

4.D.

Service Experience Study

4.D.1.

Multi-Sector Service Contacts Questionnaire–Revised (MSSC–R): Caregiver

MULTI-SECTOR SERVICE CONTACTS–REVISED (MSSC–R): CAREGIVER

Description of Measure

The MSSC–R was developed to record caregivers' reports of services used in multiple child-serving sectors. Development of the MSSC–R followed from previous efforts in the field of mental health services research to collect caregiver reports of service use. The needs of Phase IV, however, demanded a tool that (1) could be conducted more quickly than other measures used to extract service information from a child's record, and (2) would record services received in multiple locations, not just in mental health service settings. The MSSC–R provides standard descriptions of types of services, but the names of the services as well as the service settings should be customized for each site. The standard descriptions will allow cross-site comparisons, and the use of local service and agency names, those familiar to caregivers, will improve the reporting of service contacts. The MSSC–R captures the different locations a child and/or family may have received any of the services in the 6-month period prior to the interview and whether each of the locations is convenient to the child and/or family. In addition, for each specific service asked, the MSSC–R records how much of each service type was received and how well the service meets the needs of the child and/or family. The MSSC–R also contains two questions related to the caregiver's service experience.

Reliability and Validity

Information from the MSSC–R will be compared with sites' fiscal MISs to check the accuracy with which services provided in the mental health sector are reported by caregivers. Based on reliability analysis of the Phase II National Evaluation data, Cronbach's alpha coefficient was 0.98 for the service items that asked about whether a child received a service or not in the past 6 months.

Subscales, Scoring, and Tabulation

No tabulation or scoring conventions are available for the MSSC–R. The items in the MSSC–R can be used individually or collapsed as necessary for specific purposes or analyses.

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 20 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

MULTI-SECTOR SERVICE CONTACTS–REVISED: Caregiver (MSSC–RC)

MSRDATE (Today's Date)

		/			/				
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Month

Day

Year

CHILDDID (Macro-assigned ID)

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MSRRESP (Respondent for interview)

1 = Caregiver (child's caregiver in a family, household environment)

3 = Youth without caregiver (independent youth)

TIMEFRAM (Assessment period)

2 = 6 months

3 = 12 months

4 = 18 months

5 = 24 months

6 = 30 months

7 = 36 months

MSRINTV (Who administered interview)

2 = Data collector

MSRMETH (Method of administering interview)

1 = In person, hard copy

2 = Telephone, hard copy

3 = In person, computer assisted

4 = Telephone, computer assisted

MSRLANG (Language version of interview)

1 = English

2 = Spanish

3 = Other

The next set of questions is about specific types of services (*child's name*) and/or your family may have received in the past 6 months. Some questions are about services that (*child's name*) may have received, while others are about services your family may have received related to (*child's name*)'s care, or services that (*child's name*) AND your family may both have received. These services may include **treatment** received from a therapist or clinician such as individual therapy, or **support** such as respite care, case management, or transportation.

Please keep in mind the various services your child and family have received from all the people, organizations, and agencies involved with your child during the past 6 months. Services may include those received through your child's school, a child welfare agency, the police, or the courts. All of these services and agencies are part of the service system in your community that works with children and families.

1. Within the last 6 months, has (*child's name*) or your family received **any** services related to the emotional or behavioral problems (*child's name*) might have had?

1 = No [GO TO QUESTION #1a]

2 = Yes [GO TO QUESTION #2][NOTE TO INTERVIEWER: Please show respondent the full list of services and the description of each service.]

- 1a. What was the reason that (*child's name*) and/or your family did not receive any services?

1 = Completed services/Discharged

2 = Decided not to continue services

3 = Did not need services

4 = Was not aware of any services or no services were offered

5 = Was not evaluated

6 = Problems with case managers (e.g. case managers not showing up or contacting family)

7 = Ineligible for services

8 = Moved out of area AND not received any services in the new area

9 = Child placed out of area (hospital, residential center, detention) AND not received any services in the new area

10 = Other reason (*Please specify:*

_____)

- 1b. What was the last date (*child's name*) and your family received any services?

[IF NO SERVICES WERE RECEIVED IN THE LAST 6 MONTHS, END OF QUESTIONNAIRE]

2. In the past 6 months, did (*child's name*) or your family receive services under (*site's specific name for the system of care*)?

