

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

***Southern California Region Summary Report  
for the  
November 2004 Data Collection Period***

***CHILDREN & YOUTH PERFORMANCE OUTCOMES***



**Broad-Based Evaluation  
Consumer Perception Survey**

**MARCH 2005  
(Revised May 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 8,738 Southern California Region YSS-Families Surveys, a total of 7,148 had at least one response to the YSS-Families section.**

**TOTAL NUMBER OF SURVEYS SUBMITTED (SOUTHERN CALIFORNIA REGION)**

A total of 8,738 YSS-Families Surveys were submitted for the Southern California Region.

**Region**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Southern California	8738	100.0	100.0	100.0

**GENDER**

For the consumers who responded to the question – “What is your child’s gender?” – 37.9% identified their child as being Female, 61.9% identified their child as being Male and 0.1% as Other. Additionally, 5.3% of the consumers did not respond to this item.

**What is your child's gender?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Female	2568	35.9	37.9	37.9
Valid Male	4192	58.6	61.9	99.9
Valid Other	7	.1	.1	100.0
Valid Total	6767	94.7	100.0	
No Response	381	5.3		
Total	7148	100.0		

**AGE CATEGORY\***

For the consumers who responded to the question – “What is your child’s date of birth?” – 3.8% were under age 5, 22.3% were aged 5-8, 35.9% were aged 9-12, 17.5% were aged 13-14, 18.0% were aged 15-17, 1.2% were aged 18-21 and 1.3% were over age 22. Additionally, 11.3% of the consumers did not respond to this item.

**Age Category**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under 5	238	3.3	3.8	3.8
	5-8	1416	19.8	22.3	26.1
	9-12	2274	31.8	35.9	61.9
	13-14	1109	15.5	17.5	79.4
	15-17	1143	16.0	18.0	97.4
	18-21	78	1.1	1.2	98.7
	22+	85	1.2	1.3	100.0
	Total	6343	88.7	100.0	
No Response		805	11.3		
Total		7148	100.0		

**SERVICE LENGTH**

For the consumers who responded to the question – “How long has your child received services here?” – 3.5% reported that it was their first visit; 6.6% reported that they had had more than one visit, but that they had received services for less than one month; 13.4% reported having received services for 1-2 months; 17.8% reported having received services for 3-5 months; 22.9% reported receiving services for 6 months to 1 year and 35.8% reported receiving services for more than one year. Additionally, 25.0% 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	187	2.6	3.5	3.5
	> 1 visit, but < one month	356	5.0	6.6	10.1
	1 to 2 months	718	10.0	13.4	23.5
	3 to 5 months	954	13.3	17.8	41.3
	6 months to 1 year	1229	17.2	22.9	64.2
	More than 1 year	1917	26.8	35.8	100.0
	Total	5361	75.0	100.0	
No Response		1787	25.0		
Total		7148	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, 50.5% 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	2724	38.1	38.1	38.1
	Yes	3607	50.5	50.5	88.6
	Unknown	817	11.4	11.4	100.0
	Total	7148	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, 35.1% 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	4637	64.9	64.9	64.9
	Yes	2511	35.1	35.1	100.0
	Total	7148	100.0	100.0	

On the YSS-Families Survey, 17.4% 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	5903	82.6	82.6	82.6
	Yes	1245	17.4	17.4	100.0
	Total	7148	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	6998	97.9	97.9	97.9
	Yes	150	2.1	2.1	100.0
	Total	7148	100.0	100.0	

On the YSS-Families Survey, 3.7% 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	6886	96.3	96.3	96.3
	Yes	262	3.7	3.7	100.0
	Total	7148	100.0	100.0	

On the YSS-Families Survey, 1.1% 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	7072	98.9	98.9	98.9
	Yes	76	1.1	1.1	100.0
	Total	7148	100.0	100.0	

On the YSS-Families Survey, 24.4% of the consumers identified their child as being of another race.

**Other Race?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	5401	75.6	75.6	75.6
	Yes	1747	24.4	24.4	100.0
	Total	7148	100.0	100.0	

On the YSS-Families Survey, 0.9% of the consumers were not able to identify their race.

**Unknown Race?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	7085	99.1	99.1	99.1
	Yes	63	.9	.9	100.0
	Total	7148	100.0	100.0	

**LANGUAGE OF SURVEY**

On the YSS-Families Survey, 0.1% used the Chinese version of the YSS-Families Survey; 73.4% of the consumers responded using the English version; 26.5% used the Spanish version and 1 consumer used the Tagalog version of the YSS-Families Survey. Additionally, 0.1% of the surveys received did not indicate the language of the survey.

