# Santa Barbara County Department of Behavioral Wellness Consumer Perception Survey Report

## Fall 2018 & Spring 2019

Holly Goldberg, Ph.D.
Shereen Khatapoush, Ph.D.

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 2018 and May 2019 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

November 2018 and May 2019[1]. 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 the Department of Health Care Services (DHCS). Santa Barbara County utilizes the eBHS to analyze the data.

**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[2] 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[3]
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[4]

Results are reported here by survey administration and domain; Fall and Spring data are compared, and data from Santa Barbara County are compared to the County's previous fiscal year results.

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.

[1] Dates specified by the Department of Health Care Services
[2] See appendix for specific domain items and scoring
[3] Scores for this domain are only collected from adult and older adult surveys
[4] Scores for this domain are only collected from youth and youth-family surveys

**Demographics**

Of the 1,617 surveys distributed in the Fall of 2018, 816 were returned and 665 were usable (81%). Of the 1,326 surveys distributed in the Spring of 2019, 695 were returned and 591 were usable (85%).

| | Fall 2018 (N=665) | Spring 2019 (N=591) |
|---|---|---|
| **Female** | 49% | 47% |
| **Male** | 43% | 44% |
| **Other** | 1% | 1% |
| **Missing** | 8% | 8% |
| **Mexican/Hispanic/Latino** | 50% | 48% |
| **White** | 49% | 47% |
| **Services 1yr+** | 43% | 45% |
| **County Operated** | 43% | 37% |
| **County Contracted CBO** | 57% | 63% |

There were nearly equal proportions of male and female respondents in the Fall of 2018 and Spring of 2019. With regard to race/ethnicity, respondents were first asked if they were of Mexican/Hispanic/ Latino descent, then asked to select their race. About half of respondents during each administration period were Mexican/Latino/ Hispanic; about half were White.

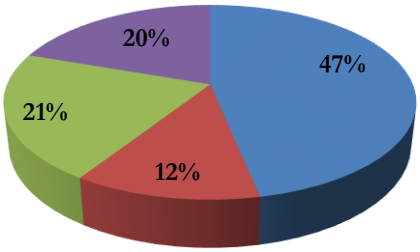
Nearly equal proportions of respondents had been receiving services for less than and more than one year. In both the Fall and the Spring, more respondents were receiving services from County operated clinics and programs, compared to contracted community-based organizations (CBOs).

The response rates are calculated by dividing the number of surveys completed by the average number of clients served during survey administration; they were 88.9% and 76.3% for the Fall and Spring, respectively. The average response rate for FY 18/19 was 82.5%, which is a slight increase from last fiscal year (80%). Compared to the percentage of clients in our care, the CPS sample overrepresented adults, underrepresented youth/youth families, and fairly proportionally represented older adults.

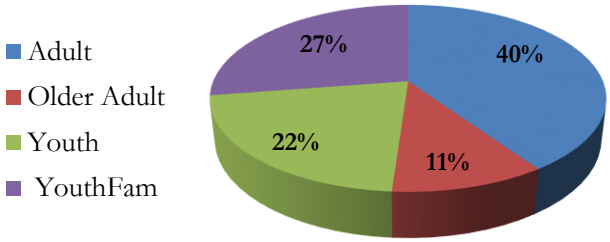
| | Unique Clients Served FY 18-19 | CPS Respondents Fall 2018 & Spring 2019 |
|---|---|---|
| **Youth/Youth Fam** | 37.8% | 21% |
| **Adult** | 52.4% | 67% |
| **Older Adult** | 9.7% | 12% |

Survey participation varied by age group between survey administrations. In the Fall, a slightly larger percentage of respondents were adults (47%) than in the Spring (40%) and there were less youth families in the Fall (20%) than in the Spring (27%). Otherwise, the participation by age group were similar from Fall to Spring.

