

2024 Youth Mental Health Statistics Improvement Program Survey Report

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Executive Summary

An estimated 116,352 Oregonians received mental health services through Oregon Medicaid in 2023. Approximately 31,866 of these were youth under the age of 18.

In 2024, the Oregon Health Authority (OHA) contracted with Market Decisions Research (MDR) to administer mental health service satisfaction surveys to youth ages 14 to 17 and to caregivers of children and youth under the age of 18 who received Medicaid-funded mental health services in outpatient, psychiatric residential, or psychiatric day treatment settings. The goal of these surveys is to ensure these services meet the needs of Oregonians as well as to meet federal requirements outlined around state-funded mental health services.

Results are outlined in this report from surveys conducted in 2024 for services provided during 2023. Trends have been provided over the prior five years, where relevant.

Summary of Youth Services Survey (YSS) Results

Statewide, 1,075 youth between the ages of 14 and 17 responded to the YSS for a response rate of 12%. The largest group (90%) of respondents completed the survey online and received a \$10 gift card incentive, while the remainder completed the survey over the phone (10%).

The YSS asked questions regarding the following five domains:

- Access to Service
- Cultural Sensitivity
- General Satisfaction
- Participation in Treatment
- Positive Outcomes of Services

The survey also included additional questions regarding other areas of particular interest, including but not limited to the respondents' living situation, school attendance, trauma, and others. Questions related to telehealth and experiences with virtual sessions were added to the survey in response to the COVID-19 pandemic.

Domain Satisfaction

Respondents were most satisfied in the domain of Cultural Sensitivity (87%) and were least satisfied in the domain of Positive Outcomes of Services (62%). Satisfaction decreased across all five domain areas from 2023 to 2024.

Treatment Status

Slightly less than two thirds of respondents (64%) are still getting services from their mental health services provider. Just under half of respondents (43%) said they received services from this provider for one year or longer.

Medical Care

Nearly half of respondents (48%) reported that they are on medication for emotional or behavioral problems and almost all (95%) said that these medications have helped them. Of those respondents who experienced serious trauma, more than half (57%) said that problems related to this trauma were adequately addressed during the treatment.

Telehealth

More than half of respondents (52%) reported that they have had a virtual session with their mental health provider in the past 12 months and 60% said they were 'Satisfied' or 'Strongly Satisfied' with the virtual sessions compared to in-person sessions. Of those who did not participate in telehealth services in the past 12 months, nearly three quarters (73%) said it was because they preferred to see their provider in person.

Summary of Youth Services Survey for Families (YSSF) Results

A total of 2,234 caregivers of children and youth under the age of 18 responded to the YSSF for a response rate of 15%. The largest group (65%) completed the survey online and received a \$10 gift card incentive, while the remainder completed the survey over the phone (35%).

The survey asked questions regarding the following seven domains:

- Access to Service

- Cultural Sensitivity
- Daily Functioning
- General Satisfaction
- Participation in Treatment
- Social Connectedness
- Positive Outcomes of Services

The survey also asked additional questions regarding the child's living situation, school attendance, trauma, and other areas. The survey was expanded in 2020 to include questions related to telehealth services and access due to COVID-19.

Domain Satisfaction

Respondents were most satisfied in the domain of Cultural Sensitivity (90%) and were least satisfied in the domains of Positive Outcomes of Services (63%) and Daily Functioning (63%). Satisfaction decreased across all seven domain areas from 2023 to 2024 except Participation, which remained unchanged at 80%.

Cultural Sensitivity

Almost all respondents felt that their child's most recent mental health service person considered both their language (96%) and their child's language (97%) as well as their culture (92%) and their child's culture (93%). However, only 74% reported that their child's most recent mental health service person ensured that any community or government agencies, health care providers, and school personnel were communicating with them and each other.

Treatment Status

Slightly less than two thirds of respondents (66%) indicated that their child is still getting services from their mental health services provider and just under half (45%) said their child has received services for one year or more. More than one third (40%) said that their child's treatment ended because they no longer needed the treatment.

Medical Care

Most respondents (66%) classified their child's health as 'Good' or 'Very Good' and nearly all (96%) said that their child has a primary care provider or other practitioner who provides routine medical care and checkups. A little more than one third (36%) indicated that their child was given psychotropic medications that alter how their child

thinks or feels, and of those, most (84%) said that these medications have helped their child.

Telehealth

Slightly less than half of respondents (45%) reported that their child has had a virtual session with their mental health provider in the past 12 months. Of those who did not participate in telehealth services in the past 12 months, 72% said it was because they preferred to see their child's provider in person. However, nearly two thirds of respondents (64%) said that they liked not traveling to their in-person appointments.

Introduction

The Oregon Health Authority (OHA) has administered Version 1.2 of the Mental Health Statistics Improvement Program (MHSIP) since 2006. This program was designed and validated to measure adults' perceptions of the quality and efficiency¹ of their mental health services² and has been endorsed by the National Association of State Mental Health Program Directors. This annual survey is administered to youth (YSS) or the parents of youth (YSSF) receiving Medicaid funded mental health services in both outpatient and residential settings, with specific versions of the survey providing avenues for feedback on the quality and effectiveness of care. This patient feedback has become an important part of OHA's mission to improve quality and health outcomes in populations experiencing mental health difficulties. Results are designed to be action-oriented and patient focused, allowing OHA to immediately utilize domain and metric scores to design and implement policies at the state level to help support its citizens.

Methodology

¹ Ganju V, Smith ME, Adams N, et al. *The MHSIP Quality Report: The Next Generation of Mental Health Performance Measures*. Rockville, MD: Center for Mental Health Services, Mental Health Statistics Improvement Program, 2005.

² MHSIP is supported by the Center for Mental Health Services, an agency within the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.

The Surveys

The YSSF Survey contained 54 questions or question sets consisting of multiple part questions. The YSS Survey contained 37 questions or question sets consisting of multiple part questions. Across the two surveys, a majority of core questions are identical and grouped into domains to measure the quality of specific items. These domains consist of the following:

- Access to Services
- Daily Functioning (YSSF only)
- General Satisfaction
- Treatment Participation
- Cultural Sensitivity
- Social Connectedness (YSSF only)
- Treatment Outcomes

See Table 1 below for a full list of questions associated with each Domain. OHA also expanded question sets across both surveys to better cover topics and areas of interest in the 2022 survey. These included questions around telehealth experiences, the coordination of services, medication usage, school attendance, substance use, and arrest history (YSSF).

Table 1. MHSIP Domain Questions

Domain	Questions
Access	The location of the services was convenient.
	Services were available at times that were convenient for me.
Cultural Sensitivity	Staff treated me with respect.
	Staff respected my family's religious/spiritual beliefs.
	Staff spoke with me in a way that I understood.
	Staff were sensitive to my cultural/ethnic background.
General Satisfaction	I am satisfied with the services I/my child received.
	The people helping me/my child stuck with me/my child no matter what.
	I felt I/my child had someone to talk to when I/he/she was troubled.

General Satisfaction	I/my child/my family received services that were right for me/us.
	I/my family got help I/we wanted.
	I/my family got as much help as I/we needed.
Participation	I helped to choose my/my child's services.
	I helped to choose my/my child's treatment goals.
	I participated in my own/my child's treatment.
	The child's parent or caregiver made most of the treatment decisions, including decisions about the treatment plan and goals.
Treatment Outcomes and Daily Functioning	I am/my child is better at handling daily life.
	I/my child gets along better with family members.
	I/my child gets along better with friends and other people.
	I am/my child is doing better in school and/or work.
	I am/my child is better able to cope when things go wrong.
	I am more satisfied with my/our family life.
	I am/my child is better able to do the things he or she wants to do.
Social Connectedness	In a crisis, I would have the support I need from family or friends.
	I know people who will listen and understand me when I need to talk.
	I have people that I am comfortable talking with about my child's problems.
	I have people with whom I can do enjoyable things.
	I know people that I am comfortable talking to about private things.
	I have more than one friend.
	I am happy with the friendships I have.

Sample

The YSSF Survey was sent to a sample population of 15,733 caregivers whose children were identified by encounter data from OHA's Medicaid Management Information

System as having received Medicaid funded mental health services from January 1st, 2023, through December 31st, 2023.

Respondents were eligible for sampling based on an age criterion (<18 years of age) and a baseline number of service encounters across the calendar year (>1).

The YSS Survey was sent to a sample of youth ages 14-17 (n=9,053).

OHA provided the population file to MDR on April 18th, 2024. For both the YSSF and YSS MDR drew a random sample – including an oversample of minority race and ethnic populations to ensure representation. Additional strictures on the sampling frame included goals to include enough adults from each extant CCO to best reach participation goals to allow for provider-by-provider reporting of results.

Survey Administration

The survey administration was broken out into a tiered system of data collection modes and methods, based on survey type and the availability of contact information from the drawn sample. MDR designed and implemented a multi-mode data collection methodology, including an online and a telephone version of each of the two youth surveys. The surveys were offered in both English and Spanish, with only 103 youth surveys completed in Spanish.

For this year's survey administration, an initial invitation letter informing possible respondents about the survey and its purpose, the potential reward, and providing them with both a QR code and an individualized login to the online mode of the survey was sent to all respondents with usable mailing addresses, regardless of population. A second letter, reminding possible respondents of their selection, of the importance of the survey, and of their login information was sent two weeks later.

For households who were selected for both participation in the YSS and YSSF survey, invitation and reminder letters contained the information necessary for both the parent and teen to complete their surveys, as well as language encouraging each participant to remind the other that they also were selected to complete a survey and were eligible for the reward.

Concurrent with mail data collection, MDR conducted phone outreach as well, allowing respondents to complete the survey over the phone in addition to the online option.

Data collection took place from June 17th, 2024, through October 3rd, 2024.

Weighting and Analysis

The data were weighted to reflect the sampling design and to normalize the data to the target population of clients. This involved calculating design weights which factored in sampling and non-response and raking adjustments.

The design weight is the inverse of the probability of selection within each of the sampling strata divided by the response within the survey strata:

$$(N/n)*(1/r)$$

Where N is the total population within the strata, n is the number of sample records drawn within the sampling strata and r is the survey response.

After weighing, all completed surveys have a positive design weight while sampled records that did not respond have a design weight of zero.

The sampling strata were defined by the following:

- The type of survey (Adult Outpatient, Adult Residential, YSSF only – cases where the child is under 14, and YSSF/YSS pairs – cases where the child is 14 and older and both the parent and child were asked to complete the survey).
- CCO providing services to the client

Raking Adjustments

Raking adjustments are made to normalize the data set to the population based on demographic characteristics. This is done because a sample does not perfectly match the actual population distribution based on their known demographic characteristics. The variables used in raking adjustments are selected based on characteristics that are available for the population and believed to be important to the topic. For the MHSIP surveys, weighting was limited to variables provided in the sample file since these represent the variables available for the entire population.

- Type of survey
 - Adult Outpatient
 - Adult residential
 - YSSF (parent)

- YSS (child)
- Age of Client
- Sex of Client
- CCO where client received services rather than region of the state
- Reported race and ethnicity (from the sample)

Computing Domain Scores

MDR followed the rules for computing domain scores outlined by SAMHSA in their URS Table Instructions:

1. Domain scores should only be calculated using surveys that had 2/3 or more of the items complete for that domain.
2. The score should report the number of “positive” responses and the total number of responses for each domain.
3. Confidence levels should be calculated for each domain, since each domain may have a different number of valid responses. Confidence intervals should be reported at the 95% level.
4. In reporting each domain score, include only surveys with at least 2/3 of the domain items completed. Same as step one.
5. Recode ratings of “not applicable” as missing values. MDR will include those indicating DK or REF as missing.
6. Count the number of respondents with mean scores greater than 3.5 (note the cut-off score of 3.5 is based on the recommended coding of responses where strongly agree is 5).
7. Report the number of “positive” responses (this number is derived from step 4 above) and the total number of “responses” (this number is derived by counting the number of surveys from step 3 above) for each domain.

Survey Limitations

The 2024 administration retains many of the same limitations that previous iterations of the patient experience surveys carried. For questions outside of the standard MHSIP domain portions of the survey, validation remains at a different level of standard than those of the MHSIP domains. These OHA specific questions were implemented to better inform state-level policy and developments in areas of interest. Their presence, however, may impact the validity of the preceding MHSIP items to an unknown level.

Survey Length

The length of the survey, regardless of mode, may have been a barrier to some potential respondents – especially those who may have individual or cognitive challenges. Those same challenges may have also affected a respondent’s ability to clearly understand and provide accurate responses to some questions.

Survey Timing

The survey asked questions about services received between January through December of 2023, and with the slightly delayed fielding of data collection respondents could have been providing feedback on care received over 12 months prior. This gap between service and evaluation may serve as a point of injection for recall bias or other artifacts that might influence individual results.

Youth Services Survey (YSS)

Response Rate

The YSS survey was fielded among youth aged 14-17 who received Medicaid-funded mental health services. Caregivers of these youth were eligible to participate in the YSSF survey. The survey was offered to 9,053 youth who had received services between January 1st, 2023, through December 31st, 2023.

In 2024, 1,075 youth returned a usable YSS survey, in this case defined as a survey where all questions aside from the REALD demographic questions were answered, for a response rate of 12%. The largest group (90%) of respondents completed the survey online and received a \$10 gift card incentive, while the remainder completed the survey over the phone (10%).

The sample was screened before any mailings were sent using the National Change of Address system. In addition, undeliverable or unusable addresses identified by returned mail were flagged in the overall sample. Individuals with bad addresses listed in their MMIS enrollment data or with bad addresses flagged through the aforementioned avenues were not immediately disqualified from participation – instead they were provided with an alternate modes of survey completion – via phone for individuals with associated phone numbers. Only after an individual had an identified bad address and a bad phone number were they removed from the data collection process.

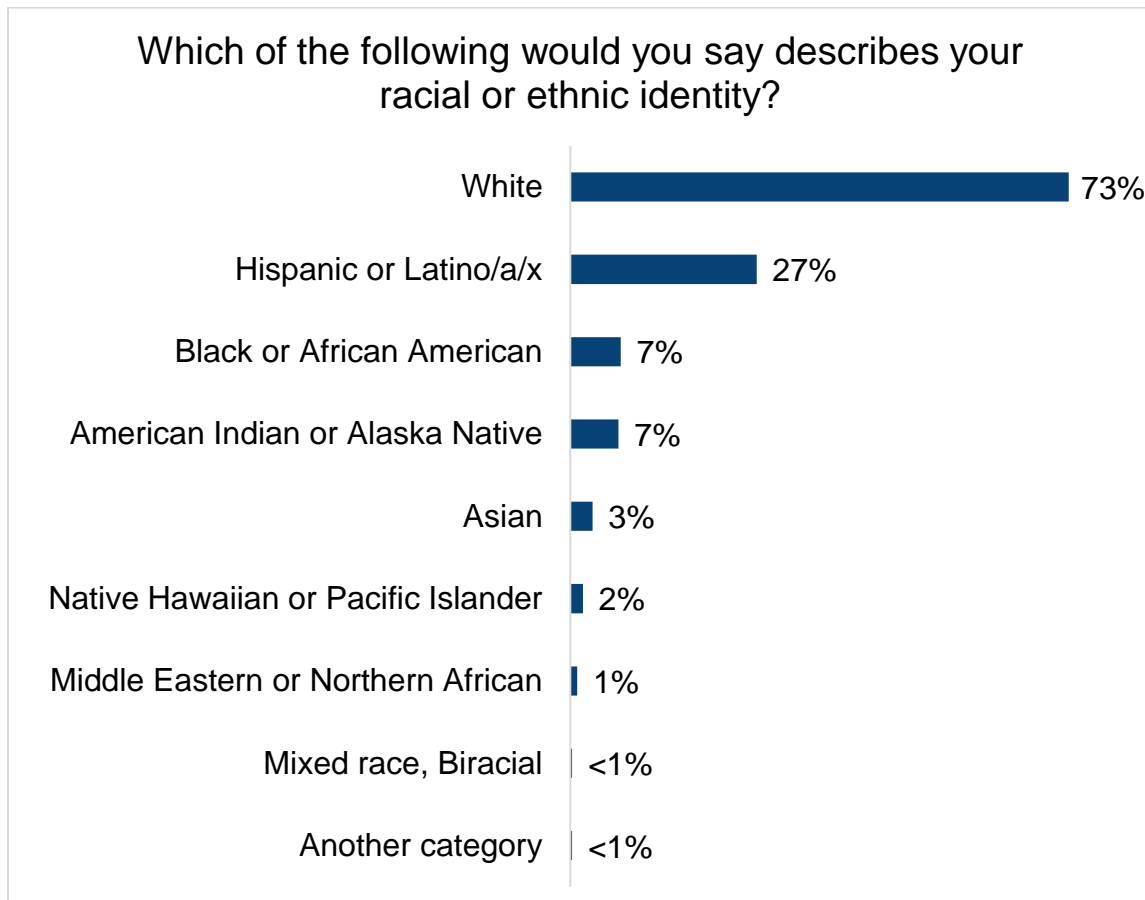
Individuals were also able to opt-out of the survey process by calling or emailing the Project Manager at MDR, or by informing a phone interviewer of their desire to be removed from data collection over the course of telephone outreach.

As with most multi-mode surveys, the possibility of a respondent completing a survey in two or more separate modes was real. In cases where respondents completed surveys in multiple modes, duplicate surveys were omitted, with the criteria of completeness followed by date of completion serving to designate which completed survey was retained.

Demographics

The following figures summarize respondents' self-reported race and ethnicity³ as well as gender, sexual orientation and identity, age, location, spoken language, and other demographic questions regarding difficulties with their health and daily activities.

Figure 1. Race/Ethnicity

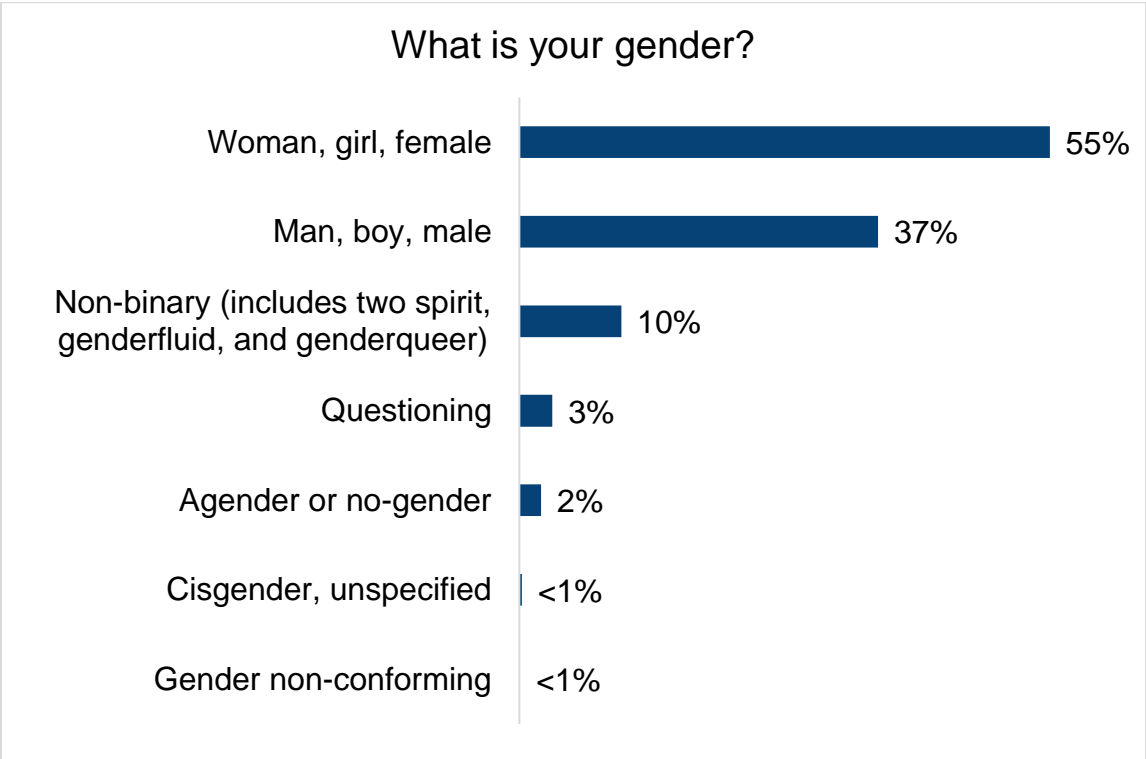


YSS, 2024

See Appendix A on page 96 for a detailed disaggregated race table of YSS respondents.

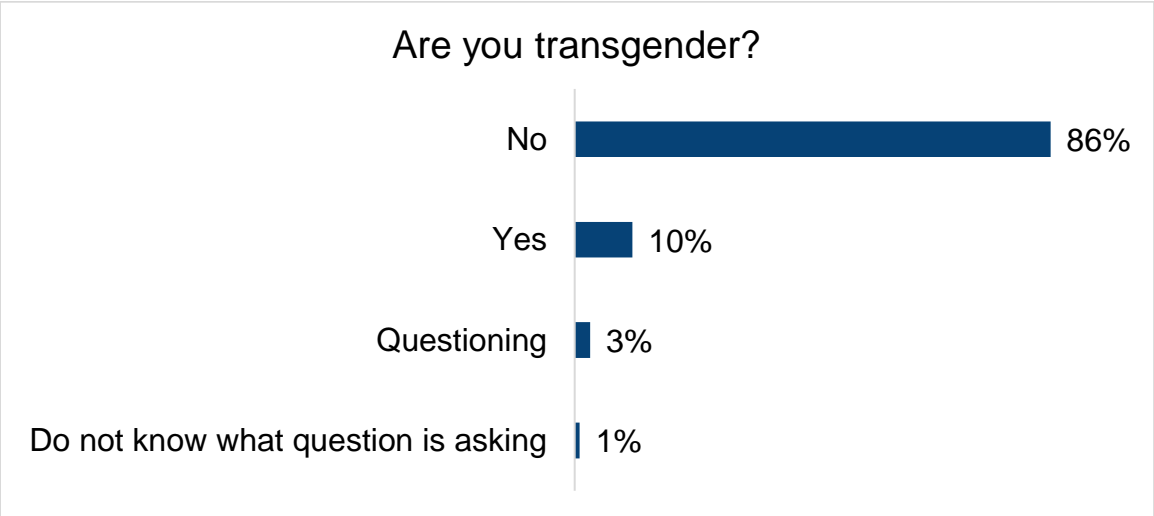
³ Race and ethnicity data were collected using OHA's REALD and SOGI standards. More information on REALD and SOGI data can be found at <https://www.oregon.gov/oha/EI/Pages/Demographics.aspx>

Figure 2. Gender



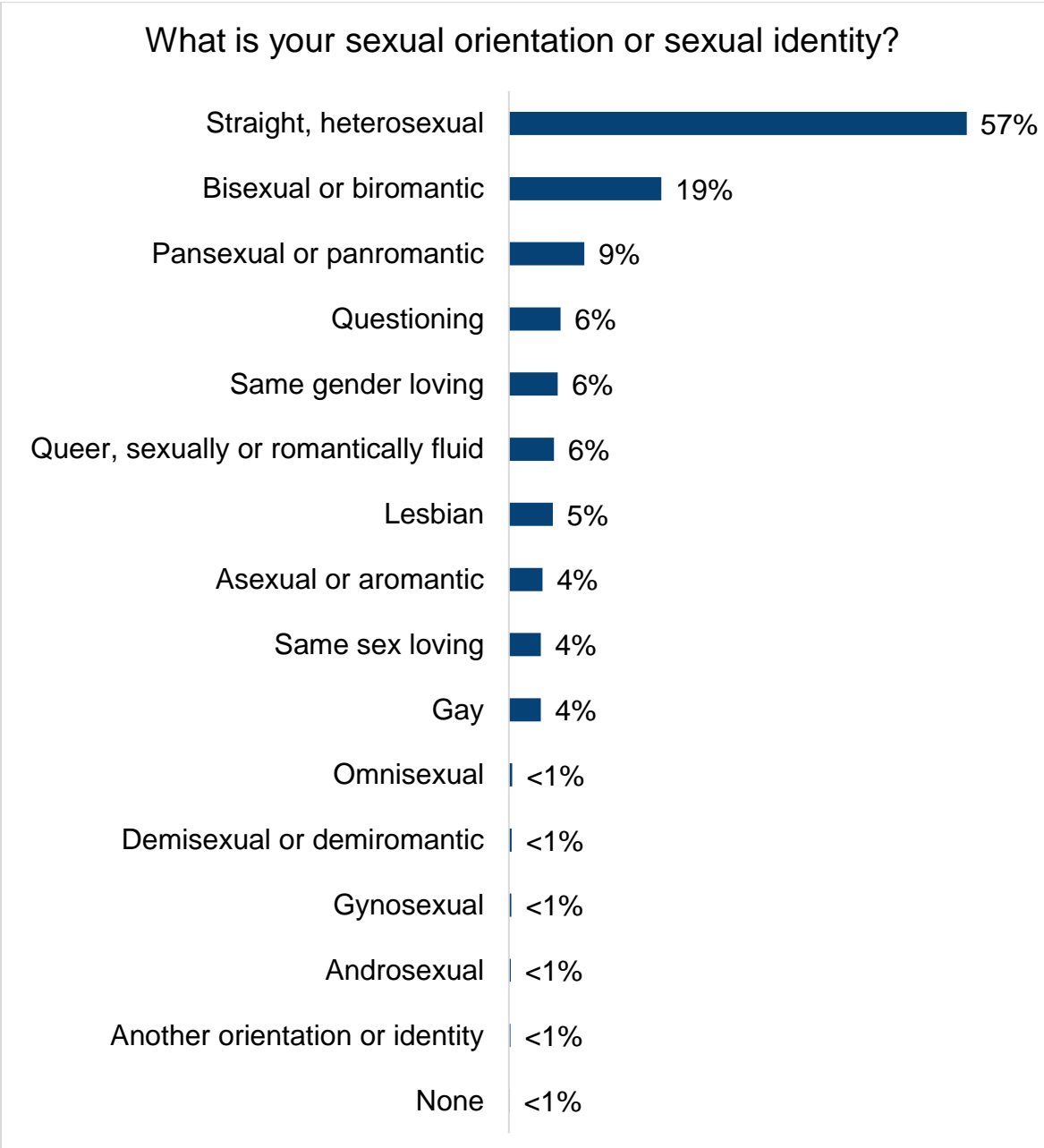
YSS, 2024

Figure 4. Transgender



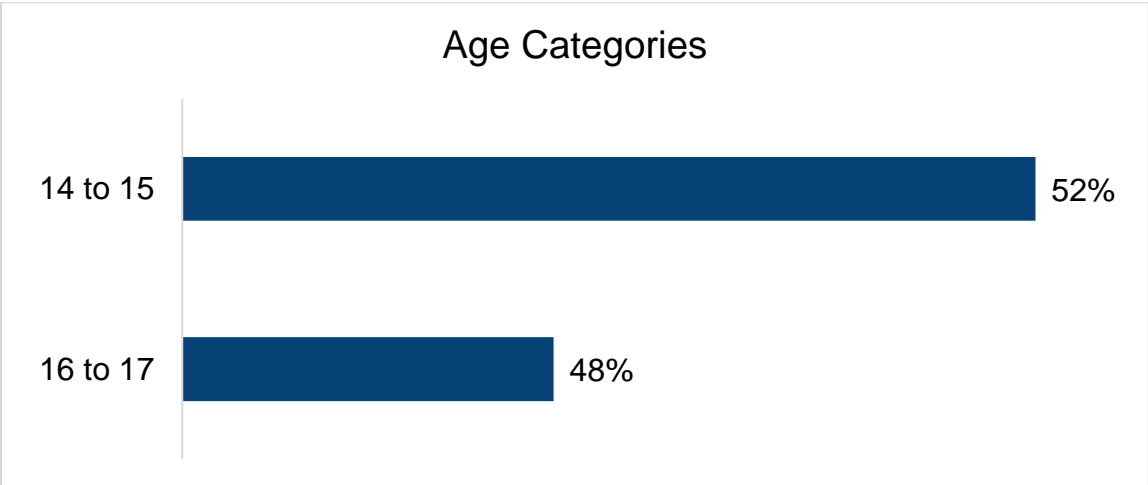
YSS, 2024

Figure 3. Orientation/Identity



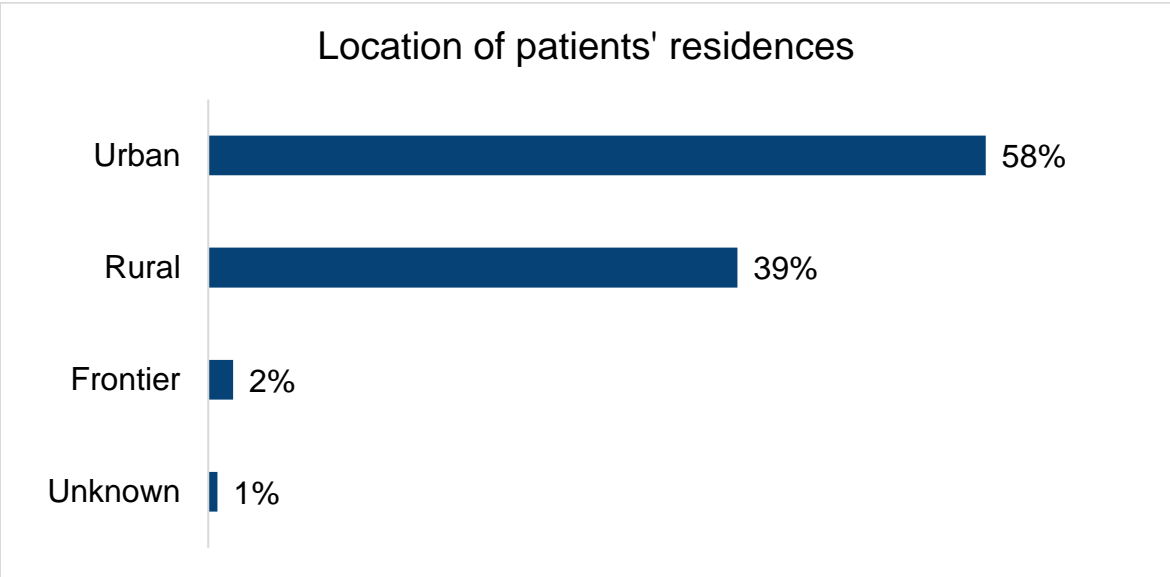
YSS, 2024

Figure 5. Age Categories



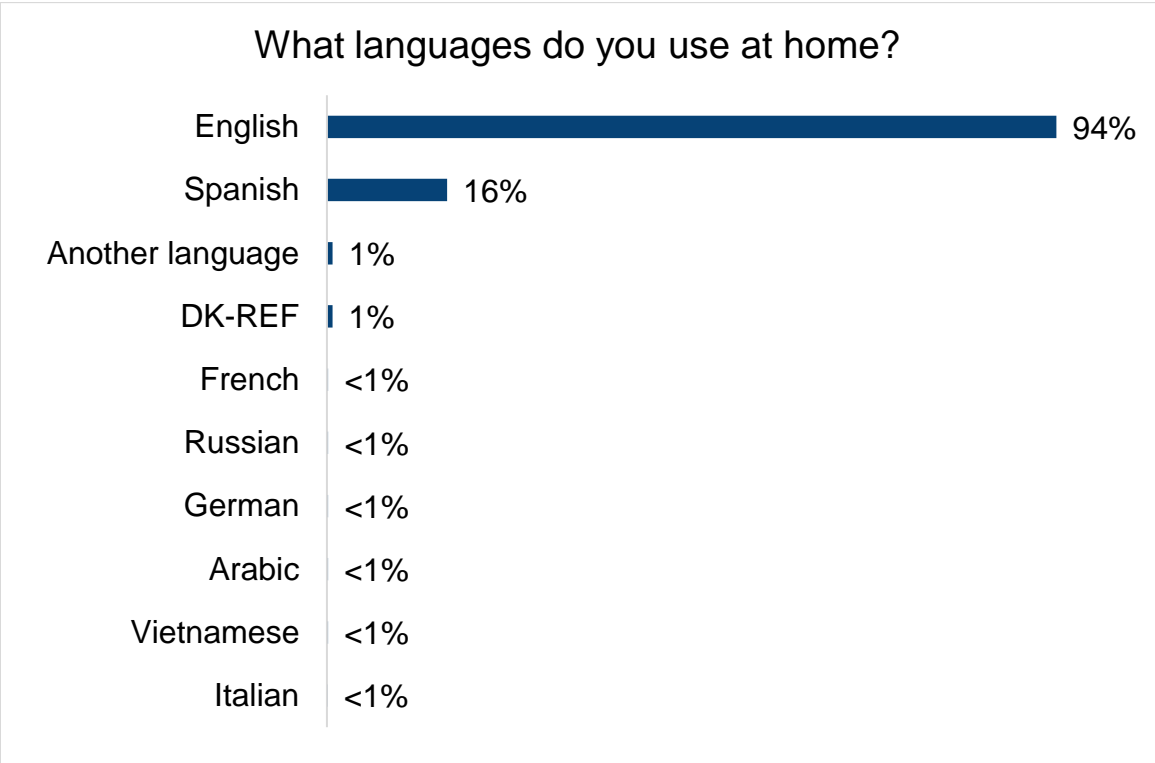
YSS, 2024

Figure 6. Location



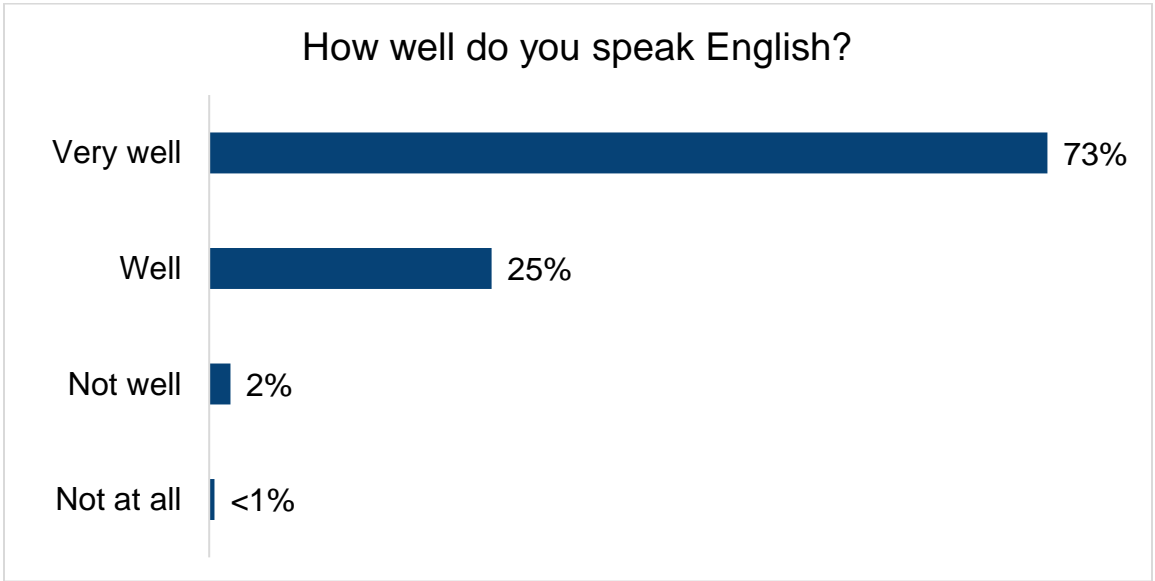
YSS, 2024

Figure 7. Language



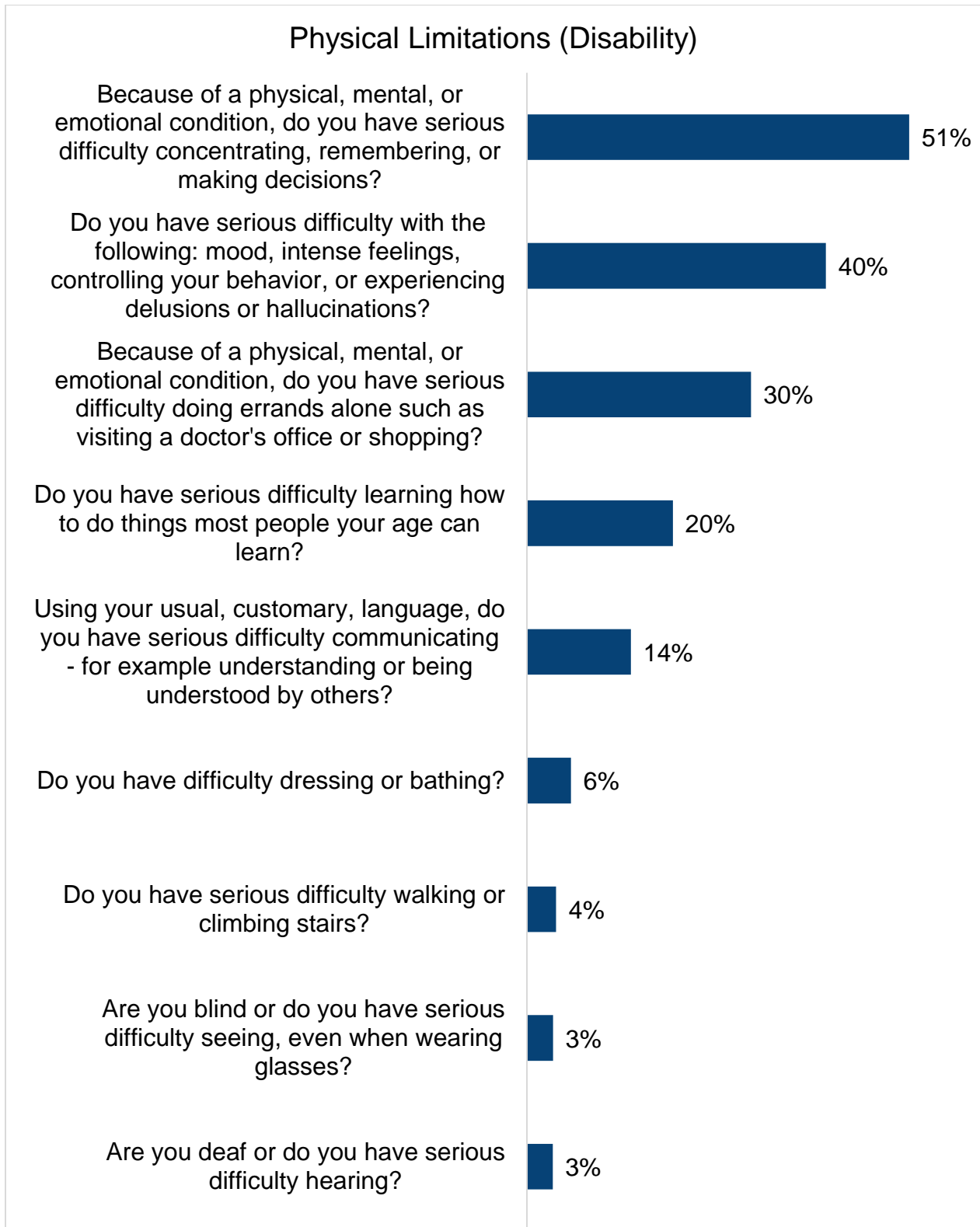
YSS, 2024

Figure 8. English-speaking



YSS, 2024

Figure 9. Physical Limitations (Disability)



YSS Survey Results

Domain Satisfaction

Table 2 summarizes statewide satisfaction across five domains. Questions from each domain can be found in Table 1.