**Language of instrument**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Chinese	10	.1	.1	.1
	English	5239	73.3	73.4	73.5
	Spanish	1892	26.5	26.5	100.0
	Tagalog	1	.0	.0	100.0
	Total	7142	99.9	100.0	
<b>No Response</b>		<b>6</b>	<b>.1</b>		
<b>Total</b>		<b>7148</b>	<b>100.0</b>		

**PREFERRED LANGUAGE**

On the YSS-Families Survey, 97.5% of the consumers responded that the services their child received were provided in his/her preferred language and 95.9% responded that written information was available in his/her preferred language. Additionally, 6.2% and 7.3% 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	168	2.4	2.5	2.5
	Yes	6537	91.5	97.5	100.0
	Total	6705	93.8	100.0	
<b>No Response</b>		<b>443</b>	<b>6.2</b>		
<b>Total</b>		<b>7148</b>	<b>100.0</b>		

**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	272	3.8	4.1	4.1
	Yes	6355	88.9	95.9	100.0
	Total	6627	92.7	100.0	
<b>No Response</b>		<b>521</b>	<b>7.3</b>		
<b>Total</b>		<b>7148</b>	<b>100.0</b>		

## JUVENILE JUSTICE SYSTEM INVOLVEMENT

For the November 2004 survey period, 98.2% 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, 5.7% 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	6618	92.6	98.2	98.2
	1 arrest	88	1.2	1.3	99.5
	2 arrests	14	.2	.2	99.7
	3 arrests	7	.1	.1	99.9
	4 or more arrests	10	.1	.1	100.0
	Total	6737	94.3	100.0	
No Response		411	5.7		
Total		7148	100.0		

## SCHOOL ATTENDANCE

For the consumers who responded to the question – “How often was your child absent from school during the past month?” – 58.0% indicated 1 day or less, 12.5% indicated 2 days, 11.8% indicated 3-5 days, 3.2% indicated 6-10 days, 3.1% indicated more than 10 days, 4.3% did not remember and 7.2% indicated that the question did not apply to their child or that their child was not in school. Additionally, 8.9% 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	3773	52.8	58.0	58.0
	2 days	811	11.3	12.5	70.4
	3-5 days	768	10.7	11.8	82.2
	6-10 days	206	2.9	3.2	85.4
	More than 10 days	201	2.8	3.1	88.5
	Do not remember	282	3.9	4.3	92.8
	Not Applicable / Not In School	468	6.5	7.2	100.0
	Total	6509	91.1	100.0	
No Response		639	8.9		
Total		7148	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, 79.5% 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	1464	20.5	20.5	20.5
	Yes	5684	79.5	79.5	100.0
	Total	7148	100.0	100.0	

For the November 2004 survey period, 2.4% 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	6975	97.6	97.6	97.6
	Yes	173	2.4	2.4	100.0
	Total	7148	100.0	100.0	

For the November 2004 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	7101	99.3	99.3	99.3
	Yes	47	.7	.7	100.0
	Total	7148	100.0	100.0	

For the November 2004 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	6946	97.2	97.2	97.2
	Yes	202	2.8	2.8	100.0
	Total	7148	100.0	100.0	

For the November 2004 survey period, 1.7% 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	7026	98.3	98.3	98.3
	Yes	122	1.7	1.7	100.0
	Total	7148	100.0	100.0	

For the November 2004 survey period, 3.3% 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	6914	96.7	96.7	96.7
	Yes	234	3.3	3.3	100.0
	Total	7148	100.0	100.0	

For the November 2004 survey period, 5.3% 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	6770	94.7	94.7	94.7
	Yes	378	5.3	5.3	100.0
	Total	7148	100.0	100.0	

For the November 2004 survey period, 1.6% 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	7034	98.4	98.4	98.4
	Yes	114	1.6	1.6	100.0
	Total	7148	100.0	100.0	

