



# **Solano County**

## **Mental Health Statistics Improvement Program Results for Youths and Families Population**

Benicia • Dixon • Fairfield • Rio Vista • Suisun City • Vacaville • Vallejo



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### **About the Center for Reducing Health Disparities**

The University of California, Davis, Center for Reducing Health Disparities (CRHD) takes a multidisciplinary, collaborative approach to address the inequities in health access and quality of care. We promote the health and well-being of diverse communities by pursuing research, training, continuing education, technical assistance, information dissemination within a prevention, early intervention, and treatment framework that recognizes the unique cultural and linguistic contexts of underserved populations. For more information, visit **<http://www.ucdmc.ucdavis.edu/crhd/>**

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## Executive Summary

The Solano County Behavioral Health (SCBH), in collaboration with the University of California, Davis, Center for Reducing Health Disparities (CRHD), launched a multi-phase innovation initiative known as the “Solano County Health Interdisciplinary Collaboration and Cultural Transformation Model” (ICCTM). The ICCTM combines culturally & linguistically appropriate services (CLAS) standards with community engagement in reviewing three underserved populations: Filipino Americans, Latinos, and members of the LGBTQ (lesbian, gay, bisexual, transgender, and queer or questioning) community in Solano County. The current report provides baseline consumer satisfaction data and examines clients’/consumers’ perceptions of satisfaction, accessibility, therapeutic responsiveness, and service outcomes by age, race/ethnicity, and gender. Twice a year, in the Spring and Fall, SCBH administers the Mental Health Statistics Improvement Program (MHSIP) Consumer Survey, as required by the California Department of Health Care Services, to evaluate how the Solano County Mental Health Plan (MHP) is meeting the needs of beneficiaries served. It is important to note that the MHSIP was developed by the state, and its administration is required for all county mental health programs.

Notable findings from the families/youth respondents who participated in the Mental Health Statistics Improvement Project (MHSIP) survey include:

- Ninety-two percent of the families and youths indicated they were satisfied with the services received. The families and youths reported similar levels of satisfaction on most of the items.
- Ninety-three percent of the families and 84 percent of the youths strongly agreed or agreed that the location and time of the services was convenient.
- Ninety-seven percent of the families and 96 percent of the youths strongly agreed or agreed that staff spoke to them in a way that they understood. Additionally, 87-95 percent of the families and youths strongly agreed or agreed that the staff treated them with respect and respected their religious or spiritual beliefs.
- While the majority of the clients/consumers reported positively about improvements in their lives as a result of the services, 39 percent of the families reported being neutral or disagreed that their child is better able to cope when things go wrong; and 31 percent of the youths agreed.
- Ninety-six percent of the families and 87 percent of the youths strongly agreed or agreed they know people who will listen and understand them when they need to talk as a result of the services.
- Survey results showed that families had more positive perceptions in the Accessibility of the Services and the Therapeutic Responsiveness of the Services. Also, the families reported significantly higher Service Outcomes for the Client’s/Consumer’s Relationships.
- Female and male youths had similarly positive perceptions regarding their General Satisfaction with the Services, the Accessibility of the Services, and the Therapeutic Responsiveness of the Services.
- Ninety-six percent of the clients/consumers reported that the youths services they received were provided in their language of preference.

## Overview

In January 2016, Solano County Behavioral Health (SCBH), with support from the University of California, Davis, Center for Reducing Health Disparities (CRHD), launched a multi-phase innovation initiative known as the “Solano County Health Interdisciplinary Collaboration and Cultural Transformation Model” (ICCTM). The ICCTM combines culturally & linguistically appropriate services (CLAS) standards with community engagement in reviewing three underserved populations: Filipino Americans, Latinos, and members of the LGBTQ (lesbian, gay, bisexual, transgender, and queer or questioning) community in Solano County. The CLAS standards are designed to ensure that mental health consumers can access, utilize, and benefit from mental health services, regardless of their race, ethnicity, language, or other characteristics (e.g., sexual orientation, sexual identity).<sup>1</sup> The current report provides baseline consumer satisfaction data and examines clients’/consumers’ perceptions of satisfaction, accessibility, therapeutic responsiveness, and service outcomes by age, race/ethnicity, and gender.

Twice a year, in the Spring and Fall, SCBH administers the Mental Health Statistics Improvement Program (MHSIP) Consumer Survey, as required by the California Department of Health Care Services (DHCS), to evaluate how the Solano County Mental Health Plan (MHP) is meeting the needs of beneficiaries served. It is important to note that the MHSIP measures client/consumer concerns in the areas of access, quality/appropriateness, outcomes, overall satisfaction and was developed by the state, and its administration is required for all county MHPs. While the purpose of this report is to evaluate client/consumer satisfaction related to the Filipino Americans, Latino, and LGBTQ populations in comparison to other groups, the MHSIP survey tool does not currently contain items or questions for a consumer to identify as Filipino American or as a member of the LGBTQ community. In order to develop culturally and linguistically appropriate interventions that positively impact the access and utilization of mental health services of these

three targeted underserved populations, examining and understanding the MHSIP survey results is essential.

The administration of the MHSIP Consumer Survey takes place for one week, twice per year, primarily collected during in-person visits to mental health clinics. The survey is intended to be administered as a self-reporting tool, and consumers are provided the surveys by reception staff. In the adult clinics, peer consumer volunteers are present to provide help and support as needed. The surveys are offered in English, Spanish, which is Solano County’s threshold language, and Tagalog, Solano County’s sub-threshold language (see Appendices). Additionally, clinics are providing a link to download surveys in other languages, if needed. It is important to note that even though the MHSIP Consumer Survey is offered in both Spanish and Tagalog, a small number of clients/consumers complete the survey in Spanish, Tagalog, or another non-English languages. A plausible explanation is that the majority of the clients/consumers select and complete the English version.

Different versions of the survey are administered, based on the consumer’s age. This report focuses on children and youths, ages 0-17, and young adults, age 18-25 (e.g., transition-age youth). That is, the survey is administered to families of youths, and youths who received mental health services in 2014 and 2015. As shown in Exhibit 1, the survey measured the clients’/consumers’ perceptions of their (1) General Satisfaction with the Services, (2) Accessibility of the Services, and (3) Therapeutic Responsiveness of the Services. These three constructs are thought to influence the Service Outcomes for the Client/Consumer and the Service Outcomes for the Client’s/Consumer’s Relationships, which were also measured by the survey.

### **This report had three research questions:**

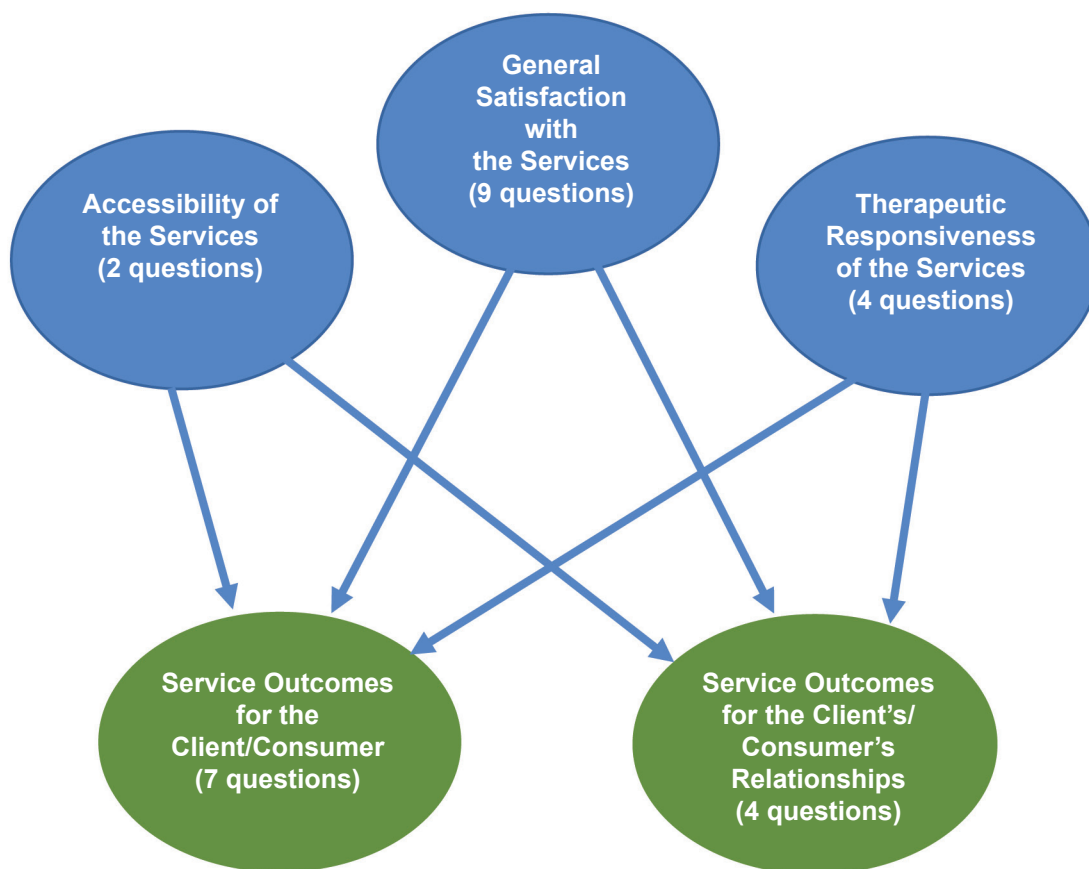
1. What were the clients’/consumers’ perceptions of their *General Satisfaction with the Services*, the *Accessibility of the Services*, the *Therapeutic Responsiveness of the Services*, and their *Service Outcomes*?

