

How Regional Behavioral Health Authorities compare on customer satisfaction

In 2007, the Arizona Department of Health Services/Division of Behavioral Health asked people receiving behavioral health services about how satisfied they were with the services they were receiving.

CHILDREN Questions	Cenpatico -2	Cenpatico -4	CPSA-3	CPSA-5	NARBHA	Value- Options
General Satisfaction Overall satisfaction with services.	Higher	Average	Lower	Higher	Lower	Higher
Service Access Services are convenient and available	Higher	Higher	Lower	Lower	Lower	Lower
Participation in Treatment Planning Individuals help to develop their treatment goals.	Lower	Higher	Lower	Lower	Lower	Higher
Cultural Sensitivity Staff respects the child and family's cultural/spiritual beliefs.	Higher	Lower	Lower	Lower	Lower	Lower
Outcomes Individuals feel better after receiving services	Higher	Higher	Lower	Higher	Higher	Lower
Improved Functioning Services help individuals improve their daily lives.	Higher	Higher	Higher	Higher	Higher	Average
Social Connectedness Individuals receive community supports.	Higher	Average	Lower	Higher	Lower	Lower

Higher: Scored **higher** than the average or benchmark
 Average: Scored **about the same** as the average or benchmark
 Lower: Scored **lower** than the average or benchmark

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In 2007, the Arizona Department of Health Services/Division of Behavioral Health asked people receiving behavioral health services about how satisfied they were with the services they were receiving.

ADULT Questions	Cenpatico -2	Cenpatico -4	CPSA-3	CPSA-5	NARBHA	Value-Options
General Satisfaction Overall satisfaction with services.	Higher	Higher	Higher	Higher	Higher	Average
Service Access Services are convenient and available	Higher	Higher	Higher	Higher	Higher	Lower
Participation in Treatment Planning Individuals help to develop their treatment goals.	Average	Higher	Higher	Lower	Higher	Lower
Service Quality, and Appropriateness Staff helped individuals grow and recover	Average	Higher	Higher	Higher	Higher	Lower
Outcomes Individuals feel better after receiving services	Higher	Higher	Higher	Higher	Higher	Average
Improved Functioning Services help individuals improve their daily lives.	Higher	Higher	Higher	Lower	Higher	Lower
Social Connectedness Individuals receive community supports.	Higher	Higher	Higher	Lower	Higher	Lower

Higher: Scored **higher** than the average or benchmark

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2007 Annual Consumer Survey Report

June 30, 2008

State of Arizona
Department of Health Services
Division of Behavioral Health Services
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TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	3
SURVEY RESPONSE RATES	4
INTRODUCTION.....	5
SURVEY FINDINGS.....	5
MHSIP ADULT FINDINGS.....	5
YSS-F SURVEY FINDINGS.....	8
COMPARISON TO PAST PERFORMANCE.....	10
STATEWIDE IMPROVEMENT OPPORTUNITIES.....	11
CONCLUSION.....	12
SAMPLING DESIGN	13
DATA ANALYSIS	13
STATEWIDE SURVEY LIMITATIONS.....	13
ATTACHMENTS	14
STATEWIDE CONSUMER SURVEY PROTOCOL	
YEAR 2007 ADULT CONSUMER SURVEY (ENGLISH AND SPANISH)	
YEAR 2007 YOUTH CONSUMER SURVEY FOR FAMILIES (ENGLISH AND SPANISH)	
ADULT SURVEY DATA TABLES	
YOUTH SURVEY DATA TABLES	

I. Executive Summary

The statewide consumer survey was conducted April through May 2007 jointly by the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS), Tribal/Regional Behavioral Health Authorities (T/RBHAs) and their contracted service providers.

Two distinct surveys were administered based on the Substance Abuse and Mental Health Services Administration's Mental Health Statistics Improvement Program (MHSIP) consumer surveys:

- The Adult Consumer Survey; and
- The Youth Services Survey for Families (YSS-F).

The surveys solicit independent feedback from Title XIX/XXI adults and families of youths receiving services through Arizona's publicly funded behavioral health system. The survey measures consumers' perception of behavioral health services in relation to the following domains:

- General Satisfaction
 - Access to Services
 - Service Quality/Appropriateness
 - Participation in Treatment
 - Outcomes
 - Cultural Sensitivity
 - Improved Functioning
 - Social Connectedness
- ❖ Results are analyzed and compared to existing ADHS/DBHS performance monitoring mechanisms to identify system wide areas for improvement.

Positive findings from the 2007 Adult Consumer Survey include:

- *General Satisfaction* yielded an 84 percent positive response rate, an improvement from the 2006 survey (83 percent);
- *Service Quality and Appropriateness* yielded an 88 percent positive response rate, an improvement from the 2006 survey (84 percent);
- *Participation in Treatment Planning* yielded a 79 percent positive response rate, an improvement from the 2006 survey (77 percent); and
- *Outcomes* yielded a 74 percent positive response rate, an improvement from the 2006 survey (67 percent).

Positive findings from the 2007 YSS-F include:

- *Cultural Sensitivity* yielded a 92 percent positive response rate; a slight decrease since 2006 (94 percent);
- *Participation in Treatment Planning* responses yielded a 90 percent positive response rate, an improvement from the 2006 survey (87 percent);
- *General Satisfaction* yielded a 78 percent positive response rate, remaining the same as the 2006 survey;

- *Service Access* yielded a 78 percent positive response rate in 2007, an improvement from the 2006 survey (75 percent); and
- *Social Connectedness* yielded an 82 percent response rate in the 2007 survey and baseline year.

Overall, consumer perception of the quality and appropriateness of the services received remains positive, with consumer perception of treatment outcomes being an area for improvement.

II. Survey Response Rates

The MHSIP Consumer Surveys were offered to a statewide sample of 3,221 enrolled consumers. The response rate is calculated by dividing the number of surveys returned by the number of surveys offered. The statewide response rate was 71 percent.

RBHA	Surveys Offered (a) Adult & Youth	Surveys Returned (b)	Response Rate (b) / (a)
Cenpatico-2	469	290	62%
Cenpatico-4	629	335	53%
CPSA-3	538	380	71%
CPSA-5	587	501	85%
NARBHA	662	556	84%
ValueOptions	336	235	70%
Statewide	3221	2297	71%

Gila River Indian Community and Pascua Yaqui Centered Spirit Program, both Arizona Tribal RBHAs (TRBHAs), participated in the survey process by way of a convenience sampling of their enrolled members. Survey participation for Gila River consumers increased over the 2006 survey administration.

TRBHA	Number of Surveys Completed		
	Adult Survey	YSS-F	Total
Gila River	56	36	92
Pascua Yaqui	30	27	57

III. Introduction

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) and the Regional Behavioral Health Authorities (RBHAs), in collaboration with their providers, administered the statewide consumer survey in April through May 2007. As in the past survey cycles, the surveys are primarily based on the Adult Consumer Survey and Youth Services Survey for Families (YSS-F), recommended by the Mental Health Statistics Improvement Program (MHSIP). Administration of the MHSIP surveys allows ADHS/DBHS to assess and evaluate systems performance over multiple survey periods to identify strengths and areas for improvement.

The use of the survey data to inform decision making for effective and efficient service delivery is promoted through widespread dissemination of the survey results. Findings are reviewed in the ADHS/DBHS Quality Management Committee meetings for identification of system wide areas for improvement; the ADHS/DBHS Children's Quality Management Committee for actions specific to the children's system; the ADHS/DBHS Family Advisory Committee for member/stakeholder feedback; and posted to the ADHS/DBHS website for public viewing. Survey outcomes are reported to the National Association of State Mental Health Program Directors' Research Institute (NRI), Western States Decision Support Group (WSDSG), and to the Substance Abuse and Mental Health Services Administration's Mental Health Statistics Improvement Program (MHSIP).

IV. Survey Findings

MHSIP ADULT

Demographics

A total of 1,333 completed adult surveys were analyzed. Of the adult survey respondents:

- 64 percent were female;
- 41 percent were between the ages of 46-65 years of age;
- 72 percent identified their ethnicity as Non Hispanic/Latino;
- 87 percent identified their race as White;
- 40 percent reported receiving behavioral health services from 1-5 years; and
- Respondents were almost evenly distributed among SMI (45 percent) and Non-SMI (55 percent) programs.

Domain Line Item Analysis

Line items are specific questions pertaining to each survey domain. Analysis of answers to each domain specific line item indicates what aspects of service survey respondents reported as either positively or negatively affecting the overall domain score. The 2007 adult survey findings indicate:

- **General Satisfaction:** Respondents reported liking the services received; enjoying their agency and would recommend the agency to a friend or family member.
- **Service Access:** Respondents reported services were available at times that were good for them; felt staff were accessible and that the location of services was convenient.
 - Improvements can be made with clients receiving return phone calls from staff within 24 hours and increasing the frequency of psychiatric appointments.
- **Participation in Treatment Planning:** Respondents indicated feeling comfortable asking questions about their treatment and medications and reported positively that they, and not staff, decided treatment goals.
- **Service Quality and Appropriateness:** Respondents reported receiving information on their rights; feeling that their staff encouraged personal responsibility and empowered growth, change and recovery; and respected their wishes about who should and should not receive information on their treatment.
 - Improvements can be made in increased use of consumer run programs and identification of treatment/medication side effects.
- **Outcomes:** Positive responses were received pertaining to coping skills, crisis management and family relationships.
 - Respondents reported feeling improvements can be made in their work/school situations, housing and symptoms management.
- **Improved Functioning and Social Connectedness:** 2007 marks the baseline year for these domains, functioning as further Outcomes related data.
 - Improvements can be made in symptoms identification, management, education and increasing social interactions for this population.

Summary of Statewide Results for Adults
(RBHA numbers and percentages are based on actual valid survey returns. Statewide numbers and percentages are based on weighted scores.)

RBHA	General Satisfaction	Service Access	Participation in Treatment Planning	Service Quality & Appropriateness	Outcomes	Improved Functioning	Social Connectedness
Cenpatico-2	87%	80%	79%	87%	78%	73%	74%
Cenpatico-4	87%	86%	81%	91%	78%	76%	73%
CPSA-3	90%	83%	82%	89%	79%	72%	71%
CPSA-5	85%	78%	78%	89%	70%	64%	64%
NARBHA	87%	83%	83%	90%	77%	67%	67%
ValueOptions	84%	73%	78%	87%	74%	63%	61%
Statewide	86%	77%	79%	88%	74%	66%	65%

ADHS/DBHS Performance Measures

In addition to the MHSIP questions, ADHS/DBHS has designated four Performance Measures questions to the 2007 Survey. Findings indicate:

- ***Symptomatic Improvement:*** 66 percent of survey respondents reported positively that their symptoms were not bothering them as much, an increase from 2006 (64 percent);
 - Improvements can be made to consumers in symptoms education, identification and self management as well as clinician assessment and documentation of decreased symptoms.
 - ***Informed Consent:*** 83 percent reported positively that their doctor explained their prescribed medication benefits, risks and alternatives to their prescriptions in a way they understood, also an increase in positive responses from 2006 (79 percent);
 - ***Member and Family Involvement:*** 72 percent of survey respondents reported feeling positively regarding family involvement in their treatment; and
 - ***Cultural Competency:*** 2007 positive response rates are similar to those of the 2006 survey, with this question receiving positive responses at a rate of 65 percent, a slight decrease from 2006 (66 percent).
 - Improvements can be made in the inclusion and/or consideration of cultural/race/ethnicity preferences in service planning for adults through training and education of staff and adult consumers.
- ❖ 2007 marks the baseline year for collection of ***Symptomatic Improvement*** and ***Member and Family Involvement*** through the consumer survey. ADHS/DBHS has attached minimum performance standards to these indicators via RBHA contract and will apply these standards to the 2008 survey findings.

2007 Adult Consumer Survey, Number and Percentage of Positive Responses to Performance Measure Questions

T/RBHA	Symptomatic Improvement		Informed Consent		Member/Family Involvement		Cultural Competency	
	N	%	N	%	N	%	N	%
Statewide	821	66%	981	83%	765	72%	603	65%
Cenpatico-2	106	66%	129	82%	104	72%	89	69%
Cenpatico-4	127	73%	134	82%	110	71%	95	69%
CPSA-3	143	68%	170	85%	123	69%	101	65%
CPSA-5	161	63%	211	83%	146	69%	110	58%
Gila River	31	63%	40	87%	25	57%	36	80%
NARBHA	162	65%	207	82%	181	78%	115	63%
Pascua Yaqui	24	77%	N/A	N/A	N/A	N/A	N/A	N/A
Value Options	67	60%	90	83%	76	72%	57	66%

MHSIP YSS-F

Demographics

A total of 1,113 completed youth surveys were analyzed. Of the youth survey respondents:

- 62 percent were male;
- 55 percent were 5-12 years of age;
- 72 percent identified Non Hispanic/Latino as their ethnicity;
- 78 percent identified White as their race; and
- 50 percent reported receiving behavioral health services from 7 months to two years.

