

Santa Barbara County Department of  
Behavioral Wellness Consumer  
Perception Survey Report  
Fall 2017 & Spring 2018

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SANTA BARBARA COUNTY  
DEPARTMENT OF  
**Behavioral Wellness**  
A System of Care and Recovery

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## OVERVIEW

Santa Barbara County's Department of Behavioral Wellness is required by the California Department of Health Care Services to administer the Consumer Perception Survey (CPS). All Counties that receive Community Mental Health Services Block Grant (MHBG) funding conduct the survey and submit data in May and November of every calendar year. This report includes analyses of data collected in November 2017 and May 2018 in Santa Barbara County.

## METHODS & LIMITATIONS

### Participants

The CPS is intended for consumers from all county-operated and contracted providers accessing outpatient:

- Face to face mental health services
- Case management
- Day treatment, and
- Medication services

The CPS is *not* intended for consumers in:

- Acute hospitals
- Psychiatric health facilities
- Crisis services (intervention, stabilization & residential)
- Jail/jail hospital settings
- Long-term care institutional placements (i.e., State hospitals, IMDs)

### Materials/Measures

The CPS includes four different instruments:

1. Adult: consumers aged 18-59
2. Older Adult: consumers aged 60+
3. Youth: consumers aged 13-17
4. Youth-Family: parents/caregivers of youth under the age of 18

The surveys are 4 to 5 pages in length and include more than 100 questions. The CPS includes measures of: general life satisfaction; functional status; clinical status, satisfaction with and benefit from services; access and cultural sensitivity; adverse events, and the like. Some of the questions are the same across all surveys, but many differ. Generally, questions fall into the same conceptual domains, such as perception of access, but the particular wording varies as is appropriate for the survey population. Finally, there are some questions that are only asked of a particular age group (for example, only youth are queried about school suspensions and expulsions). There are longer, optional surveys, for adults and older adults only, which include Lehman's Quality of Life (QOL) questions; they were designed to assess QOL for adults with SPMI. The quality of life scales were constructed per, "*Toolkit Evaluating Quality of Life for Persons With Severe Mental Illness To Be Used in Conjunction with the Lehman Quality of Life Interview*" (<http://tecathsri.org>).

### Procedure

The CPS administration was coordinated by a Quality Care Management Coordinator. English and Spanish versions of the paper instruments were sent to FedEx for printing. The surveys, along with enlarged posters describing the surveys, were distributed to sites one week prior to survey administration. Posters were placed in clinic lobbies to encourage participation. An email was sent to all managers and regional managers, which included the survey instructions, a letter to the consumer, a letter for staff, and sample posters. The surveys were administered over a one-week period in

## Client Perception Survey

November 2017 and May 2018<sup>1</sup>. Surveys were collected and copied, and the number of surveys returned was documented. The original surveys were sent to the California Institute for Behavioral Health Solutions (CIBHS; <http://www.cibhs.org>) for data processing. CIBHS scans and cleans the data and uploads it to both the Department of Health Care Services (DHCS) and to the electronic Behavioral Health Solutions (eBHS)<sup>2</sup> portal on their website (<http://www.cibhs.org/electronic-behavioral-health-solutions-ebhs>).

### Limitations

The CPS is meant to be a census sample; that is, ideally, *all* clients receiving outpatient services during the survey administration week would have the opportunity to participate. However, while conducting the survey is mandatory for the county, individual participation is entirely voluntary/optional. Thus, while all clients are invited, many do not choose to participate. Moreover, survey respondents do not always answer every question (i.e., skip), or complete the survey (i.e., stop before finishing). Therefore, there can be substantial missing data, particularly for questions asked at the end of the survey. For these reasons, the results cannot be assumed to be representative of all of Santa Barbara County's outpatient mental health clients.

### Domains, Scoring & Results

The eBHS includes standardized domains<sup>3</sup> and reports for Counties to utilize. The data are organized into eight (8) domains:

1. General Satisfaction
2. Perception of Access
3. Perception of Quality and Appropriateness<sup>4</sup>
4. Perception of Participation in Treatment (Tx) planning
5. Perception of Outcomes of Services
6. Perception of Social Connectedness
7. Perception of Functioning
8. Perception of Cultural Sensitivity<sup>5</sup>

Results are reported here by survey administration and domain; Fall and Spring data are compared, and data from Santa Barbara County are compared to (average) California state data.

