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Overview

San Diego County is continuing its evaluation system for Behavioral Health Services (BHS). The next collection of Youth Services Survey (YSS) measures will take place (TBD). Information will be collected from parents/caregivers and youth regarding their satisfaction with the services they are receiving and the impact of those services.

The assessment tools for the YSS were chosen by the state and are required to be completed for every child and family that receives services (other than Meds Only) between (TBD). All mental health service providers are required to participate in the YSS unless they have received written notice from the County that they are excluded.

There are no restrictions on the number or length of services that a client must receive in order to participate in the YSS. Some clients who complete the survey will have been receiving services for a long period of time, while others may be at their first visit. There is a question in the YSS that addresses how long the client has been receiving treatment. (Note: If a survey is completed at a client’s first visit, it should be administered at the end of the treatment session.)

All youth ages 13 and over will complete the Youth version of the YSS, while all parents/caregivers will complete the Parent version of the YSS. Meds Only clients do not fill out a YSS survey. Both versions are available in English, Spanish, Vietnamese, Chinese, Tagalog, Russian and Hmong.

Before administering the survey, program staff should enter the Anasazi Client ID Number (ID#) and subunit on the bottom of all pages of the survey. Program staff should also complete the remaining fields in the “For Office Use Only” section on the bottom of page 4 of the survey. If the youth or parent/caregiver is not able to complete the survey for any reason, staff must complete the Reasons for non-completion section and submit the survey.

Please remember that consumer confidentiality must be assured as part of the data collection process. Clinical staff should not assist their own clients in completing the forms. No clinical staff member should have access to the completed surveys. All surveys are to be placed in envelopes by the respondents who then seal the envelopes. The sealed envelopes are then returned to CASRC. Aggregate data will be made available to programs and staff; no individual identifiable consumer responses will be available.

It is critical that each program collects data from every consumer who receives services during this one-week interval. The meaningfulness of the data depends highly on the representation of families served. Please regard this data collection procedure as having the utmost importance. The information will yield a better understanding of the quality of care that is provided in this county and across the state. Our county goal is to have surveys submitted on 100% of the consumers seen at each program during the one week period in (TBD), with 75% of the surveys completed by the consumer.

Let’s work together and reach our goal!!
YSS Program Requirements

Why do we collect YSS data?

The California Department of Mental Health (DMH) views accountability as a critical component to its service mission. The DMH is encouraged by its latest achievements in the areas of outcomes measurement and reporting, resulting from stakeholder consensus, emphasis on data standardization, and the integration of technological innovations. The DMH is required to collect and report to the legislature data on county performance as established by AB 188 (Bronzan, Chapter 89, Statutes of 1991), commonly known as Realignment. Additionally, as a condition of receiving federal Substance Abuse and Mental Health Services Administration (SAMHSA) funds, DMH must also be responsive to federal performance reporting initiatives and incorporate nationally derived accountability indicators. The purpose of this manual is to provide 1) an overview of the methods and procedures established by the DMH to meet these mandates and 2) detailed instructions on the YSS process in San Diego County.

Consistent with its commitment to quality and improvement processes, DMH revised the performance outcomes data collection instruments for the November 2003 survey period. This ensured that quality indicators specifically relevant to California’s public mental health system would be measured and that the data would be comparable to national quality benchmarks.

Through the assistance of a Performance Outcomes Steering Committee (POSC), with representation from the California Mental Health Planning Council (CMHPC), California Mental Health Directors Association (CMHDA), county program management, county evaluation/quality improvement personnel, and consumer and family members, DMH adopted the Youth Services Survey for Youth (YSS) and Youth Services Survey for Families (YSS-F). The surveys chosen reflect POSC recommendations as well as mandates set forth by the Federal Block Grant (FBG) reporting requirements, Medi-Cal regulations and the California Legislature. Surveys are available for youth and their parents/caregivers in English and Spanish.

The Youth Services Survey was selected to evaluate consumer satisfaction and the impact of services. Several background items are included (e.g., arrest, school attendance, race and gender) to meet the specific requirements of FBG reporting. There are no restrictions on the length or duration of a client’s services for eligibility; the survey may be completed after the first visit. At the middle of each survey, consumers are asked to complete a “length of service” item. At the end of the survey, the consumer is asked to complete demographic items such as gender and date of birth. These items are included to meet reporting requirements by the FBG and to link performance outcomes to data systems.

Which programs are required to participate in the YSS?

All county-operated and contract organization providers are required to participate in the YSS process unless they have been notified of their exemption in writing by the County. In general, residential juvenile justice, inpatient and crisis-services-only programs are exempt from the YSS.
Examples of services that are **included** in the YSS process:
- Outpatient clinic based services (e.g., therapy, assessment, testing, groups)
- School based services
- Case management
- Wraparound services
- Therapeutic Behavioral Services
- Day treatment

Examples of services that are **excluded** in the YSS process:
- Juvenile hall services
- Juvenile honor camps
- Inpatient hospitals
- State hospitals
- Crisis services (only when independent from a treatment program)
- Medication Only services

**Which clients participate in the YSS?**

The YSS is to be completed by all youth 13 years of age and older receiving services in BHS, including those over 18 who are still being served in the BHS system. The Parent/Family version of the YSS is also to be completed by the child’s caregiver (i.e. bio-parent, adoptive parent, foster parent, relative, or other caregiver).