Table 2. YSS Survey Domain Satisfaction, 2024.

Domain	Positive Response (%)
Access to Services	70%
Cultural Sensitivity	87%
General Satisfaction	74%
Participation in Treatment	81%
Positive Outcomes of Services	62%

Respondents are asked how strongly they agree or disagree with the statements included in each domain and the data is reported as “satisfaction” for those who gave a positive response of Strongly Agree or Agree. Respondents were most satisfied in the domains of Cultural Sensitivity (87%) and Participation in Treatment (81%). They were least satisfied in the domains of Positive Outcomes of Services (62%) and Access to Services (70%).

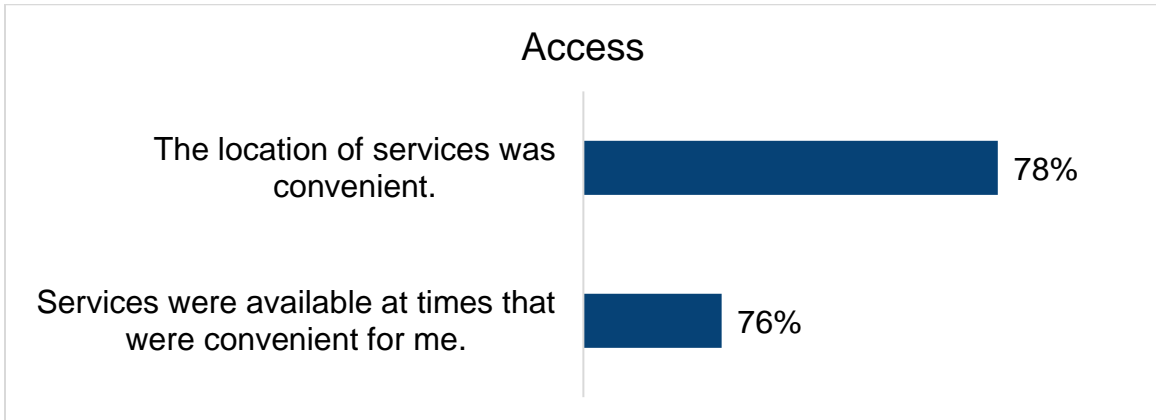
Results for 2024 are compared between demographic respondent groups, where relevant, to determine if there are statistically significant differences between them at a 95% confidence level. Trending results for 2019-2024 are compared between years to determine if there are statistically significant differences between them at a 95% confidence level, where applicable. Instances of significant differences are notated in the chart with a ‘*’ character next to the percentage.

The following sections present data at the statewide level. Data compendiums available on OHA's MHSIP website include survey results by several demographic, regional, or CCO variables. Individual infographic reports are also available for each CCO on OHA's website.

Access to Services

The following set of domain questions were presented to survey respondents:

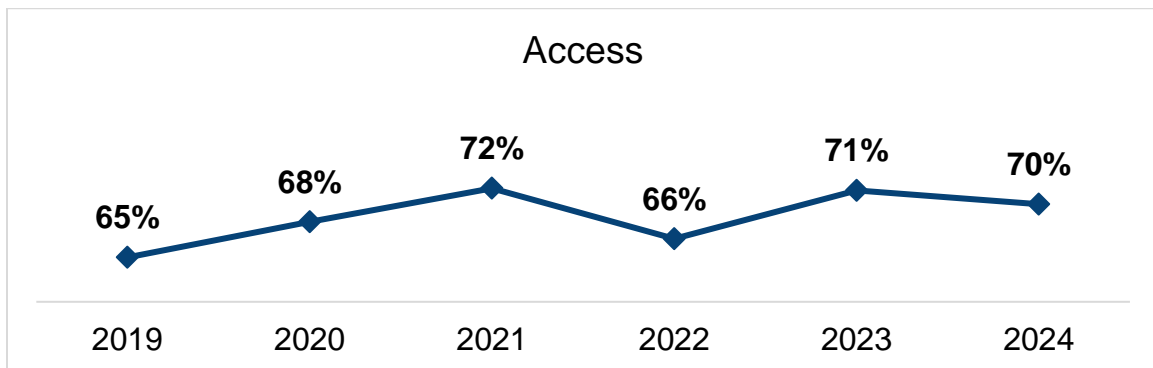
- **The location of the services was convenient.**
- **Services were available at times that were convenient for me.**



YSS, 2024

More than three quarters (76%) of survey respondents said that services were available at times that were convenient. Most respondents (78%) reported that the location of the services was convenient as well.

Respondents who indicated their gender is neither male nor female were significantly less likely to provide a positive response in the Access to Services domain (53%) as compared to the total in 2024 (70%).



YSS, 2019 to 2024

Satisfaction in the Access to Service domain has fluctuated in recent history and decreased slightly to 70% in 2024.

Cultural Sensitivity

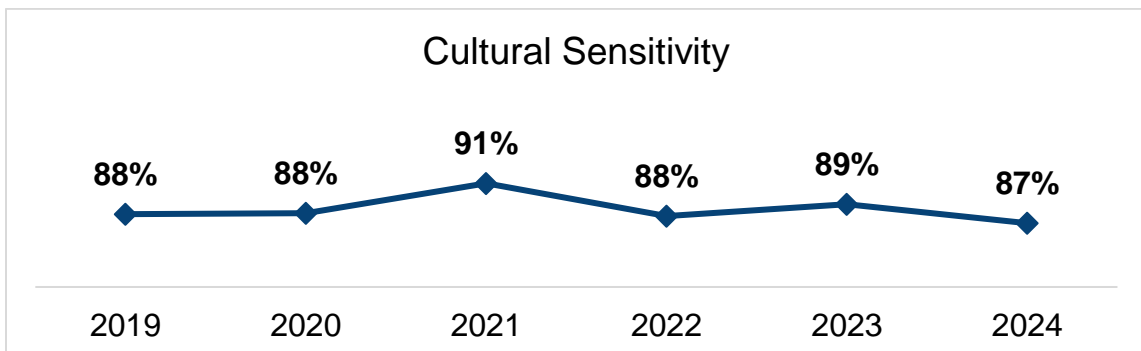
The following set of domain questions were presented to survey respondents:

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



YSS, 2024

Nearly all respondents reported that staff treated them with respect (90%) and spoke with them in a way they understood (90%). Slightly smaller proportions of respondents said that staff respected their family's religious or spiritual beliefs (86%), and that staff were sensitive to their cultural ethnic background (80%).



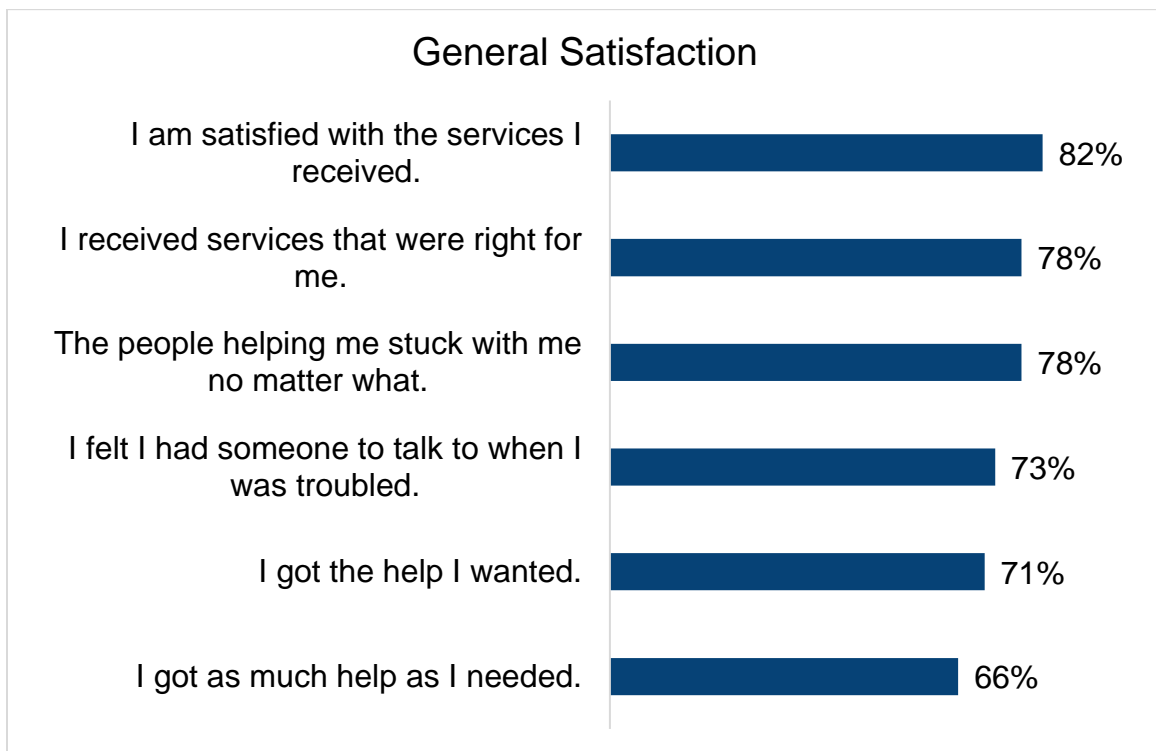
YSS, 2019 to 2024

Satisfaction in the Cultural Sensitivity domain has consistently remained at a high level over time; however, in 2024, satisfaction decreased to 87%.

General Satisfaction

The following set of domain questions were presented to survey respondents:

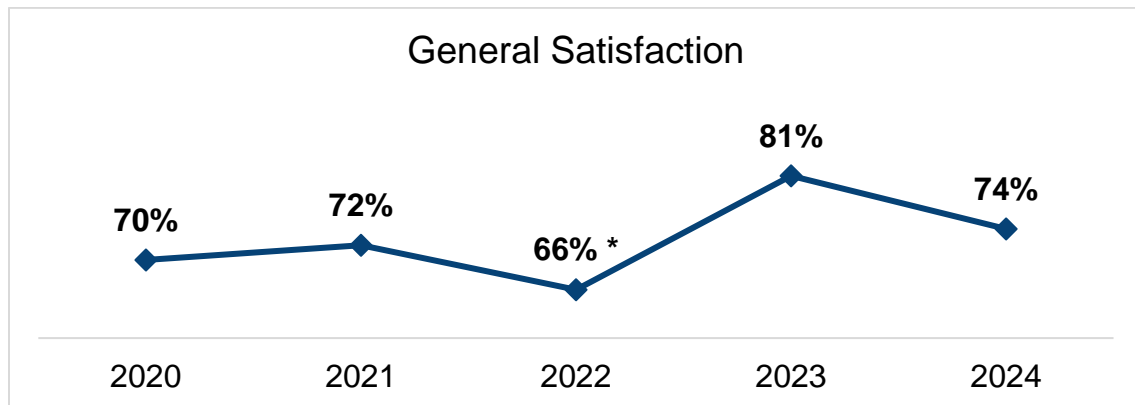
- **I am satisfied with the services I/my child received.**
- **The people helping me/my child stuck with me/my child no matter what.**
- **I felt I/my child had someone to talk to when I/he/she was troubled.**
- **I/my child/my family received services that were right for me/us.**
- **I/my family got the help I/we wanted.**
- **I/my family got as much help as I/we needed.**



YSS, 2024

More than four fifths of respondents (82%) said they are satisfied with the services they received. More than three quarters of respondents said they received services that were right for them (78%) and that the people helping them stuck with them no matter what (78%). Just under two thirds of respondents (66%) said they got as much help as they needed.

Respondents who indicated their gender is neither male nor female were significantly less likely to provide a positive response in the General Satisfaction domain (61%) as compared to the total in 2024 (74%).



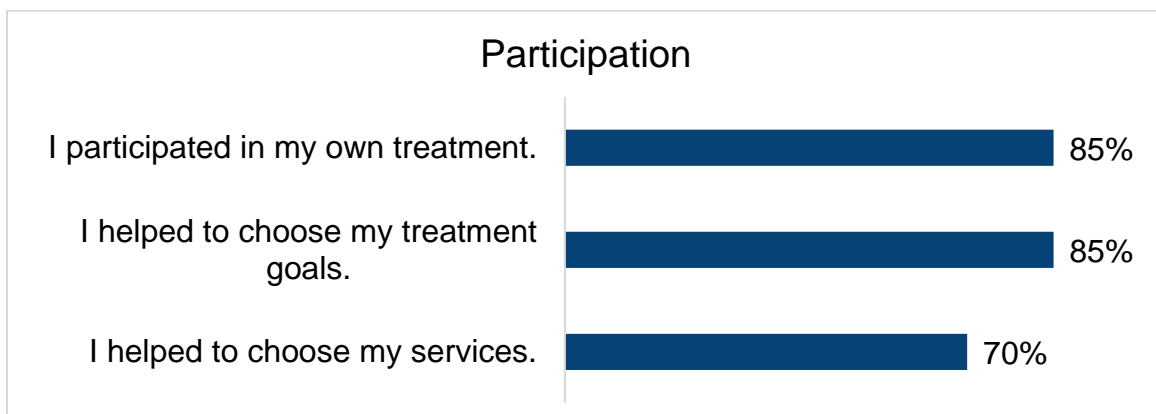
YSS, 2020 to 2024

Satisfaction in the General Satisfaction domain fluctuated over time before increasing sharply in 2023; however, in 2024, satisfaction decreased to 74%. Satisfaction in 2019 and 2022 was significantly lower (65% and 66%, respectively) as compared to the total in 2024 (74%).

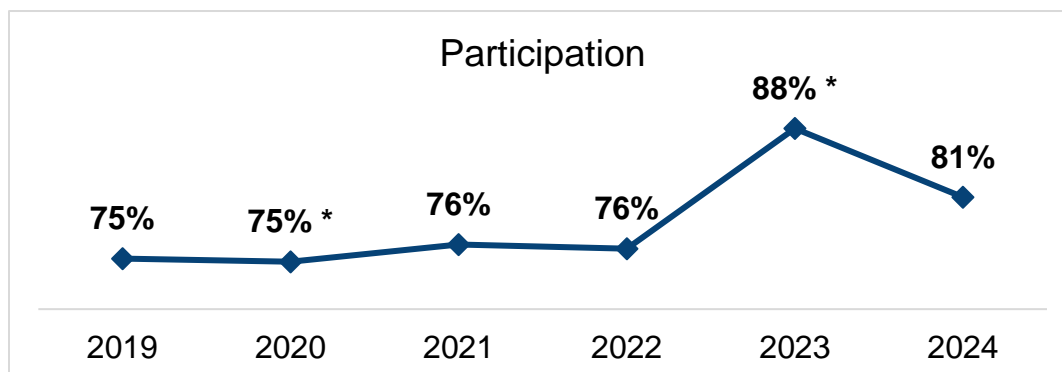
Participation in Treatment

The following set of domain questions were presented to survey respondents:

- **I helped to choose my/my child's services.**
- **I helped to choose my/my child's treatment goals.**
- **I participated in my own/my child's treatment.**



Most respondents (85%) reported that they participated in their own treatment; however, only 70% said they helped to choose their own services. More than four fifths (85%) helped to choose their own treatment goals.



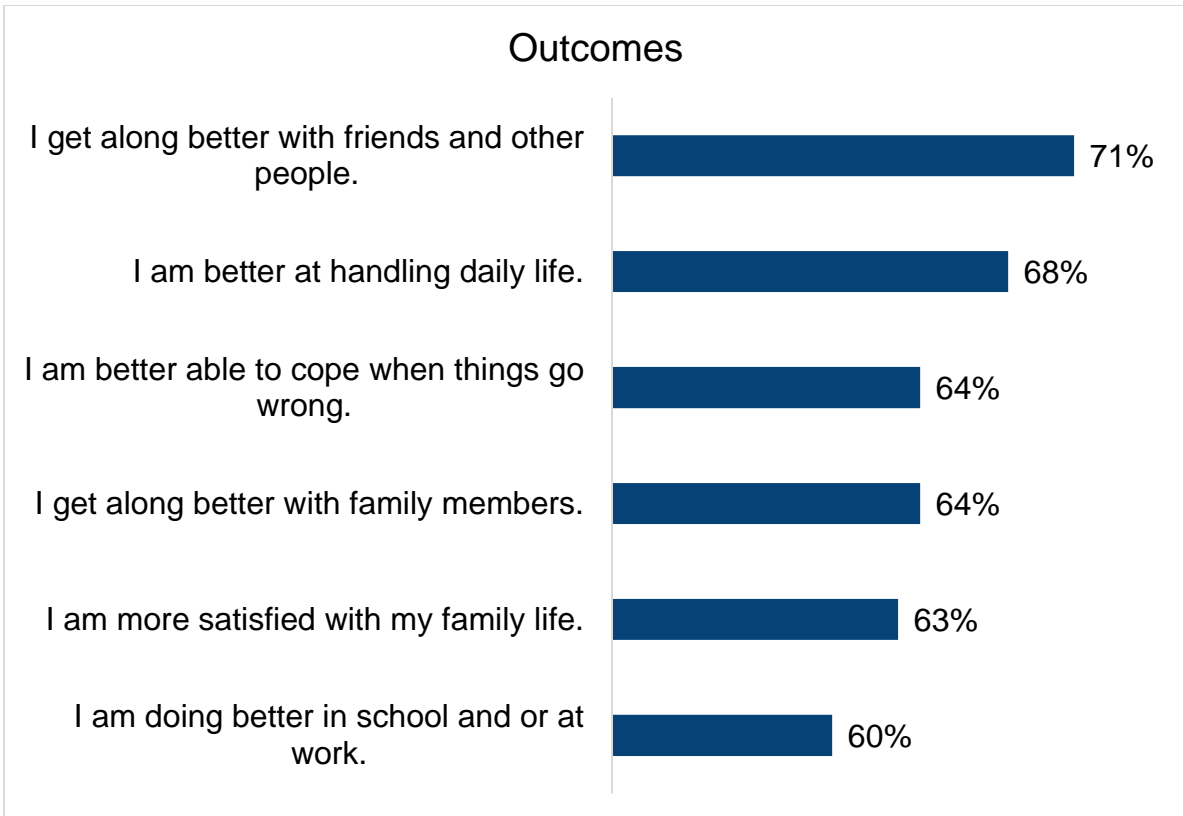
YSS, 2019 to 2024

Satisfaction in the Participation in Treatment domain was relatively stable in recent years until increasing sharply in 2023; however, in 2024, satisfaction decreased to 81%. Satisfaction was significantly lower in 2020 and significantly higher in 2023 (75% and 88%, respectively) as compared to the total in 2024 (81%).

Positive Outcomes of Service

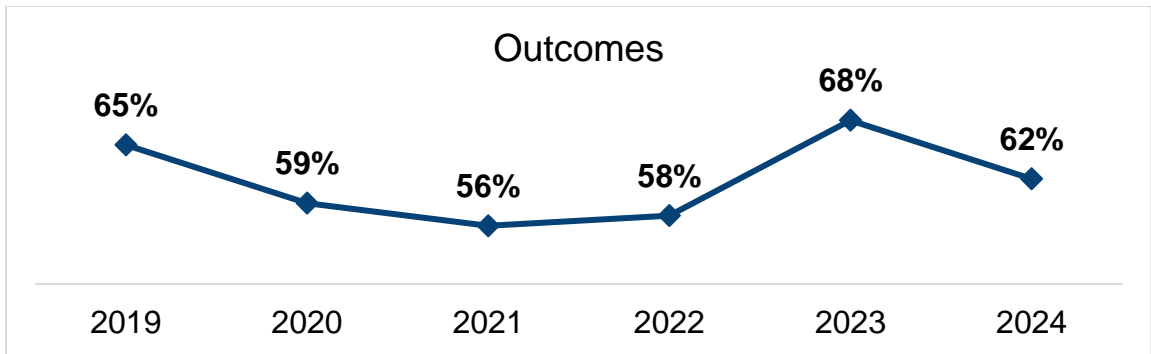
The following set of domain questions were presented to survey respondents:

- **I am/my child is better at handling daily life.**
- **I/my child gets along better with family members.**
- **I/my child gets along better with friends and other people.**
- **I am/my child is doing better in school and/or work.**
- **I am/my child is better able to cope when things go wrong.**
- **I am more satisfied with my/our family life.**



YSS, 2024

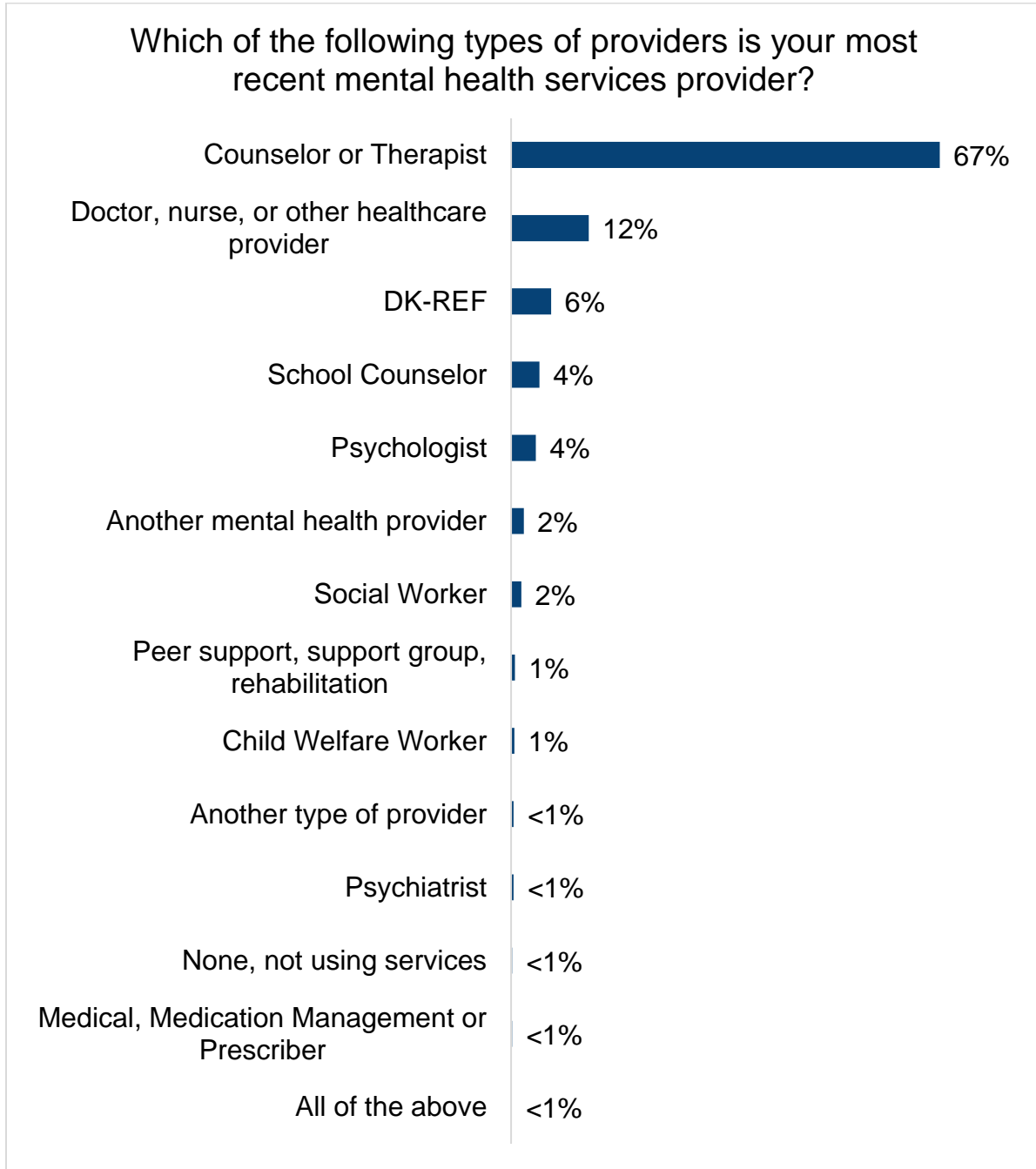
Nearly three quarters of survey respondents (71%) said that they get along better with friends and other people as a direct result of the services they received, and a similar proportion reported that they are better at handling daily life (68%). Just under two thirds of respondents (60%) said they are now doing better in school or at work.



YSS, 2019 to 2024

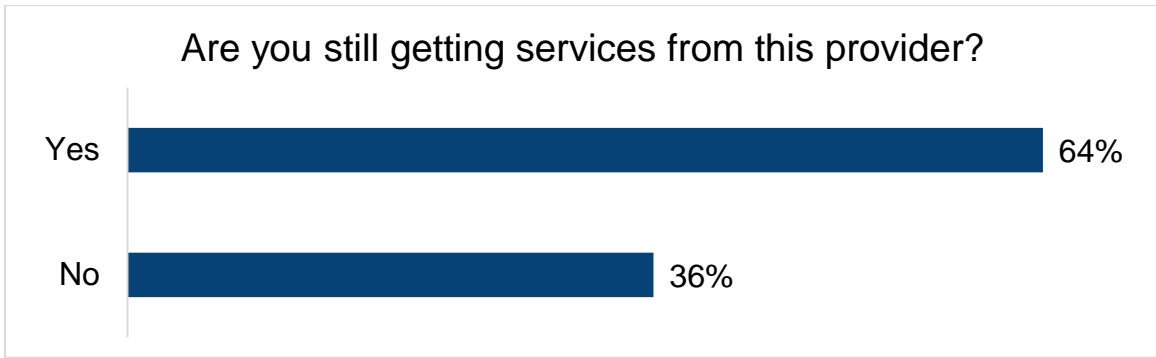
Satisfaction in the Positive Outcomes of Services domain was trending downward in past years yet reached a recent high in 2023; however, in 2024, satisfaction decreased to 62%.

Treatment Status



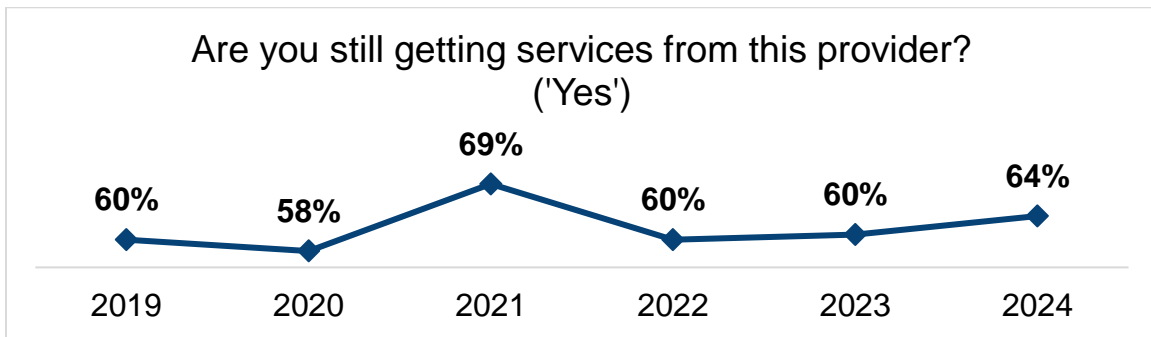
YSS, 2024

Just over two thirds of respondents (67%) indicated that a counselor or therapist is their most recent type of mental health services provider. Only 12% reported that a doctor, nurse, or other healthcare worker served as their most recent mental health services provider.



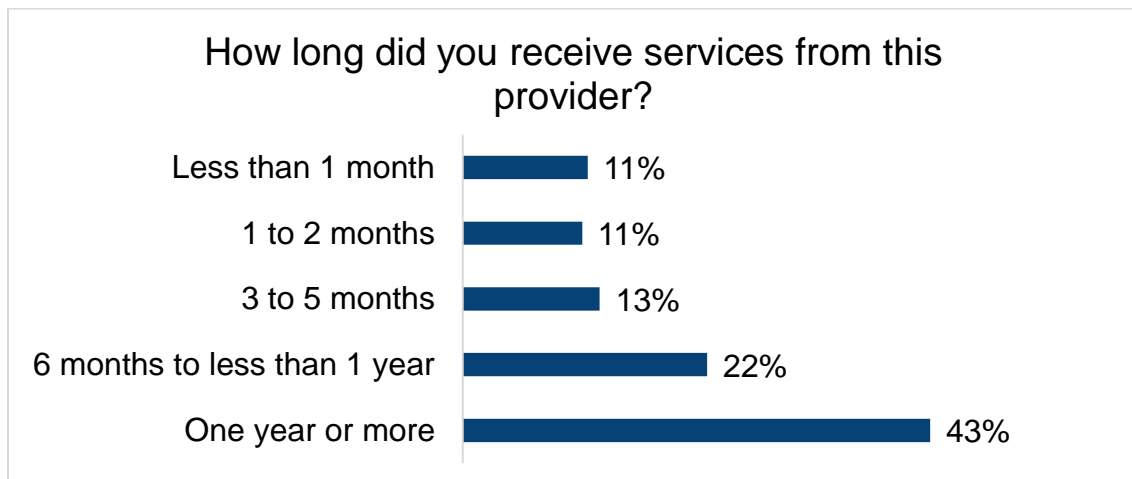
YSS, 2024

Slightly less than two thirds of respondents (64%) are still getting services from this type of provider.



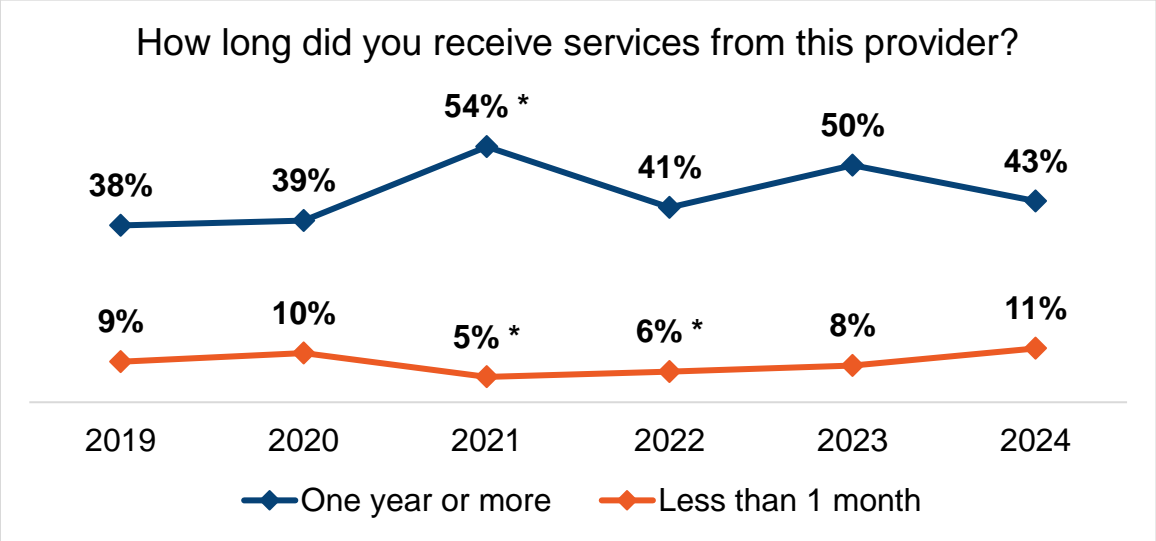
YSS, 2019 to 2024

The proportion of respondents indicating that they are still receiving mental health services from their provider has remained relatively stable over time aside from a sharp increase in 2021. In 2024, this value increased slightly to 64%.



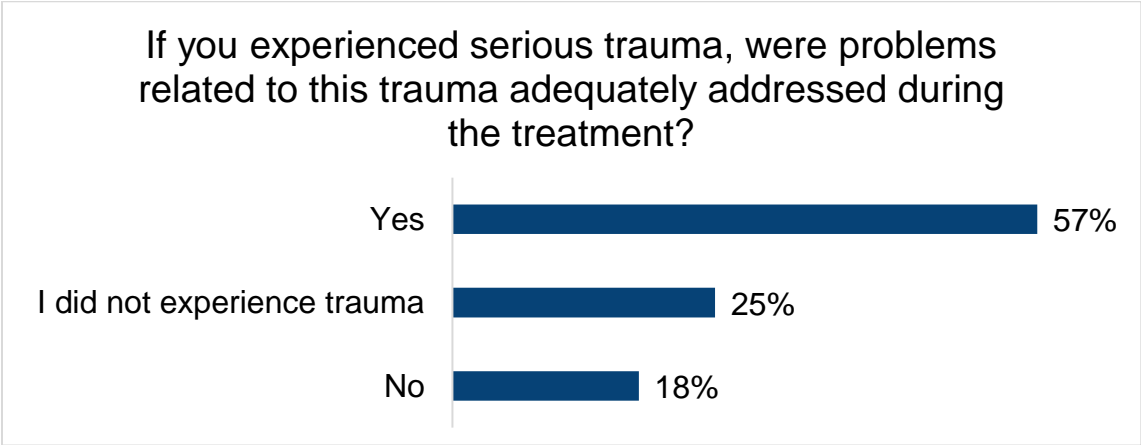
YSS, 2024

Slightly less than half of respondents (43%) said they received services from this provider for one year or more. Just over one fifth of respondents (22%) received services from this provider for at least six months but less than one year. Only 11% said they received services from this provider for less than one month.



YSS, 2019 to 2024

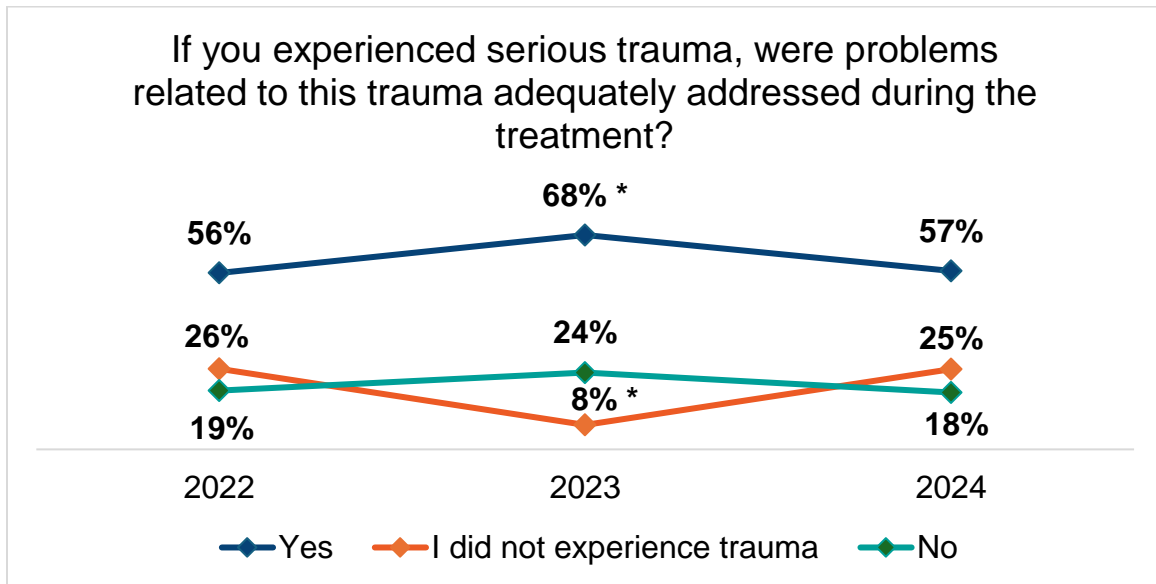
The proportion of respondents who received services from their provider for one year or more appears to be fluctuating over time and decreased to 43% in 2024. The proportion of respondents who received services from their provider for less than 1 month is relatively stable and increased slightly to 11% in 2024. ‘Less than 1 month’ values from 2021 and 2022 are significantly lower (5% and 6%, respectively) as compared to the total in 2024 (11%) and ‘One year or more’ value in 2021 is significantly higher (54%) as compared to the total in 2024 (43%).



