



**Butte County  
Department of Behavioral Health**

**California Department of Health Care Services  
Consumer Perception Survey  
Trend Report**

**Chico Treatment Court MH**

**(May 2017-June 2021)**

**(June 2021 Comments Included)**

# Table of Contents

<b>ABOUT THE CONSUMER PERCEPTION SURVEY .....</b>	<b>3</b>
<b>ADULT .....</b>	<b>4</b>
GENERAL SERVICES QUALITY (ADULT) .....	4
AS A DIRECT RESULT OF SERVICES (ADULT) .....	5
LIFE SATISFACTION – OVERALL (ADULT) .....	6
LIFE SATISFACTION – FAMILY/SOCIAL DOMAIN (ADULT).....	7
LIFE SATISFACTION – EXTERNAL FACTORS DOMAIN (ADULT) .....	7
LIFE SATISFACTION – VICTIMS OF CRIME (ADULT) .....	8
LIFE SATISFACTION –LEGAL DOMAIN (ADULT) .....	8
DEMOGRAPHICS (ADULT) .....	9
<b>OLDER ADULT .....</b>	<b>11</b>
GENERAL SERVICES QUALITY (OLDER ADULT) .....	11
AS A DIRECT RESULT OF SERVICES (OLDER ADULT) .....	12
LIFE SATISFACTION – OVERALL (OLDER ADULT) .....	13
LIFE SATISFACTION – VICTIMS OF CRIMES (OLDER ADULT).....	14
LIFE SATISFACTION – LEGAL DOMAIN (OLDER ADULT).....	14
LIFE SATISFACTION – HEALTH DOMAIN (OLDER ADULT) .....	15
DEMOGRAPHICS (OLDER ADULT) .....	15
<b>COMMENTS (JUNE 2021) .....</b>	<b>18</b>



## Department of Behavioral Health

Scott Kennelly, LCSW, Director

3217 Cohasset Road  
Chico, California 95973

T: 530.891.2850

[buttecounty.net/behavioralhealth](http://buttecounty.net/behavioralhealth)

## About the Consumer Perception Survey

The Department of Health Care Services (DHCS) utilizes the Mental Health Statistics Improvement Project (MHSIP) tool to collect Consumer Perception Survey (CPS) data from patients receiving mental health services from publicly funded mental health programs in California. Survey forms include Adults (ages 18-59), Older Adults (ages 60+), Youth (ages 13-17) and Family/Parents of Youth. The survey is administered once each year in Spring for a period of five (5) business days. DHCS has contracted with the University of California Los Angeles – Integrated Substance Use Programs (UCLA-ISAP) to scan and process the submitted forms and aggregate the data.

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

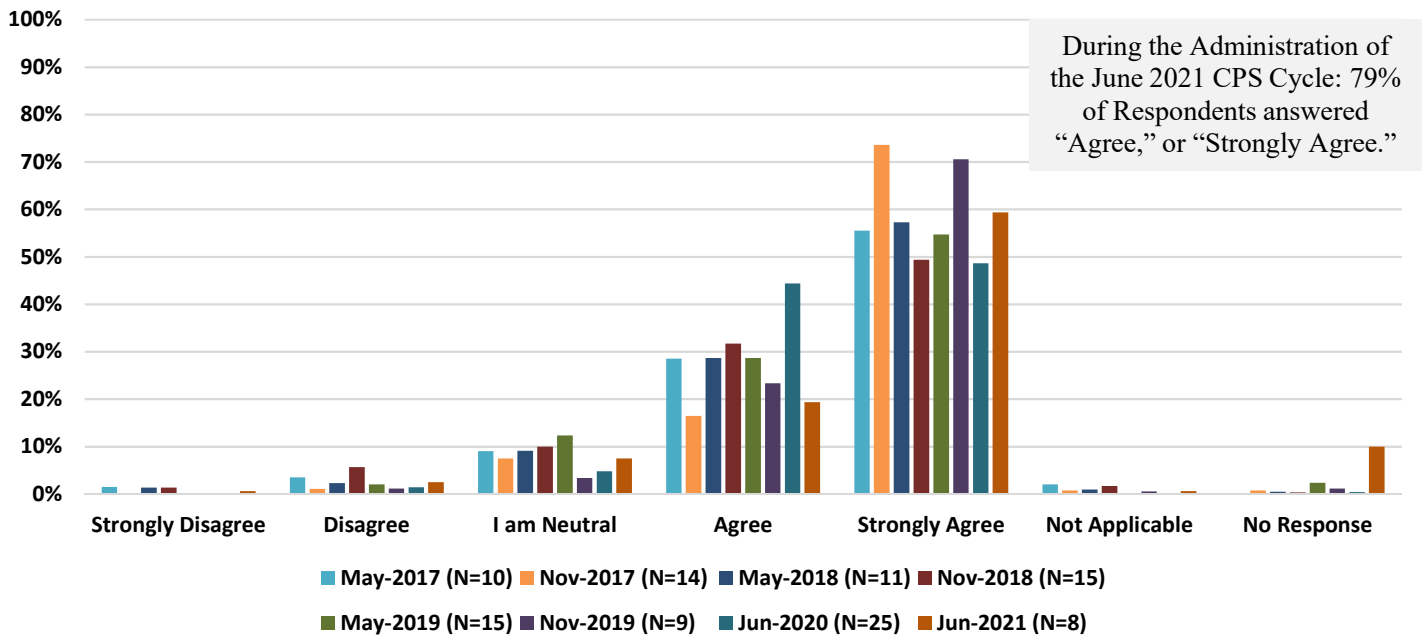
In accordance with DHCS, the Butte County Department of Behavioral Health (BCDBH) administered CPS during the week of June 21, 2021 through June 25, 2021. During this week, there were 538 surveys returned. Surveys in which the client declined to participate were counted, but not included within the charts of this report.

# Adult

## General Services Quality (Adult)

The chart below represents the aggregated responses from the first 20 questions of the Consumer Perception Survey (adult portion). The first 20 questions correspond to the general quality of service adult clients received at Butte County Department of Behavioral Health.

### General Services Quality - (Adult)

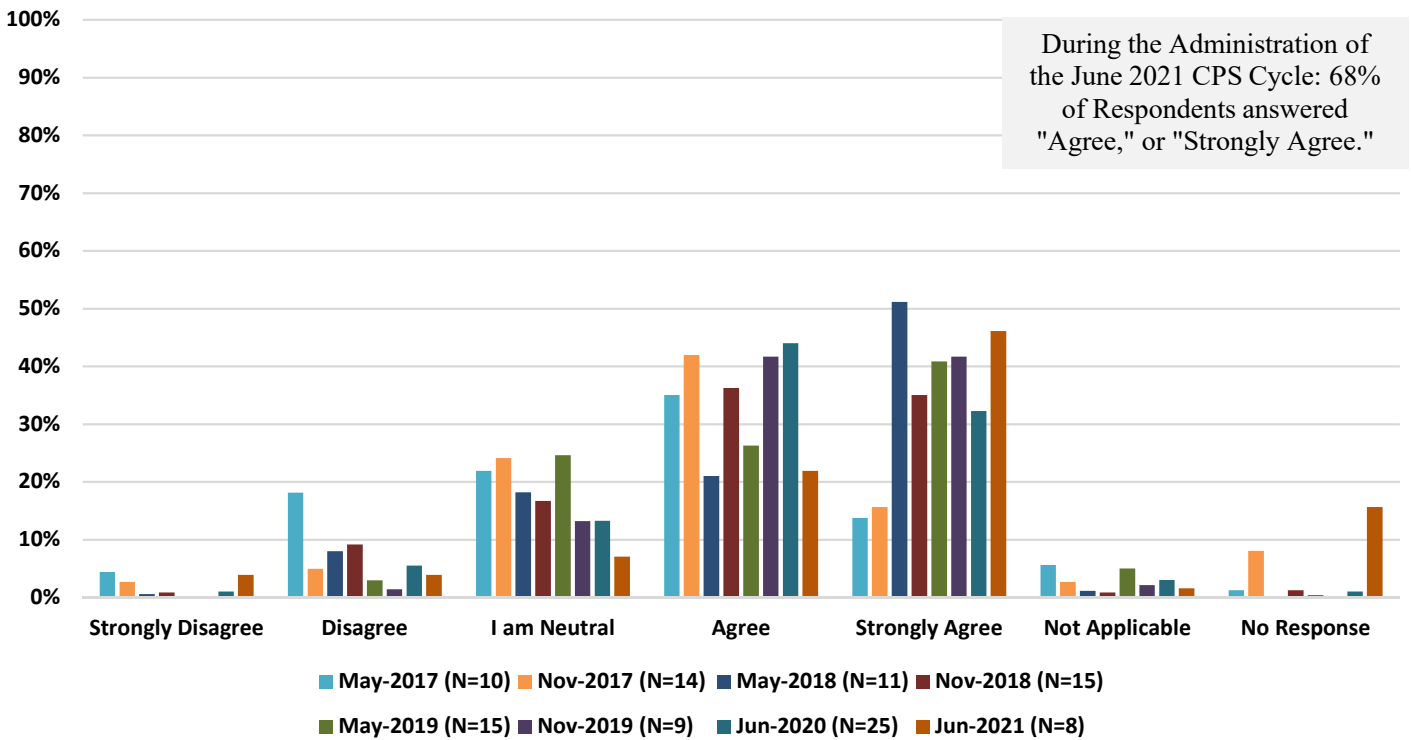


- I like the services that I receive here.
- If I had other choices, I would still get services from this agency.
- I would recommend this agency to a friend or family member.
- The location of services was convenient (parking, public transportation, distance, etc.).
- Staff were willing to see me as often as I felt it was necessary.
- Staff returned my calls within 24 hours
- Services were available at times that were good for me.
- I was able to get all the services I thought I needed.
- I was able to see a psychiatrist when I wanted to.
- Staff here believe that I can grow, change and recover.
- I felt comfortable asking questions about my treatment and medication.
- I felt free to complain.
- I was given information about my rights.
- Staff encouraged me to take responsibility for how I live my life.
- Staff told me what side effects to watch out for.
- Staff respected my wishes about who is, and who is not to be given information about my treatment.
- I, not staff, decided my treatment goals.
- Staff were sensitive to my cultural background (race, religion, language, etc.).
- Staff helped me obtain the information I needed so that I could take charge of managing my illness.
- I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc).