The number of surveys to be completed for each consumer varies by the child’s age:

<table>
<thead>
<tr>
<th>Age group</th>
<th>Who completes the YSS?</th>
<th>Number of Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children under age 13</td>
<td>Parent/Caregiver</td>
<td>1</td>
</tr>
<tr>
<td>Children 13-17</td>
<td>Youth AND Parent/Caregiver</td>
<td>2</td>
</tr>
<tr>
<td>Adults 18+ served in BHS</td>
<td>Youth/Consumer</td>
<td>1</td>
</tr>
</tbody>
</table>

**When will YSS data be collected?**

The data are to be collected from *(TBD)* on all cases that have at least one service during that one week timeframe. Both the youth and parent/caregiver should complete one survey at each program they received services from in this one week period. If the consumer did not receive any services in that one-week timeframe, no data needs to be collected from the youth or family.

**What about HIPAA (Health Insurance Portability and Accountability Act)?**

Authorizations from consumers are not needed in order for providers to release data to SOCE/CASRC or to DMH. The collection of performance outcomes data is required by law (W&I sec. 5610, et seq.) and thus is **exempt** from the HIPAA requirements regarding consumer
authorizations. However, as required by state law (e.g., W&I Code 5328) and by HIPAA, the programs must protect the privacy of the data and store the completed surveys in secure locations. SOCE/CASRC will also store the data in compliance with State and Federal law and use secure methods for transmitting the data to DMH.
YSS Basics

Program preparation is an essential component of the data collection process. The YSS process involves three steps for each program: 1) preparing the YSS materials, 2) administering the YSS survey to clients, and 3) returning the completed YSS forms to SOCE. Detailed information on each of these steps is outlined in the following sections.

The YSS Forms

The YSS consists of seven pages stapled together into a packet.

1. At the front of the packet is a cover page that gives basic directions and assures consumers that their responses will be kept confidential.
2. The second page is the beginning of the actual survey. It first asks a list of statements where respondents fill in a circle indicating their level of agreement or disagreement with each statement. It also asks for some demographic information on the child, as well as self-report of several risk factors (school attendance, substance use, arrests).
3. The last page of the survey has several open-ended questions for the respondent about the services they have received.

There are four versions of the YSS packet: the Youth version in English and Spanish, and the Parent/Family version in English and Spanish. In response to program feedback on how to simplify administration, we have color-coded the first pages of the packets. Each packet version will have a different color cover page, while the back pages will remain white to allow for scanning. Here are the assigned colors:

- **Blue cover sheet**: Youth English packet
- **Purple cover sheet**: Youth Spanish packet
- **White cover sheet**: Parent/Family English packet
- **Goldenrod cover sheet**: Parent/Family Spanish packet

We hope that this will make it easier for staff to select the correct packet and be able to tell in advance when the supply of a particular packet is running low.

If you need YSS forms in Vietnamese, Chinese, Tagalog, Russian or Hmong, please contact the SOCE program at **858-966-7703 x3604** or email a request to SOCE@casrc.org. Please let us know approximately how many Parent/Family and Youth packets you need in each language.

Where do I get the supplies we need?

SOCE will provide survey packets to each program, based on the number of forms used in previous YSS periods. In addition to the survey packets, SOCE will provide an envelope for each survey packet, in which the consumer will place the completed survey packet.

If, at any time during the survey process, you need additional envelopes or survey packets, please **call the SOCE Assistance Line at 858-966-7703 x3604** or email a request to SOCE@casrc.org. Please allow at least 24-48 hours to obtain additional materials.
Each site will need to supply clients with a **black or dark blue pen** to complete the survey. In addition, some sites may need **clipboards** for clients to use while completing the survey; again, these need to be supplied by the program.

### Which clients complete the YSS?

The YSS should be completed for every child who receives clinic, home, or school-based services between (TBD). Basically, if you are billing for a service to this child or family, the YSS should be completed. The County’s goal is to have surveys submitted on **100% of the consumers** seen at each program during the collection period in (TBD), with 75% of the surveys completed by the consumer.

Depending on the child’s age, either one or two YSS packets will be completed for each child who receives a service between (TBD):

- For children under 13 years of age, only the Parent/Family packet is completed.
- For children ages 13 to 17, the Youth AND Parent/Family packets are completed.
- For transition age youth (ages 18+) who continue to be served in the Children’s Mental Health System, only the Youth form is completed.

### How do I identify which clients complete the YSS?

Each program should develop a system to identify and track those clients who should be **completing the YSS**. For example, a program may want to photocopy the appointment schedule and mark off clients as they complete the YSS. Others may want to develop a program-specific form to track the administration and completion of the surveys. Each program is likely to identify clients and track YSS forms differently. The key is that each program should decide in advance of the YSS administration period how they will identify which clients receive the YSS.