YSS, 2024

Over half of the survey respondents (57%) reported that if they experienced a serious trauma, problems related to this trauma were adequately addressed during their treatment. One quarter of respondents (25%) said that they did not experience any serious trauma.

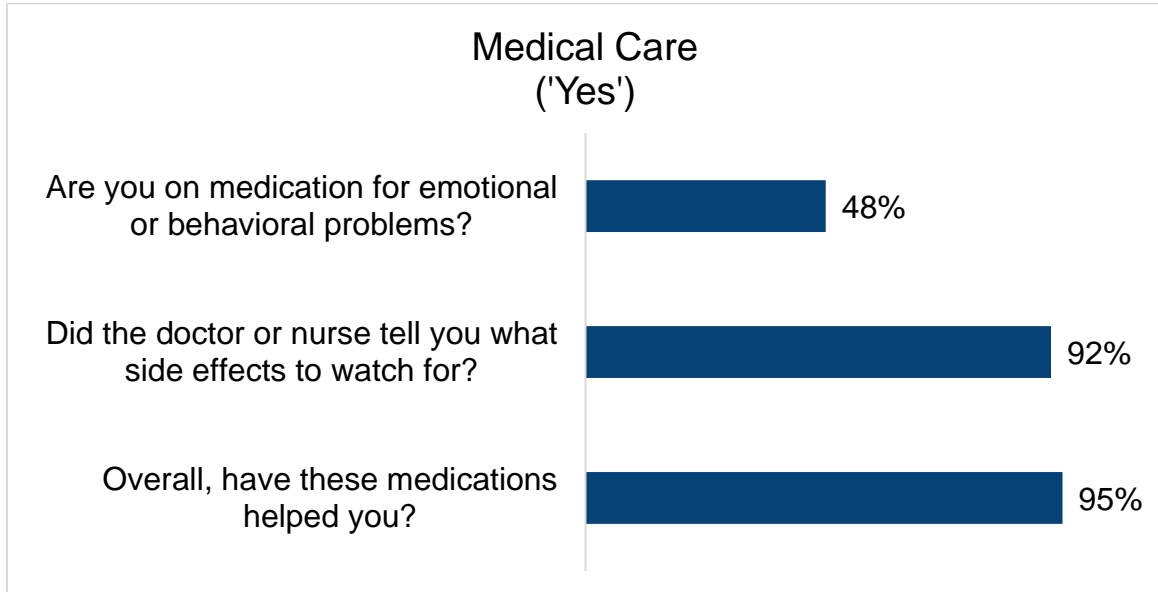
Respondents whose primary race based on rarest race method is Hispanic or Latino/a/x were significantly less likely to have had problems related to their trauma addressed during treatment (45%) as compared to the total in 2024 (57%).



YSS, 2022 to 2024

The proportion of respondents who said that the problems related to their trauma were adequately addressed has fluctuated in recent history and decreased to 57% in 2024. The value in 2023 was significantly higher (68%) as compared to the total in 2024 (57%). The proportion of respondents who did not experience trauma has also fluctuated in recent history and increased to 25% in 2024. The value in 2023 was significantly lower (8%) as compared to the total in 2024 (25%).

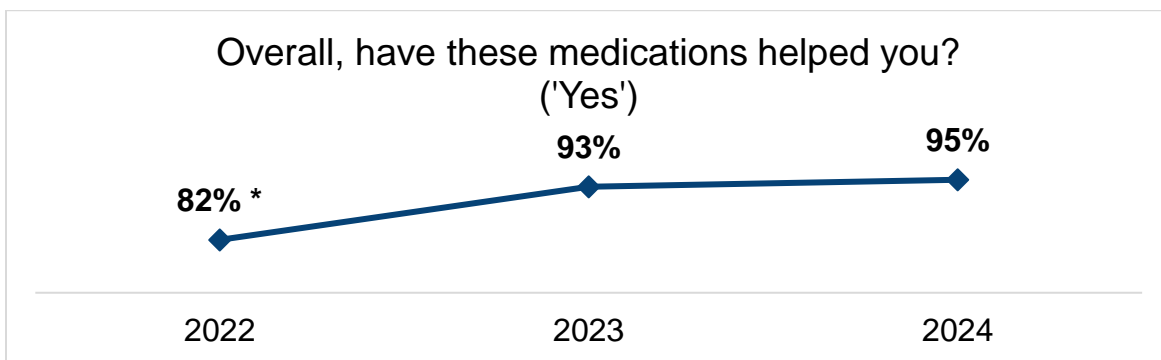
Medical Care



YSS, 2024

Slightly less than half of survey respondents (48%) are currently on medication for emotional or behavioral problems. Of those on medication, nearly all (95%) reported that these medications have helped them and most (92%) said that their doctor or nurse told them what side effects to watch out for.

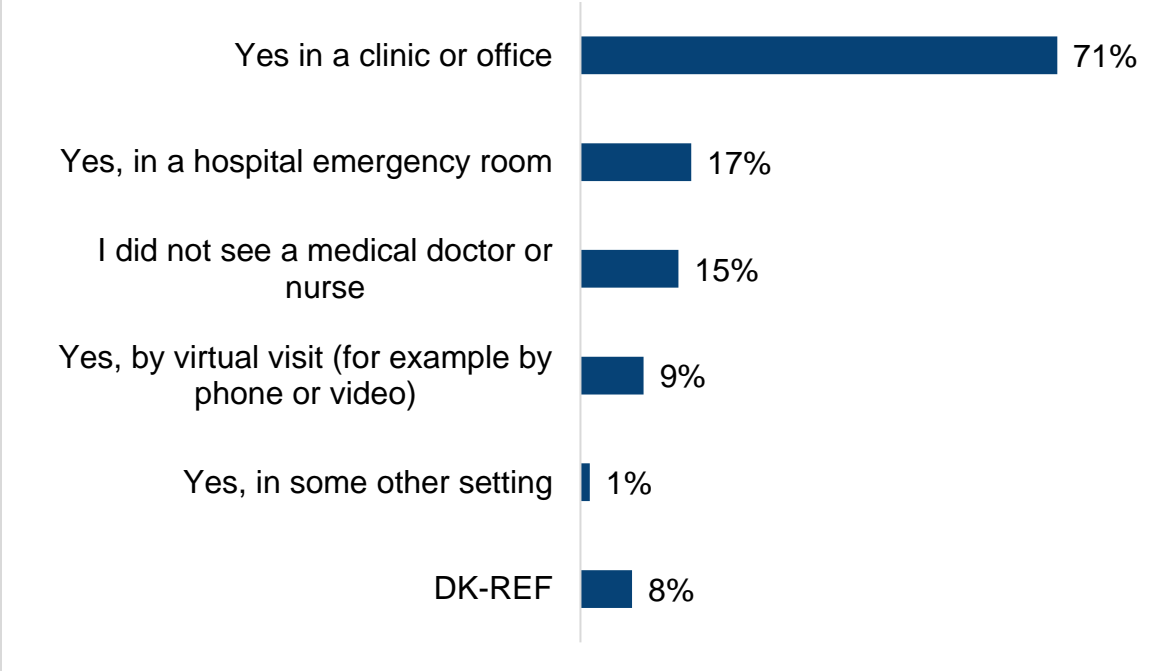
Respondents whose primary race based on rarest race method is Hispanic or Latino/a/x were significantly less likely to be on medication for emotional or behavioral problems (37%) as compared to the total in 2024 (48%).



YSS, 2022 to 2024

The proportion of respondents who said these medications have helped them appears to be increasing over time. The value in 2022 is significantly lower (82%) as compared to the total in 2024 (95%).

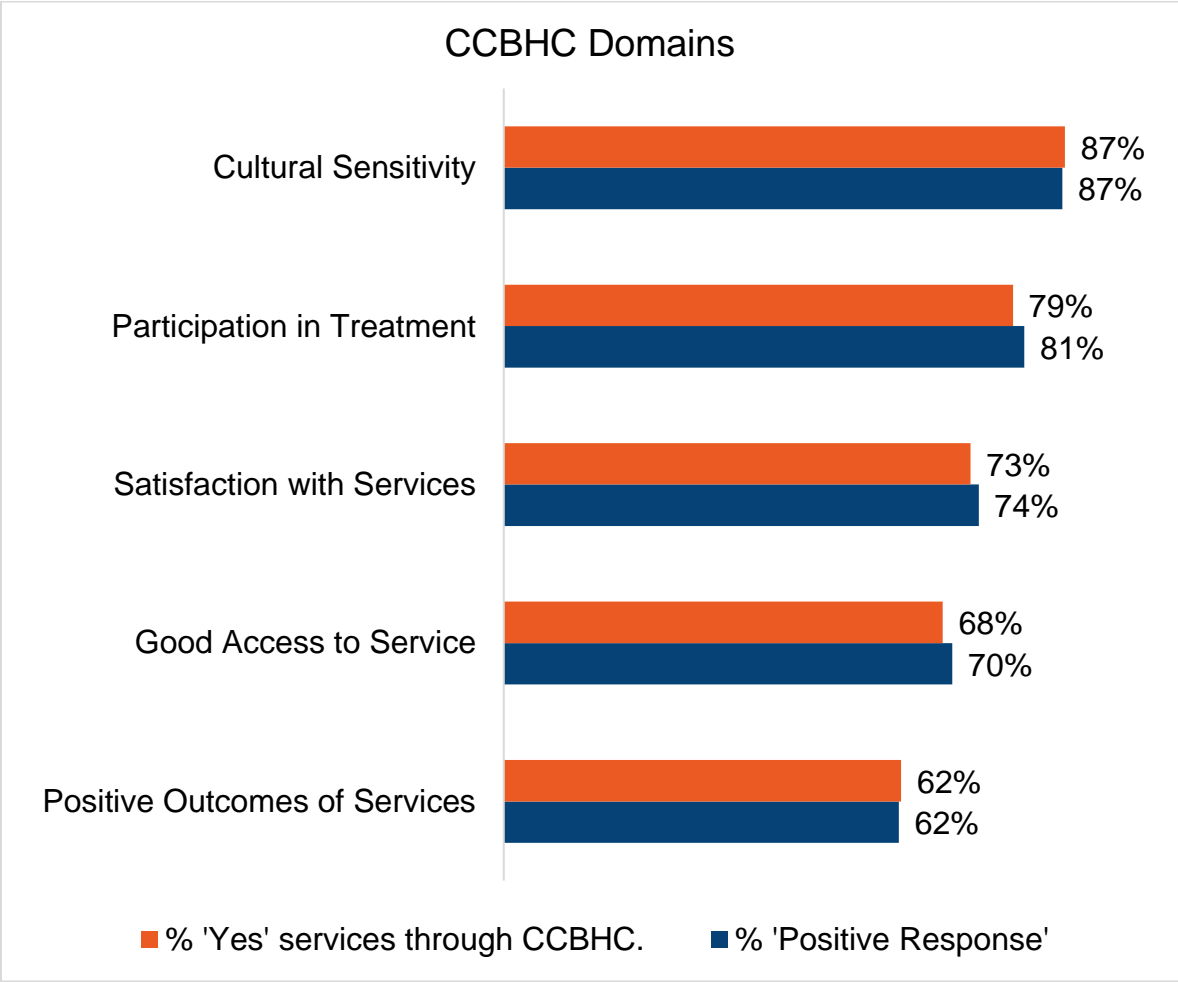
In the last year, did you see a medical doctor or nurse for a health check up or because you were sick?



YSS, 2024

Just under three quarters of respondents (71%) said that within the last year they saw a medical doctor or nurse in a clinic or office for a health checkup or because they were sick. Slightly less than one fifth of respondents (17%) reported seeing a doctor or nurse in a hospital emergency room and only 15% had not seen a medical doctor or nurse within the last year.

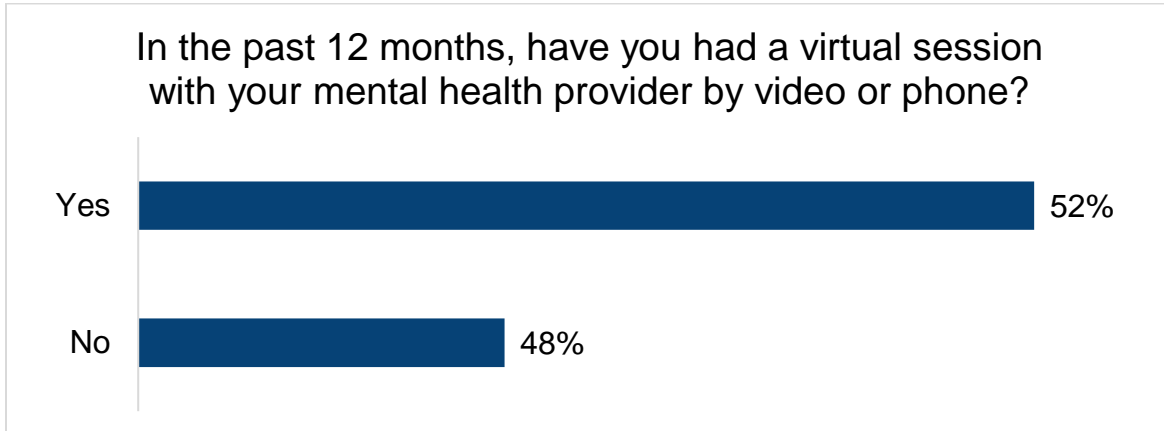
Certified Community Behavioral Health Clinics (CCBHCs)



YSS, 2024

Of those who accessed services through Certified Community Behavioral Health Clinics (CCBHCs), most respondents were satisfied with the domain areas of Cultural Sensitivity (87%) and Participation in Treatment (79%). Slightly less than three quarters (73%) reported a positive response for the domain area of Satisfaction with Services. Just over two thirds (68%) were satisfied with the domain of Good Access to Service and 62% were satisfied with the domain of Positive Outcomes of Services.

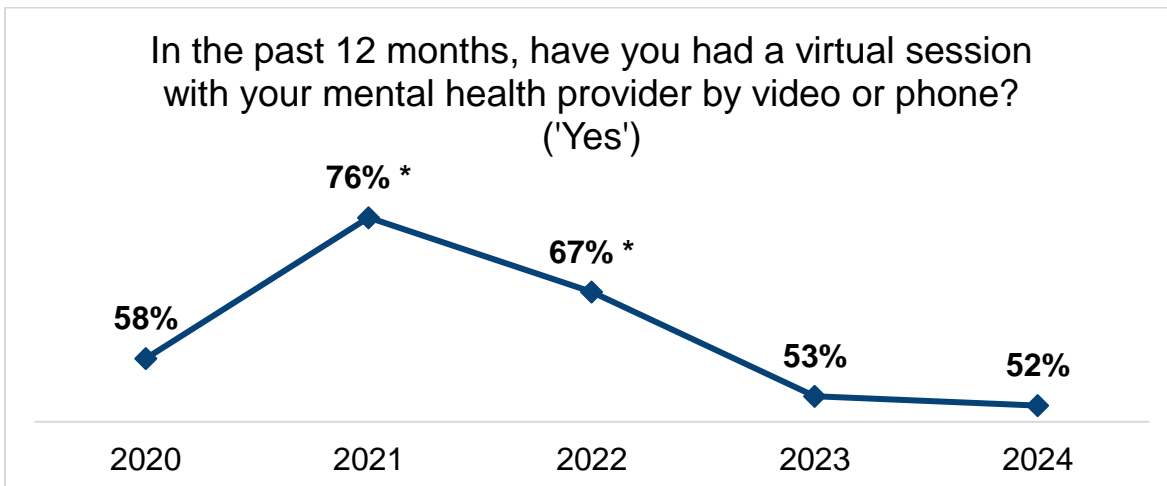
Telehealth Services



YSS, 2024

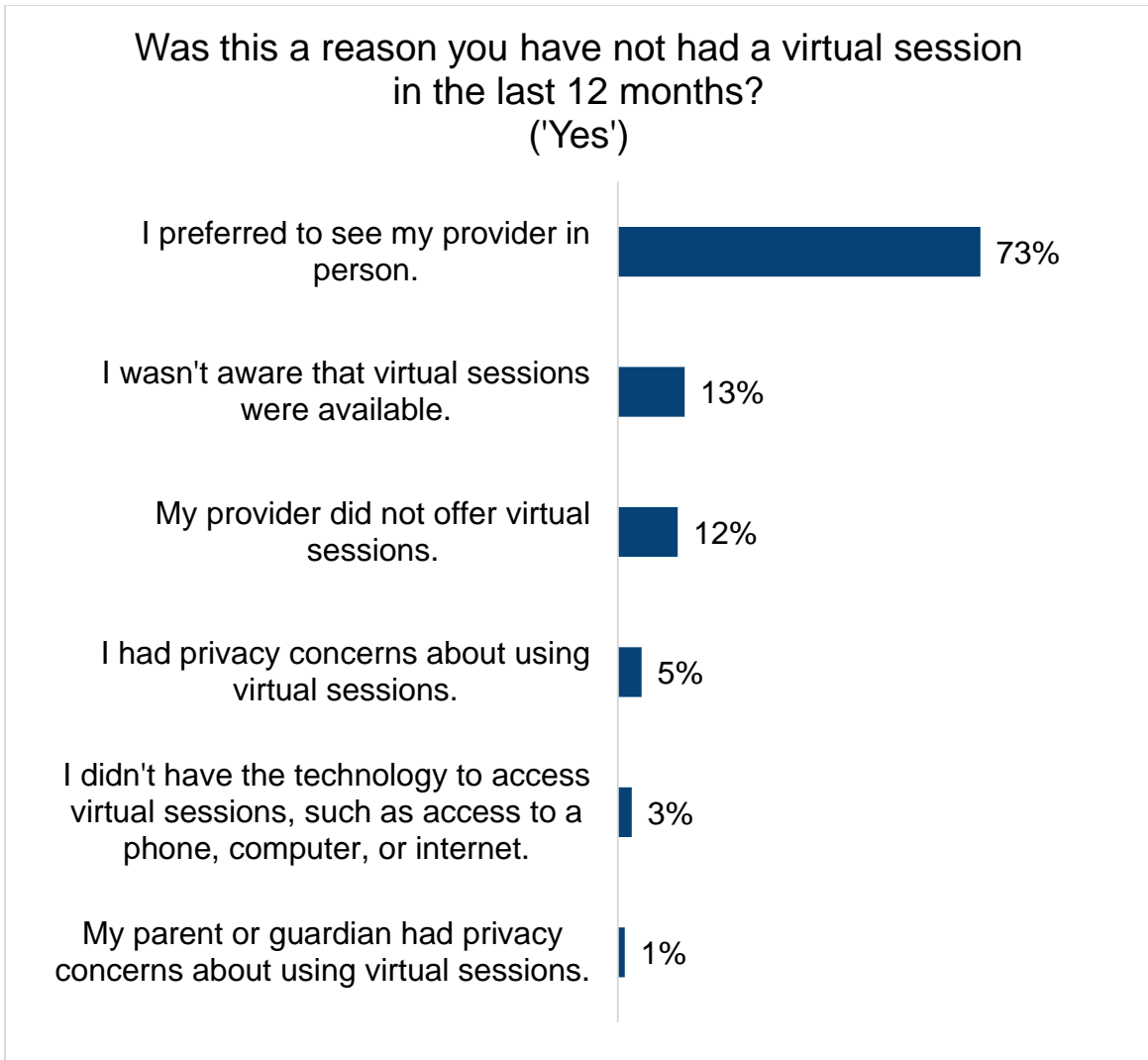
More than half of survey respondents (52%) said they have had a virtual session with their mental health provider by phone or video within the past 12 months.

Respondents whose residence is in a 'Rural' location were significantly less likely to have had a virtual session with their mental health provider by video or phone in the past 12 months (44%) as compared to the total in 2024 (52%).



YSS, 2020 to 2024

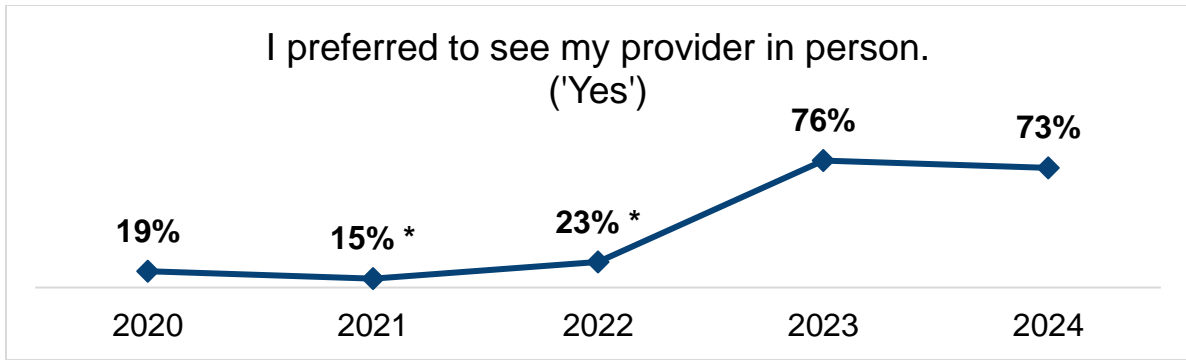
The proportion of respondents who have had a virtual session with their provider in the past 12 months has been trending downward since 2021 and decreased further to 52% in 2024. The values from 2021 and 2022 were significantly higher (76% and 67%, respectively) as compared to the total in 2024 (52%).



YSS, 2024

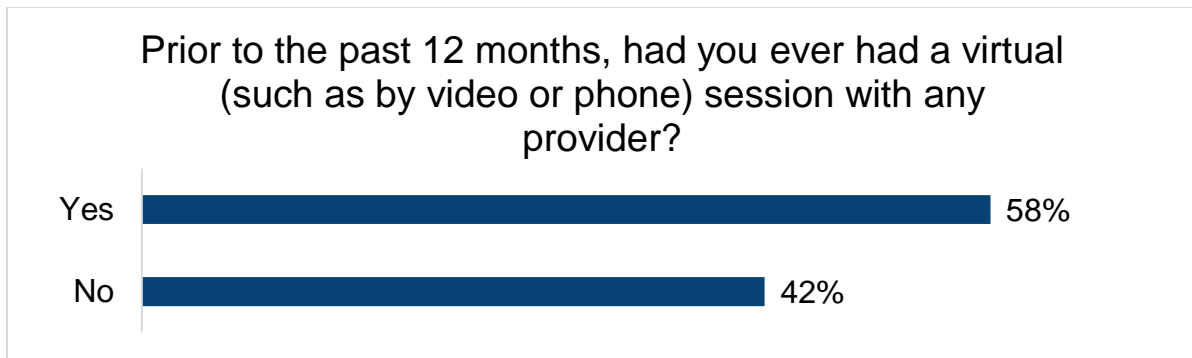
Of those who have not had a virtual session with their mental health provider within the last 12 months, the majority (73%) reported their reason for doing so as a preference for seeing their provider in person. 13% said they have not had a virtual session in the last 12 months because they were not aware that virtual sessions were available and another 12% said that their provider did not offer virtual sessions.

Respondents whose primary race based on rarest race method is Native Hawaiian or Pacific Islander were significantly more likely to say that they have not had a virtual session in the last 12 months because they did not have the technology to access virtual sessions (28%) as compared to the total in 2024 (3%).



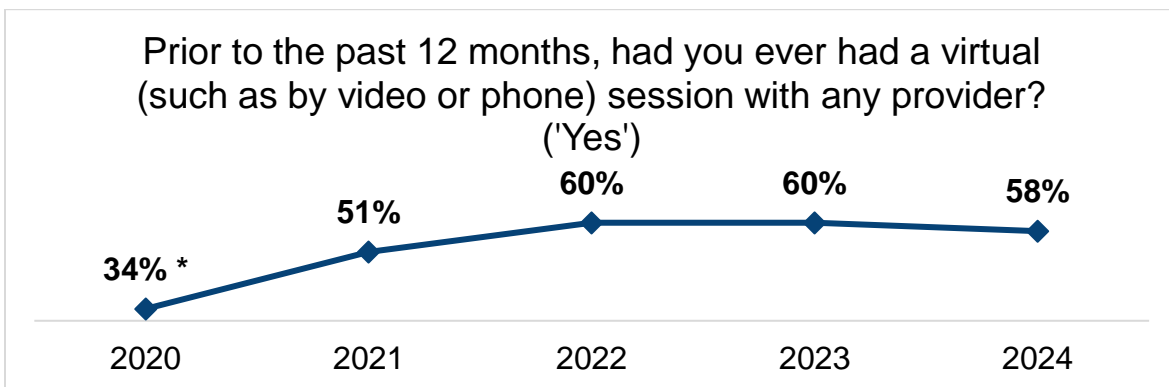
YSS, 2020 to 2024

The proportion of respondents who said they have not had a virtual session in the last 12 months because they preferred to see their provider in person appeared to be increased over time yet decreased to 73% in 2024. The values in 2023, 2021, and 2022 are significantly lower (19%, 15%, and 23%, respectively) as compared to the total in 2024.



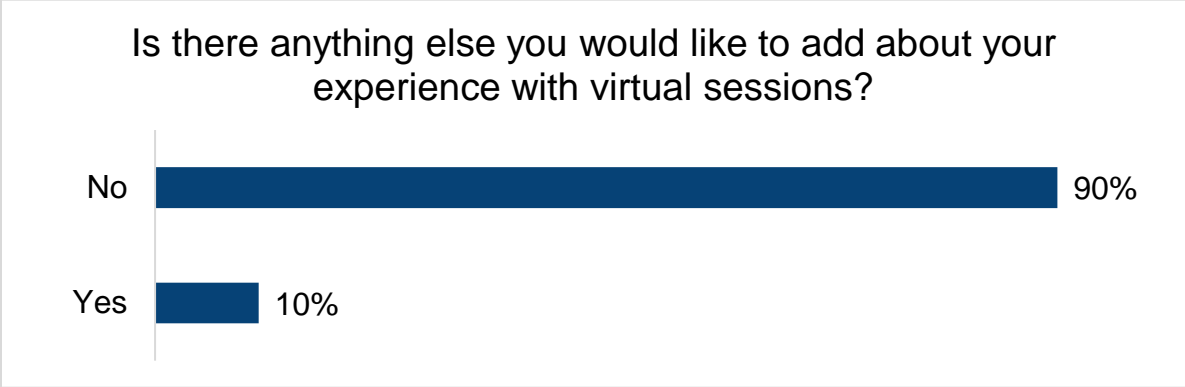
YSS, 2024

Slightly less than half (42%) of respondents have not had a virtual session with any provider prior to the past 12 months.



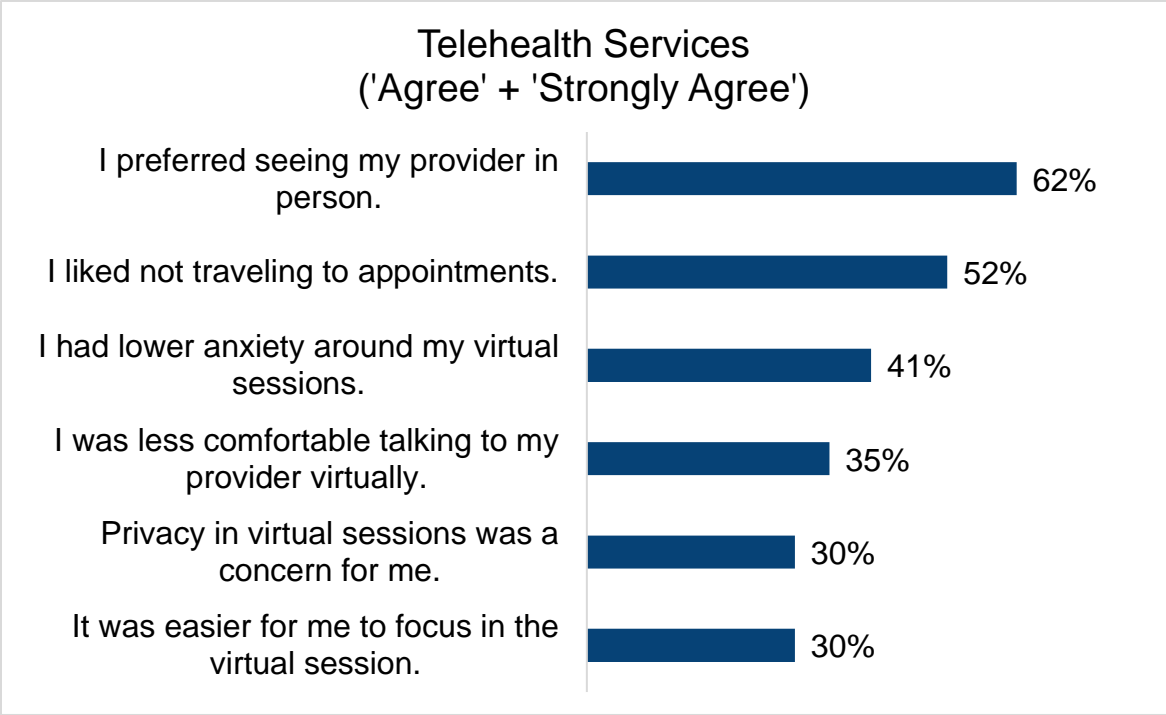
YSS, 2020 to 2024

The proportion of respondents who ever had a virtual session with their provider prior to the past 12 months appeared to be trending upward in recent history; however, in 2024, this proportion decreased to 58%. The value from 2020 is significantly lower (34%) as compared to the total in 2024 (58%).



YSS, 2024

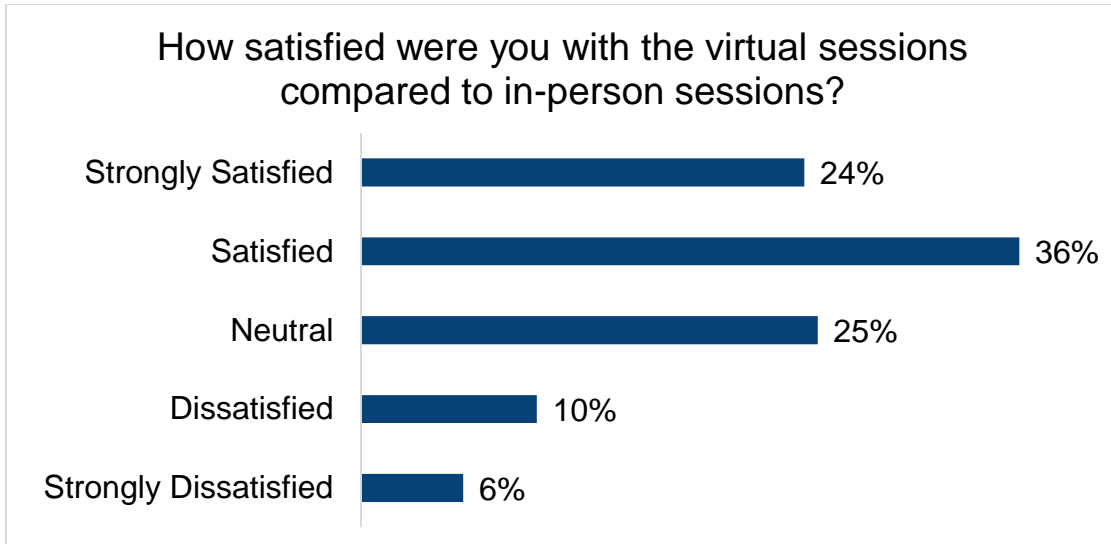
Most respondents (90%) did not have any further comments about their experience with telehealth virtual sessions.



YSS, 2024

Just under two thirds (62%) of respondents agreed that they preferred seeing their provider in person as opposed to virtually. Over half (52%) liked the virtual aspect of not

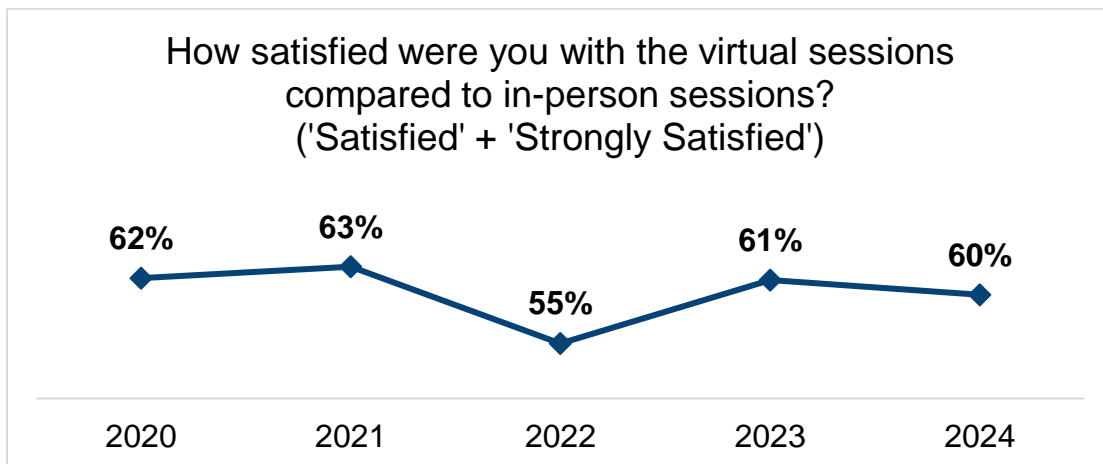
traveling to appointments and slightly less than half (41%) had lower anxiety around their virtual sessions.



YSS, 2024

Despite most respondents indicating they prefer to see their provider in-person, 60% said that they are at least satisfied with their virtual sessions compared to in-person sessions.

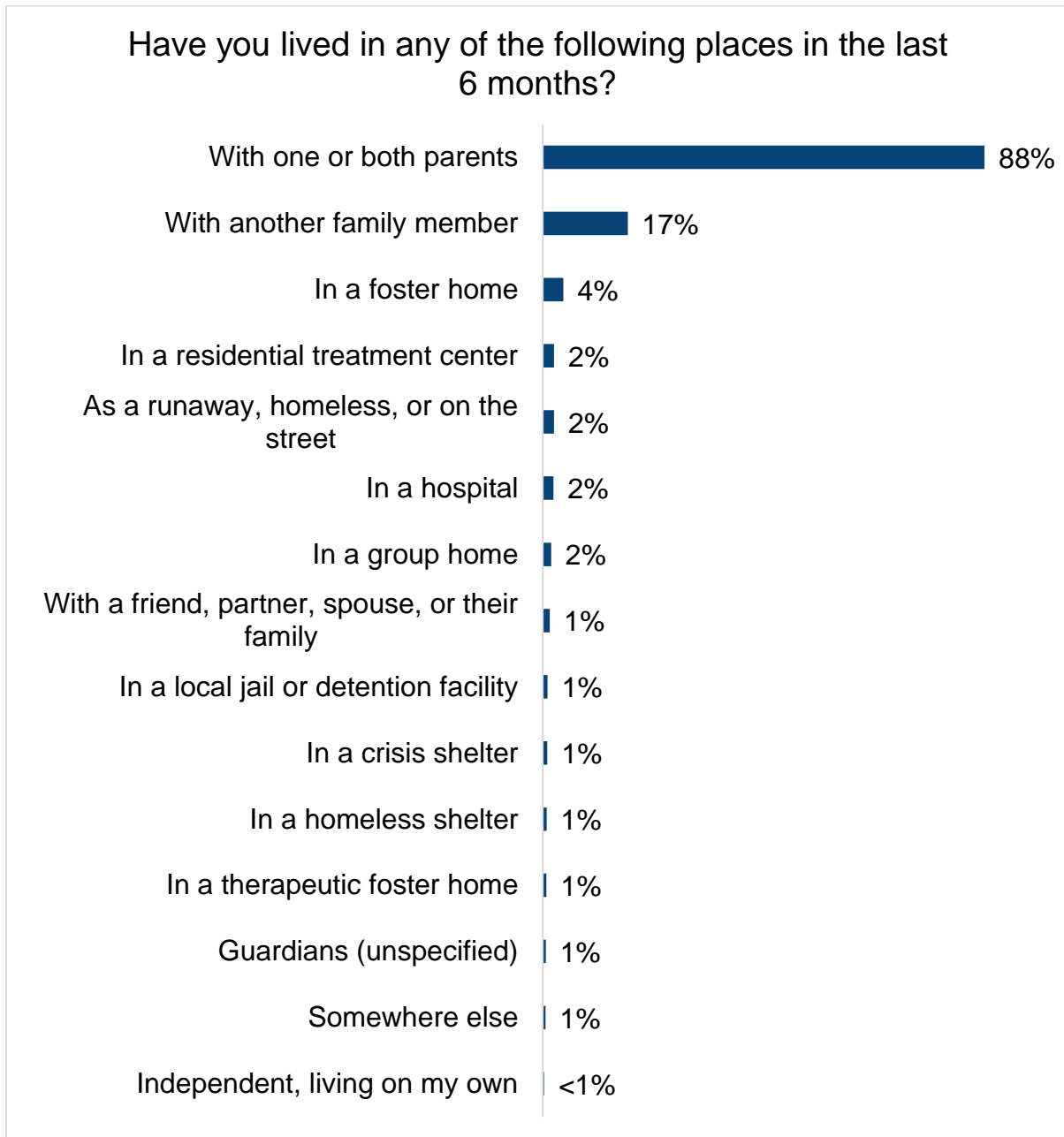
Respondents whose primary race based on rarest race method is Native Hawaiian or Pacific Islander were significantly less likely to say they were 'Satisfied' with how the virtual sessions compared to in-person sessions (9%) as compared to the total in 2024 (36%).



