

Mental Health Division

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Consumer Perception Survey 2016 - Youth

In accordance with Department of Mental Health, the Solano Mental Health Plan (MHP) administered Consumer Perception Surveys from May 16 - 20, 2016 and from November 14 - 18, 2016. Surveys were available to all consumers that came into clinic and contractor locations for a service during this time. Completed surveys were collected and then were submitted to the Department of Mental Health.

The goal of this survey was to collect data for reporting on the federally determined National Outcome Measures (NOMs). Reporting on these NOMs are required by the Substance Abuse Mental Health Services Administration (SAMHSA), and receipt of federal Community Mental Health Services Block Grant (MHBG) funding was contingent on the submission of this data.

Demographic Overview

Our Consumers	Youth Survey Spring 2016	Youth Survey Fall 2016	Families Survey Spring 2016	Families Survey Fall 2016
Total Surveys Received	54	83	167	186
Submitted by:				
County	28%	67%	67%	53%
Contractor	72%	33%	33%	47%
Unknown	0%	0%	0%	0%
Gender:				
Male	54%	39%	53%	52%
Female	28%	53%	42%	40%
Not Answered	17%	8%	5%	8%
Form Language:				
English	100%	96%	90%	87%
Spanish	0%	4%	10%	13%
Medi-Cal Insurance:	81%	86%	90%	92%

Demographic Overview (cont.)

Our Consumers	Youth Survey Spring 2016	Youth Survey Fall 2016	Families Survey Spring 2016	Families Survey Fall 2016
Total Surveys Received	54	83	167	186
Ethnicity: (Identified w/one or more of the following)				
American Indian/Alaskan Native	7%	11%	8%	7%
Asian	6%	4%	5%	3%
Black/African American	41%	31%	38%	32%
Mexican/Hispanic/Latino	28%	37%	32%	35%
Native Hawaiian/Other Pacific Islander	9%	6%	4%	2%
White/Caucasian	20%	35%	40%	39%
Other	17%	24%	22%	14%
Not Answered	0%	1%	0%	0%
Unknown	2%	0%	2%	2%
Agreed that services were provided in preferred language:	81%	87%	89%	92%
Agreed that written materials were provided in preferred language:	74%	84%	89%	92%
How long services have been received:				
First Visit	2%	6%	2%	5%
More than one visit, but less than 1 month	2%	7%	5%	9%
1 – 2 Months	11%	13%	11%	22%
3 – 5 Months	20%	10%	23%	9%
6 Months – 1 Year	35%	28%	29%	22%
More than 1 year	24%	28%	26%	28%
Not Answered	6%	8%	5%	5%

Survey Results Overview

Our Services (reported as "Strongly Agree", or "Agree")	Youth Survey Spring 2016	Youth Survey Fall 2016	Families Survey Spring 2016	Families Survey Fall 2016
Total Surveys Received	54	83	167	186
1. Overall, I am satisfied with the services I/[my child] received.	93%	90%	90%	90%
2. I helped to choose my/[my child's] services.	65%	49%	78%	78%
3. I helped to choose my/[my child's] treatment goals.	76%	77%	87%	85%
4. The people helping me/[my child] stuck with me/[us] no matter what.	76%	76%	87%	82%
5. I felt I/[my child] had someone to talk to when I/[he/she] was troubled.	85%	75%	86%	80%
6. I participated in my own/[my child's] treatment.	83%	81%	95%	87%
 I/[my child and/or family] received services that were right for me/[us]. 	80%	81%	88%	84%
8. The location of services was convenient for me/[us].	91%	88%	92%	94%
9. Services were available at times that were convenient for me/[us].	80%	84%	90%	89%
10. I/[my family] got the help I/[we] wanted [for my child].	81%	84%	85%	79%
11. I/[my family] got as much help as I/[we] needed [for my child].	76%	80%	80%	73%
12. Staff treated me with respect.	89%	90%	95%	95%
13. Staff respected my/[my family's] religious/spiritual beliefs.	76%	75%	78%	82%
14. Staff spoke with me in a way that I understood.	94%	89%	96%	96%
15. Staff were sensitive to my cultural/ethnic background.	83%	75%	77%	81%

Survey Results Overview (cont.)

