

***Youth Services Survey for Families
(YSS-Families)***

***Bay Area Region Summary Report
for the
November 2003 Data Collection Period***

CHILDREN & YOUTH PERFORMANCE OUTCOMES



**Broad-Based Evaluation
Consumer Perception Survey**

AUGUST 2004

Prepared by:
Performance Outcomes and Quality
Improvement Unit
California Department of Mental Health (DMH)
Systems of Care
1600 9th Street
Sacramento CA 95814

Purpose of this report

The purpose of this report is to provide performance outcomes data on consumer satisfaction as measured by the items from the 21-item Youth Services Survey for Families (YSS-Families). This report is a REGIONAL summary of the YSS-Families (see Attachment A) data that were collected by the California State Department of Mental Health during the November 3-17, 2003 survey period. To assist with the interpretation of this summary report, brief narratives are provided before each table presented. County reports that are similar to this REGIONAL report can be downloaded from each county's Information Technology Web Services (ITWS) folder, which can be accessed by authorized ITWS users at <https://mhitws.cahwnet.gov/>.

Consumer Demographic & Descriptive Items
Summary Report

The following tables highlight demographic items that were collected on the YSS-Families, as well as several additional descriptive items, that were reported by consumers who received services during the November 3-17, 2003, survey period and reflect aggregated REGIONAL data. Results of YSS-Families consumer-completed items are highlighted in yellow (missing data are highlighted in green), and exclude surveys that had all 21 items missing on the YSS-Families portion of the survey. **Out of 2,917 Bay Area Region YSS-Families Surveys, a total of 2,318 had valid data.**

TOTAL NUMBER OF SURVEYS SUBMITTED (BAY AREA REGION)

A total of 2,917 YSS-Families Surveys were submitted for the Bay Area Region.

REGION

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bay Area Region	2917	100.0	100.0	100.0

GENDER

For the consumers who responded to the question – “What is your child’s gender?” – 35.4% identified their child as being Female, 64.4% identified their child as being Male and 0.2% as Other. Additionally, 4.6% of the consumers did not respond to this item.

What is your child's gender?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	784	33.8	35.4	35.4
	Male	1424	61.4	64.4	99.8
	Other	4	.2	.2	100.0
	Total	2212	95.4	100.0	
Missing	9	106	4.6		
Total		2318	100.0		

AGE CATEGORY

For the consumers who responded to the question – “What is your child’s date of birth?” – 7.5% were under age 5, 18.4% were aged 5-8, 30.0% were aged 9-12, 17.8% were aged 13-14, 23.2% were aged 15-17 and 2.9% were over age 18. Additionally, 15.1% of the consumers did not respond to this item.

Age Category

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under 5	148	6.4	7.5	7.5
	5-8	362	15.6	18.4	25.9
	9-12	591	25.5	30.0	56.0
	13-14	351	15.1	17.8	73.8
	15-17	457	19.7	23.2	97.1
	18+	58	2.5	2.9	100.0
	Total	1967	84.9	100.0	
Missing	System	351	15.1		
Total		2318	100.0		

SERVICE LENGTH

For the consumers who responded to the question – “How long has your child received services here?” – 2.9% reported that it was their first visit; 5.6% reported that they had had more than one visit, but that they had received services for less than one month; 11.7% reported having received services for 1-2 months; 14.9% reported having received services for 3-5 months; 20.4% reported receiving services for 6 months to 1 year and 44.6% reported receiving services for more than one year. Additionally, 28.6% of the consumers did not respond to this item.

How long has your child received services here?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	This is my first visit here	48	2.1	2.9	2.9
	> 1 visit, but < one month	92	4.0	5.6	8.5
	1 to 2 months	193	8.3	11.7	20.1
	3 to 5 months	247	10.7	14.9	35.0
	6 months to 1 year	337	14.5	20.4	55.4
	More than 1 year	738	31.8	44.6	100.0
	Total	1655	71.4	100.0	
Missing		48	2.1		
	9	615	26.5		
	Total	663	28.6		
Total		2318	100.0		

MEXICAN / HISPANIC / LATINO ORIGIN

On the YSS-Families Survey, 33.4% of the consumers identified their child as being “of Mexican / Hispanic / Latino Origin.”

