



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

**Consumer Satisfaction Outcomes Report
2024 Survey Period**

**Office of Administrative Operations
Quality, Outcomes, and Training Division-
Quality Improvement Unit**

September 2025

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Background

The Consumer Perception Survey (CPS) offers important feedback on client and family satisfaction with their mental health services. Surveys for this period were administered by outpatient programs in the Los Angeles County Department of Mental Health (LACDMH) in the eight Service Areas (SAs) of the County from May 20, 2024, through May 24, 2024. Outpatient clients receiving in-person, field-based, or telehealth services were eligible to participate. CPS forms are collected throughout California and the United States (U.S.) during the same survey period and are used for continuous quality improvement.

Surveys are given according to the following age groups:

Survey Version	Age Bracket
Youth (Youth Services Survey)	Ages 13 – 17
Families (Youth Services Survey for Families)	Caregivers/family members of clients ages 0 – 17
Adult	Ages 18–59
Older Adult	Ages 60+

Data Source: Department of Health Care Services Behavioral Health Information Notice 24-009, February 2024.

CPS survey items, or questions, correspond to seven domains of satisfaction: General Satisfaction, Perception of Access, Perception of Quality and Appropriateness/Cultural Sensitivity, Perception of Participation in Treatment Planning, Perception of Outcomes, Perception of Functioning, and Perception of Social Connectedness. Questions that are included in each domain can be found in the Appendix.

This report presents the survey data analyzed from complete surveys. Complete surveys are surveys received that were usable. Surveys need to have two or more questions answered and be free of errors so they can be uploaded to be usable. This report includes client demographics, survey domain ratings, and items outside of the domains including responses to questions on telehealth, school attendance,

expulsions/suspensions, police contact and arrest history by age group.

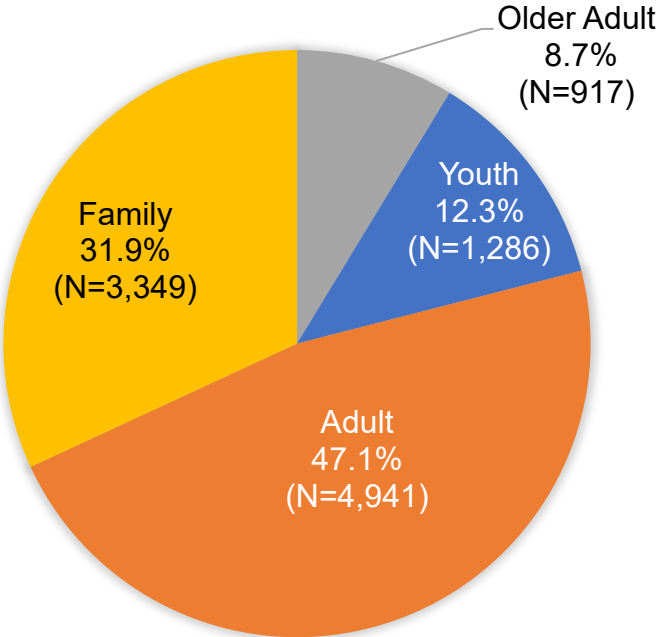
Clients/caregivers are also able to provide feedback about their services in open-ended comment boxes. These comments are reviewed and used to create annual Departmental goals for the improvement of client care.

Survey Collection Demographics

Age Group

Figure 1 shows most returned surveys were completed by Adults and Families. A total of 12,032 surveys were returned for all age groups and 10,493 were complete (87.2%). Adults had the highest percentage of complete surveys.

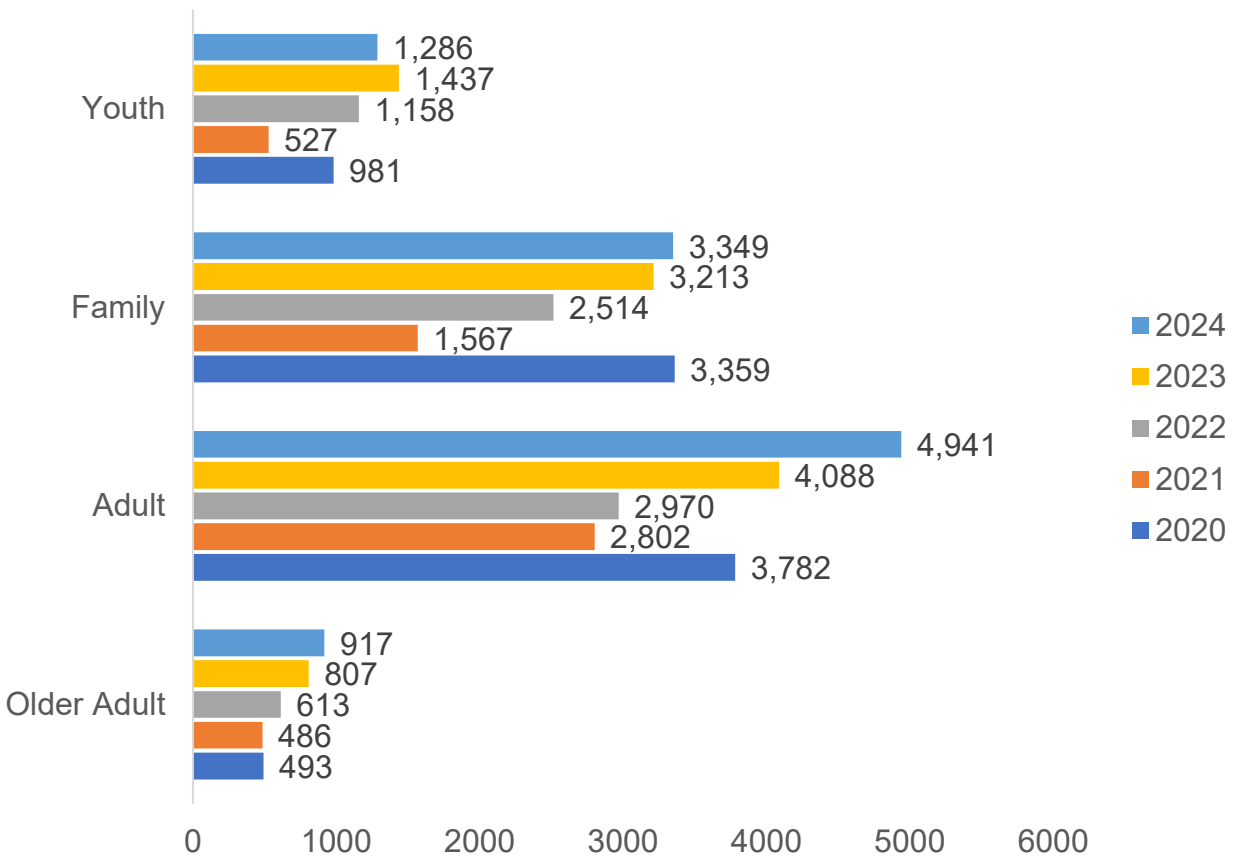
Figure 1. Number of Complete Surveys by Age Group



Data Source: UCLA Consumer Perception Survey Los Angeles County Report May 2024 Survey Period, March 2025.

Figure 2 displays the trends of complete surveys over the last five survey periods. There was a notable decline in the number of complete surveys during 2020 when the COVID-19 pandemic initiated and the decline continued into 2021. As a result of the decline in participation and data collection, the Department of Healthcare Services (DHCS) and LACDMH requested that 100% of providers participate in the CPS period as opposed to a sample of providers. Over the last three years, survey collection has continuously improved except among the Youth age group.

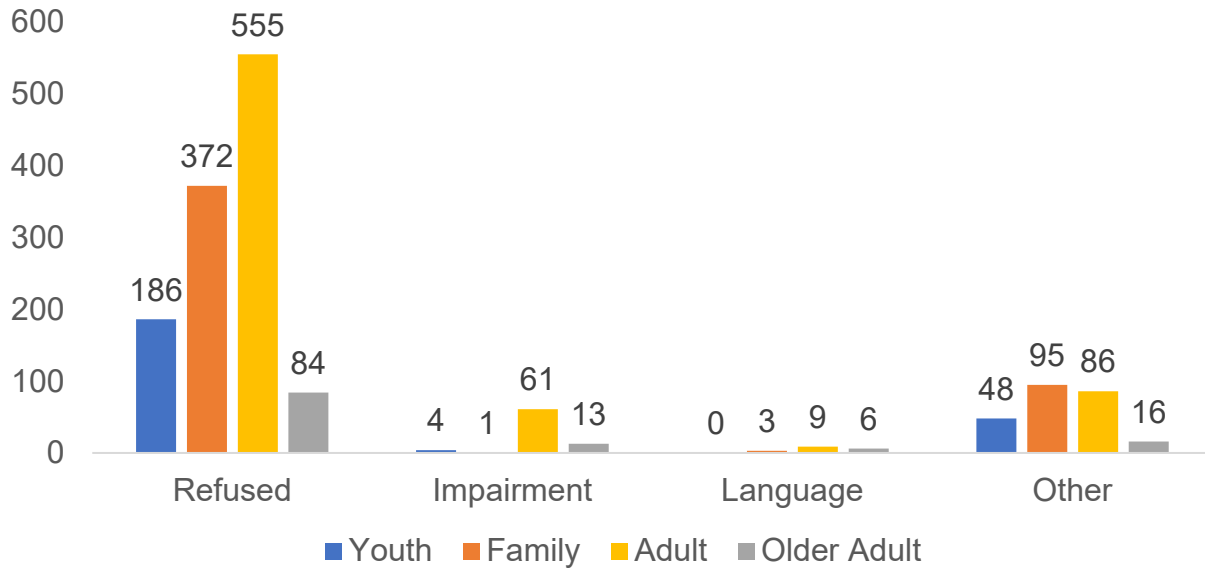
Figure 2. Complete Survey Five-Year Trends



Data Source: CPS data reports, 2020-2024. UCLA Consumer Perception Survey Los Angeles County Report May 2024 Survey Period, March 2025.