Most questions on the CPS instruments have the same response scale:

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

Thus, the higher a number (e.g., average), the more positive the response.

<sup>1</sup> Dates specified by the Department of Health Care Services

<sup>2</sup> CIBHS, in collaboration with *eCenter Research Inc.*, has developed electronic Behavioral Health Solutions (eBHS), a web-based data platform that offers the capacity for flexible, real-time reporting and querying to support individual, population, and system improvement and outcome tracking. In addition, the system meets HIPAA and 42CFR compliance standards. eBHS is designed to support counties and CBOs to implement standardized measures to assess program evaluation and outcome assessment.

<sup>3</sup> See appendix for specific domain items and scoring

<sup>4</sup> Scores for this domain are only collected from adult and older adult surveys

<sup>5</sup> Scores for this domain are only collected from youth and youth-family surveys

Client Perception Survey

**Demographics**

Of the 2520 surveys distributed in the Fall of 2017, 781 were returned and 679 were usable (87%). Of the 1777 surveys distributed in the Spring of 2018, 653 were returned and 595 were usable (91%). The number of surveys returned increased by 150% compared to the previous fiscal year.

	<u>Fall 2017</u> (N=679)	<u>Spring 2018</u> (N=595)
Female	45%	47%
Male	47%	46%
Other	1%	7%
Mexican/Hispanic/Latino	47%	45%
White	55%	50%
Services 1yr+	49%	50%
County Operated	58%	57%
County Contracted CBO	42%	43%

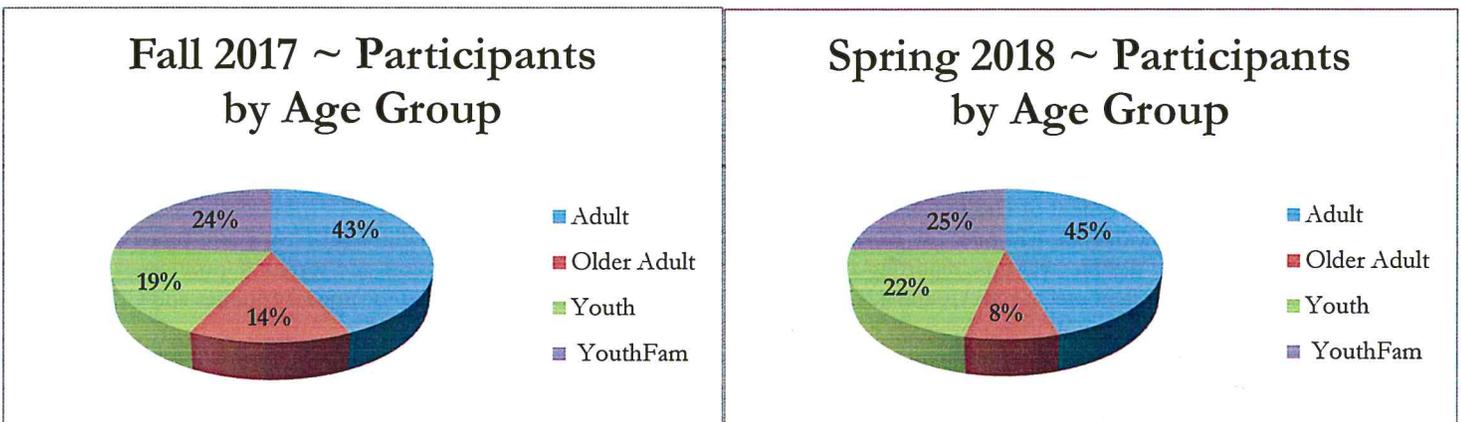
With regard to race/ethnicity, respondents were first asked if they were of Mexican/Hispanic/Latino descent, then asked to select their race. Almost half of respondents during each administration period were Mexican/Latino/Hispanic; about half of respondents were White.

Approximately half of all respondents had been receiving services for more than 1 year. Surveys collected were slightly more likely to represent clients from county operated sites than county contracted CBOs (% reported based on returned surveys).

In both the Fall and the Spring, more respondents were receiving services from County clinics and programs, compared to contracted community-based organizations (CBOs). This represents a shift from previous years, where CBO CPS participation was greater than County CPS participation. The response rates are calculated by dividing the number of surveys completed by the average number of clients served during survey administration; they were 87.3% and 73.5% for the Fall and Spring, respectively. The average response rate for FY 17/18 was 80%. Compared to the percentage of clients in our care, the CPS sample overrepresented youth, underrepresented adults and older adults were fairly equally represented.