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<sup>1</sup> Hollinger-Smith, L. (2016). *Diversity & Cultural Competency in Health Care Settings*.



**Exhibit 1. The survey contained questions that measured five areas related to the mental health services.**



2. Were there differences across years, families and youths, males and females, Latinos/Hispanics and non-Latinos/Hispanics, and different racial groups for the clients'/consumers' perceptions of their *General Satisfaction with the Services*, the *Accessibility of the Services*, the *Therapeutic Responsiveness of the Services*, and their *Service Outcomes*?
3. Were the services received by the clients/consumers provided in their language of choice, and did this differ across Latinos/Hispanics and non-Latinos/Hispanics, and different across racial and ethnic groups?

## Methods

The survey was taken by a total of 374 clients/consumers after the completion of their services. In 2014, 67 families of youths and 67 youths completed the survey. Additionally, 134 families of youths and 106

youths completed the survey in 2015. The demographic characteristics of the youths who received the services are shown in Exhibit 2. There were slightly more males than females in the sample, and 33 percent of the youths were Latino/Hispanic. The three largest racial groups were White (26 percent), multiple races (22 percent), and Black/African American (21 percent). Finally, the youths ranged in age from 2 to 30. As shown in Exhibit 2, the largest group was youths over the age of 18. This group likely included disabled individuals whose parents/guardians completed the survey, as well as some youths who were younger than 18 but whose parents provided their own age when completing the survey.

The survey contained 26 questions that addressed the five survey areas, and the majority of the items were worded slightly different for families of youths, and youths. The individual questions, which are listed in Appendix A and B, are based on an existing instrument

**Exhibit 2. The clients/consumers who completed the survey were a diverse group.**

	Percentage of Respondents	Number of Respondents
<b>Respondent Type</b>		
Families	54%	201
Youths	46%	173
<b>Gender</b>		
Female	44%	163
Male	48%	178
Other	0%	1
Missing Data	9%	32
<b>Ethnicity</b>		
Latino/Hispanic	33%	124
Non-Latino/Hispanic	43%	161
Missing Data	24%	89
<b>Race</b>		
Black/African American	21%	80
White	26%	97
Asian	1%	3
American Indian and Pacific Islander	2%	9
Other	9%	33
Multiple Races	22%	83
Unknown/Missing Data	18%	69
<b>Age</b>		
0-4	6%	21
5-12	22%	82
13-17	29%	107
18+	40%	151
Missing Data	3%	13

**Exhibit 3. Reliabilities, means, and standard deviations for the five areas.**

Five Survey Areas	Number of Items	$\alpha$	<i>M</i>	<i>SD</i>	<i>N</i>
Accessibility of the Services	2	0.75	4.29	0.67	362
General Satisfaction with the Services	9	0.91	4.23	0.63	370
Therapeutic Responsiveness of the Services	4	0.92	4.44	0.64	366
Services Outcomes for Client/Consumer	7	0.87	3.84	0.71	360
Services Outcomes for Clients'/Consumers' Relationships	4	0.82	4.22	0.65	357

Note: The items were rated using a 1 (*strongly disagree*) to 5 (*strongly agree*) scale.

Note:  $\alpha$  = Cronbach's alpha; *M* = mean; *SD* = standard deviation

called the MHSIP Consumer Survey<sup>2</sup>, and have been modified to make them more appropriate for families of youths, and youths in Solano County. The clients/consumers responded to the questions using the following response options: *strongly disagree*, *disagree*, *I am neutral*, *agree*, *strongly agree*, and *not applicable*. The responses for *not applicable* were excluded from the analysis. In addition, the survey asked the clients/consumers whether the youths received the services in their language of preference, and contained demographic questions that asked about the youth's gender, race, and age, as well as whether the youth is Latino/Hispanic.

To group the 26 items into the five areas shown in Exhibit 1, a statistical technique called "factor analysis" was used to determine which items were closely aligned with each other and could therefore be grouped together. The factor analysis was also informed by past research that examined the survey questions.<sup>2,3</sup>

To conduct the analyses that summarized the clients'/consumers' responses to the survey questions addressing the five areas, the percentage of clients/consumers who used each response option was calculated for each of the 26 questions separately for families of youths, and youths. The percentages are presented for *strongly agree*, *agree*, and *I am neutral*. The percentage of clients/consumers who responded with *disagree* or *strongly disagree* to each question was small and can be calculated by subtracting the total for the other three response options from 100.

To examine whether there were any differences across years and demographic groups, each client's/consumer's responses to the questions comprising each area were averaged using the 1 (*strongly disagree*) to 5 (*strongly agree*) scale so that each client/consumer had a single score for each area. Next, the average scores were calculated for each year and demographic group, and the average scores were compared using analysis of variance (ANOVA) to determine whether the differences were statistically significant.

## Findings

The means and standard deviations for the five subscales are shown in Exhibit 3. Overall, the means (*M*) were positive (*agree* to *strongly agree*), ranging from 3.90 to

4.15 on a 5-point Likert scale. The means were above 4.0 for the Accessibility (*M* = 4.29), General Satisfaction (*M* = 4.23), and Therapeutic Responsiveness (*M* = 4.44) subscales. Like the adult and older adult survey, these means are consistent with other California counties (e.g., Contra Costa, Santa Barbara, Shasta). Also, the internal consistency reliability of these five areas are very good (average Cronbach's alpha coefficient = 0.85). Alphas above 0.70 are generally indicative of an acceptable level of reliability for survey instruments. Based on this cutoff, all five survey areas showed strong reliability that are consistent with prior research and the intent of the developers.<sup>2-4</sup>

### Research Question 1:

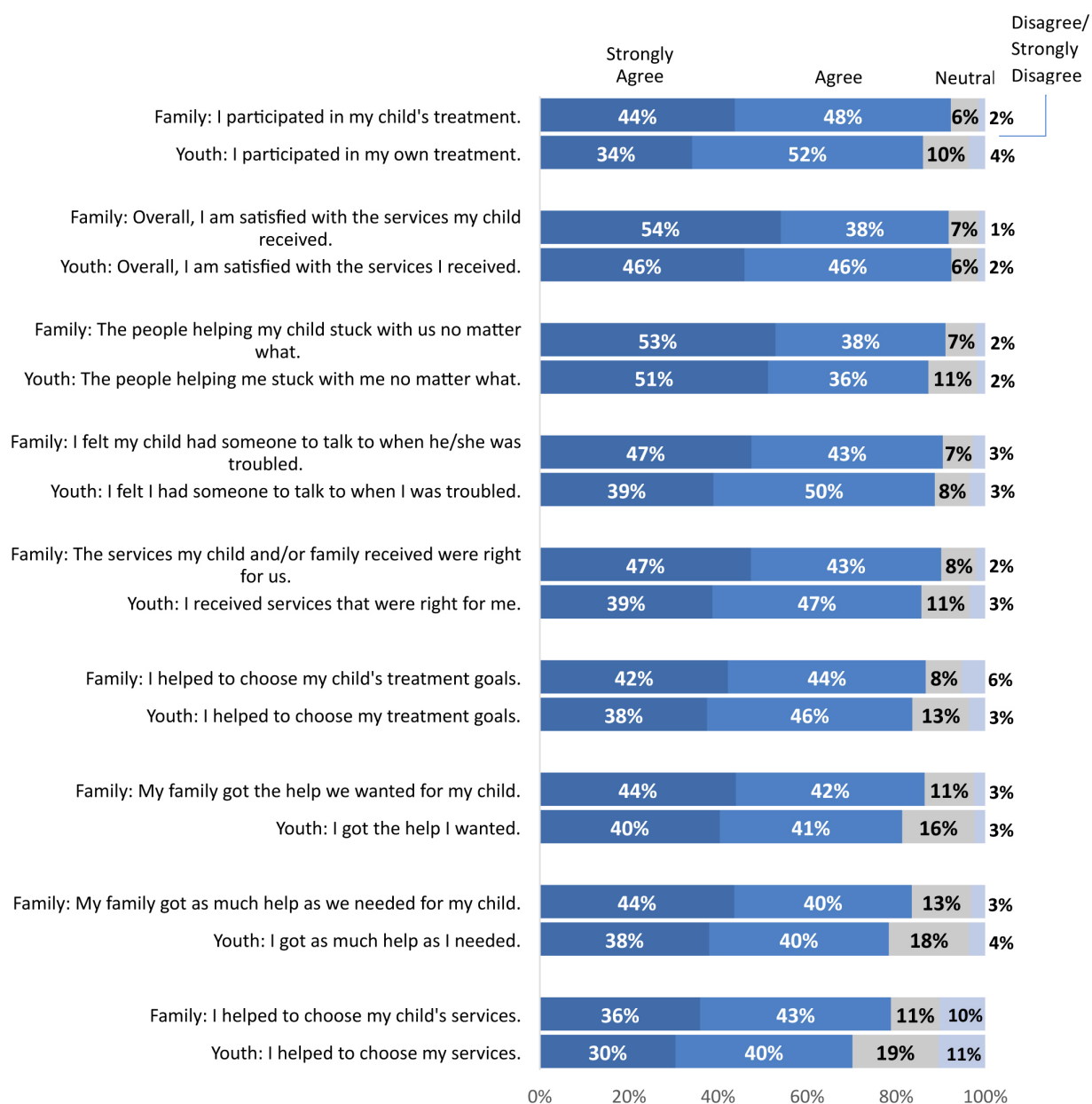
#### **What were the clients'/consumers' perceptions of their *General Satisfaction with the Services*, the *Accessibility of the Services*, the *Therapeutic Responsiveness of the Services*, and their *Service Outcomes*?**

As shown in Exhibit 4, the clients/consumers reported a high level of satisfaction with the mental health services the youths received. Ninety-two percent of the families and 86 percent of the youths reported that they *strongly agreed* or *agreed* with the statement asking whether they participated in their child's treatment or their own treatment. In addition, 92 percent of the families and youths indicated they were satisfied with the services received. The families and youths reported similar levels of satisfaction on most of the items. The largest difference between the families and youths was on the item that asked about choosing the services. For this item, 79 percent of families reported that they *strongly agreed* or *agreed* with the statement, and 70 percent of the youths reported similarly.