Figure 3 shows the reasons identified for a client or caregiver to decline the survey. The most common reason for clients/caregivers not participating in the survey was they “Refused” to participate followed by providers marking “Other” reason.

Figure 3. Reasons Identified for Not Completing the Survey

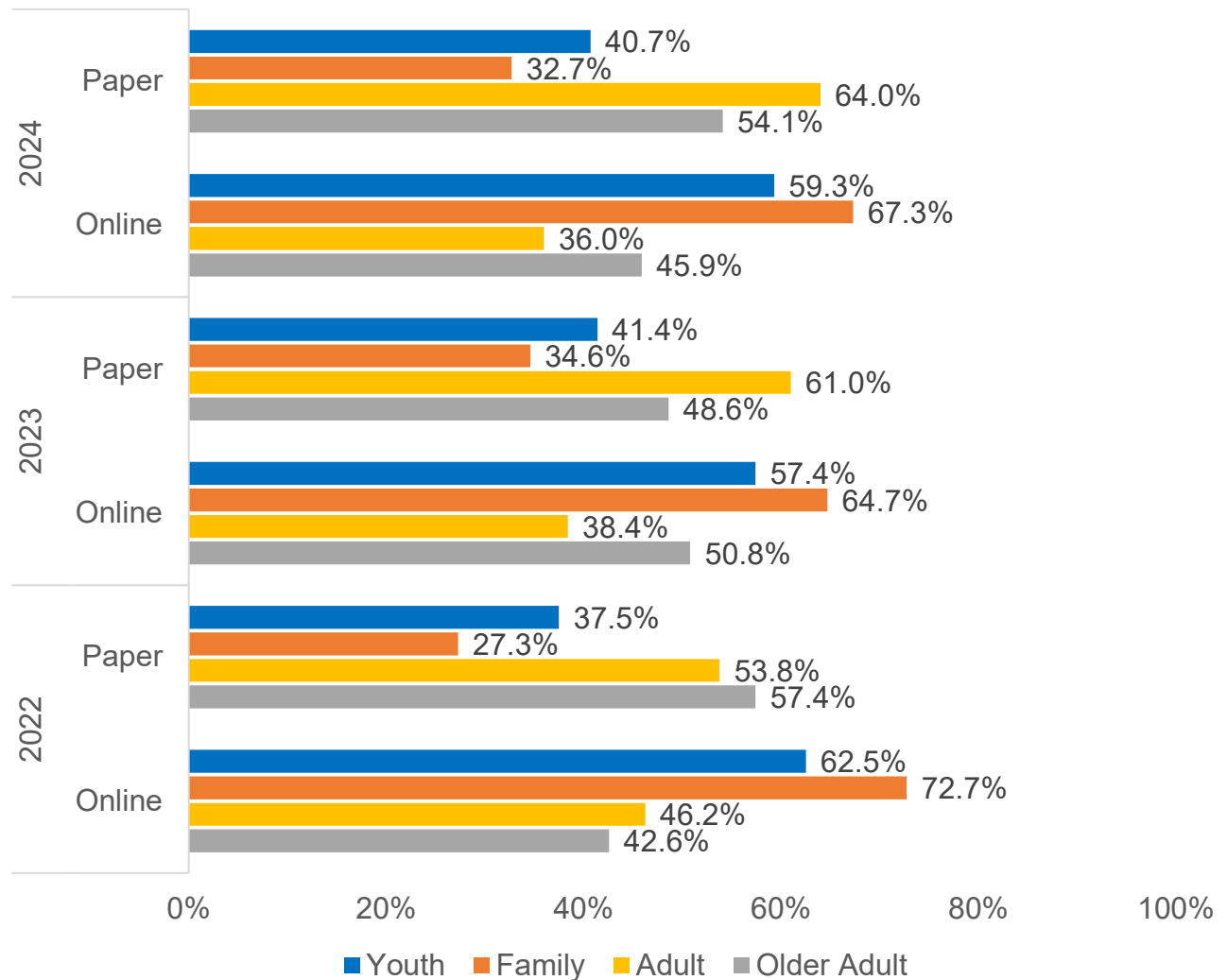


Data Source: UCLA Consumer Perception Survey Los Angeles County Report May 2024 Survey Period, March 2025.

Survey Format

Surveys submitted on paper totaled 6,047 and surveys submitted online totaled 5,985. Figure 4 shows the four age groups' preferences for completing surveys in different formats. In 2024, Youth and Families had the highest preference for online surveys, which was consistent over the last three survey periods. Adults and Older Adults tend to prefer paper surveys.

Figure 4. Completed Surveys by Format, Three-Year Trend

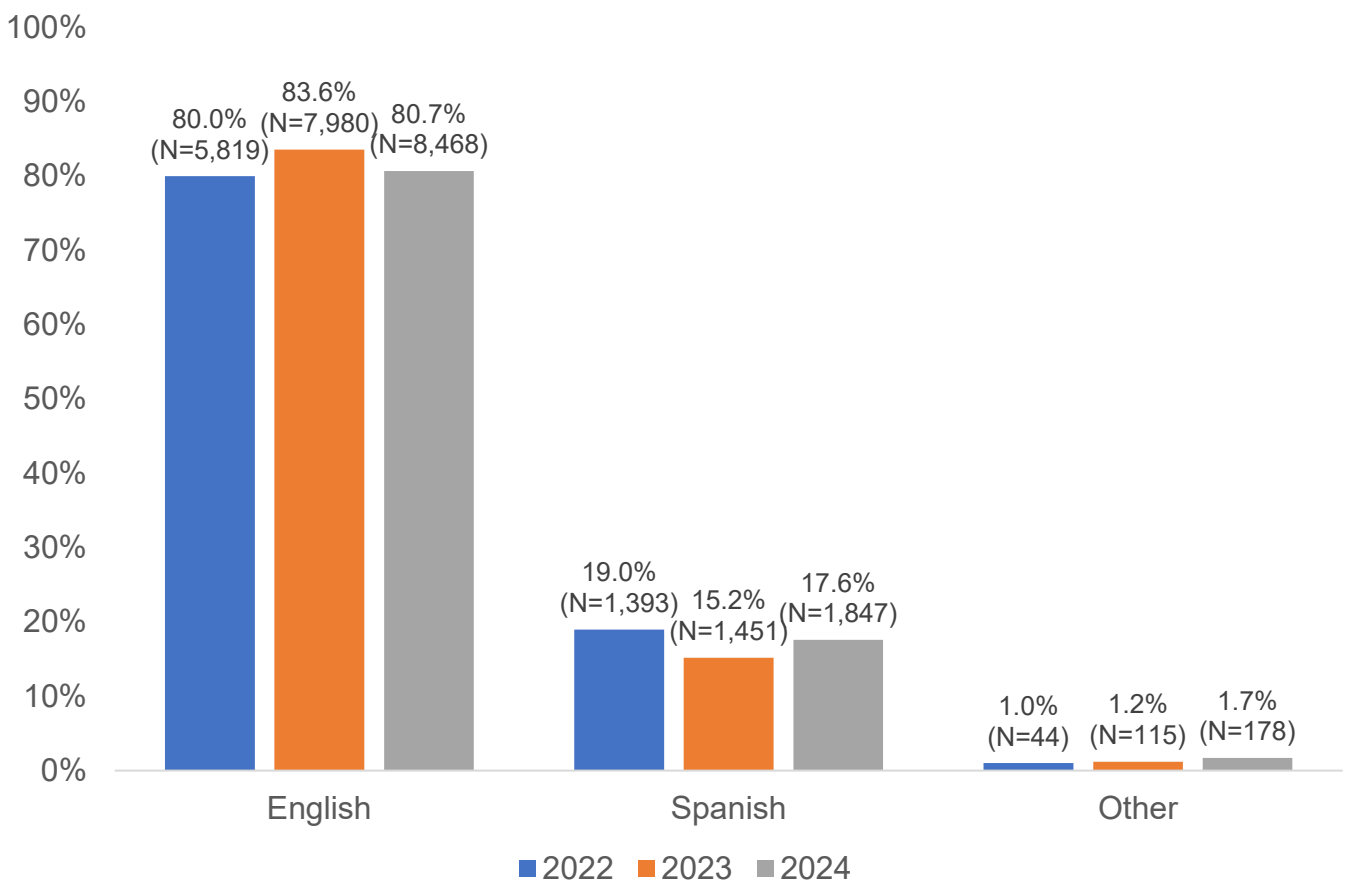


Data Source: UCLA Consumer Perception Survey Los Angeles County Report May 2024 Survey Period, March 2025.