	<b>Unique Clients Served</b> FY 17-18	<b>CPS Respondents</b> Fall 2017 & Spring 2018
Youth/Youth Fam	35.9%	44.6%
Adult	54.4%	44.3%
Older Adult	9.1%	11.1%

Survey participation varied only slightly by age group between survey administrations. In the Fall, a slightly larger percentage of respondents were older adults (14%) than in the Spring (8%). Otherwise, the groups were within 3% from Fall to Spring.



**RESULTS**

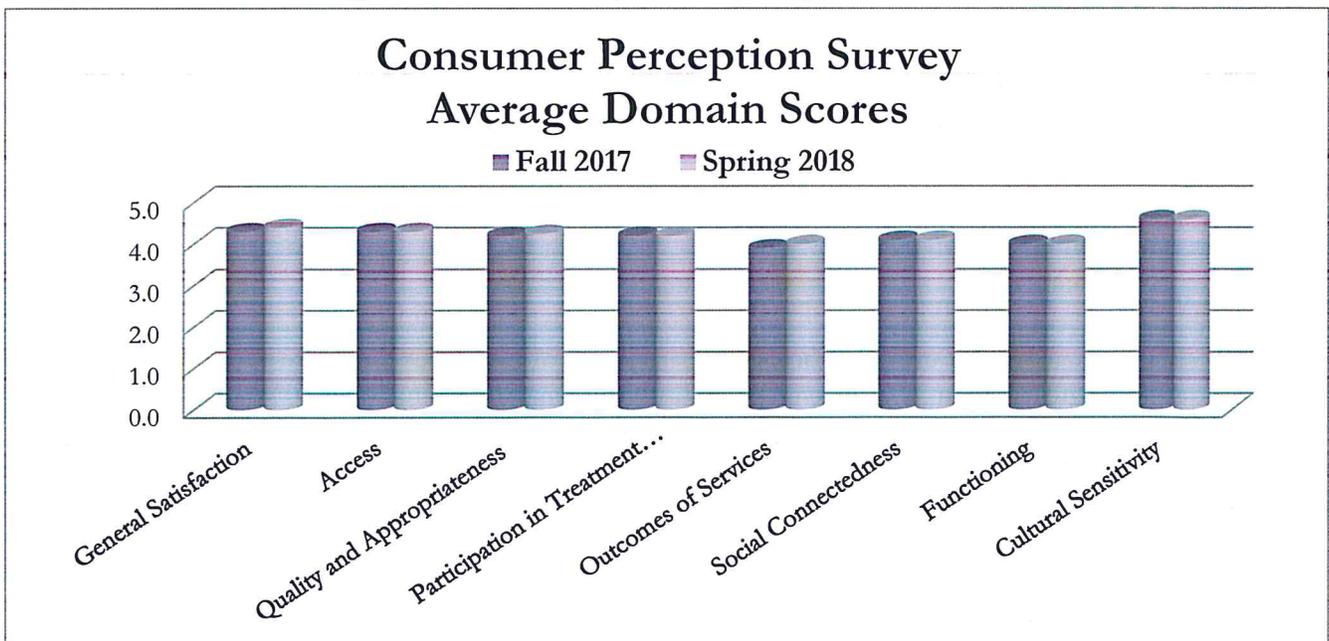
The scores reported here are the averages (mean) of all respondents' replies within each domain. For example, a score of 4.5 indicates that the average response to that domain was squarely between agree (4) and strongly agree (5). CIBHS eBHS categorizes scores as follows:

0-1	Low		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1-3.5	Medium	N/A					
3.5-5	High	0	1	2	3	4	5

As indicated in the table below, the average scores across all eight domains were relatively high (positive) across both survey administrations. The average of all domain scores was 4.2 in both the Fall and Spring. Scores across all domains were the same or slightly higher in the Spring than in the Fall with an average percent change of 0.7%. These minimal changes show that scores remained relatively stable across both survey administrations. The Perception of Cultural Sensitivity domain was consistently the highest rated domain across both administrations.