YSS, 2020 to 2024

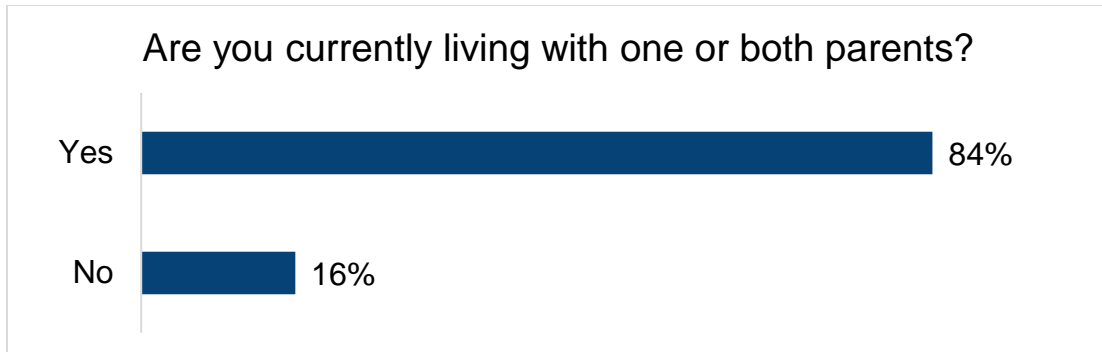
Satisfaction with virtual sessions compared to in-person sessions has been relatively stable over time; however, satisfaction decreased to 60% in 2024.

Living Situation



YSS, 2024

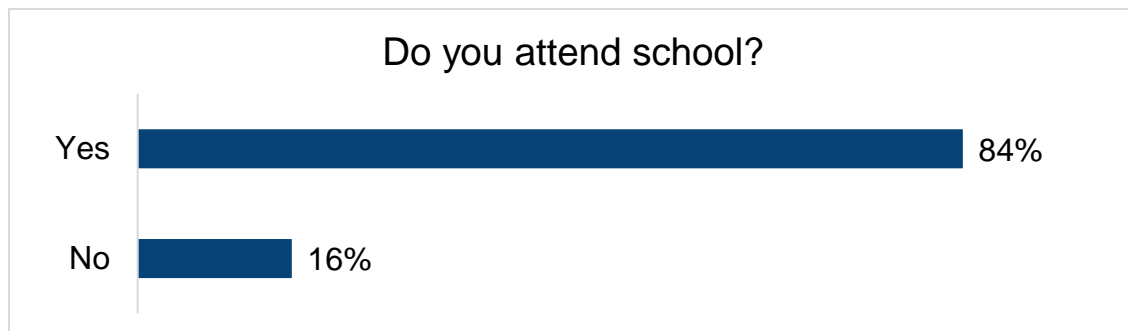
In the last 6 months, most respondents (88%) reported living with one or both of their parents. Just under one fifth (17%) said they had lived with another family member in the last 6 months, while 2% said they were a runaway, homeless, or on the street.



YSS, 2024

Most respondents (84%) are currently living with one or both of their parents.

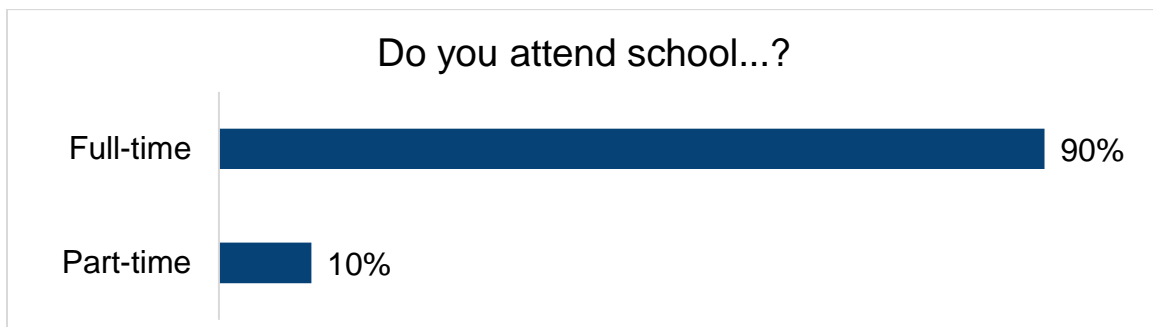
School



YSS, 2024

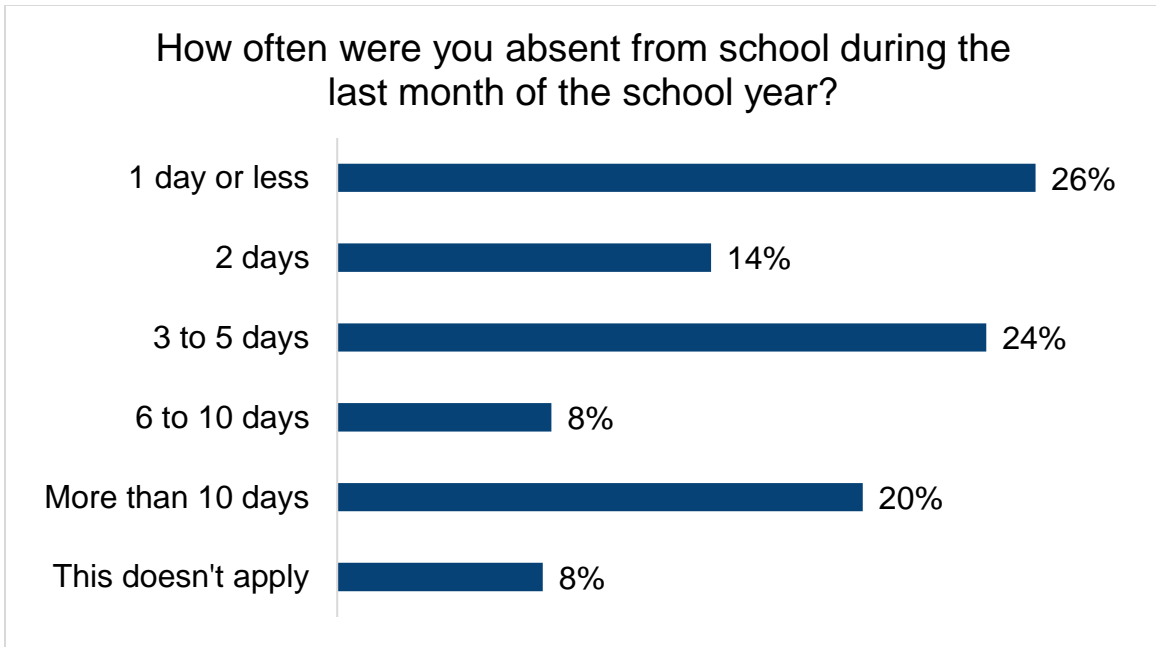
More than four fifths (84%) of survey respondents said they attend school.

Respondents who indicated they are between the ages of 16 to 17 years old were significantly less likely to say they attend school (74%) as compared to the total in 2024 (84%).



YSS, 2024

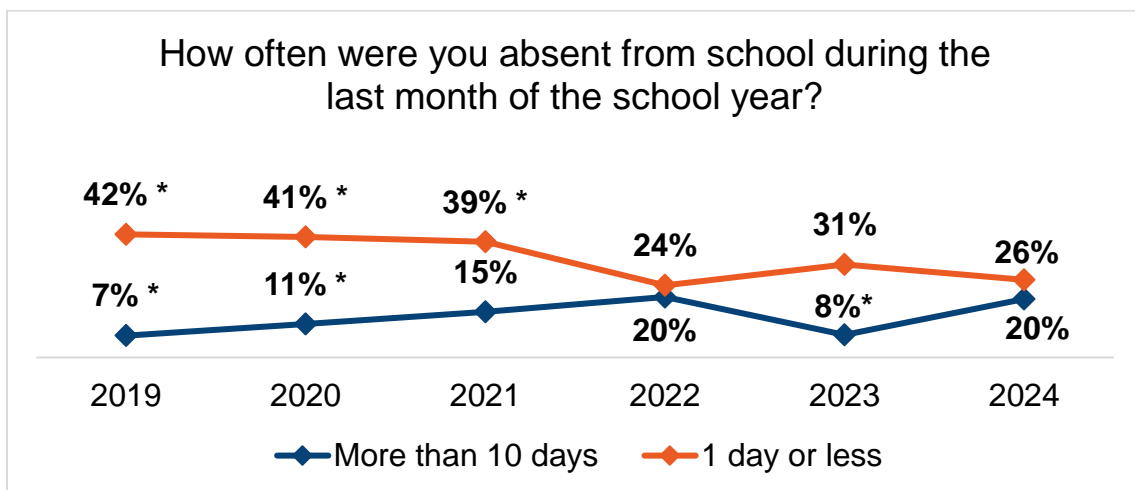
Of those who attend school, most (90%) attend full-time while 10% attend part-time.



YSS, 2024

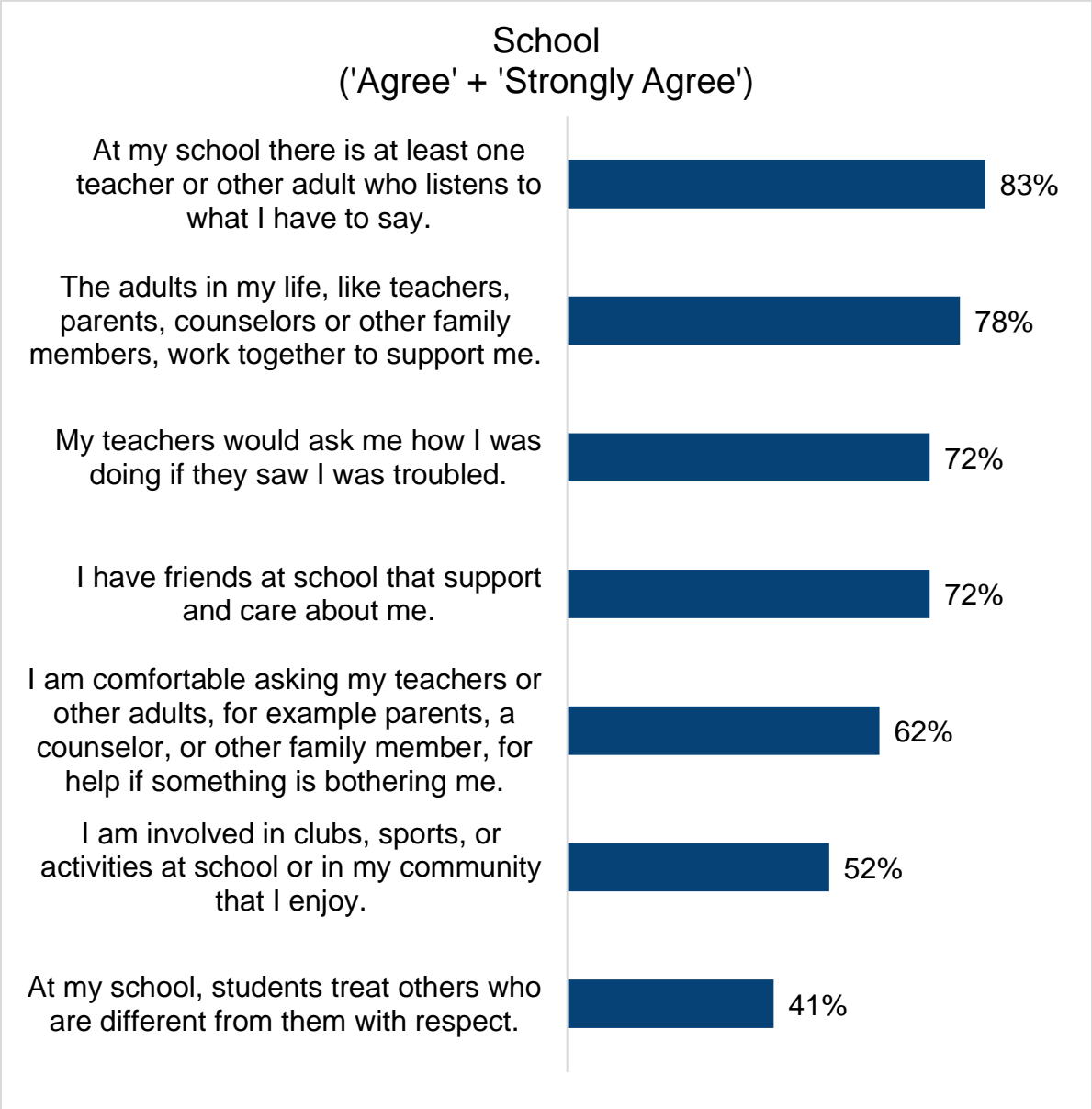
Just over one quarter of respondents (26%) reported being absent from school 1 day or less during the last month of the school year. Just under one quarter (24%) reported being absent from school 3 to 5 days and one fifth (20%) were absent from school for more than 10 days during the last month of the school year.

Respondents whose primary race based on rarest race method is American Indian or Alaska Native were significantly less likely to say they have been absent from school 3 to 5 days during the last month of the school year (6%) as compared to the total in 2024 (24%).



YSS, 2019 to 2024

The proportion of respondents who were absent from school for more than 10 days during the last month of the school year was trending upward until decreasing in 2023; however, this value increased to 20% in 2024. The proportion of respondents who were absent for 1 day or less was trending downward before increasing in 2023; however, this value decreased to 26% in 2024. The values for 'More than 10 days' are significantly lower in 2019, 2020, and 2023 (7%, 11%, and 8%, respectively) as compared to the total in 2024 (20%); additionally, the values for '1 day or less' are significantly higher in 2019, 2020, and 2021 (42%, 41%, and 39%, respectively) as compared to the total in 2024 (26%).



Most respondents reported that there is at least one teacher or other adult who listens to what they have to say (83%) and that the adults in their life – such as teachers, parents, counselors, or other family members – work together to support them (78%). However, less than half (41%) said that students treat others at their school who are different from them with respect. Slightly over half (52%) also said that they are involved in clubs, sports, or other activities at school or in their community.

Youth Services Survey for Families (YSSF)

Response Rate

The YSSF survey was fielded among adults aged 18 and older who were the parents or caregivers of children 17 and under who received Medicaid-funded mental health services. Youth between the ages of 14 and 17 were eligible to participate in the YSS survey. The survey was offered to 15,733 caregivers of children who had received services between January 1st, 2023 through December 31st, 2023.

In 2024, 2,234 respondents returned a usable YSSF survey, in this case defined as a survey where all questions aside from the REALD demographic questions were answered, for a response rate of 15%. The largest group (65%) completed the survey online and received a \$10 gift card incentive, while the remainder completed the survey over the phone (35%).

The sample was screened before any mailings were sent using the National Change of Address system. In addition, undeliverable or unusable addresses identified by returned mail were flagged in the overall sample. Individuals with bad addresses listed in their MMIS enrollment data or with bad addresses flagged through the aforementioned avenues were not immediately disqualified from participation – instead they were provided with an alternate modes of survey completion – via phone for individuals with associated phone numbers. Only after an individual had an identified bad address and a bad phone number were they removed from the data collection process.

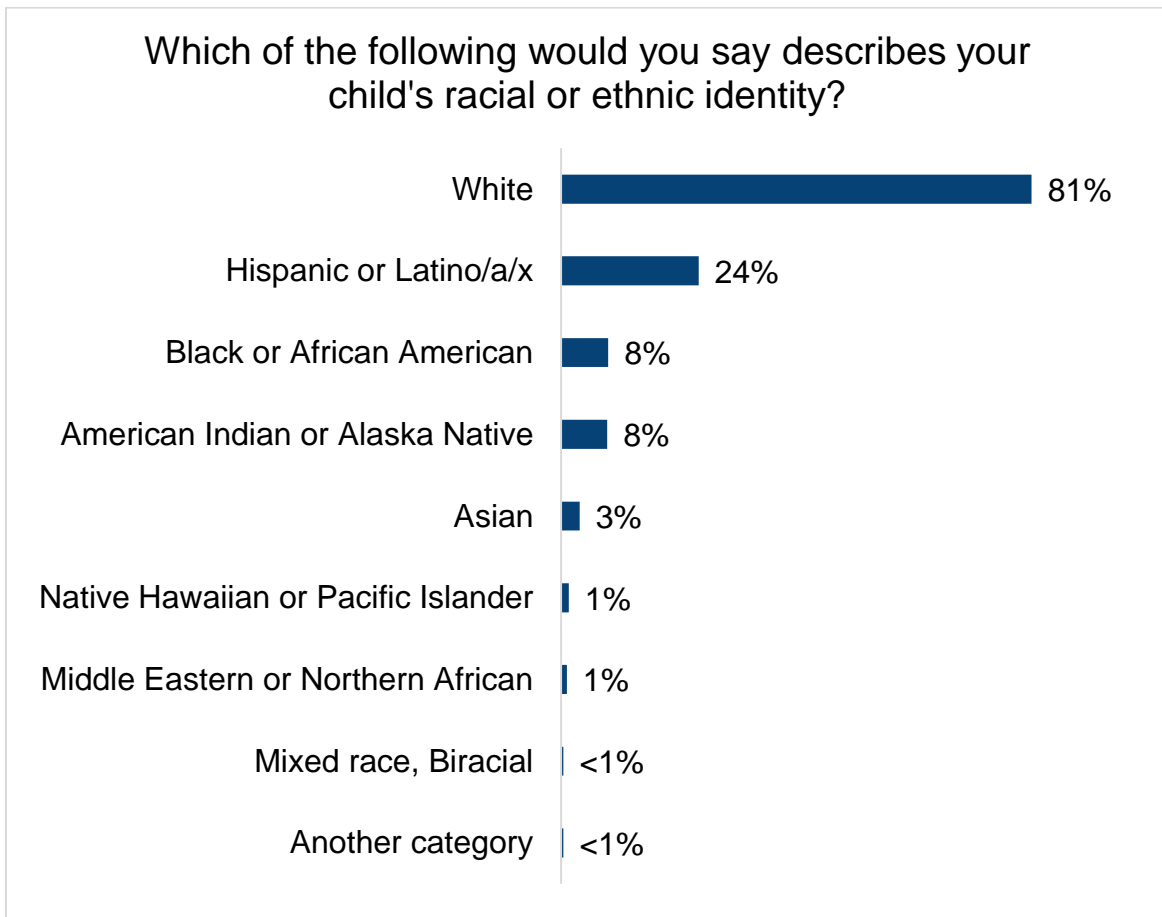
Individuals were also able to opt-out of the survey process by calling or emailing the Project Manager at MDR, or by informing a phone interviewer of their desire to be removed from data collection over the course of telephone outreach.

As with most multi-mode surveys, the possibility of a respondent completing a survey in two or more separate modes was real. In cases where respondents completed surveys in multiple modes, duplicate surveys were omitted, with the criteria of completeness followed by date of completion serving to designate which completed survey was retained.

Demographics

The following figures summarize respondents' children's self-reported race and ethnicity as well as gender, sexual orientation and identity, age, location, spoken language, and other demographic questions regarding difficulties with their health and daily activities.

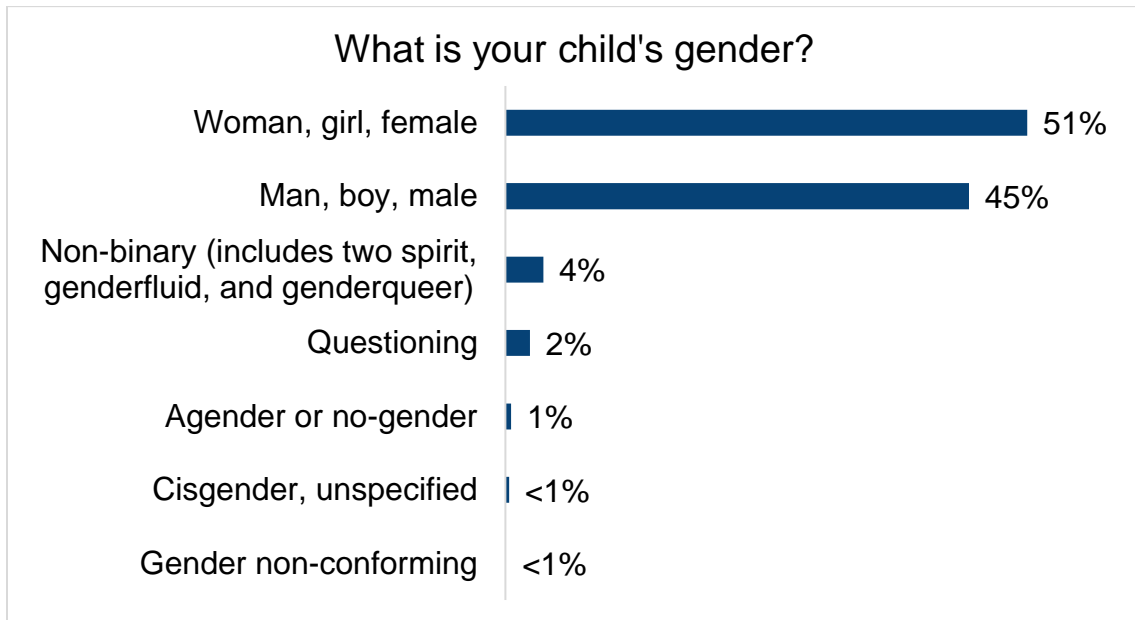
Figure 11: Race/Ethnicity



YSSF, 2024

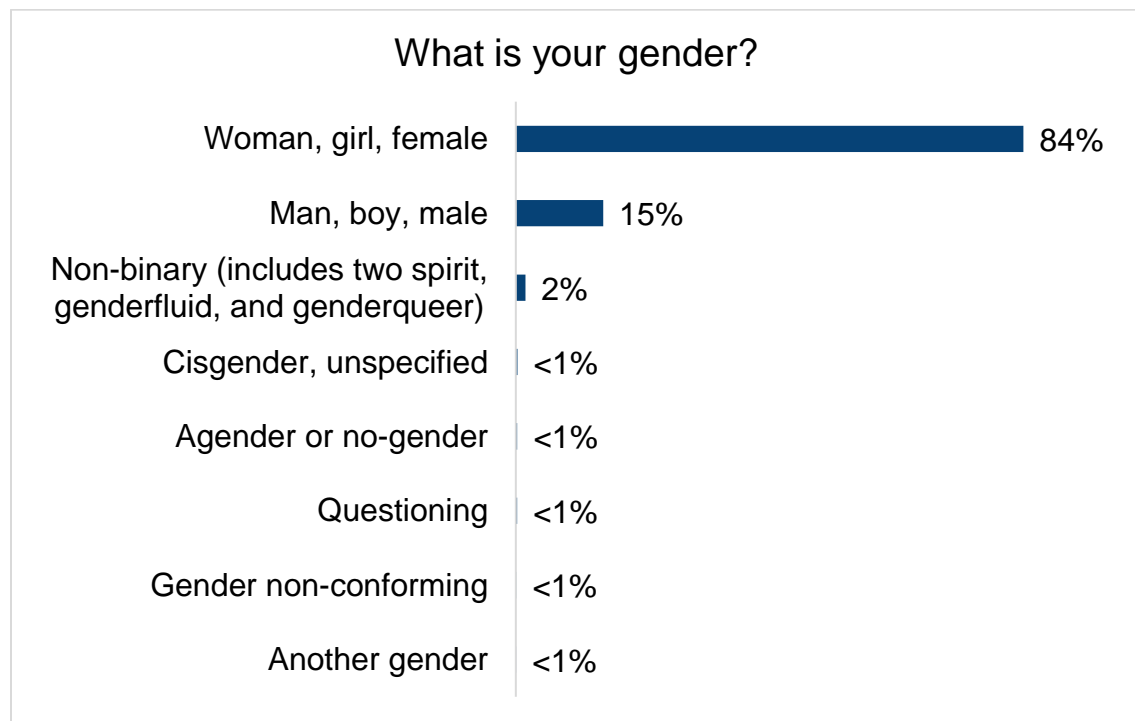
See Appendix A on page 96 for a detailed disaggregated race table of YSSF children and youth.