Language

Figure 5 shows that most clients and caregivers (80.7%) filled out surveys in the English language, an increase of 0.7% Percentage Points (PP) from 2022. Complete surveys in Spanish (17.6%) were down 1.4 PP from 2022. The number of surveys in Spanish increased each year over the three years displayed however the percentage decreased as the number of surveys in English also grew at a higher rate.

Figure 5. Completed Surveys by Language, Three-Year Trend

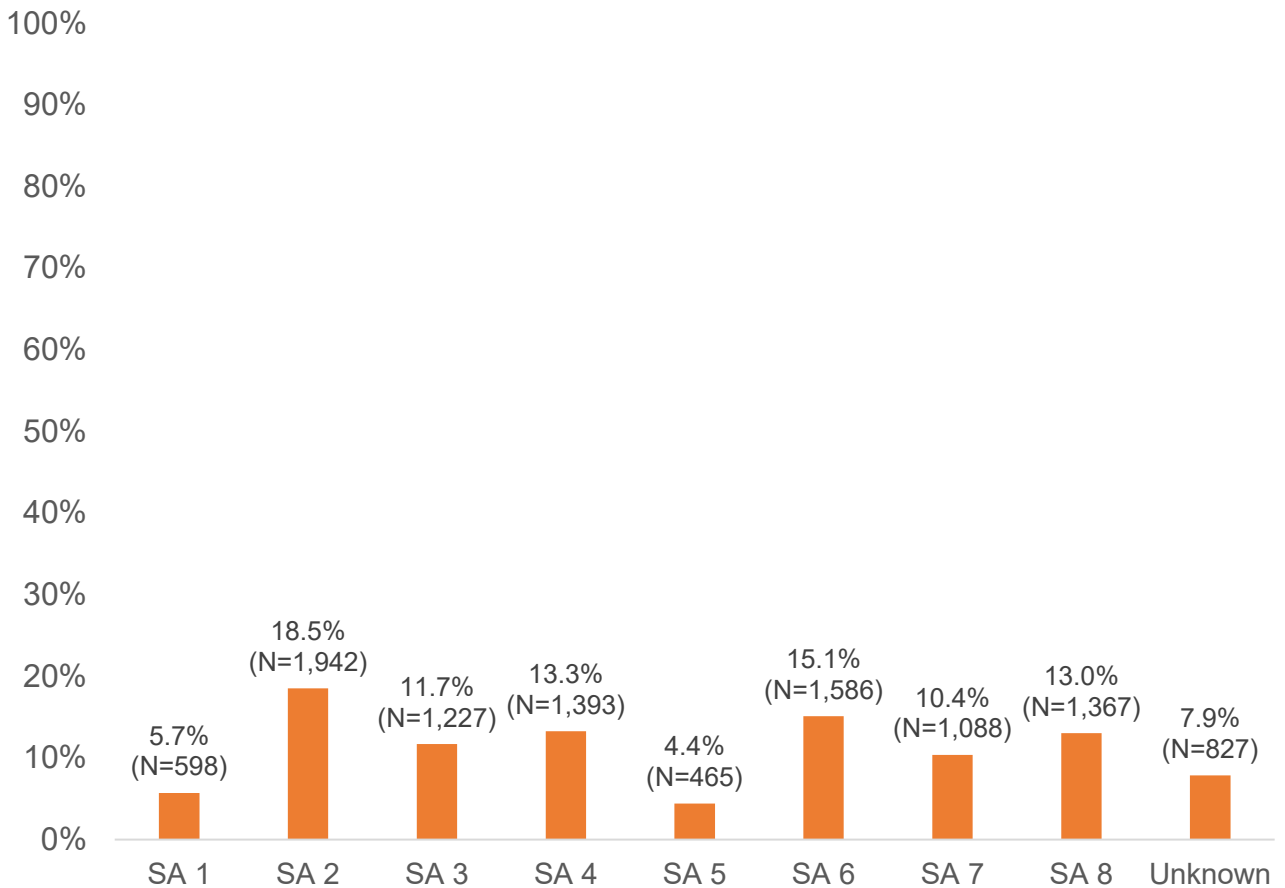


Data Source: Consumer Perception Survey data May 2024. Consumer Perception Survey data May 2023. Consumer Perception Survey data May 2022. UCLA Consumer Perception Survey Los Angeles County Report May 2023 Survey Period, December 2023. UCLA Consumer Perception Survey Los Angeles County Report May 2024 Survey Period, March 2025.

Service Area

Figure 6 displays the percentage of surveys by SA. SA 2 had the highest number of surveys returned from all 8 SAs with 18.5% of total complete surveys. SA 5 had the lowest number of surveys at 4.4%. It is important to note that for 7.9% of the surveys, the SA was Unknown.

Figure 6. Percent of Complete Surveys by Service Area



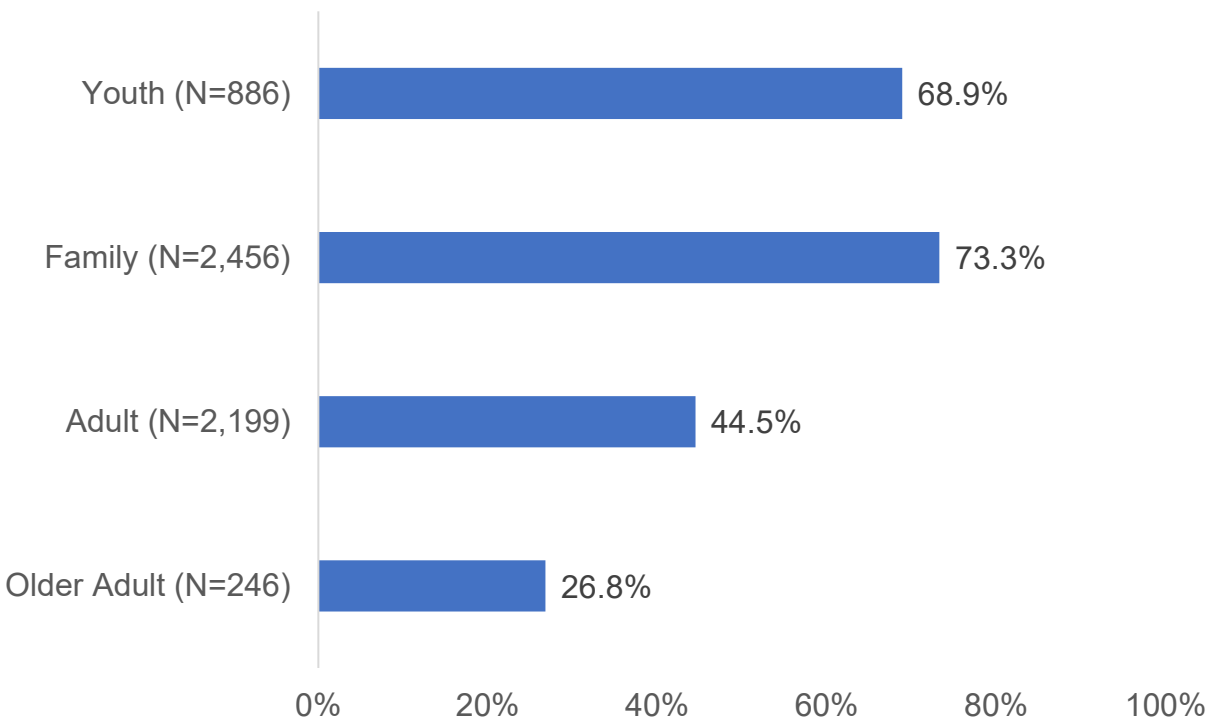
Data Source: 2024 Consumer Perception Survey Provider Level Report, August 2025.

Race/Ethnicity

In the CPS forms, there is a question that asks if the consumer identifies as being from Mexican/Hispanic/Latino origin separately from how one identifies their race. Latino is not included in race demographic question. As the CPS is a State and federally managed survey, LACDMH is unable to modify this format. However, due to changes with the [Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity](#) (SPD 15), this question will likely be integrated with the other race demographics in future survey periods.