Average Domain Scores	Fall 2017	Spring 2018	Percent Change Fall to Spring
General Satisfaction	4.3	4.4	2.3%
Perception of Access	4.3	4.3	0.0%
Perception of Quality and Appropriateness	4.2	4.3	1.2%
Perception of Participation in Treatment Planning	4.2	4.2	0.0%
Perception of Outcomes of Services	3.9	4.0	2.5%
Perception of Social Connectedness	4.1	4.1	0.0%
Perception of Functioning	4.0	4.0	0.0%
Perception of Cultural Sensitivity	4.6	4.6	0.0%
<i>AVG</i>	<i>4.2</i>	<i>4.2</i>	<i>0.7%</i>

The CIBHS eBHS allows for comparison of our County data to (average) California data.



### California Comparison: Average Domain Scores

In the Fall of 2017, the average domain scores for Santa Barbara County clients and clients across California were very similar. For all but three domains (General Satisfaction, Quality and Appropriateness, and Participation in Treatment), Santa Barbara County average scores were equal to or slightly higher than average scores across California. In cases where the domain scores were lower, the percent difference was less than 3%. On average, Santa Barbara County scores for the Fall of 2017 were within 1% of California scores.

<i>Average Domain Scores, Fall 2017</i>	<b>Santa Barbara County</b>	<b>CA</b>	<i>Percent Difference<sup>6</sup> SB:CA</i>
General Satisfaction	4.3	4.4	-1.7%
Perception of Access	4.3	4.3	0.0%
Perception of Quality and Appropriateness	4.2	4.3	-2.4%
Perception of Participation in Treatment Planning	4.2	4.3	-2.4%
Perception of Outcomes of Services	3.9	3.9	0.0%
Perception of Social Connectedness	4.1	4.1	1.2%
Perception of Functioning	4.0	3.9	1.9%
Perception of Cultural Sensitivity	4.6	4.5	2.2%
<i>AVG</i>	<i>4.2</i>	<i>4.2</i>	<i>-0.15%</i>

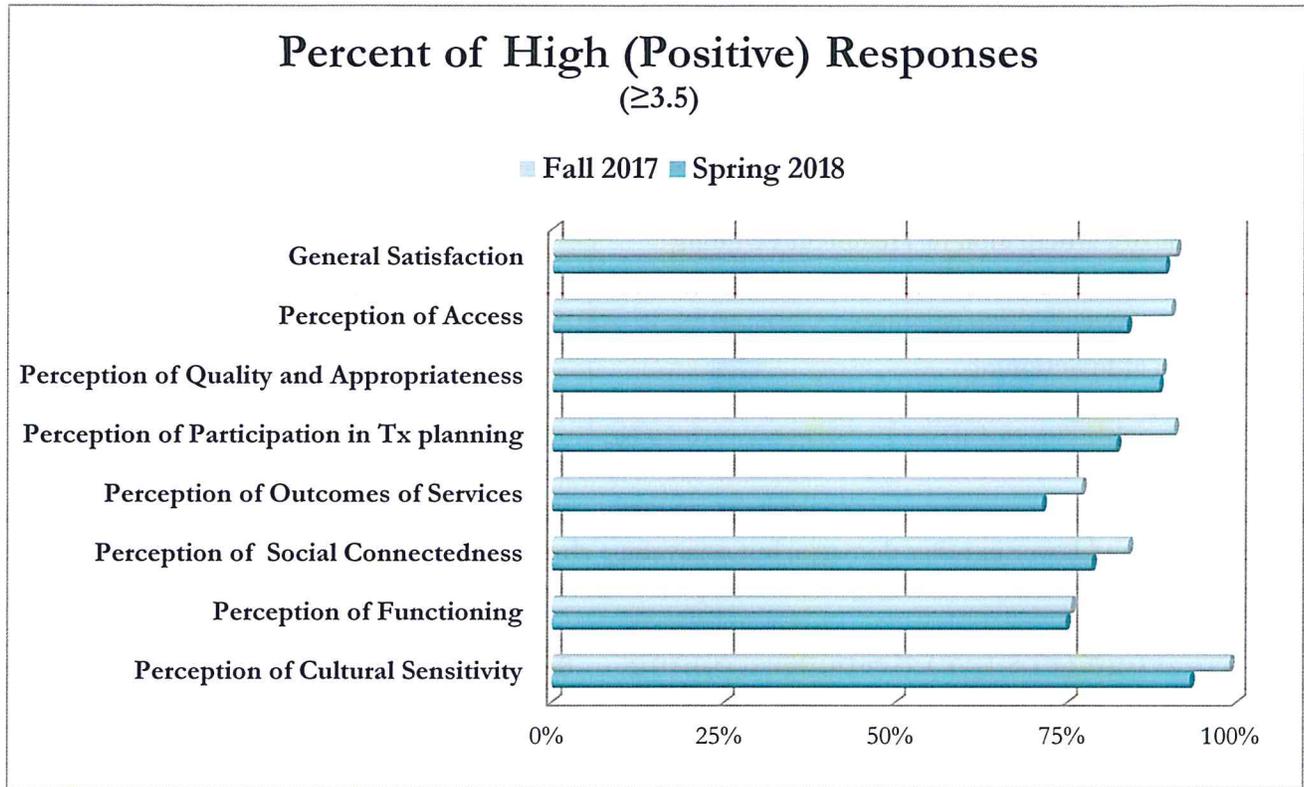
In the Spring of 2018, the average domain scores for Santa Barbara County clients and clients across California were very similar. For all but one domain (Participation in Treatment), Santa Barbara County average scores were equal to or higher than average scores across California. For half of the domains, scores were exactly the same for both groups. On average, Santa Barbara County scores for the Spring of 2017 were within 1% of California scores.

