

SUTTER YUBA BEHAVIORAL HEALTH

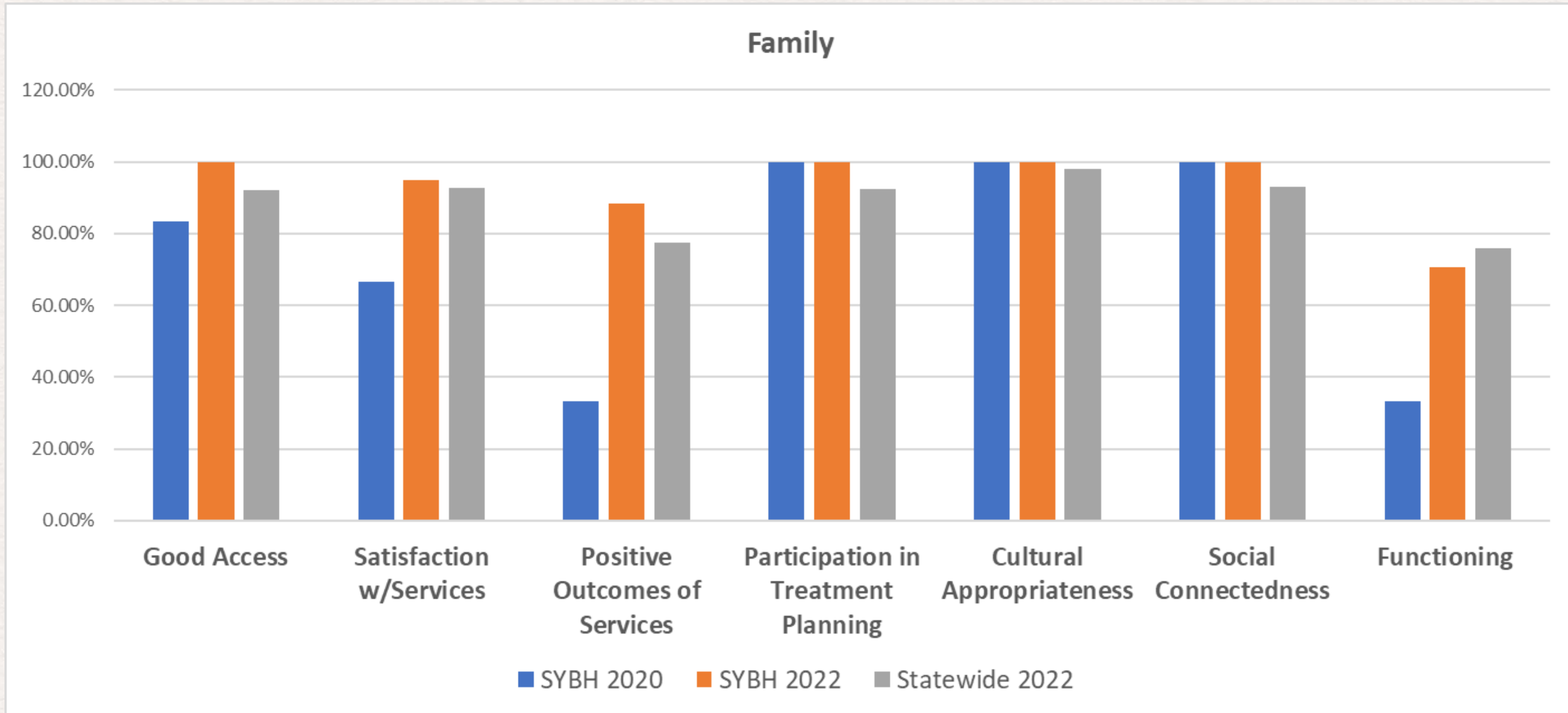
# CONSUMER PERCEPTION SURVEY

MAY 2022



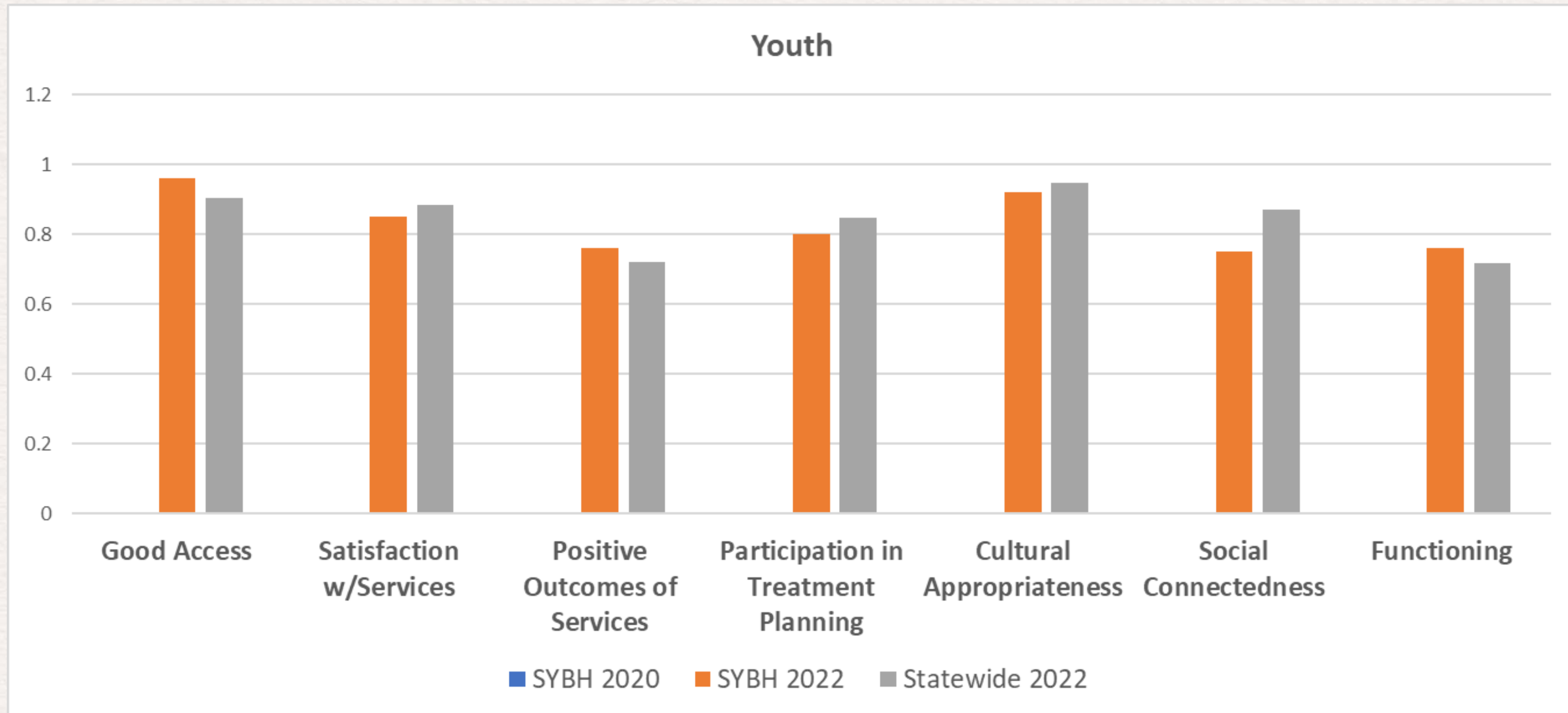
20  
participants

# FAMILY SATISFACTION SCORE BY DOMAIN



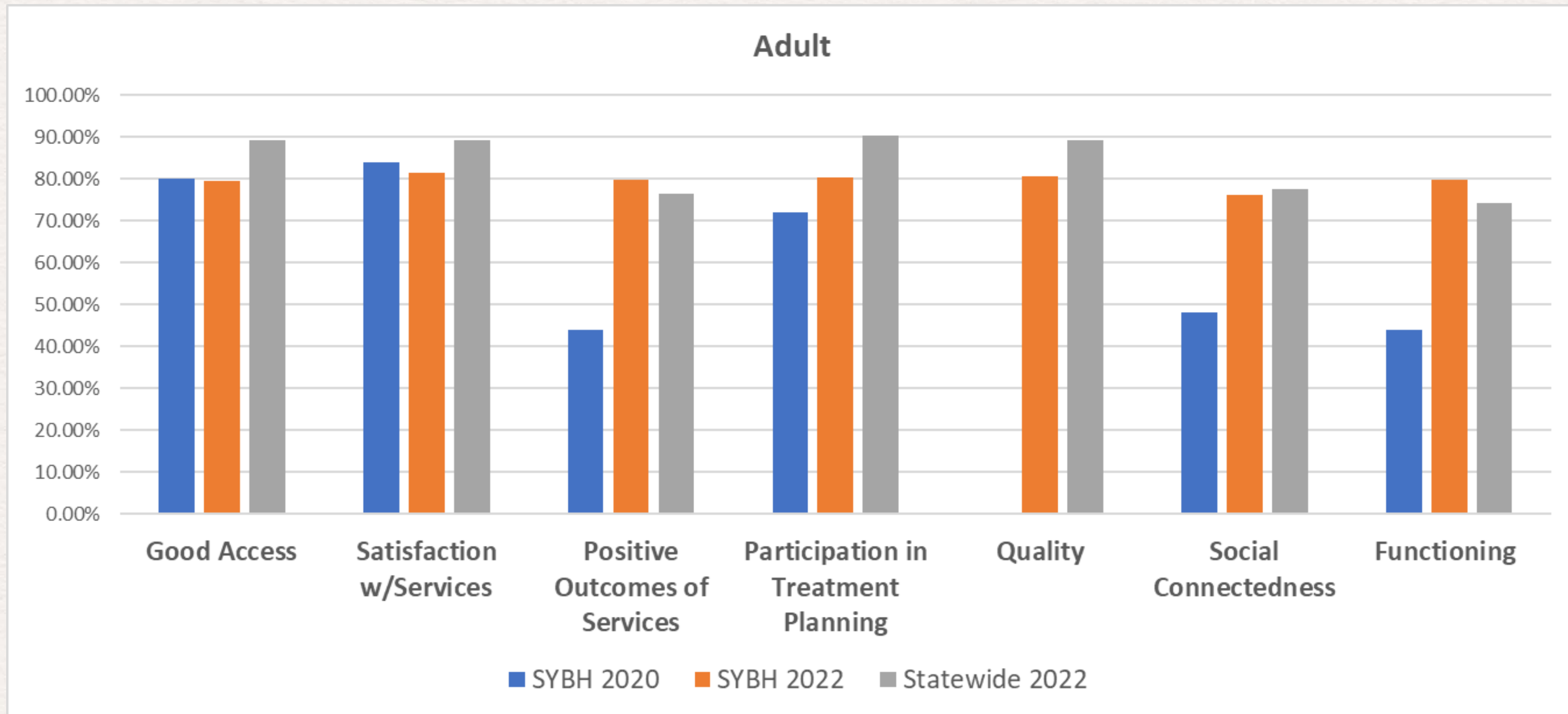
26  