- 2 Eisen, S. V., Shaul, J. A., Leff, H. S., Stringfellow, V., Clarridge, B., & Cleary, P. D. (2001). Toward a national consumer survey: Evaluation of the CABHS and MHSIP instruments. *The Journal of Behavioral Health Services & Research*, 28(3), 347-369.
- 3 Jerrell, J. M. (2006). Psychometrics of the MHSIP adult consumer survey. *The Journal of Behavioral Health Services & Research*, 33(4), 483-488.
- 4 Shafer, A., & Ang, R. (2018). The mental health statistics improvement program (MHSIP) adult consumer satisfaction survey factor structure and relation to external criteria. *The Journal of Behavioral Health Services & Research*. doi: 10.1007/s11414-018-9607-x.



#### Exhibit 4. Respondents reported a high level of satisfaction with the mental health services.

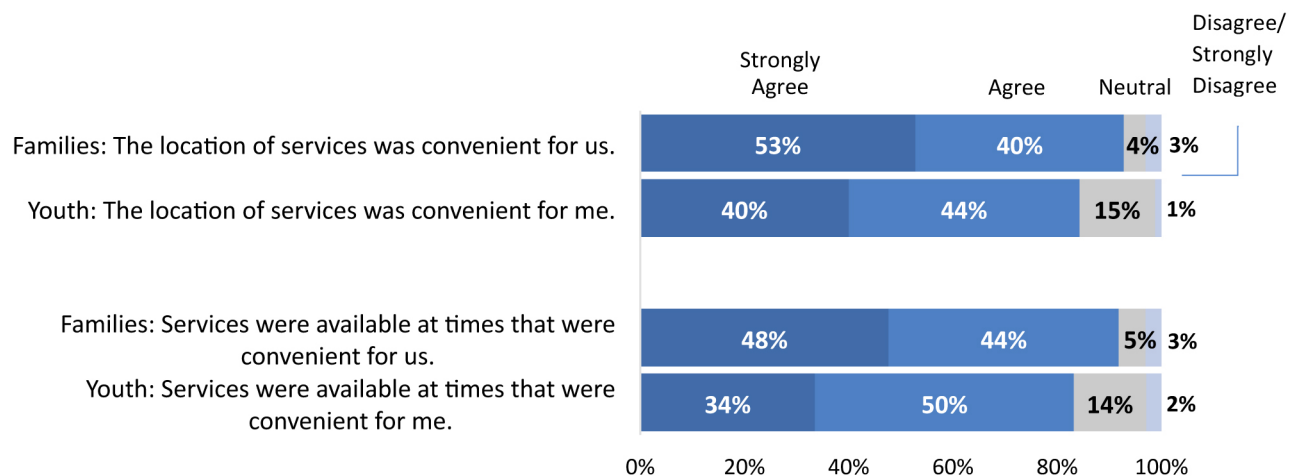


The findings from the questions that asked about the accessibility of the mental health services are shown in Exhibit 5. Overall, the clients/consumers felt the services were accessible. Specifically, 93 percent of the families and 84 percent of the youths *strongly agreed* or *agreed* that the location of the services was convenient. In addition, 92 percent of the families and 84 percent of the youths reported that the services were available at convenient times for them. The results highlight the success of Solano County's efforts

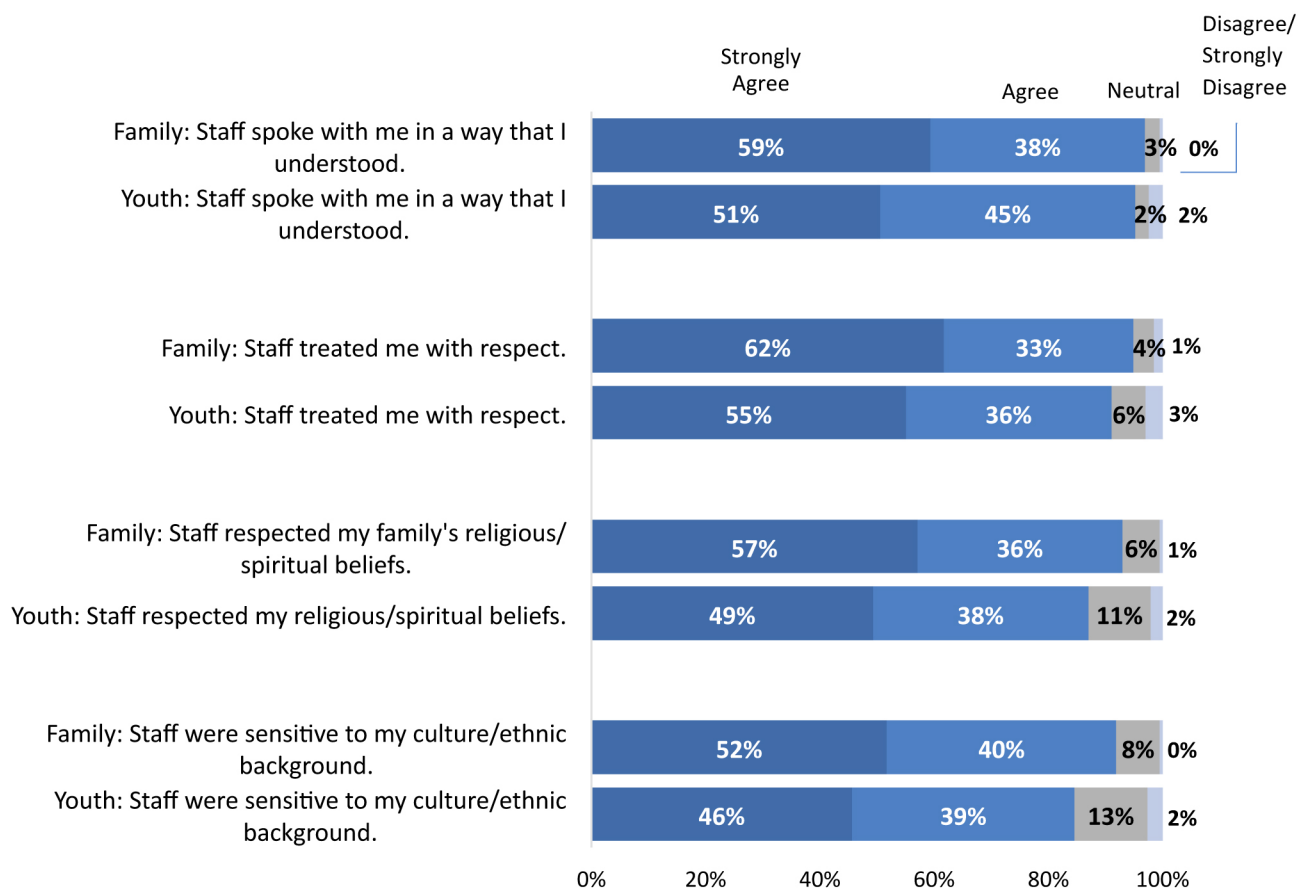
to make mental health services convenient for children and their families.

Consistent with the positive responses to the questions related to their general satisfaction with the services and the accessibility of the services, the clients/consumers reported that the mental health services were delivered in a therapeutically responsive manner (see Exhibit 6). For example, 97 percent of the families and 96 percent of the youths *strongly agreed* or *agreed* that staff spoke to them in a way that they understood.

