



**Health and Social Services Department**

**Mental Health Division**

**Quality Improvement Unit**

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**Consumer Perception Survey 2015 - Youth**

In accordance with Department of Mental Health, the Solano Mental Health Plan (MHP) administered Consumer Perception Surveys from May 11 – 15, 2015 and from November 16 – 20, 2015. 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**

<b>Our Consumers</b>	<b>Youth Survey Spring 2015</b>	<b>Youth Survey Fall 2015</b>	<b>Families Survey Spring 2015</b>	<b>Families Survey Fall 2015</b>
<b>Total Surveys Received</b>	<b>106</b>	<b>101</b>	<b>134</b>	<b>135</b>
<b>Submitted by:</b>				
County	77%	66%	40%	16%
Contractor	19%	33%	59%	83%
Unknown	4%	1%	1%	1%
<b>Gender:</b>				
Male	42%	36%	48%	49%
Female	42%	55%	49%	49%
Not Answered	16%	9%	4%	2%
<b>Form Language:</b>				
English	93%	100%	87%	83%
Spanish	7%	0%	13%	17%
<b>Medi-Cal Insurance:</b>	<b>76%</b>	<b>82%</b>	<b>93%</b>	<b>93%</b>

## Demographic Overview (cont.)

<b>Our Consumers</b>	<b>Youth Survey Spring 2015</b>	<b>Youth Survey Fall 2015</b>	<b>Families Survey Spring 2015</b>	<b>Families Survey Fall 2015</b>
<b>Total Surveys Received</b>	<b>106</b>	<b>101</b>	<b>136</b>	<b>135</b>
<b>Ethnicity:</b> (Identified w/one or more of the following)				
American Indian/Alaskan Native	12%	7%	10%	3%
Asian	3%	3%	3%	1%
Black/African American	33%	36%	0%	30%
Mexican/Hispanic/Latino	30%	42%	37%	37%
Native Hawaiian/Other Pacific Islander	6%	6%	1%	1%
White/Caucasian	41%	35%	47%	43%
Other	18%	20%	13%	21%
Not Answered	1%	3%	1%	1%
Unknown	12%	7%	10%	3%
<b>Agreed that services were provided in preferred language:</b>	<b>84%</b>	<b>88%</b>	<b>88%</b>	<b>88%</b>
<b>Agreed that written materials were provided in preferred language:</b>	<b>78%</b>	<b>83%</b>	<b>88%</b>	<b>85%</b>
<b>How long services have been received:</b>				
First Visit	4%	3%	2%	2%
More than one visit, but less than 1 month	7%	6%	6%	4%
1 – 2 Months	8%	9%	13%	13%
3 – 5 Months	17%	16%	26%	19%
6 Months – 1 Year	18%	26%	29%	30%
More than 1 year	38%	37%	19%	27%
Not Answered	9%	4%	4%	5%

## Survey Results Overview

<b>Our Services</b> (reported as "Strongly Agree", or "Agree")	<b>Youth Survey Spring 2015</b>	<b>Youth Survey Fall 2015</b>	<b>Families Survey Spring 2015</b>	<b>Families Survey Fall 2015</b>
<b>Total Surveys Received</b>	<b>106</b>	<b>101</b>	<b>136</b>	<b>135</b>
1. Overall, I am satisfied with the services I/[my child] received.	95%	89%	93%	95%
2. I helped to choose my/[my child's] services.	68%	56%	72%	76%
3. I helped to choose my/[my child's] treatment goals.	82%	76%	83%	85%
4. The people helping me/[my child] stuck with me/[us] no matter what.	83%	75%	89%	90%
5. I felt I/[my child] had someone to talk to when I/[he/she] was troubled.	87%	83%	79%	87%
6. I participated in my own/[my child's] treatment.	83%	82%	94%	94%
7. I/[my child and/or family] received services that were right for me/[us].	84%	88%	88%	93%
8. The location of services was convenient for me/[us].	80%	86%	95%	96%
9. Services were available at times that were convenient for me/[us].	82%	84%	95%	95%
10. I/[my family] got the help I/[we] wanted [for my child].	80%	84%	86%	87%
11. I/[my family] got as much help as I/[we] needed [for my child].	75%	82%	80%	87%
12. Staff treated me with respect.	91%	90%	97%	99%
13. Staff respected my/[my family's] religious/spiritual beliefs.	75%	80%	83%	83%
14. Staff spoke with me in a way that I understood.	93%	92%	95%	98%
15. Staff were sensitive to my cultural/ethnic background.	75%	73%	84%	87%