participants

## YOUTH SATISFACTION SCORES BY DOMAIN



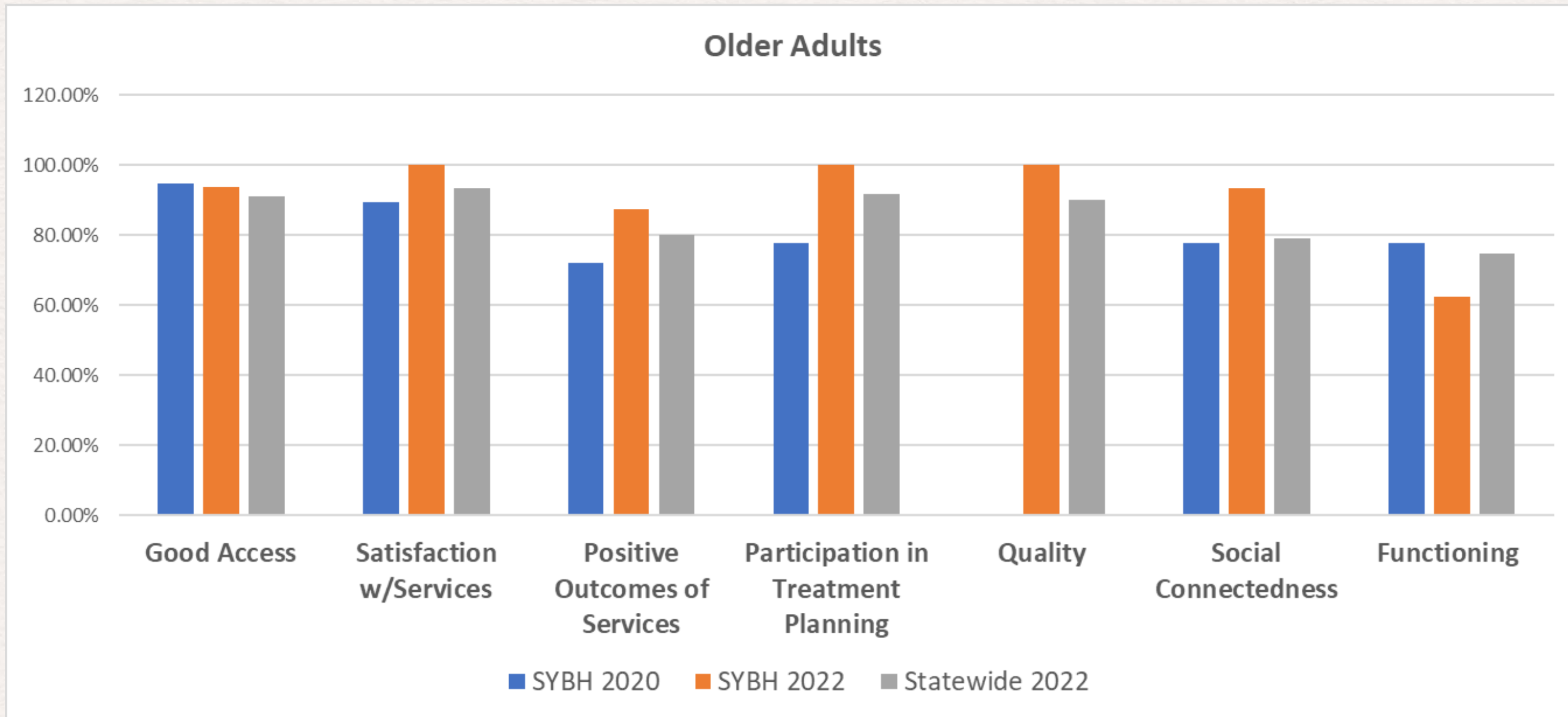
68  
participants

## ADULT SATISFACTION SCORES BY DOMAIN



16  
participants

# OLDER ADULT SATISFACTION SCORES BY DOMAIN



## FAMILY/ YOUTH ACCESS

1. The location of the services was convenient for me/us.
2. Services were available at times that were convenient for me/us.

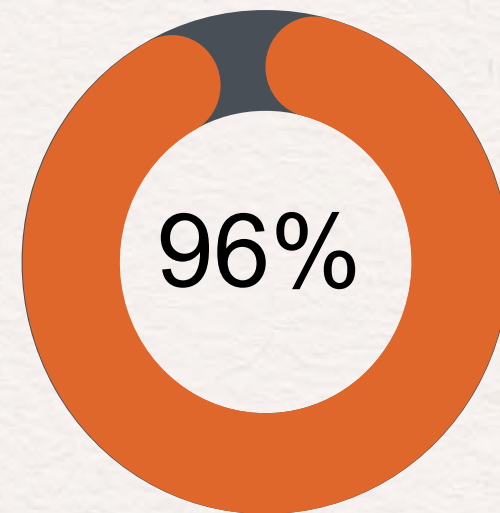
## ADULT/ OLDER ADULT ACCESS

1. The location of services was convenient (parking, public transportation, distance, etc.)
2. Staff returned my calls within 24 hours.
3. Staff were willing to see me as often as I felt was necessary.
4. Services were available at times that were good for me.
5. I was able to get the services I thought I needed.
6. I was able to see a psychiatrist when I wanted to.

