
YOUTH SERVICES SURVEY (YSS) ADMINISTRATION

A GUIDE FOR MENTAL HEALTH PROVIDERS



ADMINISTRATION REQUIREMENTS

The purpose of the survey is to collect information from parent/caregivers and youth about their satisfaction with services and their perspectives on the quality of services

- Administered twice annually (Spring & Fall) during a selected one-week period
- All mental health service providers are **required** to participate unless they've been notified of their exemption in writing by the County
 - Exemption can be sent to the following email address: soce@casrc.org

PARTICIPATING PROGRAMS/SERVICES

Included

- Outpatient Clinic/School Based Services
- Case Management
- Wraparound Services
- Therapeutic Behavioral (TBS)
- Day Treatment

Excluded

- Inpatient Services
- Juvenile Hall Services
- Crisis Services
- Medication ONLY Services

ADMINISTRATION PERIOD & SURVEY PARTICIPANTS

- Monday, May 15 – Friday, May 19, 2023
- Administered to ALL parent/caregivers regardless of the youth's age AND to youth 13 years of age and older who receive a **billable service** during the administration period

Age	Youth	Parent/Caregiver
0-12 years	---	✓
13-17 years	✓	✓
18+ (still in CYFBHS)	✓	---

ADMINISTRATION RULES

- Administer a survey to clients/families who receive a billable service
- Survey should be administered at **each** program the participant received a billable service
- If the client/family **does not** receive services during this one-week period, no data needs to be collected
- Surveys are to be administered in a manner that ensures full confidentiality

DATA COLLECTION PREPARATION

- Staff need access to the clients CCBH Client ID#, Subunit, and Date of Birth
 - Print caseload
 - Identify clients that 13 years of age or older
- Program Manager's should work with staff to develop a plan that will help with administrating the survey in the most efficient and effective manner
 - Who should offer/administer the survey?
 - Admin Staff, Case Manager, Peer Support Specialist
 - When should the survey be offered to participants?
 - Administer at check-in, during the session, or post-session

SURVEY INTRODUCTION TO PARTICIPANTS

- “California is doing a survey of the behavioral health services system, and we’d appreciate your opinion about how we are doing, and how you are doing. The survey is online and totally confidential, and San Diego uses your input to improve the services we offer. Would you be willing to participate?”

SURVEY

ONLINE

- Online surveys can be completed on any internet-enabled device – computer, tablet, smartphone
- Program Managers & Admin Staff will be emailed a one-page handout with **QR Codes & Web Links**
 - Parent/Caregiver
 - Youth
- Online survey availability
 - Active: 5/15/2023 @ 12:01am
 - Inactive: 5/22/2023 @ 11:59pm

PAPER*

- Paper version of the survey will be available for programs to print
- **Online administration is strongly encouraged**
- Offer when the participant is not able to successfully access the online survey

**The program will be required to collect the completed paper surveys in a secure and confidential manner, as well as delivering them to CASRC.*

ADMINISTERING THE SURVEY – ONLINE VERSION

ONLINE SURVEY – IN PERSON

Option 1: Ask the participant if they'd like to complete on their smartphone

- Note that cellular service data rates may apply
- Scan QR Code
- Guide them through survey log in, provide CCBH Client ID and Subunit number

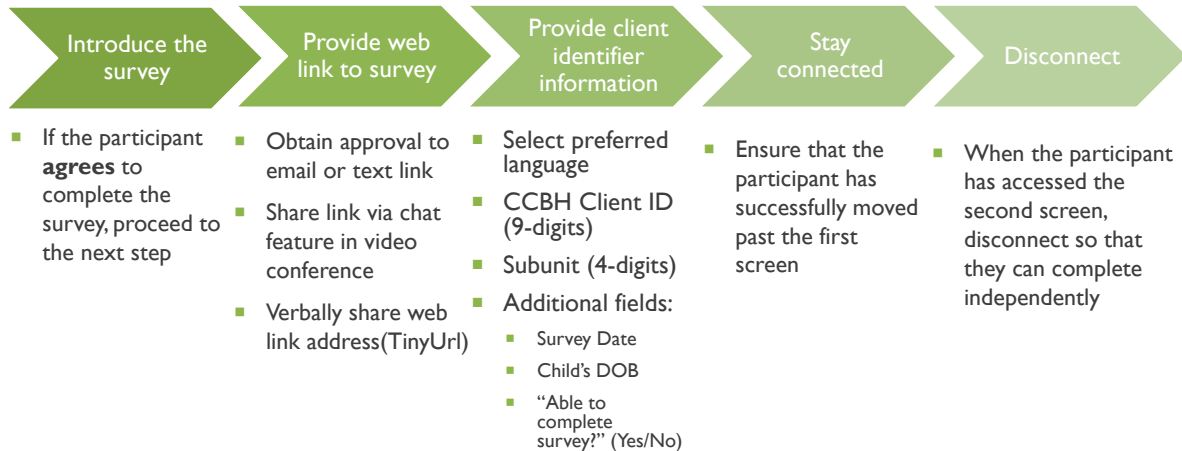
Option 2: Offer use of program computer or tablet

