

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

***Superior 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 761 Superior Region YSS-Families Surveys, a total of 614 had at least one response to the YSS-Families section.**

TOTAL NUMBER OF SURVEYS SUBMITTED (SUPERIOR REGION)

A total of 761 YSS-Families Surveys were submitted for the Superior Region.

		Region			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Superior Region	761	100.0	100.0	100.0

GENDER

For the consumers who responded to the question – “What is your child’s gender?” – 42.1% identified their child as being Female, 57.4% identified their child as being Male and 0.5% as Other. Additionally, 4.9% of the consumers did not respond to this item.

What is your child's gender?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	246	40.1	42.1	42.1
	Male	335	54.6	57.4	99.5
	Other	3	.5	.5	100.0
	Total	584	95.1	100.0	
No Response		30	4.9		
Total		614	100.0		

AGE CATEGORY*

For the consumers who responded to the question – “What is your child’s date of birth?” – 5.5% were under age 5, 26.9% were aged 5-8, 35.1% were aged 9-12, 13.9% were aged 13-14, 17.3% were aged 15-17, 1.1% were aged 18-21 and 0.2% were over age 22. Additionally, 14.2% of the consumers did not respond to this item.

Age Category

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under 5	29	4.7	5.5	5.5
	5-8	142	23.1	26.9	32.4
	9-12	185	30.1	35.1	67.6
	13-14	73	11.9	13.9	81.4
	15-17	91	14.8	17.3	98.7
	18-21	6	1.0	1.1	99.8
	22+	1	.2	.2	100.0
	Total	527	85.8	100.0	
No Response		87	14.2		
Total		614	100.0		

SERVICE LENGTH

For the consumers who responded to the question – “How long has your child received services here?” – 5.7% reported that it was their first visit; 9.0% reported that they had had more than one visit, but that they had received services for less than one month; 14.0% reported having received services for 1-2 months; 18.4% reported having received services for 3-5 months; 21.1% reported receiving services for 6 months to 1 year and 31.7% reported receiving services for more than one year. Additionally, 29.2% 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	25	4.1	5.7	5.7
	> 1 visit, but < one month	39	6.4	9.0	14.7
	1 to 2 months	61	9.9	14.0	28.7
	3 to 5 months	80	13.0	18.4	47.1
	6 months to 1 year	92	15.0	21.1	68.3
	More than 1 year	138	22.5	31.7	100.0
	Total	435	70.8	100.0	
No Response		179	29.2		
Total		614	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, 16.9% 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	446	72.6	72.6	72.6
	Yes	104	16.9	16.9	89.6
	Unknown	64	10.4	10.4	100.0
	Total	614	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, 75.1% 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	153	24.9	24.9	24.9
	Yes	461	75.1	75.1	100.0
	Total	614	100.0	100.0	

On the YSS-Families Survey, 6.5% 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	574	93.5	93.5	93.5
	Yes	40	6.5	6.5	100.0
	Total	614	100.0	100.0	

On the YSS-Families Survey, 1.6% of the consumers identified their child as being “Asian.”

Is your child's race Asian?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	604	98.4	98.4	98.4
	Yes	10	1.6	1.6	100.0
	Total	614	100.0	100.0	

On the YSS-Families Survey, 15.0% 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	522	85.0	85.0	85.0
	Yes	92	15.0	15.0	100.0
	Total	614	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	605	98.5	98.5	98.5
	Yes	9	1.5	1.5	100.0
	Total	614	100.0	100.0	

On the YSS-Families Survey, 9.4% of the consumers identified their child as being of another race.

Other Race?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	556	90.6	90.6	90.6
	Yes	58	9.4	9.4	100.0
	Total	614	100.0	100.0	

On the YSS-Families Survey, 1.1% of the consumers were not able to identify their race.

Unknown Race?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	607	98.9	98.9	98.9
	Yes	7	1.1	1.1	100.0
	Total	614	100.0	100.0	

LANGUAGE OF SURVEY

On the YSS-Families Survey, 98.0% of the consumers responded using the English version of the YSS-Families Survey and 2.0% used the Spanish version of the YSS-Families Survey. Additionally, 0.2% of the surveys received did not indicate the language of the survey.