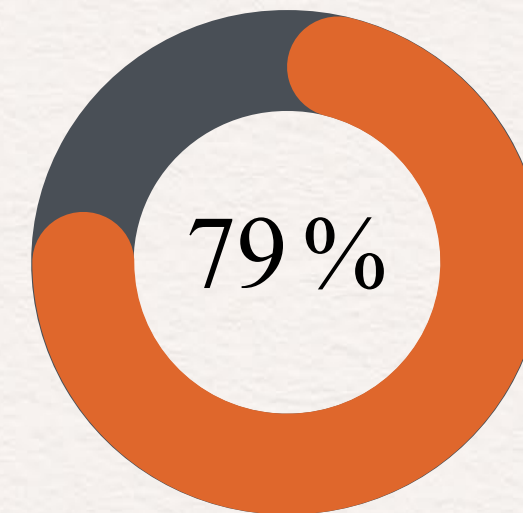
**Family**



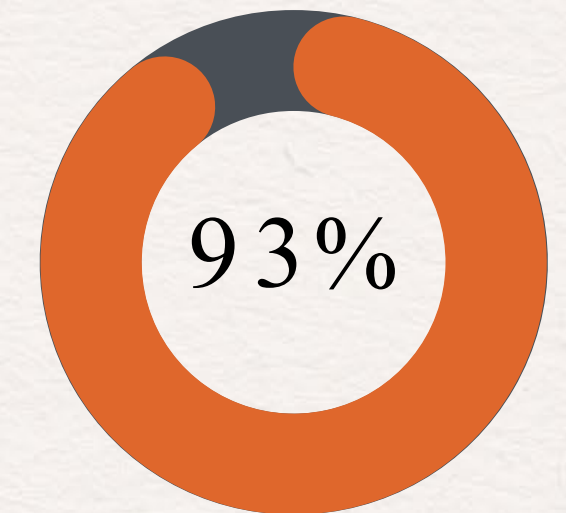
**Youth**



**Adult**



**Older Adult**



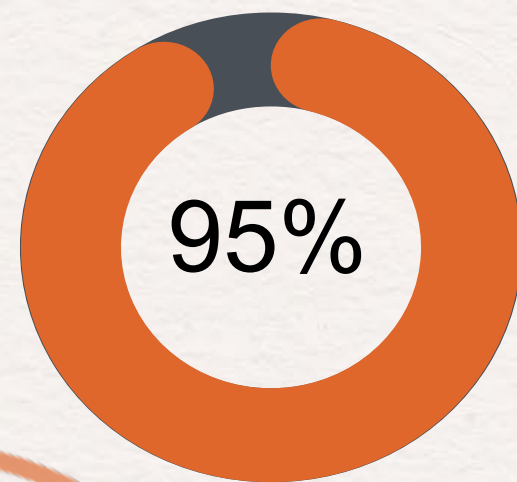
## FAMILY/ YOUTH GENERAL SATISFACTION

1. Overall, I am satisfied with the services I/my child received.
2. The people helping me/my child stuck with us no matter what.
3. I felt I/my child had someone to talk to when he/she was troubled.
4. The services I/my child and/or family received were right for me/us.
5. I/My family got the help I/we wanted for my child.
6. I/My family got as much help as I/we needed for my child.

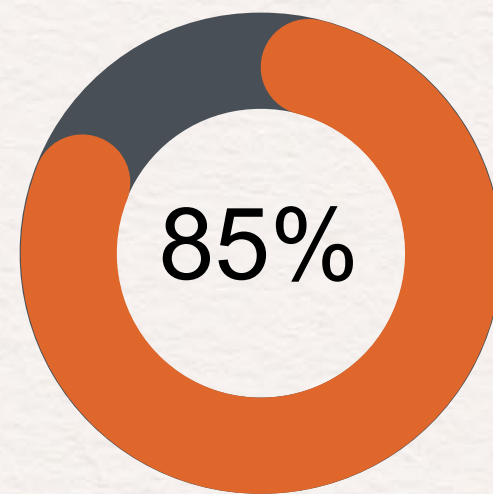
## ADULT/ OLDER ADULT GENERAL SATISFACTION

1. I like the services that I received 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.

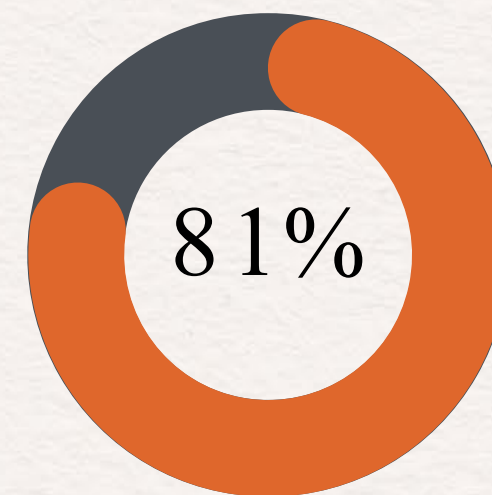
**Family**



**Youth**



**Adult**



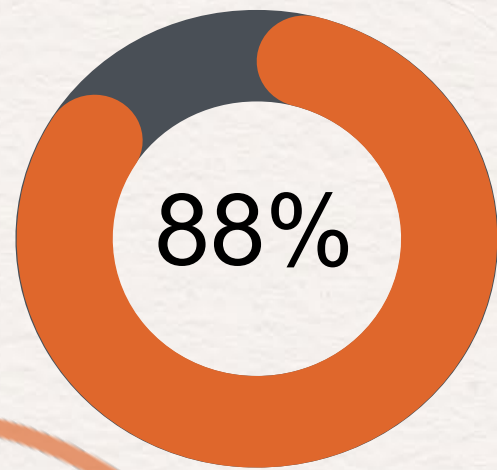
**Older Adult**



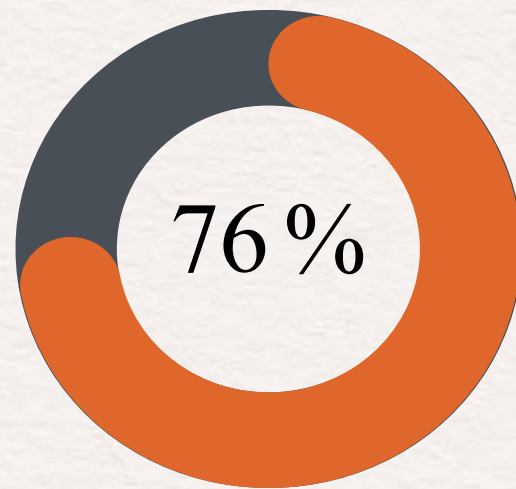
## FAMILY/ YOUTH POSITIVE OUTCOMES OF SERVICES/ FUNCTIONING

1. I/My child is better at handling daily life.
2. I/My child gets along better with family members.
3. I/My child gets along better with friends and other people.
4. I/My child is doing better in school and/or work.