**As a Direct Result of Services (Adult)**

The Chart below corresponds to the aggregated responses of the 16 questions regarding direct effects of services in clients' daily life.

**As a Direct Result of Services - (Adult)**



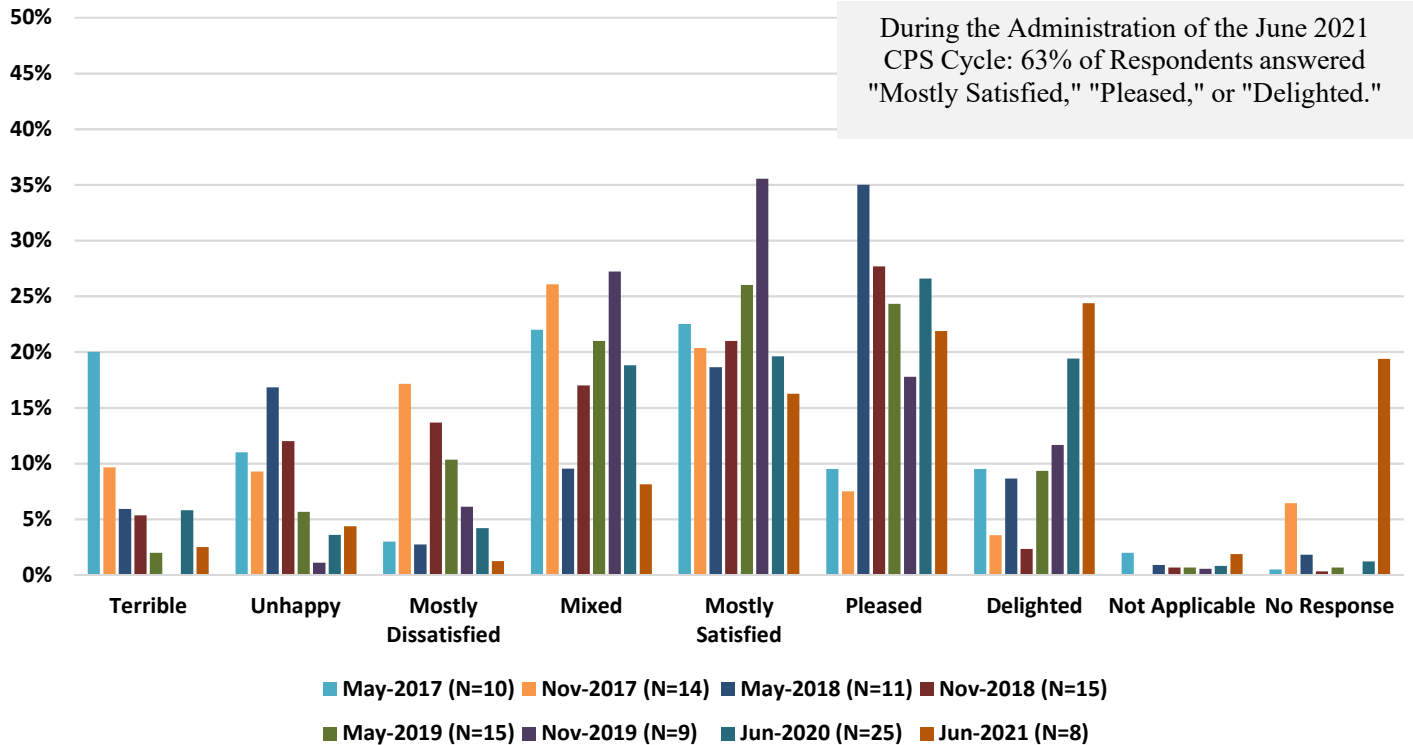
- 21. I deal more effectively with daily problems.
- 22. I am better able to control my life.
- 23. I am better able to deal with crisis.
- 24. I am getting along better with my family.
- 25. I do better in social situations.
- 26. I do better in school and / or work.
- 27. My housing situation has improved.
- 28. My symptoms are not bothering me as much.
- 29. I do things that are more meaningful to me.
- 30. I am better able to take care of my needs.

- 31. I am better able to handle things when they go wrong.
- 32. I am better able to do things that I want to do.
- 33. I am happy with the friendships I have.
- 34. I have people with whom I can do enjoyable things.
- 35. I feel I belong in my community
- 36. In a crisis, I would have the support I need from family or friends.

## Life Satisfaction – Overall (Adult)

The charts below represent the aggregated responses to questions regarding life satisfaction.

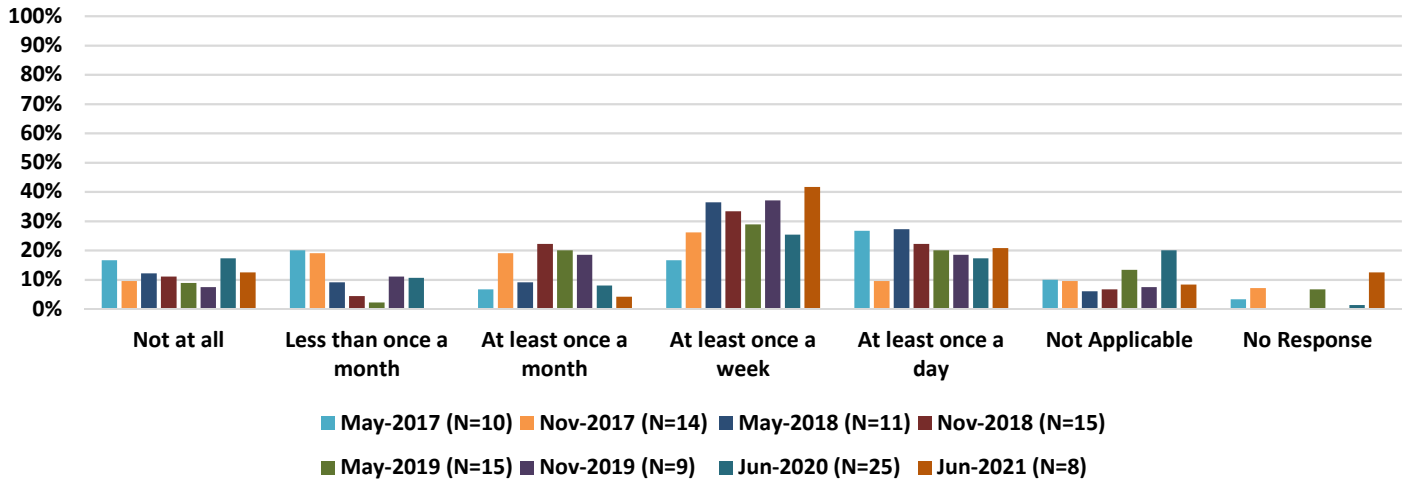
### Life Satisfaction - Overall (Adult)



1. How do you feel about your life in general?
2. Think about your current living situation. How do you feel about:
  - A. The living arrangement where you live?
  - B. The privacy you have there?
  - C. The prospect of staying on where you currently live for a long period of time?
3. Think about how you spend your spare time. How do you feel about:
  - A. The way you spend your spare time?
  - B. The chance you have to enjoy pleasant or beautiful things?
  - C. The amount of fun you have?
  - D. The amount of relaxation in your life?
4. How do you feel about:
  - A. The way you and your family act toward each other?
  - B. The way things are in general between you and your family?
5. How do you feel about:
  - A. The things you do with others?
  - B. The amount of time you spend with other people?
  - C. The people you see socially?
  - D. The amount of friendship in your life?
6. How do you feel about:
  - A. How safe you are on the streets in your neighborhood?
  - B. How safe you are where you live?
  - C. The protection you have against being robbed or attacked?
7. How do you feel about:
  - A. Your health in general?
  - B. Your physical condition?
  - C. Your emotional well-being?