Domain Line Item Analysis

Line items are specific questions pertaining to each survey domain. Analysis of answers to each domain specific line item indicates what aspects of service survey respondents reported as either positively or negatively affecting the overall domain score. 2007 YSS-F survey findings indicate:

- **General Satisfaction:** Respondents reported overall satisfaction with their child's services; felt services received were appropriate for their family and their assigned staff stuck by the family.
 - Improvements can be made in respondent's perceptions of frequency of services provided and accessibility of support personnel.
- **Service Access:** Families felt that both the location and times allocated for service provision were convenient.
- **Participation in Treatment Planning:** The majority of respondents indicated participating in their child's treatment by choosing both their child's services and treatment goals.
- **Cultural Sensitivity:** Families indicated that staff spoke to them in a manner in which they understood, treated them with respect and respected their unique cultural/religious/spiritual beliefs and norms.
- **Outcomes:** Overall, this domain indicated an area for improvement.
 - Improvements can be made for better assessment of treatment outcomes and improved education, particularly pertaining to coping skills and satisfaction with family life.
- **Improved Functioning and Social Connectedness:** As with the adult survey, 2007 marks the baseline year for these two domains. Findings indicate that families feel supported and comfortable talking with supports about their child's problems and increased support systems and social connections.
 - Improvements can be made in assisting families with better identifying and assessing positive treatment outcomes, particularly as they pertain to coping skills and improved family functioning.

Summary of Statewide Results for Youth

(RBHA numbers and percentages are based on actual valid survey returns. Statewide numbers and percentages are based on weighted scores.)

RBHA	General Satisfaction	Service Access	Participation in Treatment Planning	Cultural Sensitivity	Outcomes	Improved Functioning	Social Connectedness
Cenpatico-2	89%	86%	88%	96%	76%	78%	89%
Cenpatico-4	78%	86%	92%	91%	66%	68%	82%
CPSA-3	77%	74%	88%	90%	65%	65%	77%
CPSA-5	81%	76%	89%	90%	65%	66%	86%
NARBHA	77%	75%	86%	93%	62%	63%	79%
ValueOptions	76%	77%	91%	93%	51%	55%	80%
Statewide	78%	78%	90%	92%	58%	61%	82%

ADHS/DBHS Performance Measures

In addition to the MHSIP questions, ADHS/DBHS has designated three Performance Measures questions to the 2007 YSS-F Survey. Findings indicate:

- **Cultural Competency:** 87 percent reported positively that staff were sensitive to their cultural/ethnic background, an increase of 10 percent from 2006;
 - **Symptomatic Improvement:** 60 percent of respondents indicated that their child's symptoms were not bothering their child as much.
 - As with adults, improvements can be made to consumers in symptoms education, identification and self management as well as clinician assessment and documentation of symptoms improvements.
 - **Informed Consent:** 81 percent reported positively that their child's doctor explained the benefits, risks and alternatives to the medications prescribed to their child and they understood.
- ❖ 2007 marks the first year that *Symptomatic Improvement* was measured through the consumer survey. ADHS/DBHS has attached minimum performance standards to these indicators via RBHA contract and will apply these standards to the 2008 survey findings.

2007 YSS-F, Number and Percentage of Positive Responses to Performance Measure Questions

T/RBHA	Cultural Competency		Symptomatic Improvement		Informed Consent	
	N	%	N	%	N	N
Statewide	883	87%	608	60%	753	81%
Cenpatico-2	104	95%	68	71%	84	91%
Cenpatico-4	120	88%	77	54%	101	77%
CPSA-3	126	87%	89	61%	103	77%
CPSA-5	181	84%	137	62%	162	82%
Gila River	27	82%	26	72%	22	79%
NARBHA	214	87%	155	59%	192	81%
Pascua Yaqui	24	92%	N/A	N/A	N/A	N/A
ValueOptions	87	85%	56	52%	89	85%

V. Comparison to Past Performance

Ongoing survey administrations and improvement activities initiated in response to survey findings indicate steady improvement in consumer responses from the 2001 survey to 2007.

MHSIP ADULT

- *General Satisfaction* scores yielded an 86 percent positive response rate in 2007, an improvement from the 2006 survey (83 percent);
- *Service Access* scores yielded a 77 percent positive response rate in 2007, an improvement from the 2006 survey (75 percent);
- *Participation in Treatment Planning* scores yielded a 79 percent positive response rate in 2007, an improvement from the 2006 survey (77 percent);
- *Service Quality and Appropriateness* scores yielded an 88 percent positive response rate in 2007, an improvement from the 2006 survey (84 percent);
- *Outcomes* scores yielded a 74 percent positive response rate, an improvement from the 2006 survey (67 percent).

Improved Functioning and *Social Connectedness* yielded baseline data this survey administration. Performance comparison for these domains will commence with the analysis of the 2008 surveys.

MHSIP YSS-F

- *General Satisfaction* scores yielded a 78 percent positive response rate in 2007, an improvement from the 2005 survey (74 percent) and remaining the same as 2006;

- *Service Access* scores yielded a 78 percent positive response rate in 2007, an improvement from the 2006 survey (75 percent);
- *Participation in Treatment Planning* scores yielded a 90 percent positive response rate in 2007, an improvement from the 2006 survey (87 percent);
- *Cultural Sensitivity* scores yielded a 92 percent positive response rate in 2007 and, although falling slightly from 94 percent in 2006, continues to hold the highest positive response rate of all YSS-F domains across all survey administrations;
- *Outcomes* scores yielded a 58 percent positive response rate in 2007 and continue to be the lowest scoring domain.

As with the Adult survey, *Improved Functioning* and *Social Connectedness* are in their baseline year this survey administration and are not applicable to comparison with previous survey administrations at this time.

VI. Statewide Improvement Opportunities

The results of the statewide 2007 consumer surveys indicate improvement opportunities related to:

- Outcomes - Identification, assessment and evaluation of consumer identified outcomes;
 - Symptomatic Improvement - Identification, assessment, evaluation and documentation of decreased reported symptoms;
 - Improved Functioning and Social Connectedness - Symptoms management, education and increased social interaction opportunities;
- Access to Services -
 - Returning consumer phone calls in a timely manner;
 - Increasing the frequency of availability of psychiatric appointments;
 - Increasing accessibility of support staff to the consumer; and
 - Improve consumer education on availability of consumer run programming.

Outcomes Initiatives

ADHS/DBHS prioritizes National Outcomes Measures (NOMs) tracking for all its behavioral health recipients in its overall Quality Management/Utilization Management Plan.

To assist consumers and their families in the ongoing identification and assessment of expected treatment outcomes, ADHS/DBHS has increased the number of children served through Child and Family Teams, and community based services.

ADHS/DBHS is currently developing an improved behavioral health assessment and service plan training and supervision module to assist clinicians and both adult and child behavioral health recipients and their families identify their service needs and

expectations of treatment; thereby, improving consumer and family education of outcomes identification and routine review and assessment of treatment progress.

Access to Services Initiatives

ADHS/DBHS tracks statewide Access to Services data through multiple mechanisms, including T/RBHA submitted referral data and Network Sufficiency analyses. The Network Sufficiency reports indicate providers gained and lost by each RBHA each quarter, including physicians, as well as an inventory of specialty providers in each service area.

The ADHS/DBHS Adult and Child System of Care/Network department utilizes survey data in the development of program specific Network Planning. This department consistently evaluates each RBHA's Network Development Plans for progress and responsiveness to consumer needs in accessing services.

ADHS/DBHS assesses and evaluates Access to Services data through monitoring of T/RBHA quarterly complaint data. Complaint trends are compared to survey data and the aforementioned proxy measures to identify areas for statewide or service area specific improvement efforts.

ADHS/DBHS also evaluates Access to Services data through quarterly performance measure monitoring and improvement initiatives. Quarterly measurement includes the availability of routine appointments for consumers upon referral to the system as well as services provided in a timely fashion post intake/assessment. Ongoing technical assistance provided by ADHS/DBHS to the RBHAs as well as prioritization of this measure in the ADHS/DBHS Quality Management Plan has evidenced improved positive responses from ADHS/DBHS behavioral health recipients pertaining to accessing services.

VII. Conclusion

As indicated by 2007 survey findings, ADHS/DBHS has sustained or improved performance across most of the domains for both the Adult and Youth surveys. An ongoing area for improvement remains the identification and assessment of outcomes for ADHS/DBHS consumers. Through the use of survey data and other ADHS/DBHS Quality Management performance monitoring data, improvements in consumer reported satisfaction have been made in the areas of Accessing Services, Service Quality and Appropriateness, Cultural Sensitivity, Participation in Treatment Planning and overall General Satisfaction with Services.

ADHS/DBHS is committed to the inclusion of its behavioral health services recipients' voice in the design, implementation and monitoring of services throughout its system of care. The dissemination and use of survey data throughout the state allows ADHS/DBHS and its contractors to identify and utilize population specific best and

promising practices to provide a full array of quality services to its public behavioral health recipients.

VIII. Sampling Design and Survey Administration

Two survey populations (sample frames) were identified:

1. Adults - defined as Title XIX/XXI behavioral health recipients who are 18 years or older, and are enrolled in any of the adult programs, i.e. Serious Mental Illness (SMI) and Drug/Alcohol or General Mental Health (Non-SMI).
2. Youth - defined as Title XIX/XXI behavioral health recipients under age 18 and enrolled in the Child/Adolescent program.

A total of 50,813 adult and 26,383 youth Title XIX/XXI consumers were eligible to participate in the survey. Please refer to Attachment A., Consumer Survey Protocol 2007, for details on sample frame development, inclusion/exclusion criteria, survey instruments, and survey administration guidelines.

IX. Data Analysis

All completed surveys were manually data entered upon submission to ADHS/DBHS, utilizing a double entry process. RBHAs were provided with data files containing the survey responses of their respective consumers. Each RBHA analyzed its respective survey data using an SPSS script that was provided by ADHS/DBHS to ensure consistency in data analysis. Statewide survey data is analyzed as follows:

- By Domain;
- By Domain Line Item;
- Sub-group Analysis;
- ADHS/DBHS Performance Measure Questions; and
- Comparison to Past Survey Performance

X. Statewide Survey Limitations

The following issue was identified as having occurred at the RBHA/Provider level and/or at the ADHS/DBHS administrative level that impacted the success of the 2007 survey:

- ADHS/DBHS was unable to calculate the rate of responses on the open ended questions submitted by survey respondents in 2007 due to partial entry of the comments into the database upon receipt. ADHS/DBHS has acknowledged this data entry issue and has applied corrective actions to ensure analysis of the open ended questions data is available for 2008 survey findings.

STATEWIDE CONSUMER SURVEY PROTOCOL

2007

**Arizona Department of Health Services
Division of Behavioral Health Services**

Executive Summary

The 2007 consumer survey protocol is based on the protocol for the 2006 survey. Input from provider staff involved in past survey administration and from consumers/family members who participated in past surveys was solicited through active participation from these groups in the planning process.

Two consumer surveys will be administered in 2007: the MHSIP Adult Consumer survey and the MHSIP Youth Services Survey for Families (YSS-F). Both tools have been lengthened for the 2007 survey due to the piloting of several new MHSIP measures related to Criminal Justice, Level of Functioning, Social Connectedness, and School Attendance. Three new modules consisting of 4 questions related to Improved Functioning, 4 questions related to Social Connectedness, and 5 questions related to Criminal Justice Contact have been added to the 2007 Adult survey. For the YSS-F survey, the following additions have been made this year: 4 questions relating to Social Connectedness, 1 related to Improved Functioning, 4 related to Criminal Justice Contact and 3 related to School attendance. The survey questionnaires will be available to consumers in two languages: English and Spanish. Data will be scanned from the questionnaire using the optical mark recognition (OMR) software application. This technology allows for an efficient data management process.

The survey will be administered to a statistically valid sample of both adults and families of children receiving behavioral health services with a 90% confidence level and a 5% confidence interval. The sample will be representative at a RBHA level. An adjustment of the sample size by 50% over-sample will be adopted to account for expected non-participation. Estimated survey timeframe is April through May 2007.

Similar to the 2005 and 2006 surveys, the primary administration route will be to distribute the survey at the provider sites. The survey will be distributed to consumers who are randomly selected for the sample. As the consumer checks in for their appointment, they will be asked to complete the survey questionnaire. If the consumer agrees to participate, they will be requested to complete the questionnaire prior to their appointment, but will be allowed to finalize the survey after the appointment if needed, or be provided with an addressed, stamped envelope to mail the survey in if they did not have time to complete it in the office. A drop box will be provided at each provider site for consumers to drop off their completed surveys. In cases where consumers who are selected for the sample have home appointments (as opposed to clinic appointments) during the survey timeframe, the questionnaire will be completed at home and mailed using the addressed, stamped envelope to be provided with the survey.

ADHS has the statewide oversight responsibility for implementation and analysis of the survey data. The RBHAs will be responsible for ensuring that providers strictly adhere to the protocol. The providers are primarily responsible in the survey administration.

This protocol is the culmination of research and planning meetings conducted by the Department of Health Services over the past several survey periods. Participants in planning processes have represented a diverse group of stakeholders, i.e. consumers,

family members, consumer advocates, behavioral health providers, quality management staff of the Regional Behavioral Health Authorities (RBHAs) and the ADHS staff.

Survey Instruments

Two MHSIP survey instruments will be administered in 2007 – the Adult Consumer Survey and the Youth Services Survey for Families (YSS-F). The adult survey will be administered to adult consumers of behavioral health services. The YSS-F will be administered to parents/guardians of children receiving behavioral health services.

