Mental Health Statistics Improvement Program (MHSIP), measures parent perception of state mental health services provided to their children. This report presents the FY 2006 YSSF results statewide and for NorthSTAR, the Texas Medicaid Managed Care program for behavioral health services. An accompanying report presents the FY 2006 results for the Adult Mental Health (AMH) Survey, which measures the perception of adults who have received state mental health services.

#### Methods

The Texas Health and Human Services Commission (HHSC) mailed questionnaires to the parents of child consumers in May 2006, informing them that the survey was voluntary, confidential, and that their providers would not see their individual responses. Parents were asked to send the completed survey directly to HHSC in a business reply envelope by August 31, 2006. HHSC attempted to find updated addresses and resend surveys returned unopened.

Survey methods have changed in numerous ways from year to year, depending on federal requirements, state data needs, and limitations in state resources. Changes have involved items on the survey instrument, survey distribution, and sampling design. For instance, prior to 2005, the state delivered surveys to parents indirectly through the mental health centers. Beginning in 2005, the state mailed a smaller survey directly to parents.

The two-sided, bilingual (English-Spanish) questionnaire consists of 21 items about state mental health services the consumer received over the past twelve months. Each item is a statement, such as "Overall, I am satisfied with the services my child received." Items fall into one of the "domains" described below, providing measurements of the parent's perception of services along five dimensions.<sup>2</sup>

<u>Satisfaction (with services)</u>: Would the parent choose these services for his/her child if there were other options available?

Participation in Treatment: Did the parent feel involved in treatment decisions?

<u>Cultural Sensitivity (of staff)</u>: Did staff show respect for the family's race/ethnicity/culture?

Access (to services): Were services available when and where needed?

<sup>&</sup>lt;sup>1</sup> MHSIP is a branch of the Center for Mental Health Services.

<sup>&</sup>lt;sup>2</sup> The YSSF and AMH Survey include several similar domains. However, since different items comprise these domains, survey results are not comparable.

<u>Outcomes (of services)</u>: As a result of services, has the child's functioning at home and school improved and has he/she experienced fewer mental health symptoms?

For the second year, the survey piloted five new items for two proposed domains, Social Connectedness (to friends, family, and community) and Functioning (due to services). Additional pilot items focused on criminal justice involvement. See Appendix A for a copy of the survey instrument and Appendix B for a breakdown of items by domain.<sup>3</sup>

The Department of State Health Services (DSHS) provided HHSC with a stratified random sample of consumers selected through the agency's mental health encounter database. Consumers 17 years or younger who had received a recent mental health service beyond an intake assessment were eligible for inclusion. The sample consisted of two strata: one for NorthSTAR and one for Community Mental Health. DSHS drew the NorthSTAR stratum to obtain data to meet the program's biennial waiver reporting requirements. Creating the two strata also provided the opportunity to compare results between service models. To calculate the overall statewide results, HHSC weighted the NorthSTAR and Community Mental Health strata to their population sizes and used SPSS Complex Samples statistical software to calculate point estimates, 95% confidence intervals (CIs), and, where appropriate, Pearson's Chi Squares. In total, NorthSTAR parents completed 227 surveys and Community Mental Health parents completed 304 surveys (Table 1).

Table 1: Sampling Youth Services Survey for Families

	Population Size (January 2006)	# Surveys Sent	# Completed Surveys Returned	% Completed Surveys Returned	% Incorrect Addresses	% No Response
NorthSTAR	1,586	1,586	227	14%	27%	59%
Community Mental Health	10,704	1,875	304	16%	14%	70%
Total	12,290	3,461	531	15%	20%	65%

Texas Health and Human Services Commission Strategic Decision Support

 $<sup>^3</sup>$  The actual survey instrument is legal size but has been reformatted as Appendix A in letter size to fit into the report.

The characteristics of the respondents' children in each stratum were roughly the same as the children whose parents were sent surveys in four categories: gender, age category, race/ethnicity, and primary diagnosis. This similarity suggests that the children whose parents responded to the survey represent the overall population of children who received services (Table 2).

