Overall, I am satisfied with the services my child received. (N=9)

78%

22%

0%

67%

11%

22%

57%

29%

14%

75%

13%

13%

75%

13%

13%

89%

11%

0%

63%

38%

0%

100%

0%

0%

I helped to choose my child's services. (N=9)

I helped to choose my child's treatment goals. (N=7)

The people helping my child stuck with us no matter what. (N=8)

I felt my child had someone to talk to when he/she was troubled. (N=8)

I participated in my child's treatment. (N=9)

The services my child and/or family received were right for us. (N=8)

The location of services was convenient for us. (N=9)

0% 20% 40% 60% 80% 100%

Services were available at times that were convenient for us. (N=9)

89%

11%

0%

75%

25%

0%

63%

38%

0%

89%

11%

0%

86%

14%

0%

100%

0%

0%

67%

33%

0%

My family got the help we wanted for my child. (N=8)

My family got as much help as we needed for my child. (N=8)

Staff treated me with respect. (N=9)

Staff respected my family's religious/spiritual beliefs. (N=7)

Staff spoke with me in a way that I understood. (N=9)

Staff were sensitive to my cultural/ethnic background. (N=6)

0% 20% 40% 60% 80% 100%

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

Agree Undecided Disagree

My child is better at handling daily life. (N=9)

11%

11%

78%

0%

11%

89%

56%

11%

33%

0%

33%

67%

56%

11%

33%

0%

89%

11%

25%

38%

38%

75%

0%

25%

0%

13%

88%

63%

13%

25%

13%

13%

75%

My child gets along better with family members. (N=9)

My child gets along better with friends and other people. (N=9)

My child is doing better in school and/or work. (N=9)

My child is better able to cope when things go wrong. (N=9)

I am satisfied with our family life right now. (N=9)

My child is better able to do things he or she wants to do. (N=8)

I know people who will listen and understand me when I need to talk. (N=8)

I have people that I am comfortable talking with about my child's problem(s). (N=8)

In a crisis, I would have the support I need from family or friends. (N=8)

I have people with whom I can do enjoyable things. (N=8)

0% 20% 40% 60% 80% 100%

## *Is your child currently living with you? (N=8)*

Yes 8

100%

## *Has your child lived in any of the following places in the last 6 months? (N=4 Respondents)*

(Respondents may choose multiple answers)

100%

80%

60%

40%

20%

0%

# Respondents

% Respondents

With one or both parents

3

75%

With another family member

1

25%

Total Respondents

4

100%

*In the last year, did your child see a medical doctor (or nurse) for a health check-up or*

*because he/she was sick? (N=8)*

Yes, in a clinic or office 7

87%

Do not remember 1

13%

*Is your child on medication for emotional/behavioral problems? (N=8)*

*Is yes, did the doctor or nurse tell you and/or your child what side effects to watch for? (N=2)*

Yes 2

25%

Yes

2

100%

No 6

75%

## *Approximately, how long has your child received services here? (N=8)*

More than 1 year 3

38%

1 - 2 months

1

12%

6 months to 1 year

3

38%

3 - 5 months

1

12%

*Was your child arrested since beginning to receive mental health services? (N=5)*

*Was your child arrested during the 12 months prior to that? (N=5)*

No 5

100%

No

5

100%

## *Since your child began to receive mental health services, have their encounters with the*

*police (reduced, same, increased, or N/A): (N=3)*

N/A 3

100%

*Was your child expelled or suspended since beginning services? (N=5)*

Yes 1

20%

*Was your child expelled or suspended during the 12 months prior to that? (N=5)*

No 4

No

4

80%

Yes

1

20%

80%

The one (1) respondent who was expelled or suspended since beginning services, was also expelled or suspended during the 12 months prior to that.

## *Since starting to receive services, the number of days my child was in school is*

*(greater, same, less, or N/A): (N=5)*

About the same 1

20%

N/A: Child did not have a problem with attendance before starting services

2

40%

N/A: Child is home schooled

2

40%

*Was your child arrested during the last 12 months? (N=3)*

*Was your child arrested during the 12 months prior to that? (N=3)*

No 3

100%

No 3

100%

# Over the last year, have your child's encounters with the police

(reduced, same, increased, or N/A): (N=3)

N/A

3

100%

*Was your child expelled or suspended during the last 12 months? (N=3)*

*Was your child expelled or suspended during the 12 months prior to that? (N=2)*

No

No

1

50%

Yes

1

50%

3

100%

*Over the last year, the number of days my child was in school is*

## *(greater, same, less, or N/A): (N=3)*

Greater 1

34%

About the same 1

33%

N/A: Child did not have a problem with attendance before starting services

1

33%

*Gender (N=9) Age (N=7)*

Male 8

89%

6 - 15 years

5

72%

Female 1

11%

0 - 5 years

1

14%

16 - 25 years

1

14%

*Mexican / Hispanic / Latino*

*(N=7) Race (N=8)*

No

3

43%

Hispanic 4

50%

Yes 4

57%

White/ Caucasian 4

50%

## *Does your child have Medi-Cal (Medicaid) insurance? (N=8)*

Yes 8

100%

*Were the services your child received provided in the language he/she preferred? (N=8)*

*Was written information available to you in the language you prefer? (N=8)*

Yes

8

100%

Yes 8

100%


## *Please identify who helped you complete any part of this survey. (N=8 Respondents)*

(Respondents may choose multiple answers)

I did not need any help

My child's clinician/case manager helped me

Total Respondents

# Respondents

7

1

8

% Respondents

88%

13%

100%

100%

80%

60%

40%

20%

0%