The MHSIP Adult Consumer Survey measures five domains: (1) service accessibility; (2) service quality or appropriateness (which includes 2 items concerning cultural sensitivity); (3) consumer participation in treatment planning; (4) outcomes; (5) and general satisfaction plus this year's addition of the 2 pilot modules. All questions are scored using a Likert Scale of 1 through 5 as follows: 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, and 5=Strongly Agree. A Not Applicable option is also available if the question does not apply.

The MHSIP YSS-F focuses on the following five domain areas: (1) service accessibility; (2) participation in treatment planning; (3) cultural sensitivity; (4) satisfaction with services; and (5) outcomes. Questions are scored with a five-point Likert Scale where 1= Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, and 5=Strongly Agree. A Not Applicable option is also available if the question does not apply.

Each survey type has four main sections: (1) demographic section, (2) MHSIP survey questions, (3) state-specific questions and (4) open-ended qualitative section. The demographic section provides descriptive information about the consumer's age, gender, race, ethnicity, and relationship of the person completing the survey to the service recipient.

The following information will be pre-printed on the survey tool prior to distribution:

- RBHA Name
- Provider Name

The provider will pre-fill the following information:

- § Provider Facility ID
- § Behavioral Health Category
- § Entitlement Status (Title XIX or XXI)
- § Distribution method (Home or Clinic)

The second section of the survey contains the MHSIP standardized questions. The MHSIP survey and its variant is administered in about 40 states, and serves as a benchmark tool for comparing consumer perception of behavioral health systems across the nation.

The third section is also a quantitative area containing questions specific to Arizona. This section provides the state with additional quality management information for identifying key statewide behavioral health issues. Similar to the MHSIP tool, the state-specific questions are scored using the five-point Likert scale. State specific questions added to the adult survey concern job and housing stability. In the YSS-F, the state specific questions focus on issues of medication consent, satisfaction with child and family teams, and criminal justice involvement. The fourth and final section of the survey contains open-ended questions to solicit consumer comments. Two questions are asked of consumers – focusing on identifying what has been most helpful with their services, and what the consumer believes would improve services. The section entitled other comments is intended to provide consumers with an additional area on the survey to provide open-ended feedback on any issue.

Confidentiality and Anonymity

The front page of the survey questionnaire addresses confidentiality of the responses and anonymity of the respondent. There is no code that will link the responses to specific individuals. The statement in the questionnaire emphasizes that results from the survey will be aggregated and not presented at an individual level. Thematic analysis will be conducted on written comments and presented in the report as themes.

Non-mandatory (Voluntary)

The survey questionnaire likewise informs the respondent that participation in the survey is voluntary; every individual can choose to participate or not. It also notifies the respondent that non-participation will not affect the services they are currently receiving or will receive in the future.

Languages

The survey will be available to consumers in English and Spanish languages. As provided in the past, each page of the survey will reflect English on one side of the form and Spanish on the other. For consumers with limited English proficiency and speak a language other than Spanish, the RBHA and/or the provider administering the survey will extend their best effort to translate the survey in the consumer's preferred language by utilizing the Language Line or other translation/interpretation services officially utilized by the RBHA or their provider. The extent of assistance provided in language translation should not attempt to define what the question means.

Sampling Design

Sample Frame

The sample frame refers to the population eligible to take the survey. This provides the pool from which the sample size is determined and the sample population is randomly selected. Two sample frames will be developed for each RBHA: one for adults and the other for children.

The adult population is defined as consumers aged 18 and older. These individuals are enrolled in any of the adult programs: General Mental Health, Substance Abuse, or Serious Mental Illness. The children's population is composed of consumers aged 17 and under. Age is calculated at the time of creation of the sample frame. In cases where there is a discrepancy between the age of the consumer and the behavioral health category, the consumer will be grouped according to the identified behavioral health category.

The sample frame will be composed of all Title XIX/XXI consumers enrolled as of the date when the sample frame is developed and meet the eligibility criteria:

- (a) consumer must have a community-based mental health service other than transportation, laboratory and/or radiology services, and crisis;
- (b) service must have been received within 6 months prior to the sample pull; and
- (c) consumer must not be receiving services in an inpatient treatment setting at the time the sample frame is developed.

In addition to the above, the following consumers will be excluded from the sample frame:

- √ Consumers receiving services from fee-for-service providers
 - Due to administrative burden, fee for service providers are excluded. This particularly applies to consumers in the Pima and Southern Arizona counties.

Sampling Method

A statistically valid sample size for adults and children will be drawn for each RBHA, and distributed according to enrollment size across the providers. The sample size will be determined using a 90% confidence level, with a margin of error of +/- 5%. The determined sample size will be adjusted by 50% to allow for over-sampling of cases. Theoretically, the 50% over-sample should address the expected rate of non-participation as a result of consumer no-show for scheduled appointment or non-response (either as a choice made by the consumer or the sample consumer has no scheduled appointment).

Drawing of sample

A stratified random sampling method through utilizing the SPSS random sampling program will be used to identify sample population. ADHS will provide the RBHAs with the calculated sample size as well as the number of sample cases to be selected from each of its provider agencies based on their respective enrollment size. The RBHA will then conduct a stratified random selection of consumers.

Once the sample population has been randomly selected, each provider agency will be advised of its sample population. Each provider will then conduct a review of the list to

determine that at least 85% of the sample has scheduled appointments. The random selection process will be repeated until this criterion is satisfied.

To ensure that each consumer has equal probability of being selected, consumers will be linked to one provider – the provider where their clinical liaison is affiliated. Once the sample population has been finalized, a control file will be created and sent to each of the participating provider agencies. Each provider agency will then be responsible for identifying the specific provider location or site to which the client is presently receiving services.

Check for Representation Bias

The evaluation of demographic characteristics such as race, gender, ethnicity, age, program or Title XIX/XXI eligibility will be accomplished through data analysis. These variables will not be used as stratification criteria in sampling size determination. To ensure that population groups are neither over- nor under- represented, a check will be conducted using a differential threshold of 3% across the demographic characteristics of the population. This test will be conducted on both the sample frame and the sample population.

Survey Methodology

Distribution Method

The primary distribution method is handing the survey questionnaire to the consumer at the provider office (i.e. clinic) by a non-clinical staff. As the consumer checks in for their appointment, s/he will be provided with a copy of the survey questionnaire to complete. If the consumer agrees to participate, s/he will be requested to complete the survey prior to his/her appointment. If the consumer is unable to complete the questionnaire, s/he will be allowed to finish it on site after the appointment or be provided with an addressed, stamped envelope to mail the survey in if they did not have time to complete it in the office. A drop box will be provided on site for completed surveys. Additionally, a specific area at the provider office will be designated for completing the survey.

If the individual randomly selected has a scheduled appointment at home during the survey window, the provider staff will bring the survey questionnaire at the appointment date. If the consumer agrees to participate, s/he will be advised to complete the survey after the staff leaves and to mail the completed questionnaire using the pre-addressed, stamped envelope provided with the survey.

A check box in the questionnaire will be used to track the distribution method. If there are a sufficient number of cases using each method, the results will be reported separately. Otherwise, all responses irrespective of the distribution method used will be combined and analyzed.

The adult survey will be administered to the adult consumer. If the individual requests assistance, a guardian may complete the questionnaire on the consumer's behalf. The YSS-F will be administered to the parent/guardian of the child receiving services.

Control File

A control file contains information that will be used to pre-fill the survey prior to distribution. This information, such as provider agency name, RBHA name, and program type, will be used for further stratification of the survey results. The control file is also used to track whether the survey was offered or administered to the consumer. The response rate will be calculated using this information.

Once the sample population has been finalized, a control file for each provider is created by the RBHA. The control file given to the provider should contain all the information mentioned above and the last column of the file left unfilled for the provider staff administering the survey to complete. Since this document contains protected health information, it will be treated as a confidential document.

The control file is generated for each provider site in which sample consumers have been randomly selected. Each provider site should receive a control file that contains only the names of sample consumers expected to come to the site.

Survey Administration

Survey Timeframe

The survey will be administered for a period of two months. The scheduled timeframe for the survey is April through May 2007.

Roles and Responsibilities

ADHS is responsible for the statewide oversight of the survey administration to ensure consistent implementation of the survey protocol. The protocol and survey tools will be developed by ADHS. ADHS will provide technical assistance throughout the survey process. Periodic monitoring, training, timelines, and use of checklist will be utilized to guide the RBHAs on critical points in the process.

The RBHAs have the primary responsibility for ensuring that the protocol is precisely followed within their geographic regions. Direct oversight and assistance will be provided by the RBHAs to their providers. The RBHAs will ensure that the providers are appropriately trained and prepared to administer the survey.

Each provider agency is primarily responsible for each of its sites in which the survey is to be administered. Each site will maintain all necessary materials for survey administration. At each site, a drop box and a designated area will be provided for consumers to complete the survey. Providers will also be responsible for the day-to-day operations – including having the survey tools, materials for completing the survey (pens,

pencils, clipboards), envelopes for return of the survey if needed, assigned resources for administration and collection of data for the survey.

Administration to Non-Randomly Selected Consumers (Walk-in Requests)

In cases where a consumer expresses desire to participate in the survey but whose name does not appear on the control list (i.e. the consumer was not randomly selected), the provider agency will allow the consumer to participate. However, to maintain the scientific rigor of the protocol, the survey questionnaire completed by this group of respondents will be tracked separately. Names of individuals who belong to this group will not be added to the control list. This group will be tracked in some other ways as described in the succeeding paragraph.

The same protocol will be followed for the non-randomly selected group of respondents but the staff administering the survey should ensure that the surveys are kept separate from the randomly selected sample. Several control measures will be used. First, consumers that are not randomly selected to participate in the survey (i.e., walk-in respondents) will be given a copy of the survey questionnaire with the pre-filled section of the questionnaire not completed. Second, the survey questionnaire that will be used for non-randomly selected consumer is color-coded (note: surveys for the random sample will be printed on white paper).

Mid-Term Evaluation

After four weeks of survey administration, the Survey Planning group will re-convene to evaluate the progress of the survey. The group will evaluate any implementation or tracking issues that may have developed during the execution of the survey. An analysis of response rates will also be assessed at this time.

Pre-Survey Activities

Notification to Consumers about the Survey

To encourage greater participation, efforts will be made to inform consumers in advance about the survey. RBHAs and providers will be encouraged to utilize all or a combination of any of the following media: flyers, posters, website announcements, or other promotional materials.

A staff member or members at each provider site will be assigned to work on the survey. In addition to daily survey administrative duties, a component of the staff member's role will include assisting consumers with the survey if necessary. Assistance may include: reading the survey to individuals unable to read, explaining the Likert scale used for scoring answers, emphasizing confidentiality of the survey, or ensuring consumers that participation in the survey is voluntary. Staff will be allowed to provide administrative assistance to the consumer, or provide encouragement to participate in the survey process. However, staff will not be able to explain the meaning of particular questions or provide interpretations on what particular questions mean.

Marketing/Training Materials

Marketing materials created by ADHS and provided to the RBHAs prior to administration of the 2006 Consumer Survey were put into storage by the RBHAs and/or their providers at conclusion of the survey distribution period. The flyers and posters will be retrieved and displayed prior to administration of the 2007 Consumer Survey.

Training materials, including a timeline outlining key points in the survey process, copies of the questionnaires, and a copy of the survey protocol will be made available to assist in providing consistent guidance in the survey process.

Data Management and Reporting

Scoring Protocol

The scoring protocol recommended by MHSIP will be utilized for evaluating the domain areas within the survey, as follows:

1. Recode ratings of 'not applicable' as missing values.
2. Exclude respondents with more than one-third of the domain items missing.
3. Calculate the mean of the items for each respondent.
4. Calculate the percent of scores that are greater than 3.5

Technical assistance

ADHS will provide technical assistance to the RBHAs as needed.

Response Rate Calculation:

The rate will be calculated using the formula:

$$\text{Response rate} = A / B$$

Where:

A= Total number of surveys returned

B= Total number of consumers approached or administered the survey
(this data will come from the control file)

Weighting methodology

To account for any potential bias created by non-response or over-representation of a particular area, a weighting methodology will be used to adjust the data. Weights will be applied to the survey data prior to any data analysis.

The appropriate weighting methodology will be incorporated in the Statistical Package for Social Sciences (SPSS) script that will be developed to process the survey data.

Dissemination of Findings

Some of the strategies that have been identified are as follows:

- ✓ Reporting of survey results in management meetings – Executive Management, Quality Management, Human Rights Committees, Behavioral Health Planning Council, Other consumer advocate groups, and other interest groups that may be identified
- ✓ Providers disseminate information to their local communities
- ✓ Involving consumers in distribution of information
- ✓ Having copies of the survey available at the provider sites
- ✓ Publishing results of survey on ADHS, RBHA and provider websites

Information to be submitted to ADHS

The RBHAs shall submit the following information to ADHS:

- ✓ **Sample frame file.** File contains the RBHA ID, Client ID, Last Name, First Name, Middle name, Birth date, Age, Gender, Race, Ethnicity, TXIX/TXXI status, program type, provider ID. **Due date: March 2, 2007**
- ✓ **Sample population file.** File contains RBHA ID, Client ID, Last Name, First Name, Middle name, Birth date, Age, Gender, Race, Ethnicity, TXIX/TXXI status, program type, provider ID. **Due date: March 23, 2007**
- ✓ **Consumer Participation Report.** File contains the number of surveys administered or offered (information from the control file) and the number of surveys returned (count of surveys returned; exclude color-coded surveys returned). **Due date: July 1, 2007**
- ✓ **Survey file or returned surveys** – RBHAs should submit all returned surveys to ADHS for scanning. *ADHS will keep a copy of the scanned data and create an analytic file to be given to the RBHAs for analysis.* **Due date: August 1, 2007**
- ✓ **RBHA report** – This report will provide an analysis of 2007 consumer survey results and performance improvement activities planned or implemented to address areas in need of improvement. **Due date: January 2, 2008**

THIS SECTION MUST BE COMPLETED BY PROVIDER!!