**Fall 2018 ~ Participants by Age Group**




**Spring 2019 ~ Participants by Age Group**



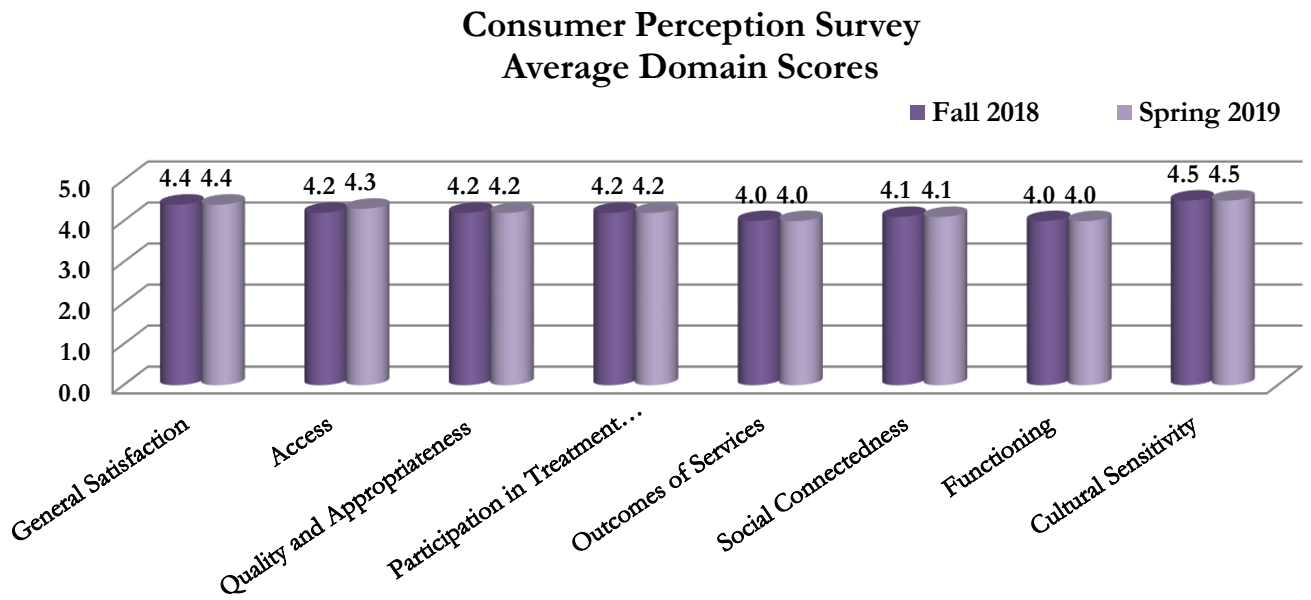
## RESULTS

The scores reported here are the average (mean) of all respondents' replies within each domain. CIBHS eBHS categorizes scores as follows:

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

For example, a score of 4.5 indicates that the average response to that domain was squarely between agree (4) and strongly agree (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. Domain scores were similar or the same Fall and Spring, with only one slight variance in one domain. The Perception of Cultural Sensitivity was the highest rated domain in both the Fall and Spring.

| Average Domain Scores | Fall 2017 | Spring 2018 | *Percent Change Fall to Spring* |
|---|---|---|---|
| **General Satisfaction** | 4.4 | 4.4 | *0.0%* |
| **Perception of Access** | 4.2 | 4.3 | *1.8%* |
| **Perception of Quality and Appropriateness** | 4.2 | 4.2 | *0.0%* |
| **Perception of Participation in Treatment Planning** | 4.2 | 4.2 | *0.0%* |
| **Perception of Outcomes of Services** | 4.0 | 4.0 | *0.0%* |
| **Perception of Social Connectedness** | 4.1 | 4.1 | *0.0%* |
| **Perception of Functioning** | 4.0 | 4.0 | *0.0%* |
| **Perception of Cultural Sensitivity** | 4.5 | 4.5 | *0.0%* |
| ***AVG*** | *4.2* | *4.2* | *0.2%* |



## Comparison: Average Domain Scores

The overall, average domain score for Santa Barbara County clients was the same in Fall 2017 and Fall 2018 (4.2). Differences in domain scores between the Fall 2017 and Fall 2018 were non-substantial (less than 3%).

| Average Domain Scores, Fall | Fall 2017 | Fall 2018 | *Percent Difference Fall 2017: 2018* |
|---|---|---|---|
| **General Satisfaction** | 4.3 | 4.4 | *2.3%* |
| **Perception of Access** | 4.3 | 4.2 | *-2.4%* |
| **Perception of Quality and Appropriateness** | 4.2 | 4.2 | *0.0%* |
| **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 | 4.5 | *-2.2%* |
| ***AVG*** | ***4.2*** | ***4.2*** | ***0.02%*** |