### Exhibit 5. Respondents reported the mental health services were very accessible.



### Exhibit 6. Respondents reported the mental health services were delivered in a therapeutically responsive manner.

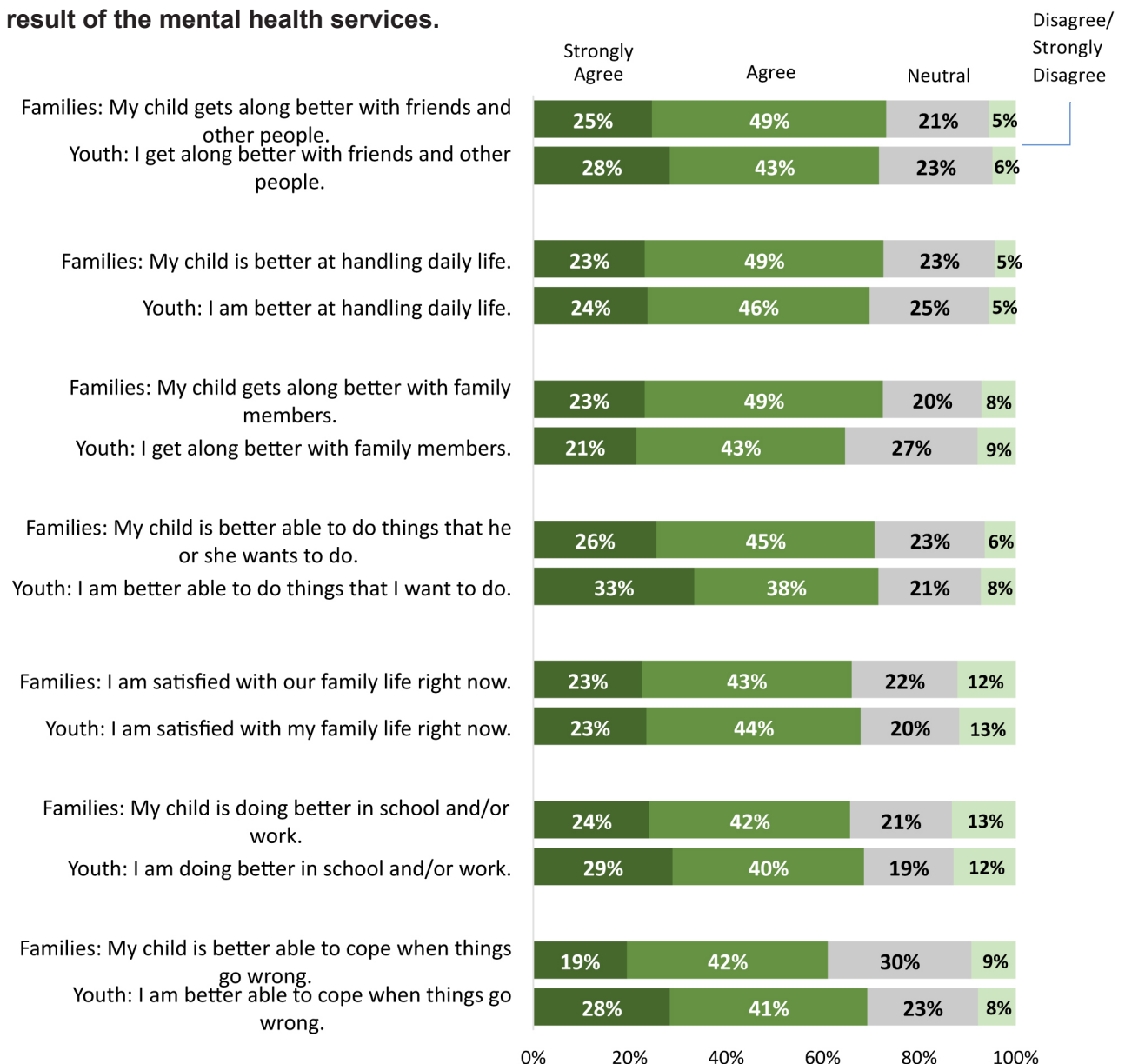


In addition, 87-95 percent of the families and youths *strongly agreed* or *agreed* that the staff treated them with respect and respected their religious or spiritual beliefs. Finally, over 85 percent of the families and youths indicated that staff were sensitive to their culture or ethnic background. These results suggest that staff members' cultural competence contributes to youths and families feeling understood.

As shown in Exhibit 7, the majority of the clients/consumers reported positively about their service outcomes. Specifically, 74 percent of the families

reported that their child was getting along with friends and other people; and 71 percent of youths agreed. Additionally, 64-72 percent of families and youths reported an improvement in handling daily life and getting along with family members. Although the majority of the clients/consumers reported positively about improvements in their lives as a result of the services, 27-39 percent of the families and youths were *neutral* or *disagreed* with each of the statements shown in Exhibit 7. For example, 39 percent of the families reported being *neutral* or *disagreed* that their

**Exhibit 7. Respondents reported improvements in their Service Outcomes as a result of the mental health services.**



child is better able to cope when things go wrong; and 31 percent of the youths agreed. These responses from the clients/consumers suggest there is room for improvements in the service outcomes.

In comparison to the service outcomes shown in Exhibit 7, the clients/consumers reported more positively on their service outcomes for their relationships (see Exhibit 8). Ninety-six percent of the families and 87 percent of the youths *strongly agreed* or *agreed* they know people who will listen and understand them when they need to talk as a result of the services. Similarly, 82-91 percent of the families and youths have people with whom they can do enjoyable things, as well as people they are comfortable talking with about their problems as a result of the services.

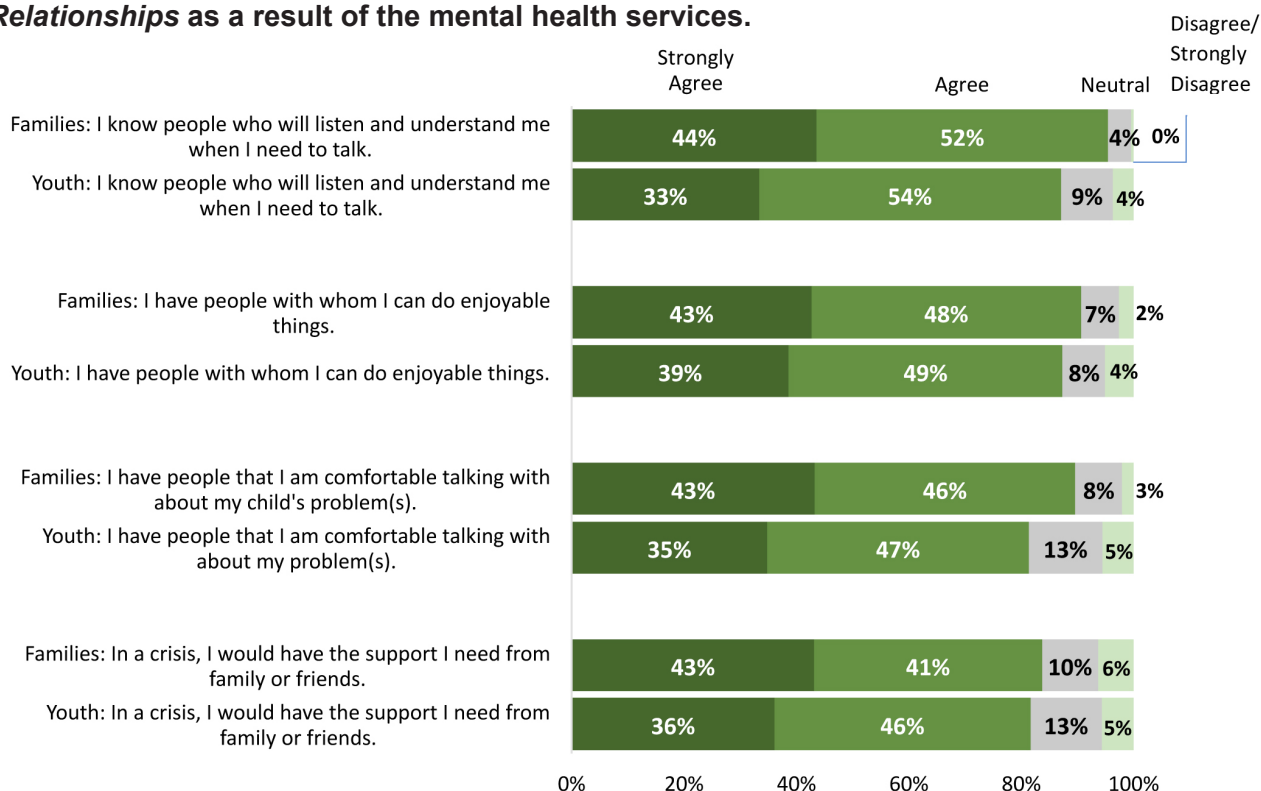
## Research Question 2:

**Were there differences across years, families and youths, males and females, Latinos/Hispanics and non-Latinos/Hispanics, and different racial groups for the clients'/consumers' perceptions of their *General Satisfaction with***

***the Services, the Accessibility of the Services, the Therapeutic Responsiveness of the Services, and their Service Outcomes?***

The clients/consumers reported more positively in 2015 than in 2014 on their perceptions of their *General Satisfaction with the Services*, the *Accessibility of the Services*, and the *Therapeutic Responsiveness of the Services* (see Exhibit 9). The average response was above 4.0 (i.e., *agree*), but the difference across years was statistically significant for all three survey areas. In contrast, the average responses to the two types of *Service Outcomes* were similar in 2014 and 2015, and the differences were not statistically significant. Although the differences for *General Satisfaction with the Services*, the *Accessibility of the Services*, the *Therapeutic Responsiveness of the Services* were small, they do indicate there were reliable differences in the clients'/consumers' level of satisfaction across years. These findings suggest that more discussion between the County and the research team is needed to explore and gain a better understanding and/or explanation for these differences.