Children of NorthSTAR and Community Mental Health respondents differed from each other in three of the four demographic categories (Table 2). Males outnumbered females for both strata, but the gender gap was particularly wide for the NorthSTAR strata. The race/ethnic composition of the strata varied; NorthSTAR was primarily White (63%), and Black (31%), with only 4% Hispanic consumers, while Community Mental Health respondents were more evenly divided between these three predominant race/ethnic groups.

Finally, the NorthSTAR and Community Mental Health children's primary diagnoses were somewhat dissimilar. The percentage of children with Bipolar and Conduct Disorders were comparable but over half of the Community Mental Health children were diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) compared to 28% of NorthSTAR children. On the other hand, the NorthSTAR strata had higher percentages of children with Major Depression and "Other" diagnoses, most of which were Schizophrenia or Schizoaffective Disorder.

Table 2: Youth Services Survey for Families FY 2006\* Characteristics of Children Whose Parents were Sent and Completed Surveys by Stratum

	Community Me	ental Health	NorthSTAR		
	Consumers Sent Surveys	Respondents	Consumers Sent Surveys	Respondents	
Gender	,		,		
Female	33%	36%	32%	27%	
Male	67%	64%	68%	73%	
Age					
0 - 12	51%	57%	58%	62%	
13 - 17	49%	43%	42%	39%	
Race/Ethnicity					
Black	23%	25%	36%	31%	
Hispanic	39%	34%	4%	4%	
White	34%	36%	60%	63%	
Other	4%	6%	1%	2%	
Primary Diagnosis					
Attention Deficit Hyperactivity	45%	51%	30%	28%	
Bipolar	16%	18%	19%	21%	
Conduct/Oppositional Defiance	15%	9%	10%	8%	
Major Depression	19%	17%	24%	24%	
Other	6%	6%	17%	20%	

<sup>\*</sup>Characteristics reflect the child, not the parent

### **Results**

Parents rated each of the survey items on a scale of 1-5: 1) Strongly Agree, 2) Agree, 3) Neutral, 4) Disagree, or 5) Strongly Disagree. In the analysis, ratings of Agree and Strongly Agree were collapsed and ratings of Disagree and Strongly Disagree were collapsed. The survey results focus on the domain "agreement rates" or "positive responses" which means the percentage of consumers that reported "Agree" or "Strongly Agree" to the items in a domain. For example, an 80% Access agreement rate means that 80% of the respondents agreed or strongly agreed with the items in the Access domain.

## Key Finding 1: The domain agreement rates have remained consistent over time.

In FY 2006, 81% of the parents surveyed responded positively to the Satisfaction domain, 87% to Participation in Treatment, 90% to Cultural Sensitivity, and 59% to Outcomes (Table 3). <sup>4</sup> The domain agreement rates have not varied appreciably since the state began administering the survey in FY 2002 (Figure 1). (In 2005, all domain agreement rates decreased, suggesting that changes in survey methods that year may have affected overall agreement rates.)

Table 3: Youth Services Survey for Families FY 2006 Statewide Domain Agreement Rates

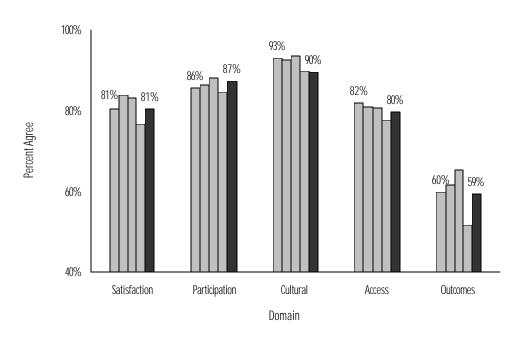
	Statewide Agreement Rate	Lower - Upper Confidence Interval
Access	80%	75% - 83%
Satisfaction	81%	76% - 84%
Outcomes	59%	54% - 64%
Participation in Treatment	87%	84% - 90%
Cultural	90%	86% - 92%
Functioning	82%	78% - 86%
Social Connectedness	79%	74% - 82%

Note: Weighted by NorthSTAR and Community Mental Health population sizes.