1 = No [GO TO QUESTION #3]

2 = Yes [GO TO QUESTION #2a]

- 2a. *[IF YES]* Did (child's name) and his/her family receive wraparound services? By wraparound, we mean strengths-based, formal and informal services customized to (child's name)'s and his/her family's needs. 1 = No
2 = Yes
- 2b. Did (child's name) and your family have a youth and family team? 1 = No
2 = Yes
3. In the past 6 months, did (child's name) or your family receive services provided in your community under any other programs? 1 = No
2 = Yes

[NOTE TO INTERVIEWER: Clarify that these are services asked about in MSSC–RC.]

4. In the past 6 months, did (child's name) or your family receive services provided outside your community under any other programs? 1 = No
2 = Yes

[CARD #1]

		Absolutely not	Probably not	Not sure	Probably	Absolutely
5.	Based on your experience with (site's specific name for the system of care) in the last 6 months, if your child and family needed help again, would you come back to the program?	1	2	3	4	5
6.	Based on your experience with (site's specific name for the system of care) in the last 6 months, if you have friends whose family or child needed similar help, would you recommend the program to them?	1	2	3	4	5

[CARD #2]

7. What agencies were involved in providing services to (child's name) and your family?
[Select all that apply]

- 1 = Mental Health
2 = Education
3 = Social Services/Child Welfare
4 = Juvenile Justice
5 = Health
6 = Family Court
7 = Other (Please specify: _____)

[CARD #3]

8. Please tell me if (*child's name*) or your family received services in any of the following locations in the past 6 months and whether these locations were convenient. [Select all that apply]

Service Locations	In the last 6 months, did you receive services in this location?		[If yes] →	a. Was the location convenient?	
1 = Mental health clinic or private practice	1 = No	2 = Yes		1 = No	2 = Yes
2 = School	1 = No	2 = Yes		1 = No	2 = Yes
3 = Juvenile court/Probation	1 = No	2 = Yes		1 = No	2 = Yes
4 = Social Services or Child Welfare offices	1 = No	2 = Yes		1 = No	2 = Yes
5 = Community location or service center (i.e., Boys'/Girls' Clubs, YMCA, place of worship)	1 = No	2 = Yes		1 = No	2 = Yes
6 = Psychiatric hospital/psychiatric unit	1 = No	2 = Yes		1 = No	2 = Yes
7 = Medical hospital	1 = No	2 = Yes		1 = No	2 = Yes
8 = Home	1 = No	2 = Yes		1 = No	2 = Yes
9 = Non-hospital residential setting	1 = No	2 = Yes		1 = No	2 = Yes
10 = Jail/Youth detention	1 = No	2 = Yes		1 = No	2 = Yes
11 = Other setting (Please specify: _____)	1 = No	2 = Yes		1 = No	2 = Yes

Now I'm going to ask you some questions about the specific services that (*child's name*) or your family received in the last 6 months. First, I'll briefly describe a type of service to you, then I'll ask whether or not (*child's name*) or your family received the service. If you received the service, I will ask you how often the service was received. Please try to estimate, to the best of your ability, the number of days you received that service over the entire 6-month period. Remember that all of your answers will be kept confidential.

Before we begin this set of questions, let's review the 6-month timeline that we'll be using. It is similar to the one we have used with the other questionnaires.

[TIMELINE]

Since some of the following questions only apply to children who have had a problem with substance abuse, I need to ask you about this again.

9. In the last 6 months, has (*child's name*) had a problem with substance abuse including alcohol and drugs?

1 = No [For questions #10–34, do **not** ask questions in column "c"]

2 = Yes [For questions #10–34, ask questions in **all** columns]

[NOTE TO INTERVIEWER: For each of the following questions (#10–34), read the brief description of the service and site-specific names of the service. Then ask the respondent if this service was received in the past 6 months. If it was received, continue with additional follow-up questions about this service. If the service was not received, circle **No** and continue with the next service description. Only ask “c” if caregiver answered “yes” to Question #9 (i.e., child had a problem with alcohol and drugs in last 6 months), otherwise proceed to “d.”]

[CARD #4]

[Service Definitions and Descriptions List]

Services	In the last 6 months, did your child or and/or your family receive this service?	[If yes] →	a. On how many days?	b. How well did the service meet the needs of your child and/or family?					c. Was this service related to your child's alcohol or substance abuse problem?	d. Did you pay at least part of the costs of this service?
				Not at all well	Somewhat well	Moderately well	Very well	Extremely well		
10. Assessment or evaluation	1= No 2=Yes	[If yes] →		1	2	3	4	5	1= No 2=Yes	1= No 2=Yes
11. Crisis stabilization	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes
12. Family preservation	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes
13. Medication treatment monitoring	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes
14. Group therapy	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes
15. Individual therapy	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes
16. Case management	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes
17. Family therapy	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes
18. Day treatment	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes
19. Behavioral/therapeutic aide	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes
20. Independent living	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes
21. Youth transition	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes
22. Caregiver or family support	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes
23. Vocational training	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes
24. Recreational activities	1= No 2=Yes		1	2	3	4	5	1= No 2=Yes	1= No 2=Yes	