As a result of services received: (reported as "Strongly Agree", or "Agree")	Youth Survey Spring 2016	Youth Survey Fall 2016	Families Survey Spring 2016	Families Survey Fall 2016
Total Surveys Received	54	83	167	186
1. I/[my child] am/[is] better at handling daily life.	72%	67%	64%	59%
2. I/[my child] get/[gets] along better with family members.	63%	71%	64%	56%
3. I/[my child] get/[gets] along better with friends and other people.	72%	71%	62%	55%
4. I/[my child] am/[is] doing better in school and/or work.	74%	59%	55%	51%
5. I/[my child/ am/[is] better able to cope when things go wrong.	76%	65%	54%	49%
6. I am satisfied with my family life right now.	54%	60%	63%	56%
7. I/[my child] am/[is] better able to do things I/[he or she] want/[wants] to do.	76%	61%	59%	60%
8. I know people who will listen and understand me when I need to talk.	89%	80%	89%	82%
9. I have people that I am comfortable talking to about my/[my child's] problem(s).	87%	83%	90%	91%
10. In a crisis, I would have the support I need from family or friends.	76%	65%	78%	78%
11. I have people with whom I can do enjoyable things.	91%	81%	83%	82%

Survey Results Overview (cont.)

Quality of Life	Youth Survey Spring 2016	Youth Survey Fall 2016	Families Survey Spring 2016	Families Survey Fall 2016
Total Surveys Received	54	83	167	186
1. Is your child currently living with you?				
Yes			85%	91%
No			11%	3%
Not Answered			4%	6%
 Have you/[has your child] lived in any of the following place(s) in the last 6 months? 				
With one or both parents	52%	50%	48%	52%
With another family member	28%	19%	14%	9%
Foster home	11%	4%	22%	16%
Therapeutic foster home	0%	0%	2%	1%
Crisis shelter	7%	3%	2%	2%
Homeless shelter	0%	0%	2%	1%
Group home	17%	8%	1%	1%
Residential treatment center	2%	2%	0%	1%
Hospital	6%	3%	1%	1%
Local jail or detention facility	6%	3%	0%	0%
State correctional facility	0%	0%	0%	1%
Runaway/homeless/on the streets	0%	3%	1%	1%
Other	4%	6%	3%	6%
 In the last year, did you/[your child] see a medical doctor (or nurse) for a health check-up or because you/[he or she] were/[was] sick? 				
Yes, in a clinic or office	59%	52%	69%	70%
Yes, but only in a hospital or emergency room	9%	10%	5%	5%
No	7%	16%	16%	16%
Do not remember	19%	18%	4%	4%
Not Answered	6%	5%	6%	4%
4. Are you/[is your child] on medication for emotional/behavioral problems?				
Yes	48%	46%	29%	31%
Νο	39%	48%	65%	63%
Not Answered	13%	6%	6%	6%

Survey Results Overview (cont.)

Quality of Life	Youth	Youth	Families	Families
	Survey Spring 2016	Survey Fall 2016	Survey Spring 2016	Survey Fall 2016
If yes, did the doctor or nurse tell you/[you and/or your child] what side effects to watch for?				
Yes	43%	35%	25%	23%
No	19%	23%	12%	11%
Not Answered	39%	42%	68%	66%
6. Were you/[was your child] arrested since beginning to receive mental health services (or in the last 12 months if you/[your child] have[has] been receiving services for over a year)?				
Yes	7%	7%	1%	1%
No/ Not Answered	93%	93%	99%	99%
Were you/[your child] arrested during the 12 months prior to that?				
Yes	7%	2%	1%	2%
No/ Not Answered	93%	98%	99%	98%
 Since you/[your child] began to receive mental health services (or in the last 12 months if you/[your child] have[has] been receiving services for over a year), your/[your child's] encounters with the police have: Been reduced 	7%	4%	2%	6%
Stayed the same	7%	4 % 6%	2%	2%
Increased	2%	4%	1%	1%
Not applicable	44%	43%	54%	51%
Not answered	39%	43%	41%	40%
9. Since you/[your child] began to receive mental health services (or in the last 12 months if you/[your child] have[has] been receiving services for over a year), were you/[was your child] expelled or suspended?				
Yes	22%	7%	13%	9%
No/ Not Answered	78%	93%	87%	91%
10. Were you/[your child] expelled or suspended during the 12 months prior to that?				
Yes	20%	8%	9%	9%
No/ Not Answered	80%	92%	91%	91%
11. Since you/[your child] began to receive mental health services (or in the last 12 months if you/[your child] have[has] been receiving services for over a year), the number of days you were/[your child was] in school is:				
Greater	24%	18%	12%	11%
About the same	30%	18%	17%	15%
Less	0%	5%	3%	4%
Does not apply	6%	11%	19%	30%
Not Answered	41%	48%	49%	40%