<i>Average Domain Scores, Spring 2018</i>	<b>Santa Barbara County</b>	<b>CA</b>	<i>Percent Difference SB:CA</i>
General Satisfaction	4.4	4.4	0.0%
Perception of Access	4.3	4.3	0.0%
Perception of Quality and Appropriateness	4.3	4.3	0.0%
Perception of Participation in Treatment Planning	4.2	4.3	-2.4%
Perception of Outcomes of Services	4.0	3.9	2.5%
Perception of Social Connectedness	4.1	4.1	0.0%
Perception of Functioning	4.0	3.9	2.5%
Perception of Cultural Sensitivity	4.6	4.5	2.2%
<i>AVG</i>	<i>4.2</i>	<i>4.2</i>	<i>0.60%</i>

The CIBHS eBHS also allows for examination of the percentage of responses that were high (positive) by their definition, equal to or greater than 3.5. On average, in both the Fall and Spring, over 70% of clients report positively ( $\geq 3.5$ ) across all eight domains. There was a decrease (-4.4%) in the percentage of positive responses between the Fall and Spring; the largest changes were in Perceptions of: Participation in Treatment Planning (-9.0%), Access (-7.0%) and Access (-5.8%).

<sup>6</sup> Difference: SB = x% higher or lower than CA

While there were no positive changes in responses from Fall to Spring, Perceptions of Cultural Sensitivity and General Satisfaction maintained positive rates of 90% or higher.



Percent of High (Positive) Responses	Fall 2017 (%)	Spring 2018 (%)	Percent Change Fall to Spring
General Satisfaction	91.3	89.5	-1.8%
Perception of Access	90.5	83.5	-7.0%
Perception of Quality and Appropriateness	89.0	88.5	-0.5%
Perception of Participation in Treatment Planning	91.0	82.0	-9.0%
Perception of Outcomes of Services	77.0	71.3	-5.8%
Perception of Social Connectedness	83.8	78.5	-5.3%
Perception of Functioning	75.5	74.8	-0.8%
Perception of Cultural Sensitivity	99.0	93.5	-5.5%
<b>AVG</b>	<b>87.1</b>	<b>82.7</b>	<b>-4.4%</b>

## Client Perception Survey

**California Comparison: % Domain Scores  $\geq 3.5$** 

In the Fall of 2017, the percentage of Santa Barbara clients with high scores was greater (4.3% on average) than average California client scores, particularly in Perception of Outcomes of Services (7.5% greater), Participation in Treatment Planning (6% greater), as well as Social Connectedness and Functioning (both 5.5% greater).

<b>Percent, High (Positive) Responses, Fall 2017</b>	<b>Santa Barbara County (%)</b>	<b>CA (%)</b>	<b>Percent Difference SB:CA</b>
General Satisfaction	91.3	89.2	2.1%
Perception of Access	90.5	86.3	4.2%
Perception of Quality and Appropriateness	89.0	89.8	-0.8%
Perception of Participation in Treatment Planning	91.0	84.9	6.1%
Perception of Outcomes of Services	77.0	69.5	7.5%
Perception of Social Connectedness	83.8	78.3	5.5%
Perception of Functioning	75.5	70.0	5.5%
Perception of Cultural Sensitivity	99.0	94.7	4.3%
<b>AVG</b>	<b>87.1</b>	<b>82.8</b>	<b>4.3%</b>

In the Spring of 2018, the percentage of Santa Barbara clients with high scores was about the same as California clients – higher in some and lower in other domains, but on average about the same. The biggest difference in the Spring was that Santa Barbara clients reported 5% greater Perception of Functioning.