Texas Health and Human Services Commission Strategic Decision Support

 $<sup>^4</sup>$  For a more accurate comparison of the agreement rates across time, HHSC reanalyze d the FY 2002 and FY 2003 data using the calculation method recommended by MHSIP beginning in FY 2004. Therefore, the FY 2002 and FY 2003 agreement rates presented in this report do not match the agreement rates reported in previous reports.

Figure 1: Youth Services Survery for Families (YSSF) FY 2002 - FY 2006 Domain Agreement Rates\*



\*Percentage of respondents that agreed or strongly agreed with the items in the domain Note: All agreement rates analyzed using 2006 calculation method.

# Key Finding 2: Survey results suggest that parents of Hispanic and Black children feel more positive about their children's services than parents of White children.

A number of domain agreement rates differed by the race/ethnicity of the child. In an odds ratio analysis, parents of Hispanic consumers rated five of the seven domains – Access, Satisfaction, Outcomes, Cultural Sensitivity, and Functioning – significantly higher than parents of White consumers (the reference group) at p < .05 (Table 4). Parents of Black consumers rated three domains – Access, Satisfaction, and Cultural Sensitivity – higher than parents of White consumers (the reference group) at p < .05. Applying the same analysis to diagnosis, parents of consumers with "Other" diagnoses (primarily Schizophrenia and Schizoaffective Disorders) rated the Satisfaction domain significantly higher than parents of consumers with ADHD (the reference group). The analysis discovered no statistically significant differences by child gender or age group.

Table 4: Texas Youth Services Survey for Families FY 2006 Domain Agreement Rates by Children's Characteristics

	Access	Satisfaction	Outcomes	Participation	Cultural	Functioning	Social
Gender							
Female	80%	77%	57%	89%	93%	83%	81%
Male	79%	83%	61%	86%	88%	82%	78%
Age							
0 - 12	80%	81%	64%	87%	90%	82%	80%
13 - 17	79%	81%	54%	88%	88%	82%	78%
Race/Ethnicity							
Black	85%*	88%*	60%	89%	92%*	82%	82%
Hispanic	86%*	87%*	68%*	90%	96%*	88%*	82%
White	72%	72%	55%	84%	83%	78%	76%
Primary Diagnosis							
Bipolar	75%	76%	52%	81%	85%	79%	81%
Conduct/Oppositional Defiance	69%	84%	46%	91%	76%	72%	87%
Major depression	79%	76%	55%	87%	89%	79%	71%
Other	85%	92%*	60%	93%	97%	86%	80%
Attention Deficit Hyperactivity	84%	80%	61%	86%	92%	82%	80%

Notes: Weighted by NorthSTAR and Community Mental Health population sizes Italicized categories were set as references in odds ratio calculation

<sup>\*</sup>Significant from reference at p < .05

## Key Finding 3: Domain agreement rates for NorthSTAR and Community Mental Health parents were very similar.

NorthSTAR and Community Mental Health domain agreement rates were similar, within one to four percentage points of each other for all seven domains (Table 5).

Table 5: Youth Services Survey for Families FY 2006 NorthSTAR and Community Mental Health Domain Agreement Rates

	NorthSTAR Agreement Rate	Lower - Upper Confidence Interval	Community Mental Health Agreement Rate	Lower - Upper Confidence Interval
Access	77%	71% - 82%	80%	75% - 84%
Satisfaction	78%	72% - 83%	81%	76% - 85%
Outcomes	57%	50% - 63%	60%	54% - 65%
Participation in Treatment	86%	81% - 90%	87%	83% - 91%
Cultural	86%	81% - 90%	90%	86% - 93%
Functioning	81%	75% - 86%	83%	78% - 87%
Social Connectedness	77%	71% - 82%	79%	74% - 83%