- Device requires a Guest Account
- Staff can enter the CCBH Client ID and Subunit number then hand over to the participant

Option 3: Ask the participant if they'd like to complete the survey at home (off-site)

- Provide the QR code(s) or survey web link address
- Each program will be responsible for establishing rules that ensure the client identifier information is shared in a responsible manner
- Link will be inactivated on May 22nd @ 11:59PM

ONLINE SURVEY – VIA TELETHERAPY



ADMINISTERING THE SURVEY – PAPER VERSION

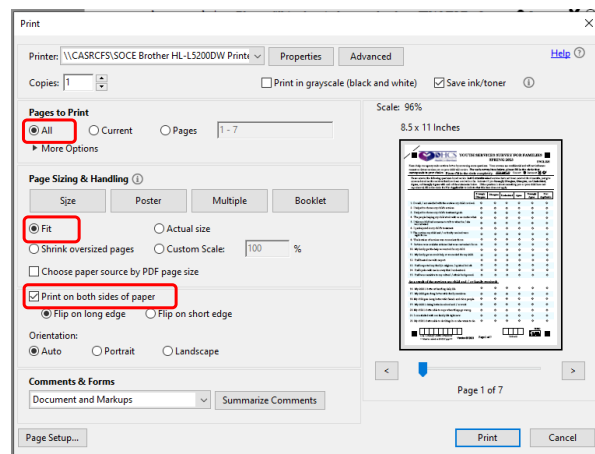


PAPER SURVEY REQUIREMENTS

- LaserJet printer
- White Paper
- Print directly from the PDF file
- Collect and transport completed surveys to CASRC in a confidential and secure manner

PAPER SURVEY

- Providers will need to print their own forms
 - LaserJet printer
 - Print on white paper
 - Print Single sided **or** Double Sided
 - Each survey must be printed directly from the PDF file
 - Do not photocopy the forms
 - Staple
- Interactive PDF file
 - Allows for staff to type in the 9-digit CCBH Client ID#, Subunit and Date of Survey Administration (page 4) prior to printing
- Printer settings
 - Pages to Print: Select **All**
 - Page Sizing & Handling: Select the option **Fit**
 - **Mark** the option to print on both sides of paper



PAPER SURVEY

- Forms are available in various languages (English, Spanish, Vietnamese, Arabic, Farsi, Tagalog, Chinese, Korean)
- Participants should only use black or dark blue ink
 - If printing double-sided – offer ballpoint or gel pen to prevent bleeding
- Black boxes located in each corner of the form should not be marked
 - Markings over any of these boxes will cause the survey to be invalid (this includes staples)
- Submit reasons for non-completion **ONLINE ONLY**
- Forms are available for download on the CASRC website: <https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/YSS.aspx>

YOUTH SERVICES SURVEY FOR FAMILIES
SPRING 2023

Please help our agency make services better by answering these questions. Your survey is confidential and will not disclose names or home services you or your child use. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circles completely. **EXAMPLE:** Correct Strongly Agree Agree Undecided Disagree Strongly Disagree

These survey questions are based on the Best Practices Scale. If sections have not been covered for 6 months, you will not answer the questions that have been answered in the last 6 months. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the questions about something you or your child have not experienced, fill in the circle for Not Applicable to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. I helped to choose my child's services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. I helped to choose my child's treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. The people helping my child work with us so some when I was troubled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt my child had someone to talk to when he / she was troubled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I participated in my child's treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The services my child had / or family received were right for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The intensity of services was encouraged for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Services were available at times that were convenient for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My family got the help we wanted for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My family got as much help as we needed for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Staff worked on with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Staff respected my family's religious / spiritual beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff spoke with me in a way that I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff were sensitive to my ethnic / ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a result of the services my child and / or family received,						
16. My child is better at handling daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
17. My child gets along better with family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
18. My child gets along better with friends and other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
19. My child is doing better in school and / or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
20. My child is better able to cope when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
21. I am satisfied with our family life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
22. My child is better able to do things he or she wants to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

UCSD Community Care's Numbers: 1 800 999 9999
Version 05/2023 Page 1 of 1

PAPER SURVEY

- Collecting the completed surveys in a secure and confidential manner
 - The survey contains PHI information that should be protected
 - Each entity/program will be responsible for ensuring that they are following the HIPAA Privacy Rule
 - The participant's confidentiality must be respected and maintained during the entire survey period
- Options for collecting paper surveys
 - Provide a 9x12 envelope
 - Use a portable file box with a key or combination lock
 - DO NOT provide a 4x9.5 envelope – the survey should not be folded