At the end of the manual is an **optional** form called the **Client Tracking Form**. This may assist you in listing each consumer expected to complete a survey. It can be used as an aid to identify clients in advance, as well as to track who has completed surveys and when they were submitted to SOCE. This form is **not** submitted to SOCE, and you are not required to use it.

### How do we prepare the YSS forms and envelopes for administration?

Prior to giving a YSS packet to the youth or parent/caregiver, program staff will need to do three important things: 1) determine which packet(s) to administer based on the client’s age and the language needs of the youth and family, 2) fill in essential program information in the YSS packet, and 3) write basic information on the YSS envelope.

**1. Determining which packet to administer:**

It is important to ask the following three questions when preparing YSS forms:
1. Does the parent/caregiver speak English, Spanish, Vietnamese, Chinese, Tagalog, Russian or Hmong? Select the appropriate packet. If the parent speaks none of these languages, you will submit an English Parent/Family packet and mark “Language” in the “Reason for Non-Completion” section (described further below).

2. Is the child 13 years old or older? If yes, the child needs to complete a Youth packet.

3. Does the child speak English or Spanish? Select the appropriate packet. If the child speaks none of these languages, you will submit an English Youth packet and mark “Language” in the “Reasons for Non-Response” section (described further below).

2. **Filling in essential information on the YSS:**

   Each YSS packet contains several items that need to be filled in by program staff **PRIOR** to giving the packet to the client:

   1. On the bottom of each page, you need to fill in the **ANASAZI County Client Number** (client ID# - the mental health ID# (the number used in ANASAZI for billing purposes) and **Sub Unit**.

   2. On Page 4 of the survey, in the section marked “For Office Use Only,” you need to fill in the **date** the survey was administered/attempted, your program’s **Sub Unit**, and the **ANASAZI County Client Number**. You also need to fill in the “**Reason for Non-Completion**” section, if applicable.

**Definitions:**

**ANASAZI County Client Number (ID#):** This is the mental health ID# (the number used in ANASAZI for billing purposes). If the consumer ID# is less than 9 digits, please add an appropriate number of zeros at the beginning of the number to produce 9 digits. Most client ID#s begin with a 1-0-0- and then have 6 more digits. If the ID# is a 7 or 8 digit number, 1-2 zeros need to be added **in front** of the existing number to convert it to a 9 digit number. For example, 7005456 would become 007005456. **Note:** **Forms cannot be processed without this number. Also, please ensure that the same number is legibly written on all pages of the instrument.**

**Date of Survey Administration:** The date of survey administration is the date on which the form is administered to the consumer. If the form is mailed or dropped off, record the date the form was sent or left. If the form cannot be competed (e.g. refusal, language issue), enter the date that the form was attempted.

**Sub Unit Number:** This is the program’s specialized service or funding stream within a Unit. **Do not use your county contract number!**

**Reason for Non-Completion (if Applicable):** In some instances, clients will be unable to complete forms. For example, the consumer may not speak English, Spanish, Vietnamese, Chinese, Tagalog, Russian or Hmong or there may be some type of significant impairment (e.g. cognitive, mental illness, physical or medical difficulty). If this is the case, the forms should not be given to the client, but do need to be **returned to SOCE.** The ANASAZI County Client ID and
Sub Unit number should be filled in, and the appropriate reason should be indicated under “Reason for Non-Completion”. *Please keep in mind that most clients should be able to complete their forms.*

The following are explanations of the **REASONS** why forms are not completed:

- **Refused**
  Consumer refused to complete the survey. This includes those consumers who did not return surveys that were mailed to them. You should keep records of when forms were mailed to families for completion, as well as which were returned or submitted as refusals.

- **Impaired**
  Consumer unable to complete the survey due to any type of significant impairment. This includes cognitive, mental, physical or medical impairments.

- **Language**
  Consumer is unable to complete the survey because the survey is not available in the required language, or the consumer is not able to read/write in English, Spanish, Vietnamese, Chinese, Tagalog, Russian or Hmong and there is no available non-clinical interpreter.

- **No Show**
  The survey was not completed because either the parent/caregiver OR the youth -- not both -- did not show up for their scheduled visit. However, there was a session where the other party did show and complete a survey.

- **Caregiver Unavailable**
  This designation is used when there is no parent/caregiver in the child’s life (e.g. child lives in group home or receiving facility).

- **Other**
  Consumer unable to complete the survey due to some reason not specified above. Please specify this reason in the blank line next to the “Other” reason bubble. *This designation is rarely used, and we encourage programs to call SOCE with questions regarding situations where they feel this is the applicable designation.*

3. **Writing basic information on the envelope:**

Each YSS form gets its own envelope. Each envelope should be identified with 1) the program’s **Sub Unit Number**, 2) the **ANASAZI County Client ID #**, and 3) whether it is a **Youth or Parent/Family** survey. This information can be written on the top of the envelope by the staff person who distributes the survey.

Writing this information on the envelope allows your program to easily track which clients have returned the YSS without having to open the envelope and look at the survey itself. As will be
described in the next section, all completed forms must remain in their sealed envelopes until returned to SOCE.