Are either of the child's parents of Mexican / Hispanic / Latino origin?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1291	55.7	55.7	55.7
	Yes	774	33.4	33.4	89.1
	Unknown	253	10.9	10.9	100.0
	Total	2318	100.0	100.0	

ETHNICITY

Consumers were permitted to identify as many ethnic categories as they felt were applicable; therefore, each ethnic category is reported individually and, due to potential overlap, the numbers will not collectively add up to 100%. Each ethnic category was presented as a “yes/no” option: “yes” if the consumer marked the bubble on the YSS-Families Survey and “no” if the consumer did not mark the bubble. As such, there are no missing values for this item.

On the YSS-Families Survey, 43.9% of the consumers identified their child as being “White / Caucasian.”

Is your child's race White / Caucasian?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1301	56.1	56.1	56.1
	Yes	1017	43.9	43.9	100.0
	Total	2318	100.0	100.0	

On the YSS-Families Survey, 25.6% of the consumers identified their child as being “Black / African American.”

Is your child's race Black / African American?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1724	74.4	74.4	74.4
	Yes	594	25.6	25.6	100.0
	Total	2318	100.0	100.0	

On the YSS-Families Survey, 5.3% of the consumers identified their child as being “Asian.”

Is your child's race Asian?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2196	94.7	94.7	94.7
	Yes	122	5.3	5.3	100.0
Total		2318	100.0	100.0	

On the YSS-Families Survey, 5.2% of the consumers identified their child as being “American Indian / Alaskan Native.”

Is your child's race American Indian / Alaskan Native?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2197	94.8	94.8	94.8
	Yes	121	5.2	5.2	100.0
Total		2318	100.0	100.0	

On the YSS-Families Survey, 2.4% of the consumers identified their child as being “Hawaiian / Other Pacific Islander.”

Is your child's race Native Hawaiian / Other Pacific Islander?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2262	97.6	97.6	97.6
	Yes	56	2.4	2.4	100.0
Total		2318	100.0	100.0	

On the YSS-Families Survey, 17.5% of the consumers identified their child as being “Other.”

Is your child's race Other?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1913	82.5	82.5	82.5
	Yes	405	17.5	17.5	100.0
Total		2318	100.0	100.0	

On the YSS-Families Survey, 1.3% of the consumers identified their child as being “Unknown.”

Is your child's race Unknown?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2289	98.7	98.7	98.7
	Yes	29	1.3	1.3	100.0
Total		2318	100.0	100.0	

LANGUAGE OF SURVEY

On the YSS-Families Survey, 89.5% of the consumers responded using the English version of the YSS-Families Survey and 10.5% used the Spanish version. *Note: The YSS-Families Survey was only available in English and Spanish for the November 3-17, 2003, survey period.*

Language of instrument

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	English	2075	89.5	89.5	89.5
	Spanish	243	10.5	10.5	100.0
	Total	2318	100.0	100.0	

PREFERRED LANGUAGE

On the YSS-Families Survey, 98.5% of the consumers responded that the services their child received were provided in his/her preferred language and 97.0% responded that written information was available in his/her preferred language. Additionally, 5.9% and 7.2% of the consumers did not respond to these items, respectively.

Were the services your child received provided in the language he / she preferred?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	33	1.4	1.5	1.5
	Yes	2149	92.7	98.5	100.0
	Total	2182	94.1	100.0	
Missing	Unknown	136	5.9		
Total		2318	100.0		

Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	65	2.8	3.0	3.0
	Yes	2087	90.0	97.0	100.0
	Total	2152	92.8	100.0	
Missing	Unknown	166	7.2		
Total		2318	100.0		

JUVENILE JUSTICE SYSTEM INVOLVEMENT

For the November 2003 survey period, 97.0% of the consumers reported that their child had NOT been arrested for any crimes in the month prior to completing the YSS-Families Survey. Additionally, 5.8% of the consumers did not respond to this item.