<b>Percent, High (Positive) Responses, Spring 2018</b>	<b>Santa Barbara County (%)</b>	<b>CA (%)</b>	<b>Percent Difference SB:CA</b>
General Satisfaction	89.5	89.6	-0.1%
Perception of Access	83.5	86.6	-3.1%
Perception of Quality and Appropriateness	88.5	89.8	-1.3%
Perception of Participation in Treatment Planning	82.0	85.1	-3.1%
Perception of Outcomes of Services	71.3	69.7	1.5%
Perception of Social Connectedness	78.5	78.6	-0.1%
Perception of Functioning	74.8	70.2	4.6%
Perception of Cultural Sensitivity	93.5	94.9	-1.4%
<b>AVG</b>	<b>82.7</b>	<b>83.1</b>	<b>-0.4%</b>

**QUALITY OF LIFE SCALES**

As previously mentioned, there are longer, optional surveys for adults and older adults (not youth or their families) which include Lehman's Quality of Life (QOL) questions. Santa Barbara County administered the surveys with the QOL questions in the Fall of 2017, but not in the Spring of 2018. These analyses therefore include only Fall 2017 data.

The QOL questions are organized (scaled with alphas) into six (6) domains, including:

1. General Satisfaction
2. Daily Activities & Functioning
3. Family
4. Living Situation
5. Legal and Safety
6. Health

The QOL response categories differ from the other CPS questions and are as follows:

Terrible	Unhappy	Mostly Unsatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1	2	3	4	5	6	7

Adults and Older Adults in our system of care, on average, reported being somewhere between (4) mixed and (5) mostly satisfied in the Fall of 2017. The lowest scores were in the Family (3.0) and Health (4.2) domains, suggesting many adults and older adults are mostly unsatisfied with their family lives and have mixed feelings regarding their current state of physical health. Notably, adults and older adults were between (6) pleased and (7) delighted with their current living situation, which represents a positive change from previous surveys.

Quality of Life	Fall 2017 (N=387)
General Life Satisfaction	5.5
Daily Activities & Fx	4.5
Family	3.0
Living Situation	6.5
Legal & Safety	5.5
Health	4.2
<b>AVG</b>	<b>4.9</b>

## COMMENTS

Comments were solicited from respondents on all survey instruments. Comments written in Spanish were translated to English. Content analysis was conducted and comments were scored as positive, neutral, negative, or as general recommendations. Results were further categorized by thematic content. Adult and Older Adult surveys included the following questions:

*Please provide comments here and/or on the back of this form, if needed. We are interested in both positive and negative feedback.*

Youth and Youth-Family surveys included the following questions:

*What has been the most helpful thing about the services you received over the last six months?*

*What would improve the services here?*

*Please provide comments here and/or on the back of this form, if needed. We are interested in both positive and negative feedback.*

## Adults & Older Adults

Includes all Adult and Older Adult comments: there were a total of 172 comments out of 705 respondents (24% commented; 76% were blank/missing/no comment). Of those that commented, 56% were positive, 22% were neutral, 19% were negative and 3% commented with specific recommendations for improvement.

Positive comments consisted of individuals communicating genuine gratitude for services, praising specific staff members/programs, and highlighting their own success/improvements in treatment outcomes. A number of illustrative quotes are included below to convey these themes:

*"I went from insanity to normalcy after CARES I came here and ADMHS had a huge part to play in my recovery."  
 "This is my second time coming to the group with Rosalinda and I am the happiest. She gives the talks very well and I like them. Thank you to everyone they make a good team. Blessings to all."  
 "I am very pleased with the services provided here for me, and I hope I am able to continue receiving them, until I feel I no longer am in need them. Thank You!"  
 "My life is greatly improving over this last year of coming here. Rae the P.A. was the most help with my medication, Wendy is awesome."*

Neutral comments were neither positive nor negative. Neutral comments also included responses that were not relevant to the question asked (i.e., nonsensical).

Negative comments were less common, and most often expression of a concern/complaint, such as:

*"Underfunded, understaffed, poor communication, no regular psychiatrist This form is full of loaded subjective questions that I felt uncomfortable answering"  
 "You need to be more patient with me, more understanding and more personable."  
 "The only problem I have with this clinic is its turnover rate. Every time I bond with a clinician they either get reassigned or leave."*

## Youth & Youth-Family

Includes all Youth and Youth-Family comments. There were 887 comments total across both time periods and 68% of comments were positive.