## Conclusion

According to the FY 2006 YSSF, parental assessment of their children's state mental health services is relatively consistent across program and child characteristics and flat over time. Regardless of program – NorthSTAR or Community Mental Health - respondents rated the Cultural Sensitivity and Participation domains highest and Outcomes lowest. Domain agreement rates have fluctuated only minimally since the survey's inception in FY 2002. Parent perception of their children's state mental health treatment did not vary by child gender or age. On the other hand, domain agreement rates did differ by the race/ethnicity of the child. Parents of children of color were generally more positive in their outlook on state mental health services than parents of White children. Parents of Hispanic children rated five of seven domains (Access, Satisfaction, Outcomes, Cultural Sensitivity, and Functioning) significantly higher than parents of White children, while parents of Black children rated three of seven domains (Access, Satisfaction, and Cultural Sensitivity) higher than parents of White children.



TO THE PARENT/GUARDIAN OF: PADRE O TUTOR DEL CLIENTE:		
	, TX	

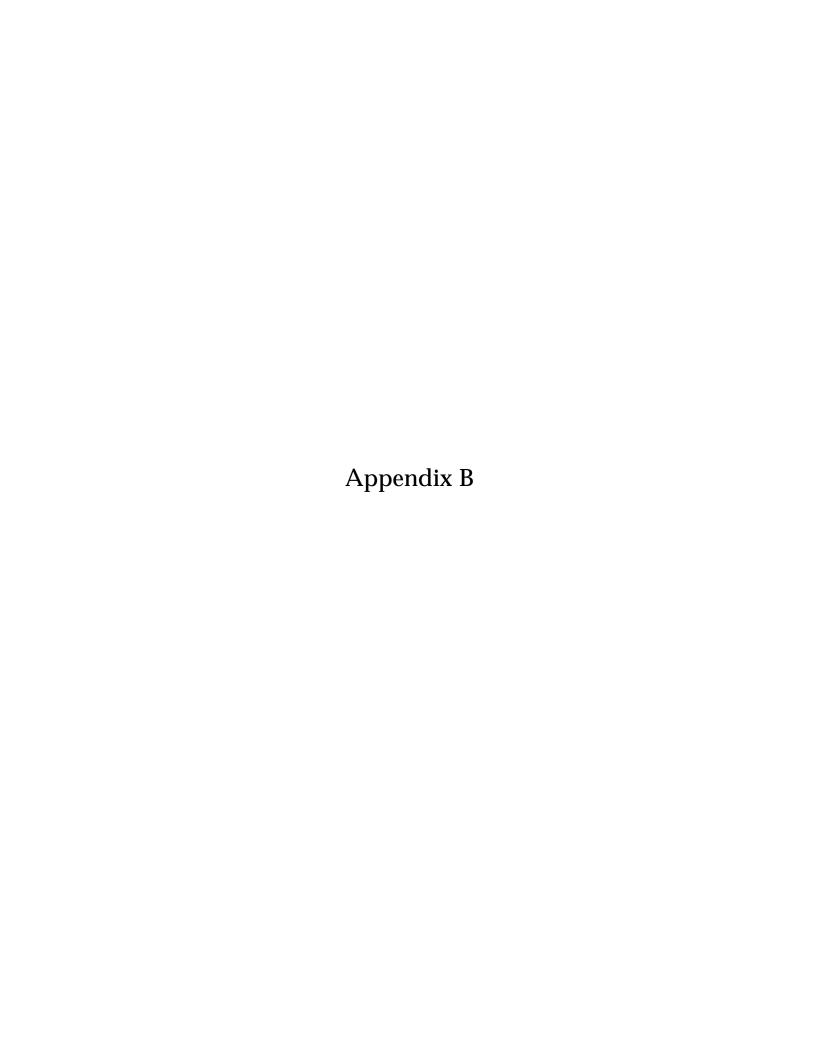
Please tell us what you think of the services your child received OVER THE LAST 6 MONTHS. Por favor diganos lo que usted piensa en sus servicios para su hijo DURANTE LOS 6 MESES PASADOS.

