



**Butte County  
Department of Behavioral Health**

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

**Paradise Youth Services**

**(May 2017-June 2021)**

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## Department of Behavioral Health

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## 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.

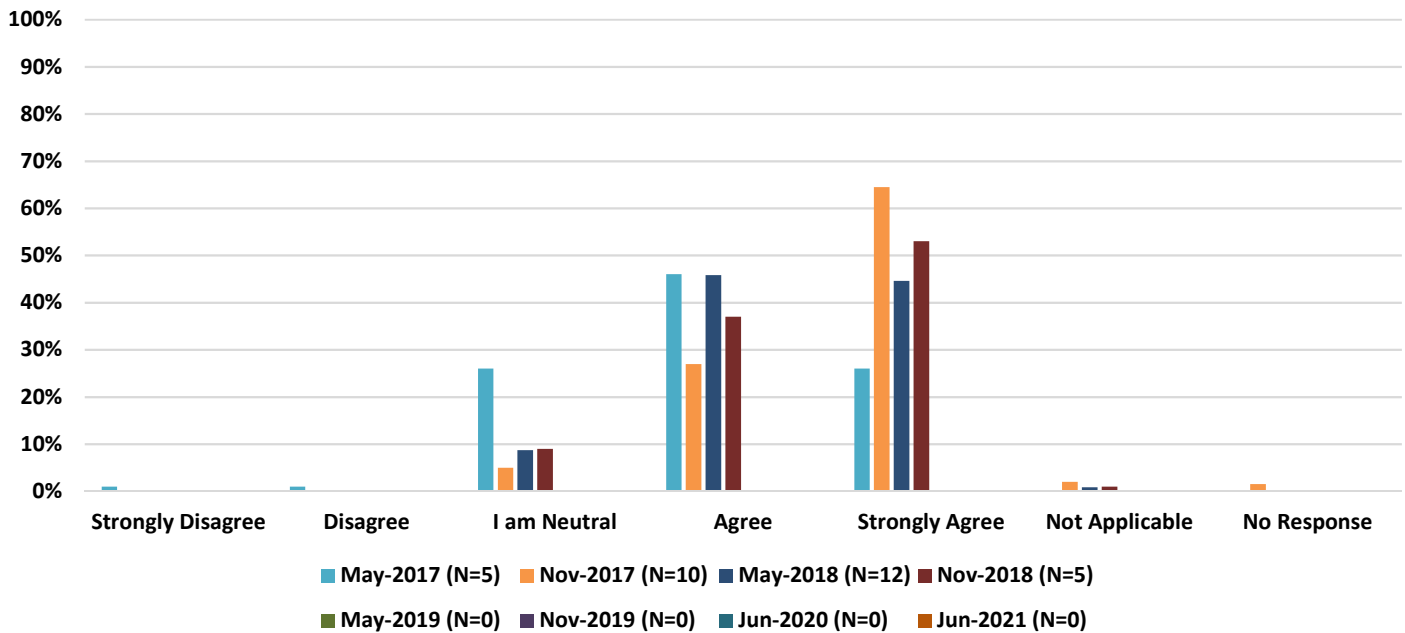
In accordance with DHCS, the Butte County Department of Behavioral Health (BCDBH) administered CPS during the week of June 21, 2021 through June 25, 2021. During this week, there were 538 surveys returned. Surveys in which the client declined to participate were counted, but not included within the charts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

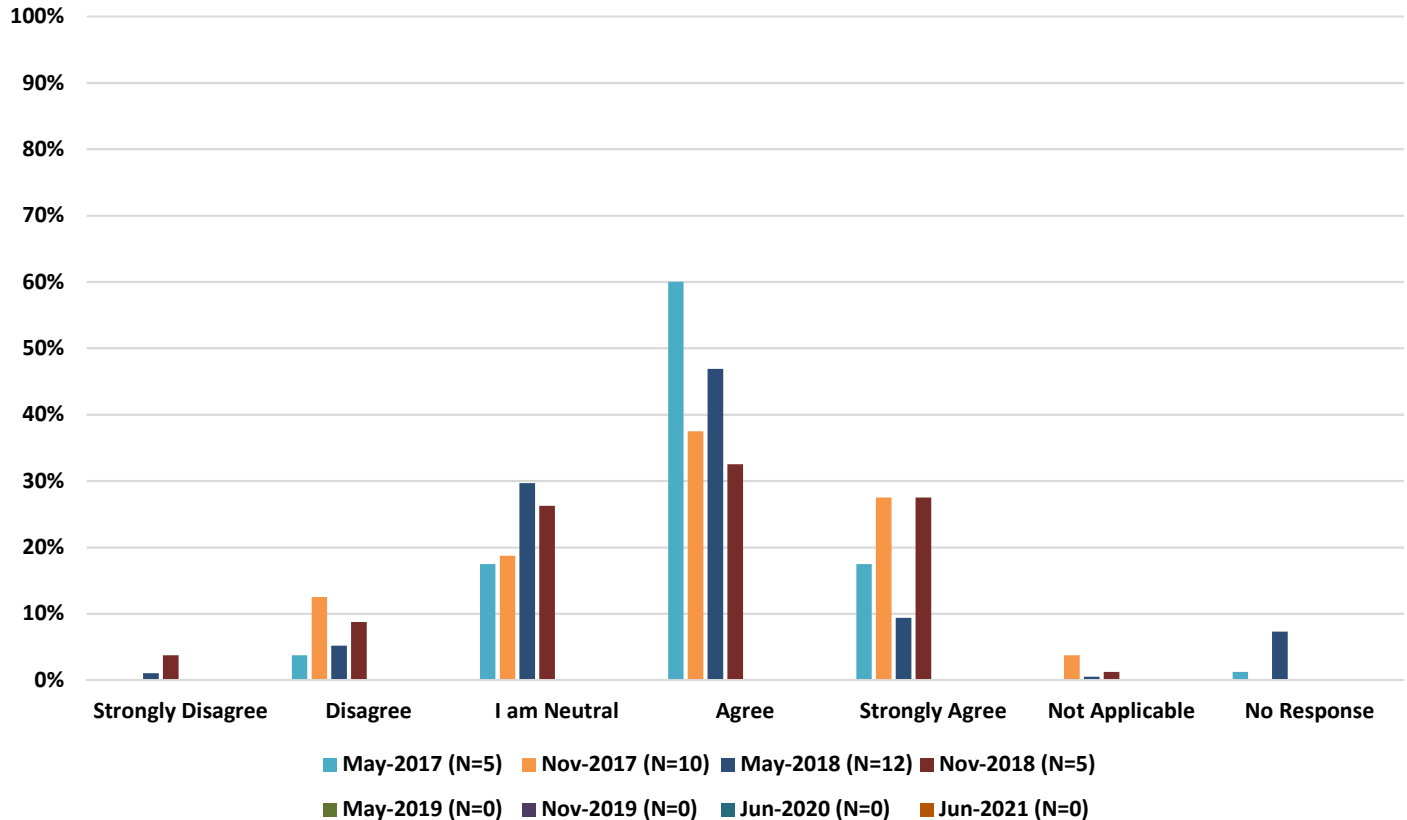


1. I like the services that I receive here.
2. If I had other choices, I would still get services from this agency.
3. I would recommend this agency to a friend or family member.
4. The location of services was convenient (parking, public transportation, distance, etc.).
5. Staff were willing to see 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 – (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)



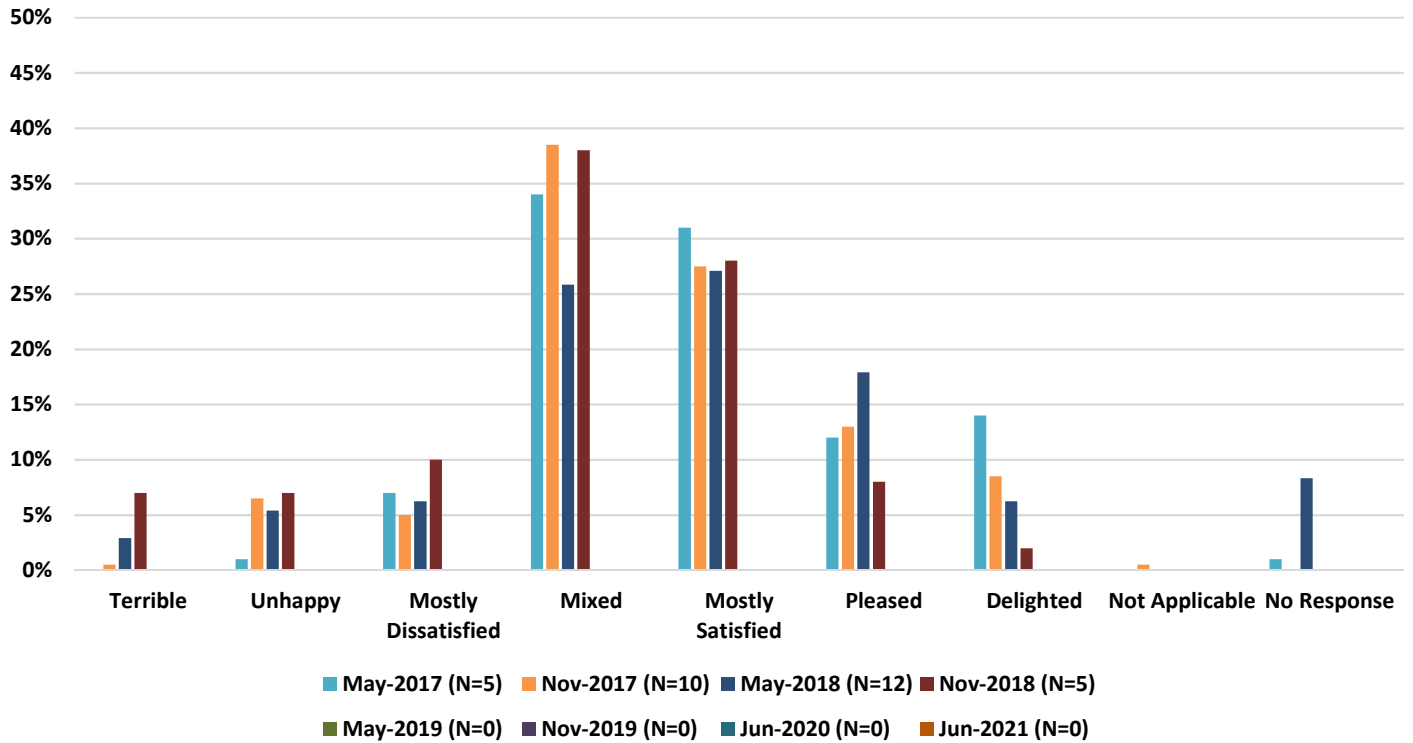
21. I deal more effectively with daily problems.
22. I am better able to control my life.
23. I am better able to deal with crisis.
24. I am getting along better with my family.
25. I do better in social situations.
26. I do better in school and / or work.
27. My housing situation has improved.
28. My 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.