Language of instrument

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	English	601	97.9	98.0	98.0
	Spanish	12	2.0	2.0	100.0
	Total	613	99.8	100.0	
No Response		1	.2		
Total		614	100.0		

PREFERRED LANGUAGE

On the YSS-Families Survey, 99.0% of the consumers responded that the services their child received were provided in his/her preferred language and 97.2% responded that written information was available in his/her preferred language. Additionally, 4.9% and 5.9% 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	6	1.0	1.0	1.0
	Yes	578	94.1	99.0	100.0
	Total	584	95.1	100.0	
No Response		30	4.9		
Total		614	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	16	2.6	2.8	2.8
	Yes	562	91.5	97.2	100.0
	Total	578	94.1	100.0	
No Response		36	5.9		
Total		614	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, 4.6% 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	572	93.2	97.6	97.6
	1 arrest	11	1.8	1.9	99.5
	2 arrests	1	.2	.2	99.7
	4 or more arrests	2	.3	.3	100.0
	Total	586	95.4	100.0	
No Response		28	4.6		
Total		614	100.0		

SCHOOL ATTENDANCE

For the consumers who responded to the question – “How often was your child absent from school during the past month?” – 52.5% indicated 1 day or less, 13.2% indicated 2 days, 17.5% indicated 3-5 days, 2.9% indicated 6-10 days, 2.8% indicated more than 10 days, 2.9% 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, 6.0% 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	303	49.3	52.5	52.5
	2 days	76	12.4	13.2	65.7
	3-5 days	101	16.4	17.5	83.2
	6-10 days	17	2.8	2.9	86.1
	More than 10 days	16	2.6	2.8	88.9
	Do not remember	17	2.8	2.9	91.9
	Not Applicable / Not In School	47	7.7	8.1	100.0
	Total	577	94.0	100.0	
No Response		37	6.0		
Total		614	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, 83.7% 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	100	16.3	16.3	16.3
	Yes	514	83.7	83.7	100.0
	Total	614	100.0	100.0	

For the November 2004 survey period, 1.0% 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	608	99.0	99.0	99.0
	Yes	6	1.0	1.0	100.0
	Total	614	100.0	100.0	

For the November 2004 survey period, 0.3% 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	612	99.7	99.7	99.7
	Yes	2	.3	.3	100.0
	Total	614	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	600	97.7	97.7	97.7
	Yes	14	2.3	2.3	100.0
	Total	614	100.0	100.0	

For the November 2004 survey period, 0.8% 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	609	99.2	99.2	99.2
	Yes	5	.8	.8	100.0
	Total	614	100.0	100.0	

For the November 2004 survey period, 6.0% 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	577	94.0	94.0	94.0
	Yes	37	6.0	6.0	100.0
	Total	614	100.0	100.0	

For the November 2004 survey period, 2.1% 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	601	97.9	97.9	97.9
	Yes	13	2.1	2.1	100.0
	Total	614	100.0	100.0	

For the November 2004 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	608	99.0	99.0	99.0
	Yes	6	1.0	1.0	100.0
	Total	614	100.0	100.0	

REASON WHY SURVEY NOT COMPLETED (*if applicable*)

Out of 761 surveys received, 8 (or 1.1%) 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, 25.2% of the consumers were reported to have Refused the survey, 2.9% were reported to have had an Impairment and 71.9% were marked as having an “Other” reason for non-completion. Additionally, 5.4% 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	35	23.8	25.2	25.2
	Impairment	4	2.7	2.9	28.1
	Other	100	68.0	71.9	100.0
	Total	139	94.6	100.0	
No Response		8	5.4		
Total		147	100.0		