Figure 7 shows the percent of respondents that indicated an ethnic origin of Mexican/Hispanic/Latino. Family and Youth survey respondents had the highest endorsement of Mexican/Hispanic/Latino origin.

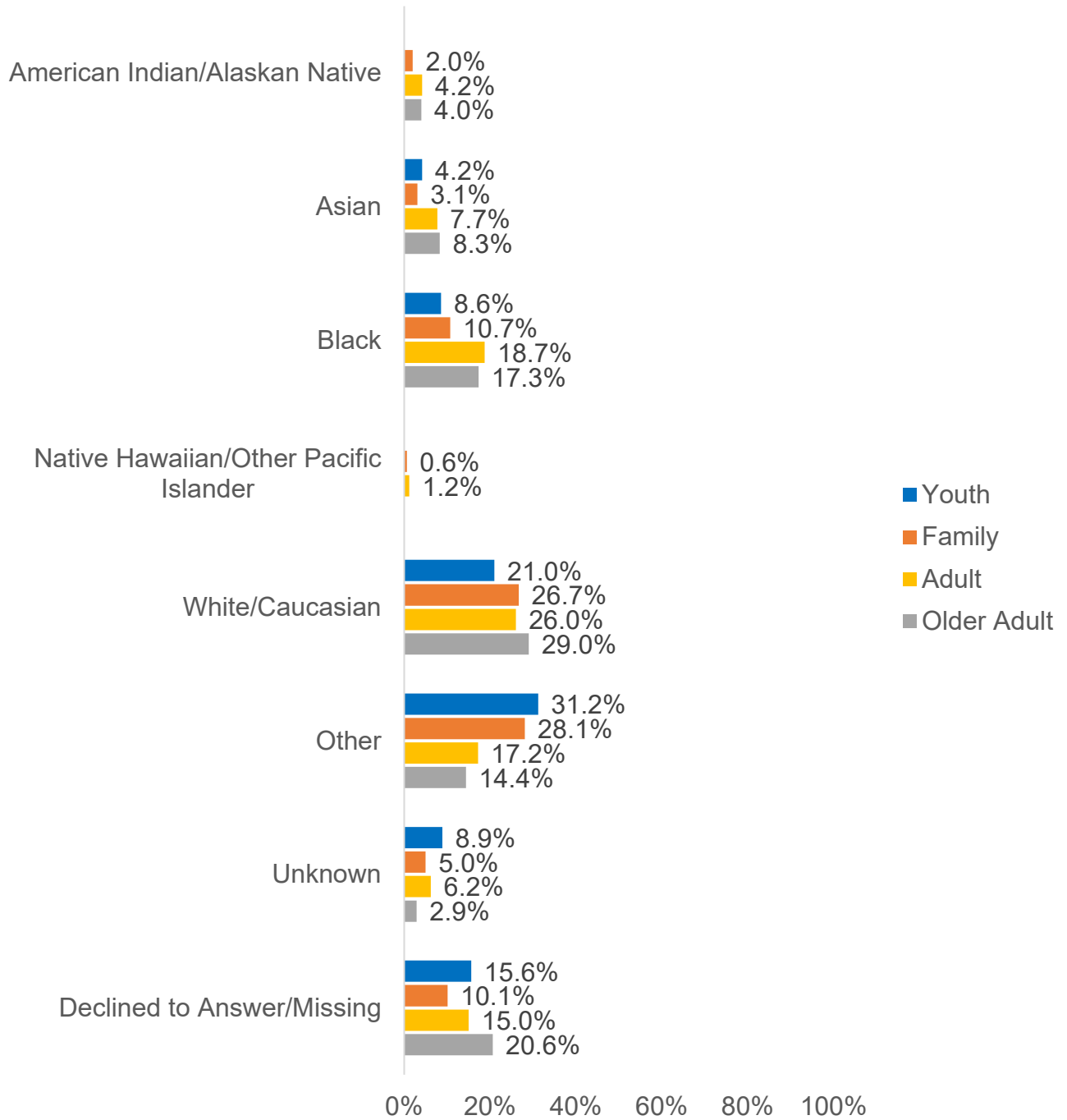
Figure 7. Percent of Respondents that Indicated Mexican/Hispanic/Latino Origin



Data Source: UCLA Consumer Perception Survey Los Angeles County Report May 2024 Survey Period, March 2025.

Figure 8 shows the distribution of self-identified races among the survey groups. Respondents were allowed to select more than one race. “Other” Youth, White Older Adults, and “Other” Family groups made up the highest percentages of respondents. Native Hawaiian/Other Pacific Islander and American Indian/Alaskan Native groups represented the smallest percentage of all the survey groups. No complete surveys were received from American Indian/Alaskan Native Youth or Native Hawaiian/ Other Pacific Islander Youth and Older Adults.

Figure 8. Percent of Respondents Identified Races



Data Source: UCLA Consumer Perception Survey Los Angeles County Report May 2024 Survey Period, March 2025.

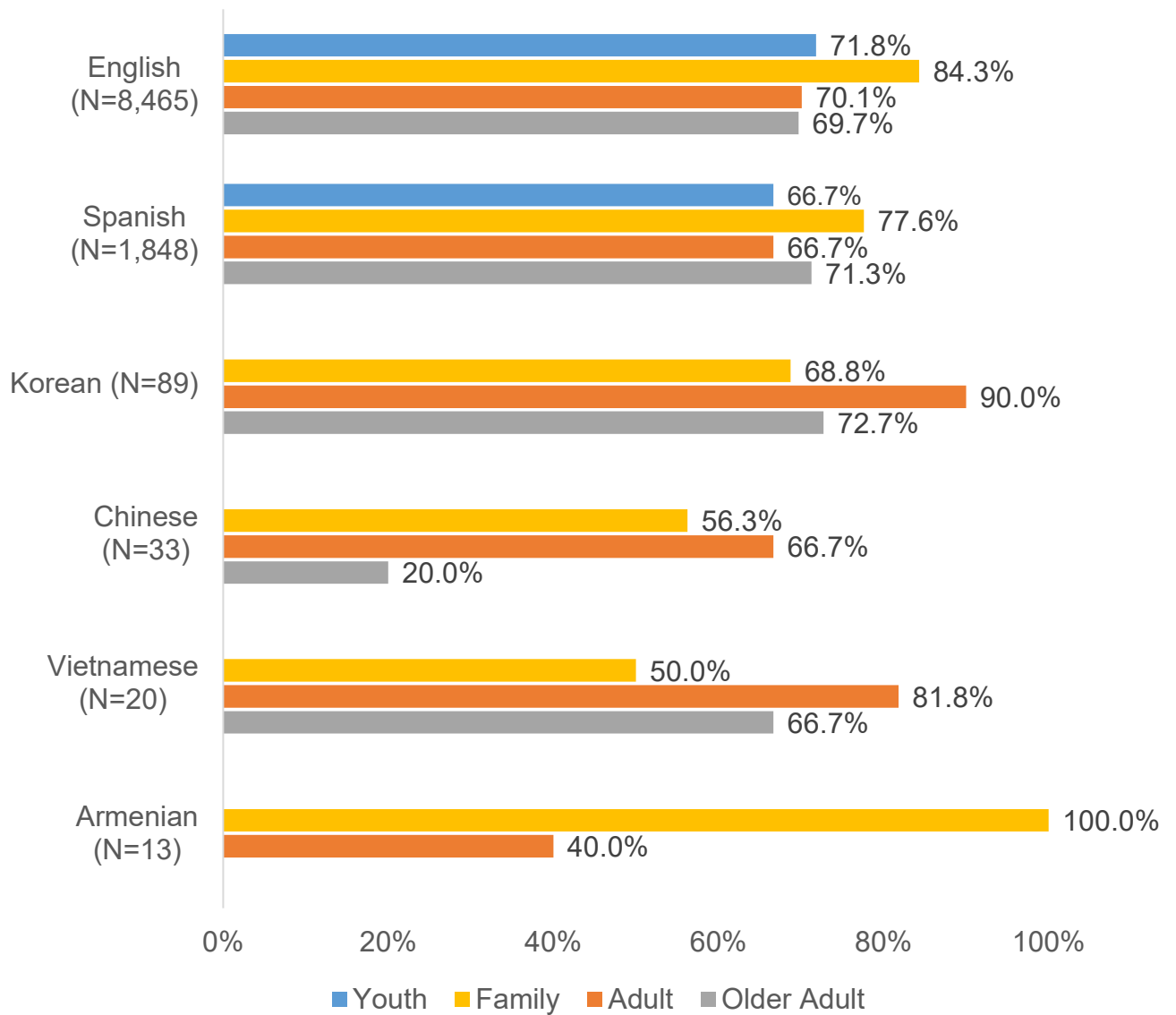
Language Support

Figure 9 shows the percent of respondents that endorsed “Yes” to a statement affirming that services and written materials were provided in their preferred language.