**REASON WHY SURVEY NOT COMPLETED (if applicable)**

Out of the 8,738 surveys received, 44 (0.5%) 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, 30.6% of the consumers were reported to have Refused the survey, 2.2% were reported to have had an Impairment, 3.3% did not have a survey available in their Language and 63.9% were marked as having an “Other” reason for non-completion. Additionally, 2.8% 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	473	29.7	30.6	30.6
	Impairment	34	2.1	2.2	32.8
	Language	51	3.2	3.3	36.1
	Other	988	62.1	63.9	100.0
	Total	1546	97.2	100.0	
No Response		44	2.8		
Total		1590	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](http://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, 36.6% reported that they were Very Satisfied, 50.0% reported they were Satisfied, 9.5% were Neutral, 2.7% were Somewhat Dissatisfied and 1.3% were Dissatisfied. Additionally, for 4.2% 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	84	1.2	1.2	1.2
	Somewhat Dissatisfied	180	2.5	2.6	3.9
	Neutral	650	9.1	9.5	13.4
	Satisfied	3429	48.0	50.1	63.4
	Very Satisfied	2502	35.0	36.6	100.0
	Total	6845	95.8	100.0	
No Response		303	4.2		
Total		7148	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, 50.4% reported that they were Very Satisfied, 45.2% reported they were Satisfied, 3.1% were Neutral, 0.5% were Somewhat Dissatisfied and 0.8% were Dissatisfied. Additionally, for 10.3% 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	50	.7	.8	.8
	Somewhat Dissatisfied	29	.4	.5	1.2
	Neutral	197	2.8	3.1	4.3
	Satisfied	2901	40.6	45.3	49.6
	Very Satisfied	3234	45.2	50.4	100.0
	Total	6411	89.7	100.0	
No Response		737	10.3		
Total		7148	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, 34.9% reported that they were Very Satisfied, 55.0% reported they were Satisfied, 7.4% were Neutral, 1.8% were Somewhat Dissatisfied and 0.8% were Dissatisfied. Additionally, for 5.7% 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	48	.7	.7	.7
	Somewhat Dissatisfied	118	1.7	1.7	2.5
	Neutral	503	7.0	7.5	9.9
	Satisfied	3716	52.0	55.1	65.0
	Very Satisfied	2358	33.0	35.0	100.0
	Total	6743	94.3	100.0	
No Response		405	5.7		
Total		7148	100.0		

**OUTCOMES**

For the consumers who completed at least 2/3 of the items that comprise the “Outcomes” subscale, 18.5% reported that they were Very Satisfied, 46.2% reported they were Satisfied, 26.7% were Neutral, 7.1% were Somewhat Dissatisfied and 1.5% were Dissatisfied. Additionally, for 6.6% 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	100	1.4	1.5	1.5
	Somewhat Dissatisfied	467	6.5	7.0	8.5
	Neutral	1782	24.9	26.7	35.2
	Satisfied	3092	43.3	46.3	81.5
	Very Satisfied	1235	17.3	18.5	100.0
	Total	6676	93.4	100.0	
No Response		472	6.6		
Total		7148	100.0		

**GENERAL SATISFACTION**

For the consumers who completed at least 2/3 of the items that comprise the “General Satisfaction” subscale, 38.3% reported that they were Very Satisfied, 49.0% reported they were Satisfied, 10.4% were Neutral, 1.4% were Somewhat Dissatisfied and 0.8% were Dissatisfied. Additionally, for 3.8% 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	56	.8	.8	.8
	Somewhat Dissatisfied	93	1.3	1.4	2.2
	Neutral	714	10.0	10.4	12.6
	Satisfied	3378	47.3	49.1	61.7
	Very Satisfied	2635	36.9	38.3	100.0
	Total	6876	96.2	100.0	
No Response		272	3.8		
Total		7148	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 4.28; 6,845 responses), the Cultural Sensitivity of their child’s treatment (indicated by a subscale score of 4.47; 6,411 responses), family’s Participation in Treatment Planning (indicated by a subscale score of 4.23; 6,743 responses), child’s Outcomes (indicated by a subscale score of 3.77; 6,676 responses) and services generally (General Satisfaction; indicated by a subscale score of 4.26; 6,876 responses).

**Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Perception of Access to Services	6845	1.00	5.00	4.28	.75
Average: Perception of Cultural Sensitivity	6411	1.00	5.00	4.47	.61
Average: Perception of Participation in Treatment Planning	6743	1.00	5.00	4.23	.67
Average: Outcomes	6676	1.00	5.00	3.78	.83
Average: General Satisfaction	6876	1.00	5.00	4.27	.68
Valid N (listwise)	5714				

# 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

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not Applicable</b>
1. Overall, I am satisfied with the services my child received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I helped to choose my child's services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I helped to choose my child's treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The people helping my child stuck with us no matter what.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt my child had someone to talk to when he / she was troubled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I participated in my child's treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The services my child and / or family received were right for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The location of services was convenient for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Services were available at times that were convenient for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My family got the help we wanted for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My family got as much help as we needed for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Staff respected my family's religious / spiritual beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff spoke with me in a way that I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff were sensitive to my cultural / ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b><u>As a result of the services my child and / or family received:</u></b>						
16. My child is better at handling daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My child gets along better with family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My child gets along better with friends and other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My child is doing better in school and / or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My child is better able to cope when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am satisfied with our family life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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.

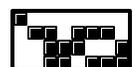
\*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS). It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families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

**CONTINUED ON NEXT PAGE...**

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CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*

P		-	E	N
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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.

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

