

## YOUTH SERVICES SURVEY FOR YOUTH AGED 12-17 (YSS)

Administered by Acentra Health for the West Virginia Department of Human Services (DoHS)  
Bureau for Behavioral Health (BBH)

**This survey is for youth aged 12-17 who received mental health or co-occurring behavioral health services at any point between October 2024 and now.** Please help BBH make services better by answering some questions about your experiences. Your answers are confidential and will not influence the services you receive. Thank you for your time completing this survey.

**Please put an (X) in the box that best describes your answer to each statement.**

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.						
2. I helped choose my services.						
3. I helped choose my treatment goals.						
4. The people helping me stuck with me no matter what.						
5. I felt I had someone to talk to when I was troubled						
6. I participated in my treatment.						
7. The services I received were right for me.						
8. The location of the services was convenient for me.						
9. Services were available at times that were convenient for me.						
10. I got the help I wanted.						
11. I got as much help as I needed.						
12. Staff treated me with respect.						
13. Staff respected my religious or spiritual beliefs.						
14. Staff spoke with me in a way that I understood.						
15. Staff were sensitive to my cultural or ethnic background.						
<b>As a result of the services I received:</b>						
16. I am better at handling daily life.						
17. I get along better with family members.						
18. I get along better with friends and other people.						
19. I am doing better in school or work.						
20. I am able to cope better when things go wrong.						
21. I am satisfied with my family life right now.						
22. I am better able to do things I want to do.						

**Please answer the following questions about your relationships with persons other than your mental health provider(s). As a result of the services I received:**

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not applicable

23. I know people who will listen and understand me when I need to talk.						
24. I have people with whom I am comfortable talking about my problems.						
25. In a crisis, I would have the support I need from family or friends.						
26. I have people with whom I can do enjoyable things.						

27. What has been the most helpful thing about the services you received?

28. What would improve the services?

29. In what county did you primarily receive services? If you mainly received services by phone or in your home, please select your home county. \_\_\_\_\_

30. Did you receive services from a Comprehensive Behavioral Health Center or Certified Behavioral Health Clinic? Please check all that apply.

- ☐ Appalachian Community Health Center
- ☐ EastRidge Health Systems
- ☐ FMRS Health Systems
- ☐ HealthWays
- ☐ Mountain Laurel Integrated Healthcare
- ☐ Northwood Health Systems
- ☐ Potomac Highlands Guild
- ☐ Prestera Health Services
- ☐ Seneca Health Services
- ☐ Southern Highlands Community Mental Health Center
- ☐ Healthy Minds Clarksburg/United Summit Center
- ☐ Valley HealthCare System (Marion, Monongalia, Preston, or Taylor County)
- ☐ Westbrook Health Services
- ☐ None of these
- ☐ I don't know

31. Please list any other behavioral health provider agency or agencies that served you. \_\_\_\_\_

32. Are you currently living with one or both of your parents? \_\_\_\_Yes \_\_\_\_No

33. Please check all the places you have lived in the last year.

- ☐ With one or both parents
- ☐ With another family member
- ☐ Foster home
- ☐ Therapeutic foster home
- ☐ Crisis shelter
- ☐ Homeless shelter
- ☐ Group home
- ☐ Residential treatment center
- ☐ Hospital
- ☐ Local jail or detention facility
- ☐ State correctional facility
- ☐ Runaway/homeless/on the streets
- ☐ Other - Please describe

34. In the last year, did you see a medical or other healthcare professional when you were sick? Please check one.

- ☐ Yes, in a clinic or office
- ☐ Yes, but only in a hospital emergency room
- ☐ No
- ☐ Do not remember

35. Are you taking medication for emotional/behavioral needs? \_\_\_\_Yes \_\_\_\_No

36. If yes, did the doctor or health care provider tell you the possible side effects of the medication?  
\_\_\_\_Yes \_\_\_\_No

37. Are you still receiving mental health or co-occurring behavioral health services? \_\_\_\_Yes \_\_\_\_No

38. How long did you receive services?

- ☐ One time
- ☐ More than one time but less than 1 month
- ☐ 1-5 months
- ☐ 6 months to 1 year
- ☐ More than 1 year

If you received services for <i>a year or less</i> , please answer questions 39-44.	If you received services for <i>more than a year</i> , please answer questions 45-50.
39. Were you arrested since beginning to receive mental health services? ____Yes ____No	45. Were you arrested in the last 12 months? ____Yes ____No
40. Were you arrested in the 12 months prior to that? ____Yes ____No	46. Were you arrested in the 12 months prior to that? ____Yes ____No
41. Since you began receiving mental health services, have your encounters with police <input type="radio"/> been reduced <input type="radio"/> stayed the same <input type="radio"/> increased <input type="radio"/> not applicable (no police encounters before or after services)	47. Over the last year, have your encounters with police <input type="radio"/> been reduced <input type="radio"/> stayed the same <input type="radio"/> increased <input type="radio"/> not applicable (no police encounters before or after services)
42. Were you expelled or suspended since beginning services? ____Yes ____No	48. Were you expelled or suspended in the past 12 months? ____Yes ____No
43. Were you expelled or suspended in the 12 months prior to that? ____Yes ____No	49. Were you expelled or suspended in the 12 months prior to that? ____Yes ____No
44. Since starting to receive services, the number of days I was in school is <input type="radio"/> Greater <input type="radio"/> About the same <input type="radio"/> Less <input type="radio"/> Does not apply If it does not apply, the reason is I <input type="radio"/> had no attendance problems before or after receiving services <input type="radio"/> is too young to be in school <input type="radio"/> was expelled or suspended from school <input type="radio"/> is home-schooled <input type="radio"/> dropped out of school <input type="radio"/> Other - Please share <input type="text"/>	50. Over the last year, the number of days I was in school is <input type="radio"/> Greater <input type="radio"/> About the same <input type="radio"/> Less <input type="radio"/> Does not apply If it does not apply, the reason is I <input type="radio"/> had no attendance problems before or after receiving services <input type="radio"/> is too young to be in school <input type="radio"/> was expelled or suspended from school <input type="radio"/> is home-schooled <input type="radio"/> dropped out of school <input type="radio"/> Other - Please share <input type="text"/>

**Please let us know a little more about you for statistical purposes.**

52. Are either of your parents of Spanish, Hispanic or Latino origin?

- ☐ Yes
- ☐ No
- ☐ I don't know

53. What is your race? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black (African American)
- ☐ Native Hawaiian or Pacific Islander
- ☐ White (Caucasian)
- ☐ Other - Please describe \_\_\_\_\_

54. What is your age? \_\_\_\_\_

55. What is your sex?

- ☐ Female
- ☐ Male
- ☐ Prefer not to answer

56. Do you have Medicaid insurance?

- ☐ Yes
- ☐ No

57. Do you have insurance other than Medicaid?

- ☐ Yes
- ☐ No

58. Do you have any other feedback you'd like to share? Your input is important to us and could help improve behavioral health services in West Virginia.