Administration Process

Administration of the YSS is straightforward. Program staff gives the appropriate packet (with the Client ID #, Date, and Sub Unit Number already completed) to the client, who then completes the survey, seals it in the envelope provided, and returns it to the program. Each program must work out the details of this process, given the program specificity of certain structures and procedures.

A key element in collecting good data is identifying and training the personnel who will be administering the surveys. It is imperative that these individuals are trained to recognize their important role in this process and to understand the survey forms they will be distributing. Personnel need to realize the importance of outcomes for decision-making in public mental health and be able to convey this importance to consumers. This is an opportunity for consumers to provide input on their mental health services and outcomes of care. Consumer input is critical to the mental health system in California.

In what setting should the YSS be administered?

Because each program is unique, each will handle the administration of the YSS in a different manner. For example, some may have consumers complete the YSS in the waiting area, while others will have clients complete the forms in the treatment area. It is crucial, though, to establish a process at your program that ensures consumer confidentiality. Please consider the following as you study the particular set-up at your program:

- Consumers will need a hard writing surface (table, desk, clipboard, etc.) to complete the survey.
- Consumers should complete the survey in a private area away from clinical staff.
  - If the survey is completed in the consumer’s home, staff should excuse themselves for a few minutes to ensure confidentiality while the client completes the survey.
  - If the survey is completed in the clinician’s office, the clinician should not be in the room.
- Clients whose first visit falls during the YSS period will need to complete the survey after their appointment is completed. Returning clients may complete the survey before or after the appointment.
- Data collection staff and volunteers are responsible for the safekeeping of completed YSS forms in their sealed envelopes until they are submitted to SOCE.

Who should administer the YSS to the client?

The YSS can be administered by program managers, staff or volunteers, provided they have reviewed all aspects of the YSS process contained in this manual. This includes how to prepare the measures, how to instruct consumers and answer their questions, how to follow
the recommended methodology, and how to ensure confidentiality. In addition, all staff and volunteers assisting in this process must have signed a confidentiality agreement with your program.

The YSS is a confidential satisfaction measure, in which the client is asked to give feedback on the performance of the treating clinician. The client is assured that their clinician will not see their individual responses. For this reason, **TREATING CLINICIANS CANNOT ASSIST THEIR OWN CLIENTS IN COMPLETING THE YSS.**

Some programs, particularly large sites, may have a need for **additional staff or volunteer support** to complete the YSS process. Programs should consider the availability of non-clinical staff for administration purposes, especially during their busiest treatment times, and decide how to best utilize staff and volunteers to administer the survey.

If peer advocates and/or other volunteers not employed by the program are handling the surveys, programs may be required to develop business associate agreements in accordance with Health Insurance Portability and Accountability Act (HIPAA) guidelines. Although it is likely that your program already has business associate agreements with external entities/volunteers in place, additional information can be obtained from the California Office of HIPAA Implementation at http://www.ohi.ca.gov. Programs do not need to acquire separate business associate agreements with CASRC. CASRC is a covered entity as part of their contract with HHSA Behavioral Health Services.

**What is the Recommended Methodology for Collecting YSS Data?**

A study by the California Mental Health Planning Council resulted in a **recommendation that clinicians not have any contact with consumers in distributing, completing, or returning the YSS.** There is evidence suggesting that such assistance has the potential to bias consumer responses in the positive direction (due to consumer fears of retribution or service reduction/discontinuation). To prevent such bias, it is recommended that counties have peer advocates or volunteers, such as students or consumer family members (not related to the consumers being surveyed), handle the administration of surveys and complete the “For Office Use Only” fields. If peer advocates and/or other volunteers perform the survey administration process in its entirety, it is expected that the validity of consumer responses will be maximized.

To administer the survey, the California Department of Mental Health recommends setting aside a conference room or office space at the service site. Clinicians, case managers or other service providers may **direct consumers to this room or office space** to receive and complete the survey at the end of their service visit. Some programs may utilize **reception or front desk staff** to distribute and collect the surveys. Regardless of where or how the YSS is administered, **two requirements must be met:** 1) the consumer should have **privacy** from clinical staff to complete the survey, and 2) the completed survey should be returned in a **sealed envelope.**

If a consumer needs **direct assistance** in completing the survey, it is critical that the treating clinician not be involved. Rather, administrative staff, a parent partner or trained volunteer should be available to assist consumers. Parents/Caregivers and youth should fill out the survey forms separately, and youth should not receive help from their parent/caregivers. If
consumers have questions that program staff cannot answer, please contact SOCE at 858-966-7703 x3604. This telephone number is also listed on the cover page of each packet.

If the youth or parent/caregiver cannot complete surveys in person (e.g., school-based programs where parents are not present regularly), they may be done over the phone by data collection staff/volunteers or, as a last resort, the YSS packet may be dropped off or mailed to the families. If forms are dropped off or mailed to the families, appropriate postage must be placed upon the return envelope. Should any questions arise on how your program can deal with these circumstances, please contact SOCE at 858-966-7703 x3604.