Armenian-speaking Family survey respondents endorsed the most yes responses, followed by Korean-speaking Adult and English-speaking Family respondents.

Chinese-speaking Older Adult, Armenian-speaking Adult, and Vietnamese-speaking Family respondents had the lowest percentage of yes responses although due to a low number of respondents these percentages should be interpreted with caution.

Figure 9. Responded “Yes” that Countywide Services/Written Information Was Provided in Preferred Language

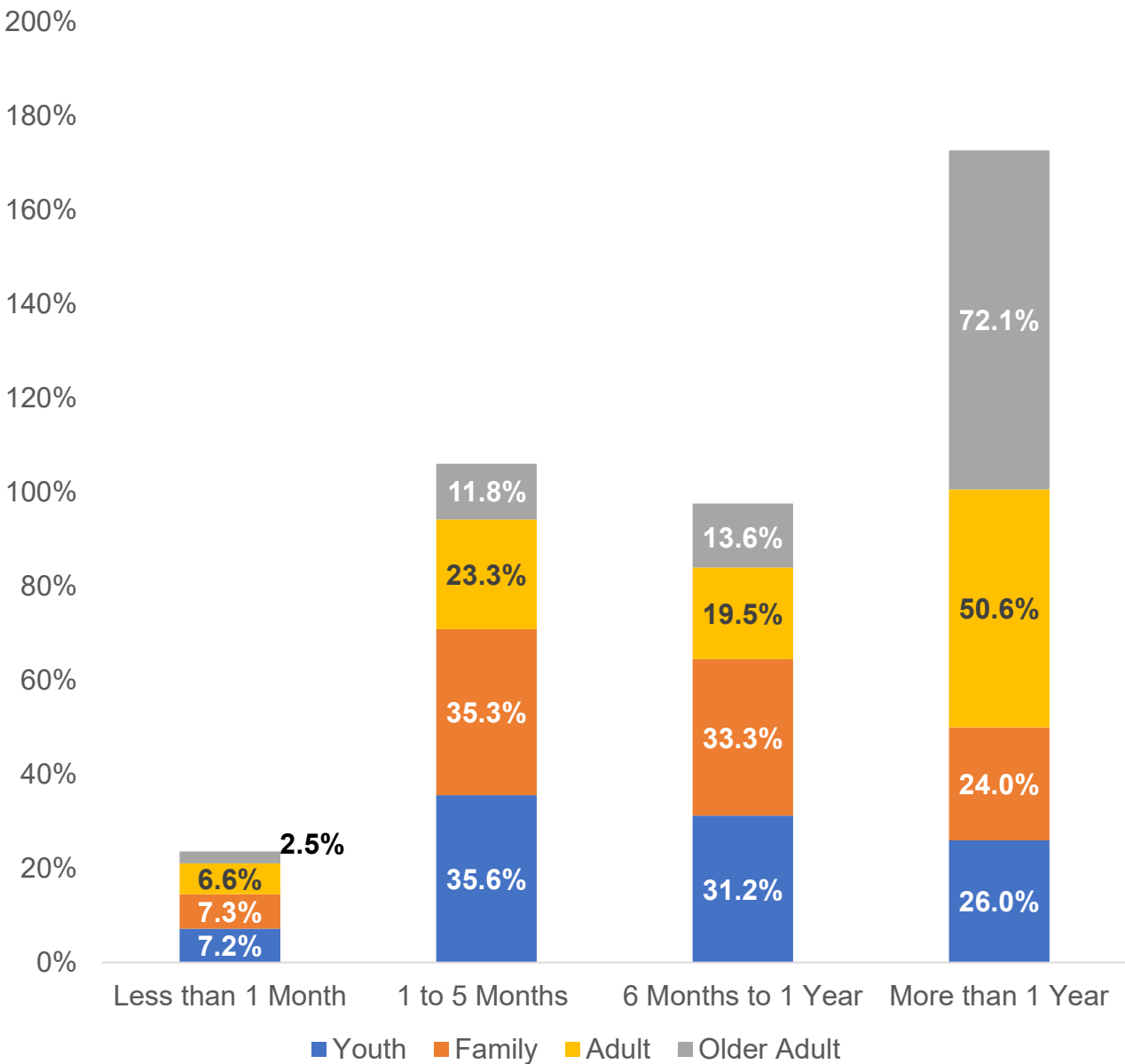


Data Source: UCLA Consumer Perception Survey Los Angeles County Report May 2024 Survey Period, March 2025.

Length of Enrollment

Figure 10 shows that most of the survey respondents received services for at least one month to over a year when they completed the survey. Most Adult and Older Adult respondents had been in service over a year. Most Families and Youth had been in services between 1 month to 1 year at the time of the survey.

Figure 10. Length of Enrollment in Services at the Time of the Survey by Age Group



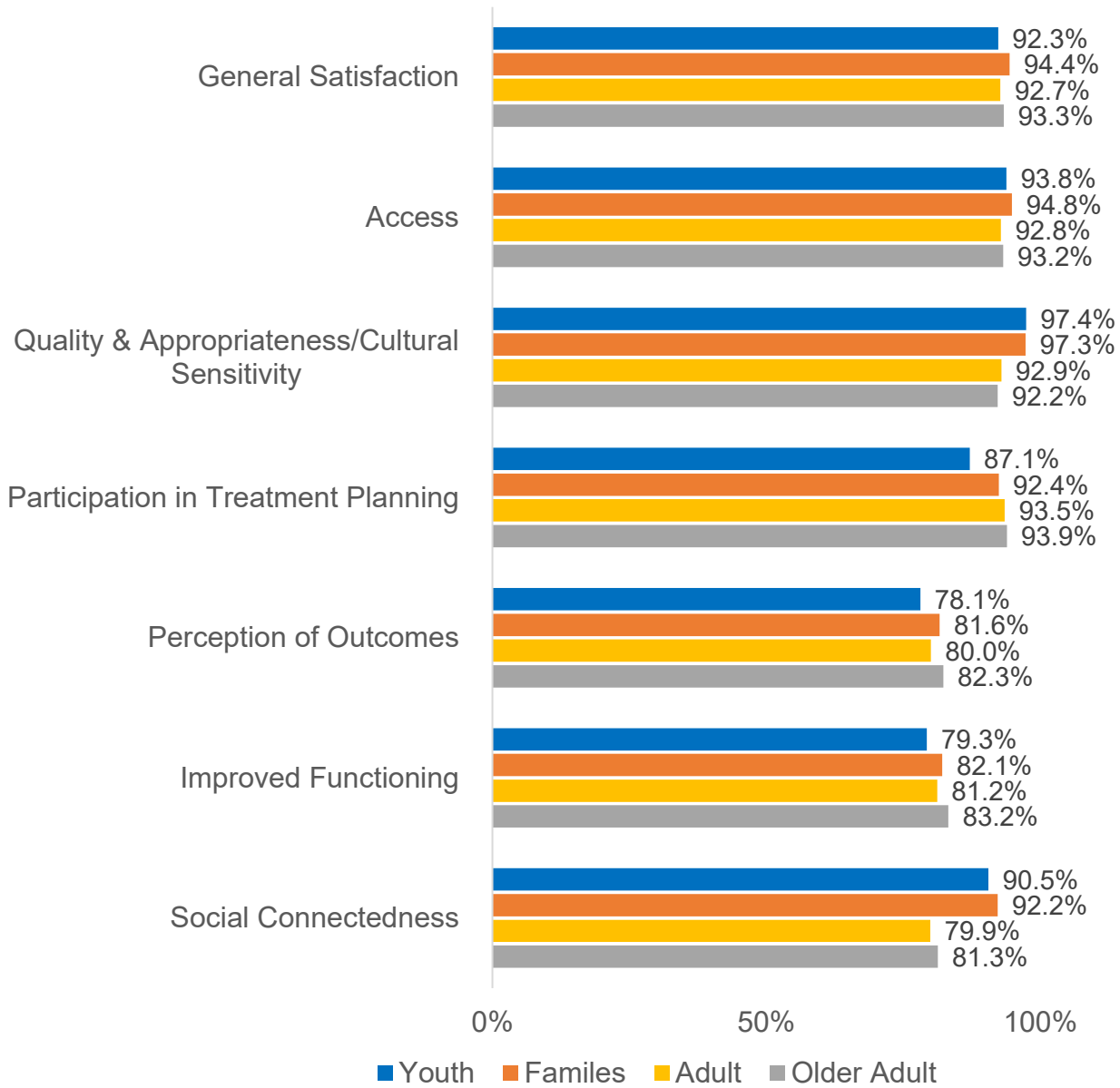
Data Source: UCLA Consumer Perception Survey Los Angeles County Report May 2024
 Survey Period, March 2025.