**Life Satisfaction – Family/Social Domain (Adult)**

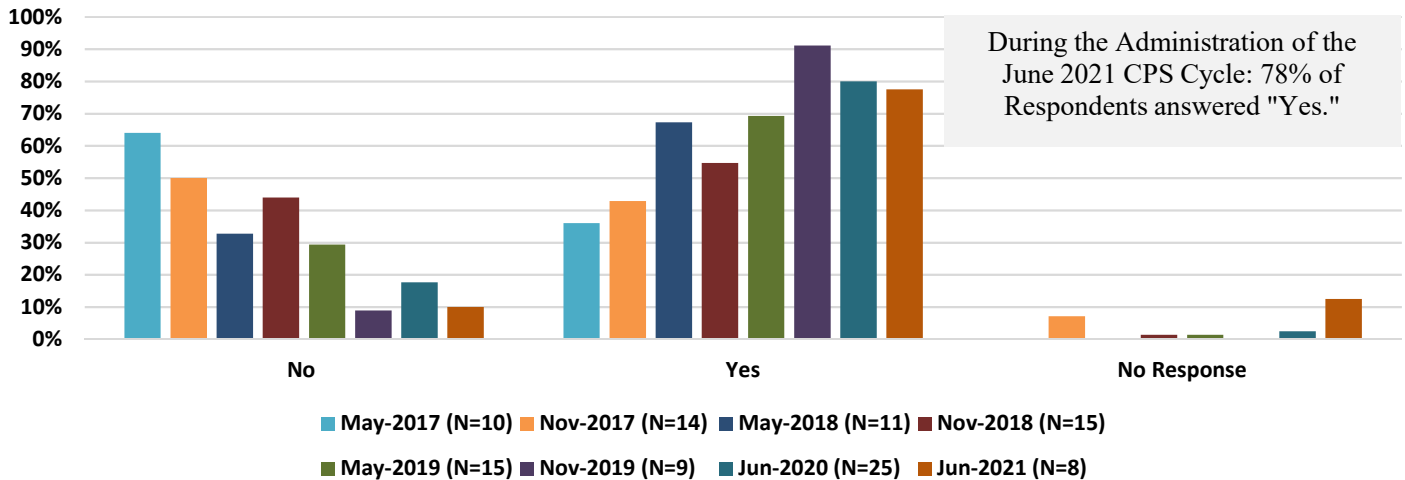
**Life Satisfaction - Family/Social Domain (Adult)**



1. In general how often do you get together with a member of your family?
2. About how often do you do the following?
  - A. Visit with someone who does not live with you?
  - B. Spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?

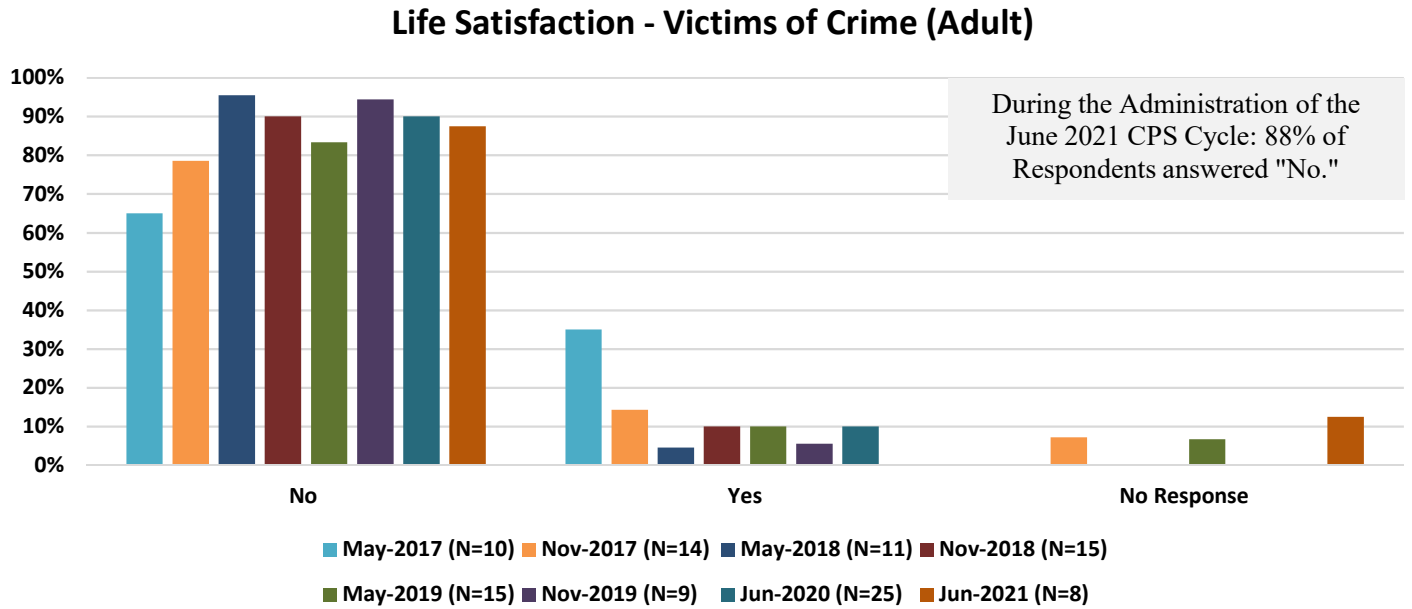
**Life Satisfaction – External Factors Domain (Adult)**

**Life Satisfaction-External Factors Domain (Adult)**



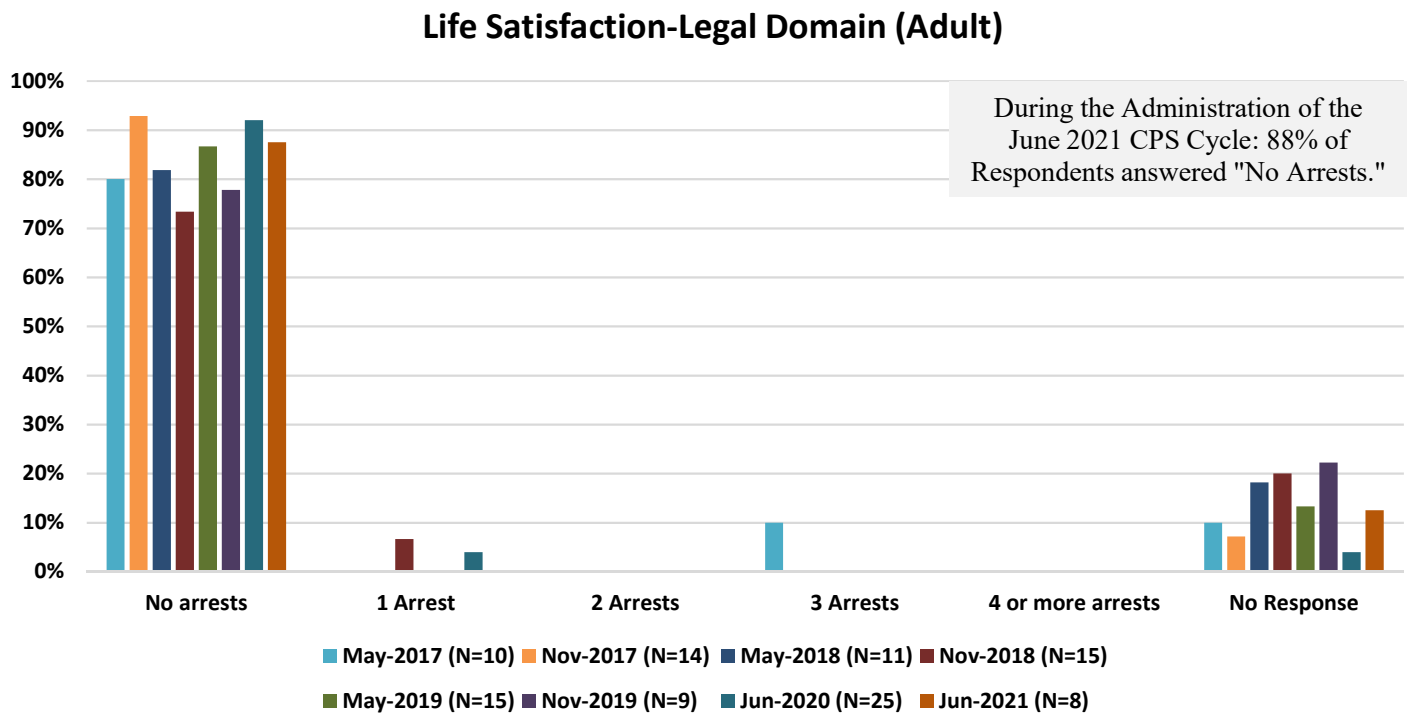
1. During the past month, did you generally have enough money to cover the following items?
  - A. Food?
  - B. Clothing?
  - C. Housing?
  - D. Traveling around for things like shopping, medical appointments, or visiting friends and relatives?
  - E. Social activities like movies or eating in restaurants?

**Life Satisfaction – Victims of Crime (Adult)**



2. In the past MONTH, were you a victim of:
  - A. Any violent crimes such as assault, rape, mugging or robbery?
  - B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?