Figure 12. Child's Gender



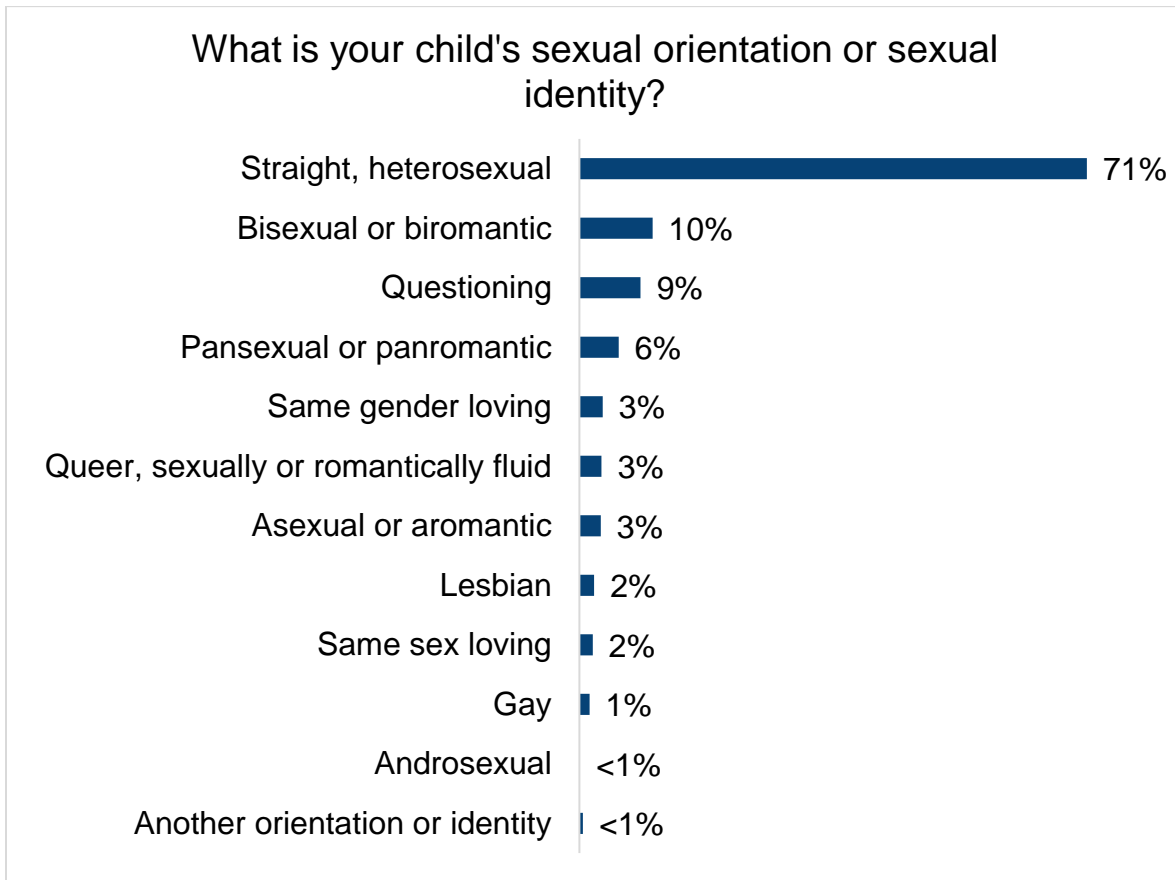
YSSF, 2024

Figure 13. Survey Respondent's Gender



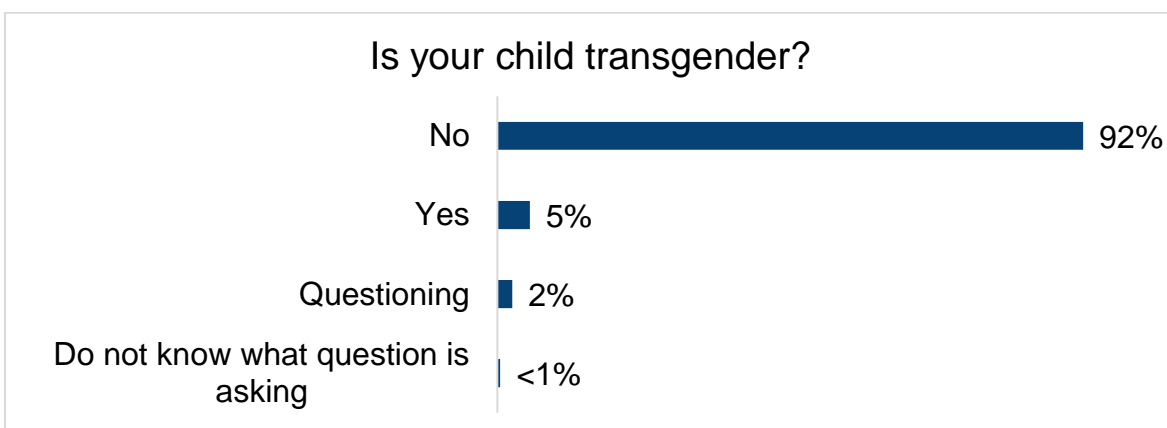
YSSF, 2024

Figure 14. Orientation/Identity



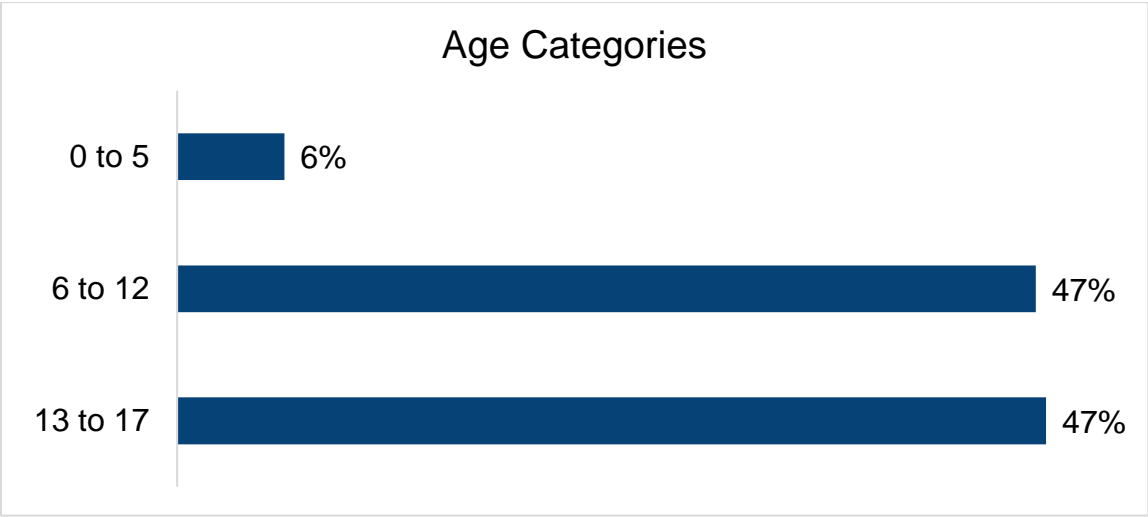
YSSF, 2024

Figure 15. Transgender



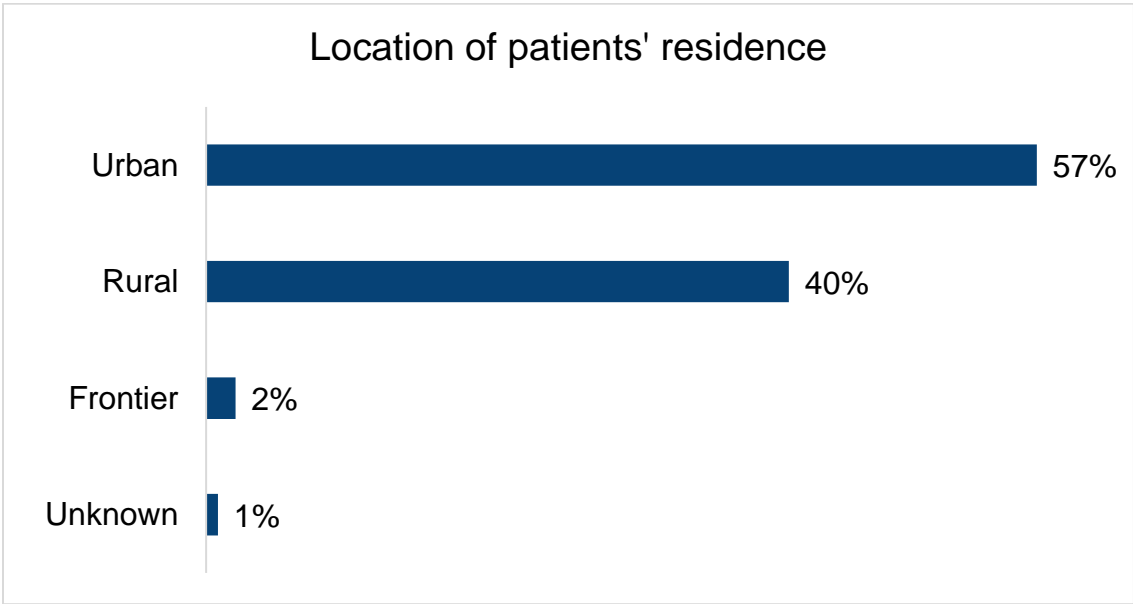
YSSF, 2024

Figure 16. Age Categories



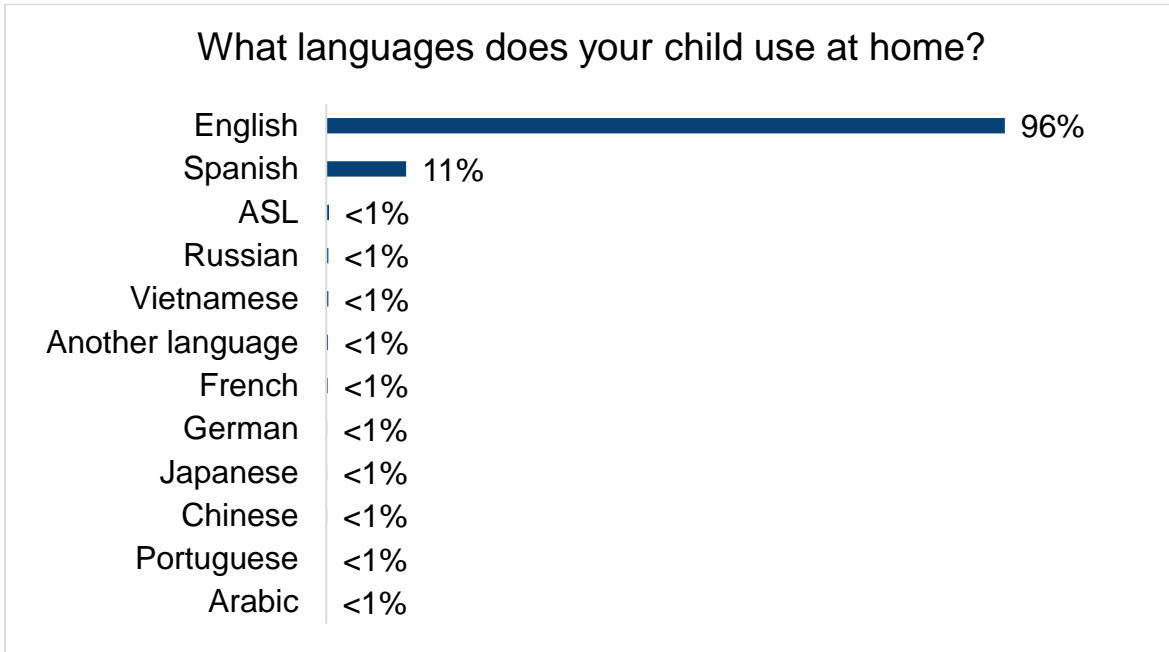
YSSF, 2024

Figure 17. Location



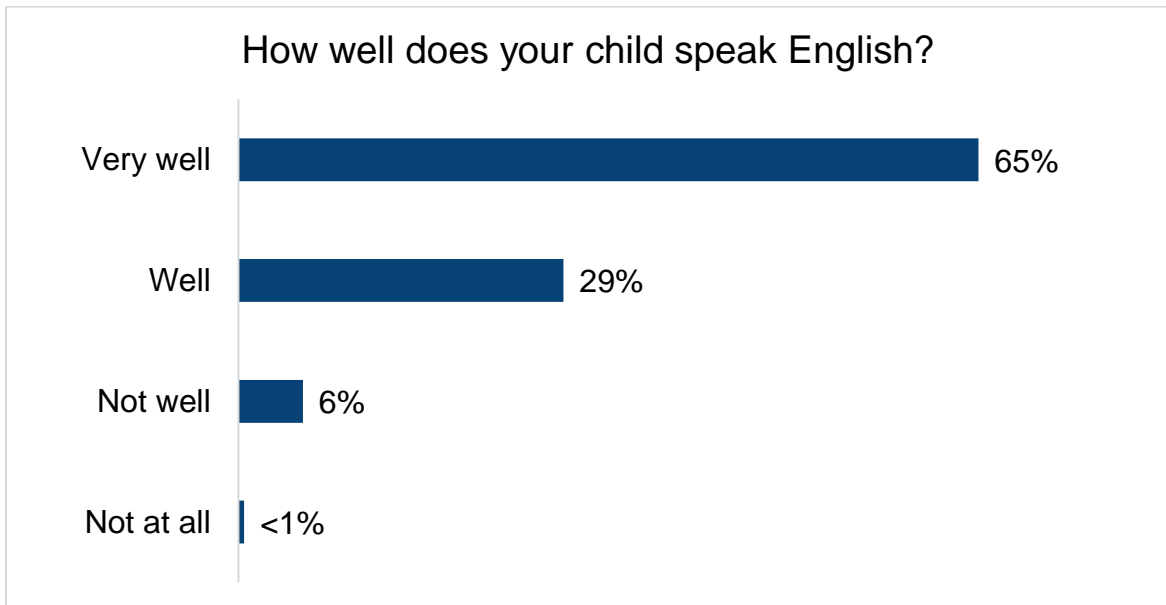
YSSF, 2024

Figure 18. Language



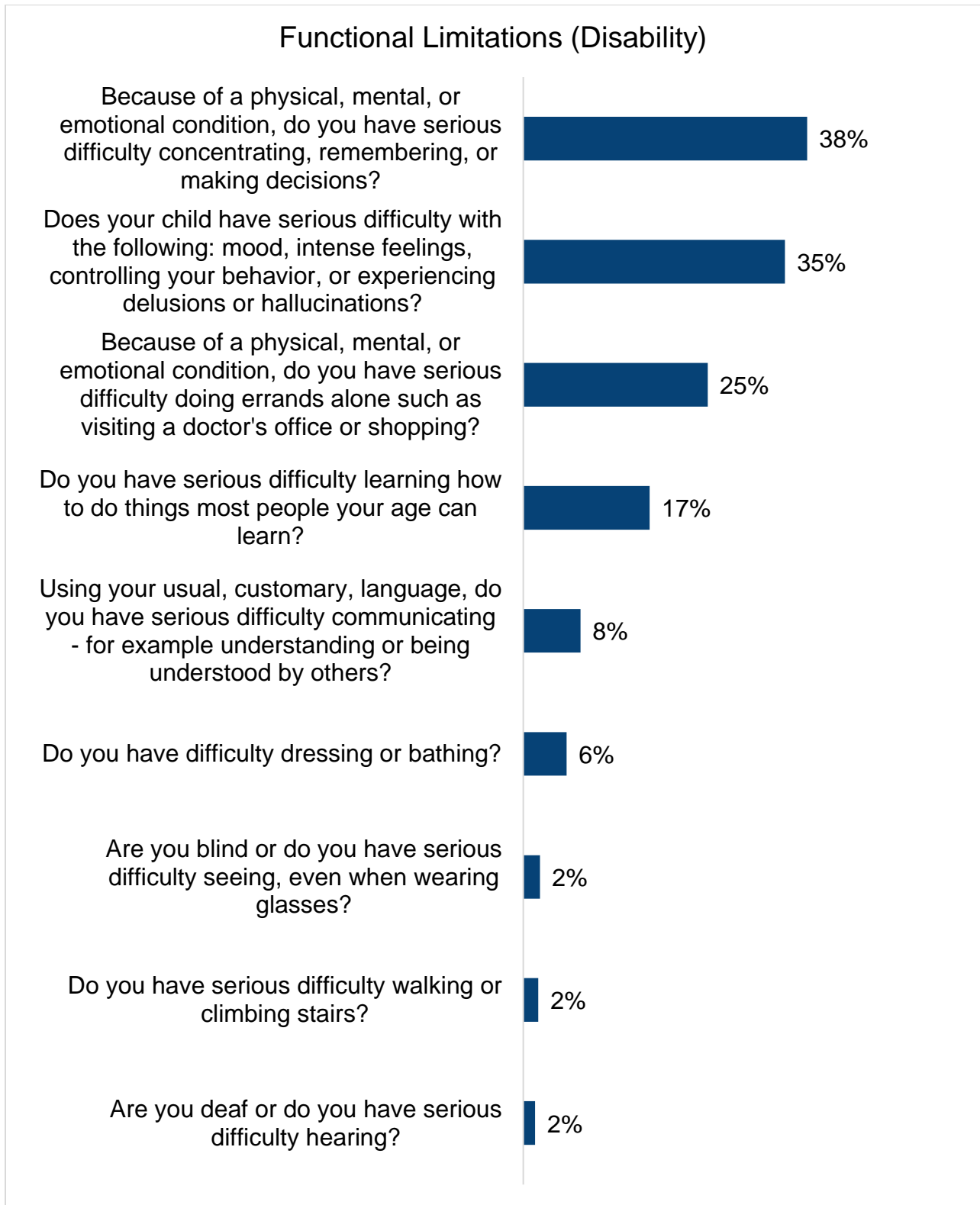
YSSF, 2024

Figure 19. English-speaking



YSSF, 2024

Figure 20. Functional Limitations (Disability)



YSSF Survey Results

Domain Satisfaction

Table 3 summarizes statewide satisfaction across seven domains. Questions from each domain can be found in Table 1.

Table 3. YSSF Survey Domain Satisfaction, 2024.

Domain	Positive Response (%)
Access to Service	72%
Cultural Sensitivity	90%
General Satisfaction	72%
Participation	80%
Positive Outcomes of Services	63%
Daily Functioning	63%
Social Connectedness	82%

Respondents were asked how strongly they agree or disagree with the statements included in each domain and the data is reported as “satisfaction” for those who gave a positive response of Strongly Agree or Agree. Respondents were most satisfied in the domains of Cultural Sensitivity (90%) and Social Connectedness (82%). They were least satisfied in the domains of Positive Outcomes of Services (63%) and Daily Functioning (63%).

Results for 2024 are compared between demographic respondent groups, where relevant, to determine if there are statistically significant differences between them at a 95% confidence level. Trending results for 2019-2024 are compared between years to determine if there are statistically significant differences between them at a 95% confidence level, where applicable. Instances of significant differences are notated in the chart with a ‘*’ character next to the percentage.

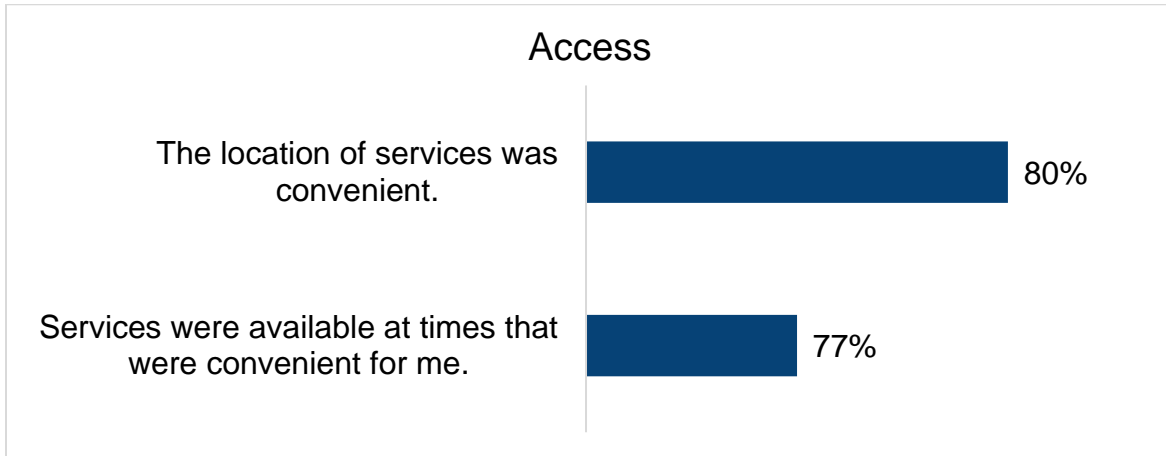
The following sections present data at the statewide level. Data compendiums available on OHA's MHSIP website include survey results by several demographic, regional, or

CCO variables. Individual infographic reports are also available for each CCO on OHA's website.

Access to Service

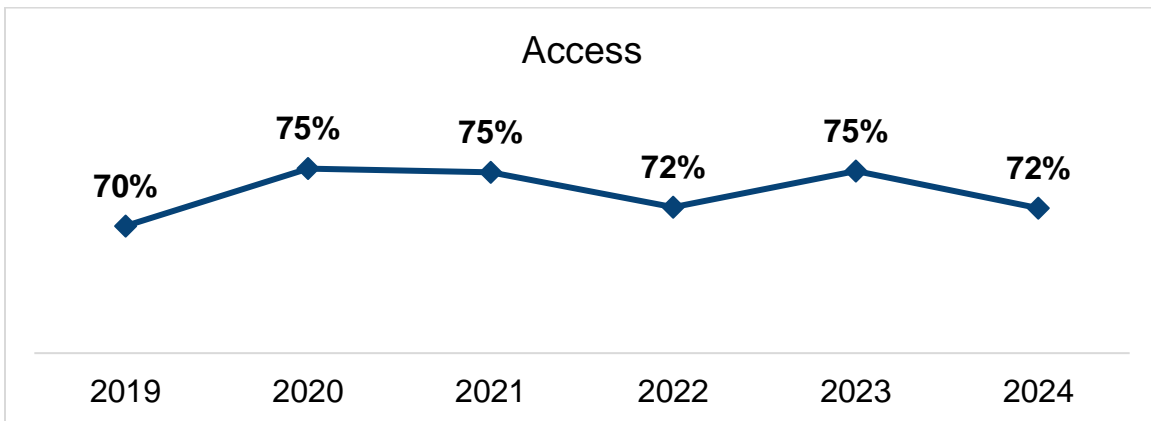
The following set of domain questions were presented to survey respondents:

- **The location of the services was convenient.**
- **Services were available at times that were convenient for me.**



YSSF, 2024

Four fifths of survey respondents (80%) reported that the location of the services was convenient. Just over three quarters (77%) said that services were available at times that were convenient for them.



YSSF, 2019 to 2024

Satisfaction in the Access to Service domain has fluctuated slightly over recent years and decreased to 72% in 2024.

Cultural Sensitivity

The following set of domain questions were presented to survey respondents:

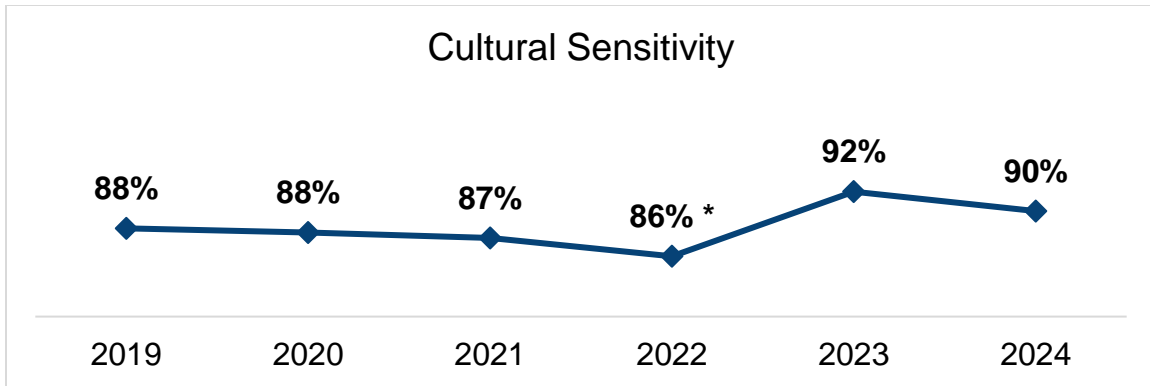
- **Staff treated me with respect.**
- **Staff respected my family's religious/spiritual beliefs.**
- **Staff spoke with me in a way that I understood.**
- **Staff were sensitive to my cultural/ethnic background.**



YSSF, 2024

Most respondents agreed that staff spoke with them in a way that they understood (94%) and that staff treated them with respect (91%). More than four fifths (86%) said that staff respected their family's religious and/or spiritual beliefs, and that staff were sensitive to their cultural ethnic background (84%).

Respondents who indicated that their child is between the ages of 16 to 17 years old were significantly less likely to provide a positive response Cultural Sensitivity domain (81%) as compared to the total in 2024 (90%).



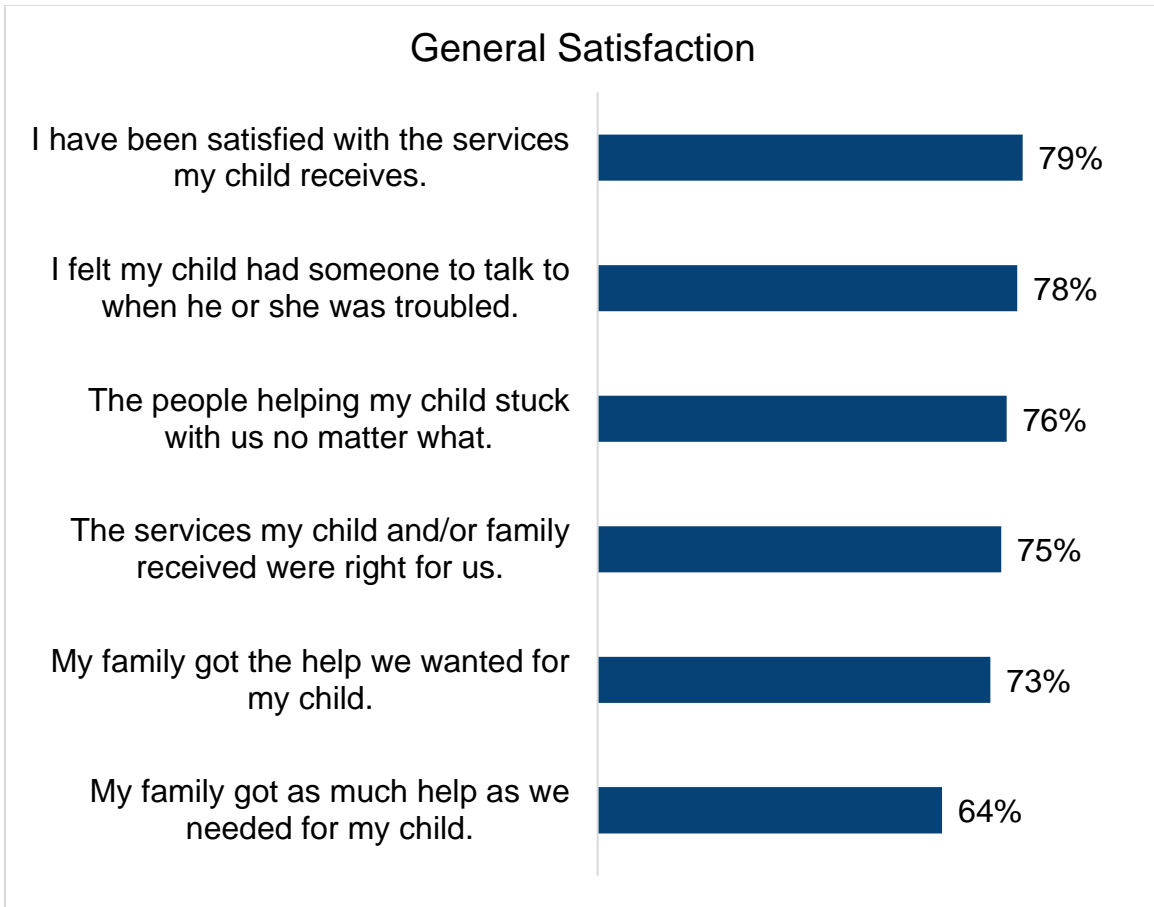
YSSF, 2019 to 2024

Satisfaction in the Cultural Sensitivity domain was relatively stable in recent history until increasing sharply in 2023; however, in 2024, satisfaction decreased to 90%. Satisfaction was significantly lower in 2022 (86%) as compared to the total in 2024 (90%).

General Satisfaction

The following set of domain questions were presented to survey respondents:

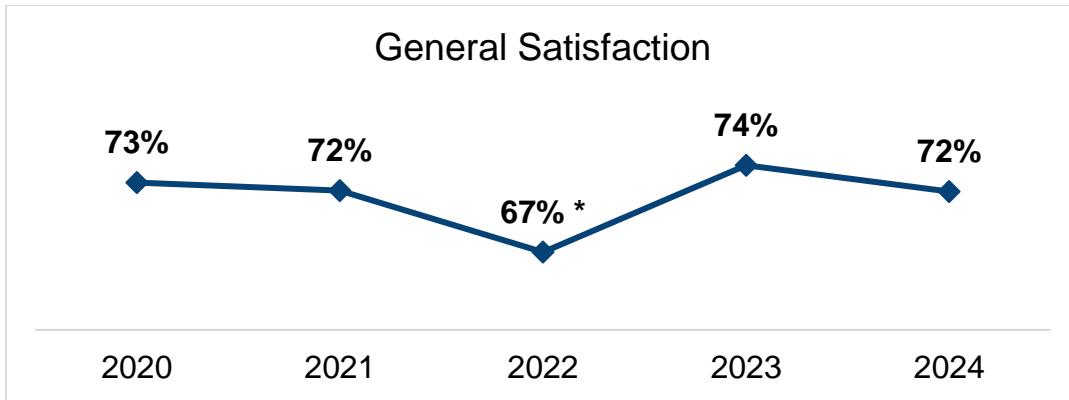
- **I am satisfied with the services I/my child received.**
- **The people helping me/my child stuck with me/my child no matter what.**
- **I felt I/my child had someone to talk to when I/he/she was troubled.**
- **I/my child/my family received services that were right for me/us.**
- **I/my family got the help I/we wanted.**
- **I/my family got as much help as I/we needed.**



YSSF, 2024

Just under four fifths of respondents (79%) reported that they have been satisfied with the services their child receives; however, less than two thirds (64%) agreed that their family got as much help as they needed for their child. Over three quarters (78%) agreed that they felt their child had someone to talk to when he or she was troubled.

Respondents whose primary race based on rarest race method is Middle Eastern or North African or Native Hawaiian or Pacific Islander were significantly more likely to provide a positive response in the General Satisfaction domain (96% and 97%, respectively) as compared to the total in 2024 (72%). Additionally, respondents who indicated their child’s gender is an unlisted category and respondents who indicated their own gender is an unlisted category were significantly less likely to provide a positive response in the General Satisfaction domain (56% and 58%, respectively) as compared to the total in 2024 (72%).



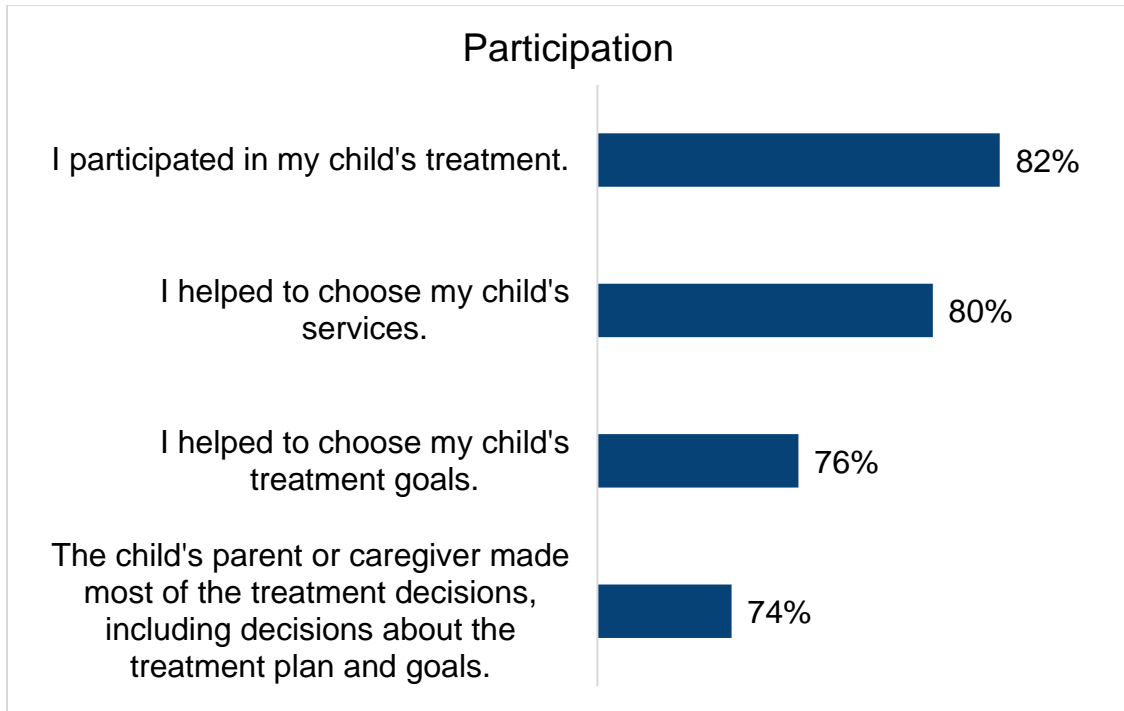
YSSF, 2020 to 2024

Satisfaction in the General Satisfaction domain was stable in recent history and increased sharply in 2023; however, in 2024, satisfaction decreased to 72%. Satisfaction was significantly lower in 2022 (67%) as compared to the total in 2024 (72%).

Participation in Treatment

The following set of domain questions were presented to survey respondents:

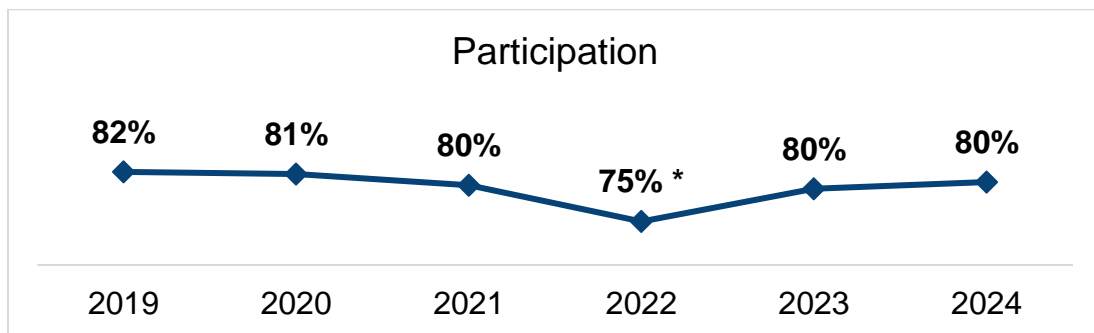
- **I helped to choose my/my child's services.**
- **I helped to choose my/my child's treatment goals.**
- **I participated in my own/my child's treatment.**
- **The child's parent or caregiver made most of the treatment decisions, including decisions about the treatment plan and goals.**



YSSF, 2024

Slightly less than three quarters of respondents (74%) said that the child’s parent or caregiver made most of the decisions about the treatment plan and goals. Over four fifths of respondents (82%) said that they participated in their child’s treatment.

Respondents who indicated the gender of their child is male and respondents who indicated their own gender is male were significantly more likely to provide a positive response in the Participation domain (86% and 86%, respectively) as compared to the total in 2024 (80%). Further, respondents who indicated that their child is between the ages of 0 to 5 years old, 6 to 9 years old, and 10 to 13 years old were significantly more likely to provide a positive response in the Participation domain (92%, 92%, and 86%, respectively) as compared to the total in 2024 (80%).



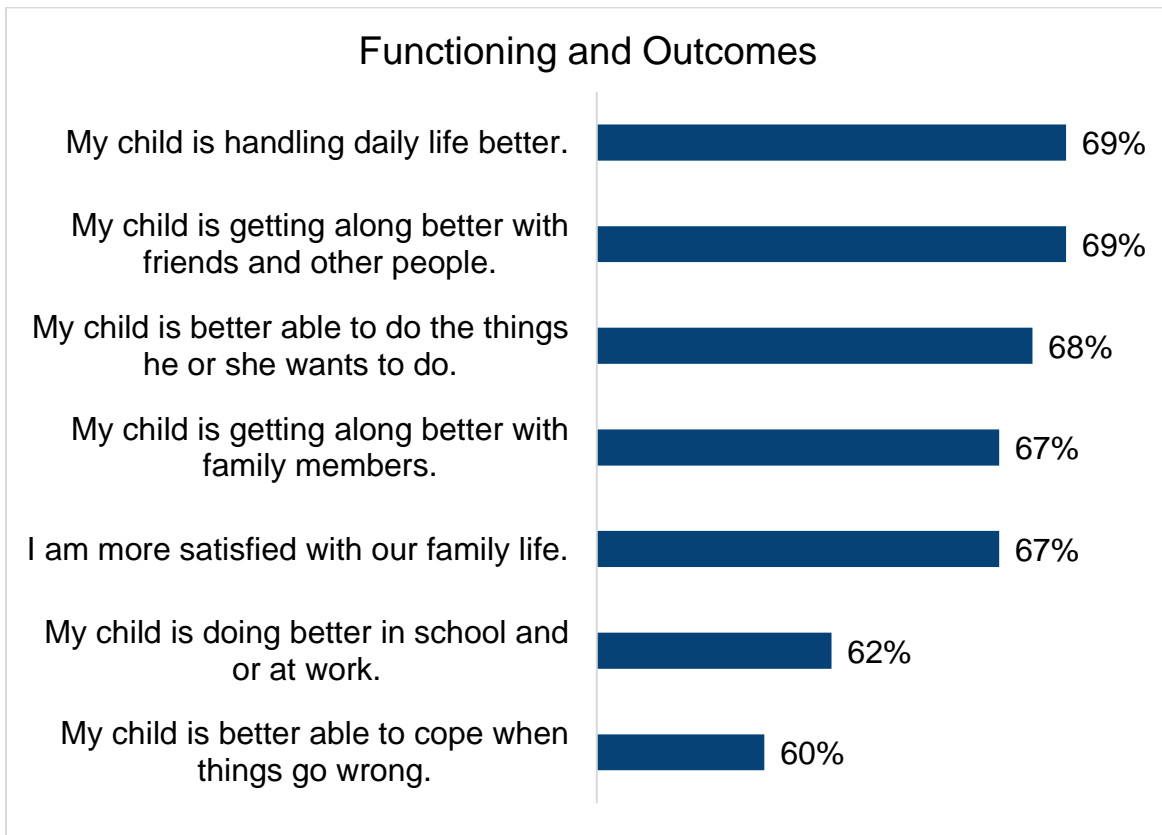
YSSF, 2019 to 2024

Satisfaction in the Participation in Treatment domain remained at 80% in 2024 after trending slightly downward for most of recent history. Satisfaction was significantly lower in 2022 (75%) as compared to the total in 2024 (80%).

Positive Outcomes of Services and Daily Functioning

The following set of domain questions were presented to survey respondents:

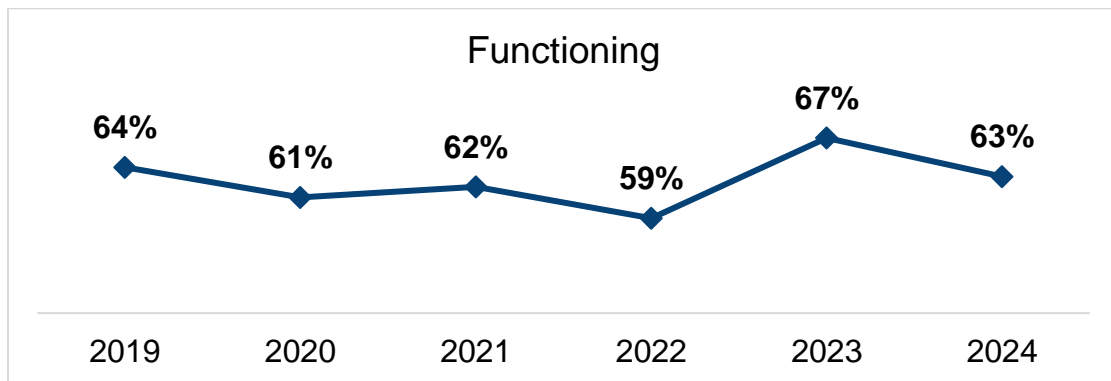
- **I am/my child is better at handling daily life.**
- **I/my child get along better with family members.**
- **I/my child get along better with friends and other people.**
- **I am/my child is doing better in school and/or work.**
- **I am/my child is better able to cope when things go wrong.**
- **I am/my child is better able to do the things he or she wants to do.**



YSSF, 2024

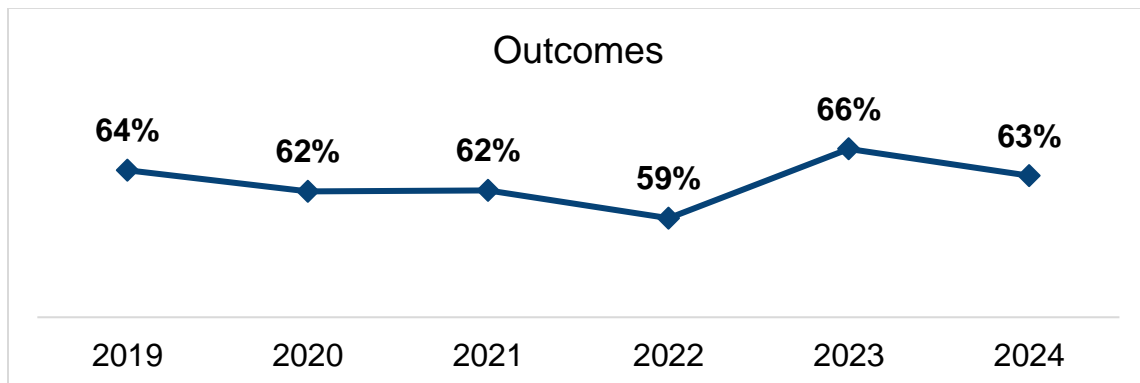
Just under three quarters of respondents said that their child is getting along better with family members (69%) and handling daily life better (69%). Just over two thirds (68%) reported that their child is better able to do the things he or she wants to do. Less than two thirds (60%) said that their child is better able to cope when things go wrong.

Respondents whose primary race based on rarest race method is Hispanic or Latino/a/x were significantly more likely to provide a positive response in the Functioning domain (71%) and the Outcomes domain (71%) as compared to the totals in 2024 (63% and 63%, respectively).



YSSF, 2019 to 2024

Satisfaction in the Daily Functioning domain was relatively stable over recent history yet increased sharply in 2023; however, satisfaction decreased to 63% in 2024.



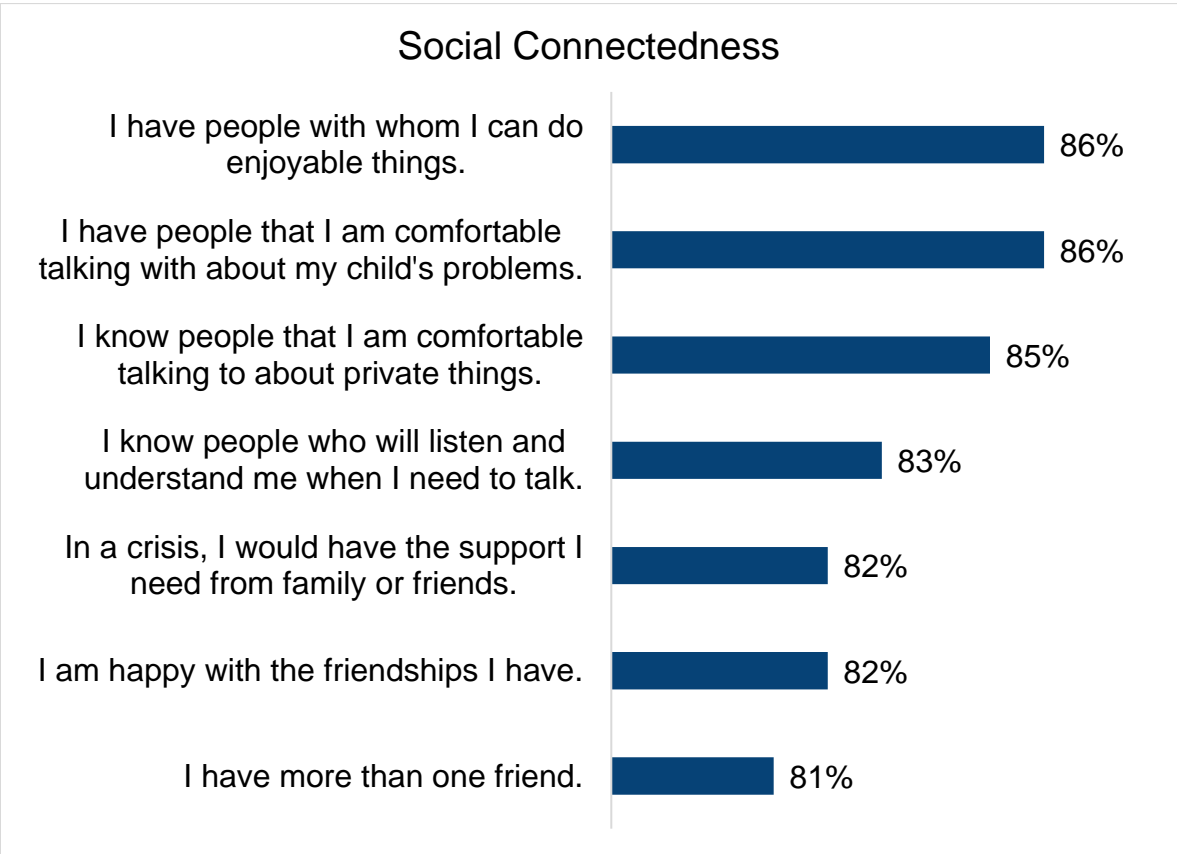
YSSF, 2019 to 2024

Satisfaction in the Positive Outcomes domain was trending downward in prior years but increased sharply in 2023; however, satisfaction decreased to 63% in 2024.