## Your responses are confidential. Sus respuestas son confidencial.

	ous respuestus	Jon Jonna	ciioiai.			
Mark clearly in the box like this:  Marque claramente en la caja como esto:	For each item, mark one box. Para cada articulo, marque una caja.	Strongly Agree De Acuerdo Fuerte	Agree De Acuerdo	Neutral Soy Neutral	Disagree En Desacuerdo	Strongly Disagree En Desacuerdo Fuerte
1. Overall, I am satisfied with the servic En general, me gustan los servicios qui aquí.		· 🗌				
<ol><li>I helped to choose my child's service Yo ayudé a escoger los servicios para</li></ol>						
<ol> <li>I helped to choose my child's treatme</li> <li>Yo ayudé a definit las metas de tratami</li> </ol>						
<ol> <li>The people helping my child stuck will Las personas que estaban ayudando a las malas y en las buenas.</li> </ol>		en 🗌				
<ol> <li>I felt my child had someone to talk to Yo sentí que mi niño/a tenía alguien co ella estaba molesto/a.</li> </ol>						
6. I participated in my child's treatment. Yo participe en el tratamiento de mi niñ	o/a.					
<ol> <li>The services my child and/or family r Los servicios que mi niño/a recibió erar nosotros.</li> </ol>		i				
<ol> <li>The location of services was conven La localidad donde recibía los servicios nosotros.</li> </ol>						
<ol> <li>Services were available at times that Los servicios eran a las horas convenie</li> </ol>						
10. My family got the help we wanted fo Mi niño/a y la familia recibió la ayuda q						
11. My family got as much help as we r Mi niño/a y la familia recibió toda la ayu						
12. Staff treated me with respect.  El personal me trató con respeto.						
13. Staff respected my family's religious El personal entendió las creencias relig familia.						
14. Staff spoke with me in a way that I v El personal me hablaba de manera que						
15. Staff were sensitive to my cultural/e El personal respeto mi raza y mi cultura						
As a result of the services: Como re	sultado de los servicio	s que he reci	bido:			
16. My child is better at handling daily li Mi niño/a se puede enfrentar mejor a la						
17. My child gets along better with fami <i>Mi niño/a se lleva mejor con los miemb</i>						
18. My child gets along better with frien Mi niño/a se lleva mejor con sus amigo						
19. My child is doing better in school ar Mi niño/a está mejor en la escuela y/o e						
20. My child is better able to cope wher Mi niño/a puede enfrentarse mejor a la		. 🗆				