**Life Satisfaction –Legal Domain (Adult)**

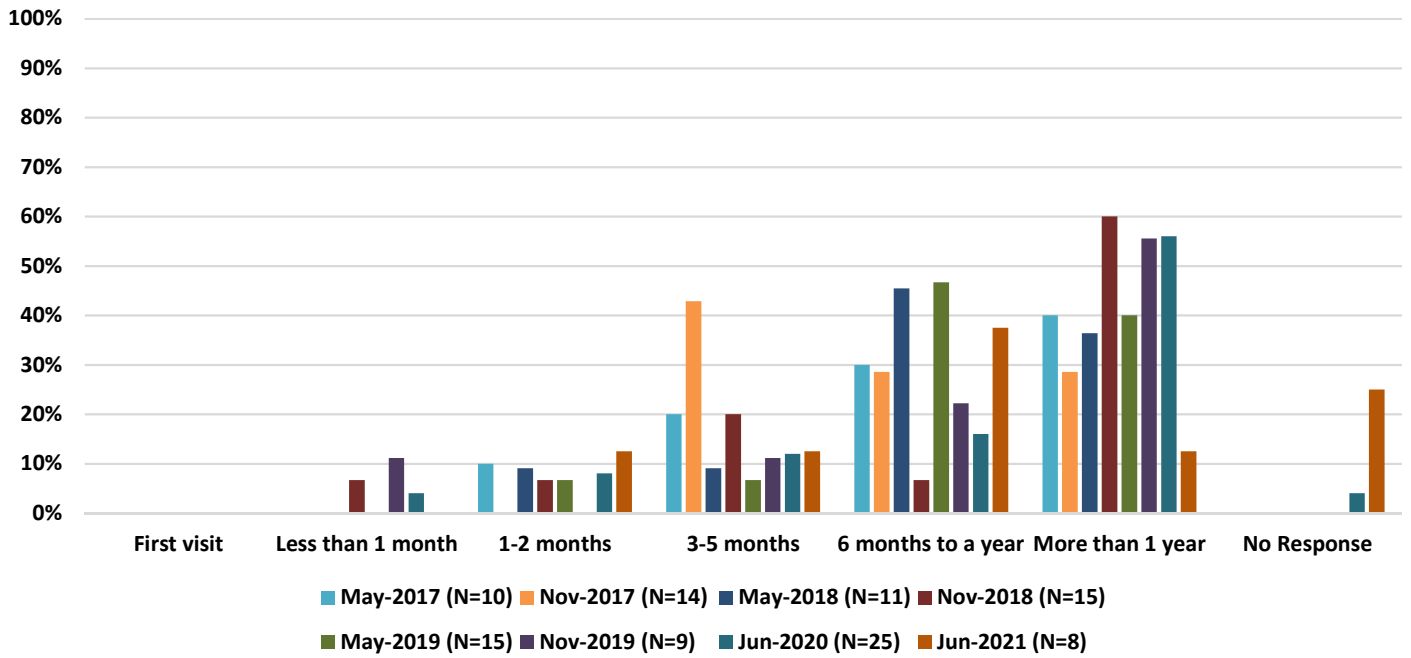


1. In the past MONTH, how many times have you been arrested for any crimes?

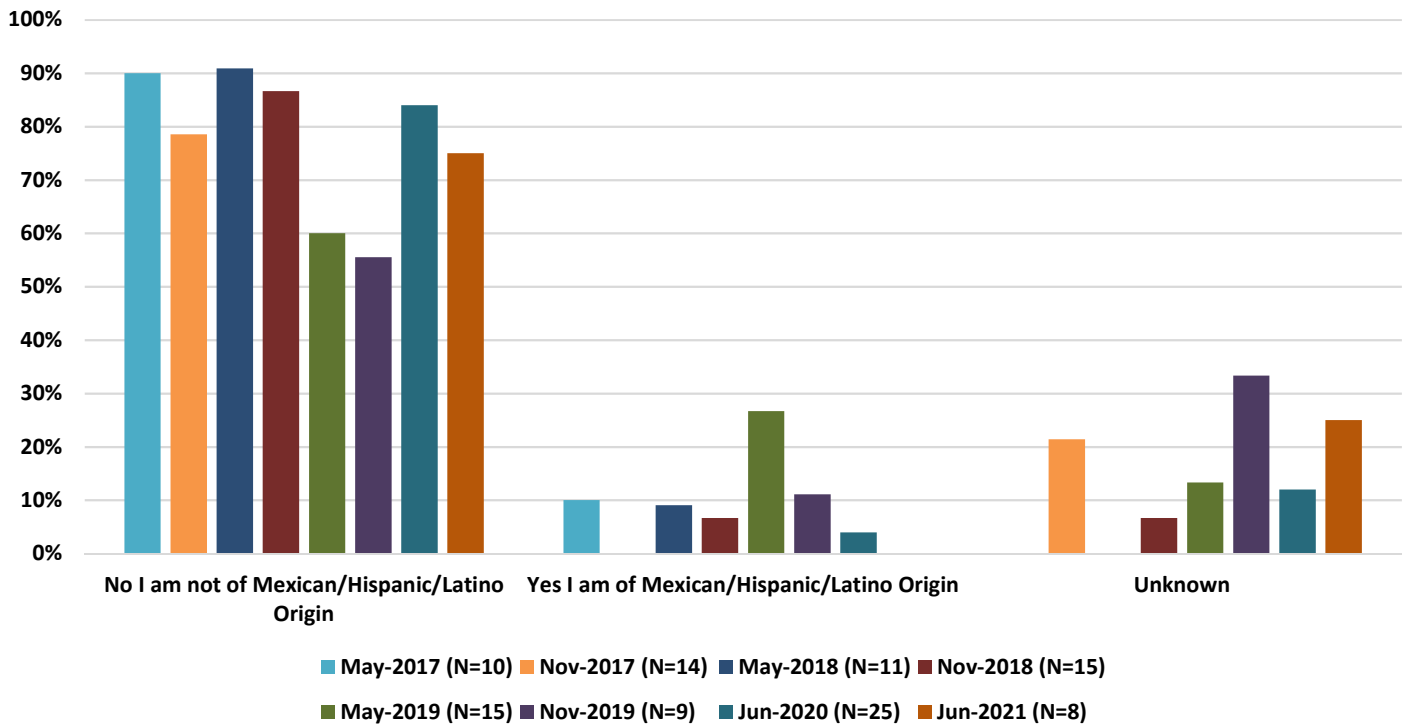


**Demographics (Adult)**

**Client by Service Duration (Adult)**

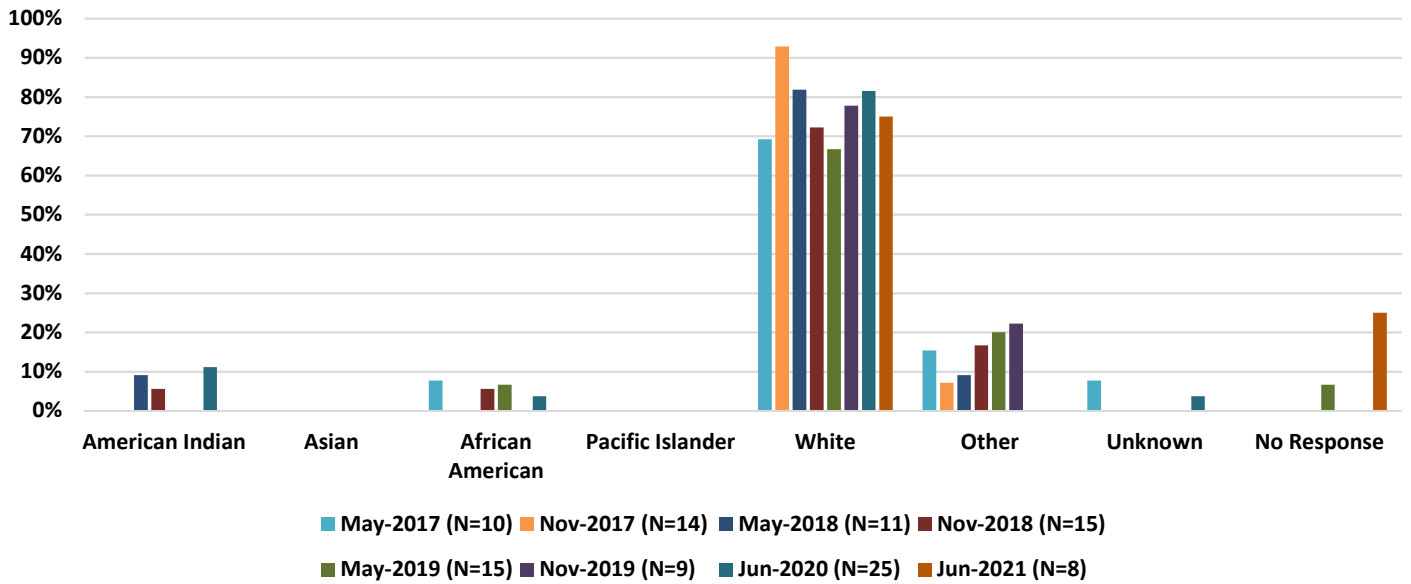


**Client by Ethnic Origin (Adult)**

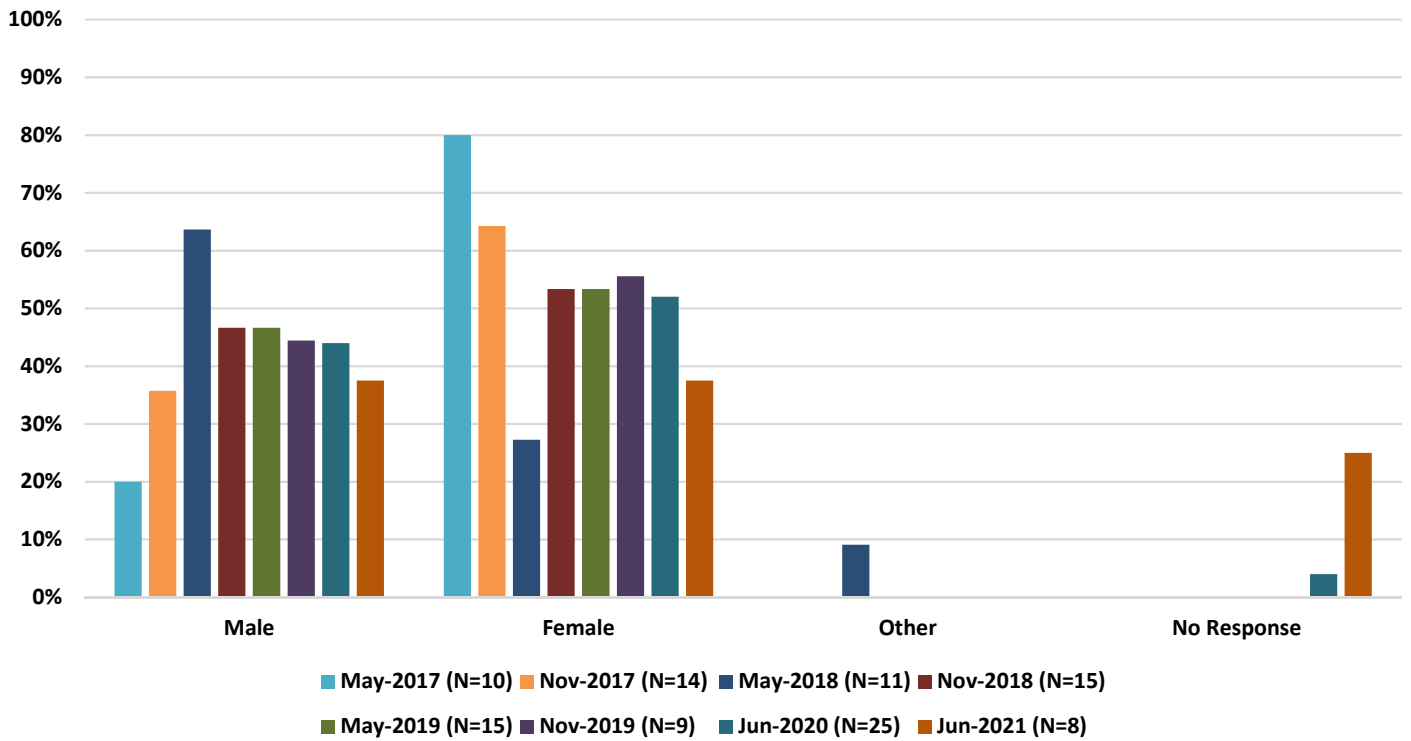


### Client by Race (Adult)

\*more than one race may be selected.



### Client by Gender (Adult)

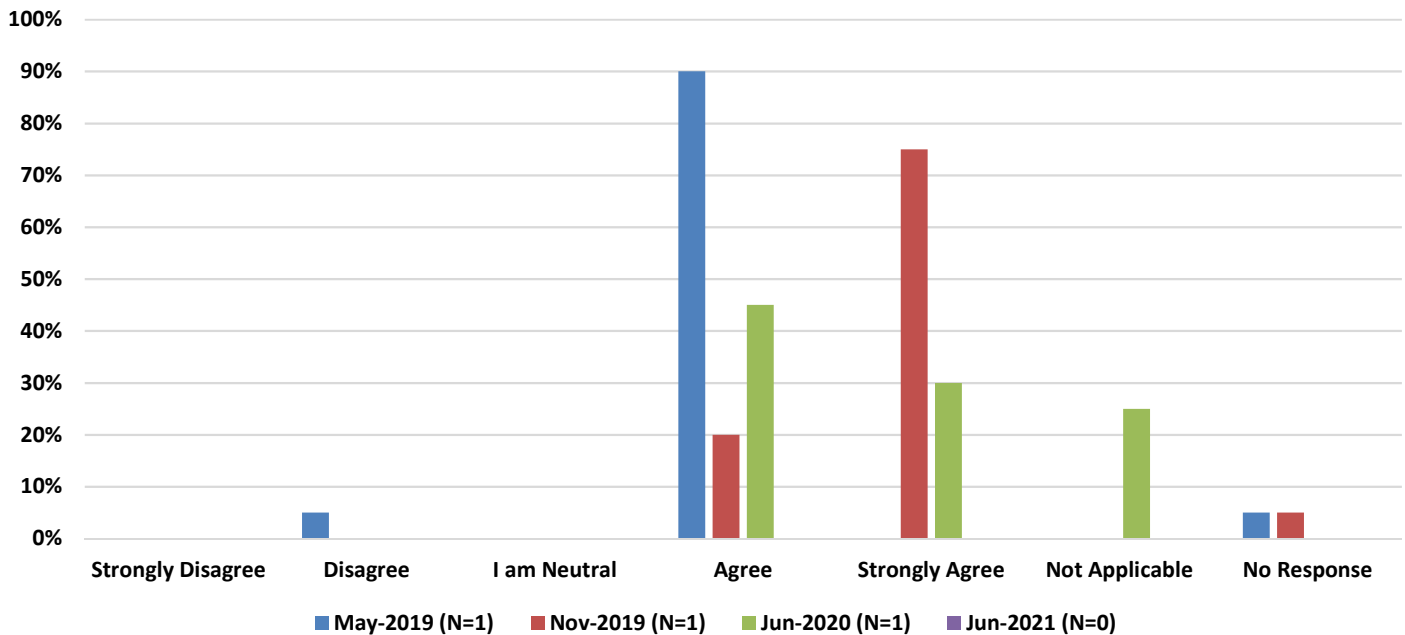


## Older Adult

### General Services Quality (Older Adult)

That chart below represents the aggregated responses from the first 20 questions of the Consumer Perception Survey (older adult portion). The first 20 questions correspond to the general quality of service adult clients received at Butte County Department of Behavioral Health.