For all variables and data elements

666 = Not Applicable
777 = Refused888 = Don't Know
999 = Missing

Services	In the last 6 months, did your child or and/or your family receive this service?	[If yes] →	a. On how many days?	b. How well did the service meet the needs of your child and/or family?					c. Was this service related to your child's alcohol or substance abuse problem?	d. Did you pay at least part of the costs of this service?	
				Not at all well	Somewhat well	Moderately well	Very well	Extremely well			
25. After-school programs or child care	1= No 2=Yes	[If yes] →		1	2	3	4	5	1= No 2=Yes	1= No 2=Yes	
26. Transportation	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes	
27. Respite care	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes	
28. Residential therapeutic camp or wilderness program	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes	
29. Inpatient hospitalization	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes	
30. Residential treatment center	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes	
31. Therapeutic group home	1= No 2=Yes			1	2	3	4	5	1= No 2=Yes	1= No 2=Yes	
32. Therapeutic foster care	1= No 2=Yes		[If yes] →		1	2	3	4	5	1= No 2=Yes	1= No 2=Yes
33. Flexible funds	1= No 2=Yes				1	2	3	4	5	1= No 2=Yes	
34. Informal support	1= No 2=Yes				1	2	3	4	5	1= No 2=Yes	

16e. [IF YES to Case management] How many case managers did you and your family have in the past 6 months? _____

[CARD #5]

33e. [IF YES to Flexible funds] **What were the flexible funds used for?** [Select all that apply]

- 1 = Housing
- 2 = Activities
- 3 = Utilities
- 4 = Supplies/Groceries
- 5 = Clothing
- 6 = Furnishings/appliances
- 7 = Automobiles
- 8 = Transportation (contracted)
- 9 = Transportation (reimbursed)
- 10 = Incentive
- 11 = Medical
- 12 = Legal
- 13 = Other (Please specify: _____)

34e. [IF YES to Informal Support] **What type of informal support did you receive?** [Select all that apply]

- 1 = Emotional support (e.g., someone to listen to you, someone who knows what you are going through)
- 2 = Physical support with caregiving tasks (e.g., babysitting, etc.)
- 3 = Financial support
- 4 = Transportation
- 5 = Informational support
- 6 = Other (Please specify: _____)

35. [IF YES to any of 10d–32d] **Thinking about the past 6 months, for all the services you indicated above, what were your total out-of-pocket expenses in a typical month?**

- 1 = <\$50
- 2 = \$51–\$250
- 3 = \$251–\$500
- 4 = \$501–\$1000
- 5 = >\$1000

MSSC-RC
CARD 1

1 = Absolutely not

2 = Probably not

3 = Not sure

4 = Probably

5 = Absolutely

MSSC-RC

CARD 2

Major Child Serving Agencies

1 = Mental Health

2 = Education

3 = Social Services/Child Welfare

4 = Juvenile Justice

5 = Health

6 = Family Court

7 = Other

Site-Specific Names of Child-Serving Agencies

1.

2.

3.

4.

5.

6.

7.

MSSC-RC
CARD 3

Generic Service Locations

Site-Specific Names of Service Locations

1 = Mental health clinic or private practice	1.	_____

2 = School	2.	_____

3 = Juvenile Court/Probation	3.	_____

4 = Social Services or Child Welfare offices	4.	_____

5 = Community location or service center (i.e., Boys'/Girls' Clubs, YMCA, place of worship)	5.	_____

6 = Psychiatric hospital/psychiatric unit	6.	_____

7 = Medical hospital	7.	_____

8 = Home	8.	_____

9 = Non-hospital residential setting	9.	_____

10 = Jail	10.	_____

11 = Other (<i>please specify</i>)	11.	_____

MSSC-RC
CARD 4

1 = Not at all

2 = Somewhat well

3 = Moderately well

4 = Very well

5 = Extremely well

MSSC-RC
CARD 5

1 = Housing

2 = Activities

3 = Utilities

4 = Supplies/Groceries

5 = Clothing

6 = Furnishings/Appliances

7 = Automobiles

8 = Transportation (contracted)

9 = Transportation (reimbursed)

10 = Incentive

11 = Medical

12 = Legal

13 = Other

Service Definitions and Descriptions
(To be used with the MSSC–RC questionnaire)