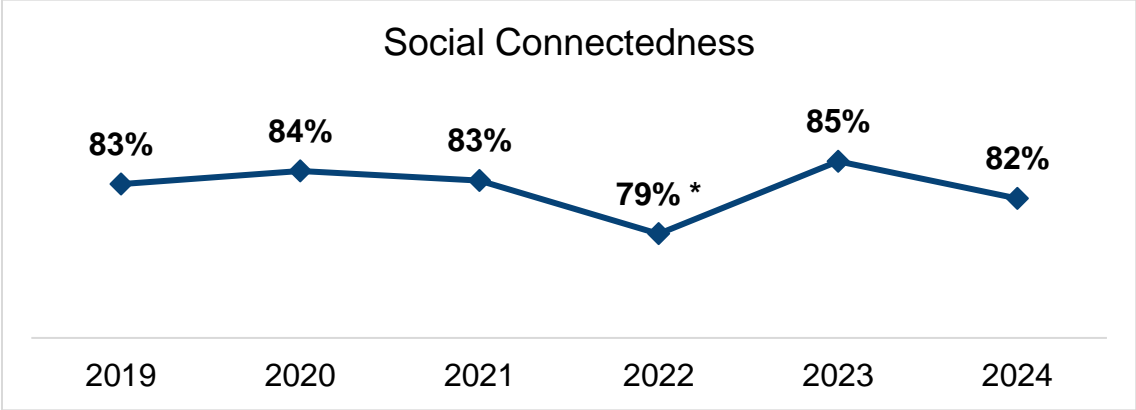
Social Connectedness

The following set of domain questions were presented to survey respondents:

- **In a crisis, I would have the support I need from family or friends.**
- **I know people who will listen and understand me when I need to talk.**
- **I have people that I am comfortable talking with about my child's problems.**
- **I have people with whom I can do enjoyable things.**
- **I know people that I am comfortable talking to about private things.**
- **I have more than one friend.**
- **I am happy with the friendships I have.**



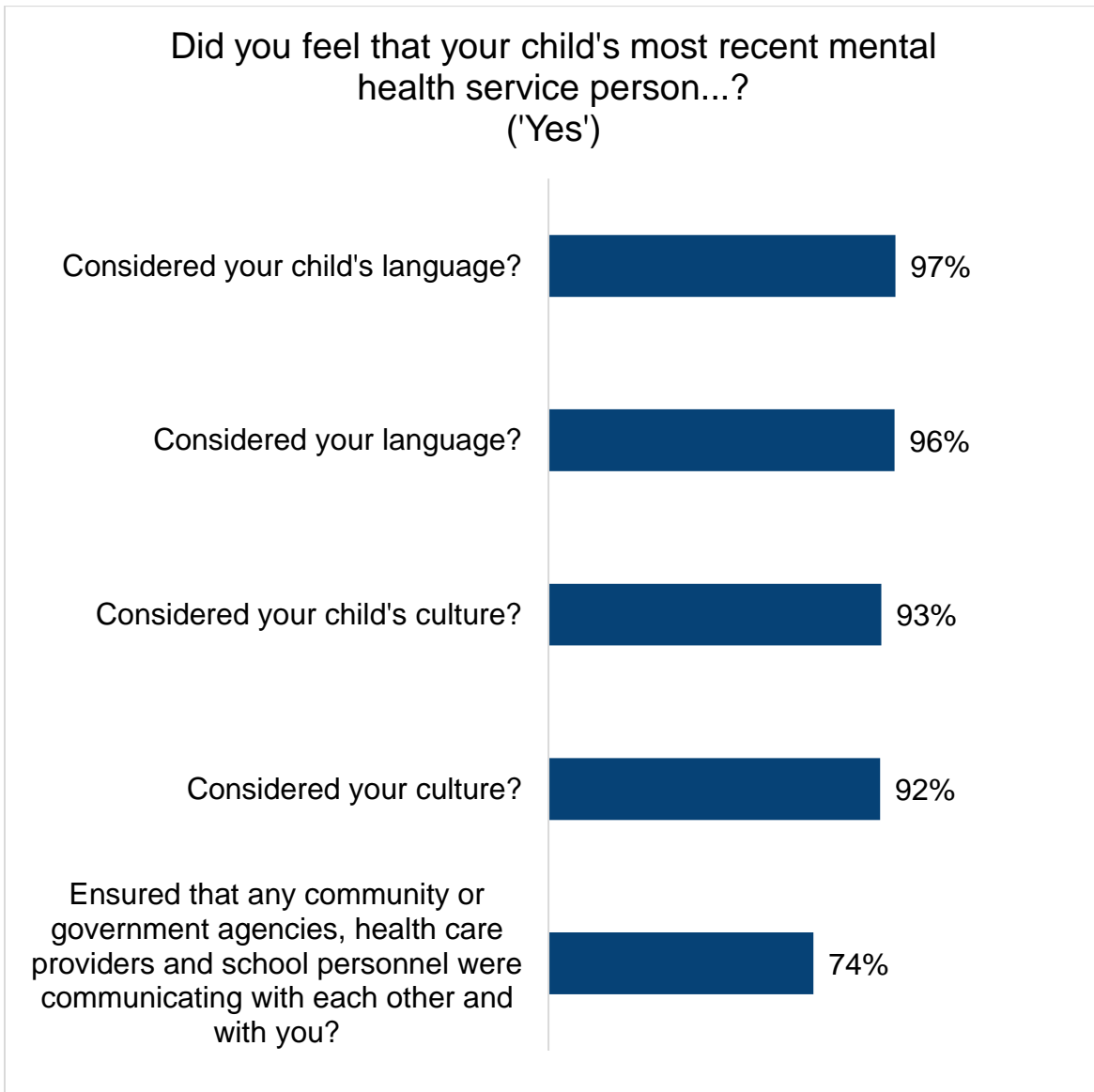
Most respondents reported that they have people with whom they can do enjoyable things (86%) and that they have people that they are comfortable talking to about private things (86%). Over four fifths (82%) said that in a crisis, they would have the support they need from family or friends.



YSSF, 2019 to 2024

Satisfaction in the Social Connectedness domain was trending downward in recent history but increased sharply in 2023; however, satisfaction decreased to 82% in 2024. The value in 2022 is significantly lower (79%) as compared to the total in 2024 (82%).

Cultural Sensitivity

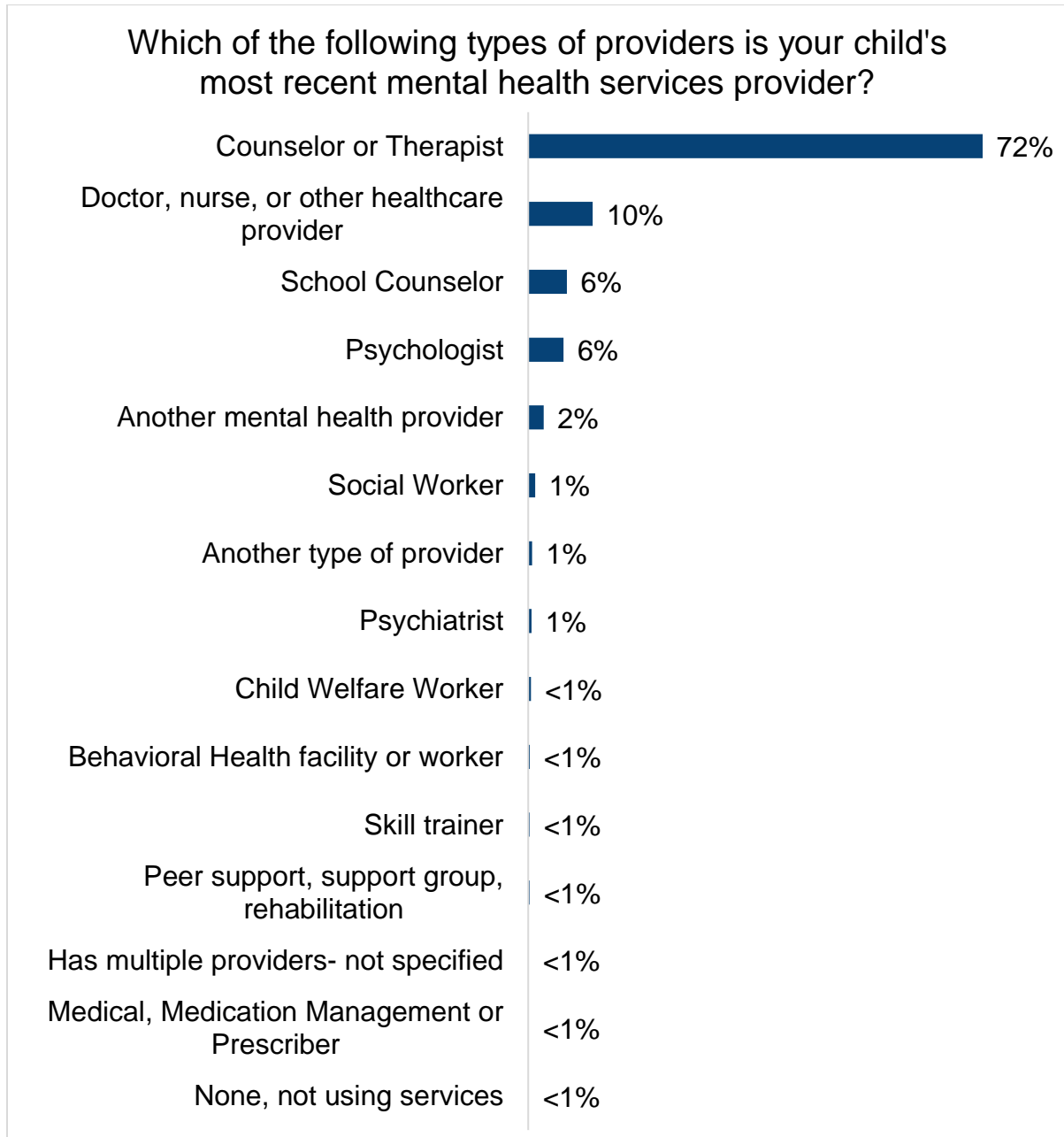


YSSF, 2024

Almost all respondents felt that their child’s most recent mental health service person considered their language (96%) and their child’s language (97%); further, 93% felt that their child’s provider considered their child’s culture and 92% said that the provider considered their own culture. Just less than three quarters (74%) felt that their child’s provider ensured that any community or government agencies, health care providers, and school personnel were communicating with them and with each other.

Respondents whose primary race based on rarest race method is Asian were significantly less likely to say that their child's most recent mental health service person considered their child's language (81%) and their own language (78%) as compared to the totals in 2024 (97% and 96%, respectively).

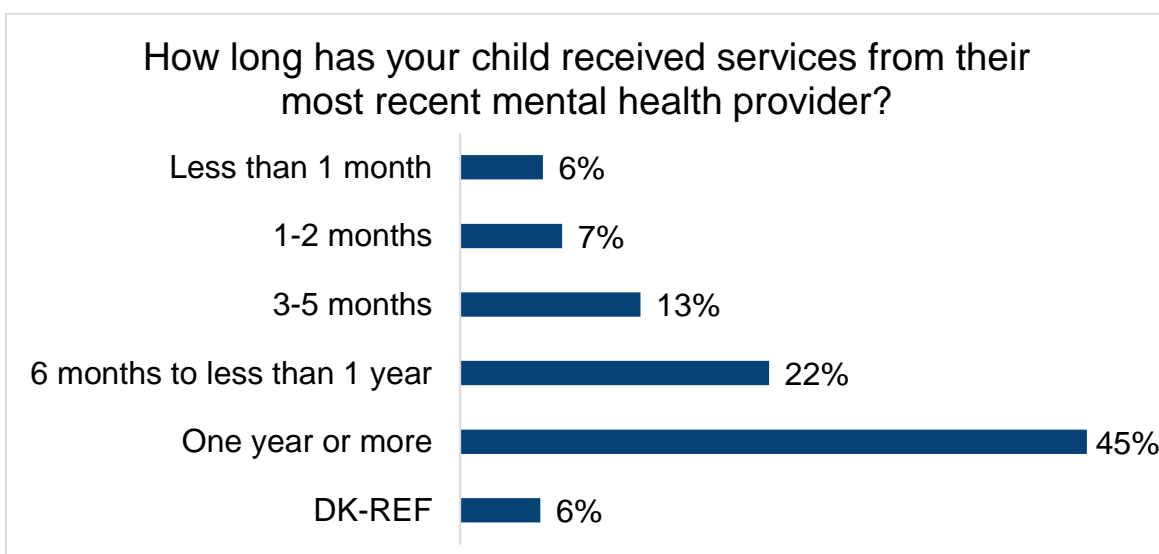
Treatment Status



YSSF, 2024

Just under three quarters (72%) of respondents indicated that a counselor or therapist is their child’s most recent mental health services provider. Only 10% reported that a doctor, nurse, or other healthcare worker was their child’s most recent mental health service provider.

Although most respondents identified their child’s most recent mental health services provider as a counselor or therapist, respondents who indicated their child is between the ages of 16 to 17 years old were significantly less likely to say their child’s most recent provider is a counselor or therapist (63%) as compared to the total in 2024 (72%). Additionally, respondents whose primary race based on rarest race method is Middle Eastern or Northern African were significantly more likely to indicate that a social worker was their child’s most recent mental health services provider (16%) as compared to the total in 2024 (1%).

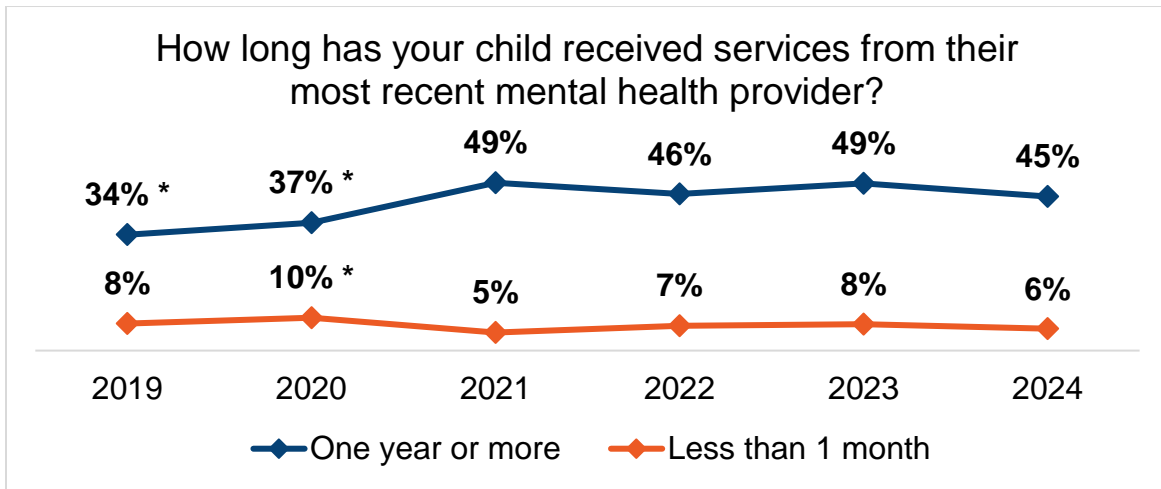


YSSF, 2024

Slightly less than half of respondents (45%) said that their child has received services from their most recent mental health provider for one year or more. Just under a quarter (22%) said their child received services for more than six months but less than one year. Only 6% of respondents said that their child received services from their provider for less than one month.

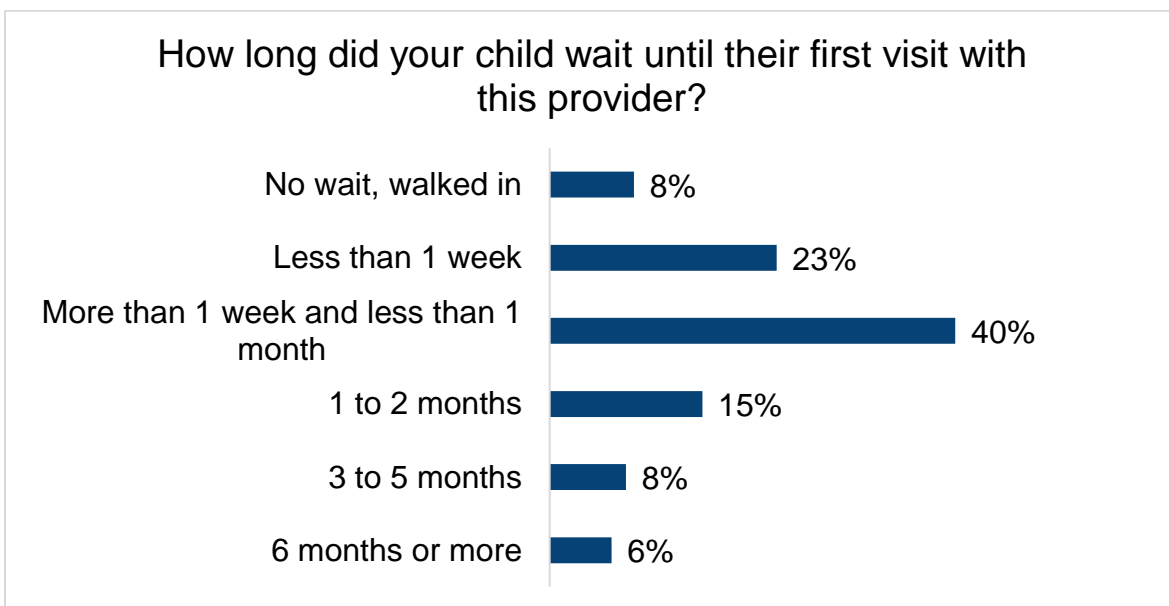
Respondents who indicated their child is between the ages of 0 to 5 years old were significantly more likely to say their child has received services from their most recent mental health services provider for 6 months to less than 1 year (37%) as compared to the total in 2024 (22%). Additionally, respondents whose primary race based on rarest

race method is Asian were significantly more likely to say their child has received services for less than 1 to 2 months (22%) as compared to the total in 2024 (7%).



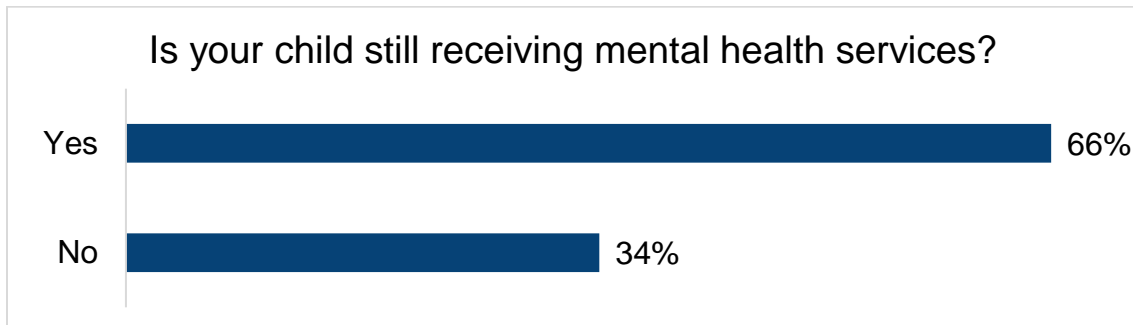
YSSF, 2019 to 2024

The proportion of respondents indicating that their child has received services from their provider for one year or more appears to be relatively stable; however, this proportion decreased slightly to 45% in 2024. The value for ‘One year or more’ was significantly lower in 2019 and 2020 (34% and 37%, respectively) as compared to the total in 2024 (45%). Additionally, the value for ‘Less than 1 month’ was significantly higher in 2020 (10%) as compared to the total in 2024 (6%).



YSSF, 2024

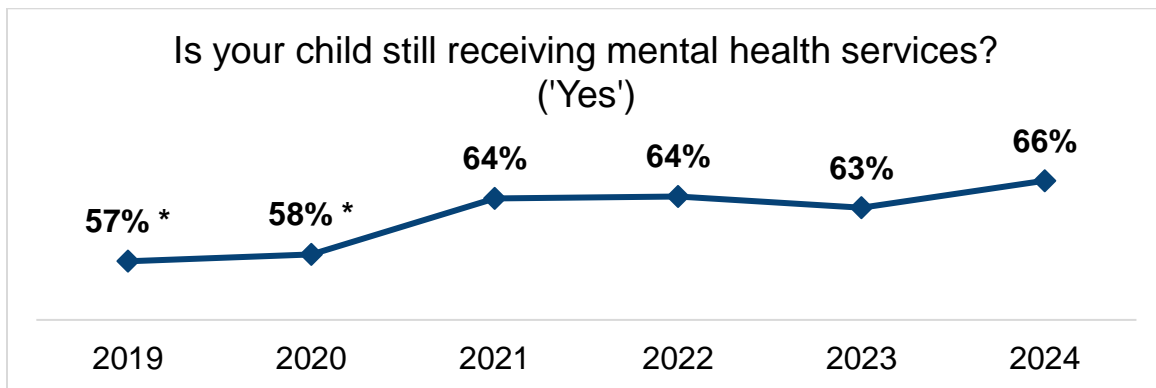
More than one third (40%) of respondents reported that their child had to wait more than one week but less than one month until their first visit with this provider. Slightly less than one quarter (23%) had to wait less than one week and only 8% experienced no wait time.



YSSF, 2024

Just under two thirds of respondents (66%) said that their child is still receiving mental health services.

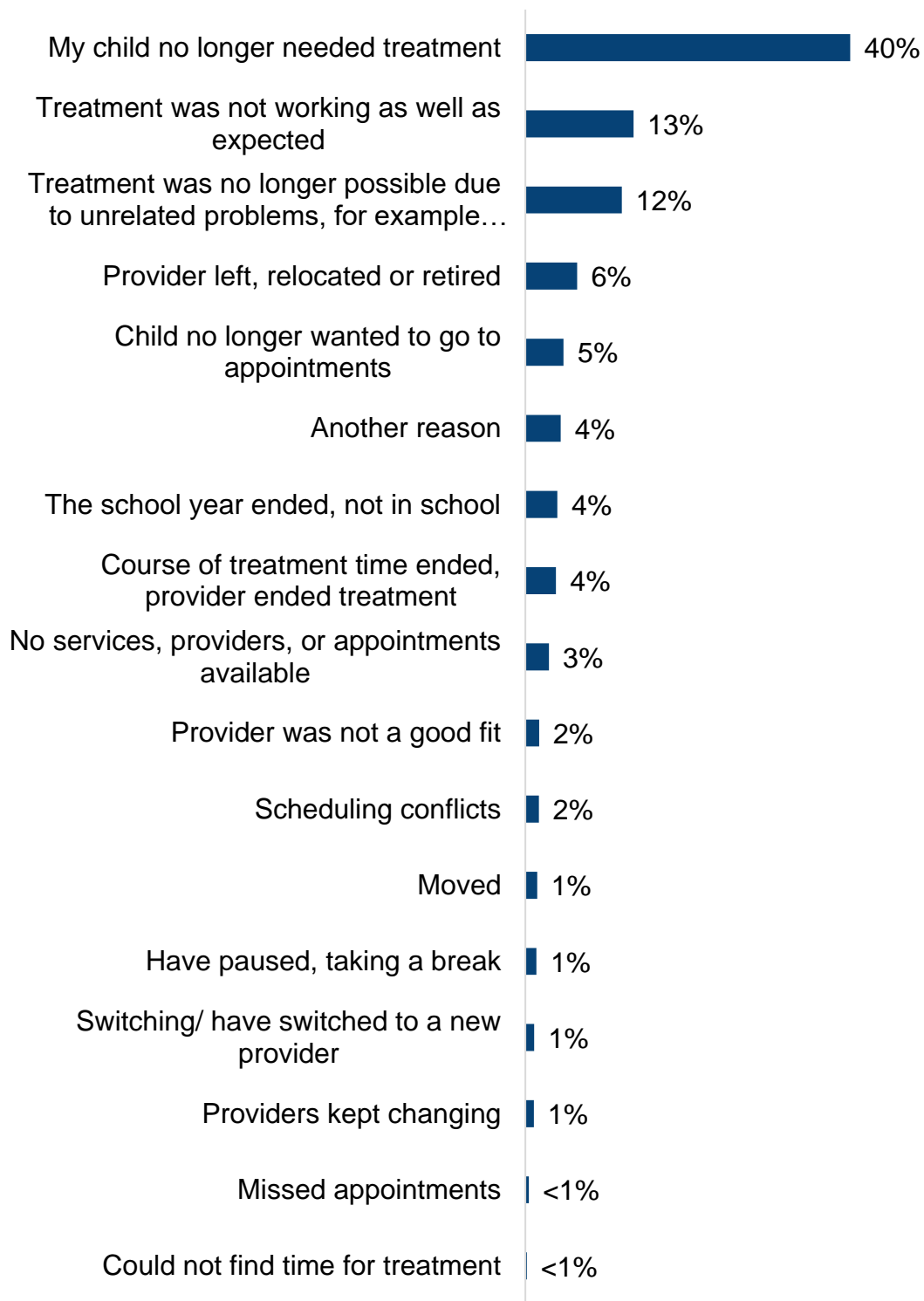
Respondents who indicated their child is between the ages of 0 to 5 years old were significantly less likely to report that their child was still receiving mental health services (51%) as compared to the total in 2024 (66%). Additionally, respondents whose primary race based on rarest race method is Native Hawaiian or Pacific Islander were significantly more likely to report that their child is still receiving mental health services (89%) as compared to the total in 2024 (66%).



YSSF, 2019 to 2024

The proportion of respondents reporting that their child is still receiving mental health services was trending upward over time but decreased slightly in 2023; however, this proportion increased to 66% in 2024. Values in 2019 and 2020 were significantly lower (57% and 58%, respectively) as compared to the total in 2024 (66%).

Which of the following reasons is the major reason why your child's treatment has ended?



Over one third (40%) indicated that their child's treatment ended because their child no longer needed the treatment. A little less than one fifth (13%) reported that their child's treatment ended because it was not working as well as expected and 12% said that treatment was no longer possible due to unrelated problems such as transportation, cost, or insurance issues.

Respondents whose primary race based on rarest race method is Hispanic or Latino/a/x were significantly more likely to report that their child's treatment ended because their child no longer needed the treatment (55%) as compared to the total in 2024 (40%). Additionally, respondents whose primary race based on rarest race method is Black or African American were significantly more likely to report that their child's treatment ended because treatment was no longer possible due to unrelated problems such as transportation, cost, or insurance (29%) as compared to the total in 2024 (12%).

Expectations and Results

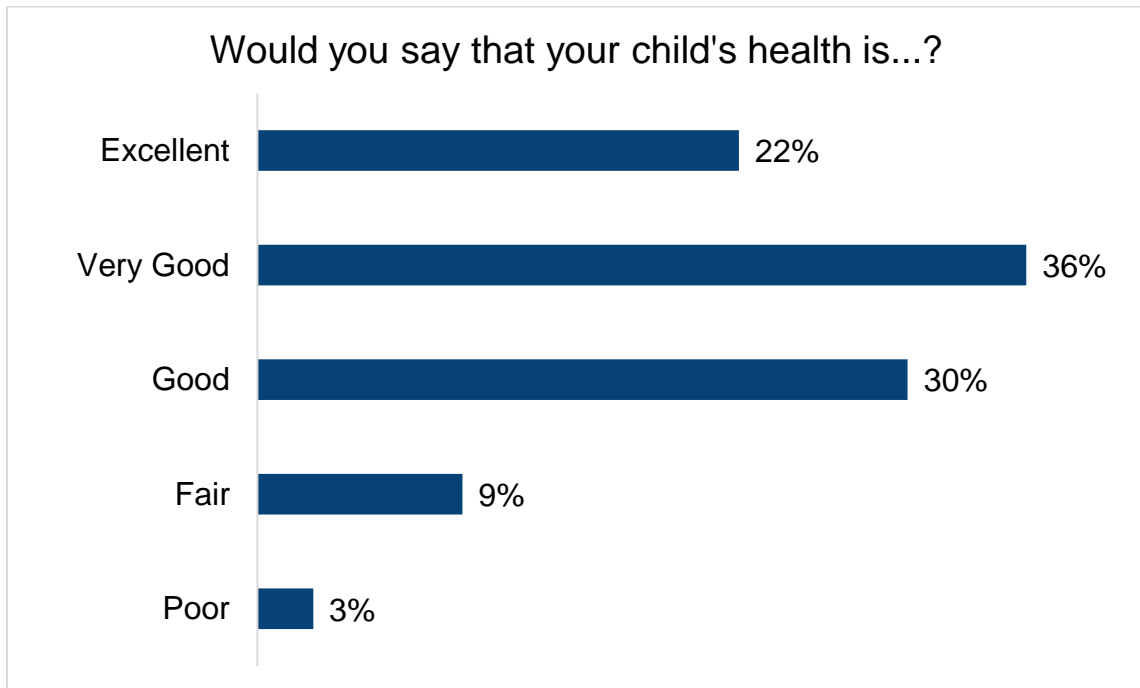


YSSF, 2024

Over three quarters of respondents (78%) expected that their child would feel better about himself or herself when they started receiving services from their provider. However, less than two thirds (61%) reported that their child felt better about himself or herself since they started receiving services. Similarly, over three quarters of respondents (76%) expected their child to become less anxious or fearful, but less than two thirds (61%) reported that their child was less anxious or fearful since they started

receiving services. Nearly two thirds (63%) expected their child to become happier, but only 59% said that their child became happier since they started receiving services.

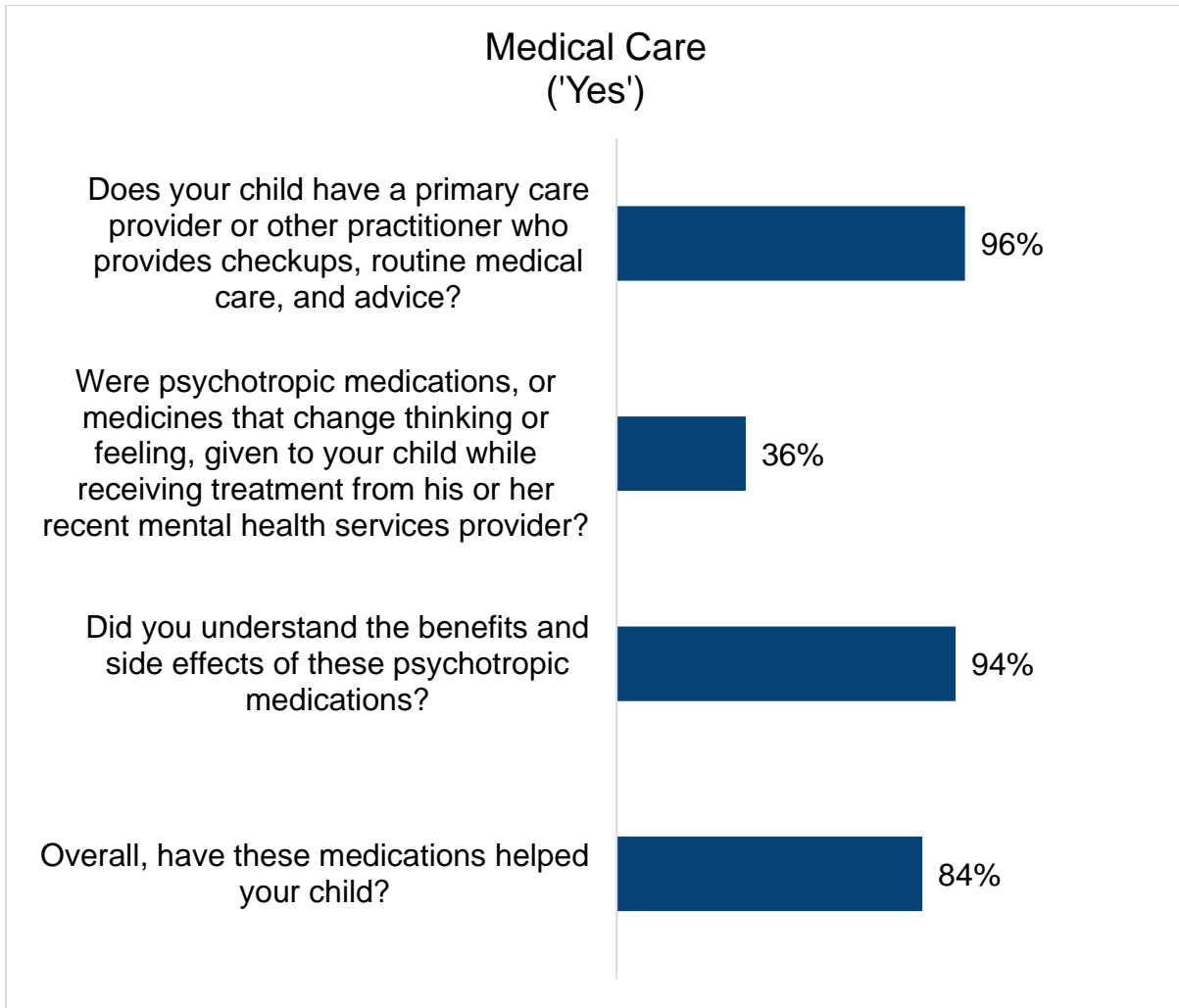
Medical Care



YSSF, 2024

Most respondents (66%) classified their child's health as good (30%) or very good (36%). Slightly less than one quarter (22%) said their child's health is excellent and only 3% said their child's health is poor.

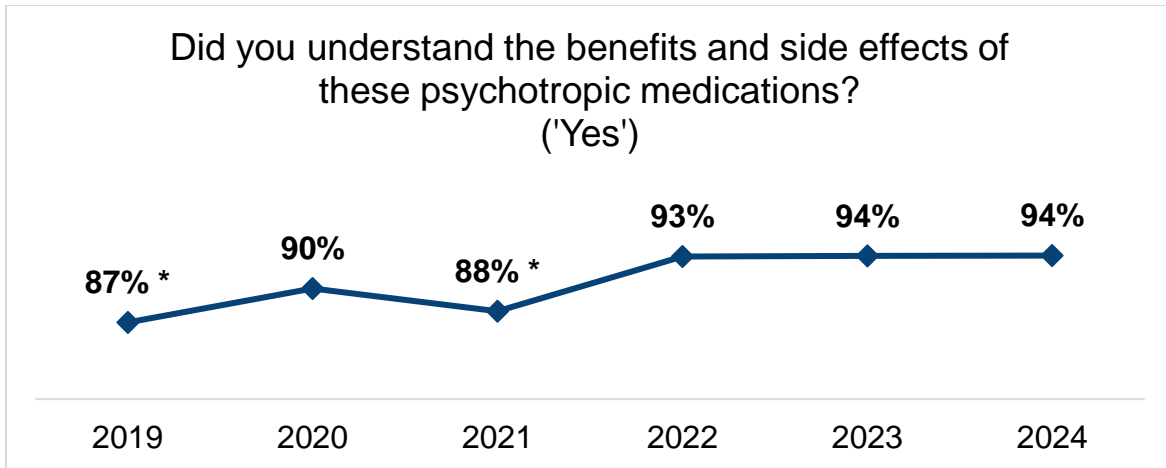
Respondents who indicated their child is between the ages of 0 to 5 years old were significantly more likely to say their child's health is 'Excellent' (43%) and respondents who indicated their child is between the ages of 16 to 17 years old were significantly less likely to say their child's health is 'Excellent' (13%) as compared to the total in 2024 (22%).



YSSF, 2024

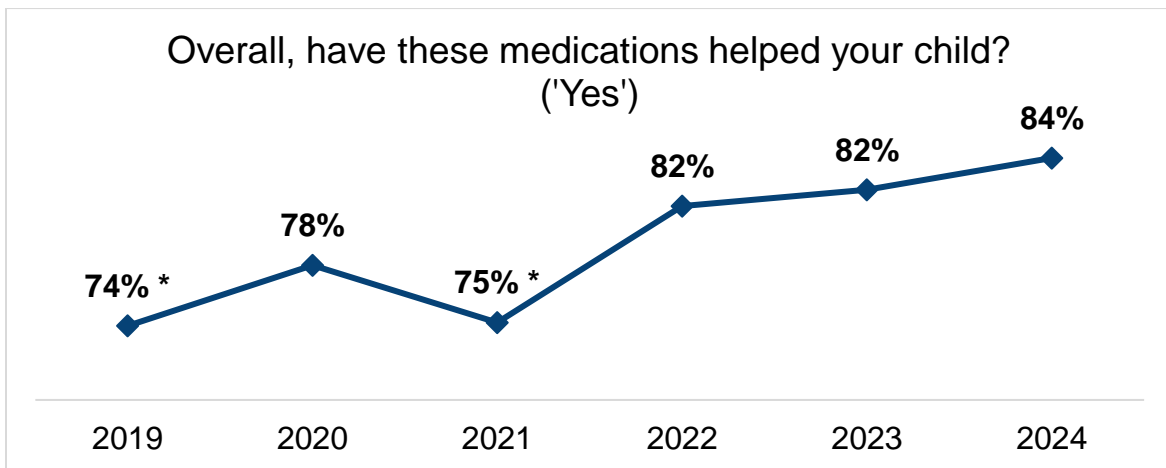
Almost all respondents (96%) reported that their child has a primary care provider or other practitioner who provides checkups, routine medical care, and advice. Just over one third (36%) said that their child was given psychotropic medications, or medicines that change thinking or feeling, while receiving treatment from their provider. Of those who received medications, almost all (94%) said they understood the benefits and side effects and more than four fifths (84%) said these medications have helped their child.

Respondents whose primary race based on rarest race method is Hispanic or Latino/a/x were significantly less likely to report that psychotropic medications were given to their child while receiving treatment (25%) as compared to the total in 2024 (36%). Further, respondents who indicated their child is between the ages of 13 to 17 years old were significantly more likely to report that psychotropic medications were given to their child while receiving treatment (47%) as compared to the total in 2024 (36%).



