



Health and Social Services Department

Mental Health Division

Quality Improvement Unit
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Consumer Perception Survey 2019 - Youth

In accordance with Department of Mental Health, the Solano Mental Health Plan (MHP) administered Consumer Perception Surveys from May 13 - 17, 2019 and from November 4 - 8, 2019. 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.

<i>Demographics Overview</i>	Youth Spring '19	Youth Fall '19	Families Spring '19	Families Fall '19
<i>Total Surveys Received</i>	99	113	199	225
<i>Program Type:</i>				
<i>County</i>	25%	35%	14%	29%
<i>Contractor</i>	75%	57%	86%	70%
<i>Online</i>	---	8%	---	1%
<i>Gender:</i>				
<i>Male</i>	38%	34%	51%	50%
<i>Female</i>	51%	46%	42%	42%
<i>Other/Not Answered</i>	7%	17%	7%	8%
<i>Survey Language:</i>				
<i>English</i>	98%	99%	83%	86%
<i>Spanish</i>	2%	1%	17%	14%
<i>Other</i>	0%	0%	0%	0%
<i>Medi-Cal Insurance:</i>	76%	73%	90%	88%
<i>Ethnicity: (Identified with one or more)</i>				
<i>American Indian/Alaskan Native</i>	8%	4%	4%	9%
<i>Asian</i>	1%	4%	7%	8%
<i>Black/African American</i>	27%	19%	32%	34%
<i>Mexican/Hispanic/Latino</i>	36%	37%	43%	44%
<i>Native Hawaiian/Other Pacific Islander</i>	2%	2%	8%	4%
<i>White/Caucasian</i>	39%	32%	44%	53%
<i>Other</i>	25%	20%	21%	17%
<i>Unknown</i>	5%	7%	1%	1%
<i>Agreed that services were provided in preferred language:</i>	84%	76%	87%	91%
<i>Agreed that written materials were provided in preferred language:</i>	81%	73%	85%	87%
<i>Length of services provided:</i>				
<i>First Visit</i>	3%	4%	5%	4%

Demographics Overview	Youth Spring '19	Youth Fall '19	Families Spring '19	Families Fall '19
<i>More than 1 visit, but less than 1 month</i>	4%	4%	4%	5%
<i>1 - 2 Months</i>	12%	12%	10%	14%
<i>3 - 5 Months</i>	20%	11%	21%	18%
<i>6 Months - 1 Year</i>	16%	27%	34%	28%
<i>More than 1 Year</i>	38%	36%	22%	26%
<i>Not Answered</i>	6%	7%	6%	6%

Results	Youth Spring '19	Youth Fall '19	Families Spring '19	Families Fall '19
<i>Total Surveys Received</i>	99	113	199	225
<i>1. Overall, I am satisfied with the services I/[my child] received.</i>	92%	88%	91%	92%
<i>2. I helped to choose my/[my child's] services.</i>	65%	71%	77%	83%
<i>3. I helped to choose my/[my child's] treatment goals.</i>	81%	85%	83%	88%
<i>4. The people helping me/[my child] stuck with me/[us] no matter what.</i>	86%	84%	85%	87%
<i>5. I felt I/[my child] had someone to talk to when I/[he/she] was troubled.</i>	83%	84%	90%	92%
<i>6. I participated in my own/[my child's] treatment.</i>	86%	94%	89%	94%
<i>7. I/[my child and/or family] received services that were right for me/[us].</i>	90%	85%	90%	90%
<i>8. The location of services was convenient for me/[us].</i>	84%	84%	91%	88%
<i>9. Services were available at times that were convenient for me/[us].</i>	88%	82%	94%	92%
<i>10. I/[my family] got the help I/[we] wanted [for my child].</i>	90%	83%	85%	85%
<i>11. I/[my family] got as much help as I/[we] needed [for my child].</i>	81%	75%	81%	82%
<i>12. Staff treated me with respect.</i>	92%	90%	96%	97%
<i>13. Staff respected my/[my family's] religious/spiritual beliefs.</i>	86%	87%	86%	80%
<i>14. Staff spoke with me in a way that I understood.</i>	95%	89%	96%	96%
<i>15. Staff were sensitive to my cultural/ethnic background.</i>	78%	81%	86%	81%