Satisfaction Ratings

The CPS satisfaction scores are rated on a Likert scale of 1 to 5 (Strongly Disagree to Strongly Agree) with 5 representing the highest score. A higher mean score for the subscale domain reflects a higher client perception of care. To be scored in the domain 2/3 of the items in each domain needed to be answered by the consumer and are then averaged. The percentage of clients scoring 3.5 or above are presented by domain as well as the individual items within each domain. Questions that are a part of each domain can be viewed in the Appendix.

Figure 11 describes the age group comparison of satisfaction by domain. Youth had the highest score for the Quality and Appropriateness/Cultural Sensitivity domain. Families had the highest scores in the Social Connectedness domain, the Access domain as well as the General Satisfaction domain. Older Adults had the highest scores in the Participation in Treatment Planning domain and the Perception of Outcomes domain and Improved Functioning. Youth demonstrated the lowest scores for General Satisfaction, Participation in Treatment Planning, Perception of Outcomes, and Improved Functioning. Adults scored the lowest in Social Connectedness and Access. Older Adults scored lowest in Quality and Appropriateness.

Figure 11. Percent of Satisfaction Survey Domains by Age Group

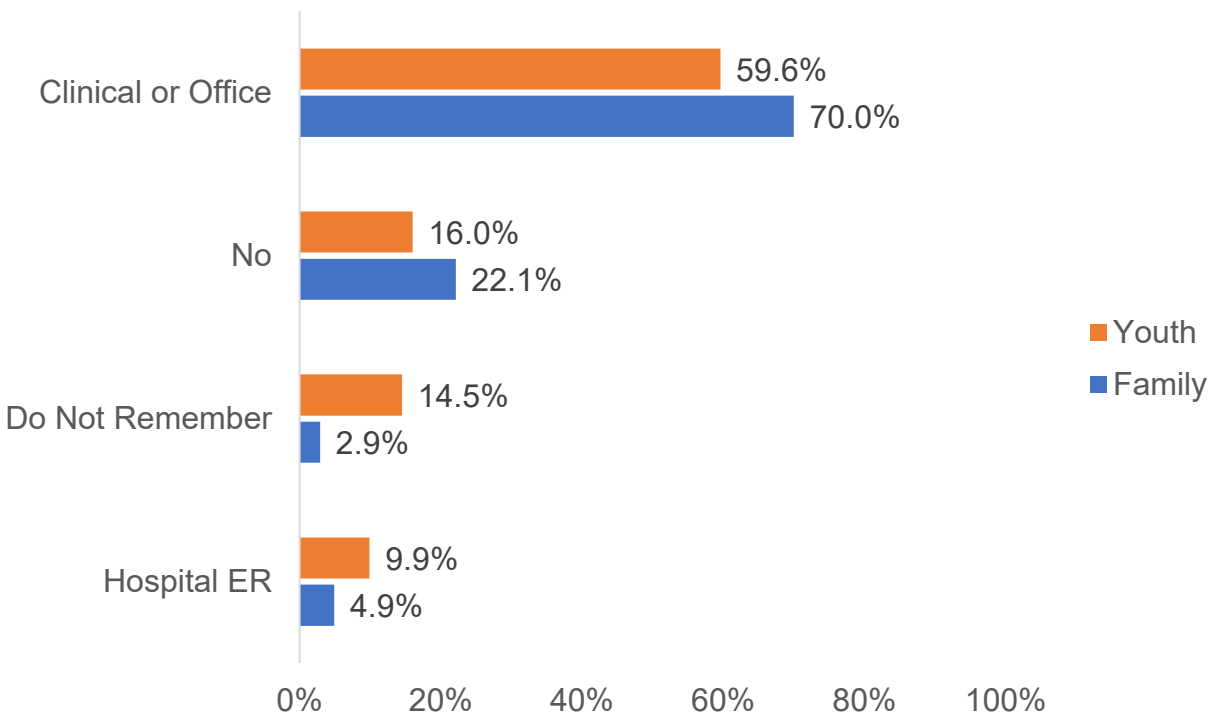


Data Source: Consumer Perception Survey data, May 2024.

Medication – Family and Youth

For 2024, 28.4% of Youth respondents and 25.4% of Family respondents reported they or their child were on medications to assist with emotional or behavioral issues. Figure 12 shows the percentage of Youth and Family survey respondents that indicated whether they had a health check-up or medical appointment in the last year. Most respondents reported having appointments at a medical office or clinic.

Figure 12. Percent of Youth and Family Survey Responses to “In the last year, did your child/you see a medical doctor (or nurse) for a health check-up or because you were sick?”

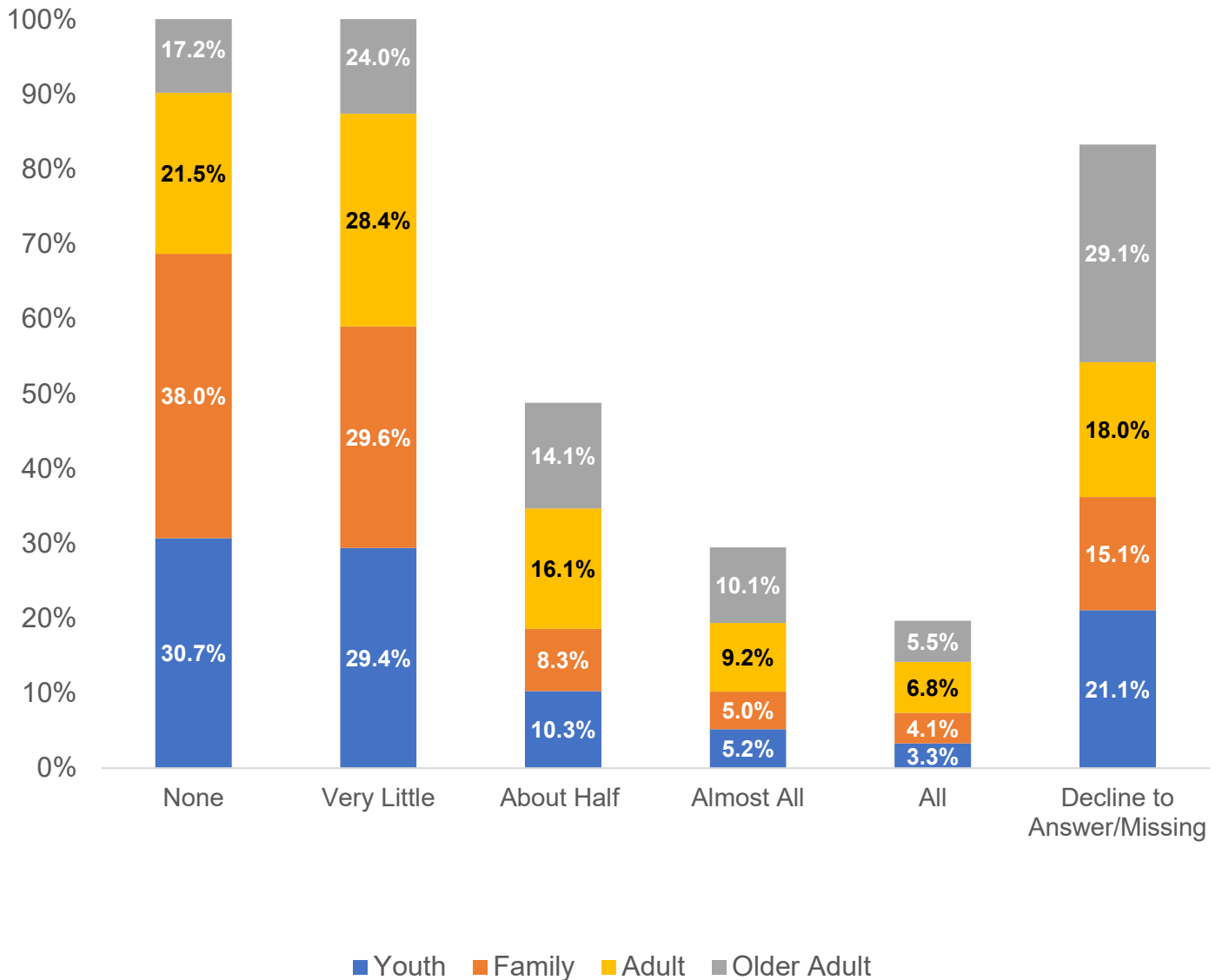


Data Source: UCLA Consumer Perception Survey Los Angeles County Service Area Report May 2024
Service Period, May 2024.

Telehealth

Figure 13 shows answers to the question, “Thinking about the services you received, how much of it was by telehealth?” The majority of survey respondents did not provide an answer or reported receiving No to “Very Little” telehealth services. A total of 18.8% of Youth respondents, 17.4% of Family respondents, 32.1% Adult respondents, and 29.7% Older Adult respondents reported receiving in the range of “About Half” to “All” of their services are provided through telehealth.