PAPER SURVEY

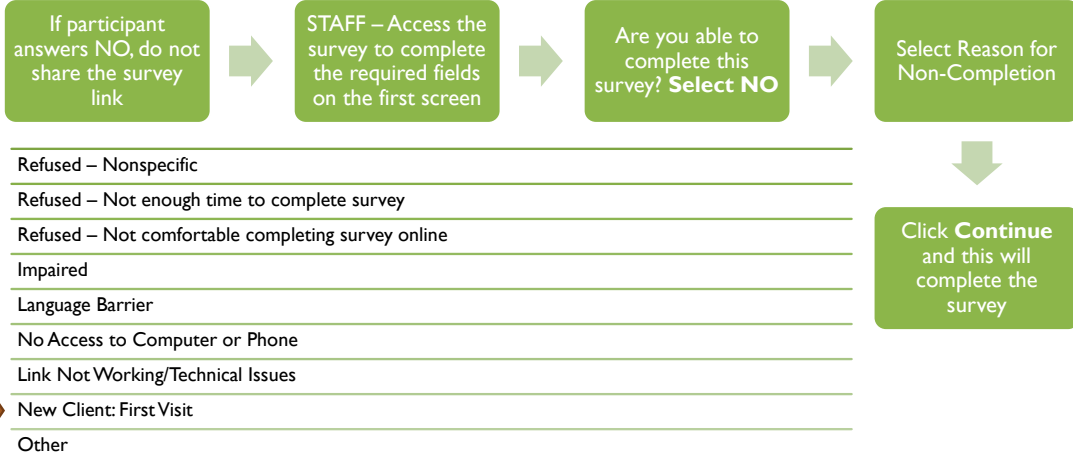
- Deliver forms to CASRC
 - Location:
 - 3665 Kearny Villa Rd., Ste. 200N
 - San Diego, CA 92123
 - (2nd floor)
 - Date/Time:
 - Wednesday, May 24
 - 10:00am – 12:00pm
 - (Appointment Required)**



REASON FOR NON-COMPLETION – SUBMIT ONLINE



NOT WILLING/ABLE TO PARTICIPATE



YSS DAILY REPORT

From: Nunez, Antonia
Sent: Tuesday, May 16, 2023 12:30 PM
To: Program Manager; Admin Staff
Subject: Unit (9990)_Submitted/Completed YSS Count (Day 1)

Hello,

As of **May 15, at 5:40pm** these were the total number of YSS forms submitted/completed **ONLINE ONLY**.

Unit Name	Subunit Name	Caregiver Surveys Submitted	Caregiver Surveys Completed	Youth Surveys Submitted	Youth Surveys Completed
9990 CYF PROGRAM	9991 CYF PROGRAM MHSA FSP	7	7	6	4

Any questions regarding this information, please email me directly.

Thank you,
 Antonia Nuñez
 System of Care Evaluation (SOCE)
 Child & Adolescent Services Research Center (CASRC)



SUMMARY

Preparation

- PM/Admin– Share survey link handout with staff
- Staff will need the following information accessible:
 - CCBH Client ID#
 - Subunit
 - DOB

Administration

- Offer survey to every family that receives a billable service
- Monday, May 15 – Friday, May 19
- QR code or Web link
- Paper survey – print ONLY if participant cannot access the survey online

Post Administration

- Survey links will be inactivated on May 22nd
- Schedule drop off time for paper surveys
- Enter the billable service in CERNER so that it can be linked to the survey submitted

QUESTIONS?

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SOCE
system of care evaluation

- About
- Youth Services Survey (YSS)**
- CYF RHOMS Data Entry System (DES)
- Resources
- Reports
- Contact SOCE

Youth Services Survey (YSS)

YSS Overview

The Department of Health Care Services (DHCS) is continuing its evaluation system for Children, Youth and Families Behavioral Health Services (CYFBHS). The collection of measures will occur annually or bi-annually, during a one-week period. Information will be collected from parents/caregivers and youth (13 years and older) on satisfaction with services and service impact.

The assessment tools, which are the Youth Services Survey for Youth (YSS-Y) and the Youth Services Survey for Families (YSS-F), were chosen by the state and are to be completed on every child that receives services during the data collection period. All mental health services are included except for inpatient services, juvenile hall services, and crisis services. All of the items are to be completed directly by the parent/caregiver or youth.

[Get YSS Materials](#)

Quick Reference

Administered to all parents/caregivers regardless of the youth's age AND all youth 13 years and older who receive billable services during the YSS period.

Age	Youth	Parent/Caregiver
0-12 years	–	X
13-17 years	X	X
18+ (all in CYFBHS)	X	–



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<https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/YSS.aspx>