YSSF, 2019 to 2024

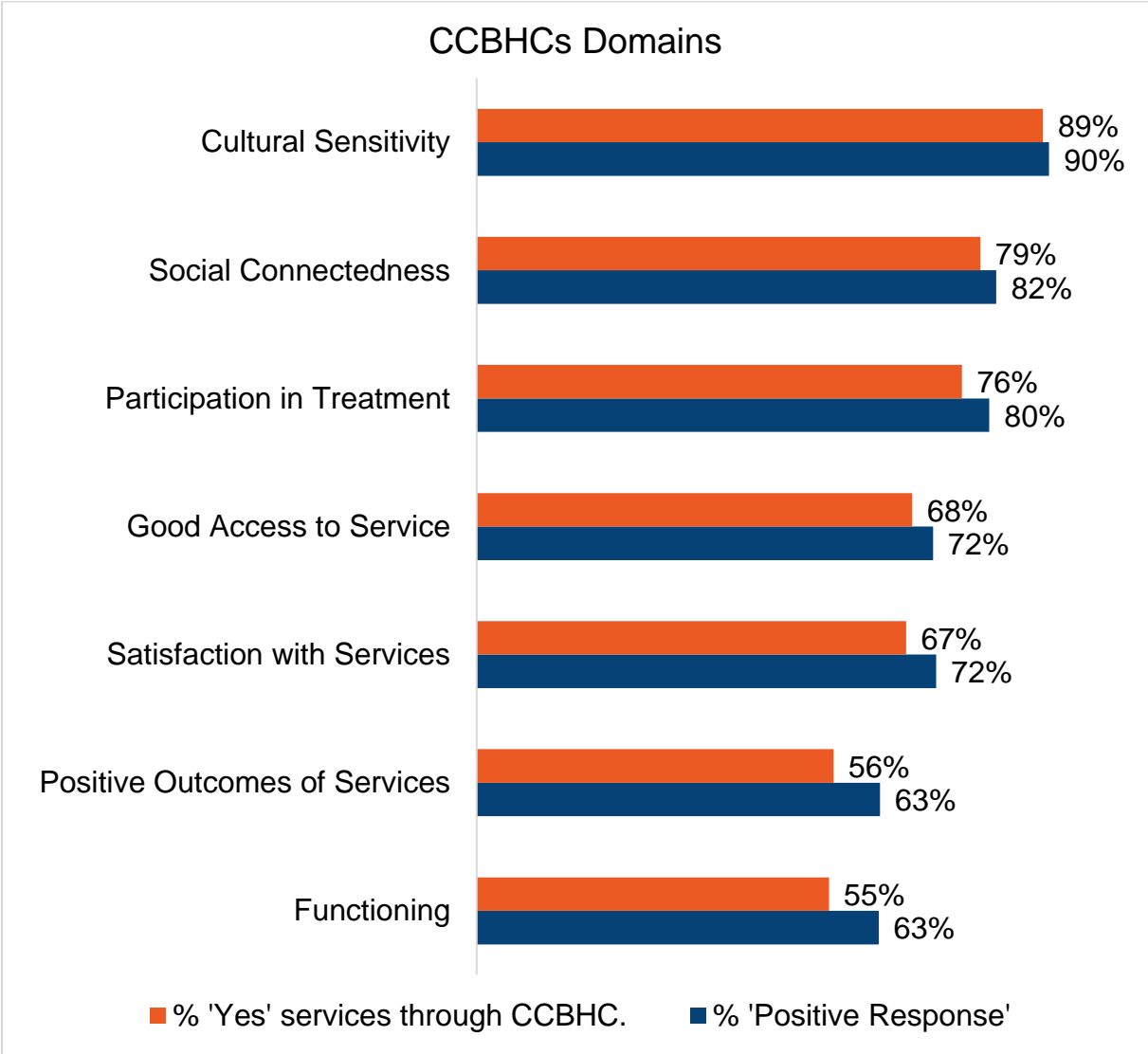
The proportion of respondents who said they understand the benefits and side effects of their child’s psychotropic medications appears to be trending upward over time and remained at 94% in 2024. Values in 2019 and 2021 were significantly lower (87% and 88%, respectively) as compared to the total in 2024 (94%).



YSSF, 2019 to 2024

The proportion of respondents who agreed that these medications have helped their child appears to be trending upward over time despite a slight decrease in 2021. In 2024, the proportion of respondents who agreed that these medications have helped their child increased to 84%. Values in 2019 and 2021 were significantly lower (74% and 75%, respectively) as compared to the total in 2024 (84%).

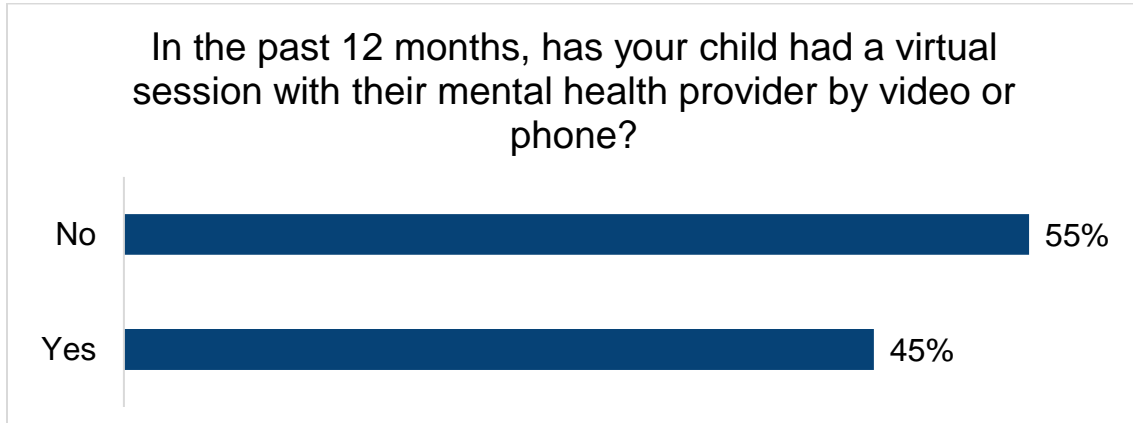
Certified Community Behavioral Health Clinics (CCBHCs)



YSSF, 2024

Most survey respondents reported high levels of satisfaction within the Certified Community Behavioral Health Clinics (CCBHCs) domains of Cultural Sensitivity (89%) and Social Connectedness (79%). However, less than two thirds said that they were satisfied within the domain areas of Positive Outcomes of Services (56%) and Daily Functioning (55%).

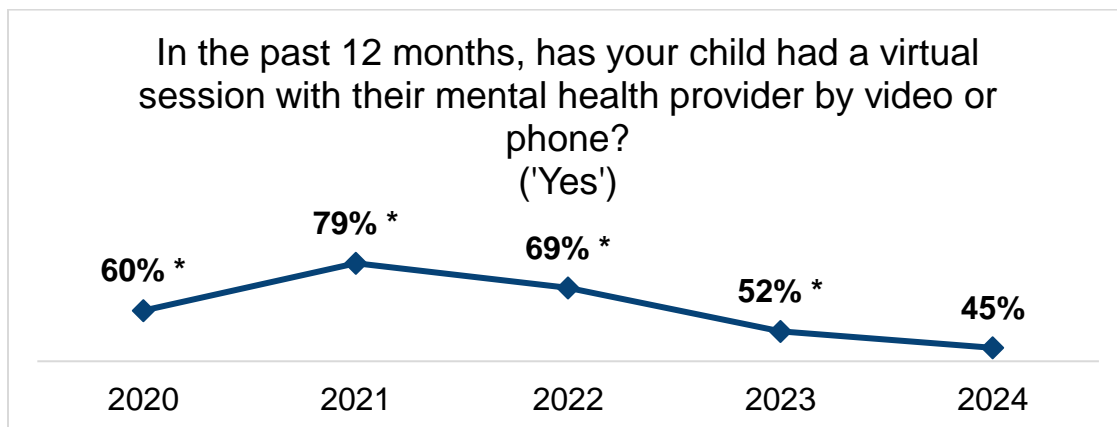
Telehealth Services



YSSF, 2024

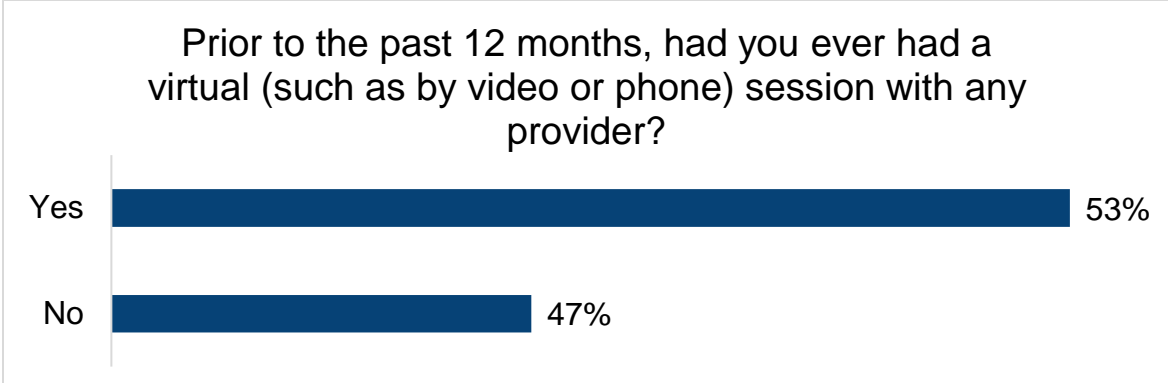
Slightly less than half of respondents (45%) said their child has had a virtual session with their mental health provider in the past 12 months.

Respondents who indicated their child is between the ages of 0 to 5 years old were significantly less likely to report that their child has had a virtual session with their mental health provider by video or phone (26%) as compared to the total in 2024 (45%).



YSSF, 2020 to 2024

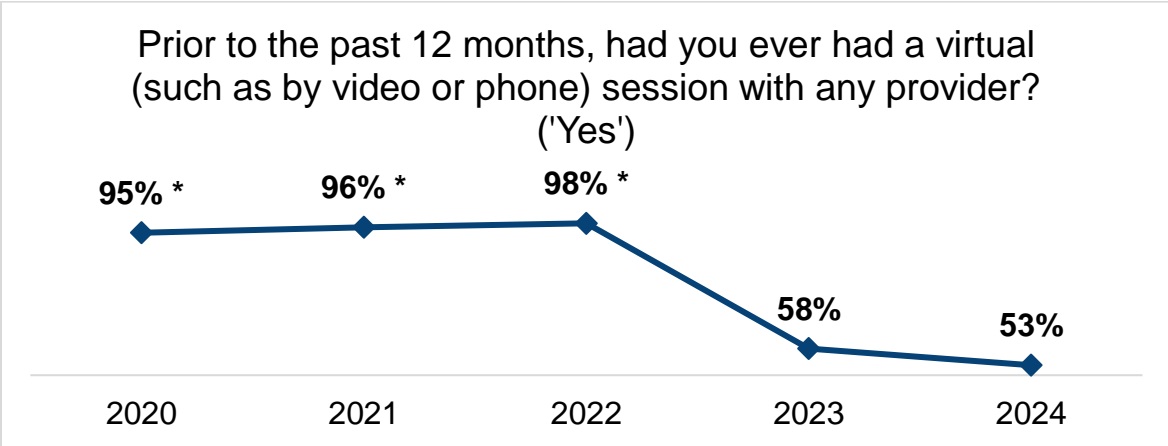
The proportion of respondents indicating that their child has had a virtual session with their provider in the past 12 months appears to be trending downward steadily, decreasing to 45% in 2024. All prior years' values are significantly higher (60%, 79%, 69%, and 52%, respectively) as compared to the total in 2024 (45%).



YSSF, 2024

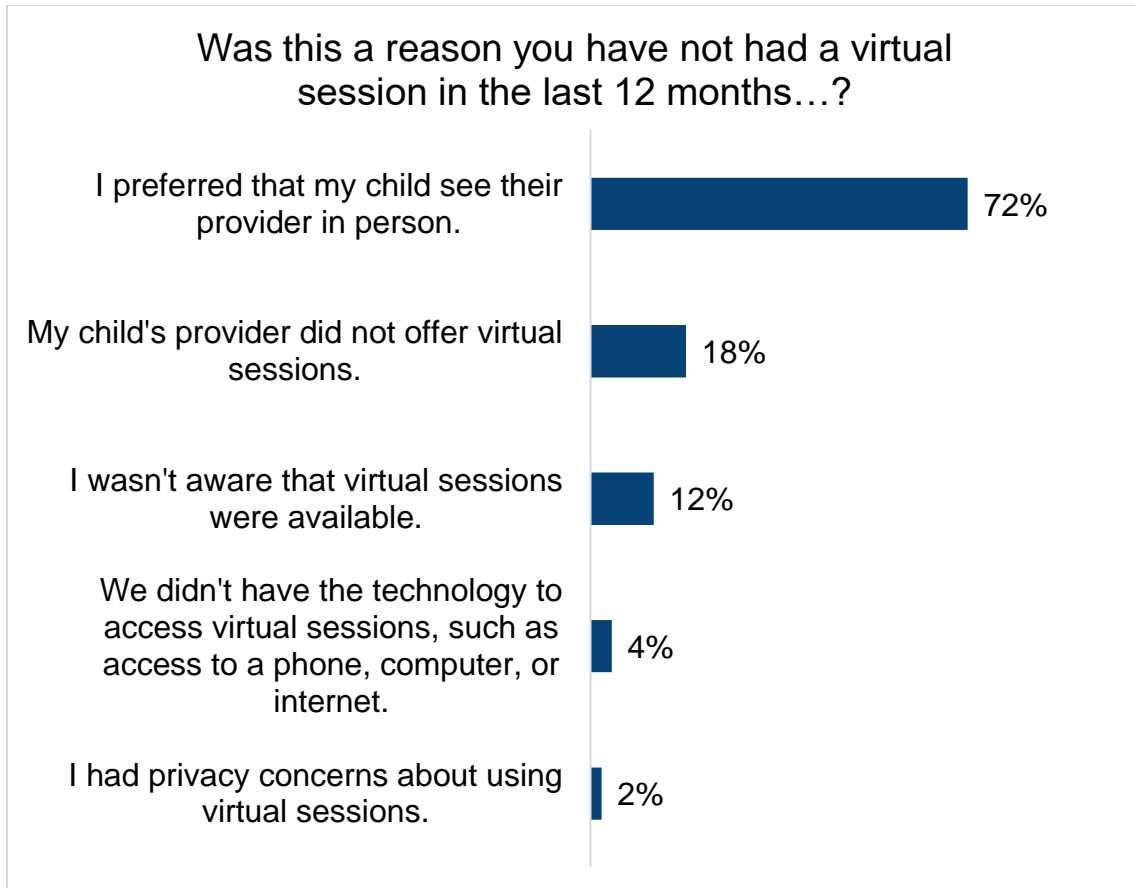
Less than half (47%) of respondents said they have not ever had a virtual session with any provider prior to the past 12 months.

Respondents whose residence is located in a ‘Rural’ area were significantly less likely to have had a virtual session with any provider prior to the past 12 months (47%) as compared to the total in 2024 (53%). Additionally, respondents who indicated their child is between the ages of 0 to 5 years old were significantly less likely to have had a virtual session with any provider prior to the past 12 months (37%) as compared to the total in 2024 (53%).



YSSF, 2020 to 2024

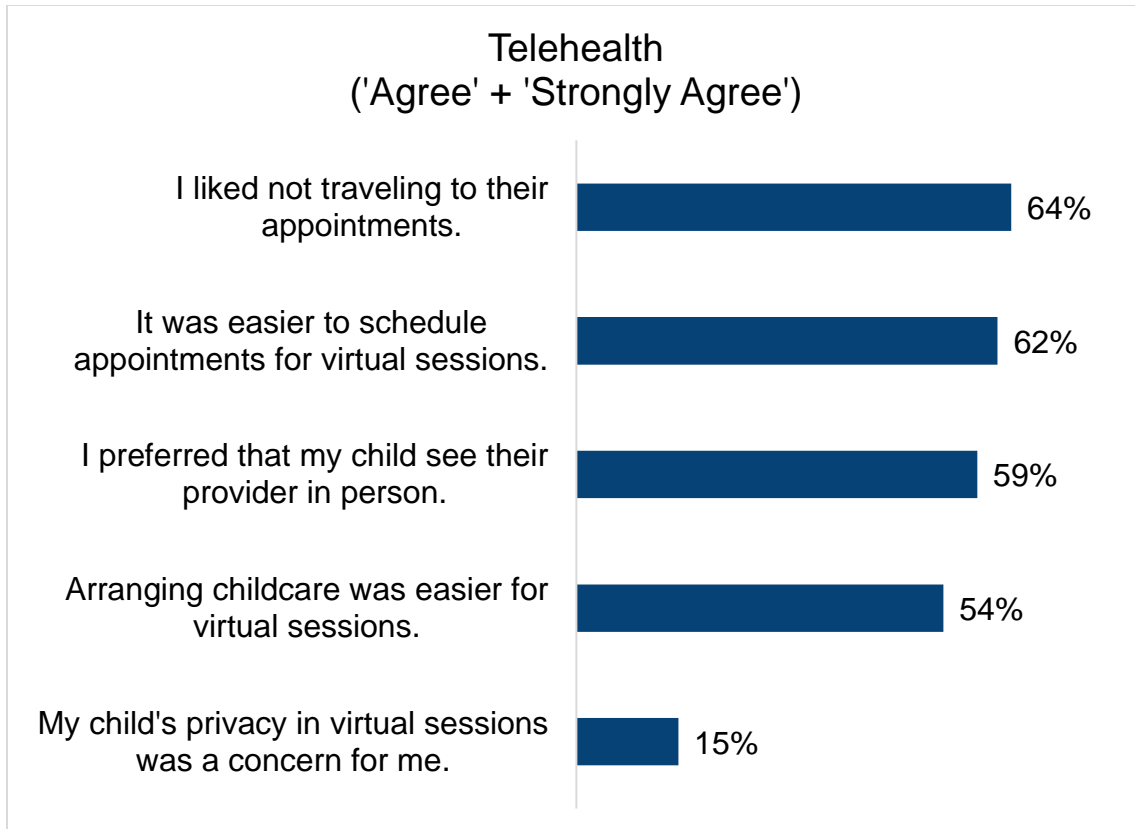
The proportion of respondents who ever had a virtual session prior to the past 12 months appears to be decreasing over time. In 2024, this value decreased to 53%. Values in 2020, 2021, and 2022 are significantly higher (95%, 96%, 98%, respectively) as compared to the total in 2024 (53%).



YSSF, 2024

Of those who have not had a virtual session in the last 12 months, almost three quarters (72%) said that they preferred that their child sees their provider in person. Just less than one fifth (18%) said their child's provider did not offer virtual sessions.

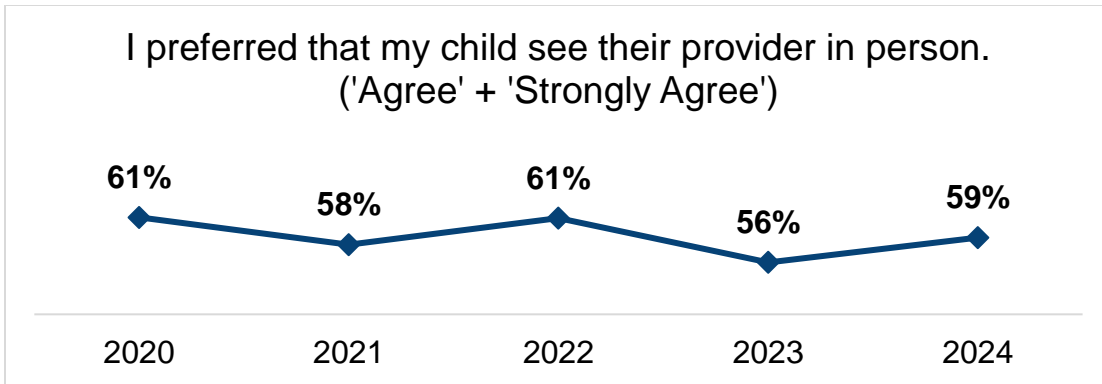
Respondents who indicated their child is between the ages of 6 to 12 years old were significantly more likely to say they have not had a virtual session in the last 12 months because they preferred that their child see their provider in person (79%) as compared to the total in 2024 (72%).



YSSF, 2024

Almost two thirds of respondents (64%) agreed that regarding telehealth services, they liked not traveling to their appointments and 62% agreed that it was easier to schedule appointments for virtual services. Just over half (54%) agreed that arranging childcare was easier for virtual sessions. However, more than half (59%) said they preferred that their child sees their provider in person.

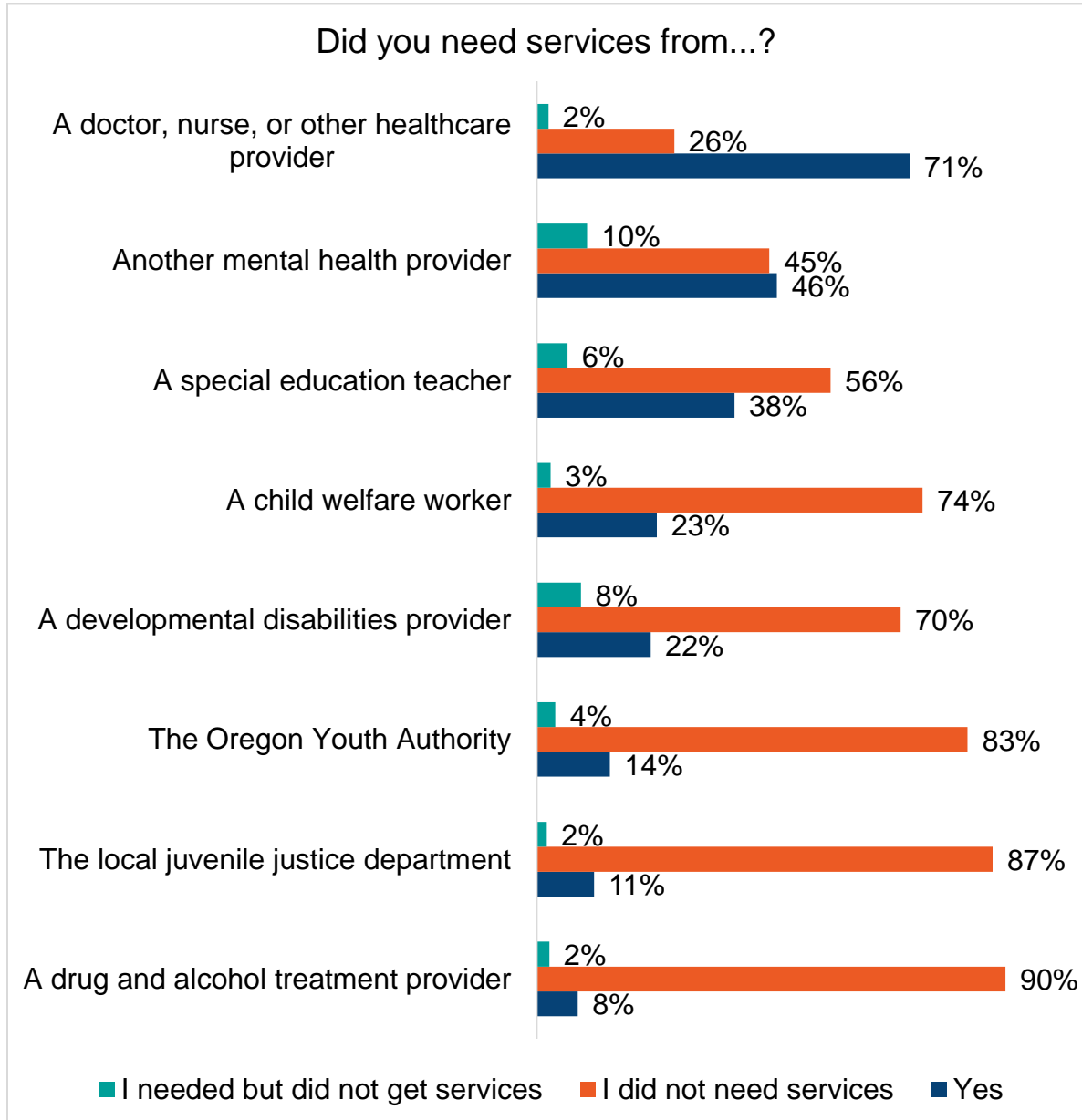
Respondents whose primary race based on rarest race method is Asian were significantly more likely to 'Strongly Disagree' that it was easier to schedule appointments for virtual sessions (17%) as compared to the total in 2024 (1.5%). Further, respondents whose primary race based on rarest race method is Asian were significantly less likely to 'Strongly Agree' that they liked not traveling to appointments (3%) as compared to the total in 2024 (37%). Additionally, respondents whose primary race based on rarest race method is Middle Eastern or Northern African were significantly more likely to 'Strongly Agree' that it was easier to schedule appointments for virtual sessions (86%) as compared to the total in 2024 (31%).



YSSF, 2020 to 2024

The proportion of respondents who said they preferred that their child sees their provider in person was trending upward before decreasing slightly in 2023; however, this value increased to 59% in 2024. The proportion of respondents who 'Strongly Agree' was significantly higher in 2020, 2021, and 2022 (36%, 36%, and 39%, respectively) as compared to the total in 2024 (29%).

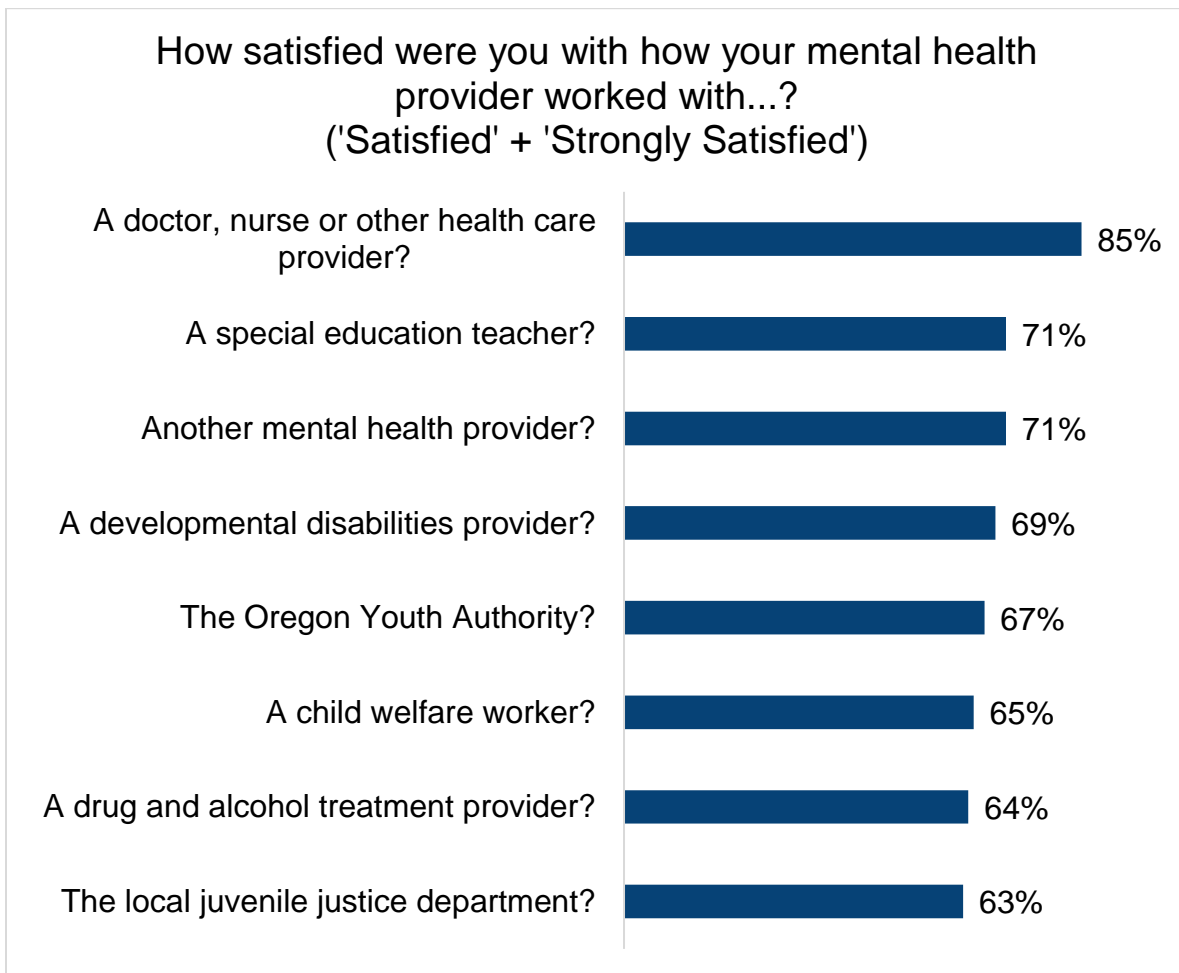
Care Coordination



YSSF, 2024

Over two thirds of respondents (71%) reported that they need services from a doctor, nurse, or other healthcare provider. Just under half (46%) said they need services from another mental health provider. Just over one third (38%) said they need services from a special education teacher and just under one quarter (23%) need services from a child welfare worker.

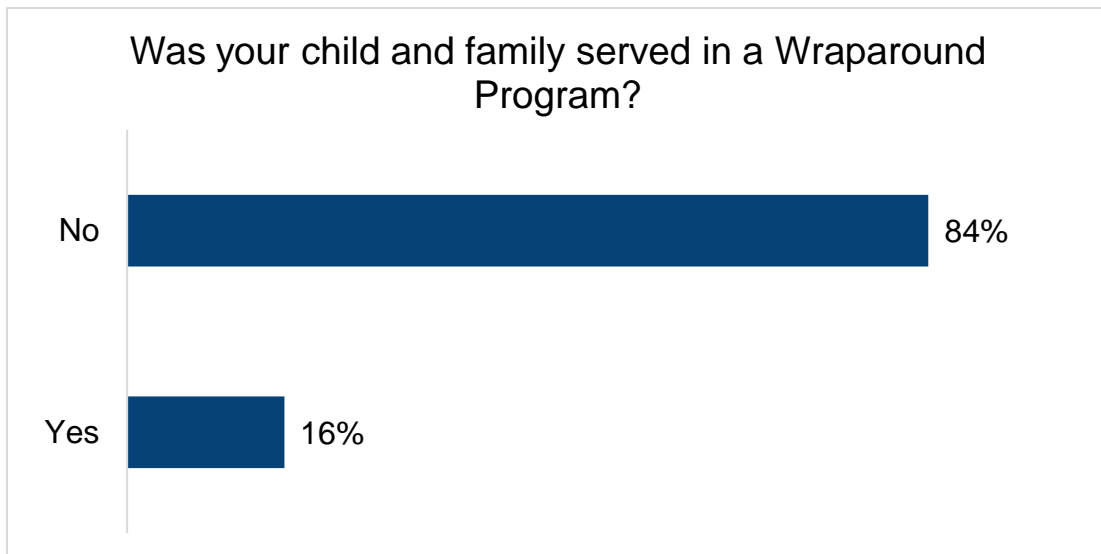
Respondents who indicated their child is between the ages of 14 to 15 years old were significantly more likely to say they needed services from a juvenile justice department (17%) as compared to the total in 2024 (11%). Additionally, respondents who indicated their child's gender as male were significantly more likely to say they needed services from a special education teacher (47%) as compared to the total in 2024 (38%). Further, respondents who indicated their child's gender as male were again significantly more likely to say they needed services from a developmental disabilities service provider (28) as compared to the total in 2024 (22%). Respondents whose residence is located in a 'Frontier' area were also significantly more likely to say they needed services from a developmental disabilities service provider (37%) as compared to the total in 2024 (22%). Finally, respondents who indicated their child is between the ages of 14 to 15 years old were significantly more likely to say they needed services from a drug and alcohol treatment provider (13%) as compared to the total in 2024 (8%).



YSSF, 2024

More than four fifths (85%) of respondents said they were satisfied with how their mental health provider worked with a doctor, nurse, or other health care provider. Just under three quarters were satisfied with how their provider worked with a special education teacher (71%) and another mental health provider (71%). However, only 65% of respondents were satisfied with how their provider worked with a child welfare worker.

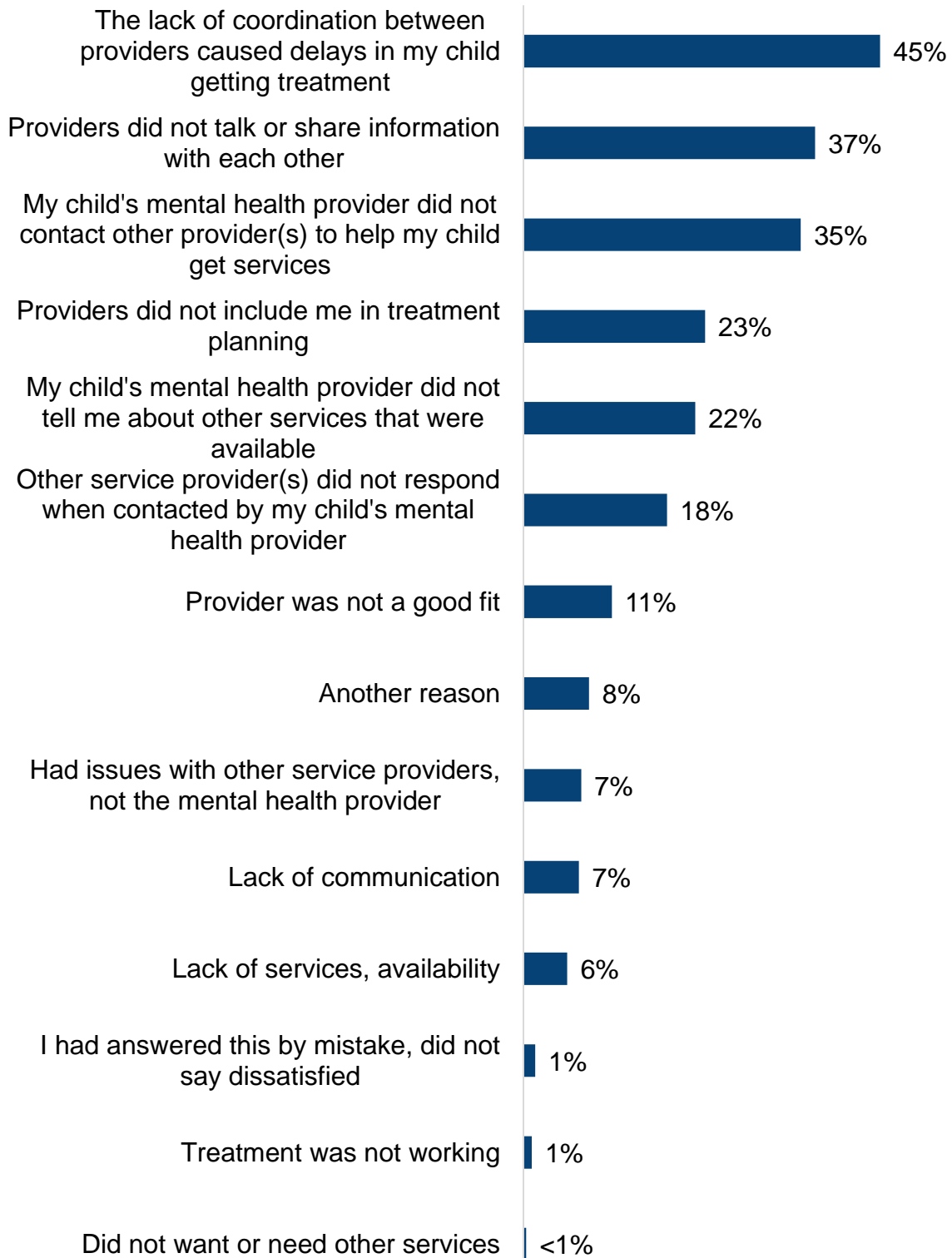
Respondents whose primary race based on rarest race method is American Indian or Alaska Native were significantly more likely to be 'Strongly Dissatisfied' with how their mental health provider worked with the local juvenile justice department (34%) as compared to the total in 2024 (8%).



YSSF, 2024

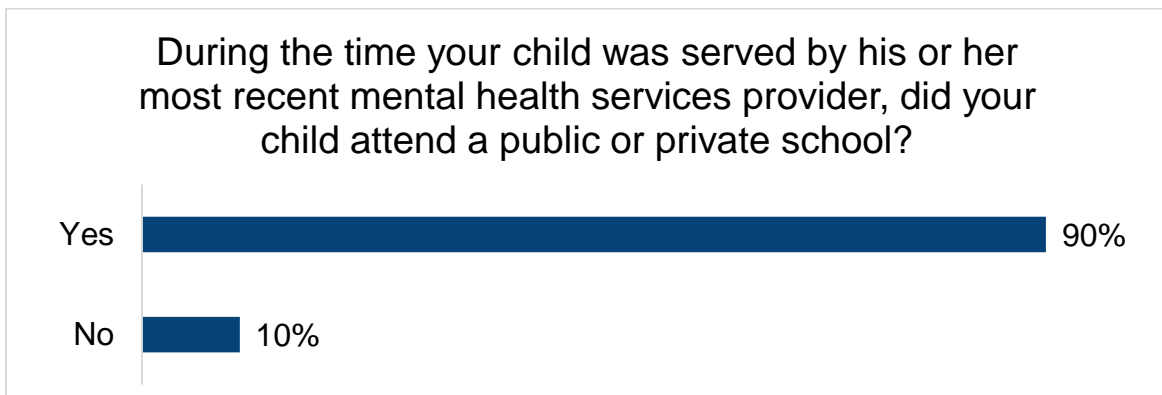
Most respondents (84%) indicated that they have not been served in a Wraparound Program.

Why were you dissatisfied with the way your child's most recent mental health provider worked with another provider?