In the past MONTH, how many times was your child arrested for any crimes?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No arrests	2118	91.4	97.0	97.0
	1 arrest	50	2.2	2.3	99.3
	2 arrests	8	.3	.4	99.6
	3 arrests	5	.2	.2	99.9
	4 or more arrests	3	.1	.1	100.0
	Total	2184	94.2	100.0	
Missing	9	134	5.8		
Total		2318	100.0		

SCHOOL ATTENDANCE

For the consumers who responded to the question – “How often was your child absent from school during the past month?” – 56.4% indicated 1 day or less, 11.5% indicated 2 days, 12.8% indicated 3-5 days, 4.1% indicated 6-10 days, 3.3% indicated more than 10 days, 3.7% did not remember and 8.1% indicated that the question did not apply to their child or that their child was not in school. Additionally, 8.4% of the consumers did not respond to this item.

How often was your child absent from school during the past MONTH?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 day or less	1198	51.7	56.4	56.4
	2 days	244	10.5	11.5	67.9
	3-5 days	272	11.7	12.8	80.7
	6-10 days	88	3.8	4.1	84.8
	More than 10 days	71	3.1	3.3	88.2
	Do not remember	79	3.4	3.7	91.9
	Not Applicable / Not In School	172	7.4	8.1	100.0
	Total	2124	91.6	100.0	
Missing	9	194	8.4		
Total		2318	100.0		

ASSISTANCE COMPLETING SURVEY

Consumers were permitted to identify all of the individuals who assisted them in completing the YSS-Families Survey; therefore, more than one person may have provided assistance and, due to potential overlap, the numbers will not collectively add up to 100%. Each category was presented as a “yes/no” option: “yes” if the consumer marked the bubble on the YSS-Families Survey and “no” if the consumer did not mark the bubble. As such, there are no missing values for this item.

For the November 2003 survey period, 83.1% of the consumers responded that they did not need any help in completing the YSS-Families Survey.

I did not need any help.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	391	16.9	16.9	16.9
	Yes	1927	83.1	83.1	100.0
	Total	2318	100.0	100.0	

For the November 2003 survey period, 2.3% of the consumers responded that a mental health advocate / volunteer helped them complete the YSS-Families Survey.

A mental health advocate / volunteer helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2265	97.7	97.7	97.7
	Yes	53	2.3	2.3	100.0
	Total	2318	100.0	100.0	

For the November 2003 survey period, 0.7% of the consumers responded that another mental health consumer helped them complete the YSS-Families Survey.

Another mental health consumer helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2301	99.3	99.3	99.3
	Yes	17	.7	.7	100.0
	Total	2318	100.0	100.0	

For the November 2003 survey period, 2.8% of the consumers responded that a member of their family helped them complete the YSS-Families Survey.

A member of my family helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2252	97.2	97.2	97.2
	Yes	66	2.8	2.8	100.0
	Total	2318	100.0	100.0	

For the November 2003 survey period, 1.1% of the consumers responded that a professional interviewer helped them complete the YSS-Families Survey.

A professional interviewer helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2293	98.9	98.9	98.9
	Yes	25	1.1	1.1	100.0
	Total	2318	100.0	100.0	

For the November 2003 survey period, 5.0% of the consumers responded that a clinician / case manager helped them complete the YSS-Families Survey.

My clinician / case manager helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2203	95.0	95.0	95.0
	Yes	115	5.0	5.0	100.0
	Total	2318	100.0	100.0	

For the November 2003 survey period, 1.9% of the consumers responded that a staff member other than their clinician or case manager helped them complete the YSS-Families Survey.

A staff member other than my clinician or case manager helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2273	98.1	98.1	98.1
	Yes	45	1.9	1.9	100.0
	Total	2318	100.0	100.0	

For the November 2003 survey period, 1.0% of the consumers responded that someone else helped them complete the YSS-Families Survey.