Name of Service Agency: _____

RBHA NAME: _____ Facility ID: _____

Program/Fund Source: SMI Non-SMI (GMH or SA)

Client's Entitlement Status: TXIX TXXI

Survey Location: Home Clinic

YEAR 2007 ADULT CONSUMER SURVEY

Please help us improve our program by completing this survey about the services you have received in the last six months. We are interested in your honest opinion. All responses will be treated as confidential. Any personal information will be excluded in the presentation of the survey results.

Your current and/or future services will not be affected if you decide not to participate in this survey.

If you have already taken this survey during the months of April or May 2007, you do not need to complete it again.

After you have completed the survey, please fold and drop it in the survey box before you leave the office today. Thank you.

Use Pen or Pencil

Please fill in the bubbles completely with your answers to the following questions:

Information about the Person Receiving Services:

Age: _____

Sex: Male Female

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Please check all applicable race categories:

Race: White Black/African American Asian American Indian/Alaska Native
 Native Hawaiian/Pacific Islander

How long have you been receiving mental health and/or substance abuse services? (from any provider)

0 - 6 months 7 - 11 months 1 - 2 years 3 - 5 years more than 5 years

About the Person Completing This Survey:

I am the person directly receiving services. Yes No

If not, please check your relation to the person who is directly receiving services:

Parent/Guardian Friend Relative (Uncle, Aunt, Cousin, Grandparent, etc.) Other

Please continue to answer questions on the next page.

PLEASE MARK YOUR ANSWERS BY FILLING IN THE BUBBLES COMPLETELY

In order to provide the best possible behavioral health services, we need to know what you think about the services you received DURING THE LAST 6 MONTHS, the people who provided it, and the results.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The location of services was convenient (parking, public transportation, distance, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff were willing to see me as often as I felt it was necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff returned my call in 24 hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Services were available at times that were good for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I was able to get all the services I thought I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I was able to see a psychiatrist when I wanted to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Staff here believe that I can grow, change and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I felt comfortable asking questions about my treatment and medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I feel free to complain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I was given information about my rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff encouraged me to take responsibility for how I live my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff told me what side effects to watch out for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Staff respected my wishes about who is and who is not to be given information about my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I, not staff, decided my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Staff were sensitive to my cultural background (race, religion, language, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

As a direct result of the services I received:

21. I deal more effectively with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I am better able to control my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am better able to deal with crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am getting along better with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I do better in social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I do better in school and/or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My housing situation has improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My symptoms are not bothering me as much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I do things that are more meaningful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am better able to take care of my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I am better able to handle things when they go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I am better able to do things that I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For questions 33-36 please answer for relationships with persons other than your mental health provider(s)

33. I am happy with the friendships I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I have people with whom I can do enjoyable things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I feel I belong in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue to answer questions on the next page.

PLEASE MARK YOUR ANSWERS BY FILLING IN THE BUBBLES COMPLETELY

Additional Questions:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
37. My doctor explained the benefits, risks, and alternatives of medications prescribed for me and I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. I received assistance in getting my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I received assistance in keeping my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I received assistance in getting my housing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I received assistance in keeping my housing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. My family is as involved as I want them to be in my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Member advocacy services (education, referral, and assistance with member concerns and complaints) were made available to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. My cultural preferences and race/ethnicity were included in planning the services I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions to let us know how you are doing.

45. How long have you received mental health services from this provider?	<input type="radio"/> Less than a year (less than 12 months) (Continue to Question 46)
	<input type="radio"/> 1 year or more (at least 12 months) (Skip to Question 49)

If you answered "Less than a year (less than 12 months)", please complete questions 46 – 48.

46. Were you arrested since you began to receive mental health services?	<input type="radio"/> Yes	<input type="radio"/> No
47. Were you arrested during the 12 months prior to that?	<input type="radio"/> Yes	<input type="radio"/> No
48. Since you began to receive mental health services, have your encounters with police...	<input type="radio"/> been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)	
	<input type="radio"/> stayed the same	
	<input type="radio"/> increased	
	<input type="radio"/> not applicable (I had no police encounters this year or last year)	

If you answered "1 year or more (at least 12 months)", please complete questions 49 – 51.

49. Were you arrested during the last 12 months?	<input type="radio"/> Yes	<input type="radio"/> No
50. Were you arrested during the 12 months prior to that?	<input type="radio"/> Yes	<input type="radio"/> No
51. Over the last year, have your encounters with police...	<input type="radio"/> been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)	
	<input type="radio"/> stayed the same	
	<input type="radio"/> increased	
	<input type="radio"/> not applicable (I had no police encounters this year or last year)	

Please continue to answer questions on the next page.

Please feel free to use the space provided below to comment on any of your answers. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them in the comments section. Thank you for your time and cooperation in completing this questionnaire.

What have been some of the most helpful things about the services you received over the last 6 months?

What would improve the services that you receive here?

Please list any other comments you may want to share:

Thank you for completing this questionnaire.

¡¡ESTA SECCIÓN DEBE SER COMPLETADA POR EL PROVEEDOR!!

Nombre de Agencia de Servicio _____

NOMBRE de RBHA: _____ Instalación ID: _____

Fuente de Programa/Fondo: SMI No-SMI (GMH o SA)

El Estado de Derecho del Cliente: TXIX TXXI

Ubicación de la Encuesta: Casa Clínica

EL CONSUMIDOR DE SERVICIOS PARA ADULTO AÑO 2007

Por favor ayúdenos a mejorar nuestro programa completando esta revisión sobre los servicios que usted ha recibido en los seis meses pasados. Estamos interesados en su opinión honesta. Todas las respuestas serán tratadas como confidenciales. Cualquier información personal será excluida en la presentación de los resultados de revisión.

Sus servicios actuales y/o futuros no serán afectados si usted decide no participar en esta encuesta.

Si usted ha tomado ya esta encuesta en los meses de abril o mayo de 2007, entonces no tiene que completarla otra vez.

Después de que usted ha finalizado, por favor doble la hoja y deposítela en la caja de encuestas, antes de usted salga de la oficina hoy. Gracias.

Use Pluma o Lápiz

Por favor rellene las burbujas completamente con sus respuestas a las preguntas siguientes:

Información sobre los Servicios de Recepción de Persona:

Edad: _____

Sexo: Hombre Mujer

Pertenencia étnica: Hispano o Latino No Hispano o Latino

Por favor compruebe todas las categorías de raza aplicables

Raza: Blanco Americano negro/africano Asiático
 Americano Nativo / Nativo de Alaska Nativo de Hawai/Isleño del Pacífico

¿Cuánto tiempo ha usted estado recibiendo servicios de salud mental y/o de abuso de sustancias?
(de cualquier proveedor)

0 - 6 meses 7 - 11 meses 1 - 2 años 3 - 5 años más de 5 años

Sobre la persona que completa esta encuesta:

Soy la persona que directamente recibe servicios: Sí No

Si no, por favor marque la relación con la persona que recibe directamente servicios:

Padre/Guardián Amigo Pariente (Tío, Tía, Primo, Abuelo, etc.) Otro

Por favor siga contestando preguntas en la siguiente página.

POR FAVOR MARQUE SUS RESPUESTAS RELLENANDO LAS BURBUJAS COMPLETAMENTE

A fin de proporcionar un mejor servicio en los cuidados de salud mental y abuso de sustancias, tenemos que saber lo que usted piensa sobre los servicios que usted recibió DURANTE los 6 MESES PASADOS, la gente que lo proporcione, y los resultados.

	Muy de acuerdo	De acuerdo	Neutro	En Desacuerdo	Muy en desacuerdo	No Aplica
1. Me gustaron los servicios que recibí aquí.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Si yo tuviera otras opciones, yo todavía preferiría los servicios de esta agencia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Yo recomendaría esta agencia a un miembro de la familia o un amigo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. La ubicación de los servicios era conveniente (estacionamiento, transporte público, distancia, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. El personal quiso verme tan a menudo como sentí que era necesario.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. El personal devolvió mi llamada en 24 horas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Los servicios estaban disponibles a las horas que eran convenientes para mí.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Recibí los servicios que pensé que necesitaba.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Pude ver a un Psiquiatra cuando así lo solicité.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. El personal aquí cree que puedo crecer, cambiarme y recuperarme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Me sentí cómodo haciendo preguntas acerca de mi tratamiento y medicación.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Me siento libre de quejarme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Me dieron la información sobre mis derechos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. El personal me animó a tomar la responsabilidad de como vivo mi vida.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. El personal me informó que efectos secundarios tener cuidado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. El personal respetó mis deseos sobre a quién si y a quien no deben dar información sobre mi tratamiento.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Yo, y no el personal, decidí las metas de mi tratamiento.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. El personal fue respetuoso de mis raíces cultural/étnicas (raza, religión, lenguaje, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. El personal me ayudó a obtener la información que necesité de modo que yo pudiera hacerme cargo de manejar mi enfermedad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Fui animado a usar programas manejados por consumidores (grupos de apoyo, centros de ayuda informal, línea telefónica de crisis, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Como un resultado directo de los servicios recibí:

21. Trato más con eficacia con problemas diarios.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Soy mejor capaz de controlar mi vida.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Soy más capaz de lidiar con la crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Me llevo mejor con los miembros de mi familia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Me desenvuelvo mejor en situaciones sociales.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Tengo mejor desempeño en la escuela y/o trabajo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Mi situación de vivienda ha mejorado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Los síntomas no me molestan tanto como antes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Hago cosas que son más significativas para mí.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Soy más capaz de ocuparme de mis necesidades.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Soy capaz de manejar cosas cuando no van bien.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Soy capaz de hacer cosas que quiero hacer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Por favor siga contestando preguntas en la siguiente página.

POR FAVOR MARQUE SUS RESPUESTAS RELLENANDO LAS BURBUJAS COMPLETAMENTE

Para las preguntas 33-36 por favor responda basado en relaciones con personas diferentes de su proveedor (es) de salud mental.

	Muy de acuerdo	De acuerdo	Neutro	En Desacuerdo	Muy en desacuerdo	No Aplica
33. Soy feliz con las amistades que tengo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Tengo a personas con las que puedo hacer cosas agradables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Siento que pertenezco en mi comunidad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. En una crisis, yo tendría el apoyo que necesito de familia o amigos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Preguntas Adicionales:

37. Mi doctor explicó las ventajas, riesgos, y alternativas de los medicamentos que me prescribió y fue claro de manera que entendí.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Recibí asistencia en conseguir mi trabajo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Recibí asistencia en mantener mi trabajo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Recibí asistencia en conseguir mi vivienda.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Recibí asistencia en mantener mi vivienda.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Mi familia está tan implicada como quiero que ellos estén en mi tratamiento.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Servicios de defensa de miembro (educación, remisión, y asistencia para preocupaciones y quejas) me fueron puestos a disposición.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Mis preferencias culturales y raza/pertenencia étnica fueron incluidas en la planificación servicios que recibí.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Por favor conteste las preguntas siguientes para avisarnos como usted hace.

45. ¿Durante cuánto tiempo ha recibido usted servicios de salud mental de este proveedor?	<input type="radio"/> Menos de un año (menos de 12 meses) (Continúe con la pregunta 46)
	<input type="radio"/> 1 año o más (al menos 12 meses) (Vaya a la pregunta 49)

Si usted contestara “menos de un año (menos de 12 meses)”, por favor complete preguntas 46 – 48.

46. ¿Ha sido usted arrestado desde que comenzó a recibir servicios de salud mental?	<input type="radio"/> Sí	<input type="radio"/> No
47. ¿Ha sido usted arrestado durante los 12 meses anteriores a esto?	<input type="radio"/> Sí	<input type="radio"/> No
48. Desde que usted comenzó a recibir servicios de salud mental, ¿Ha tenido incidentes con la policía...	<input type="radio"/> se han reducido (por ejemplo, no he sido arrestado, molestado por la policía, enviado por la policía a un refugio o programa de crisis)	
	<input type="radio"/> sigue igual	
	<input type="radio"/> ha aumentado	
	<input type="radio"/> no aplicable (yo no he tenido ningún incidente con la policía este año o el año pasado)	

Si usted contestara “1 año o más (al menos 12 meses)”, por favor complete preguntas 49 – 51.