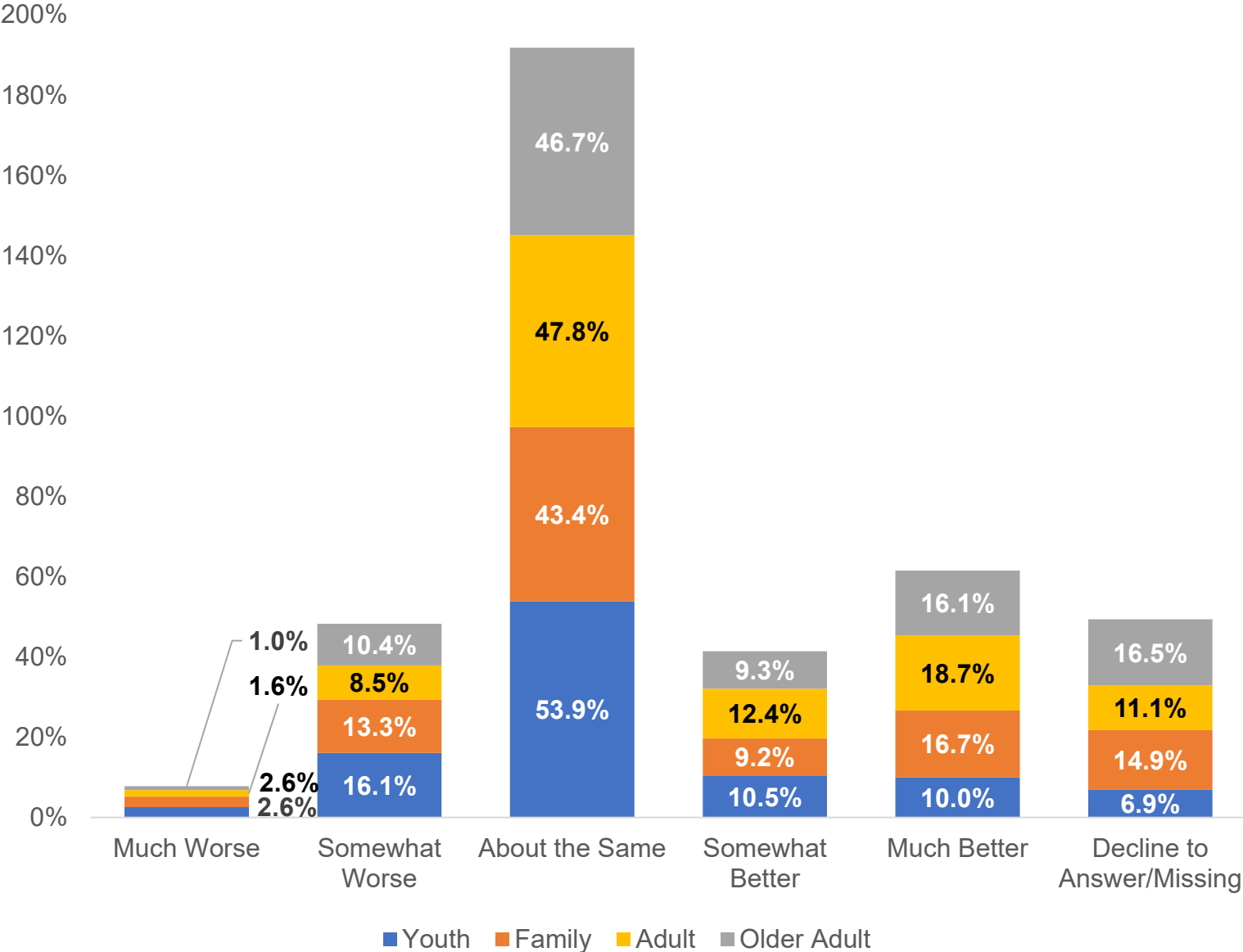
Figure 13. Question: “Thinking about the services you received, how much of it was by telehealth?”



Data Source: Consumer Perception Survey data, May 2024.

Figure 14 shows answers to the question, “How helpful were telehealth visits?” For the respondents who answered 43.4% to 53.9% reported telehealth was About the Same compared to non-telehealth services. Adult respondents were the largest group that indicated telehealth was Somewhat Better to Much Better than non-telehealth services. Youth respondents were the largest group that indicated telehealth was Somewhat Worse to Much Worse than non-telehealth services.

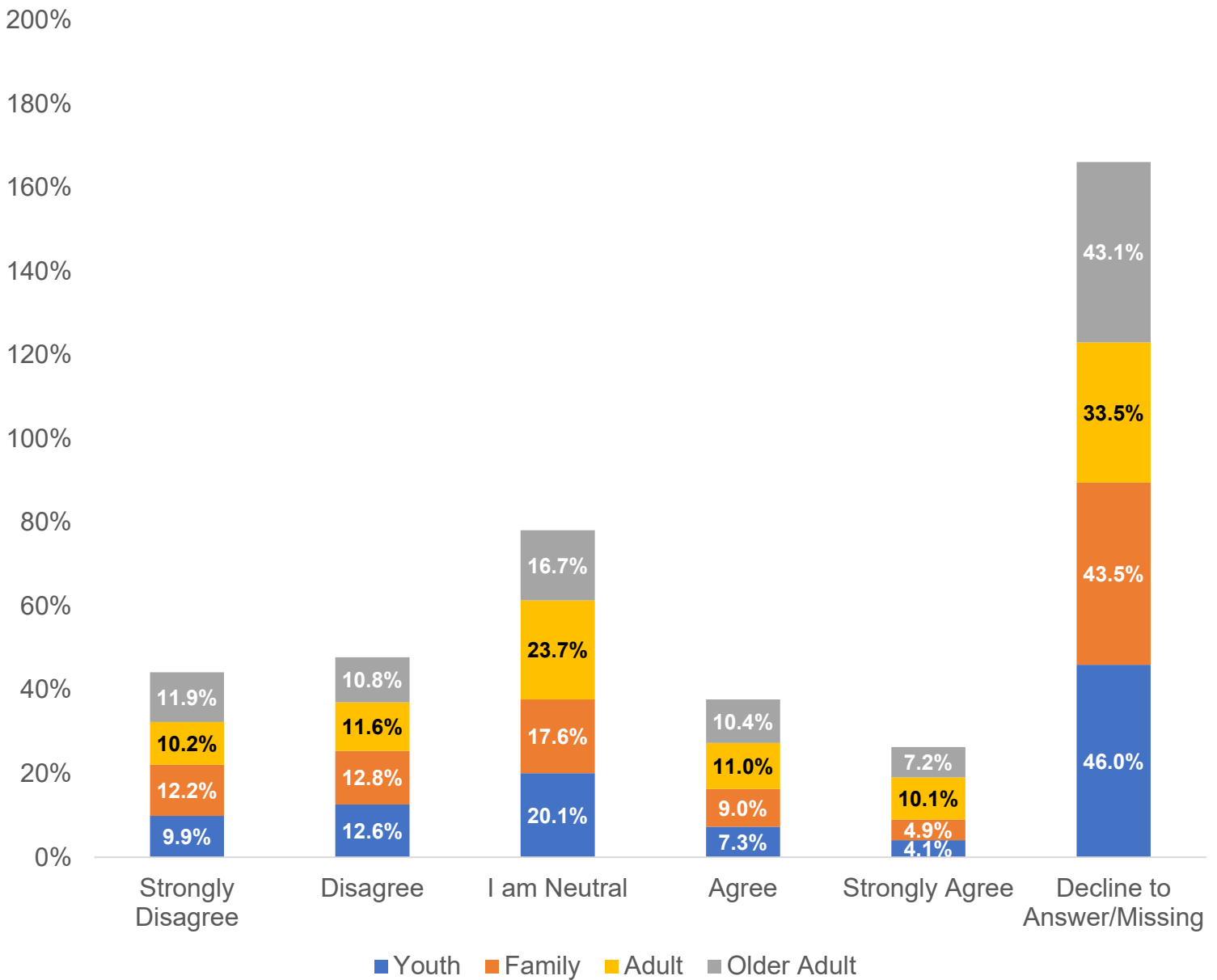
Figure 14. Question: “How helpful were telehealth visits?”



Data Source: Consumer Perception Survey data, May 2024.

Figure 15 shows answers to the statement, “I prefer to receive more of my Mental Health treatment at this program by telehealth.” About 43.0% to 46.0% of Youth, Family, and Older Adult respondents did not respond. Most who responded indicated, “I am neutral.” Youth, Family, and Older Adult respondents tended to disagree more than agree with the statement. Adults were vertically split among agreement and disagreement.

Figure 15. Question: “I prefer to receive more of my Mental Health treatment at this program by telehealth.”