*What has been the most helpful thing about the services you received over the last six months?*

*What would improve the services here?*

*Please provide comments here and/or on the back of this form, if needed. We are interested in both positive and negative feedback.*

Major themes of the comments included:

1. Positive review of outcomes:
  - "She is more patient and has learned to wait her turn and to respect others."*
  - "That my son feels capable for himself and that he has felt better in such a short time."*

*"My son is learning to control his character and he knows how to control himself and think before he acts."*

2. Appreciation for staff support and demeanor:

*"This mental health services clinic is the best and it's Full of helpful people."*

*"I like that the staff are always a phone call away. They been available at all times with a response and are able to meet us at our home and give us rides to the center."*

*"Tonya would be so understanding and speak to me like a parent not over my head like some professionals do. She is real and I like that."*

*"The psychiatrist is attentive to my child's feelings and makes her feel like her opinions are valuable. She spends the time to explain things to us."*

3. Tangible skills, strategies, and resources:

*"Coping strategies for my son."*

*"The safety line in crisis."*

*"The most helpful thing would be a breathing technique to help me with my anxiety/panic attacks."*

Less than a fifth (18%) of the comments were neutral, meaning they were either uninterpretable and neither positive nor negative.

There were a few (3%) negative comments, which focused on programmatic challenges or reports of poor progress:

*"The abrupt termination of service"*

*"The time at which Medi-cal is processed. There was a lot of paperwork that had to be processed that set me back."*

*"It would be most helpful if we did not have a new doctor every year."*

The remaining comments (10%) were coded as recommendations or suggestions for improvement of services. Examples include:

*"To have a bigger waiting room, with more toys for children for them to play when they're waiting."*

*"Appointments in the afternoon in Carpinteria after 3pm."*

*"More help in the schools so that they can better help children and learn that they have a problem and that they are not the same as other children."*

## SUMMARY AND DISCUSSION

The response rate doubled compared to the previous FY (37%) – it was 87.3% in the Fall and to 73.5% in the Spring. The number of surveys returned increased by 150% from the previous fiscal year, showing a dramatic increase in the number of clients participating in the CPS. Respondents were nearly equally split between adults (44.3%) and youth and their parents/guardians (44.6%); approximately 11% of respondents were older adults. Compared to the clients served, the CPS sample overrepresented youth and older adults, while adults were underrepresented. In the Fall and Spring, the samples of survey respondents were generally similar in terms of gender, race, ethnicity, and length of service. Roughly half of all respondents had been receiving services for a year or more.

The CPS is organized into eight (8) conceptual domains, including: General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, Perception of Participation in Treatment Planning, Perception of Outcomes of Services, Perception of Social Connectedness, Perception of Functioning, and Perception of Cultural Sensitivity. In both the Fall and Spring, Santa Barbara County Behavioral Wellness clients scored highly (positively) on all eight domains with a stable average score of 4.2 on a five-point scale for both survey periods. When examined by average domain score, results were stable between the two survey administrations. However, there was a 4.4% decrease in the number of high (positive) responses on average from the Fall to the Spring. Perceptions of Outcomes of Services and Functioning were the two domains that consistently received the lowest scores. Perception of Cultural Sensitivity consistently received the highest scores. For the majority of domains across administration periods, Behavioral Wellness client responses were comparable, on average, to those of clients across California. Santa Barbara County scores were only consistently lower than California averages for the Perception of Participation in Treatment. Finally, client comments were transcribed, coded and analyzed. The vast majority of client comments were favorable and provided an important vehicle for client feedback.

**Looking forward:** Behavioral Wellness will work to maintain the dramatic improvement in survey participation/ response rate and will continue to work with staff and partners to increase the number of usable surveys. These results - this client feedback - will be shared broadly throughout our system of care.