49. ¿Ha sido arrestado durante los 12 meses pasados?	<input type="radio"/> Sí	<input type="radio"/> No
50. ¿Ha sido usted arrestado durante meses anteriores a esto?	<input type="radio"/> Sí	<input type="radio"/> No
51. Durante el año pasado, ha tenido incidentes con la policía ...	<input type="radio"/> sido interrogado (por ejemplo, no he sido arrestado, molestado por policía, tomada por policía a un refugio o programa de crisis)	
	<input type="radio"/> ha sido igual	
	<input type="radio"/> ha aumentado	
	<input type="radio"/> no aplicable (yo no tenía ninguna policía encuentro este año o el año pasado)	

Por favor siéntase libre de usar el espacio proporcionado abajo para comentar sobre cualquiera de sus respuestas. También, si hay áreas que no fueron cubiertas por este cuestionario que usted siente debería haber sido, por favor escribalos en la sección de comentarios. Gracias por su tiempo y cooperación en completar este cuestionario.

¿Cuáles han sido algunas cosas más provechosas sobre los servicios que usted recibió durante los 6 meses pasados?

¿Qué mejoraría los servicios que usted recibe aquí?

Por favor escriba cualquier otro comentario que usted quiera compartir:

Gracias por completar este cuestionario.

THIS SECTION MUST BE COMPLETED BY PROVIDER!!

Name of Service Agency: _____

RBHA NAME: _____ Facility ID: _____

Client's Entitlement Status: TXIX TXXI

Survey Location: Home Clinic

YEAR 2007 YOUTH SERVICES SURVEY FOR FAMILIES

Please help us improve our program by completing this survey about the services you have received in the last six months. We are interested in your honest opinion. All responses will be treated as confidential. Any personal information will be excluded in the presentation of the survey results.

Your child and family's current and/or future services will not be affected if you decide not to participate in this survey.

If you have already taken this survey in the months of April or May 2007, then you do not need to complete it again.

After you have completed the survey, please fold and drop it in the survey box before you leave the office today. Thank you.

Use Pen or Pencil

Please fill in the bubbles completely with your answers to the following questions:

Information about the Person Receiving Services:

Child's Age: _____

Child's Sex: Male Female

Child's Ethnicity: Hispanic or Latino Not Hispanic or Latino

Please check all applicable race categories:

Child's Race: White Black/African American Asian American Indian/Alaska Native
 Native Hawaiian/Pacific Islander

How long has your child been receiving mental health and/or substance abuse services? (from this provider)

0 - 6 months 7 - 11 months 1 - 2 years 3 - 5 years more than 5 years

Please check your relationship with the child: Parent/Guardian Friend
 Relative (Uncle, Aunt, Cousin, Grandparent, etc.)
 Other

Does your family have a Child and Family Team? Yes No

Please continue to answer questions on the next page.

PLEASE MARK YOUR ANSWERS BY FILLING IN THE BUBBLES COMPLETELY

Please help our agency make services better by answering some questions about the services your child received OVER THE LAST 6 MONTHS.	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	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"/>

As a result of the services my child and/or family received:

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. My child is better able to do things he or she wants to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

As a result of the services my child and/or family received: please answer for relationships with persons other than your mental health provider(s).

23. I know people who will listen and understand me when I need to talk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I have people that I am comfortable talking with about my child's problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I have people with whom I can do enjoyable things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. What has been the most helpful thing about the services you and your child received over the **last 6 months**?

28. What would improve the services here? _____

Please continue to answer questions on the next page.

PLEASE MARK YOUR ANSWERS BY FILLING IN THE BUBBLES COMPLETELY

Additional Questions:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
29. My child is enrolled at the appropriate grade level in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. My child has remained stable in his/her living situation for the past year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. My child is staying out of trouble with the law.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. The treatment team has helped us find people in the community to help support our needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Our family and other important friends are a part of the team in my child's treatment plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I am satisfied with the support my family receives from our child and family team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Timely support has been available to handle crisis situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. My child's symptoms are not bothering him/her as much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Our family's cultural preferences and race/ethnicity were included in planning the services that my child/family receives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. My child's doctor explained the benefits, risks, and alternatives of medications prescribed for him/her and I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Is your child currently living with you?	<input type="radio"/> Yes			<input type="radio"/> No		
40. Has your child lived in any of the following places in the last 6 months ? (CHECK ALL THAT APPLY)						
<input type="radio"/> With one or both parents <input type="radio"/> With another family member <input type="radio"/> Foster home <input type="radio"/> Therapeutic foster home <input type="radio"/> Crisis shelter <input type="radio"/> Homeless shelter <input type="radio"/> Group home <input type="radio"/> Residential treatment facility <input type="radio"/> Hospital <input type="radio"/> Local jail or detention facility <input type="radio"/> State correctional facility <input type="radio"/> Runaway/homeless/on the streets <input type="radio"/> Other (describe): _____						

41. In the last year, did your child see a medical doctor (or nurse) for a health check up or because he/she was sick? (Check one)	<input type="radio"/> Yes, in a clinic or office					
	<input type="radio"/> Yes, but only in a hospital emergency room					
	<input type="radio"/> No					
	<input type="radio"/> Do not remember					
42. Is your child on medication for emotional/behavioral problems?	<input type="radio"/> Yes			<input type="radio"/> No		
43. If yes, did the doctor or nurse tell you and/or your child what side effects to watch for?	<input type="radio"/> Yes			<input type="radio"/> No		
44. Is your child still getting services from this provider?	<input type="radio"/> Yes			<input type="radio"/> No		
45. How long did your child receive services from this provider?	<input type="radio"/> Less than 1 month					
	<input type="radio"/> 1-5 Months					
	<input type="radio"/> 6 months to 1 year					
	<input type="radio"/> More than 1 year (skip to Question 52)					
46. Was your child arrested since beginning to receive mental health services?	<input type="radio"/> Yes			<input type="radio"/> No		
47. Was your child arrested during the 12 months prior to that?	<input type="radio"/> Yes			<input type="radio"/> No		
48. Since your child began to receive mental health services, have their encounters with the police...	<input type="radio"/> been reduced (for example, they have not been arrested, hassled by the police, taken by police to a shelter or crisis program)					
	<input type="radio"/> stayed the same					
	<input type="radio"/> increased					
	<input type="radio"/> not applicable (They had no police encounters this year or last year)					

Please continue to answer questions on the next page.

PLEASE MARK YOUR ANSWERS BY FILLING IN THE BUBBLES COMPLETELY

49. Was your child expelled or suspended from school since beginning services?	<input type="radio"/> Yes	<input type="radio"/> No
50. Was your child expelled or suspended from school during the 12 months prior to that?	<input type="radio"/> Yes	<input type="radio"/> No
51. Since starting to receive services, the number of days my child was in school is...	<input type="radio"/> greater	
	<input type="radio"/> about the same	
	<input type="radio"/> less	
	<input type="radio"/> does not apply (please select why this does not apply)	
	<input type="radio"/> child did not have a problem with attendance before starting services	
	<input type="radio"/> child is too young to be in school	
	<input type="radio"/> child was expelled from school	
	<input type="radio"/> child is home schooled	
	<input type="radio"/> child dropped out of school	
<input type="radio"/> Other:		
52. Was your child arrested during the last 12 months?	<input type="radio"/> Yes	<input type="radio"/> No
53. Was your child arrested during the 12 months prior to that?	<input type="radio"/> Yes	<input type="radio"/> No
54. Over the past year, have your child's encounters with the police...	<input type="radio"/> been reduced (for example, they have not been arrested, hassled by the police, taken by police to a shelter or crisis program)	
	<input type="radio"/> stayed the same	
	<input type="radio"/> increased	
	<input type="radio"/> not applicable (They had no police encounters this year or last year)	
55. Was your child expelled or suspended from school during the last 12 months?	<input type="radio"/> Yes	<input type="radio"/> No
56. Was your child expelled or suspended from school during the 12 months prior to that?	<input type="radio"/> Yes	<input type="radio"/> No
57. Over the last year, the number of days my child was in school is...	<input type="radio"/> greater	
	<input type="radio"/> about the same	
	<input type="radio"/> less	
	<input type="radio"/> does not apply (please select why this does not apply)	
	<input type="radio"/> child did not have a problem with attendance before starting services	
	<input type="radio"/> child is too young to be in school	
	<input type="radio"/> child was expelled from school	
	<input type="radio"/> child is home schooled	
	<input type="radio"/> child dropped out of school	
<input type="radio"/> Other:		

Please continue to answer questions on the next page.

¡¡ESTA SECCIÓN DEBE SER COMPLETADA POR EL PROVEEDOR!!

Nombre de Agencia de Servicio _____

NOMBRE de RBHA: _____ Instalación ID: _____

El Estado de Derecho del Cliente: TXIX TXXI

Ubicación de la Encuesta: Casa Clínica

ENCUESTA PARA FAMILIAS DE JOVENES QUE RECIBIERON SERVICIOS EN EL AÑO 2007

Por favor ayúdenos a mejorar nuestro programa completando esta encuesta sobre los servicios que usted ha recibido en los últimos seis meses. Estamos interesados en su opinión honesta. Todas las respuestas serán tratadas como confidenciales. Cualquier información personal será excluida en la presentación de los resultados de esta encuesta.

Los servicios actuales y/o futuros de su hijo(a) o la familia no serán afectados si usted decide no participar en esta encuesta.

Si usted ha tomado ya esta encuesta en los meses de abril o mayo de 2007, entonces no tiene que completarla otra vez.

Después de que usted ha finalizado, por favor doble la hoja y deposítela en la caja de encuestas, antes de usted salga de la oficina hoy. Gracias.

Use Pluma o Lápiz

Por favor rellene las burbujas completamente con sus respuestas a las preguntas siguientes:

Información sobre los servicios de Recepción de Persona:

La Edad del Niño: _____

El Sexo del Niño: Hombre Mujer

La Pertenencia étnica del Niño Hispano o Latino No Hispano o Latino

Por favor compruebe todas las categorías de raza aplicables:

La Raza del Niño: Blanco Americano negro/Africano Americano Asiático
 Americano Nativo/ Nativo de Alaska Nativo de Hawai/Isleño del Pacífico

¿Cuánto tiempo ha estado su hijo(a) recibiendo servicios de salud mental y/o de abuso de sustancias? (De este proveedor)

0 - 6 meses 7 - 11 meses 1 - 2 años 3 - 5 años más de 5 años

Por favor indique su relación con el niño:

Padre/Guardián Amigo
 Pariente (Tío, Tía, Primo, Abuelo, etc.)
 Otro

¿Tiene su familia un Equipo de Niño y Familia? Sí No

Por favor siga contestando preguntas en la siguiente página.

POR FAVOR MARQUE SUS RESPUESTAS RELLENANDO LAS BURBUJAS COMPLETAMENTE

Por favor ayude a nuestra agencia a mejorar los servicios, contestando algunas preguntas sobre los servicios que su niño recibió DURANTE los ULTIMOS 6 MESES.

	Muy De acuerdo	De acuerdo	Neutro	En desacuerdo	Muy en desacuerdo	No Aplica
1. En general, estoy satisfecho con los servicios que mi hijo(a) recibió.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Ayudé elegir los servicios de mi hijo(a).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Ayudé elegir los objetivos de tratamiento de mi hijo(a).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. La gente que ayuda a mi hijo(a) nos apoyó sin falta.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Sentí que mi hijo(a) tenía alguien para dirigirse cuando estaba preocupado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Participé en el tratamiento de mi niño.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Los servicios que mi niño y/o familia recibieron eran correctos para nosotros.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. La ubicación de servicios era conveniente para nosotros.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Los servicios estaban disponibles a veces que eran convenientes para nosotros.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Mi familia recibió la ayuda que estábamos buscando para mi hijo(a).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Mi familia recibió tanta ayuda como necesitamos para mi hijo(a).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. El personal me trató con respeto.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. El personal respetó las creencia religiosas/espirituales de mi familia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. El personal habló conmigo en un camino que entendí.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. El personal era respetuoso de mis raíces cultural/étnica.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A consecuencia de los servicios mi niño y/o familia recibieron:

16. Mi hijo(a) se enfrenta mejor al manejo de la vida diaria.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Mi hijo(a) se lleva mejor con miembros de familia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Mi hijo(a) se lleva mejor con amigos y otras personas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. A mi hijo(a) le va mejor en la escuela y/o trabajo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Mi hijo(a) esta mas dispuesto a enfrentar mejor las situaciones difíciles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Estoy satisfecho con nuestra vida familiar actualmente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Mi hijo(a) es más capaz de hacer cosas que quiere hacer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Como resultado de los servicios mi niño y/o familia recibieron: por favor responda basado en la relaciones con personas diferentes de su proveedor(es) de salud mental.

23. Conozco gente que escuchará y me entenderá cuando necesito hablar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Tengo personas con las que me siento cómodo hablando acerca del problema de mi hijo(a).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. En una crisis, yo tendría el apoyo que necesito de familia o amigos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Tengo a la personas con quien puedo hacer cosas agradables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. ¿Cuál ha sido la cosa más provechosa sobre los servicios usted y su hijo(a) recibieron durante los 6 meses pasados?