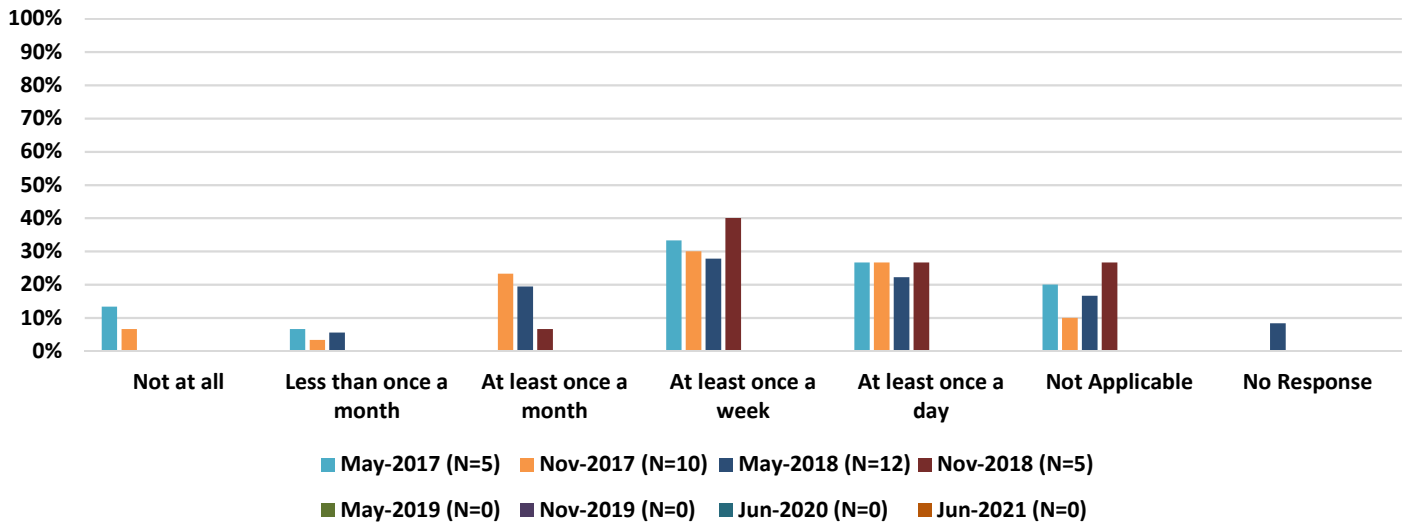
### Life Satisfaction - Overall (Adult)



1. How do you feel about your life in general?
  - A. The way you and your family act toward each other?
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)**

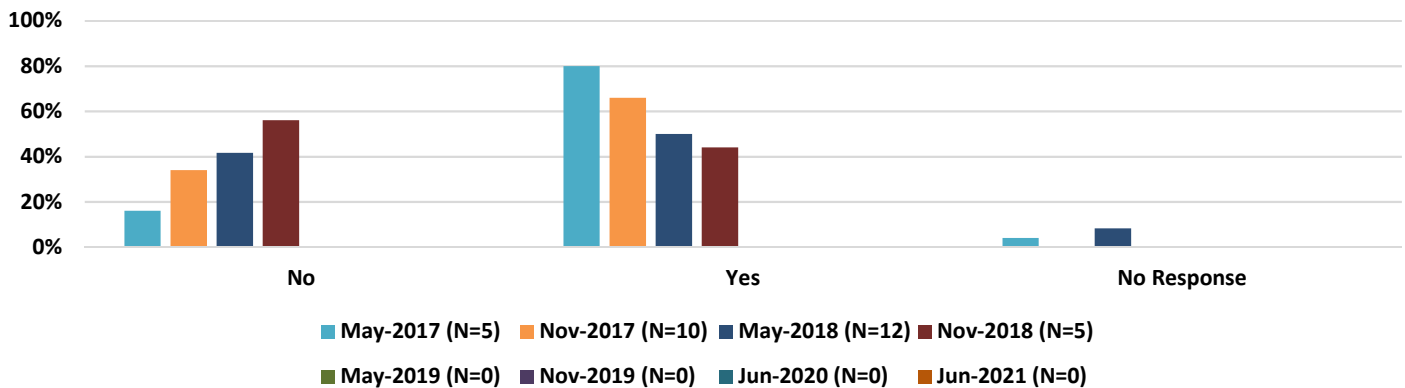
**Life Satisfaction - Family/Social Domain (Adult)**



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?

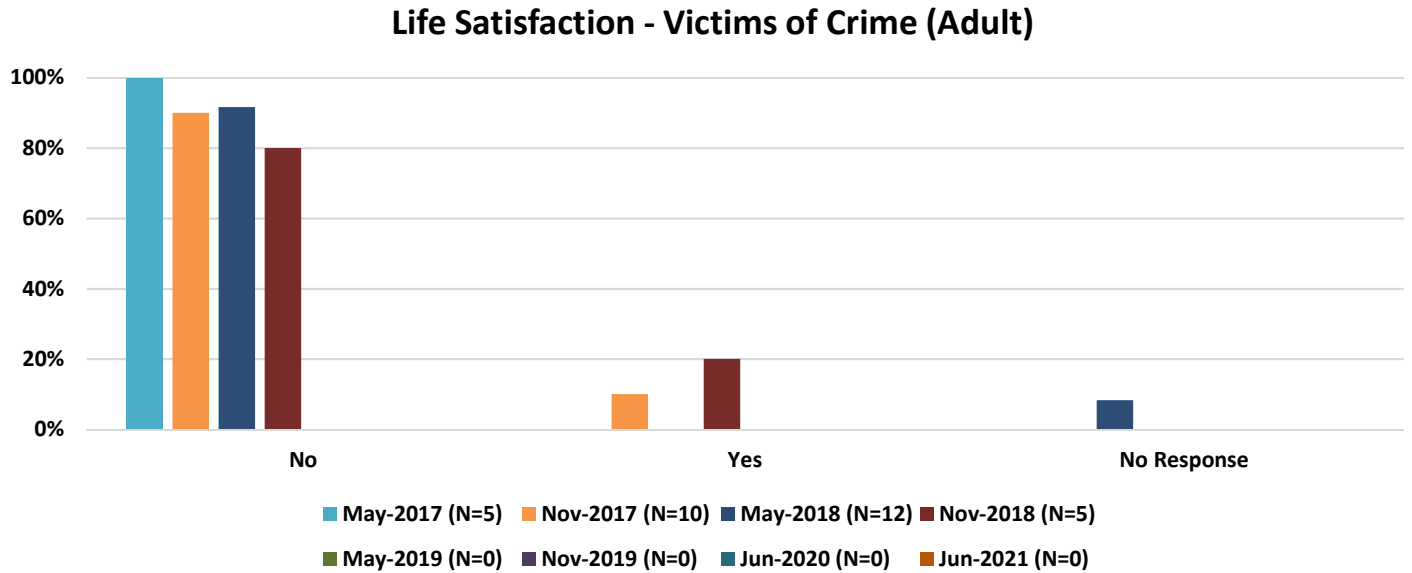
**Life Satisfaction – External Factors Domain (Adult)**

