SOLANO

Health and Social Services Department

Mental Health Division

Quality Improvement Unit

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Consumer Perception Survey 2020 - Youth

In accordance with Department of Mental Health, the Solano Mental Health Plan (MHP) administered Consumer Perception Surveys from June 22, 2020 - June 26, 2020. Surveys were available to all consumers that came into clinic and contractor locations for a service during this time. Completed surveys were collected and then were submitted to the Department of Mental Health.

The goal of this survey was to collect data for reporting on the federally determined National Outcome Measures (NOMs). Reporting on these NOMs are required by the Substance Abuse Mental Health Services Administration (SAMHSA), and receipt of federal Community Mental Health Services Block Grant (MHBG) funding was contingent on the submission of this data.

Demographics Overview	Youth Spring '20	Youth Fall '20	Families Spring '20	Families Fall '20
Total Surveys Received	40		45	
Program Type:				
County	20%		27%	
Contractor	43%		42%	
Online	38%		31%	
Gender:				
Male	40%		40%	
Female	50%		42%	
Other/Not Answered	10%		18%	
Survey Language:				
English	100%		96%	
Spanish	0%		4%	
Other	0%		0%	
Medi-Cal Insurance:	88%		84%	
Ethnicity: (Identified with one or more)				
American Indian/Alaskan Native	8%		9%	
Asian	10%		11%	
Black/African American	15%		22%	
Mexican/Hispanic/Latino	50%		29%	
Native Hawaiian/Other Pacific Islander	3%		2%	
White/Caucasian	45%		33%	
Other	38%		11%	
Unknown	5%		7%	
Agreed that services were provided in preferred language:	90%		84%	
Agreed that written materials were	90%		80%	
provided in preferred language:	70/0		00/0	
Length of services provided:				
First Visit	3%		11%	

Demographics Overview	Youth Spring '20	Youth Fall '20	Families Spring '20	Families Fall '20
More than 1 visit, but less than 1 month	0%		2%	
1 - 2 Months	5%		4%	
3 - 5 Months	15%		13%	
6 Months - 1 Year	25%		31%	
More than 1 Year	33%		22%	
Not Answered	20%		16%	

Results	Youth Spring '20	Youth Fall '20	Families Spring '20	Families Fall '20
Total Surveys Received	40		45	
 Overall, I am satisfied with the services I/[my child] received. 	80%		84%	
2. I helped to choose my/[my child's] services.	65%		76%	
3. I helped to choose my/[my child's] treatment goals.	70%		80%	
4. The people helping me/[my child] stuck with me/[us] no matter what.	78%		84%	
5. I felt I/[my child] had someone to talk to when I/[he/she] was troubled.	80%		80%	
6. I participated in my own/[my child's] treatment.	80%		91%	
7. I/[my child and/or family] received services that were right for me/[us].	78%		80%	
8. The location of services was convenient for me/[us].	78%		91%	
9. Services were available at times that were convenient for me/[us].	70%		89%	
10. I/[my family] got the help I/[we] wanted [for my child].	75%		84%	
11. I/[my family] got as much help as I/[we] needed [for my child].	63%		69%	
12. Staff treated me with respect.	75 %		87%	
13. Staff respected my/[my family's] religious/spiritual beliefs.	68%		78%	
14. Staff spoke with me in a way that I understood.	78%		93%	
15. Staff were sensitive to my cultural/ethnic background.	63%		82%	

Results	Youth Spring '20	Youth Fall '20	Families Spring '20	Families Fall '20
Total Surveys Received	40		45	
 I/[my child] am/[is] better at handling daily life. 	60%		60%	
2. I/[my child] get/[gets] along better with family members.	63%		58%	

Results	Youth Spring '20	Youth Fall '20	Families Spring '20	Families Fall '20
3. I/[my child] get/[gets] along better with friends and other people.	53%		56%	
4. I/[my child] am/[is] doing better in school and/or work.	50%		53%	
5. I/[my child/ am/[is] better able to cope when things go wrong.	63%		53%	
6. I am satisfied with my family life right now.	58%		51%	
7. I/[my child] am/[is] better able to do things I/[he or she] want/[wants] to do.	55%		56%	
8. I know people who will listen and understand me when I need to talk.	73%		82%	
 I have people that I am comfortable talking to about my/[my child's] problem(s). 	65%		80%	
10. In a crisis, I would have the support I need from family or friends.	68%		71%	
11. I have people with whom I can do enjoyable things.	7 5%		80%	

Results	Youth Spring '20	Youth Fall '20	Families Spring '20	Families Fall '20
Total Surveys Received	40		45	
1. Is your child currently living with you?				
Yes			87%	
No			0%	
Not Answered			13%	
2. Have you/[has your child] lived in any of the following place(s) in the last 6 months?				
With one or both parents	43%		11%	
With another family member	30%		2%	
Foster homes	10%		5%	
Therapeutic foster home	0%		0%	
Crisis shelter	3%		0%	
Homeless shelter	5%		0%	
Group home	3%		1%	
Residential treatment center	0%		0%	
Hospital	3%		0%	
Local jail or detention facility	3%		1%	
State correctional facility	0%		0%	
Runaway/homeless/on the streets	5%		1%	
Other	8%		2%	
3. In the last year, did you/[your child] see				
a medical doctor (or nurse) for a health				
check-up or because you/[he or she] were/[was] sick?				
Yes, in a clinic or office	48%		67%	

Results	Youth Spring '20	Youth Fall '20	Families Spring '20	Families Fall '20
Yes, but only in a hospital or emergency room	13%		4%	
No	13%		18%	
Do not remember	5%		0%	
Not answered	23%		11%	
4. Are you/[is your child] on medication for emotional/behavioral problems? (Answered "Yes")	38%		27%	
5. If yes, did the doctor or nurse tell you/[you and/or your child] what side effects to watch for? (Answered "Yes")	38%		22%	
6. Were you/[was your child] arrested since beginning to receive mental health services (or in the last 12 months)?				
Yes	3%		4%	
No/Not Answered	97%		96%	
7. Were you/[was your child] arrested during the 12 months prior to that?				
Yes	3%		2%	
No/Not Answered	97%		98%	
8. Since you/[your child] began to receive mental health services, have your encounters with the police:				
Been reduced	7 %		5%	
Stayed the same	2%		3%	
Increased	2%		0%	
Not applicable	42%		38%	
Not Answered	47%		55%	
Were you/[was your child] expelled or suspended since beginning services?				
Yes	3%		16%	
No/Not Answered	97%		84%	
10. Were you/[was your child] expelled or suspended during the 12 months prior to that?				
Yes	0%		13%	
No/Not Answered	100%		87%	
11. Since starting to receive services (or in the last 12 months), the number of days you/[your child] were/was in school is:				
Greater	15%		22%	
About the same	23%		4%	
Less	0%		4%	
Does Not Apply	5%		31%	
Not Answered	58%		38%	