28. ¿Qué mejoraría los servicios aquí? _____

POR FAVOR MARQUE SUS RESPUESTAS RELLENANDO LAS BURBUJAS COMPLETAMENTE

	Muy De acuerdo	De acuerdo	Neutro	En desacuerdo	Muy en desacuerdo	No Aplica
Preguntas Adicionales:						
29. Mi hijo(a) esta matriculado en el nivel apropiado en la escuela.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Mi hijo(a) ha permanecido estable en su situación durante el año pasado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Mi hijo(a) se estado alejado de problemas con la ley.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. El equipo de tratamiento nos ha ayudado a encontrar la gente en la comunidad que apoya nuestras necesidades.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Nuestra familia y otros amigos importantes son una parte del equipo de niño y familia en el plan de tratamiento de mi niño.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Estoy satisfecho con el apoyo que mi familia recibe de nuestro equipo de niño y familia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. El apoyo oportuno ha estado disponible para manejar situaciones de crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Los síntomas de mi hijo(a) no los molestan tanto.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Las preferencias culturales y de raza/pertenencia étnica de nuestra familia fueron incluidas en la planificación de los servicios que mi hijo(a) /familia recibe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. El doctor de mi hijo(a) explicó las ventajas, riesgos, y alternativas de medicaciones prescritas para él y fue claro de manera que yo entendí.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. ¿Vive actualmente su hijo(a) con usted?	<input type="radio"/> Sí		<input type="radio"/> No			
40. ¿Ha vivido su niño en cualquiera de los sitios siguientes en los últimos 6 meses? (MARQUE TODO LO QUE APLICA)						

- | | | |
|---|---|---|
| <input type="radio"/> Con uno o ambos padres | <input type="radio"/> Con otro miembro de familia | <input type="radio"/> Familia adoptiva |
| <input type="radio"/> Familia adoptiva terapéutica | <input type="radio"/> Refugio de crisis | <input type="radio"/> Refugio para los sin hogar |
| <input type="radio"/> Grupo casero | <input type="radio"/> Centro de tratamiento | <input type="radio"/> Hospital |
| <input type="radio"/> Cárcel local o instalación de detención | <input type="radio"/> Instalación correccional | <input type="radio"/> Escapó/o vive en las calles |
| <input type="radio"/> Otro (describa) _____ | | |

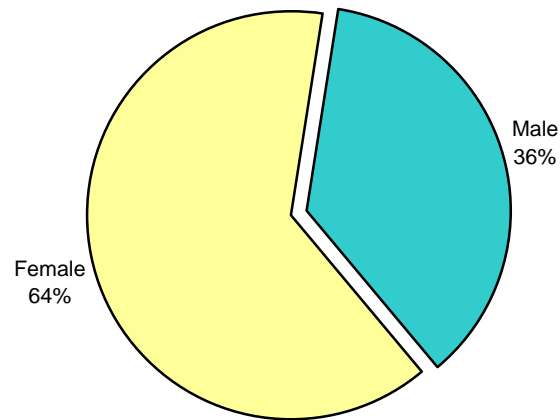
41. ¿En el año pasado, vio su hijo(a) un doctor médico (o enfermera) para un control de salud o porque él/ella estaba enfermo? (Elija una de las opciones)	<input type="radio"/> Sí, en una clínica o oficina	
	<input type="radio"/> Sí, pero sólo en un cuarto de emergencia de hospital	
	<input type="radio"/> No	
	<input type="radio"/> No recuerdo	
42. ¿Esta su hijo(a) tomando medicamentos para problemas de conducta / emocionales?	<input type="radio"/> Sí	<input type="radio"/> No
43. ¿Si la respuesta es afirmativa, responda si el doctor o la enfermera le explicaron con que clase de efectos secundarios debe estar alerta?	<input type="radio"/> Sí	<input type="radio"/> No
44. ¿Todavía esta su hijo recibiendo servicios de este proveedor?	<input type="radio"/> Sí	<input type="radio"/> No
45. ¿Por cuánto tiempo recibió su hijo(a) servicios de este proveedor?	<input type="radio"/> Menos de 1 mes	
	<input type="radio"/> 1-5 Meses	
	<input type="radio"/> 6 Meses a 1 año	
	<input type="radio"/> Más de 1 año (vaya a la preguntar 52)	
46. ¿Ha sido su hijo(a) arrestado desde que comenzó a recibir servicios de salud mental?	<input type="radio"/> Sí	<input type="radio"/> No
47. ¿Estuvo arrestado su hijo(a) durante los 12 meses anteriores a esto?	<input type="radio"/> Sí	<input type="radio"/> No
48. Desde que su hijo comenzó a recibir servicios de salud mental, ha tenido incidentes con la policía ...	<input type="radio"/> ha reducido (por ejemplo, ellos no han sido arrestados, molestados por la policía, tomada por la policía a un refugio programa de crisis)	
	<input type="radio"/> ha sido igual	
	<input type="radio"/> ha aumentado	
	<input type="radio"/> no aplicable (ellos no tenían ningunos encuentro de policía este año o el año pasado)	

POR FAVOR MARQUE SUS RESPUESTAS RELLENANDO LAS BURBUJAS COMPLETAMENTE

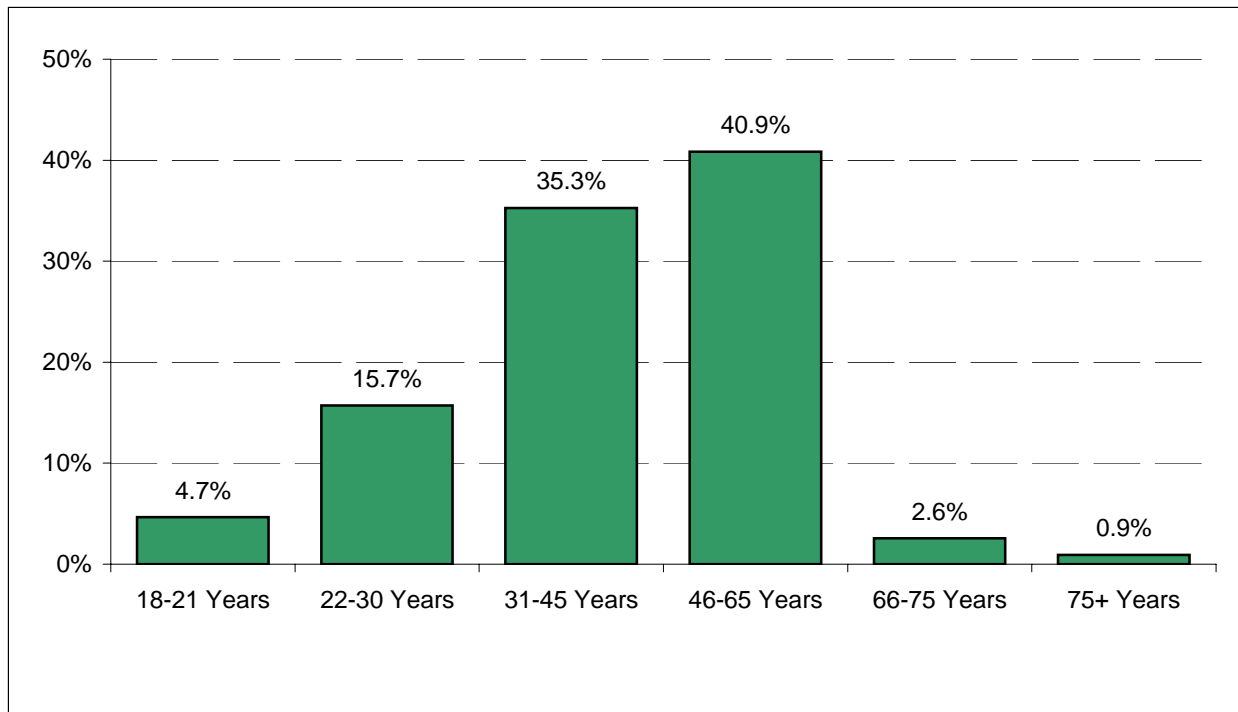
49. ¿Ha sido su hijo expulsado o suspendido de su escuela desde que comenzaron a recibir los servicios?	<input type="radio"/> Sí	<input type="radio"/> No
50. ¿Fue su hijo expulsado o suspendido de su escuela durante los 12 meses anteriores de esto?	<input type="radio"/> Sí	<input type="radio"/> No
51. Desde que comienzo a recibir servicios, el número de días mi hijo(a) estaba en la escuela fue...	<input type="radio"/> mayor	
	<input type="radio"/> el mismo	
	<input type="radio"/> menos	
	<input type="radio"/> no se aplica (por favor seleccione por qué este no se aplica)	
	<input type="radio"/> el niño no tenía un problema con la asistencia antes de servicios iniciales	
	<input type="radio"/> el niño es demasiado joven para estar en la escuela	
	<input type="radio"/> el niño fue expulsado de la escuela	
	<input type="radio"/> el niño esta siendo enseñado en la casa	
	<input type="radio"/> el niño abandonó la escuela	
<input type="radio"/> Otro		
52. ¿Ha sido su hijo(a) arrestado durante los 12 meses pasados?	<input type="radio"/> Sí	<input type="radio"/> No
53. ¿Estuvo arrestado su hijo(a) durante los 12 meses antes de esto?	<input type="radio"/> Sí	<input type="radio"/> No
54. Durante el año pasado, los incidentes de su niño con la policía...	<input type="radio"/> ha reducido (por ejemplo, ellos no han sido arrestados, molestados por la policía, tomada por la policía a un refugio programa de crisis)	
	<input type="radio"/> ha sido igual	
	<input type="radio"/> ha aumentado	
	<input type="radio"/> no aplicable (ellos no tenían ningunos encuentro de policía este año o el año pasado)	
55. ¿Fue expulsado su niño o suspendido de la escuela durante los 12 meses pasados?	<input type="radio"/> Sí	<input type="radio"/> No
56. ¿Fue expulsado su niño o suspendido de la escuela durante los 12 meses antes de esto?	<input type="radio"/> Sí	<input type="radio"/> No
57. Durante el año pasado, el número de días mi niño fue a la escuela era...	<input type="radio"/> mayor	
	<input type="radio"/> el mismo	
	<input type="radio"/> menos	
	<input type="radio"/> no se aplica (por favor seleccione por qué este no se aplica)	
	<input type="radio"/> El niño no tenía un problema con la asistencia antes de servicios iniciales	
	<input type="radio"/> El niño es demasiado joven para estar en la escuela	
	<input type="radio"/> El niño fue expulsado de la escuela	
	<input type="radio"/> El niño esta siendo enseñado en la casa	
	<input type="radio"/> El niño abandonó la escuela	
<input type="radio"/> Otro		

Por favor siga contestando preguntas en la siguiente página.