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



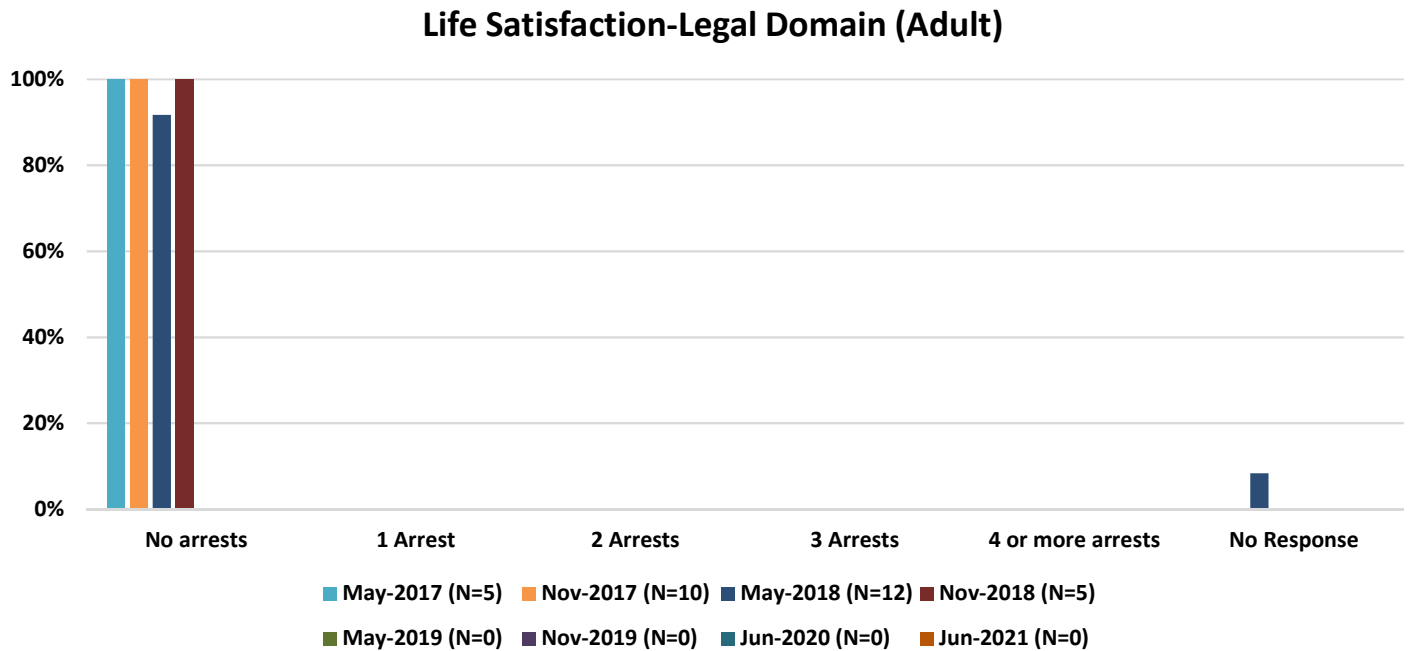
1. During the past month, did you generally have enough money to cover the following items?
  - A. Food?
  - B. Clothing?
  - C. Housing?
  - D. Traveling around for things like shopping, medical appointments, or visiting friends and relatives?
  - E. Social activities like movies or eating in restaurants?

