

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

***Central Valley Region Summary Report
for the
November 2004 Data Collection Period***

CHILDREN & YOUTH PERFORMANCE OUTCOMES



**Broad-Based Evaluation
Consumer Perception Survey**

MARCH 2005

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Purpose of this report

The purpose of this report is to provide data on consumer perception of mental health services 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 1-15, 2004 survey period. To assist with the interpretation of this summary report, brief narratives are provided before each table presented. County tables can be downloaded from each county's Information Technology Web Services (ITWS) folder, accessible to authorized ITWS users at <https://mhitws.cahwnet.gov/>.

Consumer Demographic & Descriptive Items
Summary Report

The following tables reflect aggregated REGIONAL data and 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 1-15, 2004, survey period. Results of YSS-Families consumer-completed items are highlighted in yellow, and exclude surveys that had no responses for all 21 items on the YSS-Families portion of the survey. **Out of 3,483 Central Valley Region YSS-Families Surveys, a total of 2,797 had at least one response to the YSS-Families section.**

TOTAL NUMBER OF SURVEYS SUBMITTED (CENTRAL VALLEY REGION)

A total of 3,483 YSS-Families Surveys were submitted for the Central Valley Region.

Region

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Central Valley Region	3483	100.0	100.0	100.0

GENDER

For the consumers who responded to the question – “What is your child’s gender?” – 38.0% identified their child as being Female, 61.8% identified their child as being Male and 0.3% as Other. Additionally, 7.2% of the consumers did not respond to this item.

What is your child's gender?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	986	35.3	38.0	38.0
	Male	1604	57.3	61.8	99.7
	Other	7	.3	.3	100.0
	Total	2597	92.8	100.0	
No Response		200	7.2		
Total		2797	100.0		

AGE CATEGORY*

For the consumers who responded to the question – “What is your child’s date of birth?” – 4.2% were under age 5, 25.4% were aged 5-8, 35.8% were aged 9-12, 15.1% were aged 13-14, 16.6% were aged 15-17, 1.6% were aged 18-21 and 1.3% were over age 22. Additionally, 16.7% of the consumers did not respond to this item.

Age Category

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under 5	99	3.5	4.2	4.2
	5-8	592	21.2	25.4	29.7
	9-12	834	29.8	35.8	65.5
	13-14	351	12.5	15.1	80.5
	15-17	386	13.8	16.6	97.1
	18-21	38	1.4	1.6	98.7
	22+	30	1.1	1.3	100.0
	Total	2330	83.3	100.0	
No Response		467	16.7		
Total		2797	100.0		

SERVICE LENGTH

For the consumers who responded to the question – “How long has your child received services here?” – 4.0% reported that it was their first visit; 6.0% reported that they had had more than one visit, but that they had received services for less than one month; 14.2% reported having received services for 1-2 months; 21.1% reported having received services for 3-5 months; 22.8% reported receiving services for 6 months to 1 year and 32.0% reported receiving services for more than one year. Additionally, 32.1% 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	75	2.7	4.0	4.0
	> 1 visit, but < one month	114	4.1	6.0	10.0
	1 to 2 months	269	9.6	14.2	24.1
	3 to 5 months	400	14.3	21.1	45.2
	6 months to 1 year	433	15.5	22.8	68.0
	More than 1 year	607	21.7	32.0	100.0
	Total	1898	67.9	100.0	
No Response		899	32.1		
Total		2797	100.0		

* Although the Family Survey is completed by parents and caregivers of youth and transition-age youth up to 21 years of age, this table reflects that DMH received “family” surveys from caregivers of youth older than age 21. Consumers may have, inadvertently, been given the wrong survey from to complete, or may have unintentionally filled out the item with an invalid date of birth. There were also a number of surveys for which there was no response for the “date of birth” item.

MEXICAN / HISPANIC / LATINO ORIGIN

On the YSS-Families Survey, 32.6% 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	1505	53.8	53.8	53.8
	Yes	911	32.6	32.6	86.4
	Unknown	381	13.6	13.6	100.0
	Total	2797	100.0	100.0	

RACE

Consumers were permitted to identify as many race categories as they felt were applicable; therefore, each race category is reported individually and, due to potential overlap, the numbers will not collectively add up to 100%. Each race 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.