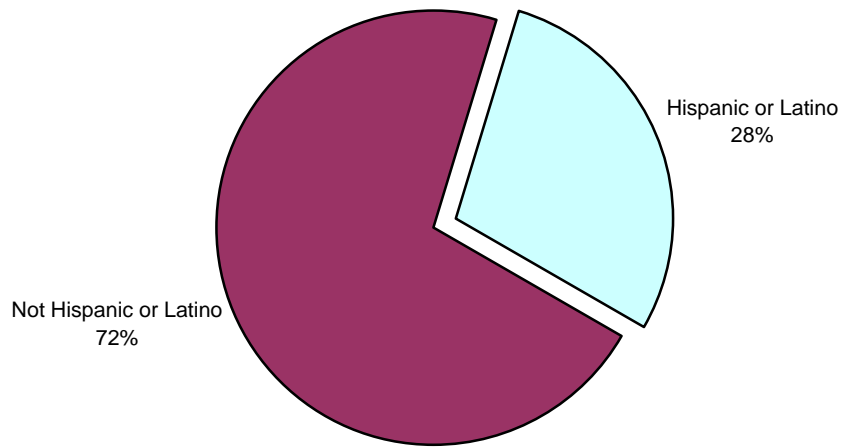
2007 Adult Survey Respondents: Gender



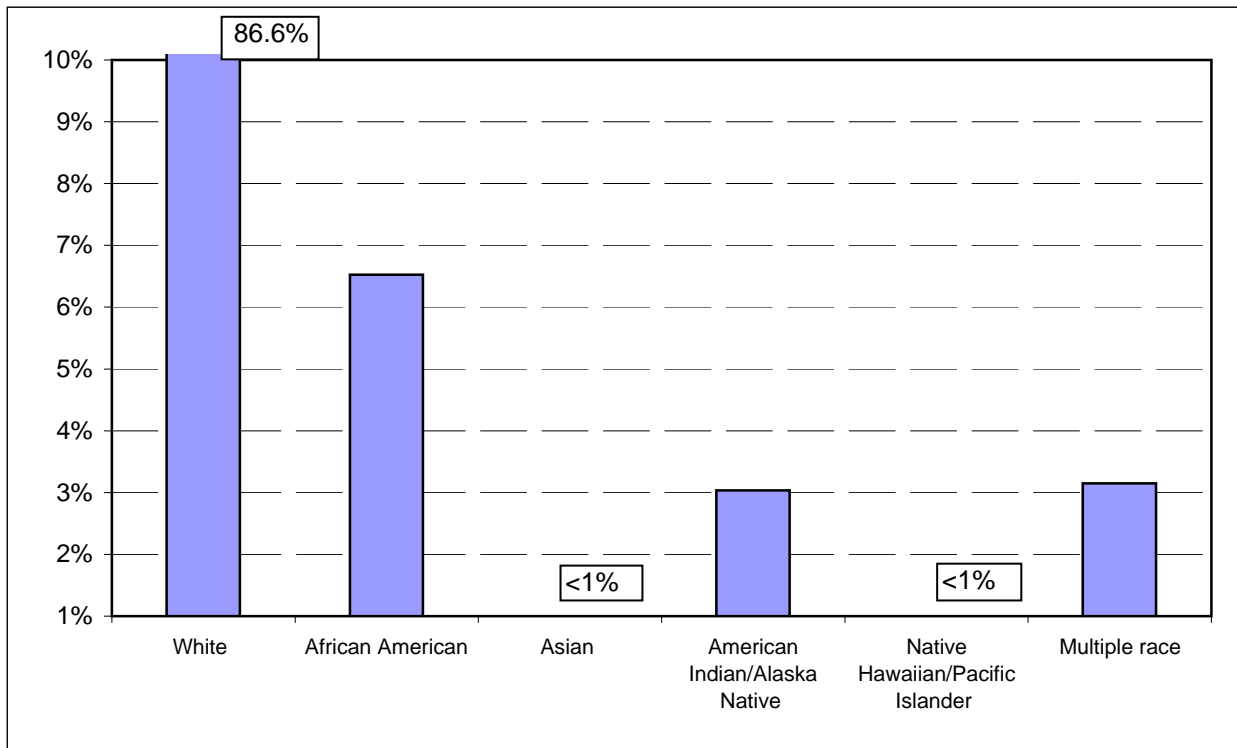
2007 Adult Survey Respondents: Age



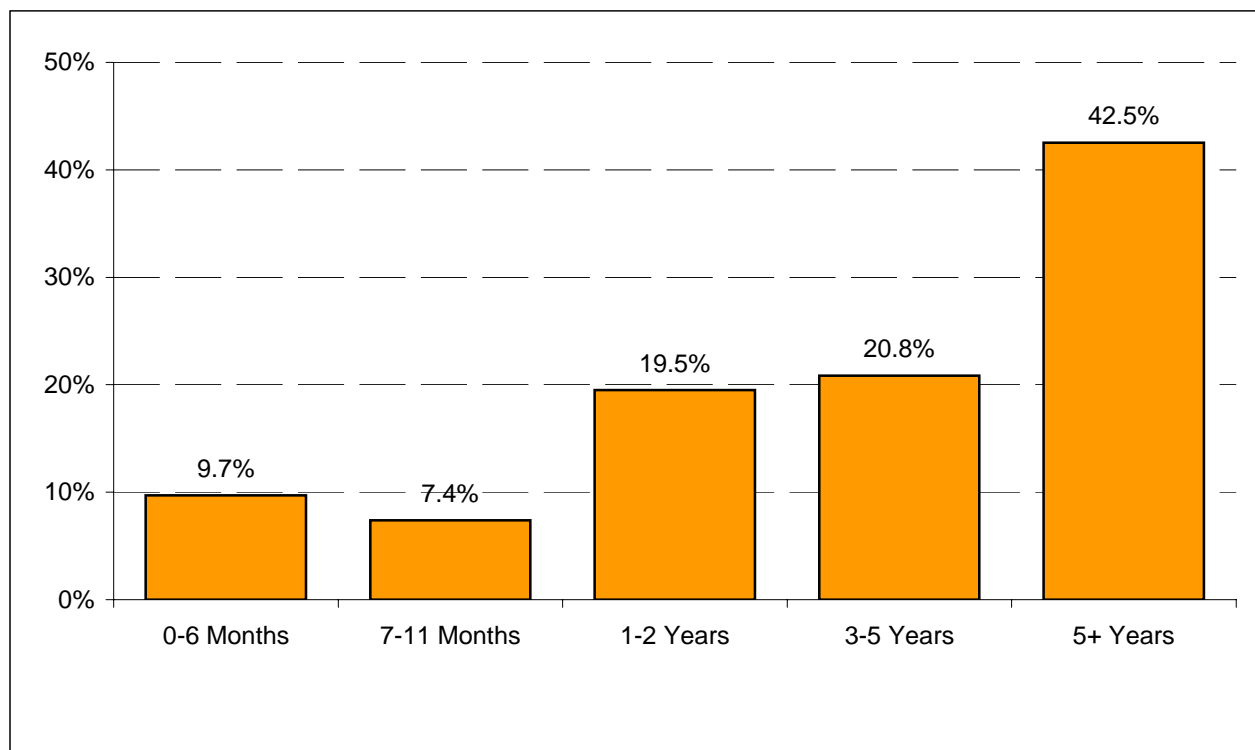
2007 Adult Survey Respondents: Ethnicity



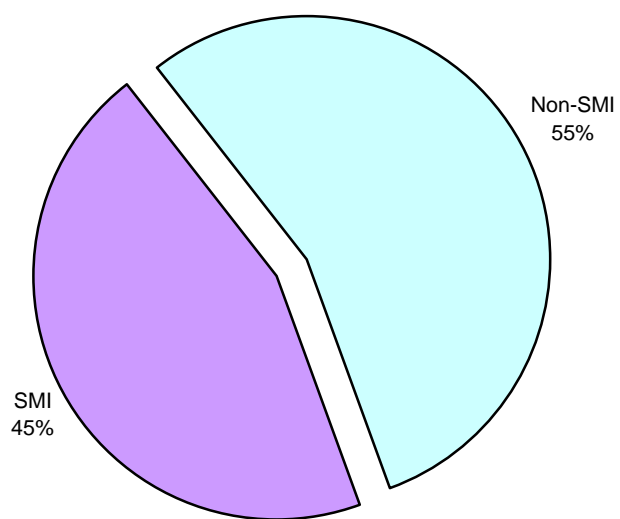
2007 Adult Survey Respondents: Race



2007 Adult Survey Respondents: Length of Behavioral Health Services



2007 Adult Survey Respondents: Program Type



2007 Adult Consumer Survey, Statewide Percent of Positive Response by Line Item

(Numbers are based on actual valid survey returns. Percentages are based on weighted scores.)

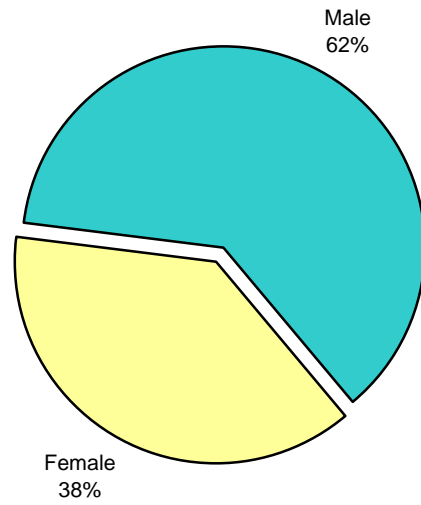
Survey Item	Number	Percent
General Satisfaction:		86%
1. I like the services that I received here.	1143	83%
2. If I had other choices, I would still get services from this agency.	1088	80%
3. I would recommend this agency to a friend or family member.	1129	88%
Service Access		77%
4. The location of services was convenient (parking, public transportation, distance, etc.)	1067	80%
5. Staff were willing to see me as often as I felt it was necessary..	1094	81%
6. Staff returned my call in 24 hours.	965	75%
7. Services were available at times that were good for me.	1110	83%
8. I was able to get all the services I thought I needed.	1049	77%
9. I was able to see a psychiatrist when I wanted to.	906	70%
Participation in Treatment Planning		79%
11. I felt comfortable asking questions about my treatment and medication.	1147	88%
17. I, not staff, decided my treatment goals.	1003	79%
Service Quality and Appropriateness		88%
10. Staff here believe that I can grow, change and recover.	1074	86%
12. I feel free to complain.	1069	84%
13. I was given information about my rights.	1156	90%
14. Staff encouraged me to take responsibility for how I live my life.	1113	87%
15. Staff told me what side effects to watch out for.	1022	78%
16. Staff respected my wishes about who is and who is not to be given information about my treatment..	1149	89%
18. Staff were sensitive to my cultural background (race, religion, language, etc.)	1032	81%
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	1069	84%
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)	981	79%
Outcomes		74%
21. I deal more effectively with daily problems.	989	75%
22. I am better able to control my life.	968	73%
23. I am better able to deal with crisis.	917	71%
24. I am getting along better with my family..	915	72%
25. I do better in social situations.	813	62%
26. I do better in school and/or work	601	59%
27. My housing situation has improved	742	62%
28. My symptoms are not bothering me as much.	821	63%

Improved Functioning		66%
28. My symptoms are not bothering me as much.	821	63%
29. I do things that are more meaningful to me.	883	67%
30. I am better able to take care of my needs.	895	68%
31. I am better able to handle things when they go wrong.	857	62%
32. I am better able to do things that I want to do.	863	67%
Social Connectedness		65%
33. I am happy with the friendships I have.	913	67%
34. I have people with whom I can do enjoyable things.	944	70%
35. I feel I belong in my community.	771	60%
36. In a crisis, I would have the support I need from family or friends.	979	75%

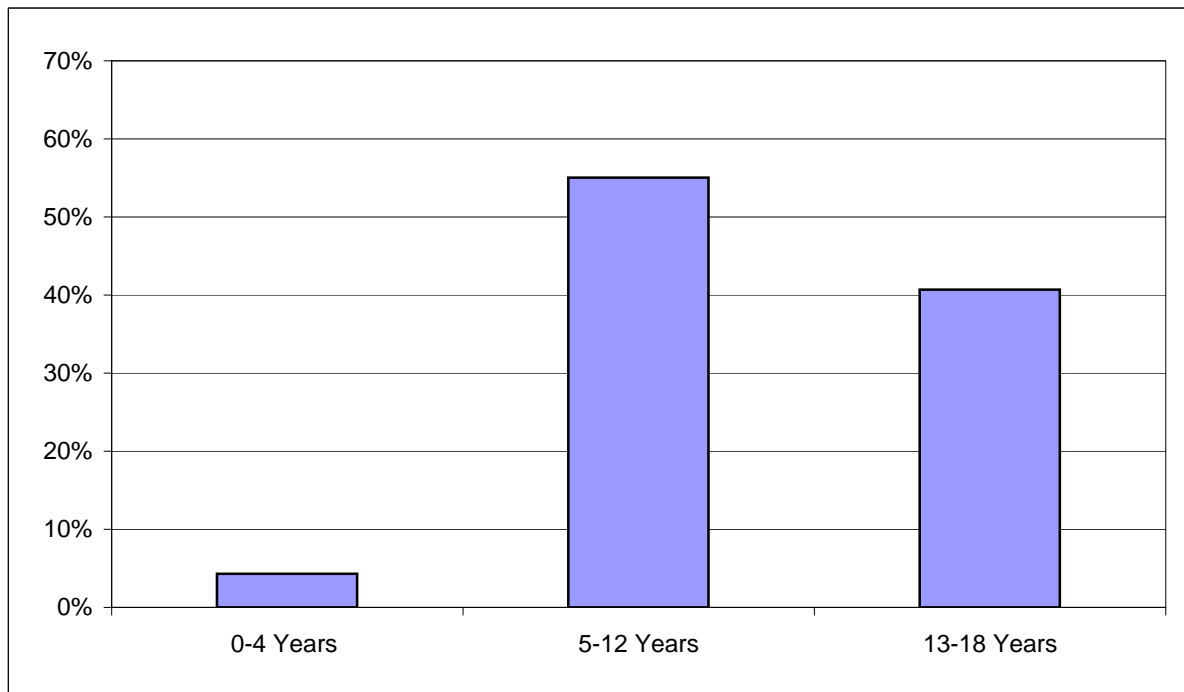
2007 Adult Consumer Survey, Percent of Positive Response by Domain and Subgroup

Subgroup	General Satisfaction		Service Access		Service Quality and Appropriateness		Participation in Treatment Planning		Outcomes		Improved Functioning		Social Connectedness	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Gender														
Male	324	87%	300	81%	322	87%	291	79%	280	76%	253	68%	255	69%
Female	553	85%	487	75%	580	89%	496	79%	474	73%	419	65%	405	63%
Age Group														
18-21	53	87%	54	90%	45	75%	44	73%	48	79%	43	71%	48	80%
22-30	119	80%	107	72%	126	85%	117	80%	105	71%	105	71%	101	71%
31-45	309	87%	273	77%	317	89%	290	83%	263	75%	230	65%	226	64%
46-64	341	86%	309	78%	360	90%	297	78%	294	74%	259	65%	244	62%
65-74	23	92%	20	80%	24	92%	14	58%	21	81%	15	60%	18	72%
75+	9	100%	5	56%	9	100%	9	100%	9	100%	8	89%	9	90%
Race														
White only	656	86%	584	77%	668	88%	575	79%	565	75%	506	67%	489	65%
African American only	41	77%	45	85%	48	89%	43	84%	36	68%	35	66%	27	51%
Asian only	5	100%	1	20%	5	100%	5	100%	0	0%	1	20%	1	20%
Am Indian/Al Native only	17	63%	15	56%	17	65%	24	92%	9	33%	8	31%	8	36%
Nat Hawaiian/Pacific Islander only	1	100%	0	0%	1	100%	1	100%	0	0%	0	0%	0	0%
Multiple Race	23	25%	24	89%	24	86%	21	81%	22	82%	20	74%	17	61%
Ethnicity														
Hispanic or Latino	199	92%	181	84%	205	96%	177	85%	185	87%	148	69%	157	73%
Not Hispanic or Latino	603	84%	530	75%	620	87%	535	77%	505	71%	458	64%	439	62%
Length of Services														
0-6 months	46	84%	46	84%	50	91%	42	78%	43	80%	36	67%	39	71%
7-11 months	176	83%	153	73%	179	85%	168	80%	139	67%	135	64%	125	61%
1-2 years	165	88%	153	83%	174	93%	142	79%	151	79%	127	67%	127	68%
3-5 years	64	83%	61	79%	64	83%	55	76%	53	74%	49	68%	46	60%
5 years +	412	88%	360	76%	420	89%	372	81%	360	77%	311	66%	309	66%
Program														
SMI	422	84%	369	74%	443	89%	399	81%	360	73%	310	63%	328	66%
Non-SMI	399	87%	372	82%	402	88%	343	78%	347	76%	314	69%	286	63%