In summary, it is recommended that consumers complete the surveys on their own. However, if assistance is necessary, it should NOT be provided by the consumer’s clinician or any other individual who provides direct services to the consumer.

Confidentiality

Consumer confidentiality must be ensured as part of the data collection process. State law and HIPAA both protect consumers’ privacy. State law requires the collection of performance outcomes data, and federal law allows it. Therefore, it is not necessary for DMH or counties to get consumer authorization to collect these data. What is imperative is that consumer confidentiality be ensured as part of the data collection process. HIPAA applies to the protection of all data that contain Protected Health Information (PHI). Data collection staff, whether county employees or volunteers, must protect consumer privacy and confidentiality. As noted previously, if peer advocates and/or other volunteers not employed by the county are to handle PHI, it will be necessary for counties to develop business associate agreements in accordance with HIPAA guidelines. Counties are urged to contact their county HIPAA coordinator or legal counsel to determine whether or not standard business associate agreements are on file.

The treating clinician should NEVER see the individual responses of their clients. Clinicians and other direct service providers should only receive aggregate summary data. It is mandatory that all consumers be provided with a full-size envelope to place their survey into upon completion and that the envelope be returned sealed to the program. All surveys should remain sealed and returned to the SOCE team. No direct service program staff or clinicians should see any individual client or caregiver responses. SOCE assumes all responsibility for opening envelopes, entering data, submitting the data to the State, and running analyses. Every effort will be made to provide programs with summary reports in a timely fashion.

Finally, to encourage response validity, it is crucial that individuals who complete the consumer perception survey be assured that their responses will be kept confidential. Respondents can be expected to provide honest feedback to the extent that any fears of retribution are eliminated. Consumers should be told that their clinical/service provider will not see their specific responses --- and this should in fact be the case. The survey should never
be returned directly to the clinician. Clinicians and other direct service providers should only receive aggregate, summary data.

**In summary, programs should have completed surveys handled in a confidential manner by volunteers or staff that are not directly responsible for providing services or treatment to the consumer.**

**Directions to Consumers**

It is important to provide standardized directions to each consumer (parent/caregiver and youth) needing to complete a survey. The cover page of each packet briefly describes the purpose of the survey, but program staff/volunteers should also give brief verbal instructions when handing out the packet.

Use basic directions, such as the following, when handing out forms:

“It is time to collect information from you about our services. This survey is being used to collect information on consumer satisfaction and the impact of services. Your responses will be used to assist us in improving our services and providing quality mental health care for youth and families. Your responses will be confidential and won’t be seen by your therapist.

Please take a few minutes to complete this survey. If you have any questions, please ask ____ (insert name of desired individual) ____, or you may call the SOCE Assistance Line at 858-966-7703 x3604 (the phone number listed on the cover sheet of the survey). After completing the survey, please put it in the envelope, seal it, and return it to me (or drop it in a drop box). Thank you very much for taking the time to complete the form!”

At this point, give the consumer the survey packet and a black or blue pen, and direct them to a private place where they can complete the survey. Supply them with a clipboard if necessary.

Note: If the consumer is new and receiving their first clinical service from your program, it is critical that they be asked to complete the form **directly following** the initial service.

**Open Ended Questions on the YSS**

The last page of the YSS allows clients to provide written feedback about their services. During previous YSS periods, some consumers reported information about abuse or neglect that necessitates **mandated reporting** to the local police or sheriff's department or county welfare department (e.g., Child Protective, Adult Protective agencies). In light of this, **SOCE reviews the Open Ended Questions** for any information that requires an immediate response and SOCE will contact Quality Improvement at County Behavioral Health Services if information is found that necessitates mandated reporting. BHS QI will then be responsible for taking necessary action.

Although the surveys indicate to the consumer that information will be held confidential, California law requires disclosure of abuse information for the purposes of ensuring the consumer’s safety. Survey responses are a source of information subject to the Child Abuse and Neglect Reporting Act (Penal Code Sections 11164-11174.4) and elder or dependent adult abuse reporting law (Welfare and Institutions Code Sections 15630-15632).
is assumed that programs are providing information to consumers regarding the limits of confidentiality (which would cover the survey administration).

**Returning Surveys to SOCE**

Once consumers return their sealed YSS envelopes to program staff, the envelopes need to be stored in a designated, secure location until they are returned to SOCE for processing. Again, how and when forms will be returned will vary by program based on the size and location of the program.

**ALL YSS PACKETS MUST BE RETURNED TO SOCE BY (TBD)**

**How do we return the YSS packets?**

There are a variety of ways that programs can submit YSS surveys to SOCE. Please remember that all completed YSS surveys are to remain in their sealed envelopes. They should not be removed from their envelopes for any reason. All survey envelopes must have your program’s Sub Unit# and the client ID#. Programs should keep a log of surveys completed and submitted to SOCE. If you have any difficulties in getting the completed surveys back to us, please call us at 858-966-7703 x3604 so that we may assist you.