Results	Youth Spring '19	Youth Fall '19	Families Spring '19	Families Fall '19
<i>Total Surveys Received</i>	99	113	199	225
<i>1. I/[my child] am/[is] better at handling daily life.</i>	75%	65%	66%	65%
<i>2. I/[my child] get/[gets] along better with family members.</i>	63%	54%	69%	62%

Results	Youth Spring '19	Youth Fall '19	Families Spring '19	Families Fall '19
3. I/[my child] get/[gets] along better with friends and other people.	70%	68%	68%	64%
4. I/[my child] am/[is] doing better in school and/or work.	58%	57%	60%	58%
5. I/[my child/ am/[is] better able to cope when things go wrong.	71%	69%	60%	57%
6. I am satisfied with my family life right now.	53%	50%	70%	58%
7. I/[my child] am/[is] better able to do things I/[he or she] want/[wants] to do.	69%	65%	75%	66%
8. I know people who will listen and understand me when I need to talk.	89%	82%	86%	87%
9. I have people that I am comfortable talking to about my/[my child's] problem(s).	79%	79%	90%	87%
10. In a crisis, I would have the support I need from family or friends.	79%	70%	84%	76%
11. I have people with whom I can do enjoyable things.	86%	81%	91%	84%

Results	Youth Spring '19	Youth Fall '19	Families Spring '19	Families Fall '19
Total Surveys Received	99	113	199	225
1. Is your child currently living with you?				
Yes	---	---	94%	94%
No	---	---	3%	2%
Not Answered	---	---	3%	4%
2. Have you/[has your child] lived in any of the following place(s) in the last 6 months?				
With one or both parents	65%	64%	66%	72%
With another family member	16%	21%	10%	12%
Foster homes	12%	8%	18%	13%
Therapeutic foster home	1%	0%	1%	1%
Crisis shelter	2%	4%	1%	2%
Homeless shelter	3%	0%	2%	1%
Group home	5%	6%	1%	3%
Residential treatment center	2%	0%	1%	2%
Hospital	2%	4%	1%	2%
Local jail or detention facility	3%	1%	2%	0%
State correctional facility	1%	0%	1%	0%
Runaway/homeless/on the streets	4%	4%	1%	2%
Other	12%	12%	2%	3%
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?				
Yes, in a clinic or office	49%	53%	69%	71%

<i>Results</i>	Youth Spring '19	Youth Fall '19	Families Spring '19	Families Fall '19
<i>Yes, but only in a hospital or emergency room</i>	11%	17%	6%	3%
<i>No</i>	12%	4%	21%	18%
<i>Do not remember</i>	21%	19%	2%	2%
<i>Not answered</i>	6%	7%	2%	7%
4. Are you/[is your child] on medication for emotional/behavioral problems? (Answered "Yes")	40%	30%	22%	31%
5. If yes, did the doctor or nurse tell you/[you and/or your child] what side effects to watch for? (Answered "Yes")	37%	30%	18%	24%
6. Were you/[was your child] arrested since beginning to receive mental health services (or in the last 12 months)?				
<i>Yes</i>	2%	4%	0%	1%
<i>No/Not Answered</i>	98%	96%	100%	99%
7. Were you/[was your child] arrested during the 12 months prior to that?				
<i>Yes</i>	3%	5%	1%	2%
<i>No/Not Answered</i>	97%	95%	99%	98%
8. Since you/[your child] began to receive mental health services, have your encounters with the police:				
<i>Been reduced</i>	4%	3%	5%	3%
<i>Stayed the same</i>	6%	7%	0%	0%
<i>Increased</i>	2%	3%	3%	0%
<i>Not applicable</i>	32%	35%	44%	46%
<i>Not Answered</i>	56%	52%	49%	52%
9. Were you/[was your child] expelled or suspended since beginning services?				
<i>Yes</i>	6%	7%	5%	5%
<i>No/Not Answered</i>	94%	93%	95%	95%
10. Were you/[was your child] expelled or suspended during the 12 months prior to that?				
<i>Yes</i>	9%	7%	6%	8%
<i>No/Not Answered</i>	91%	93%	94%	92%
11. Since starting to receive services (or in the last 12 months), the number of days you/[your child] were/was in school is:				
<i>Greater</i>	12%	15%	9%	13%
<i>About the same</i>	16%	24%	20%	19%
<i>Less</i>	2%	3%	3%	4%
<i>Does Not Apply</i>	12%	5%	18%	19%
<i>Not Answered</i>	58%	53%	58%	67%