## Survey Results Overview (cont.)

<b>As a result of services received: (reported as “Strongly Agree”, or “Agree”)</b>	<b>Youth Survey Spring 2015</b>	<b>Youth Survey Fall 2015</b>	<b>Families Survey Spring 2015</b>	<b>Families Survey Fall 2015</b>
<b>Total Surveys Received</b>	<b>106</b>	<b>101</b>	<b>136</b>	<b>135</b>
1. I/[my child] am/[is] better at handling daily life.	64%	66%	66%	76%
2. I/[my child] get/[gets] along better with family members.	56%	64%	63%	77%
3. I/[my child] get/[gets] along better with friends and other people.	65%	70%	63%	75%
4. I/[my child] am/[is] doing better in school and/or work.	63%	66%	51%	60%
5. I/[my child/ am/[is] better able to cope when things go wrong.	68%	67%	52%	59%
6. I am satisfied with my family life right now.	59%	65%	59%	66%
7. I/[my child] am/[is] better able to do things I/[he or she] want/[wants] to do.	69%	61%	66%	70%
8. I know people who will listen and understand me when I need to talk.	76%	87%	94%	89%
9. I have people that I am comfortable talking to about my/[my child's] problem(s).	74%	80%	89%	87%
10. In a crisis, I would have the support I need from family or friends.	73%	78%	80%	81%
11. I have people with whom I can do enjoyable things.	78%	85%	89%	86%

## Survey Results Overview (cont.)

Quality of Life	Youth Survey Spring 2015	Youth Survey Fall 2015	Families Survey Spring 2015	Families Survey Fall 2015
<b>Total Surveys Received</b>	<b>106</b>	<b>101</b>	<b>136</b>	<b>135</b>
<b>1. Is your child currently living with you?</b>				
Yes	NA	NA	89%	90%
No	NA	NA	4%	4%
Not Answered	NA	NA	5%	5%
<b>2. Have you/[has your child] lived in any of the following place(s) in the last 6 months?</b>				
With one or both parents	60%	76%	51%	51%
With another family member	15%	18%	17%	15%
Foster home	21%	12%	28%	24%
Therapeutic foster home	1%	2%	1%	4%
Crisis shelter	4%	4%	3%	2%
Homeless shelter	2%	1%	1%	1%
Group home	4%	5%	1%	1%
Residential treatment center	2%	4%	1%	1%
Hospital	7%	6%	1%	1%
Local jail or detention facility	3%	2%	0%	0%
State correctional facility	1%	1%	0%	0%
Runaway/homeless/on the streets	2%	1%	1%	0%
Other	8%	5%	8%	4%
<b>3. 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?</b>				
Yes, in a clinic or office	51%	59%	78%	73%
Yes, but only in a hospital or emergency room	20%	9%	10%	4%
No	5%	13%	8%	19%
Do not remember	14%	15%	1%	4%
Not Answered	10%	4%	2%	1%
<b>4. Are you/[is your child] on medication for emotional/behavioral problems?</b>				
Yes	49%	46%	26%	20%
No	38%	47%	65%	73%
Not Answered	13%	8%	8%	7%

## Survey Results Overview (cont.)

Quality of Life	Youth Survey Spring 2015	Youth Survey Fall 2015	Families Survey Spring 2015	Families Survey Fall 2015
<b>5.</b> If yes, did the doctor or nurse tell you/[you and/or your child] what side effects to watch for?				
Yes	41%	31%	21%	16%
No	13%	20%	9%	10%
Not Answered	46%	50%	68%	74%
<b>6.</b> 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	5%	4%	3%	1%
No/ Not Answered	95%	96%	97%	99%
<b>7.</b> Were you/[your child] arrested during the 12 months prior to that?				
Yes	6%	2%	0%	0%
No/ Not Answered	94%	98%	100%	100%
<b>8.</b> 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	11%	11%	1%	4%
Stayed the same	11%	10%	2%	0%
Increased	3%	0%	1%	0%
Not applicable	34%	47%	60%	59%
Not answered	41%	33%	35%	37%
<b>9.</b> 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	13%	11%	5%	10%
No/ Not Answered	87%	89%	95%	90%
<b>10.</b> Were you/[your child] expelled or suspended during the 12 months prior to that?				
Yes	15%	14%	9%	7%
No/ Not Answered	85%	86%	91%	93%
<b>11.</b> 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	23%	16%	15%	13%
About the same	23%	29%	13%	15%
Less	8%	4%	3%	4%
Does not apply	14%	17%	24%	30%
Not Answered	32%	35%	44%	38%