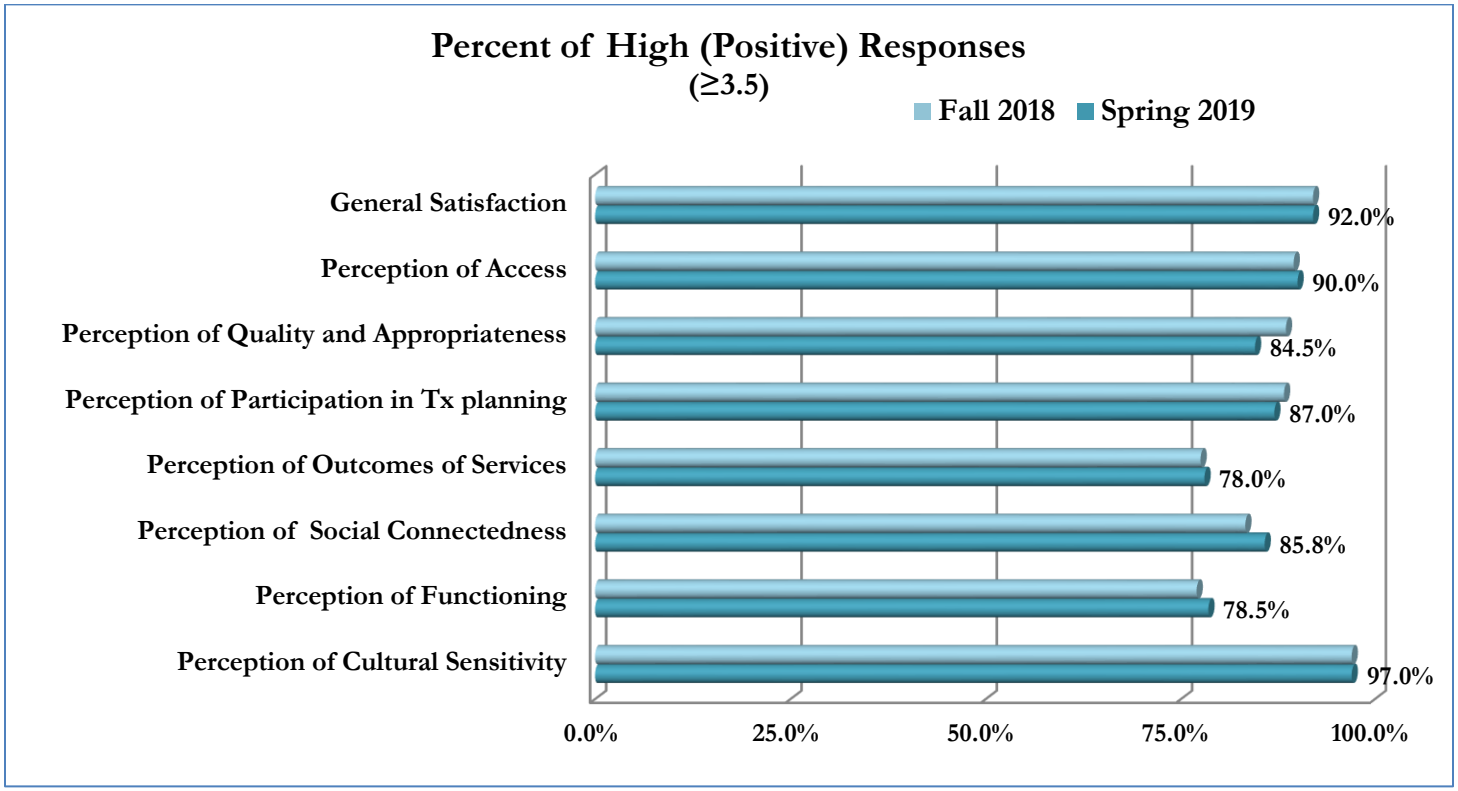
The overall, average domain score for Santa Barbara County clients was the same in Spring 2018 as in Spring 2019 (4.2). There was only one minor, non-substantial difference, in the Perception of Cultural Sensitivity.

| Average Domain Scores, Spring | Spring 2018 | Spring 2019 | *Percent Difference Spring 2018: 2019* |
|---|---|---|---|
| **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 | 4.2 | *0.0%* |
| **Perception of Outcomes of Services** | 4.0 | 4.0 | *0.0%* |
| **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 | 4.5 | *-2.2%* |
| ***AVG*** | ***4.2*** | ***4.2*** | ***-0.28%*** |

The average domain scores for Santa Barbara County clients were basically the same in FY 17/18 and FY 18/19.

| Average Domain Scores, FY Comparison | FY 17-18 | FY 18-19 | *Percent Difference* |
|---|---|---|---|
| **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 | 4.2 | *0.0%* |
| **Perception of Outcomes of Services** | 4.0 | 4.0 | *0.0%* |
| **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 | 4.5 | *-2.2%* |
| ***AVG*** | ***4.2*** | ***4.2*** | ***-0.28%*** |

The eBHS also allows for examination of the percentage of responses that were high (positive), which by their definition is equal to or greater than 3.5. On average, in both the Fall and Spring, over 87% of clients reported positively (≥3.5) across all eight domains. There were no meaningful differences in the percentage of positive responses between the Fall and Spring. Six of the eight domains had a positive rate of 83% or higher and three had a positive rating of 90% or higher.