On the YSS-Families Survey, 54.9% 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	1261	45.1	45.1	45.1
	Yes	1536	54.9	54.9	100.0
	Total	2797	100.0	100.0	

On the YSS-Families Survey, 17.6% 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	2304	82.4	82.4	82.4
	Yes	493	17.6	17.6	100.0
	Total	2797	100.0	100.0	

On the YSS-Families Survey, 2.1% of the consumers identified their child as being “Asian.”

Is your child's race Asian?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2738	97.9	97.9	97.9
	Yes	59	2.1	2.1	100.0
	Total	2797	100.0	100.0	

On the YSS-Families Survey, 8.3% 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	2565	91.7	91.7	91.7
	Yes	232	8.3	8.3	100.0
	Total	2797	100.0	100.0	

On the YSS-Families Survey, 1.5% 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	2755	98.5	98.5	98.5
	Yes	42	1.5	1.5	100.0
	Total	2797	100.0	100.0	

On the YSS-Families Survey, 16.5% of the consumers identified their child as being of another race.

Other Race?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2335	83.5	83.5	83.5
	Yes	462	16.5	16.5	100.0
	Total	2797	100.0	100.0	

On the YSS-Families Survey, 1.3% of the consumers were not able to identify their race.

Unknown Race?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2761	98.7	98.7	98.7
	Yes	36	1.3	1.3	100.0
	Total	2797	100.0	100.0	

LANGUAGE OF SURVEY

On the YSS-Families Survey, 92.4% of the consumers responded using the English version of the YSS-Families Survey and 7.6% used the Spanish version of the YSS-Families Survey. Additionally, 0.7% of the surveys received did not indicate the language of the survey.

Language of instrument

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	English	2566	91.7	92.4	92.4
	Spanish	212	7.6	7.6	100.0
	Total	2778	99.3	100.0	
No Response		19	.7		
Total		2797	100.0		

PREFERRED LANGUAGE

On the YSS-Families Survey, 98.7% of the consumers responded that the services their child received were provided in his/her preferred language and 97.6% responded that written information was available in his/her preferred language. Additionally, 6.9% and 7.9% 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	34	1.2	1.3	1.3
	Yes	2569	91.8	98.7	100.0
	Total	2603	93.1	100.0	
No Response		194	6.9		
Total		2797	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	61	2.2	2.4	2.4
	Yes	2516	90.0	97.6	100.0
	Total	2577	92.1	100.0	
No Response		220	7.9		
Total		2797	100.0		

JUVENILE JUSTICE SYSTEM INVOLVEMENT

For the November 2004 survey period, 97.6% 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, 6.1% 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	2564	91.7	97.6	97.6
	1 arrest	48	1.7	1.8	99.5
	2 arrests	11	.4	.4	99.9
	3 arrests	2	.1	.1	100.0
	4 or more arrests	1	.0	.0	100.0
	Total	2626	93.9	100.0	
	No Response	171	6.1		
Total		2797	100.0		

SCHOOL ATTENDANCE

For the consumers who responded to the question – “How often was your child absent from school during the past month?” – 55.6% indicated 1 day or less, 13.1% indicated 2 days, 13.9% indicated 3-5 days, 3.3% indicated 6-10 days, 2.7% indicated more than 10 days, 4.0% did not remember and 7.4% indicated that the question did not apply to their child or that their child was not in school. Additionally, 7.8% 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	1433	51.2	55.6	55.6
	2 days	337	12.0	13.1	68.7
	3-5 days	359	12.8	13.9	82.6
	6-10 days	86	3.1	3.3	85.9
	More than 10 days	69	2.5	2.7	88.6
	Do not remember	103	3.7	4.0	92.6
	Not Applicable / Not In School	191	6.8	7.4	100.0
	Total	2578	92.2	100.0	
	No Response	219	7.8		
Total		2797	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.