**Exhibit 8. Respondents reported improvements in the *Service Outcomes for their Relationships* as a result of the mental health services.**



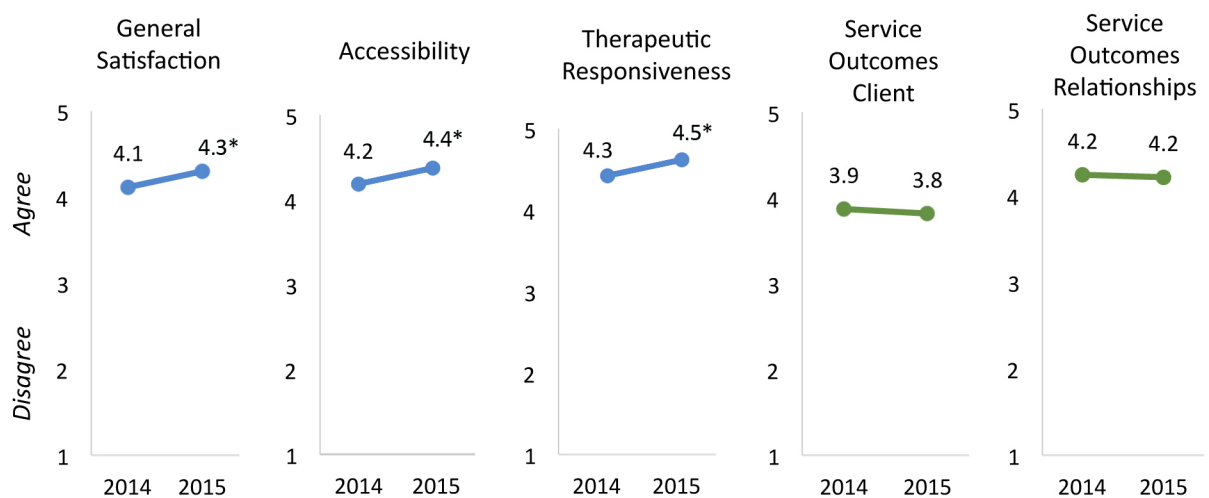
Both families and youths had positive perceptions regarding their *General Satisfaction with the Services*, the *Accessibility of the Services*, and the *Therapeutic Responsiveness of the Services* (see Exhibit 10). However, the differences between families and youths for the *Accessibility of the Services* and the *Therapeutic Responsiveness of the Services* were statistically significant. Survey results showed that families had more positive perceptions in these two areas. A small and non-significant difference occurred between families and youths regarding the *Service Outcomes for the Client/Consumer*, and the average response for both groups was approaching 4.0 (i.e., *agree*). Finally, the families reported significantly higher *Service Outcomes for the Client's/Consumer's Relationships*. It should be noted, though, that the items dealing with the *Service Outcomes for the Client's/Consumer's Relationships* on the family and youth surveys asked about improvements in the respondents' relationships, even though the family member who completed the survey may not have always been the direct recipient of the services. However, integrating families as part of the treatment is consistent with the mental health recovery approach.

Female and male youths had similarly positive perceptions regarding their *General Satisfaction with the Services*, the *Accessibility of the Services*, and the

*Therapeutic Responsiveness of the Services* (see Exhibit 11). The average responses for females and males in these three areas were above 4.0 (i.e., *agree*), and the differences between the two groups were not statistically significant. In addition, small and non-significant differences occurred between female and male youths on the two types of *Service Outcomes*.

As shown in Exhibit 12, Latino/Hispanic and non-Latino/Hispanic youths both had high levels of satisfaction with the mental health services, and positive perceptions of the *Service Outcomes*. The average response was above 4.0 (i.e., *agree*) for their *General Satisfaction with the Services*, the *Accessibility of the Services*, the *Therapeutic Responsiveness of the Services*, and the *Service Outcomes for the Clients'/Consumers' Relationships*. None of the differences between Latino/Hispanic and non-Latino/Hispanic youths were statistically significant. This finding is consistent with the survey data showing that the youths and family participants felt positively about receiving services that they perceived to be therapeutically responsive to their needs. Although the aim of this project focused on Filipino American, Latino, and LGBTQ populations, data for Filipino American, and members of the LGBTQ community could not be presented separately using the available demographic data.

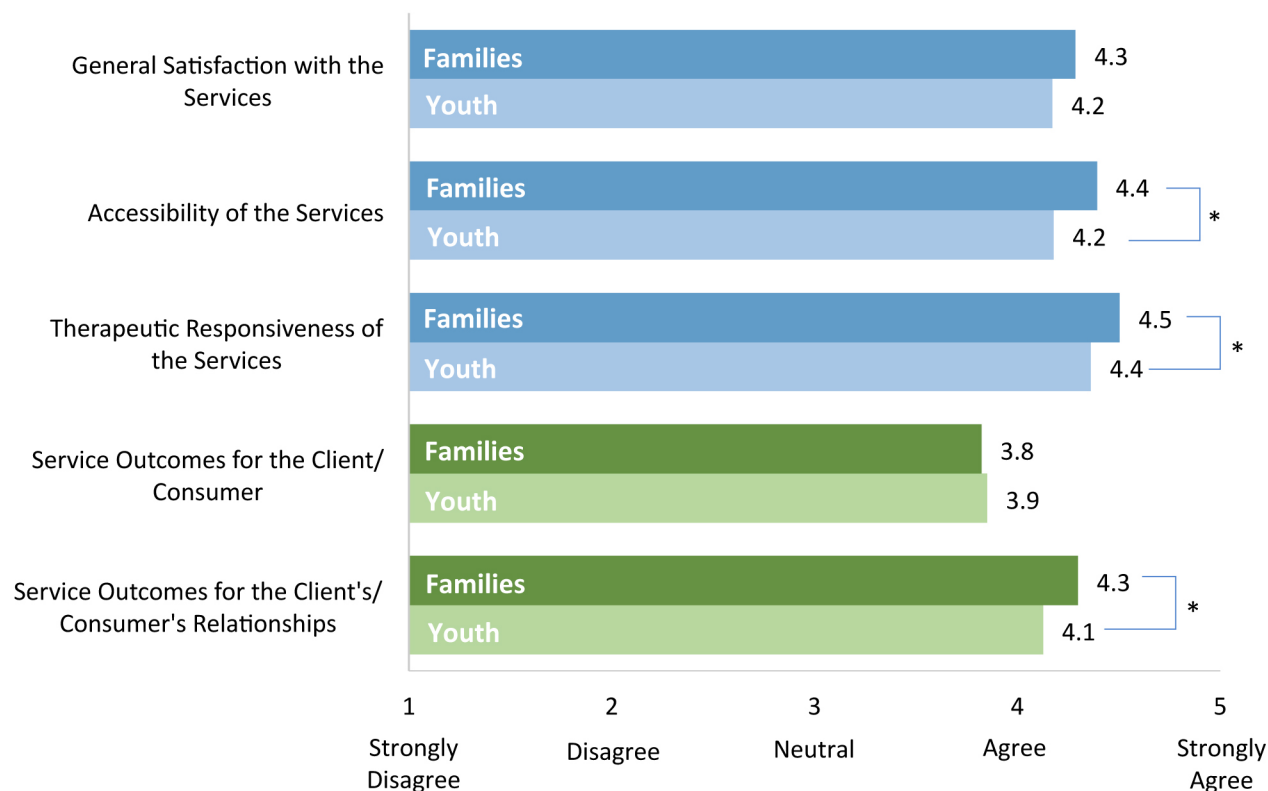
**Exhibit 9. There were significant increases from 2014 to 2015 for the clients'/consumers' perceptions of their *General Satisfaction with the Services*, the *Accessibility of the Services*, *Therapeutic Responsiveness of the Services*.**



\*Statistically significant differences at the  $p < .05$  level.



**Exhibit 10. Families reported significantly higher means than youths on the *Accessibility of the Services*, *Therapeutic Responsiveness of the Services*, and the *Service Outcomes for the Client's/Consumer's Relationships*.**



\*Statistically significant differences at the  $p < .05$  level.

Youths identified as Black/African American, White, and multi-racial all had high levels of satisfaction with the services. The average responses for these three groups for their *General Satisfaction with the Services*, the *Accessibility of the Services*, and the *Therapeutic Responsiveness of the Services* are presented in Exhibit 13, and all were above 4.0 (i.e., *agree*). None of the differences were statistically significant, indicating the groups all reported equally high satisfaction.

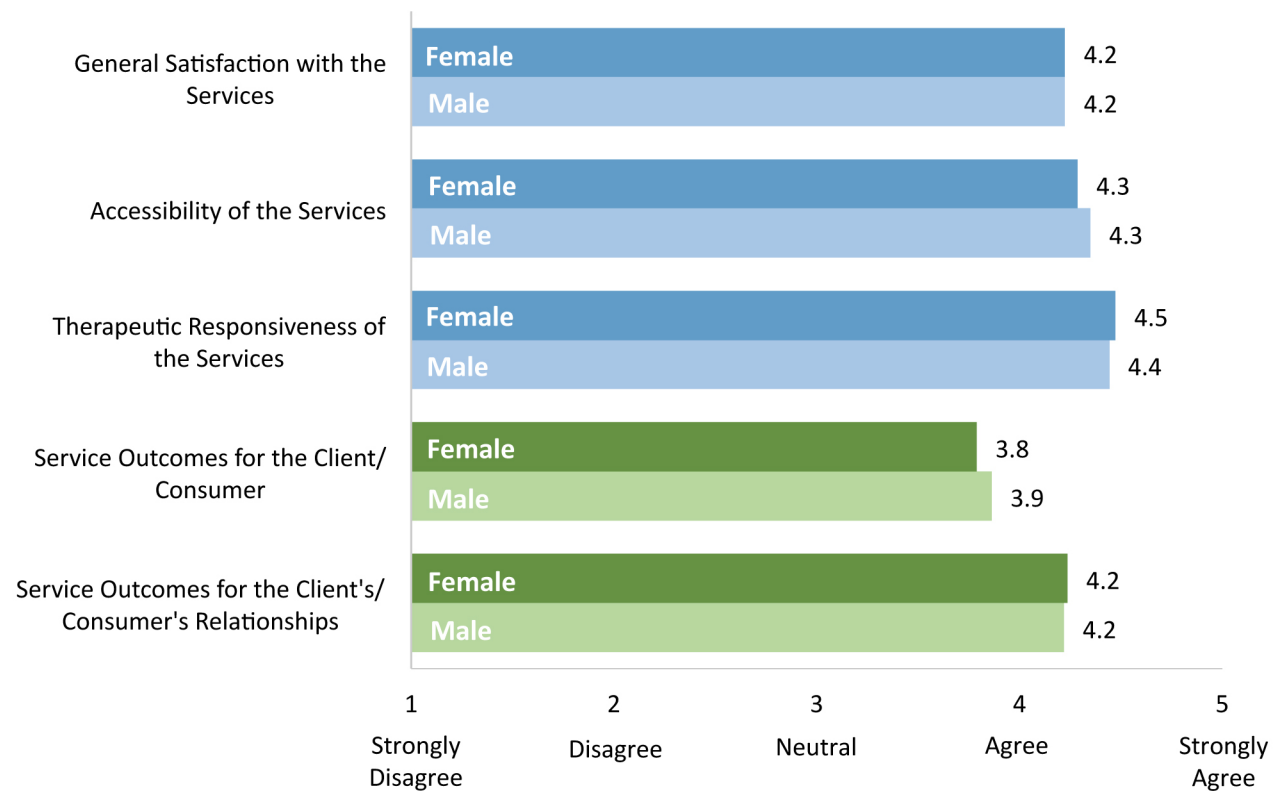
The perceptions of the *Service Outcomes* for the clients/consumers and the client's/consumer's relationships are shown in Exhibit 14 and were high for Blacks/African Americans, Whites, and Multi-Racial youths. The average responses for youths from these racial groups on these two areas were around 4.0 (i.e., *agree*) and none of the differences were statistically significant. The results indicate that all racial groups reported equal improvements as a result of the mental health services.