**General Services Quality (Older Adult)**

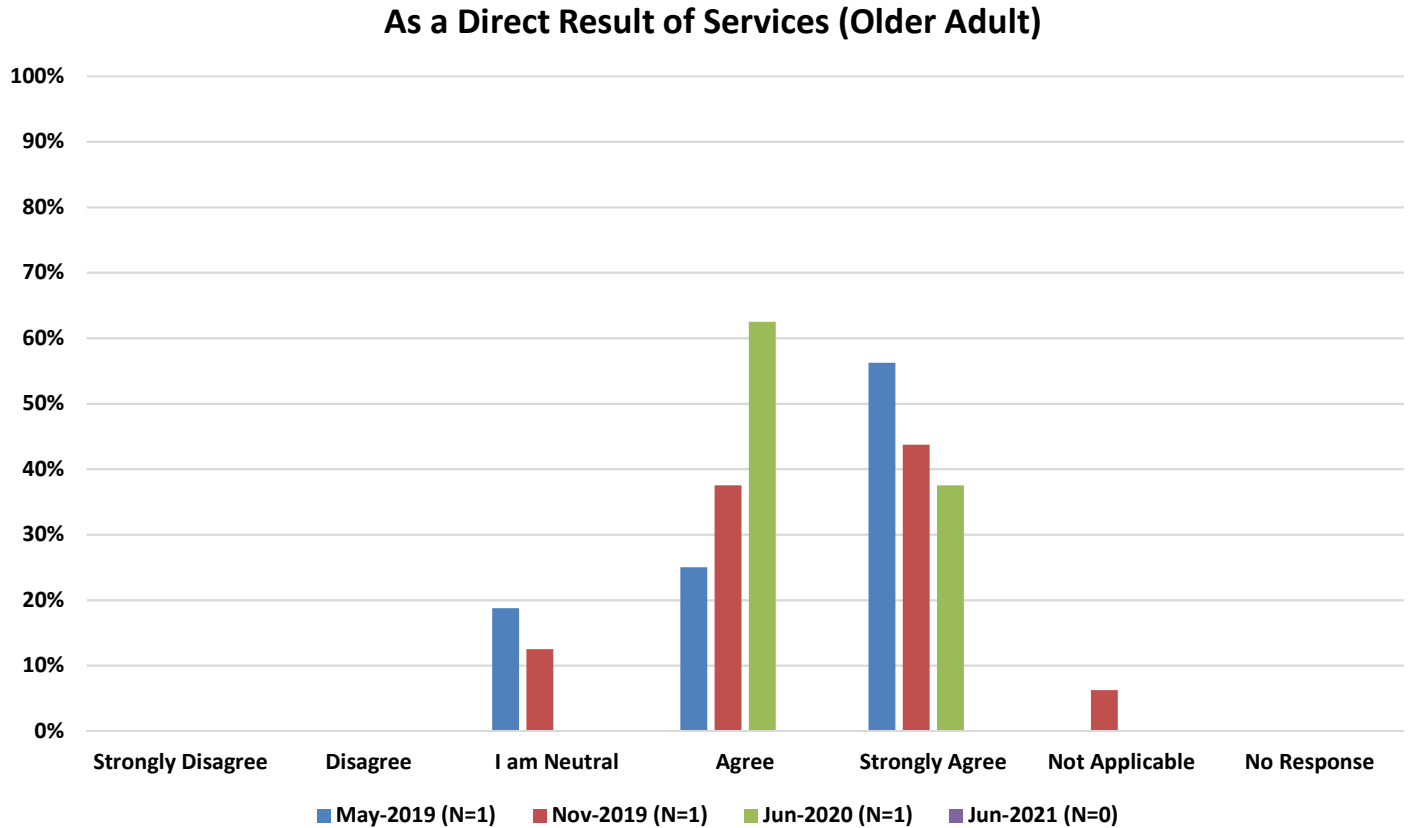


1. I like the services that I receive here.
2. If I had other choices, I would still get services from this agency.
3. I would recommend this agency to a friend or family member.
4. The location of services was convenient (parking, public transportation, distance, etc.).
5. Staff were willing to see me as often as I felt it was necessary.
6. Staff returned my calls within 24 hours
7. Services were available at times that were good for me.
8. I was able to get all the services I thought I needed.
9. I was able to see a psychiatrist when I wanted to.
10. Staff here believe that I can grow, change and recover.