Greater About the same Less Does not apply mayor más o menos igual menor no es pertinente		Th	ank Yo	ou!	
37. Since your child began to receive mental health services, have their encounters with police Desde que su hijo empezó a recibir servicios para la salud mental, sus encuentros con la policía  a. been reduced se han reducido  b. stayed the same no han cambiado  c. increased han aumentado  d. not applicable (They had no police encounters this year or last year) no es pertinente (No ha tenido ningún encuentro con la policía ni este año ni el año pasado)  38. Was your child expelled or suspended during the past 12 months? ¿Suspendieron o expulsaron a su hijo de la escuela en los últimos 12 meses?  Yes Si No No No  39. Was your child expelled or suspended during the 12 months prior to that (13 - 24 months ago)? ¿Suspendieron o expulsaron a su hijo de la escuela en los 12 meses anteriores de eso (hace 13 - 24 meses)?  Yes Si No No No  40. Since starting to recieve services, the number of days my child was in school is: Desde que comenzó a recibir servicios, el número de días que mi hijo asistió a la escuela es:	c. incre han autor d. not a or last yencuen 32. Was yo services? yeue empezo 33. Was yo months prior yeur servicios, eschild was in servicios, esc.	ased mentadc pplicable (The vear) no es petro con la polour child expedó a recibir los ves Si ur child expelor to beginningeron o expulsiviores de con ves Si carting to recibir school is: De número de con About the simás o menos	ertinente (Nicia ni este liled or susp xpulsaron c s servicios?  Iled or susp g mental he aron a su h menzar los s eves services esde que c días que mi	nenor no e	ngún pasado) eginning on desde he 12 la en los 12 lud mental? of days my
35. Was your child arrested during the last 12 months? ¿Arrestaron a su hijo en los últimos 12 meses?  Yes Si No No 36. Was your child arrested during the 12 months prior to that (13 - 24 months ago)? ¿Arrestaron a su hijo durante los 12 meses anteriores de eso (hace 13 - 24 meses)?  Yes Si No No	31. Since yo have their ea recibir ser policía  a. been  b. staye	our child bega ncounters wi	an to receiv th police I a salud men	e mental health Desde que su l Ital, sus encuel	hijo empezó
Cuánto tiempo recibió servicios de este Centro su hijo?  a. Less than 1 month  Menos de 1 mes  b. 1 - 5 months  1 - 5 meses  c. 6 months to 1 year  6 meses a un año  d. More than 1 year (continue to question 35)  Más de un año (siga con la pregunta 35)	a recibir servi a recibir servi 30. Was you beginning in 12 meses a mental?	ces?¿Han ar rvicios para la Yes Si ur child arres nental health	restado a s a salud men l ted during t services? ¿ comenzar la	u hijo desde qı	ue empezó prior to u hijo en los
<ul> <li>27. Is your child still getting services from this center?</li> <li>¿Todavía recibe servicios de este Centro su hijo?</li> <li>28. How long did your child receive services from this center?</li> </ul>		Yes Si		No No No	eive mental
caso de una crisis.  26. I have people with whom I can do enjoyable things.  Tengo gente con quien puedo hacer cosas que disfruto.					
24. I have people that I am comfortable talking with about my child's problems. <i>Tengo gente con quien puedo hablar a gusto sobre los problemas de mi hijo.</i> 25. In a crisis, I would have the support I need from family or friends. <i>Tendría el apoyo necesario de familiares o amigos en</i>					
Además de los proveedores de servicios de mi hijo  23. I know people who will listen and understand me when I neeto talk. Conozco a personas que me escucharán y entenderán cuando tenga necesidad de hablar con alguien.	d				
Mi hijo puede hacer más fácilmente las cosas que quiere.  Other than my child's service providers					
Ahora estoy satisfecho/a con mi vida familiar.  22. My child is better able to do things he or she wants to do.					
21. I am satisfied with our family life right now.					Fuerte_
	Strongly Agree De Acuerdo Fuerte	Agree De Acuerdo	Neutral Soy Neutral	Disagree En Desacuerdo	Strongly Disagree En Desacuerde

¡Gracias!



## Youth Services Survey for Families Items by Domains

#### Access

- 8. The location of services was convenient for us.
- 9. Services were available at times that were convenient for us.

## Satisfaction

- 1. Overall, I am satisfied with the services my child received.
- 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.
- 7. The services my child and/or family received were right for us.
- 10. My family got the help we wanted for my child.
- 11. My family got as much help as we needed for my child.

#### **Outcomes**

- 16. My child is better at handling daily life.
- 17. My child gets along better with family members.
- 18. 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.
- 21. I am satisfied with our family life right now

## Participation in Treatment

- 2. I helped to choose my child s services.
- 3. I helped to choose my child s treatment goals.
- 6. I participated in my child s treatment.

## **Cultural Sensitivity**

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

## **Functioning**

22. My child is better able to do things he or she wants to do.

### Social Connectedness

- 23. I know people who will listen and understand me when I need to talk.
- 24. I have people that I am comfortable talking with about my child's problems.
- 25. In a crisis, I would have the support I need from family or friends.
- 26. I have people with whom I can do enjoyable things