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
10. Assessment or evaluation		Assessment and evaluation services are used to determine a child’s psychological, social, and behavioral strengths and challenges. These are typically performed by a psychologist or psychiatrist. Types of assessment may include neurological, psychosocial, educational, and vocational.
11. Crisis stabilization		Crisis stabilization services are designed to stabilize a child experiencing acute emotional or behavioral difficulties. These services may include the development of crisis plans, 24-hour telephone support, mobile outreach, intensive in-home support during crisis, and short-term emergency residential services.
12. Family preservation		Family preservation services are designed to keep the family together during difficult or stressful times. These services may include 24-hour access to support services, intensive in-home support during crisis when a child is at risk of out-of-home placement or when the child is returning from out-of-home placement. These are distinct from crisis stabilization services as they may continue for several months during transition or crisis.
13. Medication treatment monitoring		Medication treatment and monitoring services typically include the prescription of psychoactive medications by a physician (e.g., psychiatrist) that are designed to alleviate symptoms and promote psychological growth. Treatment includes periodic assessment and monitoring of the child’s reaction(s) to the drug.
14. Group therapy		Group therapy relies on interaction among a group of individuals, which could include children or children and adults. Groups are typically facilitated by a therapist to promote psychological and behavior change. Groups typically meet together on a regular basis.
15. Individual therapy		Individual therapy relies on interaction between therapist/clinician and child to promote psychological and behavior change.
16. Case management		Case management or service coordination involves finding and organizing multiple treatment and support services, and may also include preparing, monitoring, and revising service plans; and advocating on behalf of the child and family. Case managers may also provide supportive counseling.
17. Family therapy		Family therapy involves a variety of family members such as caregivers and/or siblings with or without the child present. Interaction among family members is typically facilitated by a therapist or counselor.

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
18. Day treatment		Day treatment consists of intensive, nonresidential services that include an array of counseling, education, and/or vocational training. These services involve a child or youth for at least 5 hours a day, for at least 3 days a week, and are offered in a variety of settings, including schools, mental health centers, hospitals, or other community locations.
19. Behavioral/therapeutic aide		Behavioral or therapeutic aide services are the supervision of a child by trained adults in the home, the school, or other community locations. The aide might provide support and may assist with tutoring or recreational activities.
20. Independent living		Independent living services are designed to prepare older adolescents to live independently and reduce their reliance on the family or service system. These services may include social and community living skills development and peer support (e.g., look for job, pay bills, job skill training, etc.).
21. Youth transition		Transition services are designed to help older adolescents to move from the child system to the adult mental health system.
22. Caregiver or family support		Caregiver or family support services are provided to caregivers or siblings (e.g., family activities, behavior management training, parent classes, support groups, individual therapy for caregiver or other family members). Do not include recreational activities, behavioral/therapeutic aide, transportation services, respite care, after-school activities or child care, which are described in other questions.
23. Vocational training		Vocational training refers to the development life skills and job skills designed to assist young adults with the transition to independent living. (Parenting classes, managing money, holding a job etc.)
24. Recreational activities		Recreational activities are the use of community recreation resources by the child that may include YMCA or other physical fitness activities, youth sports programs, karate classes, club memberships, summer camps, arts activities, etc.
25. After-school programs or child care		Regular after-school programs and/or other types of child care are commonly arranged so that the caregiver(s) can work and/or attend school. Child care includes day care as well as care during after-school hours, evenings and/or weekends. After-school programs <i>may</i> be recreational and/or educational (e.g., supervised sports, tutoring, help with homework) but their primary purpose is to provide supervision of youths so that caregivers may work, attend school, etc. Do not include respite, recreational activities, behavioral or therapeutic aide, or caregiver/family support services that are described in other questions.