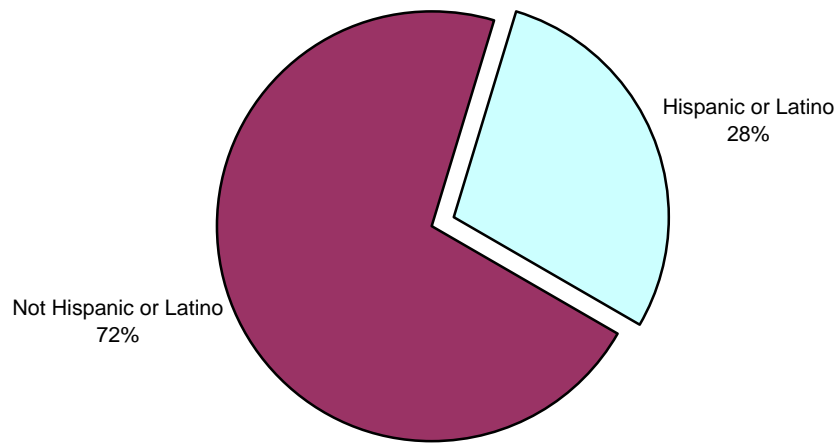
2007 YSS-F Respondents: Gender



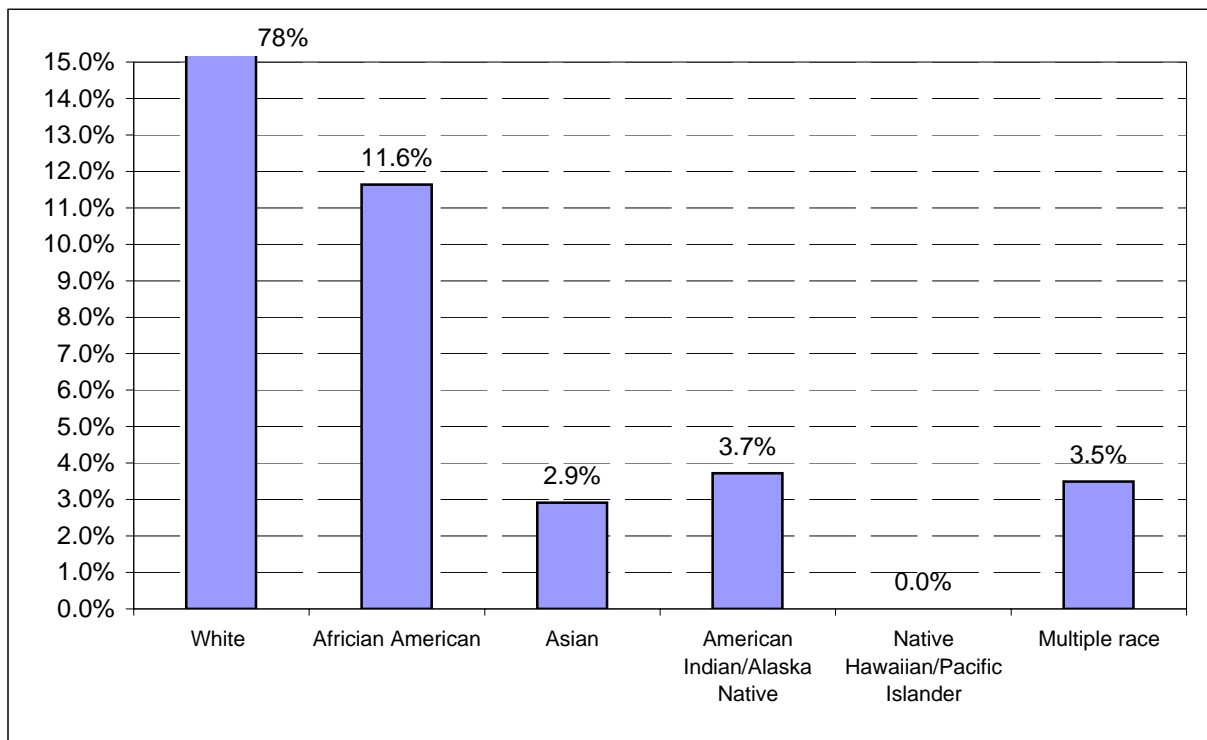
2007 YSS-F Respondents: Age



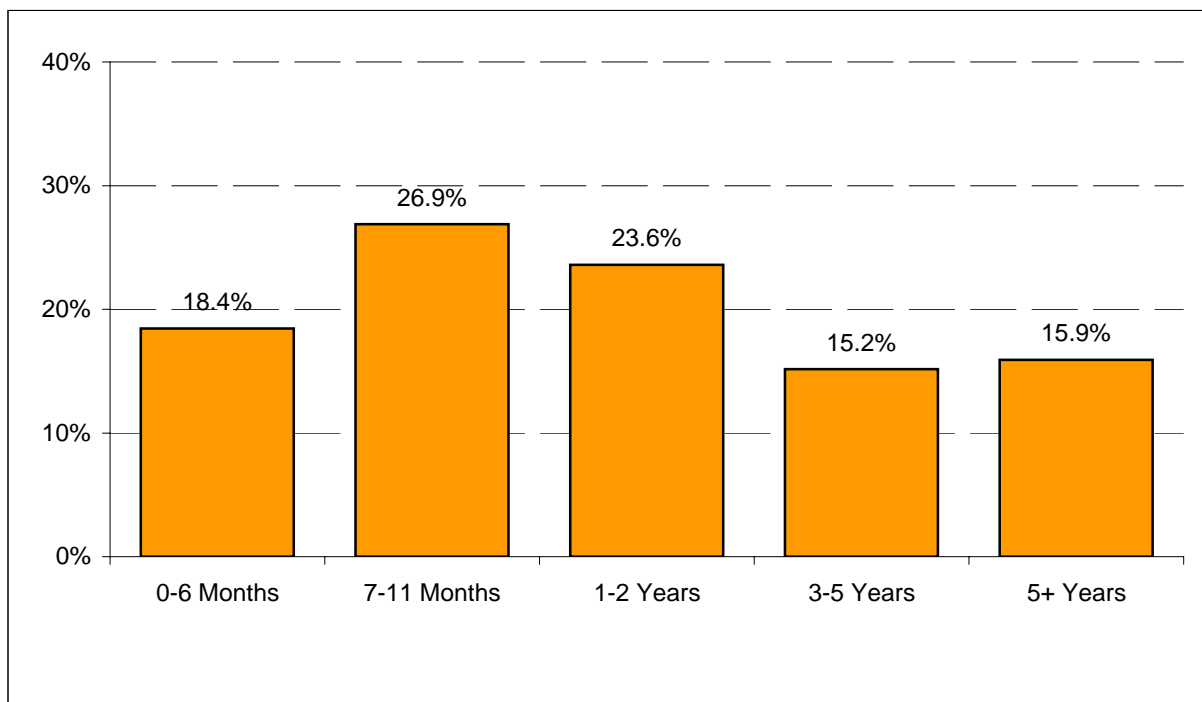
2007 YSS-F Respondents: Ethnicity



2007 YSS-F Respondents: Race



2007 YSS-F Respondents: Length of Behavioral Health Services



2007 YSSF, Statewide Percent of Positive Response by Line Item

(Numbers are based on actual valid survey returns. Percentages are based on weighted scores.)

Survey Item	Number	Percent
General Satisfaction:		78%
1. Overall, I am satisfied with the services my child received.	942	86%
4. The people helping my child stuck with us no matter what.	877	82%
5. I felt my child had someone to talk to when he/she was troubled.	812	78%
7. The services my child and/or family received were right for us.	899	83%
10. My family got the help we wanted for my child.	871	81%
11. My family got as much help as we needed for my child.	813	76%
Service Access		78%
8. The location of services was convenient for us.	904	83%
9. Services were available at times that were convenient for us.	909	83%
Participation in Treatment Planning		90%
2. I helped to choose my child's services.	895	85%
3. I helped to choose my child's treatment goals.	950	89%
6. I participated in my child's treatment.	1003	93%
Cultural Sensitivity		92%
12. Staff treated me with respect..	1033	94%
13. Staff respected my family's religious/spiritual beliefs.	905	89%
14. Staff spoke with me in a way that I understood.	1042	95%
15. Staff were sensitive to my cultural/ethnic background.	833	87%
Outcomes		58%
16. My child is better at handling daily life..	783	72%
17. My child gets along better with family members.	735	69%
18. My child gets along better with friends and other people.	766	72%
19. My child is doing better in school and/or work.	708	67%
20. My child is better able to cope when things go wrong.	651	61%
21. I am satisfied with our family life right now.	655	61%
22. My child is better able to do things he or she wants to do.	726	68%
Improved Functioning		61%
16. My child is better at handling daily life..	783	72%
17. My child gets along better with family members.	735	69%
18. My child gets along better with friends and other people.	766	72%
19. My child is doing better in school and/or work.	708	67%
20. My child is better able to cope when things go wrong.	651	61%
22. My child is better able to do things he or she wants to do.	726	68%
Social Connectedness		82%
23. I know people who will listen and understand me when I need to talk.	884	83%
24. I have people that I am comfortable talking with about my child's problems.	915	85%
25. In a crisis, I would have the support I need from family or friends.	887	83%
26. I have people with whom I can do enjoyable things.	879	83%

2007 YSS-F, Percent of Positive Response by Domain and Subgroup

Subgroup	General Satisfaction		Service Access		Cultural Competency		Participation in Treatment Planning		Outcomes		Improved Functioning		Social Connectedness	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Gender														
Male	471	75%	484	77%	550	91%	568	90%	342	55%	369	60%	479	78%
Female	321	83%	302	78%	348	93%	336	89%	246	63%	246	63%	335	88%
Age Group														
0-4	29	97%	26	87%	27	93%	28	93%	15	63%	15	63%	25	93%
5-12	459	77%	461	77%	525	92%	540	90%	371	62%	394	66%	451	78%
13-17	304	79%	299	78%	346	93%	336	90%	196	51%	201	53%	331	86%
Race														
White only	519	79%	494	76%	568	92%	598	92%	383	59%	391	60%	521	81%
African American only	61	61%	86	86%	82	83%	82	83%	30	32%	40	42%	72	80%
Asian only	20	80%	14	58%	24	100%	25	100%	10	40%	14	58%	15	75%
Am Indian/Al Native only	26	81%	28	88%	30	97%	25	93%	21	78%	22	82%	29	91%
Nat Hawaiian/Pacific Islander only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Multiple Race	19	66%	20	69%	22	100%	26	90%	14	47%	17	59%	27	90%
Ethnicity														
Hispanic or Latino	281	82%	268	79%	318	95%	286	87%	227	69%	228	69%	284	84%
Not Hispanic or Latino	480	76%	480	76%	537	90%	588	92%	339	54%	356	57%	495	80%
Length of Services														
0-6 months	105	68%	102	67%	126	87%	113	74%	91	62%	105	71%	111	78%
7-11 months	230	80%	235	82%	245	91%	265	92%	178	62%	187	66%	238	85%
1-2 years	209	79%	193	75%	233	93%	239	95%	125	48%	128	49%	188	72%
3-5 years	102	82%	100	78%	117	94%	113	89%	83	67%	84	68%	99	83%
5 years +	119	74%	130	81%	149	94%	151	92%	82	49%	83	50%	143	89%
CFT														
Yes	472	81%	453	79%	521	93%	531	93%	346	61%	359	63%	465	82%
No	274	73%	296	78%	322	91%	324	87%	201	54%	216	58%	301	81%

2007 Adult Consumer Survey, Statewide Domain Score Comparison

Domain	Percent Satisfied, Adult Survey				
	2001	2003	2005	2006	2007
General Satisfaction	80%	88%	80%	83%	86%
Service Access	71%	77%	75%	75%	77%
Participation in Treatment Planning	N/A	75%	71%	77%	79%
Service Quality and Appropriateness	79%	88%	84%	84%	88%
Outcomes	58%	66%	63%	67%	74%
Improved Functioning	N/A	N/A	N/A	N/A	66%
Social Connectedness	N/A	N/A	N/A	N/A	65%

2007 YSS-F, Statewide Domain Score Comparison

Domain	Percent Satisfied, YSS-F				
	2001	2003	2005	2006	2007
General Satisfaction	68%	80%	74%	78%	78%
Service Access	70%	78%	72%	75%	78%
Participation in Treatment Planning	N/A	85%	84%	87%	90%
Cultural Sensitivity	N/A	93%	92%	94%	92%
Outcomes	51%	62%	60%	62%	58%
Improved Functioning	N/A	N/A	N/A	N/A	61%
Social Connectedness	N/A	N/A	N/A	N/A	82%