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DEPARTMENT OF HEALTH & SOCIAL SERVICES Behavioral Health Services Division



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Consumer Perception Survey 2022 - Youth

In accordance with Department of Mental Health, the Solano Behavioral Health Plan (BHP) administered Consumer Perception Surveys from May 16th - 20th, 2022. 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	Youth	Families	Families
	June '21	June '22	June '21	June '22
Total Surveys Received	90	60	116	70
Program Type:				
County	14%	57 %	49%	44%
Contractor	42%	20%	20%	43%
Unknown	43%	23%	31%	13%
Gender:				
Male	20%	43%	35%	44%
Female	27%	22%	25%	34%
Other/Not Answered	53%	35%	40%	21%
Survey Language:				
English	99%	97%	90%	73%
Spanish	1%	3%	10%	27%
Other	0%	0%	0%	0%
Medi-Cal Insurance:	43%	65%	61%	73%
Ethnicity: (Identified with one or more)				
American Indian/Alaskan Native	1%	7 %	2%	13%
Asian	6 %	7 %	4%	0%
Black/African American	10%	15%	15%	23%
Mexican/Hispanic/Latino	33%	42%	36%	41%
Native Hawaiian/Other Pacific	1%	0%	1%	4%
Islander				
White/Caucasian	25%	28%	31%	31%
Other	23%	25%	21%	19%
Unknown	6 %	3%	3%	4%
Agreed that services were provided in	53%	68%	60%	71 %
preferred language:				
Agreed that written materials were	49%	65%	59 %	63%
provided in preferred language:				
Length of services provided:				

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First Visit	6 %	2%	2%	6 %
More than 1 visit, but less than 1 month	1%	3%	4%	3%
1 - 2 Months	7%	13%	6 %	11%
3 - 5 Months	11%	13%	14%	16%
6 Months - 1 Year	19%	30%	25%	30%
More than 1 Year	13%	15%	16%	16%
Not Answered	43%	23%	34%	19%

Results	Youth June '21	Youth June '22	Families June '21	Families June '22
Total Surveys Received	90	60	116	70
1. Overall, I am satisfied with the services I/[my child] received.	61%	75%	59%	71%
2. I helped to choose my/[my child's] services.	47%	53%	44%	67%
3. I helped to choose my/[my child's] treatment goals.	47%	73%	53%	71%
4. The people helping me/[my child] stuck with me/[us] no matter what.	58%	72%	54%	69%
5. I felt I/[my child] had someone to talk to when I/[he/she] was troubled.	58%	68%	57%	76%
6. I participated in my own/[my child's] treatment.	56%	7 5%	56%	79 %
7. I/[my child and/or family] received services that were right for me/[us].	50%	77%	56%	71%
8. The location of services was convenient for me/[us].	52%	78%	58%	79 %
9. Services were available at times that were convenient for me/[us].	56%	72%	57%	77%
10. I/[my family] got the help I/[we] wanted [for my child].	49%	73%	57%	70%
11. I/[my family] got as much help as I/[we] needed [for my child].	47%	67%	56%	71%
12. Staff treated me with respect.	58%	83%	59 %	84%
13. Staff respected my/[my family's] religious/spiritual beliefs.	54%	58%	56%	71%
14. Staff spoke with me in a way that I understood.	56%	78%	60%	84%
15. Staff were sensitive to my cultural/ethnic background.	41%	72%	55%	70%

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Results	Youth June '21	Youth June '22	Families June '21	Families June '22
Total Surveys Received	90	60	116	70
1. I/[my child] am/[is] better at handling daily life.	41%	57%	47%	57%
2. I/[my child] get/[gets] along better with family members.	37%	50%	43%	50%
3. I/[my child] get/[gets] along better with friends and other people.	50%	55%	43%	60%
4. I/[my child] am/[is] doing better in school and/or work.	39%	43%	37%	53%
5. I/[my child/ am/[is] better able to cope when things go wrong.	44%	50%	39%	50%
6. I am satisfied with my family life right now.	37%	60%	37%	47%
7. I/[my child] am/[is] better able to do things I/[he or she] want/[wants] to do.	44%	67%	41%	61%
8. I know people who will listen and understand me when I need to talk.	53%	65%	55%	71%
9. I have people that I am comfortable talking to about my/[my child's] problem(s).	51%	65%	59 %	70%
10. In a crisis, I would have the support I need from family or friends.	48%	57%	53%	73%
11. I have people with whom I can do enjoyable things.	51%	67%	51%	70%

Results	Youth June '21	Youth June '22	Families June '21	Families June '22
Total Surveys Received	90	60	116	70
1. Is your child currently living with you?				
Yes			46%	77 %
No			0%	1%
Not Answered			54%	21%
2. Have you/[has your child] lived in any				
of the following place(s) in the last 6				
months?				
With one or both parents	32%	58%	23%	15%
With another family member	14%	18%	2%	4%
Foster homes	9 %	5%	6 %	4%
Therapeutic foster home	0%	0%	0%	1%
Crisis shelter	4%	5%	1%	0%
Homeless shelter	0%	0%	0%	0%

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Group home	2%	2%	0%	0%
Residential treatment center	0%	2%	1%	0%
Hospital	4%	7 %	0%	1%
Local jail or detention facility	0%	0%	0%	0%
State correctional facility	0%	0%	0%	0%
Runaway/homeless/on the streets	0%	0%	0%	0%
Other	6 %	2%	2%	1%
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	28%	43%	48%	56%
Yes, but only in a hospital or	2%	10%	1%	11%
emergency room				
No	10%	10%	16%	13%
Do not remember	16%	12%	2%	0%
Not answered	44%	25%	34%	20%
4. Are you/[is your child] on medication	24%	42%	28%	16%
for emotional/behavioral problems?				
(Answered "Yes")				
5. If yes, did the doctor or nurse tell	16%	40%	20%	14%
you/[you and/or your child] what side				
effects to watch for? (Answered "Yes")				
6. Were you/[was your child] arrested				
since beginning to receive mental health				
services (or in the last 12 months)?				
Yes	0%	2%	0%	1%
No/Not Answered	100%	98%	100%	99%
7. Were you/[was your child] arrested				
during the 12 months prior to that?				
Yes	3%	2%	1%	0%
No/Not Answered	97%	98%	99 %	100%
8. Since you/[your child] began to receive				
mental health services, have your				
encounters with the police:				
Been reduced	8%	2%	4%	4%
Stayed the same	6%	3%	0%	3%
Increased	1%	2%	1%	0%
Not applicable	30%	20%	42%	43%
Not Answered	56%	73%	53%	50%
9. Were you/[was your child] expelled or				
suspended since beginning services?				

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Yes	0%	8%	1%	3%
No/Not Answered	100%	92 %	99 %	97 %
10. Were you/[was your child] expelled or				
suspended during the 12 months prior to that?				
Yes	2%	5%	3%	7 %
No/Not Answered	98%	95%	97%	93%
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	1%	5%	6 %	4%
About the same	23%	12%	11%	20%
Less	6 %	10%	4%	6%
Does Not Apply	10%	0%	22%	1%
Not Answered	60%	73%	58%	69 %