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
26. Transportation		Transportation services are transportation to appointments (e.g., therapy sessions) and other scheduled mental health services and activities, or reimbursement for public transportation, van rentals, etc.
27. Respite care		Respite care is a planned break for families wherein trained parents or counselors assume the duties of caregiving to allow the parent/caregivers a break. The service may be provided in the child's home or in other community locations or in residential settings.
28. Residential therapeutic camp or wilderness program		A residential therapeutic camp or wilderness program involves children/youth and staff living together in a wilderness or other camp environment often located outside of the community. Treatment often focuses on group process, and social skills development.
29. Inpatient hospitalization		Inpatient hospitalization is the placement of child/youth in a hospital for observation, evaluation, and/or treatment. Services are usually medically oriented and may include 24-hour supervision; services may be used for short-term treatment and crisis stabilization.
30. Residential treatment center		A residential treatment center is a secure residential facility that typically serves 10 or more children and youth and provides 24-hour staff supervision, and may include individual therapy, group therapy, family therapy, behavior modification, skills development, education, and recreational services. Lengths of stay tend to be longer in residential treatment centers than in hospitals.
31. Therapeutic group home		A therapeutic group home is a 24-hour residential placement in a home-like setting with a relatively small group of children with emotional and/or behavior problems. Therapeutic care employs a variety of treatment approaches and includes counseling, crisis support, behavior management, and social and independent living skills development.
32. Therapeutic foster care		A therapeutic foster home is a 24-hour residential placement in a home with caregivers who are trained in behavior management and social and independent living skills development for children and youth with emotional and behavioral problems.
33. Flexible funds		Flexible funds are money for non-mental health service items such as rent, utilities, or temporary living expenses (e.g., clothes, food, bills, a special item, car repairs, etc.).
34. Informal support		Informal support is defined as assistance from persons who provide support to the child and family <u>without compensation from any formal service system</u> . This type of support includes asking a relative or friends to babysit a child, support received from someone's church, etc.

4.D.2.

Youth Services Survey for Families (YSS-F): Caregiver

YOUTH SERVICES SURVEY FOR FAMILIES (YSS-F): CAREGIVER

Description of Measure

The Youth Services Survey for Families (YSS-F) was borne out of an initiative sponsored by CMHS and was developed as a collaborative effort by the Children's Indicator Workgroup of Sixteen States Study and consumers. The YSS-F contains 21 items scored on a five-point, Likert-type scale and one open-ended question. The measure assesses perceptions of service across five domains: access, participation in treatment, cultural sensitivity, satisfaction, and outcomes. The responses are based on caregiver/parent report.

Reliability and Validity

Based on reliability analysis of the State Indicator Pilot Project which evaluated data from Colorado, Kentucky, Oklahoma, Texas, Virginia, and the District of Columbia Cronbach's alpha for the domain measuring access to services is .725, participation in treatment is .772, cultural sensitivity of staff is .907, satisfaction with services is .943, and perceived outcome of service is .905.

The Cronbach's alpha for the different subscales was analyzed on YSS-F survey data from Phase IV, Cycle I grant communities. The Cronbach's alpha for Access to Services is .67 ($n = 173$), Participation in Treatment is .74 ($n = 172$), Cultural Sensitivity of Staff is .88 ($n = 165$), Satisfaction with Services is .92 ($n = 172$), and Perceived Outcome of Services is .90 ($n = 167$).

Subscales, Scoring, and Tabulation

The 21 items on the YSS-F assess five domains of perceptions of services. The domains were constructed from the findings from factor analyses. The authors caution that surveys with more than one third of items missing should not be scored. Subscale scores are the mean of the items. Ratings of "not applicable" should be recoded as missing values. The domains and items that comprise them are described below.

- Questions related to access assess the location and availability of services. Items 8, 9.
- Participation in treatment relates to the caregiver's involvement in their child's treatment, services, and treatment goals. Items 2, 3, 6.
- Cultural sensitivity refers to the caregiver's perception on whether staff interacted with them in a culturally sensitive manner. Items 12, 13, 14, 15.
- Questions related to appropriateness provides an indication of the total impact of services on the caregiver in terms of suitability of services. Items 1, 4, 5, 7, 10, 11.
- Items which assess outcome are based on a caregiver's report of the child's functioning in school, and at home. Items 16, 17, 18, 19, 20, 21.

References

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.

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 5 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

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YOUTH SERVICES SURVEY FOR FAMILIES

Abbreviated Version (YSS-F): Caregiver

YSSFDATE (Today's Date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

CHILDDID (Macro-assigned ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TIMEFRAM (Assessment Period)

- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

YSSFRESP (Respondent for interview)

- 1 = Caregiver (child's caregiver in a family, household environment)

YSSFINTV (Who administered interview)

- 2 = Data collector

YSSFMETH (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

YSSFLANG (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

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Please think about all the services (*child's name*) and your family may have received over the past 6 months. These services may include treatment received from a therapist or clinician such as individual therapy, or support such as case management, or transportation. These services may also include help (*child's name*) and your family may have received through your school, a child welfare agency, the police, and the courts. All of these services are part of the service system in your community that works with children and families.

Have (*child's name*) or your family received any services like these in the past 6 months?

1 = No [END OF QUESTIONNAIRE]

2 = Yes [IF YES, continue to read instructions and administer questionnaire]

We are interested in knowing what you think about the services your child and family have received during the past 6 months.

