



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

Our Consumers	Youth Survey Fall 2015	Youth Survey Spring 2016	Family Survey Fall 2015	Family Survey Spring 2016
Total Surveys Received	101	54	135	167
Submitted by:				
County	66%	28%	16%	33%
Contractor	33%	72%	83%	67%
Unknown	1%	0%	1%	0%
Gender:				
Male	36%	54%	49%	53%
Female	55%	28%	49%	42%
Not Answered	9%	17%	2%	5%
Form Language:				
English	100%	100%	83%	90%
Spanish	0%	0%	17%	10%
Medi-Cal Insurance:	82%	81%	93%	90%

Demographic Overview (cont.)

Our Consumers	Youth Survey Fall 2015	Youth Survey Spring 2016	Family Survey Fall 2015	Family Survey Spring 2016
Total Surveys Received	101	54	135	167
Ethnicity: (Identified w/one or more of the following)				
American Indian/Alaskan Native	7%	7%	3%	8%
Asian	3%	6%	1%	5%
Black/African American	36%	41%	30%	38%
Mexican/Hispanic/Latino	42%	28%	37%	32%
Native Hawaiian/Other Pacific Islander	6%	9%	1%	4%
White/Caucasian	35%	20%	43%	40%
Other	20%	17%	21%	22%
Not Answered	3%	0%	1%	0%
Unknown	7%	2%	3%	2%
Agreed that services were provided in preferred language:	88%	81%	88%	89%
Agreed that written materials were provided in preferred language:	83%	74%	85%	89%
How long services have been received:				
First Visit	3%	2%	2%	2%
More than one visit, but less than 1 month	6%	2%	4%	5%
1 – 2 Months	9%	11%	13%	11%
3 – 5 Months	16%	20%	19%	23%
6 Months – 1 Year	26%	35%	30%	29%
More than 1 year	37%	24%	27%	26%
Not Answered	4%	6%	5%	5%

Survey Results Overview

Our Services (reported as "Strongly Agree", or "Agree")	Youth Survey Fall 2015	Youth Survey Spring 2016	Family Survey Fall 2015	Family Survey Spring 2016
Total Surveys Received	101	54	135	167
1. Overall, I am satisfied with the services I/[my child] received.	89%	93%	95%	90%
2. I helped to choose my/[my child's] services.	56%	65%	76%	78%
3. I helped to choose my/[my child's] treatment goals.	76%	76%	85%	87%
4. The people helping me/[my child] stuck with me/[us] no matter what.	75%	76%	90%	87%
5. I felt I/[my child] had someone to talk to when I/[he/she] was troubled.	83%	85%	87%	86%
6. I participated in my own/[my child's] treatment.	82%	83%	94%	95%
7. I/[my child and/or family] received services that were right for me/[us].	88%	80%	93%	88%
8. The location of services was convenient for me/[us].	86%	91%	96%	92%
9. Services were available at times that were convenient for me/[us].	84%	80%	95%	90%
10. I/[my family] got the help I/[we] wanted [for my child].	84%	81%	87%	85%
11. I/[my family] got as much help as I/[we] needed [for my child].	82%	76%	87%	80%
12. Staff treated me with respect.	90%	89%	99%	95%
13. Staff respected my/[my family's] religious/spiritual beliefs.	80%	76%	83%	78%
14. Staff spoke with me in a way that I understood.	92%	94%	98%	96%
15. Staff were sensitive to my cultural/ethnic background.	73%	83%	87%	77%

Survey Results Overview (cont.)

As a result of services received: (reported as “Strongly Agree”, or “Agree”)	Youth Survey Fall 2015	Youth Survey Spring 2016	Family Survey Fall 2015	Family Survey Spring 2016
Total Surveys Received	101	54	135	167
1. I/[my child] am/[is] better at handling daily life.	66%	72%	76%	64%
2. I/[my child] get/[gets] along better with family members.	64%	63%	77%	64%
3. I/[my child] get/[gets] along better with friends and other people.	70%	72%	75%	62%
4. I/[my child] am/[is] doing better in school and/or work.	66%	74%	60%	55%
5. I/[my child/ am/[is] better able to cope when things go wrong.	67%	76%	59%	54%
6. I am satisfied with my family life right now.	65%	54%	66%	63%
7. I/[my child] am/[is] better able to do things I/[he or she] want/[wants] to do.	61%	76%	70%	59%
8. I know people who will listen and understand me when I need to talk.	87%	89%	89%	89%
9. I have people that I am comfortable talking to about my/[my child's] problem(s).	80%	87%	87%	90%
10. In a crisis, I would have the support I need from family or friends.	78%	76%	81%	78%
11. I have people with whom I can do enjoyable things.	85%	91%	86%	83%

Survey Results Overview (cont.)

Quality of Life	Youth Survey Fall 2015	Youth Survey Spring 2016	Family Survey Fall 2015	Family Survey Spring 2016
Total Surveys Received	101	54	135	167
1. Is your child currently living with you?				
Yes	NA	NA	90%	85%
No	NA	NA	4%	11%
Not Answered	NA	NA	5%	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	76%	52%	51%	48%
With another family member	18%	28%	15%	14%
Foster home	12%	11%	24%	22%
Therapeutic foster home	2%	0%	4%	2%
Crisis shelter	4%	7%	2%	2%
Homeless shelter	1%	0%	1%	2%
Group home	5%	17%	1%	1%
Residential treatment center	4%	2%	1%	0%
Hospital	6%	6%	1%	1%
Local jail or detention facility	2%	6%	0%	0%
State correctional facility	1%	0%	0%	0%
Runaway/homeless/on the streets	1%	0%	0%	1%
Other	5%	4%	4%	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	59%	59%	73%	69%
Yes, but only in a hospital or emergency room	9%	9%	4%	5%
No	13%	7%	19%	16%
Do not remember	15%	19%	4%	4%
Not Answered	4%	6%	1%	6%
4. Are you/[is your child] on medication for emotional/behavioral problems?				
Yes	46%	48%	20%	29%
No	47%	39%	73%	65%
Not Answered	8%	13%	7%	6%

Survey Results Overview (cont.)

Quality of Life	Youth Survey Fall 2015	Youth Survey Spring 2016	Family Survey Fall 2015	Family Survey Spring 2016
5. If yes, did the doctor or nurse tell you/[you and/or your child] what side effects to watch for?				
Yes	31%	43%	16%	25%
No	20%	19%	10%	7%
Not Answered	50%	39%	74%	68%
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	4%	15%	1%	3%
No/ Not Answered	96%	85%	99%	97%
7. Were you/[your child] arrested during the 12 months prior to that?				
Yes	2%	9%	0%	2%
No/ Not Answered	98%	91%	100%	98%
8. 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%	17%	4%	5%
Stayed the same	10%	9%	0%	2%
Increased	0%	2%	0%	1%
Not applicable	47%	74%	59%	84%
Not answered	33%	98%	37%	7%
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	11%	35%	10%	23%
No/ Not Answered	89%	35%	90%	77%
10. Were you/[your child] expelled or suspended during the 12 months prior to that?				
Yes	14%	30%	7%	14%
No/ Not Answered	86%	70%	93%	86%
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	16%	30%	13%	20%
About the same	29%	48%	15%	29%
Less	4%	2%	4%	6%
Does not apply	17%	11%	30%	26%
Not Answered	35%	9%	38%	19%