Someone else helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2295	99.0	99.0	99.0
	Yes	23	1.0	1.0	100.0
Total		2318	100.0	100.0	

REASON WHY SURVEY NOT COMPLETED (if applicable)

County staff were expected to complete a “Reason” item if a consumer who met the criteria for the target population did not complete a YSS-Families Survey. Of those consumers who were expected to complete a YSS-Families Survey, but did not, 9.3% of the consumers were reported to have Refused to complete the survey, 4.0% were reported to have an Impairment, 30.1% did not have a survey available in their Language and 56.6% were marked as having an “Other” reason for not completing the survey. Additionally, 8.3% of the YSS-Families Surveys were missing a “Reason” response.

If the instrument is not completed, the PRIMARY reason must be indicated.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	51	8.5	9.3	9.3
	Impairment	22	3.7	4.0	13.3
	Language	165	27.5	30.1	43.4
	Other	311	51.9	56.6	100.0
	Total	549	91.7	100.0	
Missing		50	8.3		
Total		599	100.0		

Youth Services Survey for Youth (YSS)

Summary Report

About the Youth Services Survey for Youth (YSS-Families)

The YSS-Families is a 21-item consumer-completed survey designed to obtain participant perceptions of 1) access to services, 2) cultural sensitivity, 3) consumer participation in treatment planning, 4) service outcomes and 5) general satisfaction. The YSS-Families was developed through the collaborative efforts of the federally funded Mental Health Statistics Improvement Program (www.mhsip.org), and included the direct assistance and feedback of consumers and their families, as well as advocates for mental health services. The YSS-Families is currently used in a number of states across the United States.

It is important to remember that the ratings on the YSS-Families represent a participant's perceptions. Some data exist to suggest that satisfaction with services, in and of itself, does not necessarily correlate with outcomes. However, the YSS-Families provides a good source of information to ensure that consumers have the opportunity to shape and improve their services.

The following tables present REGIONAL data that were collected and aggregated from the YSS-Families portion of the November 2003 YSS-Families Survey. The YSS-Families items are rated on a five-point scale, with "5" indicating the greatest satisfaction.

The items that comprise each of the YSS-Families subscales (i.e., access to services, cultural sensitivity, consumer participation in treatment planning, service outcomes and general satisfaction) were averaged and then grouped into the following categories: 1.0 - 1.5 = 'Dissatisfied', 1.5001 - 2.5 = 'Somewhat Dissatisfied', 2.5001 - 3.5 = 'Neutral', 3.5001 - 4.5 = 'Satisfied' and 4.5001 - 5 = 'Very Satisfied'. As a general guideline, an overall scale score over 3.5 indicates that consumers were satisfied.

Additionally, the average scores for each of the YSS-Families subscales are also reported below.

For the tables reflecting categorical groupings of the YSS-Families averages and the YSS-Families subscale averages, total frequencies may differ depending on how well consumers completed the items on the YSS-Families Survey that comprised each scale's calculation. Averages were only calculated for those YSS-Families Surveys where at least 2/3 of the items in the particular domain were completed (i.e., only 1/3 of the items could have data missing). The results are highlighted in yellow (incomplete and/or missing data are highlighted in green).

PERCEPTION OF ACCESS TO SERVICES

For the consumers who completed at least 2/3 of the items that comprise the “Perception of Access to Services” subscale, 39.7% reported that they were Very Satisfied, 46.1% reported they were Satisfied, 10.4% were Neutral, 2.6% were Somewhat Dissatisfied and 1.2% were Dissatisfied. Additionally, 3.6% of the data on this subscale had at least 1/3 of the items missing.

Perception of Access to Services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	26	1.1	1.2	1.2
	Somewhat Dissatisfied	59	2.5	2.6	3.8
	Neutral	233	10.1	10.4	14.2
	Satisfied	1029	44.4	46.1	60.3
	Very Satisfied	887	38.3	39.7	100.0
	Total	2234	96.4	100.0	
Missing	System	84	3.6		
Total		2318	100.0		

PERCEPTION OF CULTURAL SENSITIVITY

For the consumers who completed at least 2/3 of the items that comprise the “Perception of Cultural Sensitivity” subscale, 55.1% reported that they were Very Satisfied, 40.4% reported they were Satisfied, 3.2% were Neutral, 0.6% were Somewhat Dissatisfied and 0.8% were Dissatisfied. Additionally, 14.7% of the data on this subscale had at least 1/3 of the items missing.