11. I felt comfortable asking questions about my treatment and medication.
12. I felt free to complain.
13. I was given information about my rights.
14. Staff encouraged me to take responsibility for how I live my life.
15. Staff told me what side effects to watch out for.
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.
17. I, not staff, decided my treatment goals.
18. Staff were sensitive to my cultural background (race, religion, language, etc.).
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc.).

## As a Direct Result of Services (Older Adult)

The chart below corresponds to the aggregated responses of the 16 questions regarding direct effects of services in clients' daily life.



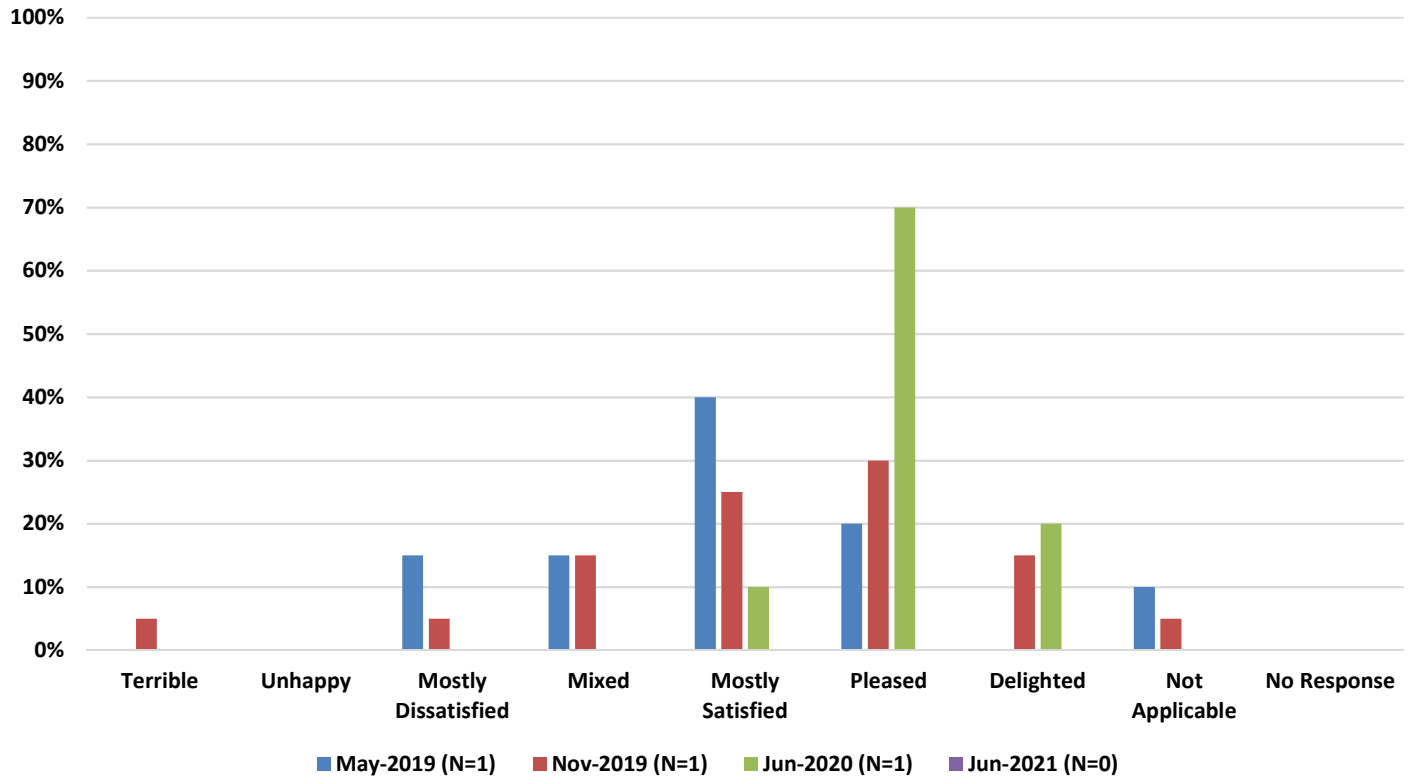
1. I deal more effectively with daily problems.
2. I am better able to control my life.
3. I am better able to deal with crisis.
4. I am getting along better with my family.
5. I do better in social situations.
6. I do better in school and / or work.
7. My housing situation has improved.
8. My symptoms are not bothering me as much.
9. I do things that are more meaningful to me.
10. I am better able to take care of my needs.

11. I am better able to handle things when they go wrong.
12. I am better able to do things that I want to do.
13. I am happy with the friendships I have.
14. I have people with whom I can do enjoyable things.
15. I feel I belong in my community
16. In a crisis, I would have the support I need from family or friends.

## Life Satisfaction – Overall (Older Adult)

The charts below represent the aggregated responses to questions regarding life satisfaction.

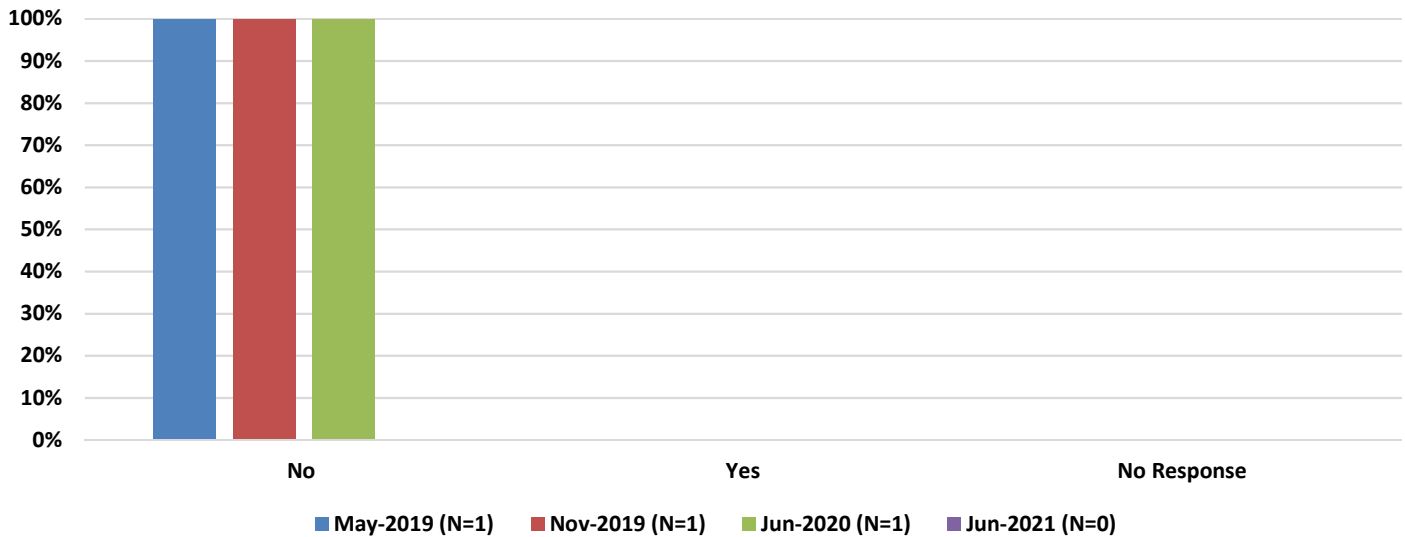
### Life Satisfaction - Overall (Older Adult)



1. How do you feel about your life in general?
2. Think about your current living situation.  
How do you feel about:
  - D. The living arrangement where you live?
  - E. The privacy you have there?
  - F. The prospect of staying on where you currently live for a long period of time?
3. Think about how you spend your spare time.  
How do you feel about:
  - E. The way you spend your spare time?
  - F. The chance you have to enjoy pleasant or beautiful things?
  - G. The amount of fun you have?
  - H. The amount of relaxation in your life?
4. How do you feel about:
  - C. The way you and your family act toward each other?
  - D. The way things are in general between you and your family?
5. How do you feel about:
  - E. The things you do with others?
  - F. The amount of time you spend with other people?
  - G. The people you see socially?
  - H. The amount of friendship in your life?
6. How do you feel about:
  - D. How safe you are on the streets in your neighborhood?
  - E. How safe you are where you live?
  - F. The protection you have against being robbed or attacked?
7. How do you feel about:
  - D. Your health in general?
  - E. Your physical condition?
  - F. Your emotional well-being?