**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)**

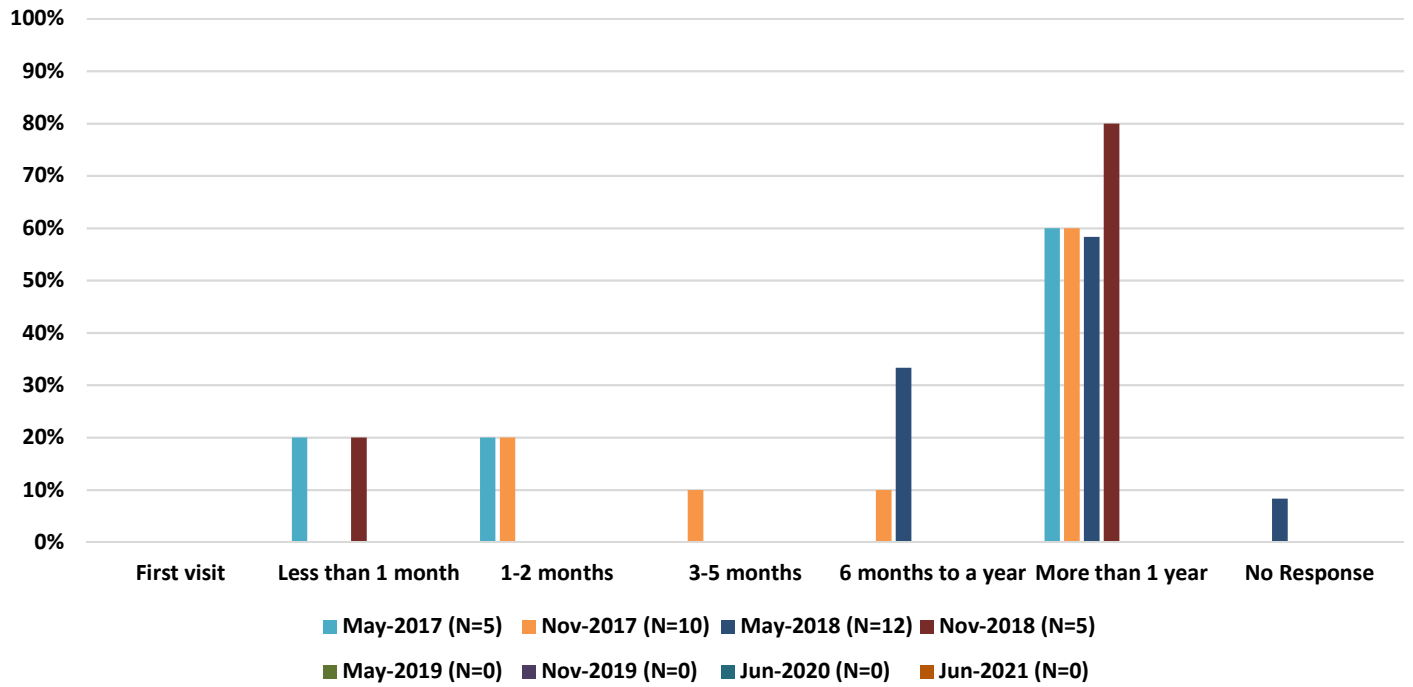


1. In the past MONTH, how many times have you been arrested for any crimes?

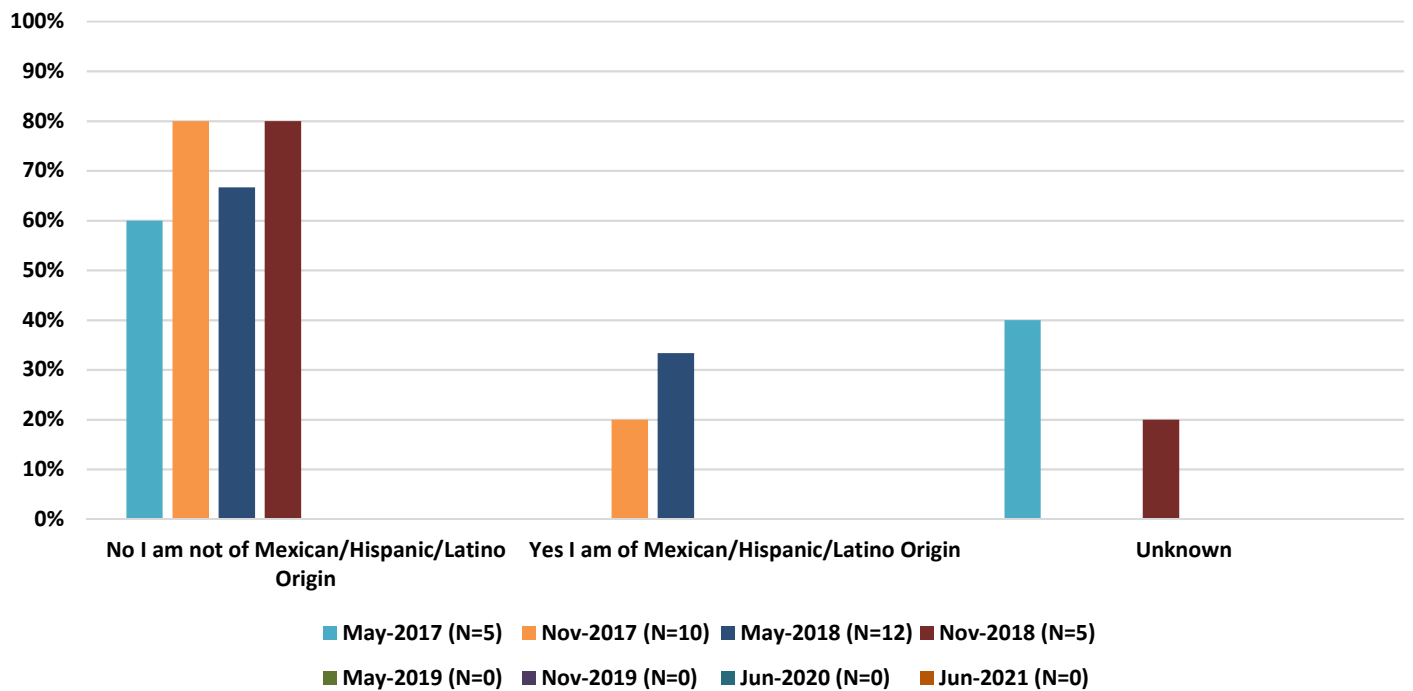


**Demographics (Adult)**

**Client by Service Duration (Adult)**

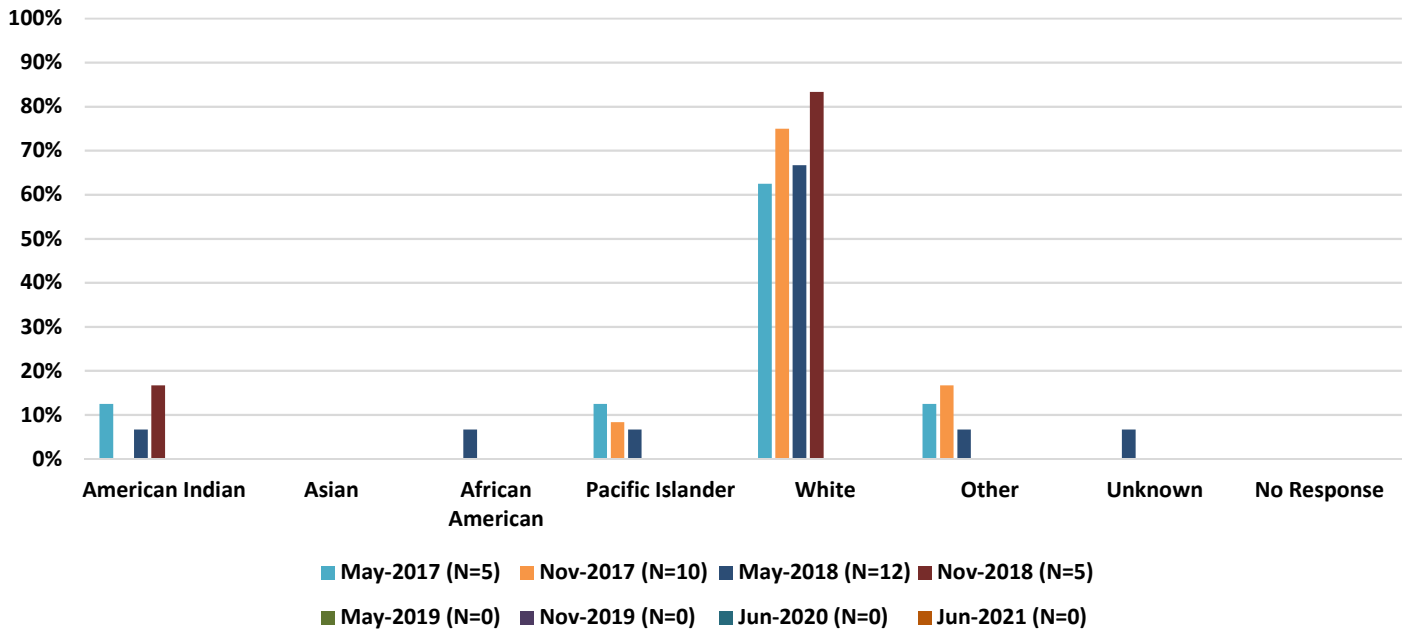


**Client by Ethnic Origin (Adult)**

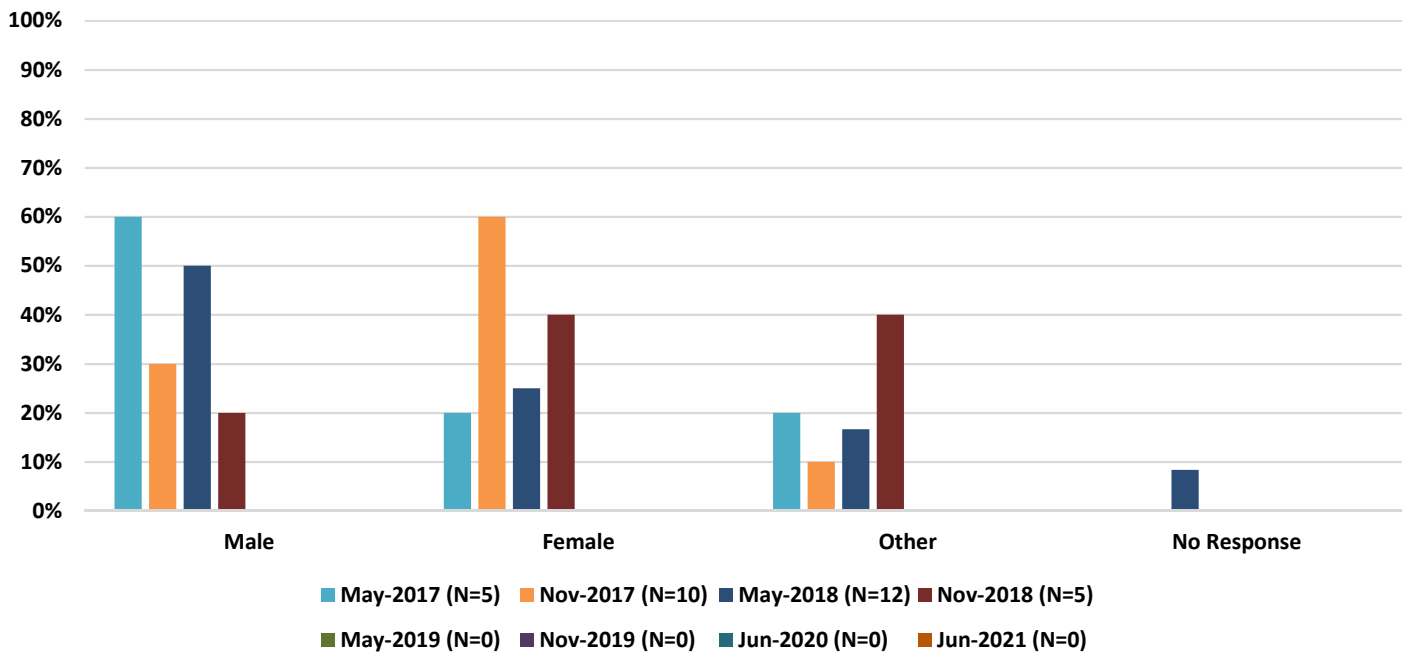


### Client by Race (Adult)

\*more than one race may be selected.



### Client by Gender (Adult)

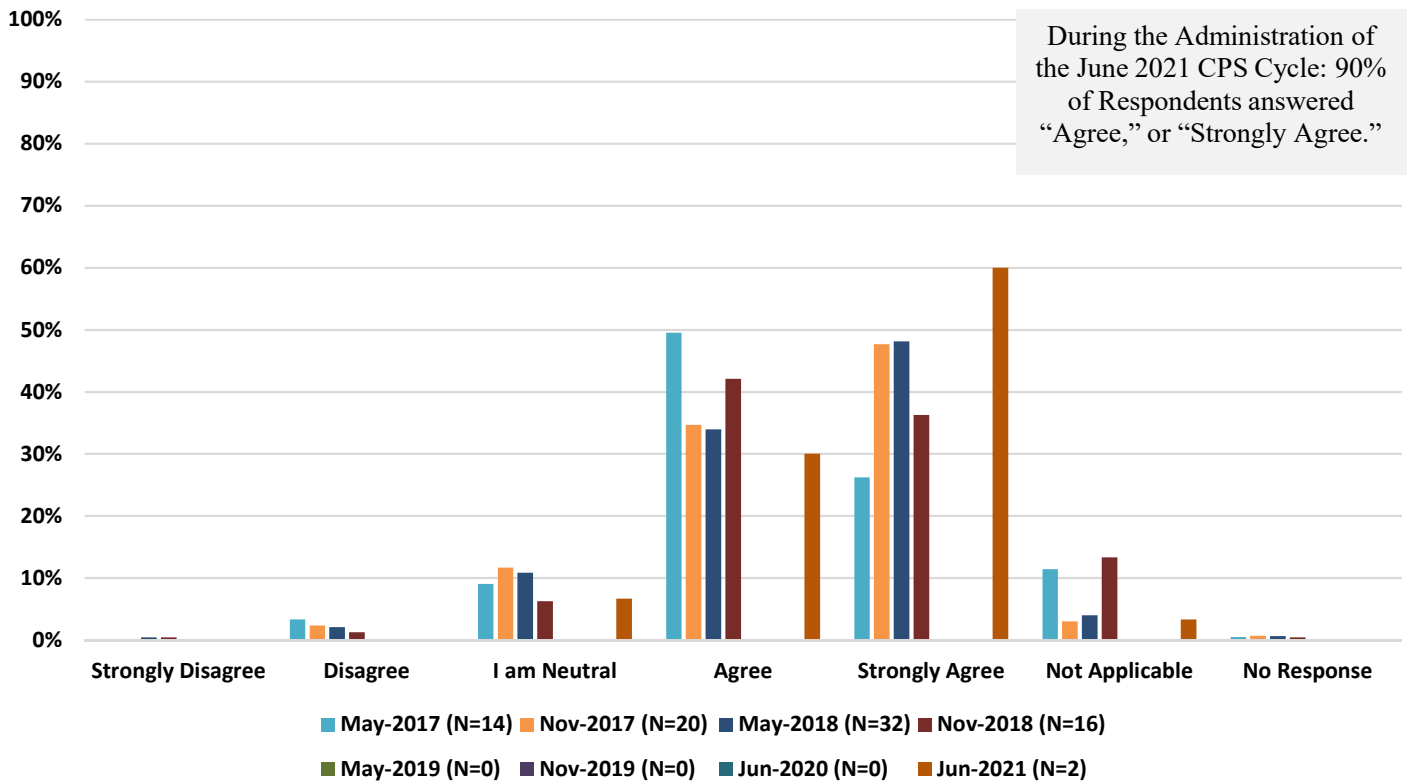


# Youth

## General Services Quality (Youth)

The chart below represents the aggregated responses from the first 15 questions of the Consumer Perception Survey (youth portion). The first 15 questions correspond to the general quality of service youth clients received at Butte County Department of Behavioral Health.