### Family



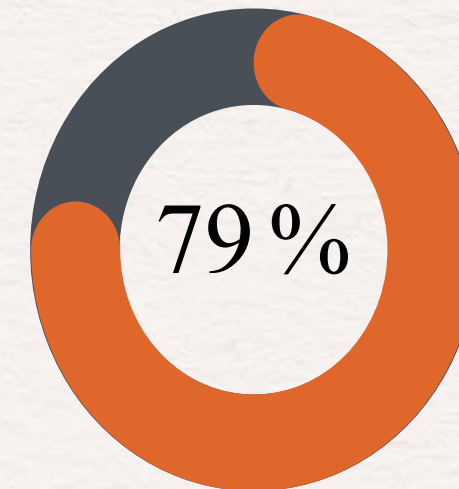
### Youth



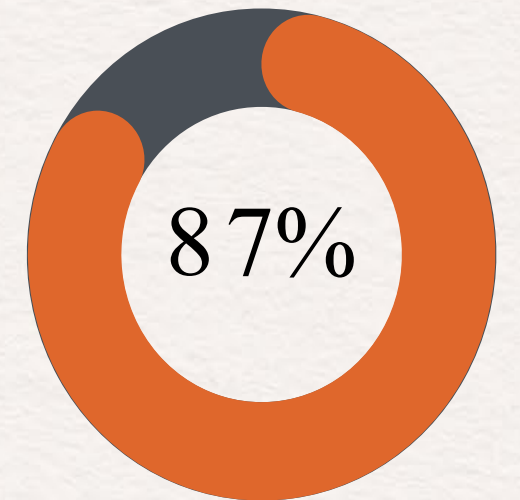
## ADULT/ OLDER ADULT POSITIVE OUTCOMES OF SERVICES/ FUNCTIONING

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 crises.
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.

### Adult



### Older Adult



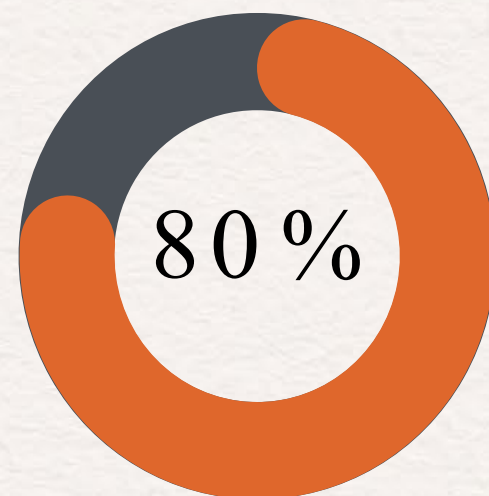
# FAMILY/ YOUTH PARTICIPATION IN TREATMENT PLANNING

- 1.I helped to choose my/ my child's treatment goals.
- 2.I participated in my /mychild's service.
- 3.I participated in my own treatment.

**Family**



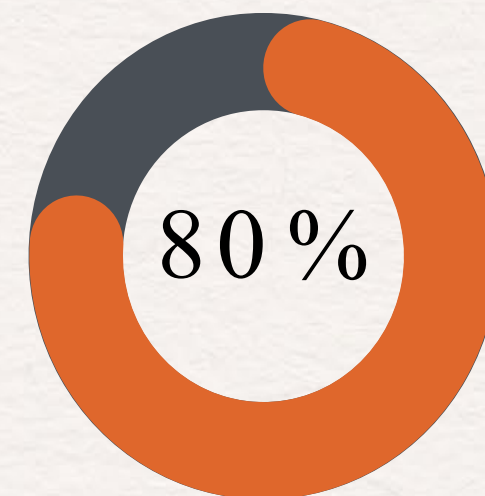
**Youth**



# ADULT/ OLDER ADULT PARTICIPATION IN TREATMENT PLANNING

- 1. I, not the staff, decided my treatment goals.
- 2. I felt comfortable asking questions about my treatment and medication.

**Adult**



**Older Adult**



# FAMILY/ YOUTH CULTURAL APPROPRIATENESS

1. Staff treated me with respect.
2. Staff respected my/my family's religious/Spiritual beliefs.
3. Staff spoke with me in a way that I understood.
4. Staff were sensitive to my cultural/ethnic background.