**Life Satisfaction – Victims of Crimes (Older Adult)**

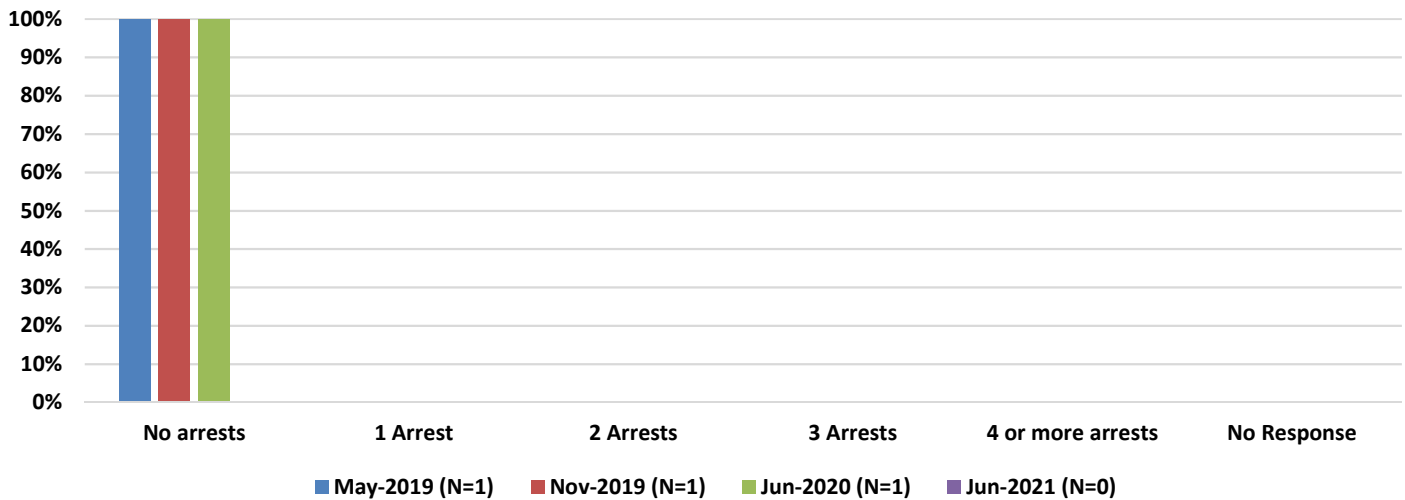
**Life Satisfaction - Victim of Crimes (Older Adult)**



1. In the past MONTH, were you a victim of:
  - A. Any violent crimes such as assault, rape, mugging or robbery?
  - B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?

**Life Satisfaction – Legal Domain (Older Adult)**

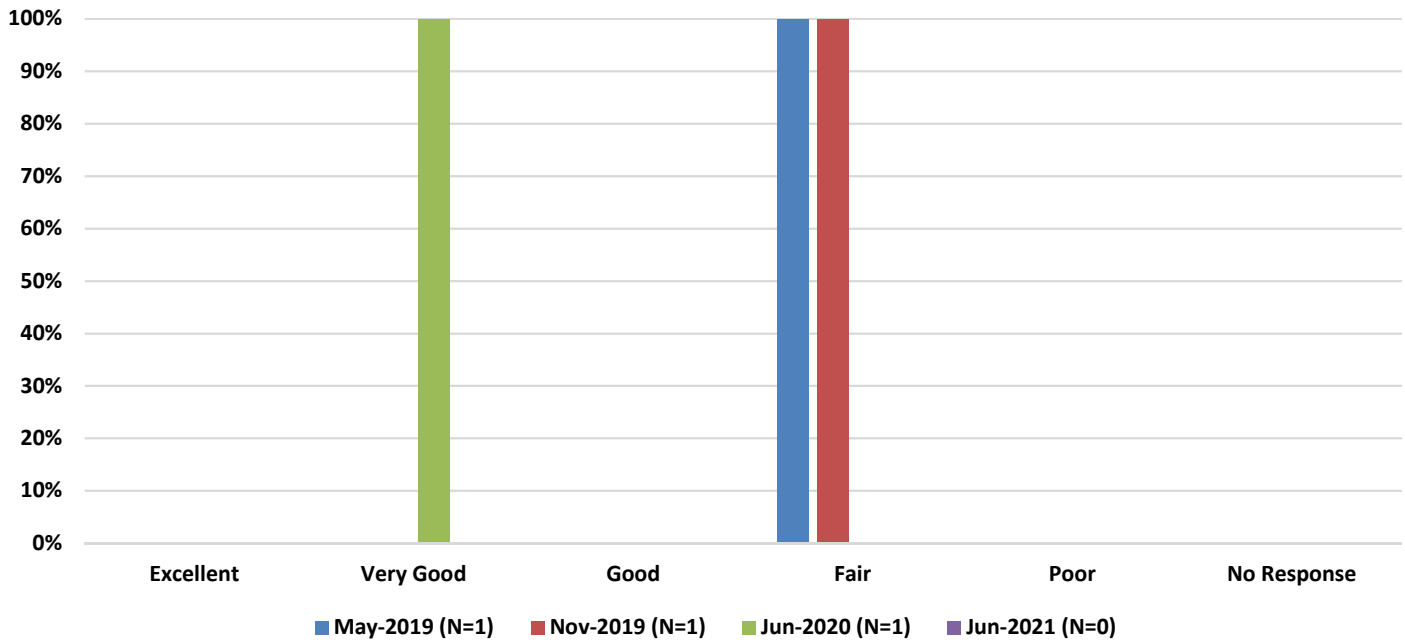
**Life Satisfaction - Legal Domain (Older Adult)**



1. In the past MONTH, how many times have you been arrested for any crimes?

**Life Satisfaction – Health Domain (Older Adult)**

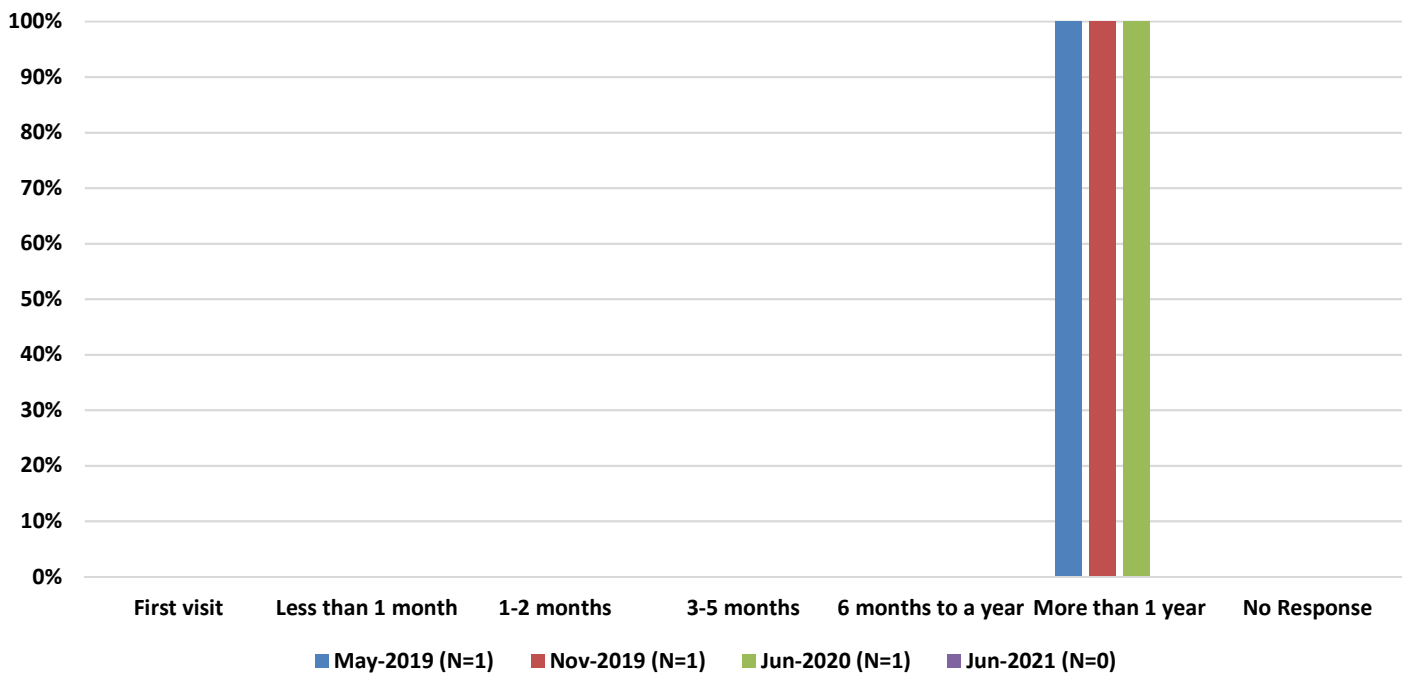
**Life Satisfaction - Health Domain (Older Adult)**



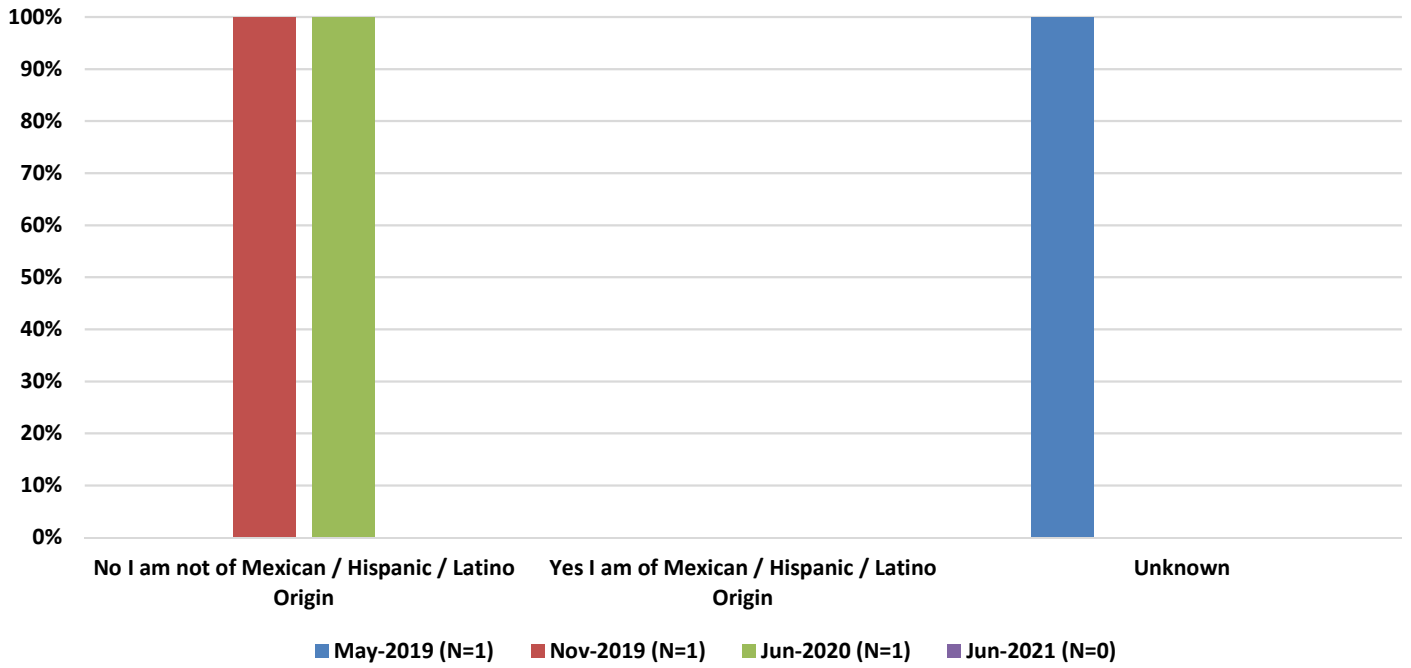
1. In general, would you say your health is:

**Demographics (Older Adult)**

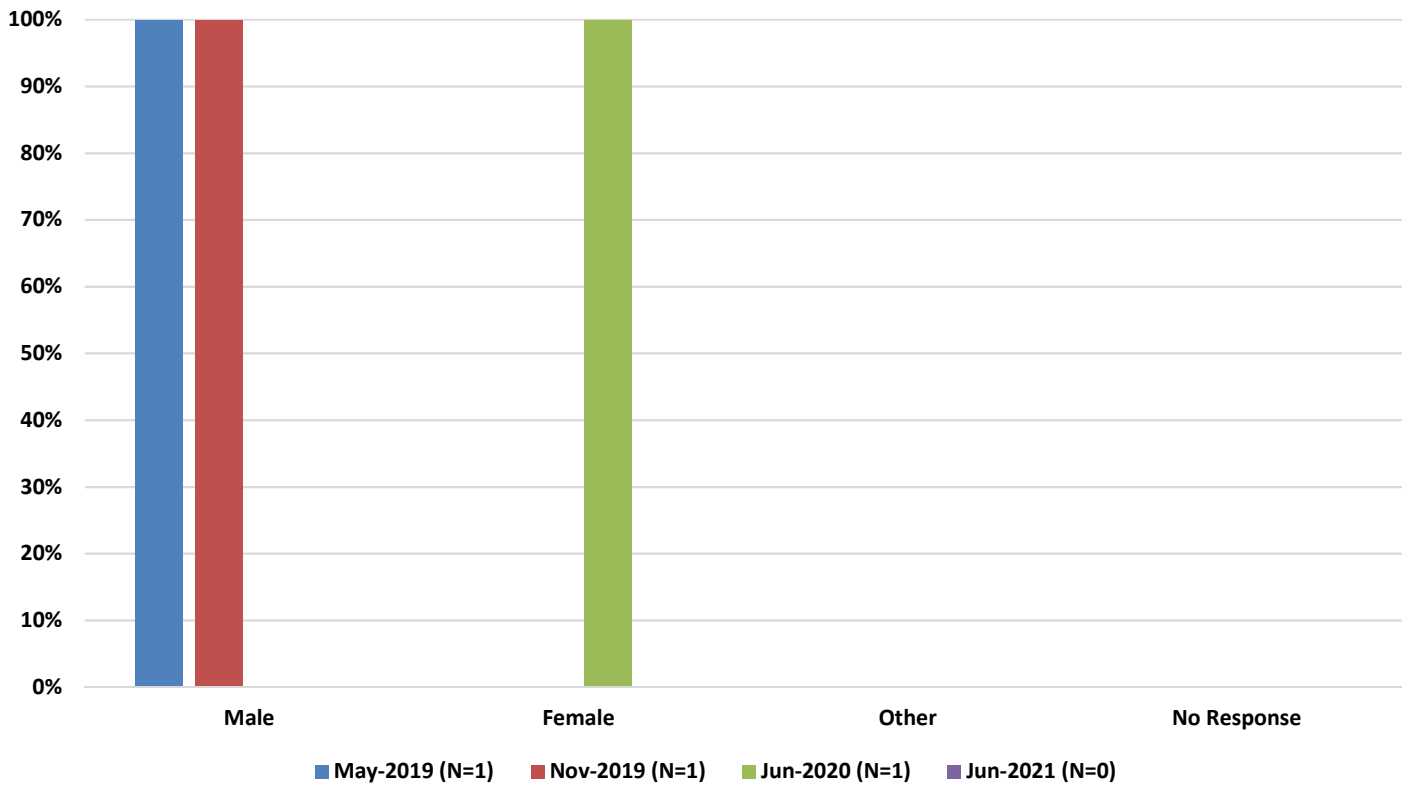
**Client by Service Duration - (Older Adult)**



### Client by Ethnic Origin - (Older Adult)

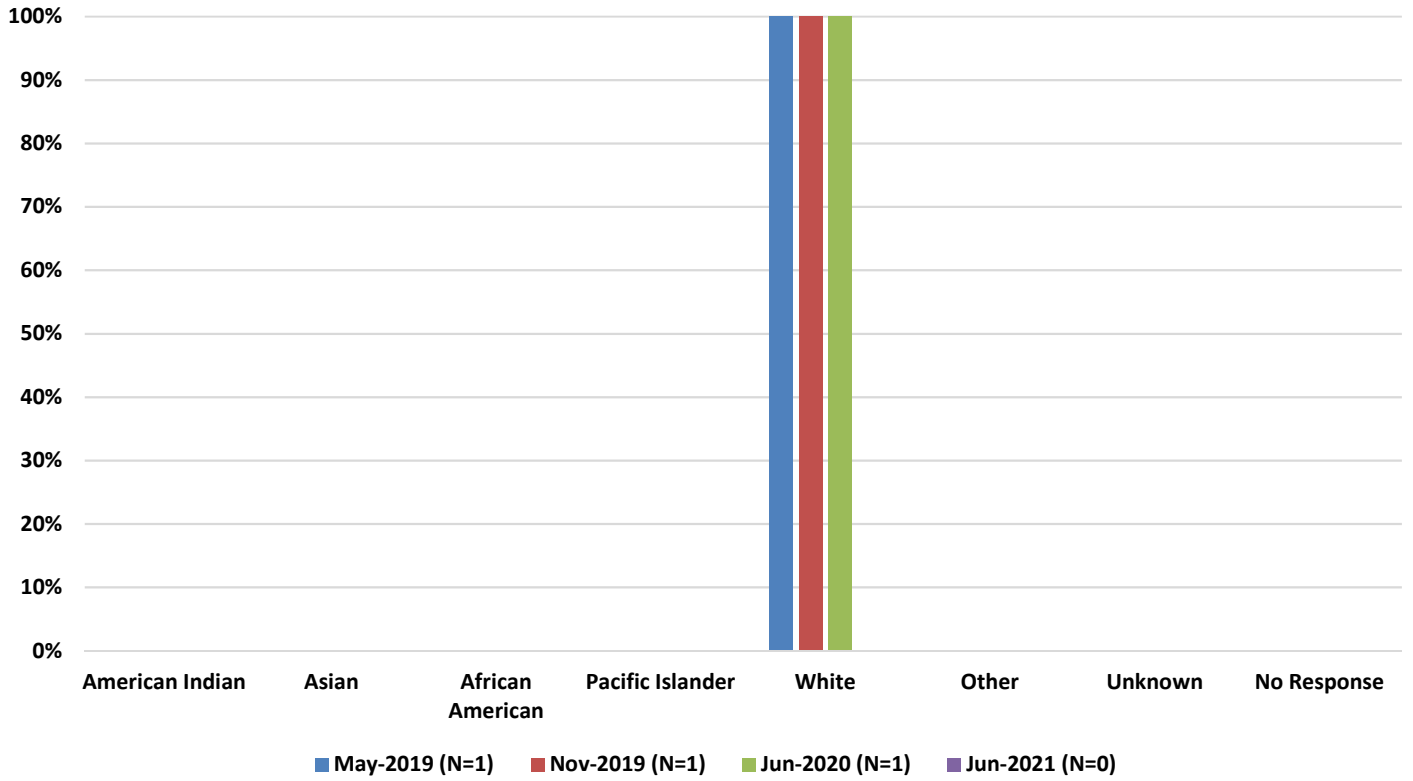


### Client by Gender - (Older Adult)





**Client by Race - (Older Adult)**  
**\*more than 1 race may be selected**



## Comments (June 2021) Chico Treatment Court MH

Open-ended responses are transcribed verbatim

### **Adult Survey**

Please provide comments here and/or on the back of this form, if needed. We are interested in both positive and negative feedback. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them here.

- “I could not have made this progress without these services!”
- “SUD services/staff have supported & helped me reach my goals & have improved my life so much! I now have stable employment, housing & custody of my kid. Thank you Everyone!”
- Handwritten notes on one survey unintelligible
- “I just thank you all for being hear and that there is a place like this to come too.”