**APPENDIX****Mental Health Statistics Improvement Program - Domains and Scoring Instructions**

<b>Domain</b>	<b>Survey Items</b>	<b>Scoring</b>
<b>General Satisfaction</b>	1. I like the services that I received here. 2. If I had other choices, I would still get services from this agency. 3. I would recommend this agency to a friend or family member.	mean
<b>Perception of Access</b>	4. The location of services was convenient. 5. Staff were willing to see me as often as I felt it was necessary. 6. Staff returned my calls within 24 hours. 7. Services were available at times that were good for me. 8. I was able to get all the services I thought I needed. 9. I was able to see a psychiatrist when I wanted to.	mean
<b>Perception of Quality and Appropriateness</b>	10. Staff here believe that I can grow, change and recover. 12. I felt free to complain. 13. I was given information about my rights. 14. Staff encouraged me to take responsibility for how I live my life. 15. Staff told what side effects to watch for. 16. Staff respected my wishes about who is, and is not to be given information about my treatment. 18. Staff were sensitive to my cultural/ethnic background. 19. Staff helped me obtain the information needed so that I could take charge of managing my illness. 20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	mean
<b>Perception of Participation in Treatment Planning</b>	11. I felt comfortable asking questions about my treatment and medication. 17. I, not staff, decided my treatment goals.	mean
<b>Perception of Outcomes of Services</b>	21. I deal more effectively with daily problems. 22. I am better able to control my life. 23. I am better able to deal with crisis. 24. I am getting along better with my family. 25. I do better in social situations. 26. I do better in school and/or work. 27. My housing situation has improved. 28. My symptoms are not bothering me as much.  <i>Note: The MHSIP Outcomes domain relies on 1 item (#28) that is also used in calculating the MHSIP "Functioning Domain".</i>	mean
<b>Perception of Functioning*</b>	29. I do things that are more meaningful to me. 30. I am better able to take care of my needs. 31. I am better able to handle things when they go wrong. 32. I am better able to do things that I want to do. 28. My symptoms are not bothering me as much. ( <i>existing MHSIP Survey item</i> )  <i>Note: The MHSIP Functioning domain relies on 1 item (#28) that is also used in calculating the MHSIP "Outcomes Domain".</i>	mean
<b>Perception of Social Connectedness</b>	33. I am happy with the friendships I have. 34. I have people with whom I can do enjoyable things. 35. I feel I belong in my community. 36. In a crisis, I would have the support I need from family or friends.	mean

**Y/ Y-F Domains and Scoring Instructions**

<b>Domain</b>	<b>Survey Items</b>	<b>Scoring</b>
<b>General Satisfaction</b>	1. Overall, I am satisfied with the services my child received 4. The people helping my child stuck with us no matter what. 5. I felt my child had someone to talk to when he/she was troubled. 7. The services my child and/or family received were right for us. 10. My family got the help we wanted for my child. 11. My family got as much help as we needed for my child.	mean
<b>Perception of Access</b>	8. The location of services was convenient for us. 9. Services were available at times that were convenient for us.	mean
<b>Perception of Cultural Sensitivity</b>	12. Staff treated me with respect. 13. Staff respected my family's religious/spiritual beliefs. 14. Staff spoke with me in a way that I understood. 15. Staff were sensitive to my cultural/ethnic background.	mean
<b>Perception of Participation in Treatment Planning</b>	2. I helped to choose my child's services. 3. I helped to choose my child's treatment goals. 6. I participated in my child's treatment.	mean
<b>Perception of Outcomes of Services</b>	16. My child is better at handling daily life. 17. My child gets along better with family members. 18. My child gets along better with friends and other people. 19. My child is doing better in school and/or work. 20. My child is better able to cope when things go wrong. 21. I am satisfied with our family life right now.  <i>Note: The YSS-F Outcomes domain relies on 4 items (#16, 17, 18, 20) that are also used in calculating the YSS-F "Functioning Domain".</i>	mean
<b>Perception of Functioning*</b>	22. My child is better able to do things he or she wants to do. 16. My child is better at handling daily life. (existing YSS-F Survey item) 17. My child gets along better with family members. (existing YSS-F Survey item) 18. My child gets along better with friends and other people. (existing YSS-F Survey item) 20. My child is better able to cope when things go wrong. (existing YSS-F Survey item)	mean
<b>Perception of Social Connectedness</b>	23. I know people who will listen and understand me when I need to talk. 24. I have people that I am comfortable talking with about my child's problems. 25. In a crisis, I would have the support I need from family or friends. 26. I have people with whom I can do enjoyable things.	mean

**Scoring:**

Step 1. Recode ratings of "not applicable" as missing values.

Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.

Step 3. Calculate the mean of the items for each respondent.

Note: SAMHSA's Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).

**Numerator:** Total number of respondents with an average scale score > 3.5.

**Denominator:** Total number of valid respondents.