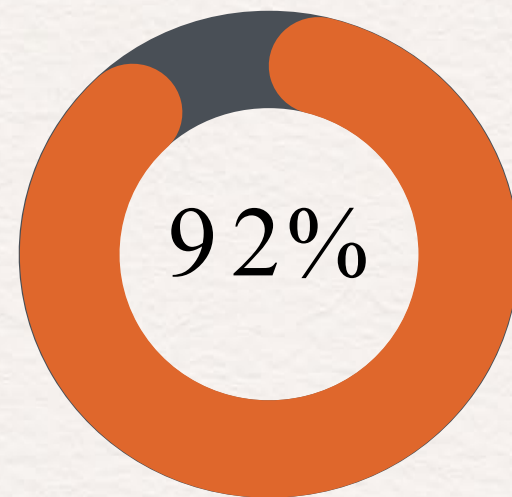
# ADULT/ OLDER ADULT QUALITY

1. Staff here believe that I can grow, change, and recover.
2. I felt free to complain.
3. I was given information about my rights.
4. Staff encouraged me to take responsibility for how I live my life.
5. Staff told me what side effects to watch out for.
6. Staff respected my wishes about who is, and who is not to be given information about my treatment.
7. Staff were sensitive to my cultural background (race, religion, language, etc.)
8. Staff helped me obtain the information I needed so that I could take charge of managing my illness.
9. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc).

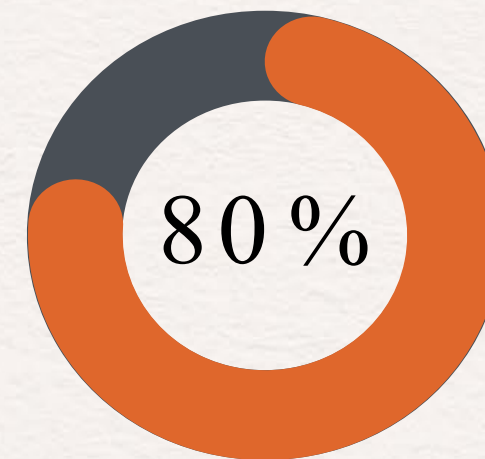
**Family**



**Youth**



**Adult**



**Older Adult**



## FAMILY/ YOUTH SOCIAL CONNECTEDNESS

1. I know people who will listen and understand me when I need to talk.
2. I have people that I am comfortable talking with about my child's problem.
3. In a crisis, I would have the support I need from family or friends.
4. I have people with whom I can do enjoyable things.

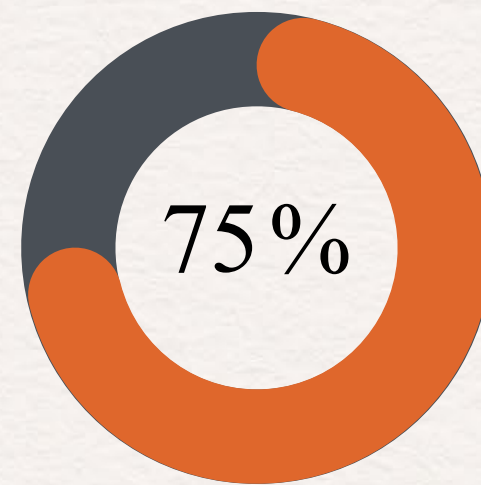
## ADULT/ OLDER ADULT SOCIAL CONNECTEDNESS

1. I am happy with the friendships I have.
  2. I have people with whom I can do enjoyable things.
  3. I feel I belong in my community.
- In a crisis, I would have the support I need from family or friends.