### Research Question 3:

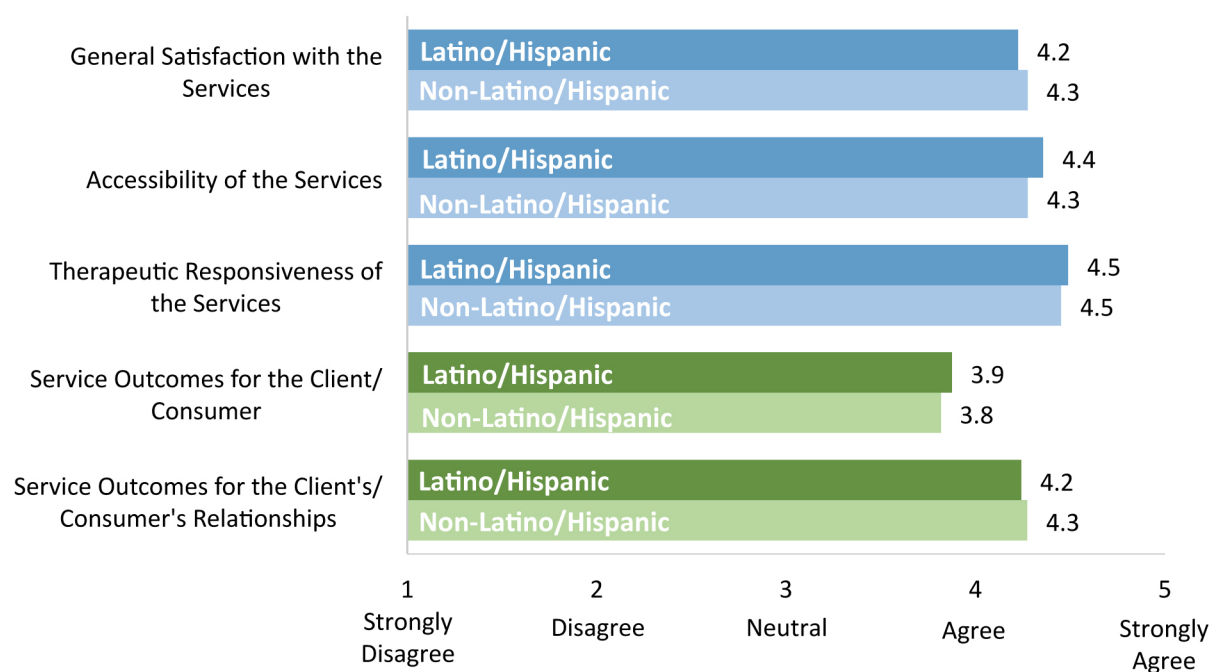
**Were the services received by the clients/consumers provided in their language of choice, and did this differ across Latinos/Hispanics and non-Latinos/Hispanics, and different racial groups?**

Overall, 96 percent of the clients/consumers reported that the youths services they received were provided in their language of preference. As shown in Exhibit 15, equal percentages of Latino/Hispanic and non-Latino/Hispanic youths received mental health services in their language of preference. In addition, the percentage of clients/consumers that indicated they received services in their language of preference exceeded 94 percent for Black/African American, White, and multi-racial youths. These percentages did not vary to a statistically significant extent across the groups.

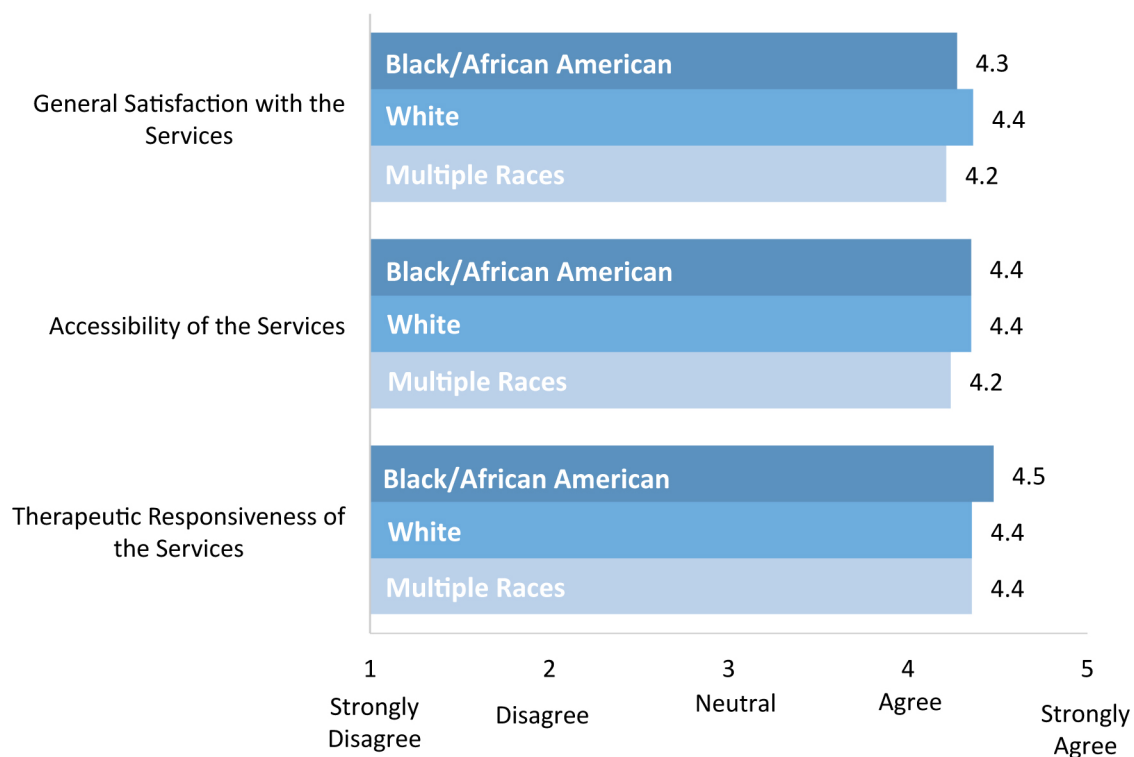
**Exhibit 11. Females and males had high levels of satisfaction with the services and positive *Services Outcomes*.**



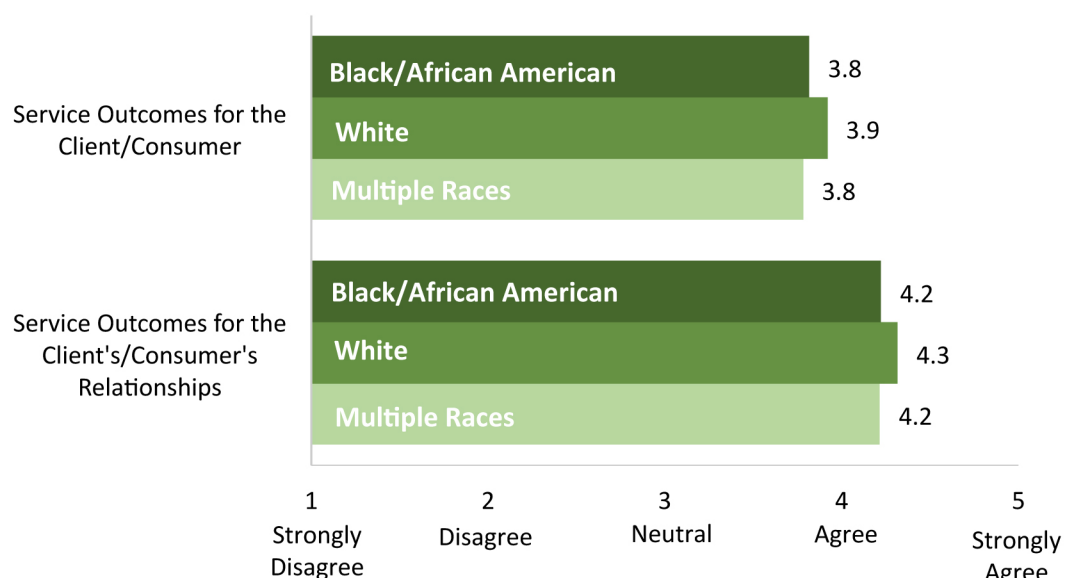
**Exhibit 12. Latinos/Hispanics and non-Latinos/Hispanics reported high levels of satisfaction with the services and positive *Service Outcomes*.**