**General Services Quality - (Youth)**



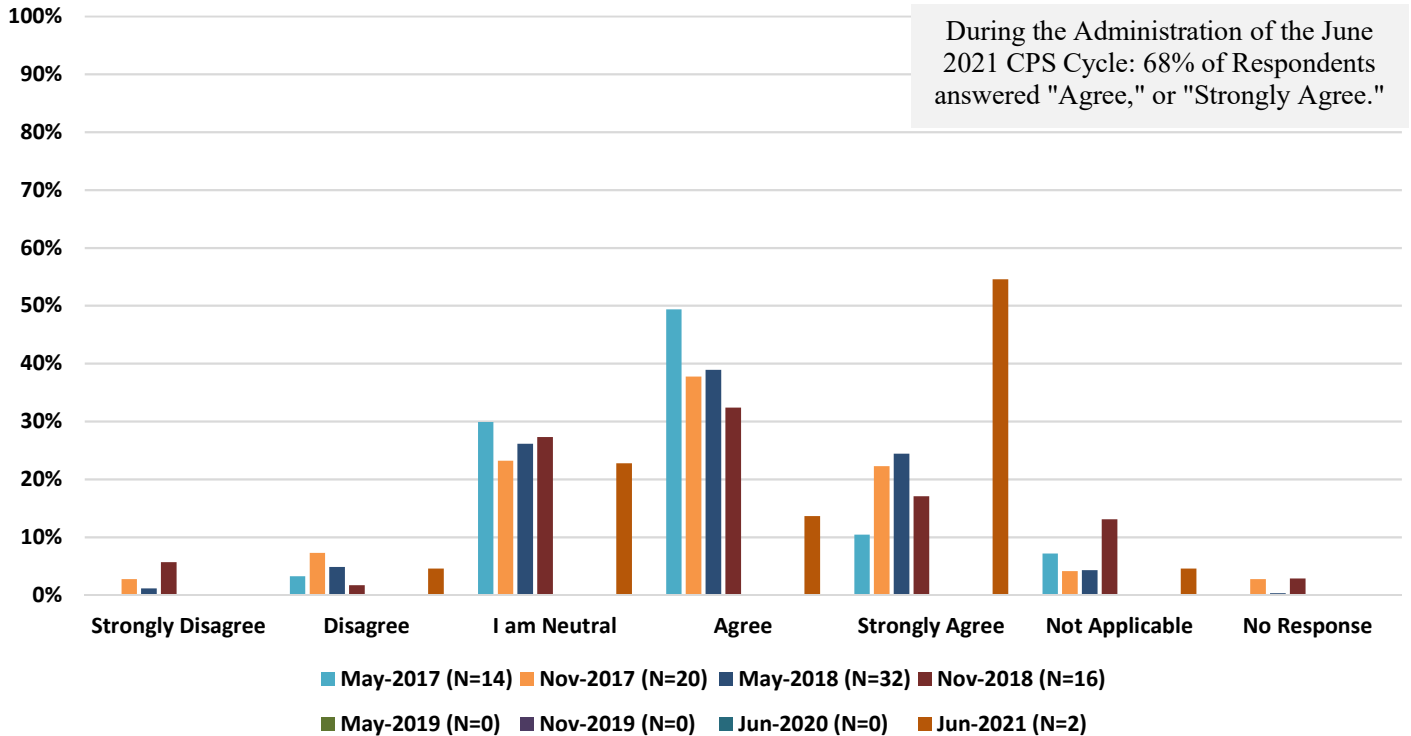
1. Overall, I am satisfied with the services I received.
2. I helped to choose my services.
3. I helped to choose my treatment goals.
4. The people helping me stuck with me no matter what.
5. I felt I had someone to talk to when I was troubled.
6. I participated in my own treatment.
7. I received services that were right for me.
8. The location of services was convenient for me.

9. Services were available at times that were convenient for me.
10. I got the help I wanted.
11. I got as much help as I needed.
12. Staff treated me with respect.
13. Staff respected my religious / spiritual beliefs.
14. Staff spoke with me in a way that I understood.
15. Staff were sensitive to my cultural / ethnic background

## As a Direct Result of Services (Youth)

The chart below corresponds to the aggregated responses of the next 11 questions regarding effects of services in clients' daily life.

### As a Direct Result of Services - (Youth)

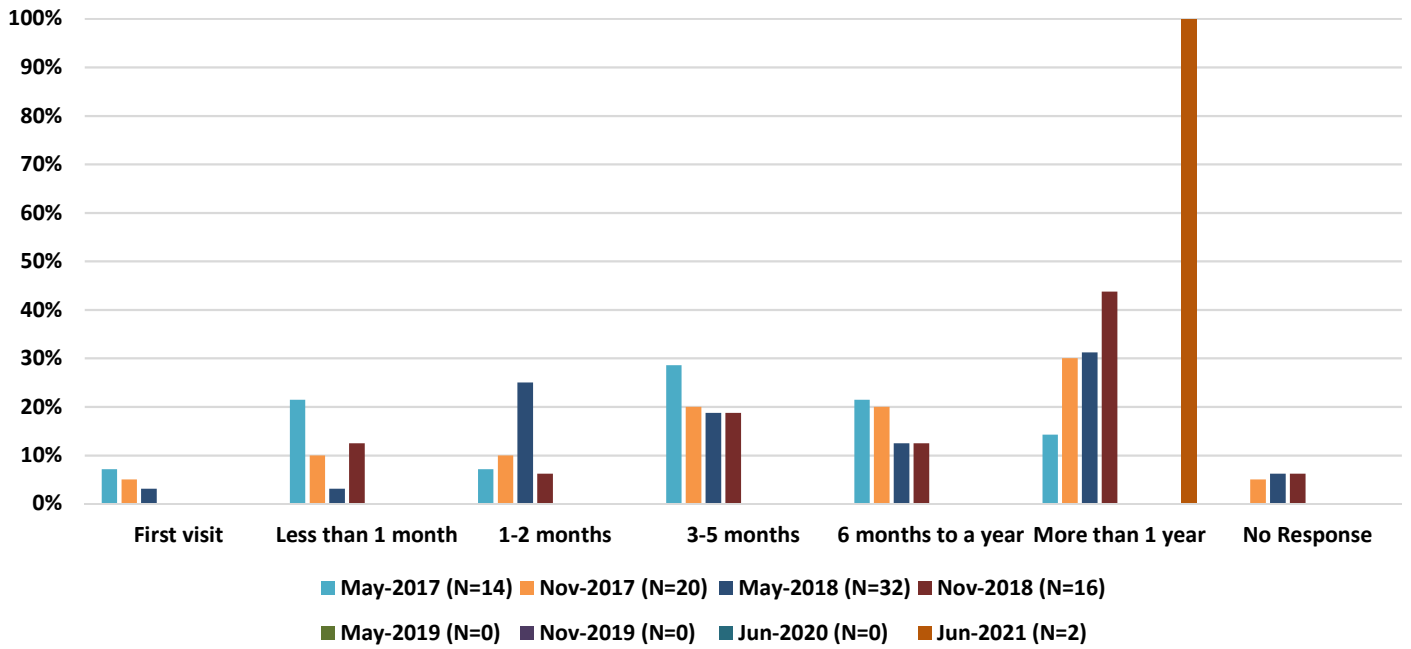


1. I am better at handling daily life.
2. I get along better with family members.
3. I get along better with friends and other people.
4. I am doing better in school and / or work.
5. I am better able to cope when things go wrong.
6. I am satisfied with my family life right now.
7. I am better able to do things I want to do.

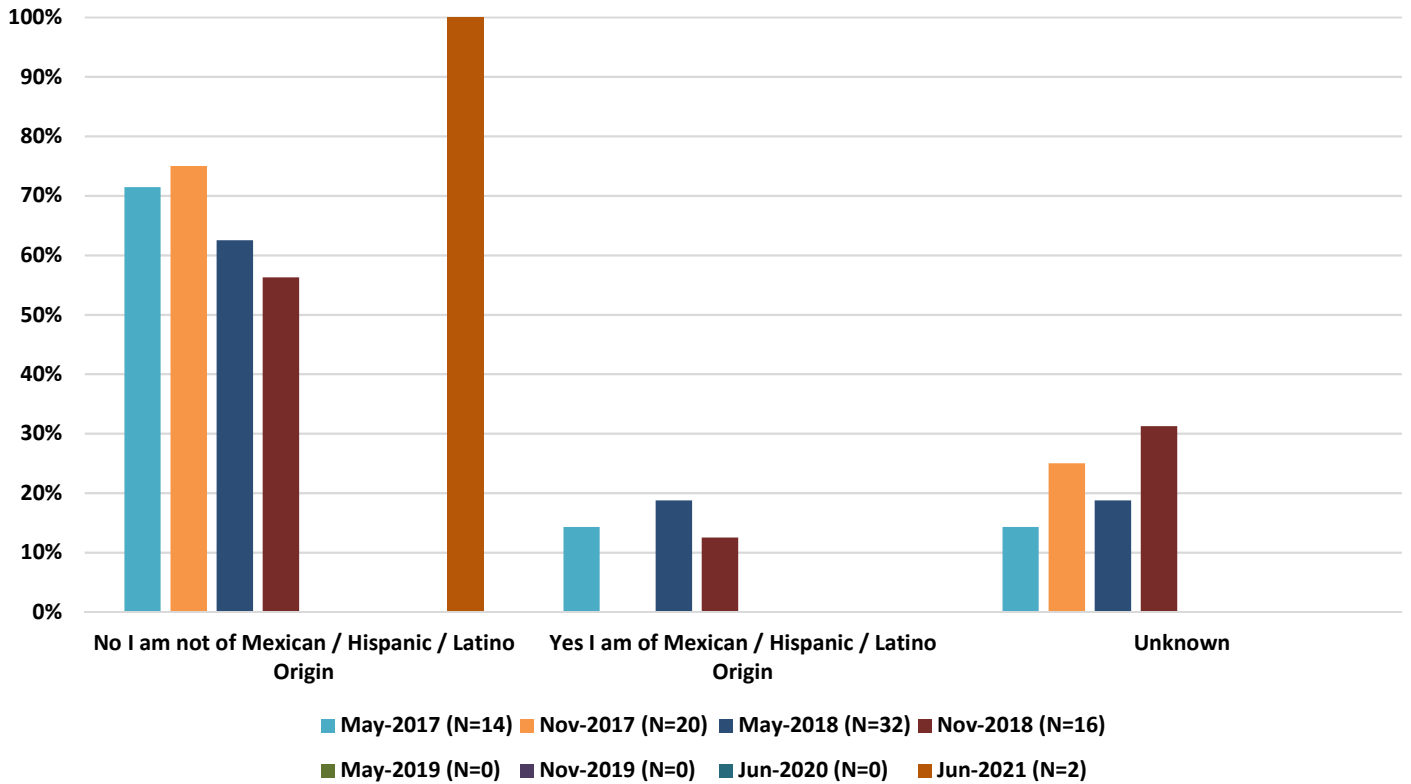
8. I know people who will listen and understand me when I need to talk.
9. I have people that I am comfortable talking with about my problem(s).
10. In a crisis I would have the support I need from family or friends.
11. I have people with whom I can do enjoyable things.

