## Health and Social Services Department



## Mental Health Division

## **Quality Improvement Unit**

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## **Consumer Perception Survey 2018 - Youth**

In accordance with Department of Mental Health, the Solano Mental Health Plan (MHP) administered Consumer Perception Surveys from May 14 - 18, 2018 and from November 5 - 9, 2018. 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.

Demographics Overview	Youth Spring '18	Youth Fall '18	Families Spring '18	Families Fall '18
Total Surveys Received	136	78	212	154
Program Type:				
County	54%	60%	41%	<b>52</b> %
Contractor	46%	40%	<b>59</b> %	48%
Gender:				
Male	43%	32%	51%	48%
Female	48%	51%	44%	42%
Other/Not Answered	<b>9</b> %	<b>17</b> %	4%	10%
Survey Language:				
English	<b>99</b> %	<b>97</b> %	<b>79</b> %	85%
Spanish	1%	3%	21%	15%
Other	0%	0%	0%	
Medi-Cal Insurance:	<b>79</b> %	82%	91%	88%
Ethnicity: (Identified with one or more)				
American Indian/Alaskan Native	13%	23%	9%	4%
Asian	3%	22%	4%	<b>4</b> %
Black/African American	25%	32%	33%	24%
Mexican/Hispanic/Latino	<b>49</b> %	45%	45%	38%
Native Hawaiian/Other Pacific Islander	1%	5%	2%	<b>6</b> %
White/Caucasian	43%	41%	53%	32%
Other	24%	23%	16%	12%
Unknown	<b>7</b> %	4%	4%	1%
Agreed that services were provided in preferred language:	84%	86%	89%	81%
Agreed that written materials were provided in preferred language:	82%	<b>79</b> %	89%	80%
Length of services provided:				
First Visit	0%	1%	0%	1%
More than 1 visit, but less than 1 month	8%	8%	6%	6%

Demographics Overview	Youth Spring '18	Youth Fall '18	Families Spring '18	Families Fall '18
1 - 2 Months	7%	8%	<b>6</b> %	15%
3 - 5 Months	18%	13%	19%	18%
6 Months - 1 Year	29%	22%	33%	25%
More than 1 Year	34%	37%	31%	27%
Not Answered	3%	12%	5%	8%

Results	Youth Spring '18	Youth Fall '18	Families Spring '18	Families Fall '18
Total Surveys Received	136	78	212	154
<ol> <li>Overall, I am satisfied with the services</li> <li>I/[my child] received.</li> </ol>	94%	88%	94%	86%
2. I helped to choose my/[my child's] services.	70%	71%	86%	82%
3. I helped to choose my/[my child's] treatment goals.	82%	83%	92%	82%
4. The people helping me/[my child] stuck with me/[us] no matter what.	84%	88%	87%	87%
5. I felt I/[my child] had someone to talk to when I/[he/she] was troubled.	88%	83%	93%	89%
<ol><li>I participated in my own/[my child's] treatment.</li></ol>	88%	87%	93%	90%
7. I/[my child and/or family] received services that were right for me/[us].	88%	78%	89%	86%
8. The location of services was convenient for me/[us].	85%	91%	95%	94%
9. Services were available at times that were convenient for me/[us].	84%	85%	94%	91%
10. I/[my family] got the help I/[we] wanted [for my child].	78%	85%	83%	84%
11. I/[my family] got as much help as I/[we] needed [for my child].	76%	77%	80%	79%
12. Staff treated me with respect.	94%	92%	96%	95%
13. Staff respected my/[my family's] religious/spiritual beliefs.	86%	82%	81%	77%
14. Staff spoke with me in a way that I understood.	94%	96%	97%	97%
15. Staff were sensitive to my cultural/ethnic background.	<b>79</b> %	81%	84%	83%

Results	Youth Spring '18	Youth Fall '18	Families Spring '18	Families Fall '18
Total Surveys Received	136	78	212	154
<ol> <li>I/[my child] am/[is] better at handling daily life.</li> </ol>	73%	62%	63%	60%
2. I/[my child] get/[gets] along better with family members.	61%	55%	68%	63%
3. I/[my child] get/[gets] along better with friends and other people.	63%	71%	67%	64%