**Exhibit 13. All racial groups reported high levels of satisfaction with the services.**



**Exhibit 14. All racial groups reported positively on the *Service Outcomes* as a result of the mental health services.**

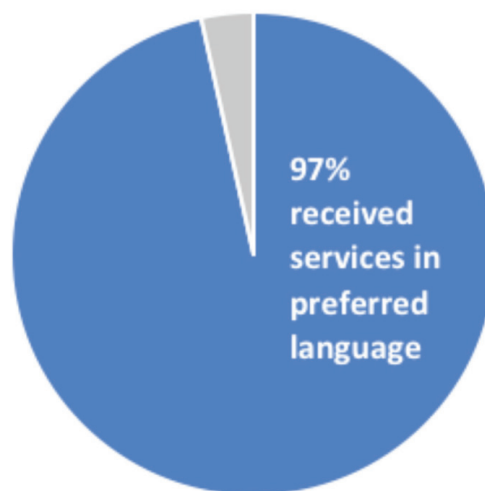


**Exhibit 15. The vast majority of Latinos/Hispanics and Non-Latinos/Hispanics received services in their preferred language**

**Latinos/Hispanics**



**Non-Latinos/Hispanics**



Note: Missing data on the demographic questions resulted in the Latino/Hispanic groups both having a higher percentage than the overall percentage, which included all clients/consumers regardless of whether they answered the demographic questions.

## Conclusion

In conclusion, the findings presented in this report suggest that overall families and youth reported similar levels of satisfaction with the services they were/are receiving. Specifically, both families and youth reported that the availability of services at the times they needed them were very convenient. The finding highlights several achievements of Solano County:

- Efforts are being made to ensure that mental health services are convenient both with location and time for children and their families in need.
- With regard to the positive cultural and language responsiveness received by families and youth, it is possible that there is a link between families and youth having more interactions with county staff that have participated in cultural competence trainings. In other words, the more training opportunities, the stronger the results.

In terms of outcome areas where Solano County can improve, collectively there two major areas:

- Although the aim of this project focused on Filipino American, Latino, and LGBTQ populations, data for Filipino American, and members of the LGBTQ community could not be presented separately using the available demographic data. Again, there is room for improvement.
- In terms of the small differences for General Satisfaction with the Services, the Accessibility of the Services, the Therapeutic Responsiveness of the Services across years. These findings suggest that more discussion with the County staff is needed to further explore and gain a better understanding and/or explanation for these differences. It is not clear if family members are (or are not) direct recipients of the services as well.

## Limitations and Future Recommendations

The findings from the youths and families survey are based on self-reported data. In addition to feeling positive about the mental health services, clients/consumers may have had a variety of reasons for providing positive responses, such as the goal of providing socially desirable responses. To answer the survey, youths and family members had to recall information about their service experiences within the past six months, and possibly beyond. Due to the potential impact of response biases, and the length of time the respondents needed to recall their experience, interpretation of the survey findings should be read with caution.

The survey did not contain questions that asked about sexual orientation and whether youths self-identified, for example, as a member of the LGBTQ community and the Filipino American community. As a result, the report could not address any research questions about the overall satisfaction or service outcomes for LGBTQ and Filipino American populations. However, provided there were LGBTQ and Filipino Americans in the sample, it is very likely they felt positive about their service experiences,

because the vast majority of the sample gave positive responses.

Another recommendation is for the County to get actionable feedback through a qualitative approach (e.g., interviews with clients/consumers). The MHSIP questions provide excellent summary data on the experiences of the clients/consumers, but interview questions could gather more specific data with regard to areas for improvement and potential changes to the existing services. After collecting and analyzing the qualitative data, the survey could be expanded to include questions regarding areas for improvement.

Questions to consider for future research: (1) Was this the first time many of the youths and families received these types of mental health services? (2) Did they have anything to compare it to, or are they just happy to be getting any kind of services? (3) Were the services free for the clients/consumers? If yes, it is possible that children and family members are more likely to give a positive response to any survey? (4) How do Filipino American and LGBTQ populations differ from other racial/ethnic groups in their responses to the five main areas?



# Appendix A: Survey Items on the Family Survey

## Family Survey – ENGLISH VERSION

General Satisfaction with the Services	
1.	Overall, I am satisfied with the services my child received.
2.	I helped to choose my child's services.
3.	I helped to choose my child's treatment goals.
4.	The people helping my child stuck with us no matter what.
5.	I felt my child had someone to talk to when he/she was troubled.
6.	I participated in my child's treatment.
7.	The services my child and/or family received were right for us.
8.	My family got the help we wanted for my child.
9.	My family got as much help as we needed for my child.
Accessibility of the Services	
1.	The location of services was convenient for us.
2.	Services were available at times that were convenient for us.
Therapeutic Responsiveness of the Services	
1.	Staff treated me with respect.
2.	Staff respected my family's religious/spiritual beliefs.
3.	Staff spoke with me in a way that I understood.
4.	Staff were sensitive to my culture/ethnic background.
Service Outcomes for the Client/Consumer	
As a direct result of the services my child and/or family received:	
1.	My child is better at handling daily life.
2.	My child gets along better with family members.
3.	My child gets along better with friends and other people.
4.	My child is doing better in school and/or work.
5.	My child is better able to cope when things go wrong.
6.	I am satisfied with our family life right now.
7.	My child is better able to do things that I want to do.
Service Outcomes for the Client's/Consumers Relationships	
As a direct result of the services my child and/or family received:	
1.	I know people who will listen and understand me when I need to talk.
2.	I have people that I am comfortable talking with about my child's problem(s).
3.	In a crisis, I would have the support I need from family or friends.
4.	I have people with whom I can do enjoyable things.

Note: The response options for the questions were *strongly disagree*, *disagree*, *I am neutral*, *agree*, *strongly agree*, and *not applicable*.

## Family Survey – SPANISH VERSION

<b>Satisfacción con los servicios en general</b>
1. En general, yo estoy satisfecho(a) con los servicios que mi hijo(a) a recibido.
2. Yo ayudé a escoger los servicios para mi hijo(a).
3. Yo ayudé a escoger las metas para el tratamiento de mí hijo(a).
4. Las personas que ayudaron a mi hijo(a) estuvieron junto a nosotros durante el proceso.
5. Sentí que mi hijo(a) tenía a alguien con quien platicar cuando el / ella tenía una preocupación.
6. Yo participe en el tratamiento de mi hijo(a).
7. Los servicios que mi hijo(a) y familia recibieron eran los adecuados para nosotros.
8. Mi familia recibió la ayuda que nosotros queríamos para nuestro hijo(a).
9. Mi familia recibió la mayoría de la ayuda que necesitábamos para nuestro hijo(a).
<b>Accesibilidad de los servicios</b>
1. La localidad de los servicios era conveniente para nosotros.
2. Los servicios estaban disponible a horarios que eran convenientes para nosotros.
<b>Sensibilidad terapéutica de los servicios</b>
1. El personal me trató con respeto.
2. El personal respeto la religión y las creencias espirituales de mi familia.
3. El personal me habló de una forma en la que yo pude entender.
4. El personal tomó en cuenta y fue sensible a mi cultura y antecedentes étnicos.
<b>Resultados de los servicios recibidos por el cliente/consumidor</b>
Como resultado de los servicios que mi familia recibió:
1. Mi hijo(a) maneja mejor su vida.
2. Mi hijo(a) se lleva mejor con miembros de la familia.
3. Mi hijo(a) se lleva mejor con sus amigos(as) y otras personas.
4. A mi hijo(a) le está hiendo mejor en la escuela o en el trabajo.
5. Mi hijo(a) maneja mejor las situaciones cuándo algo le sale mal.
6. En esté momento estoy satisfecho(a) con nuestra vida familiar.
7. Mi hijo(a) es más capaz de hacer cosas que el/ella quiere hacer.
<b>Resultados de los servicios de el cliente/consumidor sobre sus relaciones</b>
Como resultado de los servicios que mi hijo(a) y familia recibió:
1. Conozco a gente que me escucha y entiende cuando necesito hablar con alguien.
2. Tengo personas con las cuales me siento cómodo(a) para platicarles sobre los problemas de mi hijo(a).
3. En caso de una crisis, yo tendría el apoyo que necesito de mi familia o amigos.
4. Tengo personas con las cuales puedo hacer cosas agradables y que disfruto.

Nota: Las opciones de respuestas para las preguntas fueron *Definitivamente de acuerdo*, *De acuerdo*, *Indeciso*, *En desacuerdo* o *Definitivamente en desacuerdo*, o *no aplica*.