**ALL SURVEYS MUST BE:**

- **DROPPED OFF AT SOCE:** Our offices are located within the Child and Adolescent Services Research Center (CASRC). Our physical address is 3665 Kearny Villa Rd, Ste. 200, San Diego, CA 92123. We are located on the second floor of the Children’s Plaza building, which is near the Aero Drive and Kearny Villa Rd. intersection. (Parking is free for the first 30 minutes.)

**DO NOT FAX ANY SURVEYS TO SOCE or SUBMIT COPIES OF THE YSS FORMS.** We must receive the original, sealed envelope containing the YSS packet.

**How should we return the completed packets?**

We encourage programs to submit surveys to SOCE in bundles that contain 15-20 envelopes each, along with the programs information (e.g. Program Name, Subunit, Contact person, phone number).

**Deadlines**

The last day of the data collection period is (TBD). Programs should not administer any surveys after this date. To complete the data submission process, please follow these steps by (TBD):
➤ Using the Client Tracking Form or your program’s own form as a guide, **double-check** that all YSS surveys have either already been sent to SOCE or are gathered for submission.

➤ **Gather** any unused YSS packets and envelopes.

➤ **Return** all completed forms and any unused YSS materials to SOCE.

Please **save** your Client Tracking Form or your program’s own form for your records. This form may become important should there be a problem with a survey and a correction is needed, or if you need to verify that all surveys administered have been sent to SOCE.

**ALL YSS PACKETS MUST BE RETURNED TO SOCE BY *(TBD)***
SOCE Reports to the County and Programs

What happens with the surveys once they are submitted to SOCE?

Once SOCE receives the completed YSS packets, several steps are taken. First, the envelopes are logged in as they arrive with the date, program name, Sub Unit, and number of envelopes returned. Then, each envelope is opened, the cover sheets are removed, and the packets are sorted and counted by type: youth or parent/family, English, Spanish, Vietnamese, Chinese, Tagalog, Russian or Hmong. In addition, the Comments section is reviewed for any disclosures that may trigger a mandatory report.

After all the forms are logged and sorted, the staples are removed from the packets, and each form is scanned into our data processing system. Any problems with the forms, such as incomplete filling of the circles or illegible handwriting, are identified at this time and fixed, if possible, by SOCE staff. Finally, the data is cleaned, analyzed, and presented in reports, including linking with billing data from ANASAZI to determine what percentage of clients receiving services during the YSS period submitted and/or completed a YSS form.

SOCE creates and distributes several types of summary reports on the YSS data. These reports are sent to program managers, as well as the appropriate COR, BHS Chiefs and the Quality Improvement Department at BHS. The reports give feedback about your Sub Unit and program’s performance and contain a listing of youth and parent/caregiver answers to the quantitative questions on the YSS measures. Responses range from Strongly Disagree to Strongly Agree. Also listed are “not applicable” responses, the total number of surveys submitted, and the number of completed surveys submitted.

We will also produce a report that examines YSS response rates at the Program and Sub Unit levels. Utilizing information from ANASAZI, we will compare the number of clients who received a face-to-face service during the YSS period to the number of YSS forms submitted and completed. For example, if a program served 100 clients during the YSS period and returned forms for 95 clients, they would have a submission rate of 95%. If the submitted forms were only completed for 70 clients, they would have a completion rate of 70%.
Frequently Asked Questions and Concerns

1) What if services are delivered in the home?

When administering the survey in the client’s home, please remove yourself from the immediate area to assure confidentiality (e.g., wait in another room) and be sure that the client seals the envelope prior to handing it back. If clients have questions about the survey, please ask the youth or parent/caregiver to call the SOCE Consumer Assistance Line at 858-966-7703 x3604 for assistance. This telephone number is also listed on the survey packet cover sheet.

2) What if I work with a child in a school setting and won’t be meeting with the parent/caregiver during that one week period?

YSS-F parent/caregiver forms should be submitted for youth of ALL ages who received services during the time period of (TBD), regardless of whether your program had direct contact with the parent/caregiver. If the parent/caregiver is not willing to complete the form, it should be returned to SOCE marked as a Refusal.

We understand that getting surveys completed by parents of children in school-based programs can be difficult and will require additional planning and effort on the program’s part. It is essential for each program to plan in advance how they will handle their own unique challenges.

In every case, collect the YSS data from as many consumers as possible. All youth ages 13 years and older who receive services during this time period should complete the Youth YSS packet.

If you will not see the parent/caregiver during the YSS period, you have multiple options and may want to try several of them:

- You can send the Parent YSS packet and envelope home with the child and ask verbally or in writing to have the parent complete and return the packet with the child. You will need to determine if the child is able or responsible enough to assist in this manner.
- Program staff or volunteers can call the parent/caregiver to collect the YSS information over the phone. The caller should not be the treatment provider. If the parent refuses to do the survey over the phone, offer to send it to them by mail or with their child so that they may complete in writing.
- You can mail the Parent YSS packet to the home, along with a postage paid envelope and instructions to return the packet by (TBD).
- You may also want to use program staff or volunteers to follow-up on packets that were sent home with children or mailed to the home. Again, the caller should not be the treatment provider.