As can be seen below, there were no meaningful differences in the average percent of high (positive) responses between Fall 2018 and Spring 2019.

| Percent of High (Positive) Responses | Fall 2018 | Spring 2019 | *Percent Change Fall to Spring* |
|---|---|---|---|
| **General Satisfaction** | 92.0% | 92.0% | 0.0% |
| **Perception of Access** | 89.5% | 90.0% | 0.5% |
| **Perception of Quality and Appropriateness** | 88.5% | 84.5% | -4.0% |
| **Perception of Participation in Treatment Planning** | 88.3% | 87.0% | -1.2% |
| **Perception of Outcomes of Services** | 77.5% | 78.0% | 0.5% |
| **Perception of Social Connectedness** | 83.3% | 85.8% | 2.5% |
| **Perception of Functioning** | 77.0% | 78.5% | 1.5% |
| **Perception of Cultural Sensitivity** | 97.0% | 97.0% | 0.0% |
| ***AVG*** | ***86.6%*** | ***86.6%*** | ***0%*** |

The average percentage of clients with high scores was about the same (1.7% difference) in FY 18/19 compared to FY 17/18. The biggest difference, though still slight, in FY 18/19 was that clients reported higher scores in in the Perception of Outcomes of Services domain and Perception of Social Connectedness domain (an increase of 3.6% and 3.4% respectively). There were higher scores in all domains this fiscal year but one (Perception of Quality and Appropriateness domain (-2.3%)).

| Percent, High (Positive) Responses, FY | FY 17-18 | FY 18-19 | *Percent Difference* |
|---|---|---|---|
| **General Satisfaction** | 90.4% | 92.0% | *1.6%* |
| **Perception of Access** | 87.0% | 89.8% | *2.8%* |
| **Perception of Quality and Appropriateness** | 88.8% | 86.5% | *-2.3%* |
| **Perception of Participation in Treatment Planning** | 86.5% | 87.7% | *1.2%* |
| **Perception of Outcomes of Services** | 74.2% | 77.8% | *3.6%* |
| **Perception of Social Connectedness** | 81.2% | 84.6% | *3.4%* |
| **Perception of Functioning** | 75.2% | 77.8% | *2.6%* |
| **Perception of Cultural Sensitivity** | 96.3% | 97.0% | *0.7%* |
| ***AVG*** | ***84.9%*** | ***86.6%*** | ***1.7%*** |

## Quality of Life Scales

There are two versions of the adult and older adult surveys. One includes the Lehman's Quality of Life (QOL) questions and one does not. In Fall 2018 and Spring 2019 Santa Barbara County administered the surveys that did not include QOL questions.

## Comments

Comments were solicited from respondents on all survey instruments. Comments were transcribed exactly as written (no edits were made). Comments written in Spanish were translated to English. Content analysis was conducted and comments were scored as positive, neutral, negative, and/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

There were a total of 238 comments from 843 respondents (28% commented; 72% were blank/missing/no comment). Of those that commented, 61% were positive, 27% were neutral, 13% were negative, and 2% commented with specific recommendations for improvement. In some instances, recommendations were also coded as either positive, neutral, or negative because the respondent made multiple statements that reflected both a recommendation and a (positive, neutral, or negative) comment.

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

*"Thank you for all of the help I've been given. Since I was very young, I have used these services. And because of these services, I am alive."*
*"I like this place a lot and have high hopes for my future here."*
*"You all are doing a wonderful job! Keep up the great work and be proud of what a difference you make for us all!"*
*"The staff are the best because they are understanding, I do not feel judged. They respect my beliefs and are always willing to help.*
*"The RISE center makes me feel safe and comfortable."*
*"I love the services I receive at PathPoint and I like my case worker very much."*
*"Everybody did everything in their power to help me I really like it here!"*
*"I really like the supportiveness and positive attitude of the workers or clients. People are kind and take a genuine interest in the clients. Thanks for supporting me."*

Neutral comments were neither positive nor negative. For example, some neutral comments indicated not having enough time in the program to comment, while other neutral comments 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:

*"I don't know why I have to fill this out just cutting down trees to make all these papers out that is just a waste of time and trees."*
*"The bus makes it hard to get here for me."*
*"I had difficulty verbalizing needs in a timely manner; receptionist would promise to let therapist, case manager or physician's assistant know of my call (usually important) -- I would not get an answer back. That was very disconcerting + harmful to me."*
*"The only complaint/concern I have is that I wish my "psychiatrists" wouldn't "come + go" as often as they do - it disrupts my progress + is hard to get used to new Dr's. over + over again."*
*"I don't care for the turnover in Drs they always want to change medication."*

## Youth & Youth-Family

There were a total of 490 comments from 668 respondents (73% commented; 27% were blank/missing/no comment). Of those that commented, 77% were positive, 20% were neutral, 1% were negative, and 9% commented with specific recommendations for improvement.