**Demographics (Youth)**

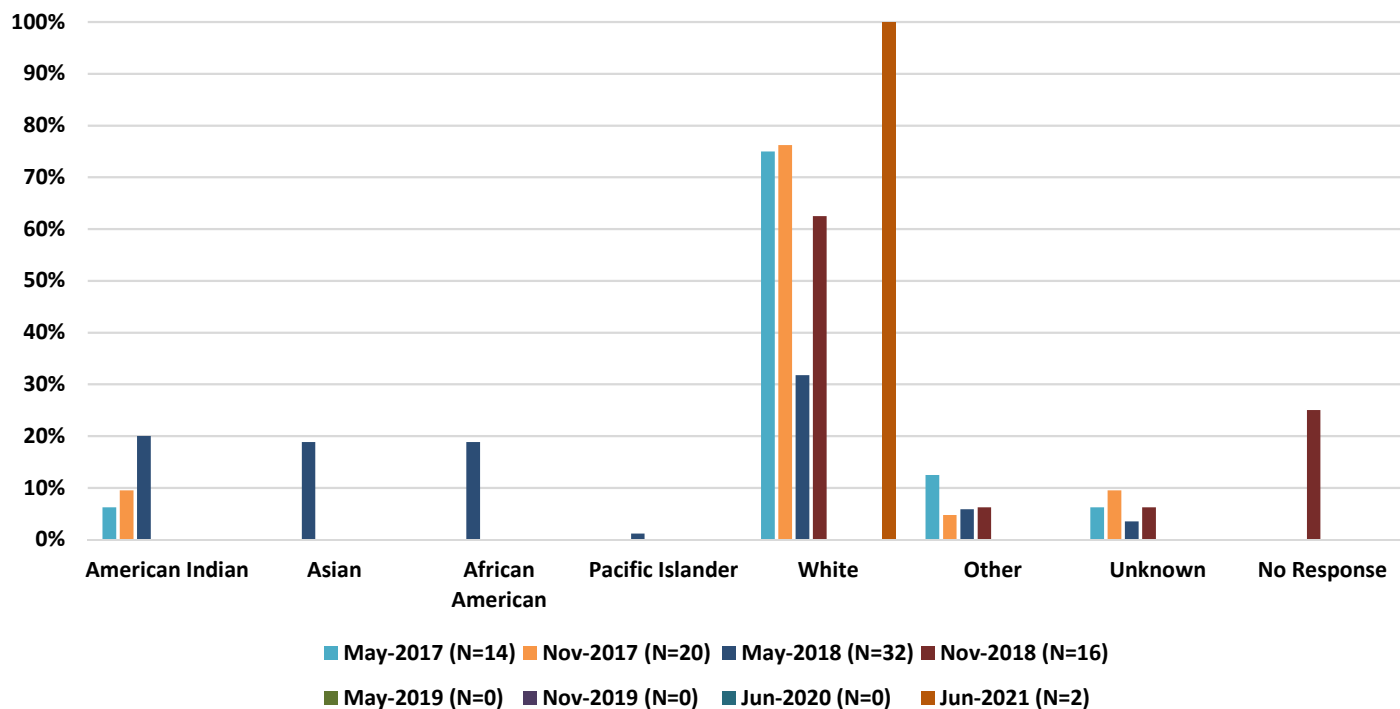
**Clients by Service Duration - (Youth)**



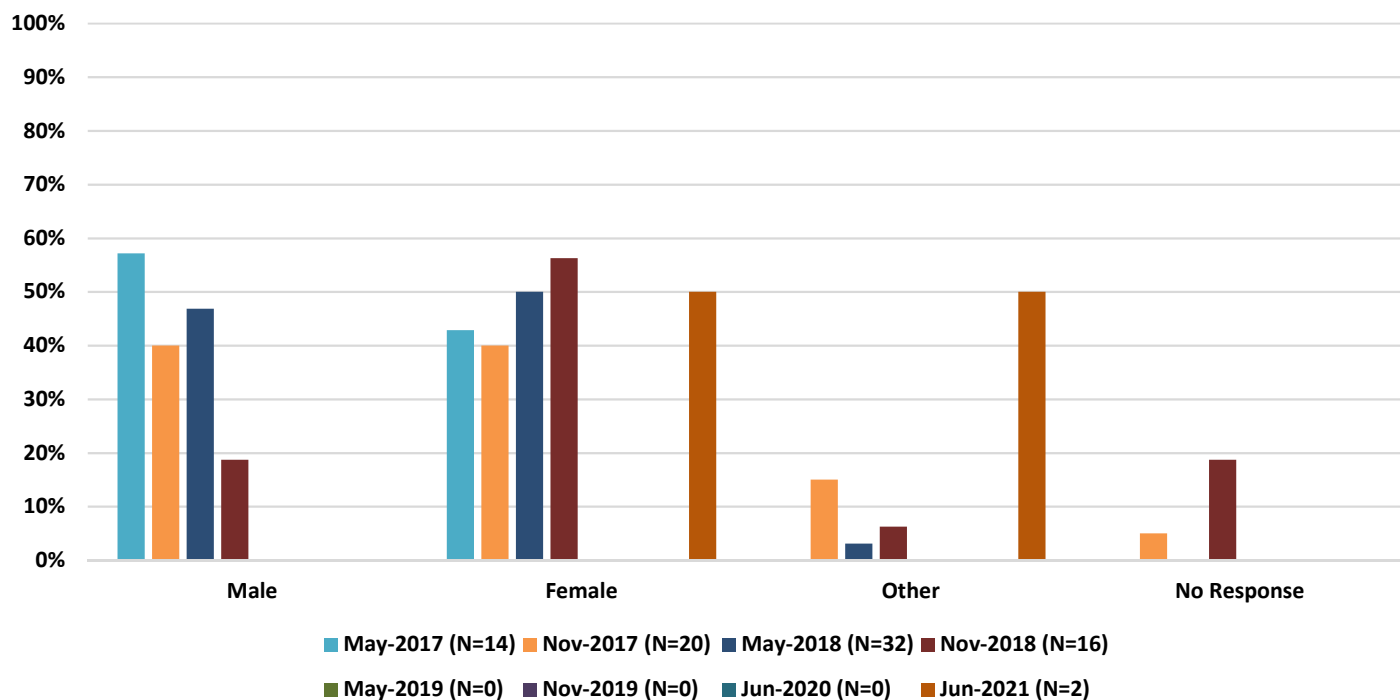
**Clients by Ethnic Origin - (Youth)**



### Clients by Race - (Youth)



### Clients by Gender - (Youth)

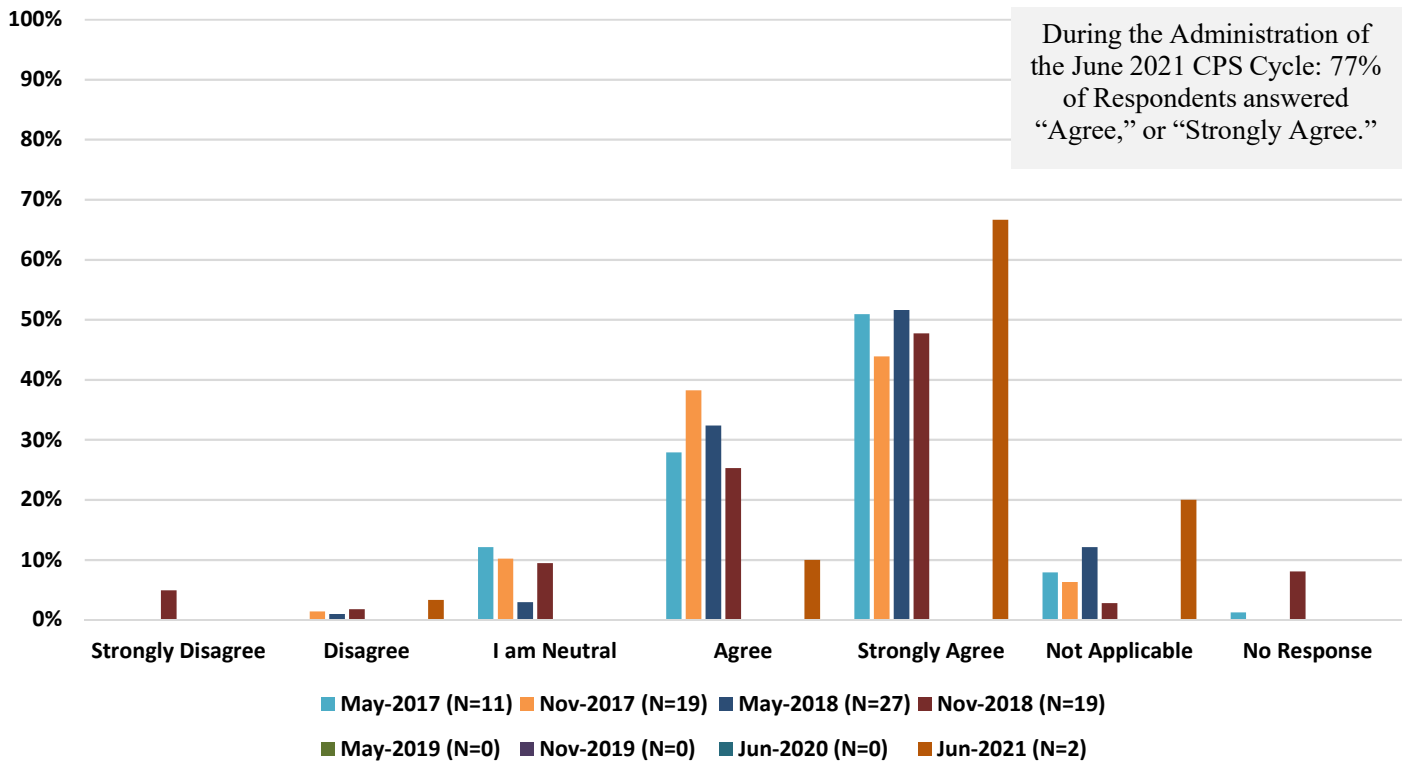


# Family

## General Services Quality (Family)

The chart below represents the aggregated responses from the first 15 questions of the Consumer Perception Survey (family portion). The first 15 questions correspond to the general quality of service family clients received at Butte County Department of Behavioral Health.