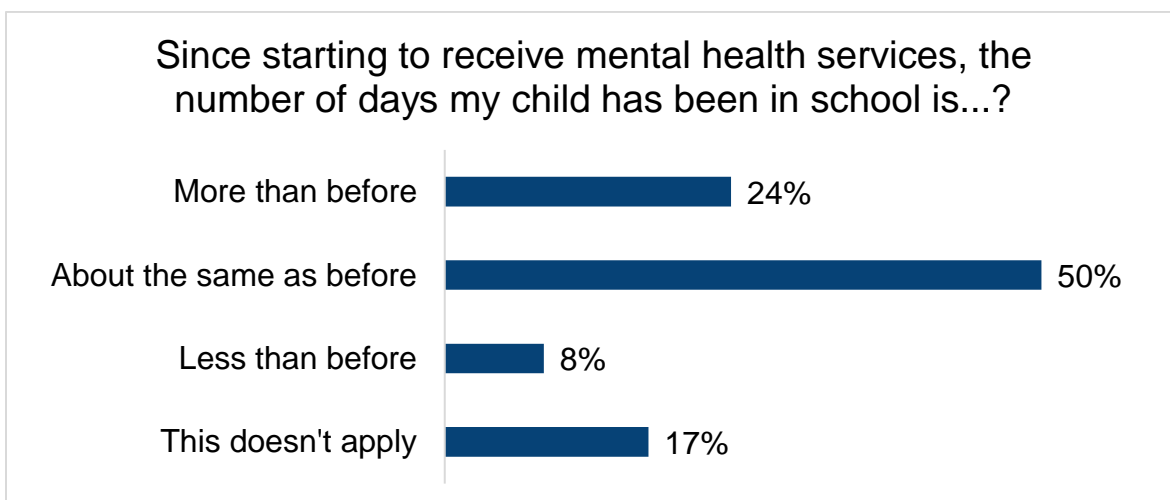
The most reported reasons for dissatisfaction with how a mental health service provider worked with another provider is a lack of coordination between providers which caused delays in treatment (45%) and providers not talking or sharing information with each other (37%). Other top reasons include a mental health provider not contacting other providers to get the child services (35%), provider not including the caregiver in treatment planning (23%), and provider not informing the caregiver about other available services (22%).

School



YSSF, 2024

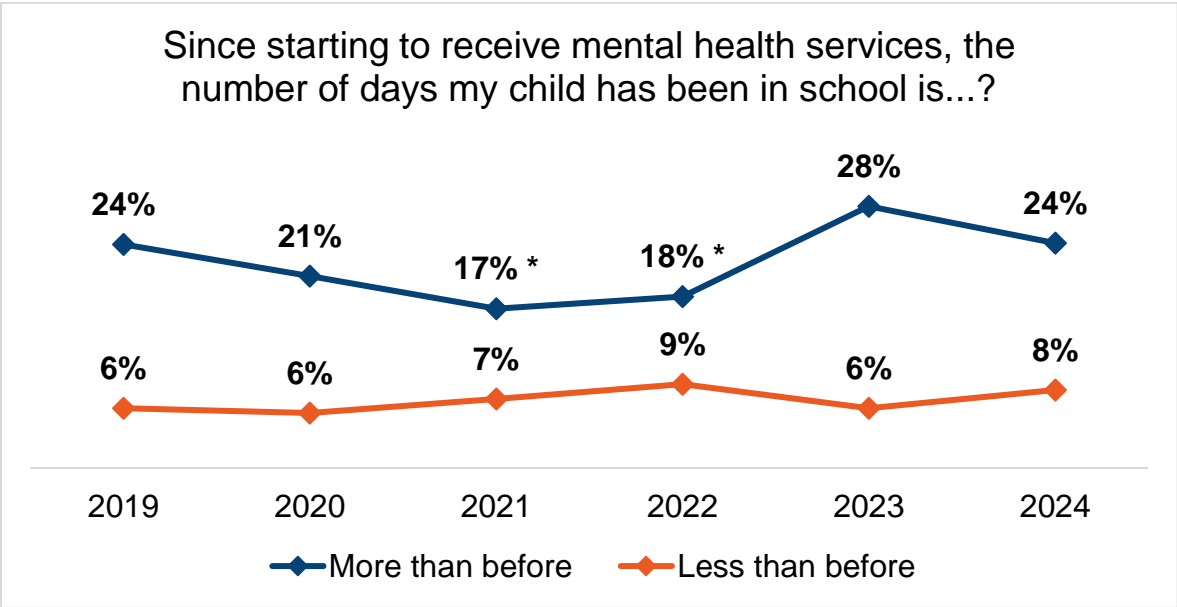
Most respondents (90%) said that their child attended public or private school during the time their child was served by his or her most recent mental health services provider.



YSSF, 2024

Exactly half of the survey respondents (50%) said that since starting to receive mental health services, the number of days their child has been in school is about the same as

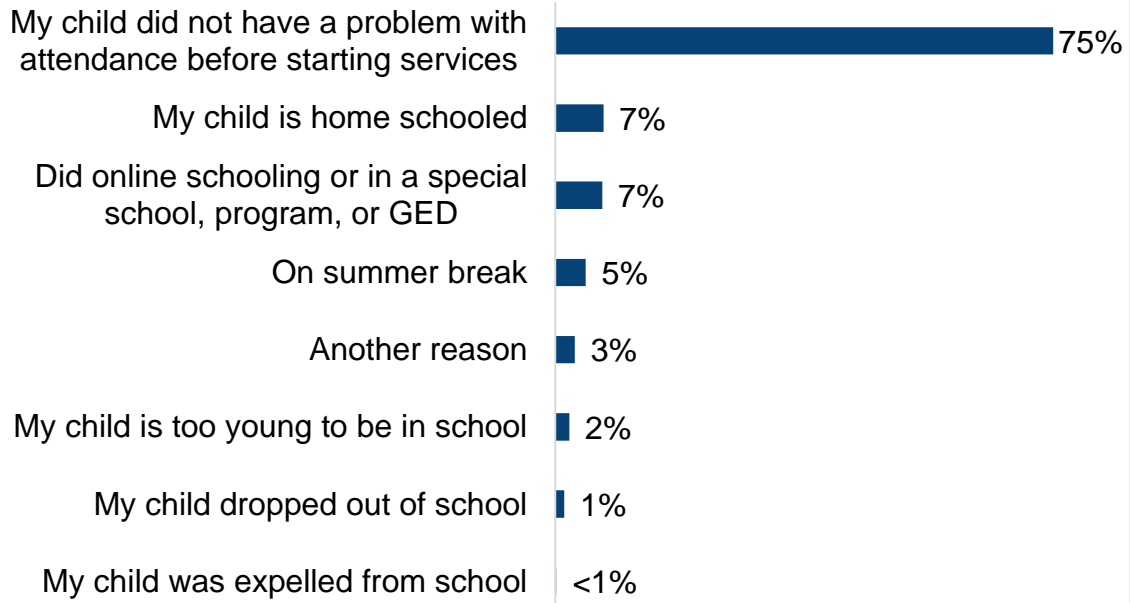
before. Slightly less than one quarter (24%) said that the number of days their child has been in school is more than before and only 8% said that the number of days in school is less than before receiving services.



YSSF, 2019 to 2024

The proportion of respondents who said that their child has been in school more than before starting mental health services appears to have been trending downward before increasing in 2023; however, in 2024, this proportion decreased to 24%. The values for 'More than before' are significantly lower in 2021 and 2022 (17% and 18%, respectively) as compared to the total in 2024 (24%). Contrarily, the proportion of respondents who said that their child has been in school less than before starting mental health services appears to have been trending upward before decreasing in 2023; however, this proportion increased to 8% in 2024.

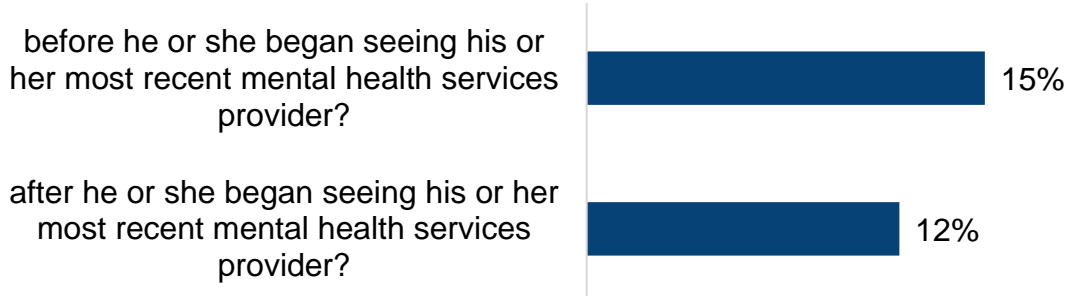
What is the main reason why this doesn't apply?
(Since starting to receive mental health services, the
number of days my child has been in school...?)



YSSF, 2024

Three quarters of respondents (75%) reported that their child did not have a problem with attendance in school before starting mental health services. Only 1% said that their child dropped out of school.

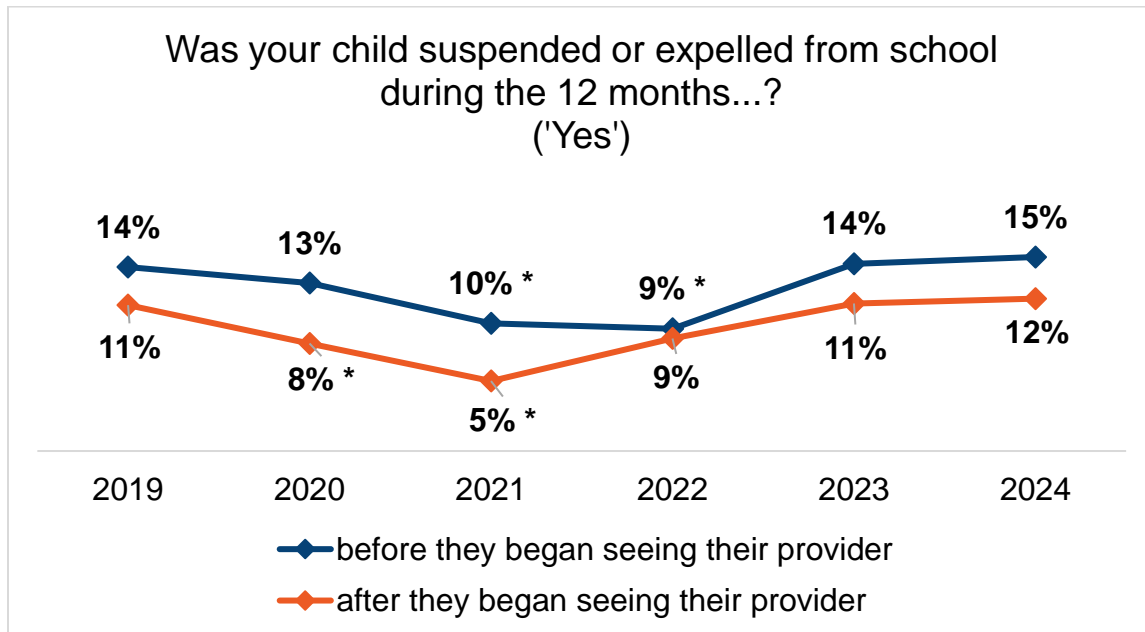
Was your child suspended or expelled from school
during the 12 months...?
(‘Yes’)



YSSF, 2024

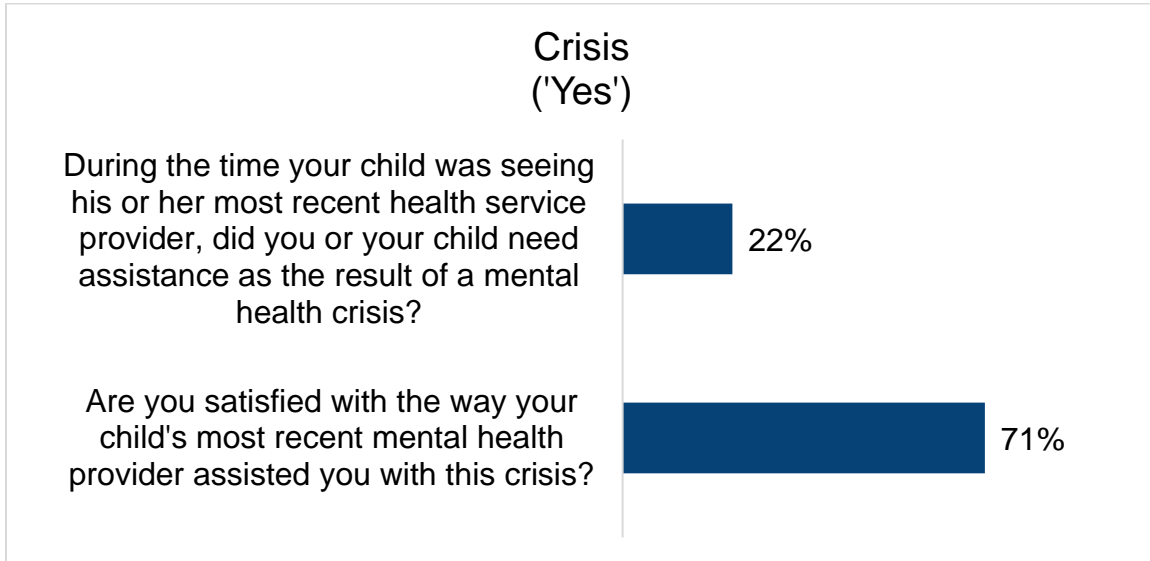
Only 12% of respondents said that their child was suspended or expelled from school during the last 12 months after he or she began seeing his or her most recent mental health services provider.

Respondents who indicated their child's gender is male were significantly more likely to report that their child was suspended or expelled from school during the 12 months before he began seeing his most recent mental health services provider (22%) as compared to the total in 2024 (15%).



The proportion of respondents who said their child has been suspended or expelled from school during the 12 months before they began seeing their provider had been trending downward in recent history; however, in 2024, this value increased to 15%. Values for 'before they began seeing their provider' in 2021 and 2022 were significantly lower (10% and 9%, respectively) as compared to the total in 2024 (15%). Additionally, the proportion of respondents who said their child has been suspended or expelled from school during the 12 months after they began seeing their provider is trending upward, increasing to 12% in 2024. Values for 'after they began seeing their provider' in 2020 and 2021 were significantly lower (8% and 5%, respectively) as compared to the total in 2024 (12%).

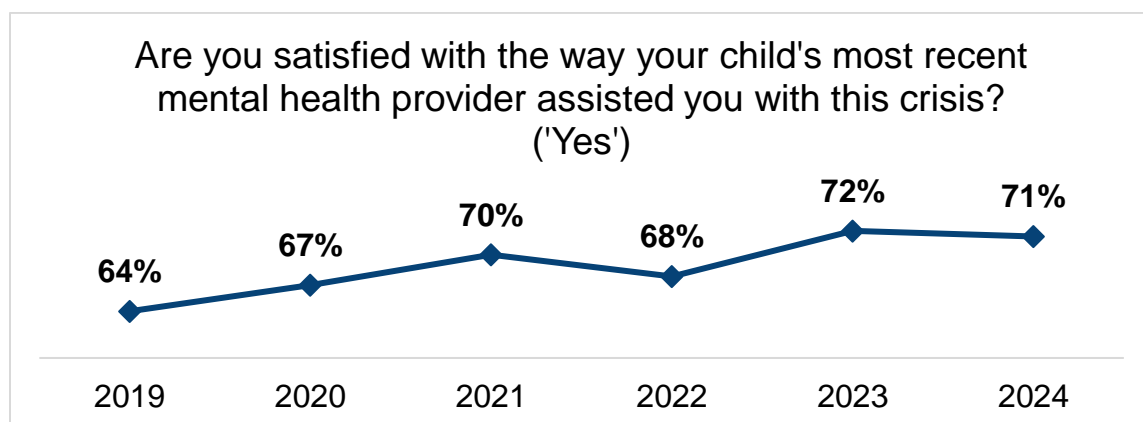
Crisis



YSSF, 2024

Just under one quarter (22%) of respondents indicated that during the time their child was seeing his or her mental health service provider, they or their child needed assistance as the result of a mental health crisis. Of those who experienced a crisis, almost three quarters (71%) said they were satisfied with the way their child's mental health service provider assisted them with the crisis.

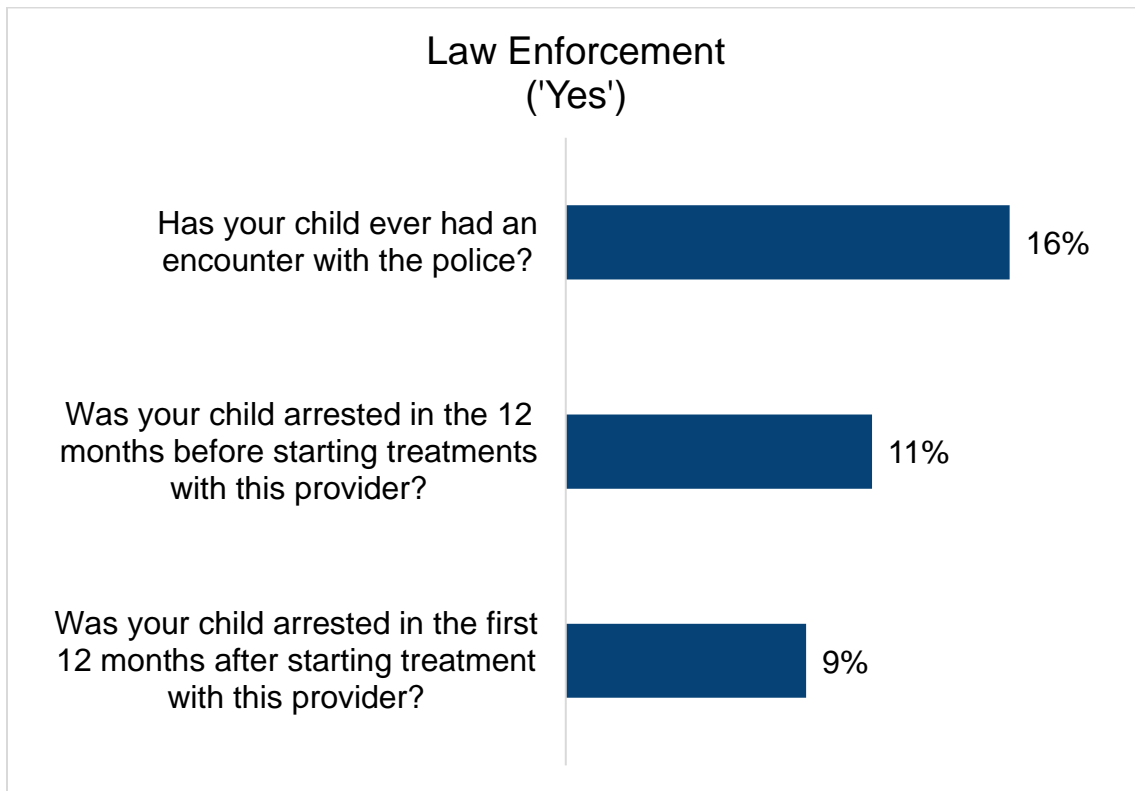
Respondents who indicated their own age as 60 years old or older were significantly more likely to say that they or their child needed assistance as the result of a mental health crisis during the time their child was seeing his or her most recent health service provider (33%) as compared to the total in 2024 (22%).



YSSF, 2019 to 2024

The proportion of respondents who were satisfied with the way their child’s provider assisted with their mental health crisis appears to be trending upward over recent history; however, this proportion fell to 71% in 2024.

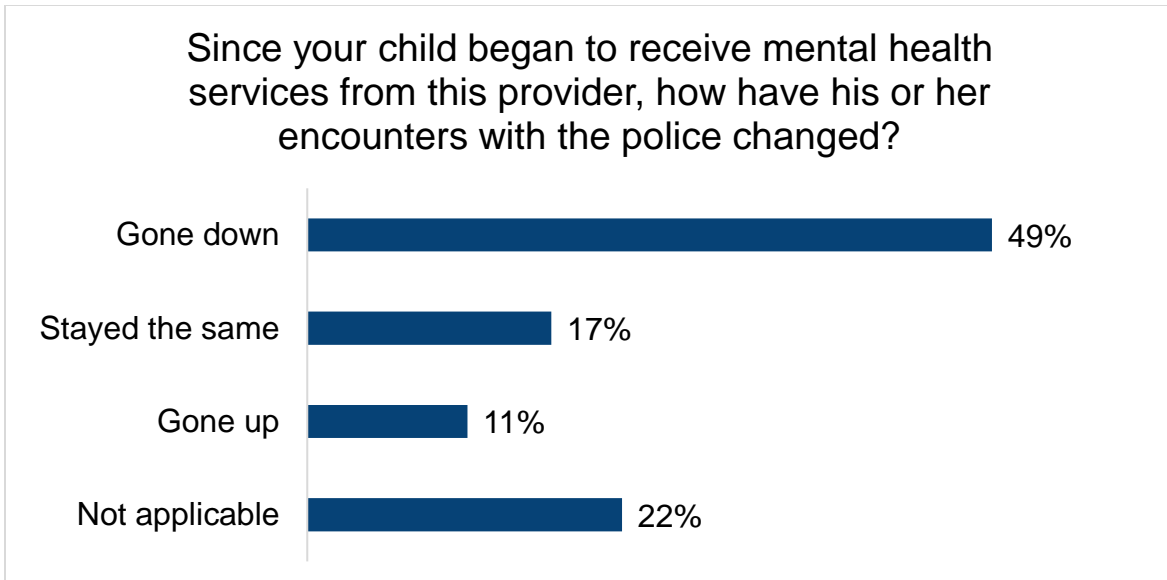
Law Enforcement



YSSF, 2024

Less than one fifth (16%) of respondents reported that their child has ever had an encounter with the police. Similar proportions said that their child was arrested in the first 12 months before (11%) and after (9%) starting treatment with their provider.

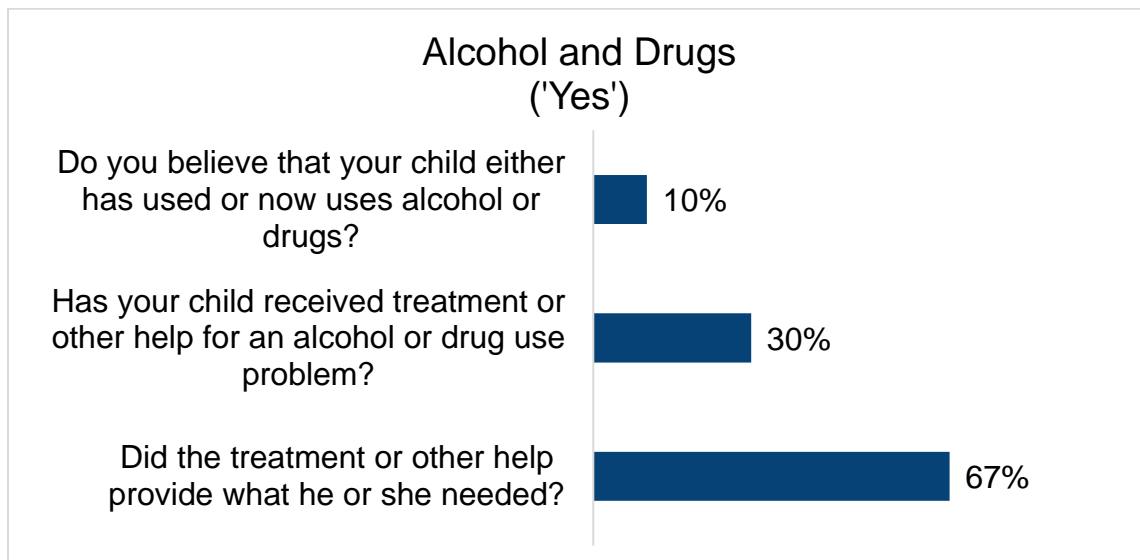
Respondents whose primary race based on rarest race method is Middle Eastern or Northern African were significantly more likely to say their child has been arrested in the 12 months before starting treatments with their provider (67%) as compared to the total in 2024 (11%).



YSSF, 2024

Almost half (49%) of respondents said that since their child began to receive mental health services, their encounters with the police have gone down.

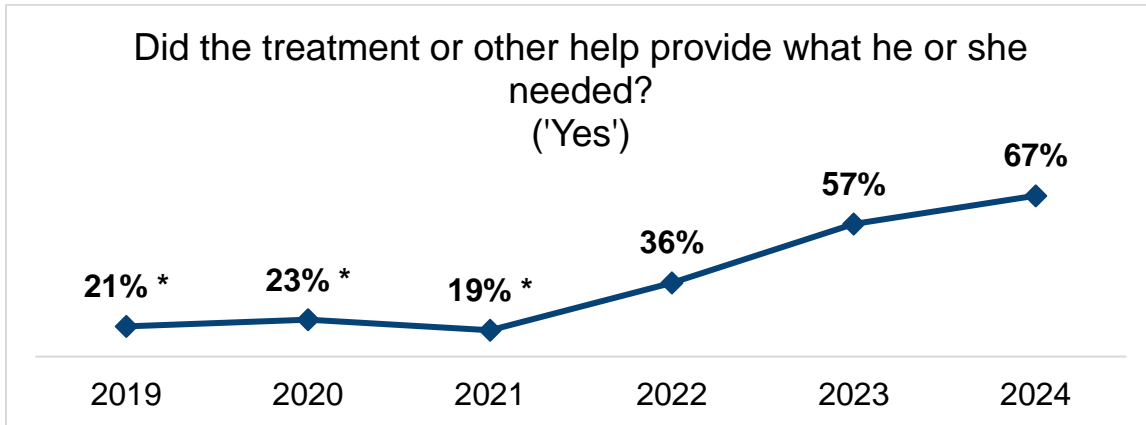
Alcohol and Drugs



YSSF, 2024

Slightly less than one third (30%) of respondents reported that their child received treatment or other help for an alcohol or drug use problem. Two thirds (67%) of those said that the treatment or other help provided what he or she needed. Only 10% believe that their child either has used or now uses alcohol or drugs.

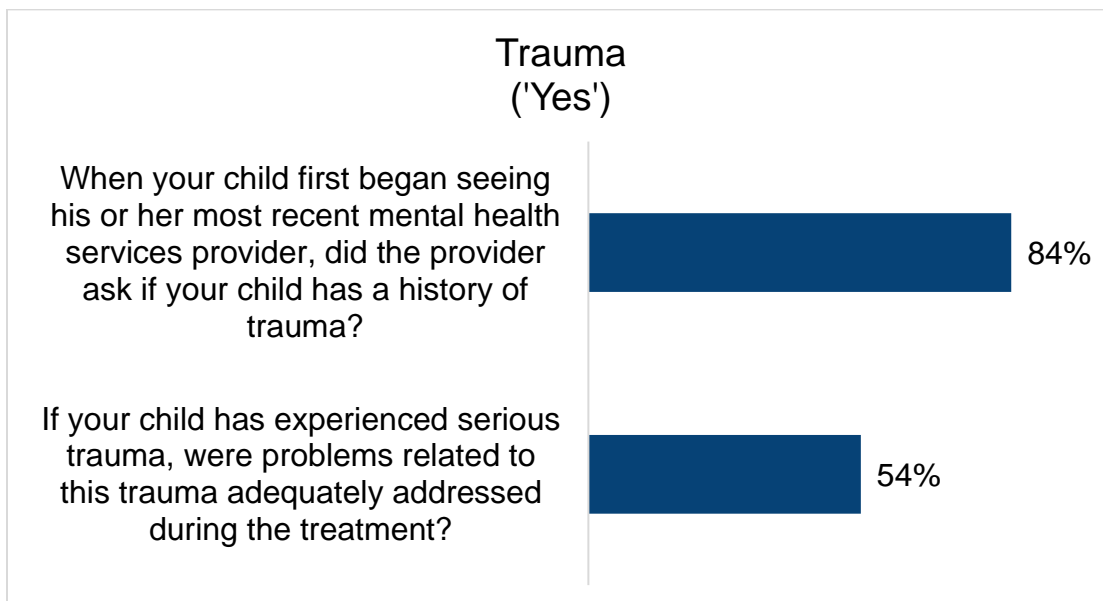
Respondents who indicated their child is between the ages of 14 to 15 and 16 to 17 were significantly more likely to believe that their child either has used or now uses alcohol or drugs (21% and 26%, respectively) as compared to the total in 2024 (10%).



YSSF, 2019 to 2024

The proportion of respondents indicating that the treatment or other help their child received provided what they needed appears to be trending upward over recent history, increasing to 67% in 2024. Values in 2019, 2020, 2021, and 2022 were significantly lower (21%, 23%, 19%, and 36%, respectively) as compared to the total in 2024 (67%).

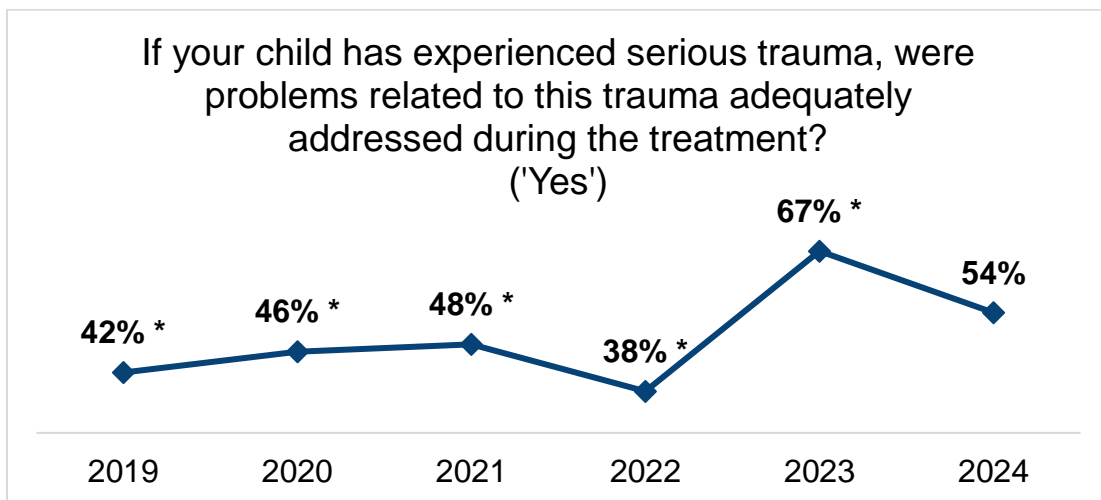
Trauma



YSSF, 2024

More than four fifths (84%) of respondents said that when their child first began seeing his or her most recent mental health services provider, the provider asked if their child has a history of trauma. Just over half (54%) indicated that, if their child has experienced serious trauma, problems related to this trauma were adequately addressed during their treatment.

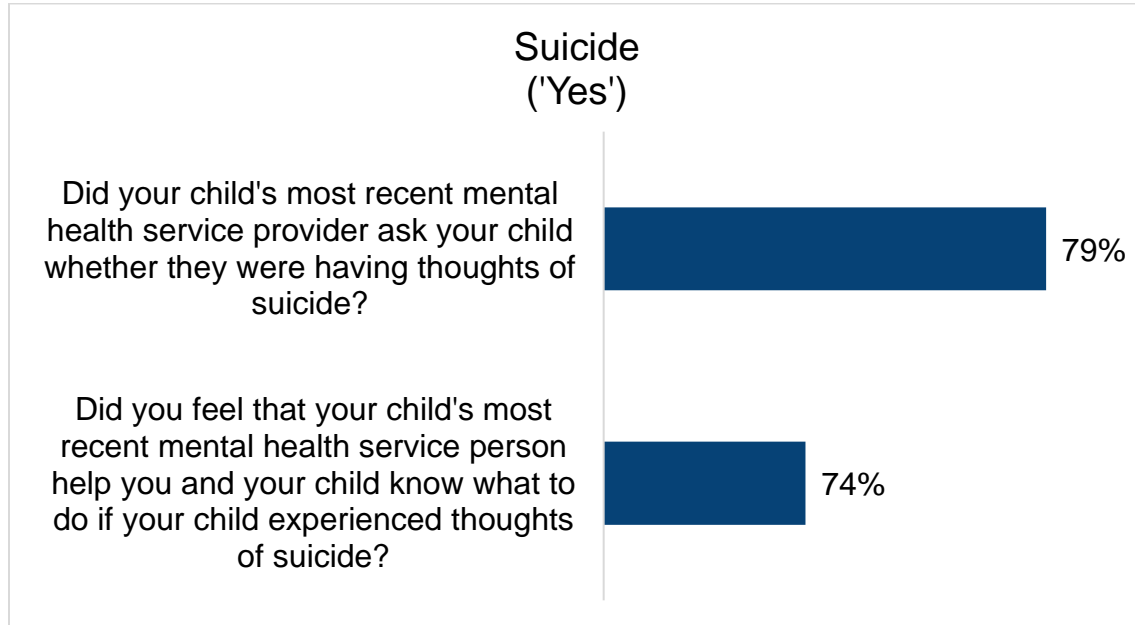
Respondents whose primary race based on rarest race method is Asian were significantly less likely to report that their child's provider asked if their child has a history of trauma when their child first began seeing his or her provider (61%) as compared to the total in 2024 (84%). Additionally, respondents who indicated their age as 60 years old or older were significantly more likely to say that their child's problems related to his or her trauma were adequately addressed during his or her treatment (72%) as compared to the total in 2024 (54%).



YSSF, 2019 to 2024

The proportion of respondents who agreed that if their child experienced serious trauma the problems related to this trauma were adequately addressed during the treatment appears to have been trending slightly upward before decreasing in 2022 and sharply increasing again in 2023. However, in 2024, this value decreased to 54%. Values in 2019, 2020, 2021, and 2022 are significantly lower (42%, 46%, 48%, and 38%, respectively) and the value in 2023 is significantly higher (67%) as compared to the total in 2024 (54%).

Suicide



YSSF, 2024

Over three quarters (79%) of respondents reported that their child’s most recent mental health service provider asked their child whether they were having thoughts of suicide. A similar percentage (74%) said that they felt that their child’s most recent mental health service provider helped them, and their child knows what to do if they experienced thoughts of suicide.

Respondents whose primary race based on rarest race method is Asian were significantly more likely to say that their child’s most recent mental health service provider did not ask their child whether they were having thoughts of suicide (42%) as compared to the total in 2024 (19%).

Appendix A

Table 3. All YSS Race/Ethnicity Groups, 2024

Race/Ethnicity	Percent (%)
American Indian or Alaska Native	
American Indian	4.9%
Alaska Native	0.9%
Indigenous Mexican, Central American, or South American	0.9%
Canadian Inuit, Metis, or First Nation	0.1%
Other American Indian or Alaska Native	0.1%
Asian	
Asian Indian	0.1%
Cambodian	0.1%
Chinese	0.7%
Communities of Myanmar	2.9%
Filipino/a	0.8%
Hmong	<i>No Response</i>
Japanese	0.3%
Korean	0.5%
Laotian	<i>No Response</i>
South Asian	<i>No Response</i>
Vietnamese	0.4%
Some other Asian	0.3%
Black or African American	
African American	5.3%
Afro-Caribbean	0.7%
Ethiopian	0.3%
Somali	0.3%
Some other Black African	0.3%
Some other Black	0.3%
Hispanic or Latino/a/x	
Central American	1.1%
Mexican	20.6%

South American	0.8%
Some other Hispanic or Latino/a/x	2.8%
Middle Eastern or North African	
Middle Eastern	0.9%
Northern African	0.04%
Native Hawaiian or Pacific Islander	
CHamoru or Chamorro	0.1%
Marshallese	<i>No Response</i>
Communities of the Micronesian Region	<i>No Response</i>
Native Hawaiian	0.7%
Samoan	0.2%
Other Pacific Islander	0.7%
White	
Eastern European	6.2%
Slavic	2.2%
Western European	14.0%
Other White	11.9%

Table 4. All YSSF Race/Ethnicity Groups, 2024

Race/Ethnicity	Percent (%)
American Indian or Alaska Native	
American Indian	6.4%
Alaska Native	0.5%
Indigenous Mexican, Central American, or South American	0.2%
Canadian Inuit, Metis, or First Nation	0.2%
Other American Indian or Alaska Native	0.2%
Asian	
Asian Indian	0.1%
Cambodian	0.1%
Chinese	0.7%
Communities of Myanmar	0.05%
Filipino/a	0.6%
Hmong	0.2%
Japanese	0.7%
Korean	0.05%
Laotian	0.1%
South Asian	0.1%
Vietnamese	0.4%
Some other Asian	0.5%
Black or African American	
African American	5.4%
Afro-Caribbean	0.8%
Ethiopian	0.2%
Somali	0.1%
Some other Black African	0.4%
Some other Black	0.7%
Hispanic or Latino/a/x	
Central American	1.6%
Mexican	17.3%
South American	1.0%
Some other Hispanic or Latino/a/x	3.6%

Middle Eastern or North African	
Middle Eastern	0.6%
Northern African	0.4%
Native Hawaiian or Pacific Islander	
CHamoru or Chamorro	0.1%
Marshallese	0.03%
Communities of the Micronesian Region	0.1%
Native Hawaiian	0.7%
Samoan	0.3%
Other Pacific Islander	0.2%
White	
Eastern European	11.5%
Slavic	2.6%
Western European	21.2%
Other White	16.5%

Table 5. List of Youth Survey Deliverables, 2024

OHA MHSIP YSS Survey Questionnaire
OHA MHSIP YSSF Survey Questionnaire
OHA MHSIP YSS Data Compendium
OHA MHSIP YSSF Data Compendium
OHA MHSIP YSS Trending Data Compendium
OHA MHSIP YSSF Trending Data Compendium
OHA MHSIP YSS Dataset
OHA MHSIP YSSF Dataset
OHA MHSIP YSS Trending Dataset
OHA MHSIP YSSF Trending Dataset
OHA MHSIP YSS/YSSF CCO-Level Infographics (combined with Adult Outpatient)
OHA MHSIP Youth Statewide Reports (YSS/YSSF combined)
OHA MHSIP YSS Data Dictionary and Crosswalk
OHA MHSIP YSSF Data Dictionary and Crosswalk