Perception of Cultural Sensitivity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	16	.7	.8	.8
	Somewhat Dissatisfied	11	.5	.6	1.4
	Neutral	63	2.7	3.2	4.6
	Satisfied	798	34.4	40.4	44.9
	Very Satisfied	1089	47.0	55.1	100.0
	Total	1977	85.3	100.0	
Missing	System	341	14.7		
Total		2318	100.0		

PERCEPTION OF TREATMENT PLANNING

For the consumers who completed at least 2/3 of the items that comprise the “Perception of Treatment Planning” subscale, 38.4% reported that they were Very Satisfied, 49.9% reported they were Satisfied, 8.5% were Neutral, 2.2% were Somewhat Dissatisfied and 1.0% were Dissatisfied. Additionally, 5.0% of the data on this subscale had at least 1/3 of the items missing.

Perception of Participation of Treatment Planning

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	22	.9	1.0	1.0
	Somewhat Dissatisfied	48	2.1	2.2	3.2
	Neutral	187	8.1	8.5	11.7
	Satisfied	1100	47.5	49.9	61.6
	Very Satisfied	846	36.5	38.4	100.0
	Total	2203	95.0	100.0	
Missing	System	115	5.0		
Total		2318	100.0		

OUTCOMES

For the consumers who completed at least 2/3 of the items that comprise the “Outcomes” subscale, 20.2% reported that they were Very Satisfied, 44.5% reported they were Satisfied, 27.2% were Neutral, 6.0% were Somewhat Dissatisfied and 2.1% were Dissatisfied. Additionally, 6.2% of the data on this subscale had at least 1/3 of the items missing.

Outcomes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	46	2.0	2.1	2.1
	Somewhat Dissatisfied	131	5.7	6.0	8.1
	Neutral	591	25.5	27.2	35.3
	Satisfied	967	41.7	44.5	79.8
	Very Satisfied	439	18.9	20.2	100.0
	Total	2174	93.8	100.0	
Missing	System	144	6.2		
Total		2318	100.0		

GENERAL SATISFACTION

For the consumers who completed at least 2/3 of the items that comprise the “General Satisfaction” subscale, 41.5% reported that they were Very Satisfied, 45.4% reported they were Satisfied, 10.7% were Neutral, 1.6% were Somewhat Dissatisfied and 0.8% were Dissatisfied. Additionally, 3.1% of the data on this subscale had at least 1/3 of the items missing.

General Satisfaction

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	19	.8	.8	.8
	Somewhat Dissatisfied	35	1.5	1.6	2.4
	Neutral	240	10.4	10.7	13.1
	Satisfied	1020	44.0	45.4	58.5
	Very Satisfied	933	40.3	41.5	100.0
	Total	2247	96.9	100.0	
Missing	System	71	3.1		
Total		2318	100.0		

AVERAGE MHSIP SUBSCALE SCORES

Average scores were calculated for the consumers who completed at least 2/3 of the items that comprise each of the subscales. Respondents indicated that, overall, they were “Satisfied” with their family’s Access to Services (indicated by a subscale score of 4.30; 2,234 responses), the Cultural Sensitivity of their child’s treatment (indicated by a subscale score of 4.52; 1,977 responses), their family’s Participation in Treatment Planning (indicated by a subscale score of 4.24; 2,203 responses), their child’s Outcomes (indicated by a subscale score of 3.79; 2,174 responses) and were Generally Satisfied with their child’s services (indicated by a subscale score of 4.29; 2,247 responses).

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Perception of Access to Services	2234	1.00	5.00	4.30	.76
Average: Perception of Cultural Sensitivity	1977	1.00	5.00	4.52	.62
Average: Perception of Participation in Treatment Planning	2203	1.00	5.00	4.24	.72
Average: Outcomes	2174	1.00	5.00	3.79	.86
Average: General Satisfaction	2247	1.00	5.00	4.29	.70
Valid N (listwise)	1785				

YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** *EXAMPLE:* Correct Incorrect

Approximately, how long has your child received services here?