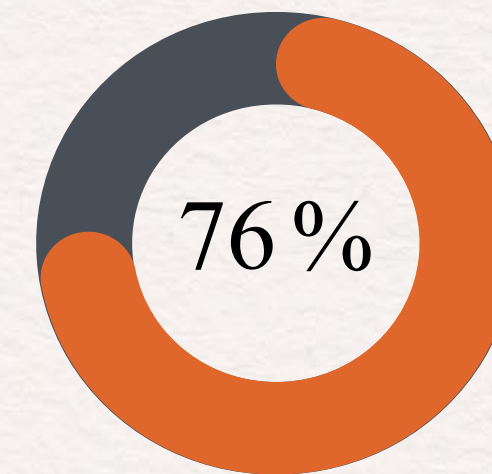
**Family**



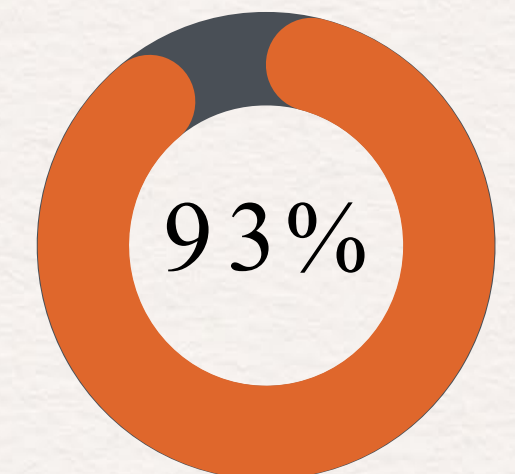
**Youth**



**Adult**



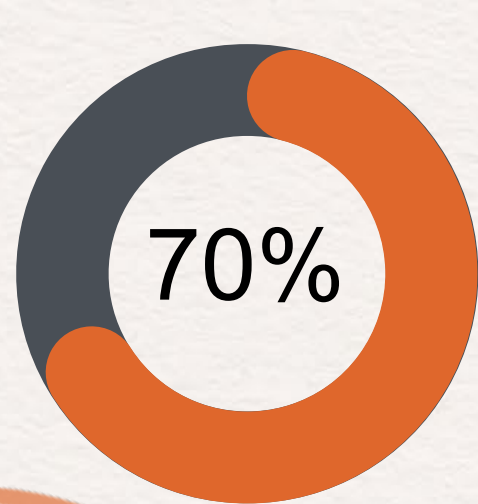
**Older Adult**



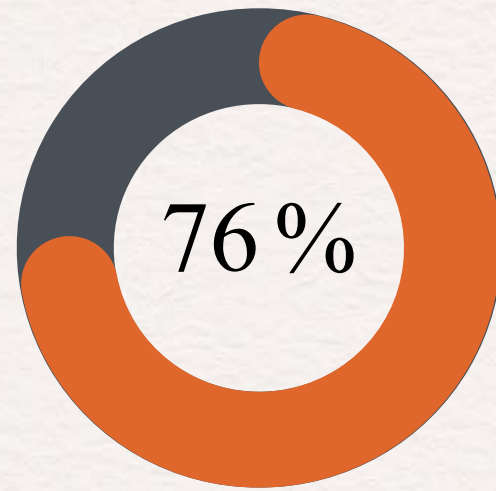
# FAMILY/ YOUTH FUNCTIONING

1. I/my child am/is better able to do things I/he or she wants to do.

**Family**



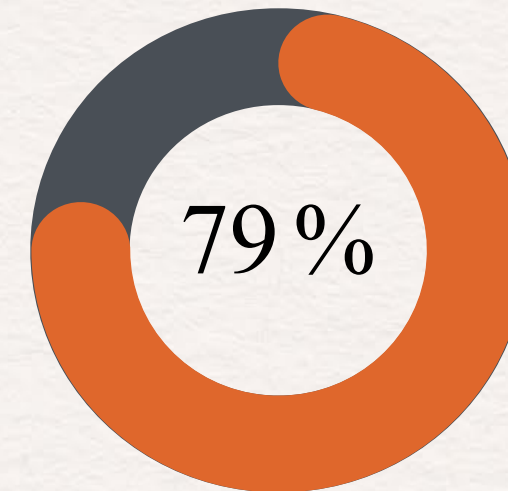
**Youth**



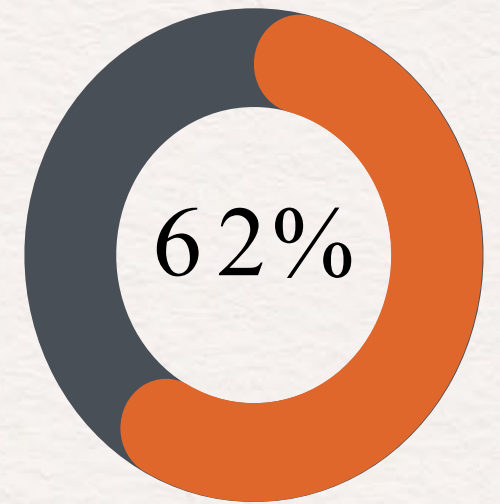
# FAMILY/ YOUTH FUNCTIONING

- 11. I am better able to take care of my needs.
- 2. I am better able to handle things when they go wrong.
- 3. I am better able to do things that I want to do.

**Adult**



**Older Adult**



## QUAPI GOAL 2: MONITOR CLIENT SATISFACTION THROUGH THE CONSUMER PERCEPTION SURVEY

QUAPI GOALS	FAMILY	YOUTH	ADULTS	OLDER ADULTS
MEET OR EXCEED 80% OVERALL SATISFACTION RATE	95% EXCEED	85.19% EXCEED	81.43% EXCEED	100% EXCEED
MEET OR EXCEED 80% SATISFACTION WITH ACCESS	100% EXCEED	96% EXCEED	79.45% NOT MET	93.75% EXCEED
MEET OR EXCEED 80% SATISFACTION WITH CULTURAL APPROPRIATENESS	100% EXCEED	92% EXCEED	70.58% NOT MET	100% EXCEED
MEET OR EXCEED 80% RECEIVED ACCESS IN PREFERRED WRITTEN LANGUAGE	100% EXCEED	100% Exceed	100% Exceed	100% Exceed