Be sure to keep a written log of attempts to get the YSS packet completed, using your own form or the Client Tracking Form in the Appendix. Pay special attention to any telephone contacts with the client and any refusals that you receive.
If, ultimately, you have tried to get the parent/caregiver to complete the YSS but the parent/caregiver is unwilling to do so, the YSS-F survey packet must still be returned to SOCE on the final day of the survey period. The Date, Sub Unit, and Client ID numbers need to be filled in, and “Refused” must be indicated in the Reason for Non-Completion field on the bottom of the 4th page.

3) What if our program serves youth under 13 years old who are awaiting foster or group home placement, and have no available parents/caregivers?

YSS-F parent/caregiver forms should be submitted for youth of ALL ages if they received services during the time period of (TBD) regardless of whether a parent/caregiver is available.

If there is no parent/caregiver available to complete the YSS-F, please fill out the “For Office Use Only” section of the Parent/Family packet, indicating “Caregiver Unavailable” as the Reason for Non-Completion, and submit the packet to SOCE.

4) What if the client is 13 years or older, but I will be conducting a session with parent(s) during that one-week period and not with the youth?

Try to collect the data from the youth by:
- sending the Youth packet home with the parent and asking the parent return it in person or with a postage-paid return envelope;
- having a non-treating staff call the youth and ask the survey questions over the phone; or
- sending the packet to the youth with a postage-paid return envelope. Non-treating staff should follow-up by telephone on any forms that are sent to the youth.

If the youth is unwilling to complete the survey, the Youth packet needs to be returned with the “For Office Use Only” section completed and “Refused” indicated as the Reason for Non-Completion.

5) What if the consumer or parent/caregiver completed a survey form at another program?

There may be instances where a consumer receives services from more than one program during the one-week period. The youth and parent/caregiver should complete the forms at each program they received services from during the one week period. This way, they can indicate their satisfaction with the programs separately.

6) What if a parent/caregiver has more than one child receiving services at my program?

Parent/caregivers must fill out one survey form for each of their children receiving services from your program during this one-week period. This way, they can indicate their satisfaction with the services each child is receiving separately.
7) Is there an instance where a child is receiving services during the one-week data collection period and no survey form needs be submitted at all?

**NO!**

- YSS forms must be submitted for all clients. Even if forms are not completed by the client, the “For Office Use Only” section on page 4 must be completed by the program.
- For all youth 13 years old and older, both the YSS Youth survey and the YSS-F Parent/Caregiver survey must be submitted to SOCE.
- For youth under the age of 13, a YSS Youth survey form is not submitted, but a YSS-F parent/caregiver survey form must be submitted.
- If a youth is 18 years old or older and receiving services in BHS, he/she is required to complete the Youth packet.
- In situations where the survey form cannot be administered in person and a service has been provided during the two-week data collection period, a form must be submitted to SOCE with the appropriate “Reason for Non-Completion” filled in, as well as the Sub Unit, Date, and Client ID number.
- If a parent/caregiver received a collateral service but the youth did not receive any services, forms for both parent/caregiver and youth are still required.

8) If a client is coming to our Program for Medications Only, do they have to a YSS survey?

No, clients who are classified as Medication Only clients do not need to fill out a YSS survey. Parents/caregivers of these Meds Only youth do not need to complete the YSS either.

9) If a client is coming in for the first time during the week of (TBD), do they have to fill out a YSS Survey?

Yes. Regardless of how long the client has been receiving services from the program, all clients should receive the YSS survey. First time clients should be offered the survey at the end of the treatment session. There is a question on the YSS that asks how long they have been receiving services; first time clients can indicate that this was their first visit.

10) What if we only deliver collateral services during the survey period, with no direct contact with the youth/family? What if the only contact with the youth/ family is over the telephone?

YSS youth and YSS-F parent/caregiver forms should be submitted for youth who received services during the time period of (TBD), regardless of whether your program had direct contact with the youth and/or parent/caregiver. If the youth or parent/caregiver is not willing to complete the form, it should be returned to SOCE as a refusal.

We understand that getting surveys completed when there is no direct contact with the family during the survey period can be difficult and will require additional planning and effort on the program’s part. It is essential for each program to plan in advance how they will handle their own unique challenges. In every case, collect the YSS data from as many consumers as possible.
If you will not see the youth or parent/caregiver during the YSS period, but you will be billing for services (e.g. collateral, delivered over the phone, etc), you have two primary options and may want to try both:

• Program staff or volunteers can call the youth and parent/caregiver to collect the YSS information over the phone. The caller should not be the treatment provider. If the youth / parent refuse to do the survey over the phone, offer to send it to them by mail so that they may complete in writing.

• You can mail the YSS packets to the home, along with a postage paid envelope and instructions to return the packet by (TBD).

• You may also want to use program staff or volunteers to follow-up on packets that were sent home with children or mailed to the home. Again, the caller should not be the treatment provider.

Be sure to keep a written log of attempts to get the YSS packet completed, using your own form or the Client Tracking Form in the Appendix. Pay special attention to any telephone contacts with the client and any refusals that you receive.