Your opinions are important so please be honest and tell us what you think. We want to know how you felt, good *or* bad! Remember that what you say will be kept confidential. People that provide services to (*child's name*) and your family will never find out what you have told us.

I will read you several statements. For each of the statements, please tell me the extent to which you disagree or agree that the statement describes your experience.

[CARD #1]

		Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1.	Overall, I am satisfied with the services my child received.	1	2	3	4	5
2.	I helped to choose my child's services.	1	2	3	4	5
3.	I helped to choose my child's treatment goals.	1	2	3	4	5
4.	The people helping my child stuck with us no matter what.	1	2	3	4	5
5.	I felt my child had someone to talk to when he/she was troubled.	1	2	3	4	5
6.	I participated in my child's treatment.	1	2	3	4	5
7.	The services my child and/or family received were right for us.	1	2	3	4	5
8.	The location of services was convenient for us.	1	2	3	4	5
9.	Services were available at times that were convenient for us.	1	2	3	4	5

CHILD ID:

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Youth Services Survey for Families, Abbreviated Version (YSS-F): Caregiver

		Strongly disagree	Disagree	Undecided	Agree	Strongly agree
10.	My family got the help we wanted for my child.	1	2	3	4	5
11.	My family got as much help as we needed for my child.	1	2	3	4	5
12.	Staff treated me with respect.	1	2	3	4	5
13.	Staff respected my family's religious/spiritual beliefs.	1	2	3	4	5
14.	Staff spoke with me in a way that I understood.	1	2	3	4	5
15.	Staff were sensitive to my cultural/ethnic background.	1	2	3	4	5
As a result of the services my child and/or family received:						
16.	My child is better at handling daily life.	1	2	3	4	5
17.	My child gets along better with family members.	1	2	3	4	5
18.	My child gets along better with friends and other people.	1	2	3	4	5
19.	My child is doing better in school and/or work.	1	2	3	4	5
20.	My child is better able to cope when things go wrong.	1	2	3	4	5
21.	I am satisfied with our family life right now.	1	2	3	4	5

22. **What has been the most helpful thing about the services your child received over the last 6 months?**

* Developed by Molly Brunk et al., 1999.

For all variables and data elements:

666 = Not Applicable
777 = Refused

888 = Don't Know
999 = Missing

YSS-F

CARD 1

1 = Strongly disagree

2 = Disagree

3 = Undecided

4 = Agree

5 = Strongly agree

4.D.3.

Youth Services Survey (YSS): Youth

YOUTH SERVICES SURVEY (YSS): YOUTH

Description of Measure

The Youth Services Survey (YSS) is to be administered to youth age 11 and older. The YSS contains 21 items scored on a five-point, Likert-type scale and one open-ended question. The measure assesses perceptions of service across five domains: access, participation in treatment, cultural sensitivity, satisfaction, and outcomes.

Reliability and Validity

Based on reliability analysis of the State Indicator Pilot Project, which evaluated data from Colorado, Kentucky, Oklahoma, Texas, Virginia, and the District of Columbia, Cronbach's alpha for the domain measuring access to services is .705, participation in treatment is .823, cultural sensitivity of staff is .896, satisfaction with services is .941, and perceived outcome of service is .864.

Results from preliminary reliability analysis of the YSS data from Phase IV, Cycle I communities show good internal consistency for all subscales except for Participation in Treatment. The Cronbach's alpha for Access to Services is .71 ($n = 123$), Participation in Treatment is .68 ($n = 122$), Cultural Sensitivity of Staff is .86 ($n = 115$), Satisfaction with Services is .85 ($n = 123$), and Perceived Outcome of Service is .84 ($n = 119$).

Subscales, Scoring, and Tabulation

The twenty-one items on the YSS assess five domains of perceptions of services. The domains were constructed from the findings from factor analyses. The authors caution that surveys with more than one third of items missing should not be scored. Subscale scores are the mean of the items. Ratings of "not applicable" should be recoded as missing values. The domains and items that comprise them are described below.

- Questions related to access assess the location and availability of services. Items 8, 9.
- Participation in treatment relates to the youth's involvement in his treatment, services, and treatment goals. Items 2, 3, 6.
- Cultural sensitivity refers to the youth's perception on whether staff interacted with them in a culturally sensitive manner. Items 12, 13, 14, 15.
- Questions related to appropriateness provides an indication of the total impact of services on the youth in terms of suitability of services. Items 1, 4, 5, 7, 10, 11.
- Items which assess outcome are based on the youth's perception of functioning in school, and at home. Items 16, 17, 18, 19, 20, 21.

