YOUTH SERVICES SURVEY (YSS)
ONLINE ADMINISTRATION

A GUIDE FOR MENTAL HEALTH PROVIDERS

PURPOSE & ADMINISTRATION REQUIREMENTS

The purpose of the survey is to collect information from youth and families 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

- December 6 – December 10, 2021
- Administered to ALL caregiver regardless of the youth’s age AND to youth 13 years of age and older who receive a billable service during the administration period

<table>
<thead>
<tr>
<th>Age</th>
<th>Youth</th>
<th>Parent/Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12 years</td>
<td>---</td>
<td>✓</td>
</tr>
<tr>
<td>13-17 years</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>18+ (still in CYFBHS)</td>
<td>✓</td>
<td>---</td>
</tr>
</tbody>
</table>
ADMINISTRATION RULES

- Initial/Intake appointments – administer following the session
- Survey should be administered at each program the client/caregiver received services during the timeframe
- If the client/caregiver 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

SURVEY

- Hard copies will not be available
- Online surveys can be completed on any internet-enabled device – computer, tablet, smartphone
- Program Manager will receive an email with the links
  - Caregiver
  - Youth
- Takes approximately 10-15 minutes to complete
- Link availability
  - Active: 12/6/2021 @ 12:01am
  - Inactive: 12/13/2021 @ 11:59pm
DATA COLLECTION PREPARATION

- Staff should have access to their clients CCBH Client ID#, Subunit, and Date of Birth
  - Print caseload
  - Identify clients that are 13 years of age or older
- Program Manager’s should work with clinicians/staff to determine the most efficient and effective protocol for delivery of the survey
  - Administer at check-in, during session, or post-session
  - Any program staff with client/caregiver contact can administer the survey

SURVEY INTRODUCTION TO FAMILIES

- “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?”
ADMINISTRATION – VIA TELETHERAPY

Introduce the survey
- If the participant agrees to complete the survey, proceed to the next step

Provide web link to survey
- Obtain approval to email or text link
- Share link via chat feature in video conference
- Verbally share web link address (TinyUrl)

Provide client identifier information
- CCBH Client ID (9-digits)
- Subunit (4-digits)
- Additional fields:
  - Survey Date
  - Child’s DOB
  - “Able to complete survey?” (Yes/No)

Stay connected
- Ensure that the client and/or caregiver have successfully moved past the first screen

Disconnect
- When client/caregiver has accessed the second screen, disconnect so that client/caregiver can complete independently

ADMINISTRATION – IN PERSON

Option 1: Offer use of computer or tablet (if applicable)
- Device requires a Guest Account
- Staff can enter the CCBH Client ID and Subunit number then hand over to the client/caregiver

Option 2: Ask client/caregiver if they’d like to complete on their smartphone
- Note that client’s/caregiver’s cellular service data rates may apply
- Guide them through survey log in, provide CCBH Client ID and Subunit number

Option 3: Ask client/caregiver if they’d like to complete the survey at home
- Each program will be responsible for establishing rules that ensure the client identifier information is shared in a responsible manner
- Provide client/caregiver with survey web address and instruct them to complete before the link is scheduled to be inactivated
ABLE TO COMPLETE SURVEY?
YES (VIDEO DEMO)

NOT WILLING/ABLE TO PARTICIPATE

If client/caregiver answers NO, do not share the survey link

STAFF – Access the survey to complete the required fields on the first screen

Are you able to complete this survey? Select NO

Select Reason for Non-Completion

Click Continue and the response will be recorded

Refused – Nonspecific
Refused – Not enough time to complete survey
Refused – Not comfortable completing survey online
Impaired
Language Barrier
No Access to Computer or Phone
Link Not Working/Technical Issues
Other
ABLE TO COMPLETE SURVEY? NO (VIDEO DEMO)

DAILY SURVEY COUNT

From: Nunez, Antonio  
Sent: Tuesday, December 7, 2021 1:38 PM  
To: OYF Program Manager  
Subject: Program Unit YSS Submitted/Completed Report (Day 1)

Hello,

As of December 6, 2021, at 4:19pm, here were the total number of YSS forms submitted/completed ONLINE ONLY:

<table>
<thead>
<tr>
<th>Unit Name</th>
<th>Subunit Name</th>
<th>Caregiver Surveys Submitted</th>
<th>Caregiver Surveys Completed</th>
<th>Youth Surveys Submitted</th>
<th>Youth Surveys Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>9990 CYF Program</td>
<td>9991 CYF Program MHSA FFP</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Please email me directly if you have any questions regarding this information.

Thank you,
Antonia Nunez  
System of Care Evaluation (SOCE)  
Child & Adolescent Service Research Center (CASRC)
SUMMARY

Administration Period
- Starts – Monday, December 6
- Ends – Friday, December 10
- Links will be inactivated on Monday, December 13 @ 11:59pm

Preparation
- PM’s - Distribute survey links to staff -- CAREGIVER & YOUTH
- Be prepared to provide participants the following information:
  - CCBH Client ID#
  - Subunit

Billable Service + Survey
- Offer survey to every family that receives a billable service
- Remember to enter the billable service in CCBH so that it can be linked to the survey submitted

QUESTIONS?
soce@casrc.org

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