***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 positive comments included:

1. Positive review of program and outcomes:
   *"They have kept me going even when I wanted to give up."*
   *"Everything offered is useful to the whole family."*
   *"My son has been able to improve his behavior. He is happier and feels more sure of himself."*
   *"I am very happy; you've helped us morally and mentally – so that my child no longer behaves like before."*
   *"The service really helped me with coping with my feelings and dealing with anxiety."*

2. Appreciation for staff:
   *"I really [like] coming here. I feel like the staff helped me out a lot. Thank you, friend! ♥"*
   *"She (counselor) is great! One of the only people willing to volunteer her own personal experience. The only person in our foster experience to NOT fill out a form or something on a laptop; she actively listens and has helpful ideas. Truly, I was LOST & she helped gain footing."*
   *"The staff are all friendly and helpful. They are all understanding when I need to reschedule or miss an appointment."*

3. Appreciation for new skills, strategies, and resources:
   *"I've learned how to deal with my problems better."*
   *"The services have helped me control my breathing & I have felt much better."*
   *"To keep my anger in control when my body tells me to do something that's gonna get me in trouble."*
   *"The help we have received has helped me a lot to understand my son better, as a mother, and thus help him when he's having a difficult time. He has improved significantly."*
   *"Everything, the behavioral modifications to help himself regulate, express his emotions, to be able to identify when he was about to have a meltdown, have been strategies that have help made him into who he is."*
   *"I get help w/ getting a job."*

4. Appreciation for having someone to talk to:
   *"The most helpful was wen [when] I would have someone to talk to to let it all out."*
   *"Being able to talk about anything + everything."*
   *"Just talking about my child and what to work with him for him to do better."*
   *"Well, that we feel that someone is listening or understanding us when we tell them about or talk about our problems."*
   *"Talking to somebody. Letting my thoughts out."*

A fifth (20%) of the comments were neutral, meaning they were neither positive nor negative. Respondents often wrote "I don't know", "No comment", "NA" or indicated that they'd not had enough time in the program to comment.

There were very few (1.2%) negative comments.

> *"Sansum Pediatrics doesn't prescribe mental/behavioral health meds they refer to psyciatrist. Due to the lack of psychiatrist makes it more challenging to get care within a timely manner. Even then have to sit thru a screening process after being referred by pediatrician."*
> *"Nothing helped"*
> *"Stop forcing services on people when they don't want them."*

Nine percent of comments were coded as recommendations or suggestions for improvement. In some instances, these were double coded because they reflected both a recommendation and a positive, neutral, or negative comment. Examples include:

> *"More job services."*
> *"I would like it if the empty area/space in the office to be made into a recreational room where the youth can hang out with each other and talk in a safe space."*
> *"If we could do therapeutic art."*
> *"More information in the schools about the help these programs offer."*
> *"Have more Spanish-speaking therapists and more hours available."*
> *"Support for mothers especially and for first time mothers and Latinas."*

## SUMMARY AND DISCUSSION

The response rate (82.5%) was high and about the same as the previous fiscal year (80%). The majority of respondents were adults (67%). About a fifth of respondents (21%) were youth and their parents/guardians and approximately 12% of respondents were older adults. Compared to clients served, the CPS sample overrepresented adults, underrepresented youth/youth families, and fairly proportionally represented older adults. In the Fall and Spring, the samples of survey respondents were generally similar in terms of gender, race, ethnicity, and length of service. About half (45%) of all respondents had been receiving services for a year or more, while the other half were newly receiving services (within a year), thus, a balanced sample of relatively new and longer-term clients.

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 an average score of 4.2 on a five-point scale. When examined by average domain score, results were stable between the Fall and Spring. There was no change in the percent of high (positive) responses, on average, from the Fall to the Spring. Perception of Cultural Sensitivity consistently received the highest scores. 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 client survey participation (high response rate) and will continue to work with staff and partners to increase the number of usable surveys. These results will be shared broadly throughout our system of care.

# APPENDIX

## Mental Health Statistics Improvement Program - Domains and Scoring Instructions

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

## Y/ Y-F Domains and Scoring Instructions

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