For the November 2004 survey period, 83.6% 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	460	16.4	16.4	16.4
	Yes	2337	83.6	83.6	100.0
	Total	2797	100.0	100.0	

For the November 2004 survey period, 2.7% 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	2721	97.3	97.3	97.3
	Yes	76	2.7	2.7	100.0
	Total	2797	100.0	100.0	

For the November 2004 survey period, 1.1% 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	2767	98.9	98.9	98.9
	Yes	30	1.1	1.1	100.0
	Total	2797	100.0	100.0	

For the November 2004 survey period, 2.3% 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	2732	97.7	97.7	97.7
	Yes	65	2.3	2.3	100.0
	Total	2797	100.0	100.0	

For the November 2004 survey period, 1.4% 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	2757	98.6	98.6	98.6
	Yes	40	1.4	1.4	100.0
	Total	2797	100.0	100.0	

For the November 2004 survey period, 2.5% 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	2727	97.5	97.5	97.5
	Yes	70	2.5	2.5	100.0
	Total	2797	100.0	100.0	

For the November 2004 survey period, 2.0% 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	2742	98.0	98.0	98.0
	Yes	55	2.0	2.0	100.0
	Total	2797	100.0	100.0	

For the November 2004 survey period, 2.0% 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	2741	98.0	98.0	98.0
	Yes	56	2.0	2.0	100.0
	Total	2797	100.0	100.0	

REASON WHY SURVEY NOT COMPLETED (if applicable)

Out of 3,483 surveys received, 35 (1%) were not completed by the consumers. 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, 12.9% of the consumers were reported to have Refused the survey, 1.2% were reported to have had an Impairment, 3.5% did not have a survey available in their Language and 82.3% were marked as having an “Other” reason for non-completion. Additionally, 5.1% of the YSS-Families Surveys that were not completed did not have a “Reason” response.

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	84	12.2	12.9	12.9
	Impairment	8	1.2	1.2	14.1
	Language	23	3.4	3.5	17.7
	Other	536	78.1	82.3	100.0
	Total	651	94.9	100.0	
No Response		35	5.1		
Total		686	100.0		

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

About the Youth Services Survey for Families (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, their families, and mental health advocates. 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 2004 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, for interpretation, the national benchmark for satisfaction is an overall scale score above 3.5.

For the tables reflecting categorical groupings of YSS-Families averages and YSS-Families subscale averages, total frequencies may differ depending on how many items on each scale consumers completed. 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 no response). The results are highlighted in yellow.

The average scores for each of the YSS-Families subscales are reported below.

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, 37.3% reported that they were Very Satisfied, 46.7% reported they were Satisfied, 11.8% were Neutral, 2.7% were Somewhat Dissatisfied and 1.5% were Dissatisfied. Additionally, for 4.3% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

Perception of Access to Services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	40	1.4	1.5	1.5
	Somewhat Dissatisfied	73	2.6	2.7	4.2
	Neutral	316	11.3	11.8	16.0
	Satisfied	1251	44.7	46.7	62.7
	Very Satisfied	998	35.7	37.3	100.0
	Total	2678	95.7	100.0	
No Response		119	4.3		
Total		2797	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, 50.7% reported that they were Very Satisfied, 44.6% reported they were Satisfied, 3.4% were Neutral, 0.5% were Somewhat Dissatisfied and 0.8% were Dissatisfied. Additionally, for 13.4% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

Perception of Cultural Sensitivity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	19	.7	.8	.8
	Somewhat Dissatisfied	11	.4	.5	1.2
	Neutral	83	3.0	3.4	4.7
	Satisfied	1080	38.6	44.6	49.3
	Very Satisfied	1229	43.9	50.7	100.0
	Total	2422	86.6	100.0	
No Response		375	13.4		
Total		2797	100.0		