**General Services Quality - (Family)**



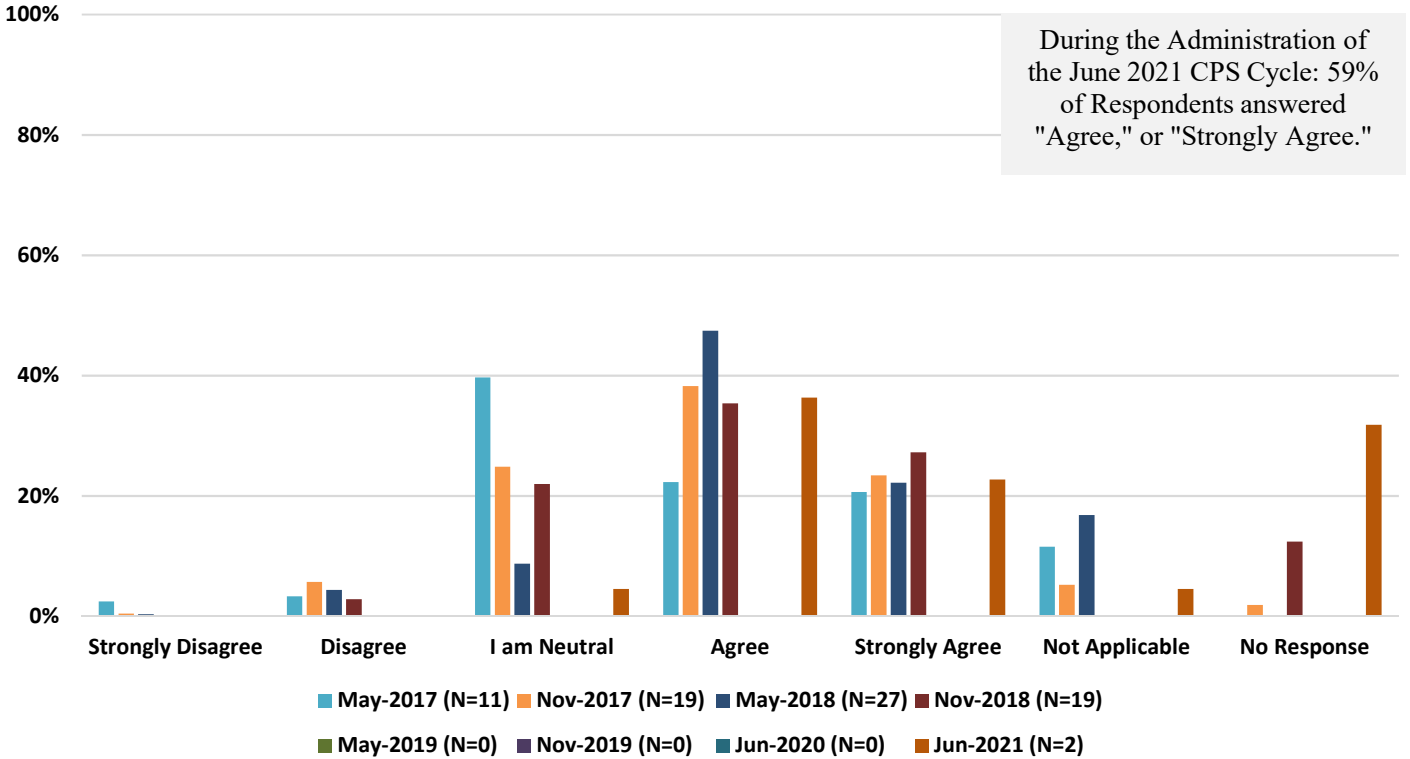
1. Overall, I am satisfied with the services my child received.
2. I helped to choose my child’s services.
3. I helped to choose my child’s treatment goals.
4. The people helping my child stuck with us no matter what.
5. I felt my child had someone to talk to when he / she was troubled.
6. I participated in my child’s treatment.
7. The services my child and / or family received were right for us.
8. The location of services was convenient for us.

9. Services were available at times that were convenient for us.
10. My family got the help we wanted for my child.
11. My family got as much help as we needed for my child.
12. Staff treated me with respect.
13. Staff respected my religious / spiritual beliefs.
14. Staff spoke with me in a way that I understood.
15. Staff were sensitive to my cultural /ethnic background.

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

The chart below corresponds to the aggregated responses of the next 11 questions regarding effects of services in clients’ daily life.

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



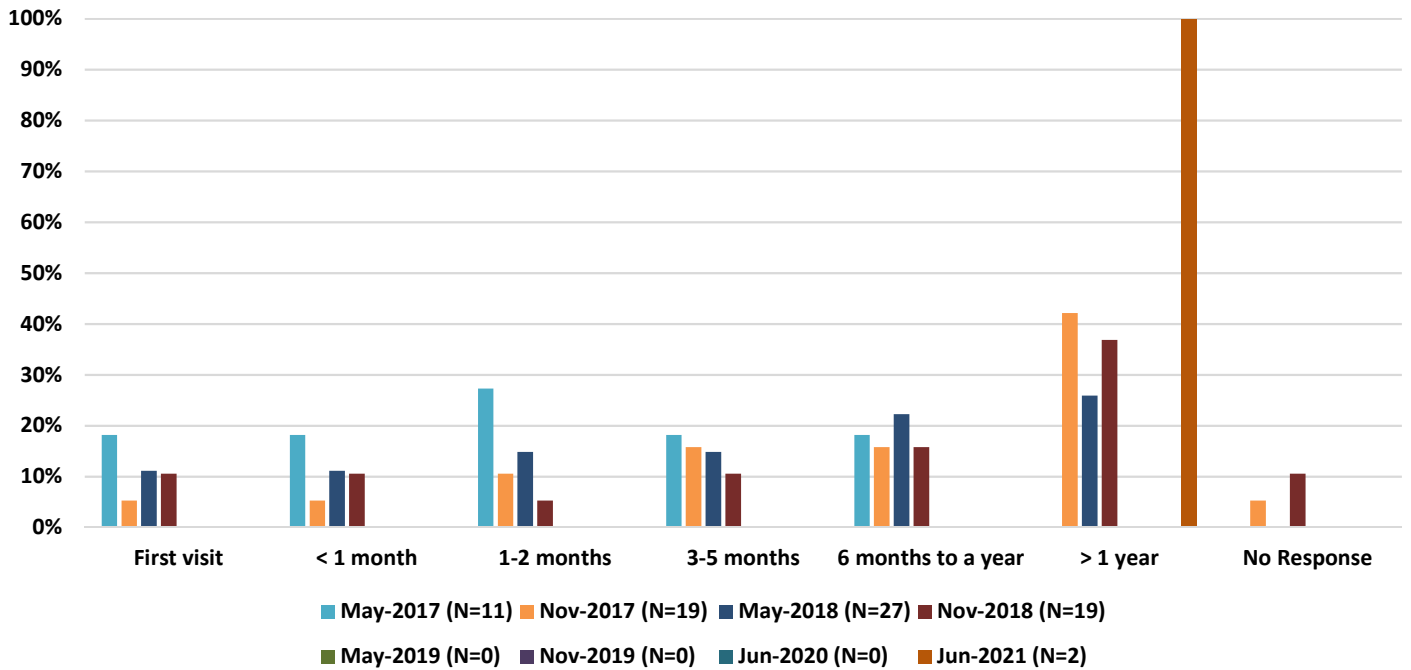
1. My child is better at handling daily life.
2. My child gets along better with family members.
3. My child gets along better with friends and other people.
4. My child is doing better in school and / or work.
5. My child is better able to cope when things go wrong.
6. I am satisfied with our family life right now.

7. My child is better able to do things he or she wants to do.
8. I know people who will listen and understand me when I need to talk.
9. I have people that I am comfortable talking with about my child’s problem.
10. In a crisis, I would have the support I need from family or friends.
11. I have people with whom I can do enjoyable things.