- This is my child's first visit here.
- My child has had more than one visit but has received services for less than one month.
- 1 - 2 Months
- 3 - 5 Months
- 6 months to 1 year
- More than 1 year

Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you **Strongly Disagree**, **Disagree**, are **Undecided**, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	<input type="radio"/>					
2. I helped to choose my child's services.	<input type="radio"/>					
3. I helped to choose my child's treatment goals.	<input type="radio"/>					
4. The people helping my child stuck with us no matter what.	<input type="radio"/>					
5. I felt my child had someone to talk to when he / she was troubled.	<input type="radio"/>					
6. I participated in my child's treatment.	<input type="radio"/>					
7. The services my child and / or family received were right for us.	<input type="radio"/>					
8. The location of services was convenient for us.	<input type="radio"/>					
9. Services were available at times that were convenient for us.	<input type="radio"/>					
10. My family got the help we wanted for my child.	<input type="radio"/>					
11. My family got as much help as we needed for my child.	<input type="radio"/>					
12. Staff treated me with respect.	<input type="radio"/>					
13. Staff respected my family's religious / spiritual beliefs.	<input type="radio"/>					
14. Staff spoke with me in a way that I understood.	<input type="radio"/>					
15. Staff were sensitive to my cultural / ethnic background.	<input type="radio"/>					

As a result of the services my child and / or family received:

16. My child is better at handling daily life.	<input type="radio"/>					
17. My child gets along better with family members.	<input type="radio"/>					
18. My child gets along better with friends and other people.	<input type="radio"/>					
19. My child is doing better in school and / or work.	<input type="radio"/>					
20. My child is better able to cope when things go wrong.	<input type="radio"/>					
21. I am satisfied with our family life right now.	<input type="radio"/>					

22. Please provide comments here and /or on the back of this form, if needed.

We are interested in both positive and negative feedback.

Continued on the Next Page...

- P - E N -



Please answer the following questions to let us know a little about your child.

1. What is your child's gender? Female Male Other
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? Yes No Unknown
3. What is your child's race? (mark all that apply.)
 White / Caucasian American Indian / Alaskan Native Unknown
 Black / African American Native Hawaiian / Other Pacific Islander
 Asian Other
4. What is your child's date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

		-			-				
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your child's date of birth → 04 - 30 - 1987

2. Fill in the corresponding circles

		-			-				
0	●	○	○	○	○	○	○	○	○
1	○	○	○	○	○	○	○	○	○
2	○	○	○	○	○	○	○	○	○
3	○	○	○	○	○	○	○	○	○
4	●	○	○	○	○	○	○	○	○
5	○	○	○	○	○	○	○	○	○
6	○	○	○	○	○	○	○	○	○
7	○	○	○	○	○	○	○	○	○
8	○	○	○	○	○	○	○	○	○
9	○	○	○	○	○	○	○	○	○

5. In the **past MONTH**, how many times was your child arrested for any crimes?
 No arrests 1 arrest 2 arrests 3 arrests 4 or more arrests
6. How often was your child absent from school during the **last MONTH**?
 1 day or less 3 to 5 days More than 10 days Do not remember
 2 days 6 to 10 days Not applicable / Not in school
7. Were the services your child received provided in the language he / she preferred? Yes No
8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? Yes No
9. Please identify who helped you complete any part of this survey (mark all that apply):
 I did not need any help. A professional interviewer helped me.
 A mental health advocate / volunteer helped me. My child's clinician / case manager helped me.
 Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me.
 A member of my family helped me. Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - - 2 0 0 3

County Question #1: 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Question #2: 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Question #3: 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

CSI County Client Number

0	○	○	○	○	○	○	○	○	○
1	○	○	○	○	○	○	○	○	○
2	○	○	○	○	○	○	○	○	○
3	○	○	○	○	○	○	○	○	○
4	○	○	○	○	○	○	○	○	○
5	○	○	○	○	○	○	○	○	○
6	○	○	○	○	○	○	○	○	○
7	○	○	○	○	○	○	○	○	○
8	○	○	○	○	○	○	○	○	○
9	○	○	○	○	○	○	○	○	○

Reason:
 Ref Imp Lan Oth

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