References

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.

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 5 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

YOUTH SERVICES SURVEY

Abbreviated Version (YSS)

YSSDATE (Today's Date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

CHILDDID (Macro-assigned ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TIMEFRAM (Assessment Period)

- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

YSSINTV (Who administered interview)

- 2 = Data collector

YSSMETH (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

YSSLANG (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

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Please think about all the services you and your family received over the past 6 months. These services may include treatment received from a therapist or clinician such as individual therapy, or support such as case management, or transportation. These services may also include help you and your family received through your school, a child welfare agency, the police, and the courts. All of these services are part of the service system in your community that works with children and families.

Have you or your family received any services like these in the past 6 months?

1 = No [END OF QUESTIONNAIRE]

2 = Yes [IF YES, continue to read instructions and administer questionnaire]

We are interested in knowing what you think about the services you and your family received during the past 6 months.

Your opinions are important so please be honest and tell us what you think. We want to know how you felt, good *or* bad! Remember that what you say will be kept confidential. People that provide services to you and your family will never find out what you have told us.

I will read you several statements. For each of the statements, please tell me the extent to which you disagree or agree that the statement describes your experience.

[CARD #1]

		Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1.	Overall, I am satisfied with the services I received.	1	2	3	4	5
2.	I helped to choose my services.	1	2	3	4	5
3.	I helped to choose my treatment goals.	1	2	3	4	5
4.	The people helping me stuck with me no matter what.	1	2	3	4	5
5.	I felt I had someone to talk to when I was troubled.	1	2	3	4	5
6.	I participated in my own treatment.	1	2	3	4	5
7.	I received services that were right for me.	1	2	3	4	5
8.	The location of services was convenient.	1	2	3	4	5
9.	Services were available at times that were convenient for me.	1	2	3	4	5

CHILD ID:

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Youth Services Survey, Abbreviated Version (YSS)

		Strongly disagree	Disagree	Undecided	Agree	Strongly agree
10.	I got the help I wanted.	1	2	3	4	5
11.	I got as much help as I needed.	1	2	3	4	5
12.	Staff treated me with respect.	1	2	3	4	5
13.	Staff respected my family's religious and spiritual beliefs.	1	2	3	4	5
14.	Staff spoke with me in a way that I understood.	1	2	3	4	5
15.	Staff were sensitive to my cultural and ethnic background.	1	2	3	4	5
As a result of the services I received:						
16.	I am better at handling daily life.	1	2	3	4	5
17.	I get along better with family members.	1	2	3	4	5
18.	I get along better with friends and other people.	1	2	3	4	5
19.	I am doing better in school or work.	1	2	3	4	5
20.	I am better able to cope when things go wrong.	1	2	3	4	5
21.	I am satisfied with my family life right now.	1	2	3	4	5

22. **What has been the most helpful thing about the services you received over the last 6 months?**

* Developed by Molly Brunk et al., 1999.

For all variables and data elements:

666 = Not Applicable
777 = Refused

888 = Don't Know
999 = Missing

YSS

CARD 1

1 = Strongly disagree

2 = Disagree

3 = Undecided

4 = Agree

5 = Strongly agree

4.D.4.

Cultural Competence and Service Provision Questionnaire (CCSP): Caregiver

CULTURAL COMPETENCE AND SERVICE PROVISION QUESTIONNAIRE (CCSP): CAREGIVER

Description of Measure

The Cultural Competence and Service Provision Questionnaire (CCSP) is administered to caregivers in an interview format. The questionnaire consists of 3 questions that assess the importance of culture in the lives of the respondent and 13 questions that assess caregiver's perspective on the understanding, knowledge and inclusion of the child's culture in services provided to the child. The target provider is the person the caregiver and child has seen most in the 6 months prior to the data collection period.

Reliability and Validity

Preliminary analysis of 130 completed forms submitted by Phase IV, Cycle I grant communities revealed high internal consistency (Cronbach's $\alpha = .86$).

Subscales, Scoring, and Tabulation

No tabulation or scoring conventions are available for the CCSP. The items in the CCSP can be used individually or collapsed as necessary for specific purposes or analyses.

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

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CULTURAL COMPETENCE AND SERVICE PROVISION QUESTIONNAIRE (CCSP): Caregiver

CCSPDATE (Today's Date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

CHILDDID (Macro-assigned ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TIMEFRAM (Assessment Period)

- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

CCSPRESP (Respondent for interview)

- 1 = Caregiver (child's caregiver in a family, household environment)
- 3 = Youth without caregiver (independent youth)

CCSPINTV (Who administered interview)

- 2 = Data collector

CCSPMETH (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

CCSPLANG (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

Some people feel that their cultural heritage, that is, their beliefs, traditions, and practices (such as how they feel about health or the holidays they celebrate) is important to consider when working with people who provide services to their children. Some do not. This cultural heritage may be related to your race or ethnicity.