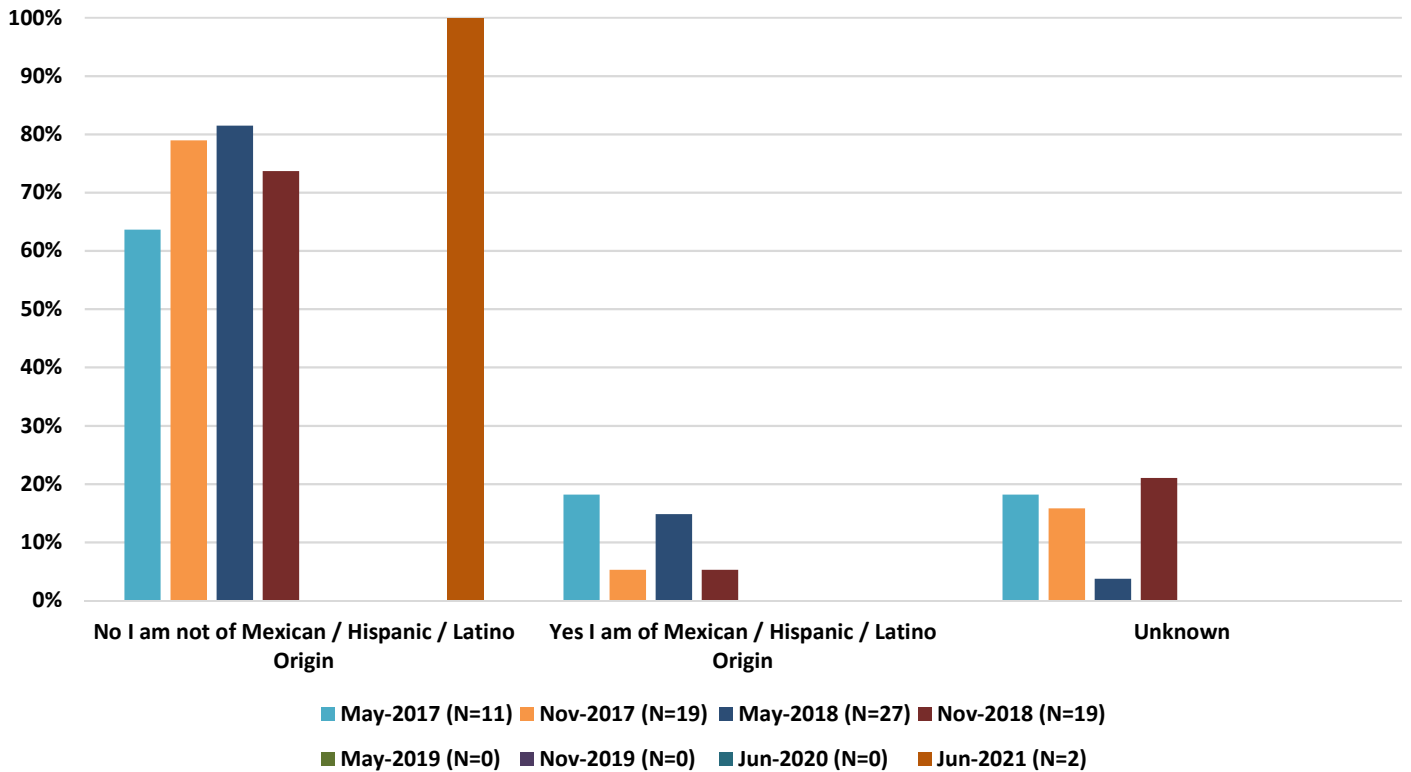


**Demographics (Family)**

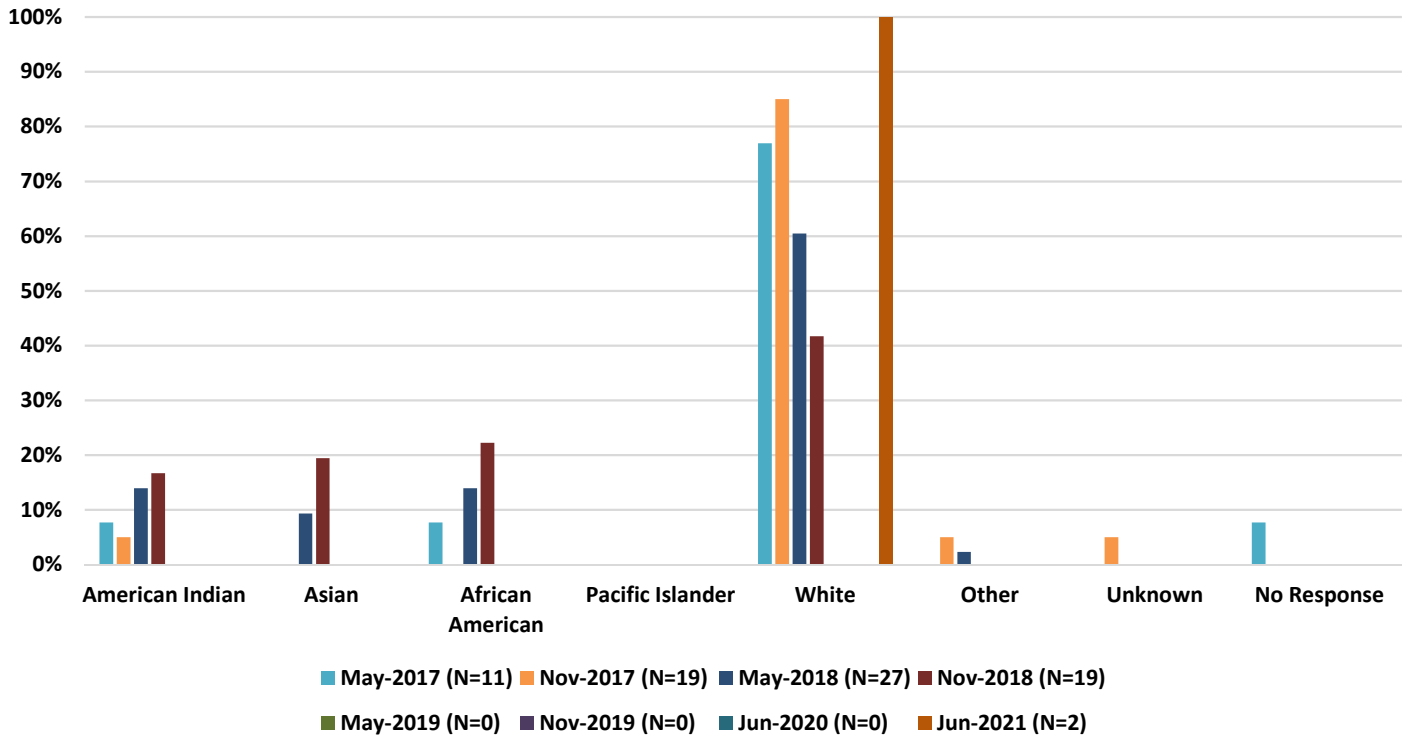
**Client by Service Duration - (Family)**



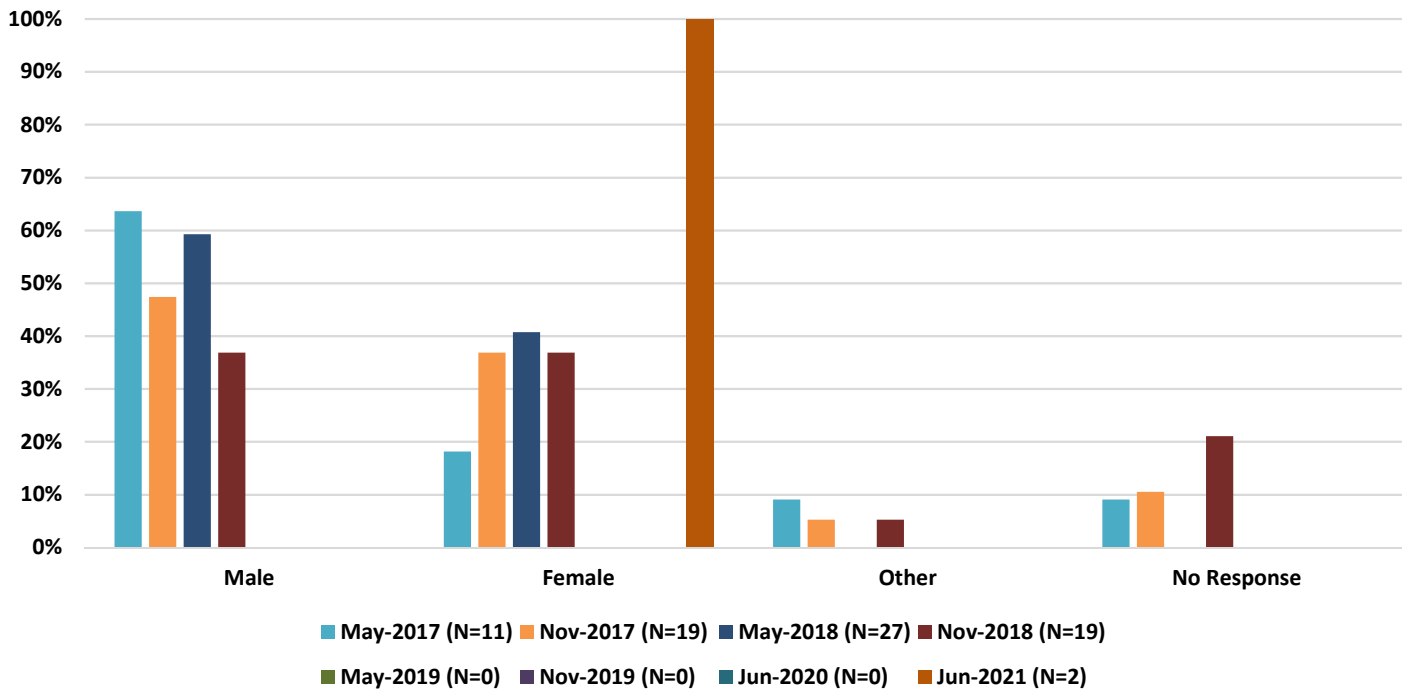
**Client by Ethnic Origin - (Family)**



### Client by Race - (Family)



### Client by Gender - (Family)



## Comments (June 2021) Paradise Youth Services

Open-ended responses are transcribed verbatim

### **Youth Survey**

What has been the most helpful thing about the services you received over the last 6 months?

- “Having a good bond with my therapist.”
- “Being able to talk to someone weekly.”

What would improve the services here?

- “Unsure.”
- “Unsure.”

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

- “Unsure.”

### **Family Survey**

What has been the most helpful thing about the services you received over the last 6 months?

- “Play therapy”
- “Talk therapy, art therapy”

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

- “We (my child and I) were devastated by the sudden and abrupt removal of our clinician.”