Youth Services Survey for Families (YSS-Families) *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, 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, 39.1% reported that they were Very Satisfied, 46.3% reported they were Satisfied, 10.9% were Neutral, 2.9% were Somewhat Dissatisfied and 0.9% 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	5	.8	.9	.9
	Somewhat Dissatisfied	17	2.8	2.9	3.7
	Neutral	64	10.4	10.9	14.6
	Satisfied	272	44.3	46.3	60.9
	Very Satisfied	230	37.5	39.1	100.0
	Total	588	95.8	100.0	
No Response		26	4.2		
Total		614	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, 51.6% reported that they were Very Satisfied, 42.5% reported they were Satisfied, 4.8% were Neutral, 0.8% were Somewhat Dissatisfied and 0.4% were Dissatisfied. Additionally, for 17.9% 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	2	.3	.4	.4
	Somewhat Dissatisfied	4	.7	.8	1.2
	Neutral	24	3.9	4.8	6.0
	Satisfied	214	34.9	42.5	48.4
	Very Satisfied	260	42.3	51.6	100.0
	Total	504	82.1	100.0	
No Response		110	17.9		
Total		614	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, 39.0% reported that they were Very Satisfied, 48.9% reported they were Satisfied, 10.0% were Neutral, 1.5% were Somewhat Dissatisfied and 0.5% were Dissatisfied. Additionally, for 4.1% 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	3	.5	.5	.5
	Somewhat Dissatisfied	9	1.5	1.5	2.0
	Neutral	59	9.6	10.0	12.1
	Satisfied	288	46.9	48.9	61.0
	Very Satisfied	230	37.5	39.0	100.0
	Total	589	95.9	100.0	
No Response		25	4.1		
Total		614	100.0		

OUTCOMES

For the consumers who completed at least 2/3 of the items that comprise the “Outcomes” subscale, 14.6% reported that they were Very Satisfied, 43.2% reported they were Satisfied, 34.3% were Neutral, 6.1% were Somewhat Dissatisfied and 1.7% were Dissatisfied. Additionally, for 6.5% 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	10	1.6	1.7	1.7
	Somewhat Dissatisfied	35	5.7	6.1	7.8
	Neutral	197	32.1	34.3	42.2
	Satisfied	248	40.4	43.2	85.4
	Very Satisfied	84	13.7	14.6	100.0
	Total	574	93.5	100.0	
No Response		40	6.5		
Total		614	100.0		

GENERAL SATISFACTION

For the consumers who completed at least 2/3 of the items that comprise the “General Satisfaction” subscale, 37.5% reported that they were Very Satisfied, 45.9% reported they were Satisfied, 14.2% were Neutral, 1.7% were Somewhat Dissatisfied and 0.7% were Dissatisfied. Additionally, for 3.9% 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	4	.7	.7	.7
	Somewhat Dissatisfied	10	1.6	1.7	2.4
	Neutral	84	13.7	14.2	16.6
	Satisfied	271	44.1	45.9	62.5
	Very Satisfied	221	36.0	37.5	100.0
	Total	590	96.1	100.0	
No Response		24	3.9		
Total		614	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 4.30; 588 responses), the Cultural Sensitivity of their child’s treatment (indicated by a subscale score of 4.48; 504 responses), family’s Participation in Treatment Planning (indicated by a subscale score of 4.25; 589 responses), child’s Outcomes (indicated by a subscale score of 3.69; 574 responses) and services generally (General Satisfaction; indicated by a subscale score of 4.21; 590 responses).

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Perception of Access to Services	588	1.00	5.00	4.30	.74
Average: Perception of Cultural Sensitivity	504	1.00	5.00	4.48	.59
Average: Perception of Participation in Treatment Planning	589	1.00	5.00	4.25	.70
Average: Outcomes	574	1.00	5.00	3.69	.82
Average: General Satisfaction	590	1.00	5.00	4.21	.71
Valid N (listwise)	455				

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"/>	<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"/>
<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"/>	<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.

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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
 1
 2
 3
 4
 5
 6
 7
 8
 9

EXAMPLE: Date of birth on April 30, 1987:

Date of Birth (mm-dd-yyyy)

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:

REQUIRED Information:

County Code:

Date of Survey Administration:

11 - - 2004

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