I'm going to ask you a few questions about things that may or may not be important to you that have to do with cultural heritage or "culture" for short. Please let me know if these things are not at all important, somewhat important, moderately important, very important, or extremely important.

[CARD #1]

		Not at all important	Somewhat important	Moderately important	Very important	Extremely important
1.	How important is it that you and your child have a service provider who understands the customs, practices, and traditions of (<i>child's name</i>)'s racial or ethnic group(s)?	1	2	3	4	5
2.	How important is it that the beliefs, traditions, and practices of (<i>child's name</i>)'s racial or ethnic group(s) be included in service planning and provision?	1	2	3	4	5
3.	How important is it that the person you and your child have seen most often about the emotional or behavioral problems (<i>child's name</i>) has been having is of the same racial or ethnic group as (<i>child's name</i>)?	1	2	3	4	5

In the past 6 months, has (*child's name*) or your family received any services related to the emotional or behavioral problems (*child's name*) might have had?

1 = No [END OF QUESTIONNAIRE]

2 = Yes [IF YES, continue to read next set of instructions and administer remainder of questionnaire]

Now, I'm going to ask a few questions about the services you have received in the past 6 months. First, I'd like you to think about the person you and your child have seen most often about the emotional or behavioral problems (*child's name*) has been having since [6-month date]. This person may be a care coordinator, case manager, therapist, or some one else. I'm going to be asking you some questions about the services you received from this person. How would you like me to refer to him or her when I ask the questions? For example, I can use his or her first name or initials.

[NOTE TO INTERVIEWER: The purpose of asking for this information is to get the respondent to focus on a specific provider and to make it easier to ask the questions by having a way to refer to the provider. The respondent can choose any way to refer to the person, such as using initials, a first name, his/her title, or a fake name. Remind the respondent that we do not want to know the identity of his/her provider, that none of his/her answers will be shared with any of his/her providers, and his/her services will not be affected in any way].

4. Reference for primary service provider: _____

5. Is this person of the same racial or ethnic group as (child's name)? NO YES DK

The next set of questions is about things that may happen with the provider you mentioned above. Please think about whether these things have happened in the past 6 months. When I say culture, please remember that this means your beliefs, traditions, and practices (such as how you feel about health or the holidays you celebrate). The responses for the following questions are never, not very often, sometimes, most of the time, and always.

[CARD #2]

		Never	Not very often	Sometimes	Most of the time	Always
6.	(Provider's name) understood the beliefs that I, (child's name), and others in my family may have about mental health.	1	2	3	4	5
7.	(Provider's name) understood that his/her culture might be different from the culture of my family.	1	2	3	4	5
8.	(Provider's name) respected my family's religious or spiritual beliefs.	1	2	3	4	5
9.	(Provider's name) treated me and (child's name) with respect.	1	2	3	4	5
10.	(Provider's name) understood that people of my racial or ethnic group are <u>not</u> all alike.	1	2	3	4	5
11.	(Provider's name) understood my needs.	1	2	3	4	5
12.	(Provider's name) used his/her knowledge of (child's name)'s and my family's culture to better meet our needs.	1	2	3	4	5
13.	(Provider's name) spoke the same language(s) that I or (child's name) speak, or interpreters were available to assist (child's name) and me.	1	2	3	4	5
14.	(Provider's name) was willing to include my spiritual or religious beliefs and practices when he/she provided services to my family.	1	2	3	4	5

CHILD ID:

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Cultural Competence and Service Provision (CCSP): Caregiver

		Never	Not very often	Sometimes	Most of the time	Always
15.	<i>(Provider's name)</i> was flexible and provided services to meet our cultural needs.	1	2	3	4	5
16.	If services I needed or wanted were not being provided to me or <i>(child's name)</i> , <i>(Provider's name)</i> told me how I could get those services.	1	2	3	4	5

For all variables and data elements666 = Not Applicable
777 = Refused888 = Don't Know
999 = Missing

CCSP
CARD 1

1 = Not at all important

2 = Somewhat important

3 = Moderately important

4 = Very important

5 = Extremely **i**important

CCSP
CARD 2

1 = Never

2 = Not very often

3 = Sometimes

4 = Most of the time

5 = Always