## Family Survey – TAGALOG VERSION

Pangkalahatang kasiyahan sa mga serbisyo
1. Sa pangkalahatan, akó ay nasisiyahan sa mga serbisyong natanggáp ng aking anak.
2. Akó ay tumulóng sa pagpili ng mga serbisyong natanggáp ng aking anak.
3. Akó ay tumulóng sa pagpili ng hangganan ng pagpapagamót ng aking anak.
4. Kahit na anumáng mangyari, nanatiling kasama at tapát sa aking anak ang mga tauhang tumulóng sa kanyá.
5. Naramdamán kong mayroóng maáaring makausap Ang aking anak kung siyá man ay naguguluhan.
6. Kasali akó sa pagpapagamót ng aking anak.
7. Ang mga serbisyong natanggáp ng aking anak at/o ng aming pamilya ay tamang-tamà para sa amin.
8. Nakuha namin ang tulong na gustó ko para sa aking anak.
9. Natanggáp namin ang lahat ng tulong na kinailangan ng aking anak.
Pagkarating ng mga serbisyo
1. Ang lugar ng mga serbisyo ay kombinyente at madalíng hanapin para sa amin.
2. Ang mga serbisyo ay ibinigáy sa mga oras na Mabuti para sa amin.
Pantherapeutika na kakayahang tumugon ng mga serbisyo
1. Magalang ang pakikitungo ng mga tauhan sa akin.
2. Nirespéto ng mga tauhan ang pangrelihiyón/pang-espiritwál na paniniwalà ng aking pamilya.
3. Kináusap akó ng mga tauhan sa paraáng aking naiintindihan.
4. Inunawà at binigyan ng maingat na konsiderasyon ng mga tauhan ang aking pinágmulang kultura.
Makabuluhang serbisyo na naidulot sa mga kliyente
Dahil sa natanggáp kong serbisyo:
1. Naaásikaso na nang maayos ng aking anak ang kanyáng buhay.
2. Mas gumagandá ang pakikisama niyá sa aming pamilya.
3. Mas gumagandá ang pakikisama niyá sa kanyáng mga kaibigan at sa ibáng tao.
4. Umuunlad na ang mga gawaín niyá sa eskuwelahan at/o trabaho.
5. Mas nakakayanan niyáng harapín ang mga problema o anumáng paghihirap.
6. Kuntento akó sa sitwasyon ng aming pamilya sa kasalukuyan.
7. Mas madalî nagagawà na aming anak ang mga bagay na hilig niyang gawín.
Makabuluhang serbisyo na naidulot para mapagting ang relasyon sa kliyente
Dahil sa natanggáp na serbisyo ng aking anak at/o ng aming pamilya:
1. May mga taong makikiníg at makauunawà sa akin kung kinakailangan kong magsalitá.
2. May mga tao akóng kakilala na kung saán komportable kong maikukuwento ang aking mga problema tungkol sa aming anak.
3. Sa gitnâ ng krisis, maáasahan ko ang tulong mula sa aming pamilya o mga kaibigan.
4. May mga tao akóng kakilala na maáari kong makakasama sa mga gawáing pangkátúwaan.

Nota: Ang tugon opsyon para sa mga katanungan ay *Lubós na Sumasang-ayon*, *Sumasang-ayon*, *Waláng Pinapanigan*, *Hindí Sumasang-ayon*, o *Lubós na Hindí Sumasang-ayon*, sa *Hindí Itó Para Sa Akin*.

# Appendix B: Survey Items on the Youth Survey

## Youth Survey – ENGLISH VERSION

General Satisfaction with the Services
1. Overall, I am satisfied with the services I received.
2. I helped to choose my services.
3. I helped to 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 own treatment.
7. I received services that were right for me.
8. I got the help I wanted.
9. I got as much help as I needed.
Accessibility of the Services
1. The location of services was convenient for me.
2. Services were available at times that were convenient for me.
Therapeutic Responsiveness of the Services
1. Staff treated me with respect.
2. Staff respected my religious/spiritual beliefs.
3. Staff spoke with me in a way that I understood.
4. Staff were sensitive to my culture/ethnic background.
Service Outcomes for the Client/Consumer
As a direct result of the services I received:
1. I am better at handling daily life.
2. I get along better with family members.
3. I get along better with friends and other people.
4. I am doing better in school and/or work.
5. I am better able to cope when things go wrong.
6. I am satisfied with my family life right now.
7. I am better able to do things that I want to do.
Service Outcomes for the Client's/Consumer's Relationships
As a direct result of the services I received:
1. I know people who will listen and understand me when I need to talk.
2. I have people that I am comfortable talking with about my problem(s).
3. In a crisis, I would have the support I need from family or friends.
4. I have people with whom I can do enjoyable things.

Note: The response options for the questions were *strongly disagree*, *disagree*, *I am neutral*, *agree*, *strongly agree*, and *not applicable*.

## Youth Survey – SPANISH VERSION

<b>Satisfacción con los servicios en general</b>
1. En general, yo estoy satisfecho(a) con los servicios que he recibido.
2. Yo ayudé a escoger mis servicios.
3. Yo ayudé a escoger mis propias metas para mi tratamiento.
4. Las personas que ayudaron estuvieron junto a mí durante el proceso.
5. Sentí que tenía a alguien con quien platicar cuando tenía preocupaciones.
6. Yo participé en mi propio tratamiento.
7. Recibí servicios que eran adecuados para mí.
8. Recibí la ayuda que quería.
9. Recibí la mayoría de la ayuda que necesitaba.
<b>Accesibilidad de los servicios</b>
1. La localidad de los servicios era conveniente.
2. Los servicios estaban disponible a horarios que eran convenientes para mí.
<b>Sensibilidad terapéutica de los servicios</b>
1. El personal me trató con respeto.
2. El personal respetó la religión y las creencias espirituales de mi familia.
3. El personal me habló de una forma en la que yo pude entender.
4. El personal tomó en cuenta y fue sensible a mi cultura y antecedentes étnicos.
<b>Resultados de los servicios recibidos por el cliente/consumidor</b>
Como resultado de los servicios que mi familia recibió:
1. Es más fácil para mí tratar de solucionar mis problemas de cada día.
2. Me llevo mejor con mi familia.
3. Me llevo mejor con mis amigos(as) y otras personas.
4. Me va mejor en la escuela o en el trabajo.
5. Es más fácil para mi arreglármelas cuándo algo me sale mal.
6. Ahora estoy satisfecho(a) con mi vida familiar.
7. Soy más capaz de hacer cosas que deseo hacer.
<b>Resultados de los servicios de el cliente/consumidor sobre sus relaciones</b>
Como resultado de los servicios que recibí:
1. Conozco a gente que me escucha y entiende cuando necesito hablar con alguien.
2. Tengo gente con la cual me siento cómodo(a) para platicarles sobre mis problemas.
3. En caso de una crisis, yo tendría el apoyo que necesito de mi familia o amigos.
4. Tengo personas con las cuales puedo hacer cosas agradables y que disfruto.

Nota: Las opciones de respuestas para las preguntas fueron *Definitivamente de acuerdo*, *De acuerdo*, *Indeciso*, *En desacuerdo* o *Definitivamente en desacuerdo*, o *no aplica*.



## Youth Survey – TAGALOG VERSION

Pangkalahatang kasiyahan sa mga serbisyo
1. Sa pangkalahatan, akó ay nasisiyahan sa mga serbisyong aking natanggáp.
2. Akó ay tumulóng sa pagpili ng mga serbisyong aking natanggáp.
3. Akó ay tumulóng sa pagpili ng hangganan ng aking pagpapagamót.
4. Kahit na anumáng mangyari, nanatiling kasama ko at tapát sa akin ang mga tauhang tumulóng sa akin.
5. Naramdamán kong mayroón akóng puwedeng makausap tuwing ako ay naguguluhan.
6. Kasali akó sa aking pagpapagamót.
7. Akó ay nakatanggap ng mga serbisyo na tamang-tamà para sa akin.
8. Nakuhà ko ang tulong na gustó ko.
9. Natanggáp ko ang lahat ng tulong na kinailangan ko.
Pagkarating ng mga serbisyo
1. Ang lugar ng mga serbisyo ay kombinyente at madali kong nahanap.
2. Ang serbisyo ay ibinigáy sa panahóng mabuti para sa akin.
Panterapeutika na kakayahang tumugon ng mga serbisyo
1. Magalang ang pakikitungo ng mga tauhan sa akin.
2. Nirespéto ng mga tauhan ang pangrelihiyón/pang-espiritwál na paniniwalà ng aking pamilya
3. Kináusap akó ng mga tauhan sa paraáng aking naiintindihán.
4. Inunawà at binigyán ng maingat na konsiderasyón ng mga tauhan ang aking pinágmuláng kultura.
Makabuluhang serbisyo na naidulot sa mga kliyente
Dahil sa natanggáp kong serbisyo:
1. Naaasikaso ko na nang maayos ang aking buhay.
2. Mas gumagandá ang pakikisama ko sa aking pamilya.
3. Mas gumagandá ang pakikisama ko sa aking mga kaibigan at sa ibáng tao.
4. Umuunlád na ang mga gawaín ko sa eskuwelahan at/o trabaho.
5. Mas nakakayanan kong harapín ang mga problema o anumáng paghihirap.
6. Kuntento akó sa sitwasyon ng aking pamilya sa kasalukuyan.
7. Mas madalî kong nagagawâ ang mga bagay na hilig kong gawín.
Makabuluhang serbisyo na naidulot para mapagting ang relasyon sa kliyente
Dahil sa natanggáp na serbisyo ng aking anak at/o ng aming pamilya:
1. May mga taong makikiníg at makauunawà sa akin kung kinakailangan kong magsalita.
2. May mga tao akóng kakilala na kung saán komportable kong maikukuwento ang aking mga problema.
3. Sa gitnâ ng krisis, maásahan ko ang tulong mula sa aking pamilya o mga kaibigan.
4. May mga tao akóng kakilala na maáari kong makakasama sa mga gáwáing pangkátúwaan

Nota: Ang tugon opsyon para sa mga katanungan ay *Lubós na Sumasang-ayon*, *Sumasang-ayon*, *Waláng Pinapanigan*, *Hindi Sumasang-ayon*, o *Lubós na Hindi Sumasang-ayon*, sa *Hindi Itô Para Sa Akin*.