PERCEPTION OF PARTICIPATION IN TREATMENT PLANNING

For the consumers who completed at least 2/3 of the items that comprise the “Perception of Treatment Planning” subscale, 35.7% reported that they were Very Satisfied, 52.4% reported they were Satisfied, 9.5% were Neutral, 1.8% were Somewhat Dissatisfied and 0.6% were Dissatisfied. Additionally, for 5.9% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

Perception of Participation in Treatment Planning

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	16	.6	.6	.6
	Somewhat Dissatisfied	47	1.7	1.8	2.4
	Neutral	250	8.9	9.5	11.9
	Satisfied	1380	49.3	52.4	64.3
	Very Satisfied	939	33.6	35.7	100.0
	Total	2632	94.1	100.0	
No Response		165	5.9		
Total		2797	100.0		

OUTCOMES

For the consumers who completed at least 2/3 of the items that comprise the “Outcomes” subscale, 16.9% reported that they were Very Satisfied, 43.1% reported they were Satisfied, 30.3% were Neutral, 7.5% were Somewhat Dissatisfied and 2.2% were Dissatisfied. Additionally, for 6.1% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

Outcomes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	57	2.0	2.2	2.2
	Somewhat Dissatisfied	197	7.0	7.5	9.7
	Neutral	795	28.4	30.3	39.9
	Satisfied	1133	40.5	43.1	83.1
	Very Satisfied	444	15.9	16.9	100.0
	Total	2626	93.9	100.0	
No Response		171	6.1		
Total		2797	100.0		

GENERAL SATISFACTION

For the consumers who completed at least 2/3 of the items that comprise the “General Satisfaction” subscale, 37.8% reported that they were Very Satisfied, 46.3% reported they were Satisfied, 13.6% were Neutral, 1.6% were Somewhat Dissatisfied and 0.7% were Dissatisfied. Additionally, for 3.3% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

General Satisfaction

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	20	.7	.7	.7
	Somewhat Dissatisfied	43	1.5	1.6	2.3
	Neutral	367	13.1	13.6	15.9
	Satisfied	1254	44.8	46.3	62.2
	Very Satisfied	1022	36.5	37.8	100.0
	Total	2706	96.7	100.0	
No Response		91	3.3		
Total		2797	100.0		

AVERAGE MHSIP SUBSCALE SCORES

Average scores were calculated for the surveys within which at least 2/3 of the items that comprise each of the subscales were completed. Overall, respondents indicated that they were “Satisfied” with family’s Access to Services (indicated by a subscale score of 4.26; 2,678 responses), the Cultural Sensitivity of their child’s treatment (indicated by a subscale score of 4.47; 2,422 responses), family’s Participation in Treatment Planning (indicated by a subscale score of 4.22; 2,632 responses), child’s Outcomes (indicated by a subscale score of 3.70; 2,626 responses) and services generally (General Satisfaction; indicated by a subscale score of 4.23; 2,706 responses)

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Perception of Access to Services	2678	1.00	5.00	4.26	.78
Average: Perception of Cultural Sensitivity	2422	1.00	5.00	4.47	.62
Average: Perception of Participation in Treatment Planning	2632	1.00	5.00	4.22	.68
Average: Outcomes	2626	1.00	5.00	3.70	.86
Average: General Satisfaction	2706	1.00	5.00	4.23	.70
Valid N (listwise)	2190				

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

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.

START 
HERE

Approximately, how long has your child received services here?

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

	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"/>					
<u>As a result of the services my child and / or family received:</u>						
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.

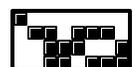
*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS). It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

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CSI County Client Number
Must be entered on EVERY page

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

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 2 days 3 to 5 days 6 to 10 days More than 10 days Not applicable / Not in school Do not remember
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:

REQUIRED Information:

County Code:

Date of Survey Administration:

- -

Reason (if applicable):

Ref Imp Lan Oth

Make sure the same CSI County Client Number is written on all pages of this survey.

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CSI County Client Number
 Must be entered on EVERY page

Optional County Questions:

County Question #1 (mark only ONE bubble):

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

County Question #2 (mark only ONE bubble):

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

County Question #3 (mark only ONE bubble):

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

40054