If, ultimately, you have tried to get the youth and/or parent/caregiver to complete the YSS but they were unwilling to do so, the YSS survey packets must still be returned to SOCE on the final day of the survey period. Use a blank English form, and fill in the Date the survey was attempted with the family, the Sub Unit, and the Client ID number. In addition, “Refused” should be indicated in the “Reason for Non-Completion” field.

Remember, the goal is to have surveys submitted for 100% of the consumers served by each program during the collection period in (TBD).
Timeline for Programs

YSS Survey Implementation

(TBD)

Early (TBD): Programs are to verify contact information, designate a contact person and alert staff to upcoming survey collection. SOCE informs programs of exact data collection time period. YSS manual and survey forms are distributed to programs.

Program prepares for data collection:
- Data collection staff/volunteers should use this manual as instruction for administration. If you have any questions, please contact the SOCE team for assistance at 858-966-7703 ext: 3604.
- To ensure consumer confidentiality, provide a private area for survey administration. If the survey is completed in the consumer’s home, educate staff as to how to excuse themselves to ensure confidentiality.
- Needed supplies -- SOCE will provide envelopes and survey packets. Programs gather any other supplies needed, such as black ink pens, clipboards, etc.
- Coordination of data collection staff/volunteers to assist in administration and collection of YSS & YSS-F surveys.
- Identify consumers to be served during the data collection period by using the Client Tracking Form or similar methods developed by the program.
- Prior to administration, staff is required to fill in the program Sub Unit, the client ID # and the date on each packet, and the client ID #, Sub Unit and designation as Youth or Parent/caregiver survey on the envelope.

(TBD): Youth Services Survey Administration
- Administer YSS to consumers. Non-clinical staff or volunteers should be available as needed to assist in survey administration.
- Request additional supplies as needed from SOCE, allowing at least 24 hours to receive additional packets and envelopes.
- Submit completed YSS forms to SOCE.

(TBD): Submit all materials to SOCE
- Do not administer any YSS forms after (TBD).
- Gather all YSS materials.
- All completed surveys and remaining blank YSS packets and envelopes must be returned to SOCE by (TBD).
Please complete the attached Youth Services Survey.

The survey will only take a few minutes to complete. This information will be used to measure consumer satisfaction and the impact of child/adolescent mental health services. Your participation is voluntary and will be used to improve program services. The survey will assist the County of San Diego in providing higher quality service.

If you have any questions about this form, please contact the data collection staff/volunteer who provided you the form. If this person is not available, contact the SOCE Client Assistance Line at: 858-966-7703 ext: 3604.

After completing the survey, place it in the envelope and seal it! Please return the sealed envelope to program staff.

Assurance of Confidentiality

This is to assure you, as a client receiving mental health services from this program, that the survey you are about to complete is confidential.

Your therapist will not see your responses, and your responses will in no way affect your right to service. Because San Diego County will use the results to improve the quality of services you receive, we are interested in your honest opinions, whether they are positive or negative.

Thank you for your cooperation and help in improving our services to you!
Favor de llenar la encuesta adjunta acerca de los servicios para niños y jóvenes.

Sus respuestas a esta encuesta son muy importantes y llenar la encuesta le tomará solamente unos cuantos minutos de su tiempo. La información se usará para medir la satisfacción de los usuarios y el impacto de los servicios de salud mental para niños y adolescentes. También será utilizada para mejorar los servicios del programa y para ayudar al condado de San Diego a proporcionar servicios de alta calidad en todo el condado.

Si tiene preguntas sobre este formulario, por favor comuníquese con el administrador del programa o con el asistente de personal que le dio la encuesta. En caso de que no hubiera personal administrativo disponible, por favor no dude en llamar al teléfono de asistencia de POP para el usuario: (858) 966-7703 extensión 3604.

Una vez que termine la encuesta, métala en el sobre adjunto, cierre y pegue el sobre. Por favor devuelva el sobre cerrado al personal del programa.

Confidencialidad Asegurada

Como usuario que está recibiendo servicios de salud mental en este programa, le aseguramos que la encuesta sobre las percepciones del consumidor que va a llenar es completamente confidencial.

Su terapeuta no verá sus respuestas a la encuesta, y sus respuestas no afectarán de ninguna manera sus derechos a recibir servicios. Debido a que el condado de San Diego usará los resultados para mejorar la calidad de los servicios, estamos interesados en que nos dé sus verdaderas opiniones, con toda sinceridad, ya sean positivas, negativas o ambas.

¡Muchas gracias por su cooperación y ayuda para mejorar los servicios que le damos a usted!
## Client Tracking Form – (TBD)

<table>
<thead>
<tr>
<th>Date &amp; Time of Appointment</th>
<th>Youth or Parent/Caregiver Name</th>
<th>Youth and/or Family YSS?</th>
<th>Language of Form</th>
<th>Client ID# &amp; Age</th>
<th>Program SU</th>
<th>Date Survey Administered</th>
<th>Date Survey Received</th>
<th>Survey Sent to SOCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>Youth</td>
<td>Eng</td>
<td>987654321</td>
<td>Age 15</td>
<td>4567</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>