Results	Youth Spring '18	Youth Fall '18	Families Spring '18	Families Fall '18
4. I/[my child] am/[is] doing better in school and/or work.	60%	56%	64%	62%
5. I/[my child/ am/[is] better able to cope when things go wrong.	65%	58%	62%	51%
6. I am satisfied with my family life right now.	57%	56%	62%	61%
7. I/[my child] am/[is] better able to do things I/[he or she] want/[wants] to do.	63%	64%	70%	64%
8. I know people who will listen and understand me when I need to talk.	<b>79</b> %	73%	87%	87%
9. I have people that I am comfortable talking to about my/[my child's] problem(s).	76%	74%	90%	90%
10. In a crisis, I would have the support I need from family or friends.	<b>72</b> %	69%	80%	82%
11. I have people with whom I can do enjoyable things.	<b>79</b> %	<b>72</b> %	88%	83%

Results	Youth Spring '18	Youth Fall '18	Families Spring '18	Families Fall '18
Total Surveys Received	136	78	212	154
1. Is your child currently living with you?				
Yes			91%	90%
No			2%	<b>4</b> %
Not Answered			7%	<b>6</b> %
2. Have you/[has your child] lived in any of the following place(s) in the last 6 months?				
With one or both parents	73%	67%	73%	46%
With another family member	22%	27%	10%	11%
Foster homes	7%	17%	11%	12%
Therapeutic foster home	0%	1%	1%	3%
Crisis shelter	3%	8%	5%	4%
Homeless shelter	2%	0%	3%	2%
Group home	4%	4%	1%	1%
Residential treatment center	3%	1%	1%	2%
Hospital	4%	5%	3%	3%
Local jail or detention facility	1%	1%	1%	1%
State correctional facility	0%	0%	1%	0%
Runaway/homeless/on the streets	1%	5%	0%	1%
Other	6%	3%	6%	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	53%	54%	72%	<b>59</b> %
Yes, but only in a hospital or emergency room	14%	10%	6%	6%
No	17%	10%	17%	<b>29</b> %

Results	Youth Spring '18	Youth Fall '18	Families Spring '18	Families Fall '18
Do not remember	12%	13%	0%	1%
Not answered	4%	13%	5%	5%
4. Are you/[is your child] on medication for emotional/behavioral problems? (Answered "Yes")	45%	41%	33%	23%
5. If yes, did the doctor or nurse tell you/[you and/or your child] what side effects to watch for? (Answered "Yes")	37%	37%	31%	25%
6. Were you/[was your child] arrested since beginning to receive mental health services (or in the last 12 months)?				
Yes	2%	5%	0%	2%
No/Not Answered	98%	95%	100%	98%
7. Were you/[was your child] arrested during the 12 months prior to that?				
Yes	3%	4%	1%	1%
No/Not Answered	97%	96%	99%	99%
8. Since you/[your child] began to receive mental health services, have your encounters with the police:				
Been reduced	5%	6%	1%	3%
Stayed the same	<b>6</b> %	1%	0%	3%
Increased	1%	3%	1%	3%
Not applicable	39%	35%	47%	40%
Not Answered	49%	55%	51%	51%
9. Were you/[was your child] expelled or suspended since beginning services?				
Yes	<b>7</b> %	10%	6%	<b>7</b> %
No/Not Answered	93%	90%	94%	93%
10. Were you/[was your child] expelled or suspended during the 12 months prior to that?				
Yes	6%	6%	8%	8%
No/Not Answered	94%	94%	92%	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:				
Greater	<b>9</b> %	14%	13%	<b>9</b> %
About the same	21%	<b>9</b> %	16%	11%
Less	<b>7</b> %	1%	3%	1%
Does Not Apply	10%	13%	20%	16%
Not Answered	53%	63%	62%	45%