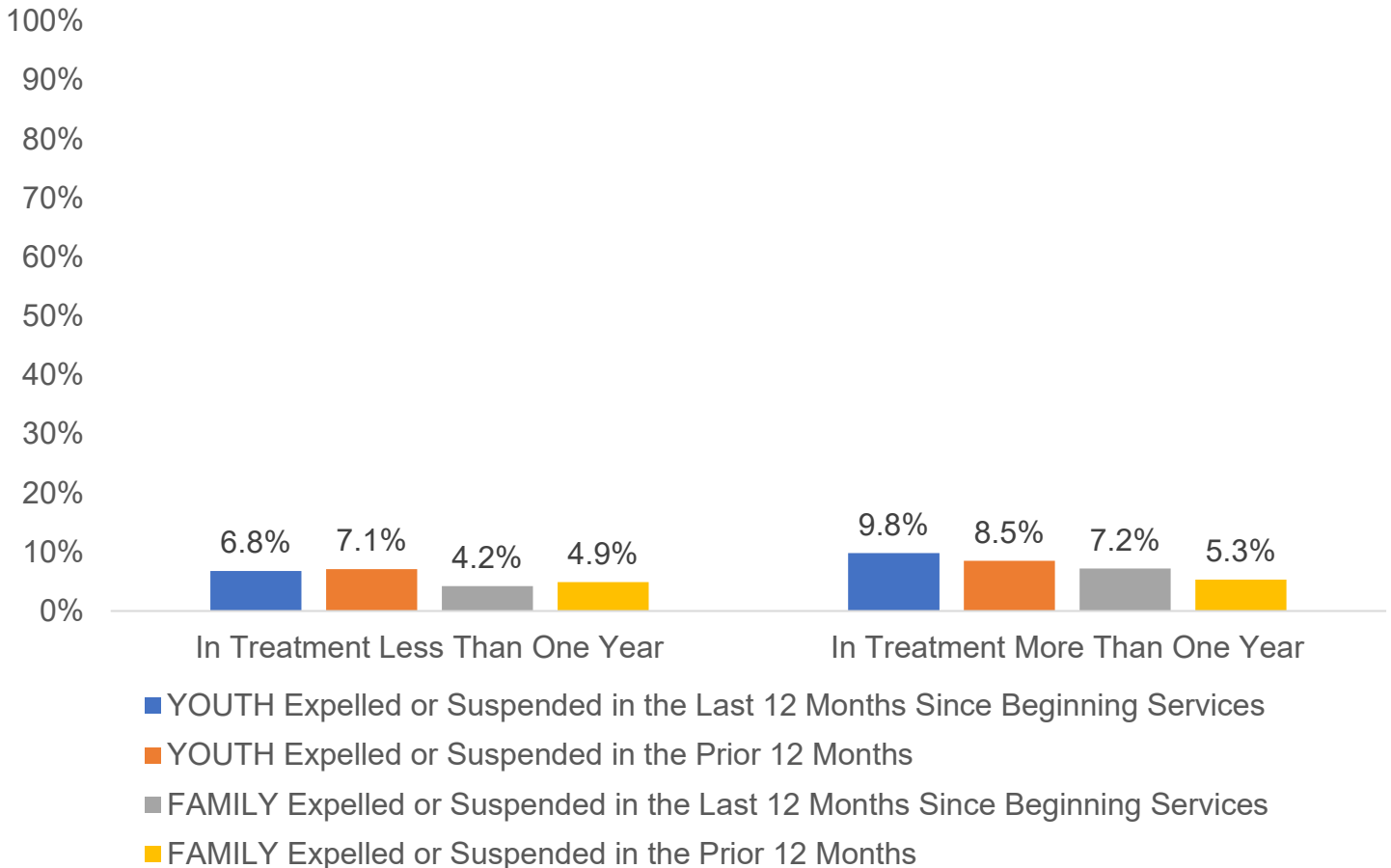


Data Source: Consumer Perception Survey data, May 2024.

School Discipline, Housing, and Police Contacts

Youth and Family respondents were asked whether the client was expelled/suspended from school in the last 12 months or since beginning treatment and for 12 months prior to starting treatment. They were compared by time spent in treatment: less than one year or more than one year. Figure 16 shows that Youth and Family respondents of clients who had been in treatment for less than one year reported a lower rate of expulsions/suspensions. Those in treatment for more than one year had a higher rate.

Figure 16. Youth and Family Respondent School Suspension/Expulsion Rates Based on Time in Treatment

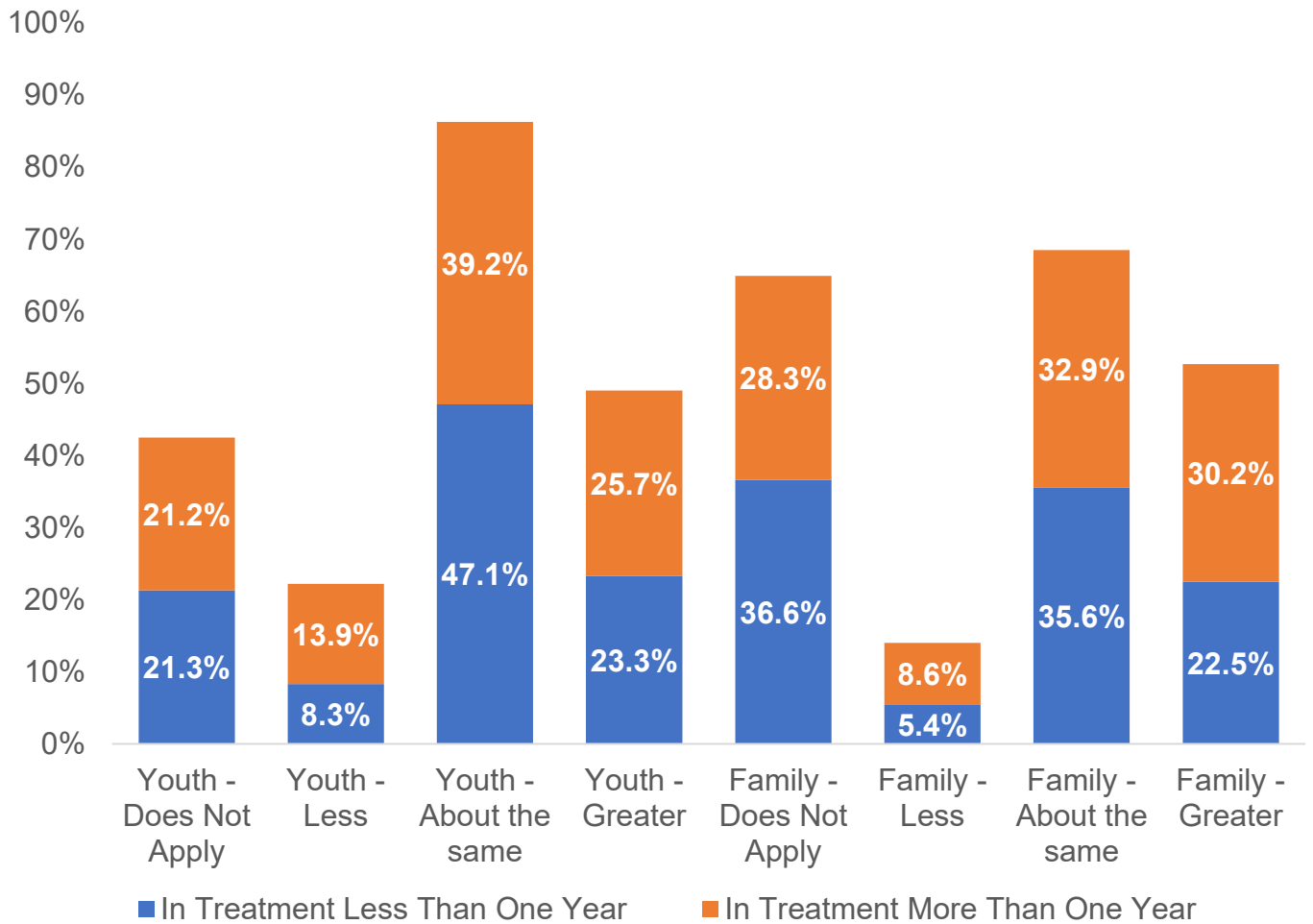


Data Source: Consumer Perception Survey data, May 2024.

Youth and Family respondents were also asked about changes in the number of school days attended over the last year. Respondents could indicate “Does Not Apply” if the client was not in school during that time or did not have an issue with school attendance prior to starting services. Figure 17 shows approximately 47% of respondents in treatment for less than one year reported the number of days they were in school did not change, 23.3% saw their number of days in school increase, and 8.3% saw their number of days in school decrease. For the Youth respondents who reported they were in treatment for more than one year, approximately 39% indicated that the number of days they attended school did not change, 25.7% reported an increase in number of days in school, and 13.9% reported a decrease in days at school.

Approximately one-third of Family respondents indicated that the number of days the client attended school did not change in the last year independent of their time in treatment. For clients in treatment for less than one year, 22.5% of respondents reported an increase in attendance. For the Family respondents who reported the client was in treatment for more than one year, 30.2% of respondents reported an increase in number of school days attended.

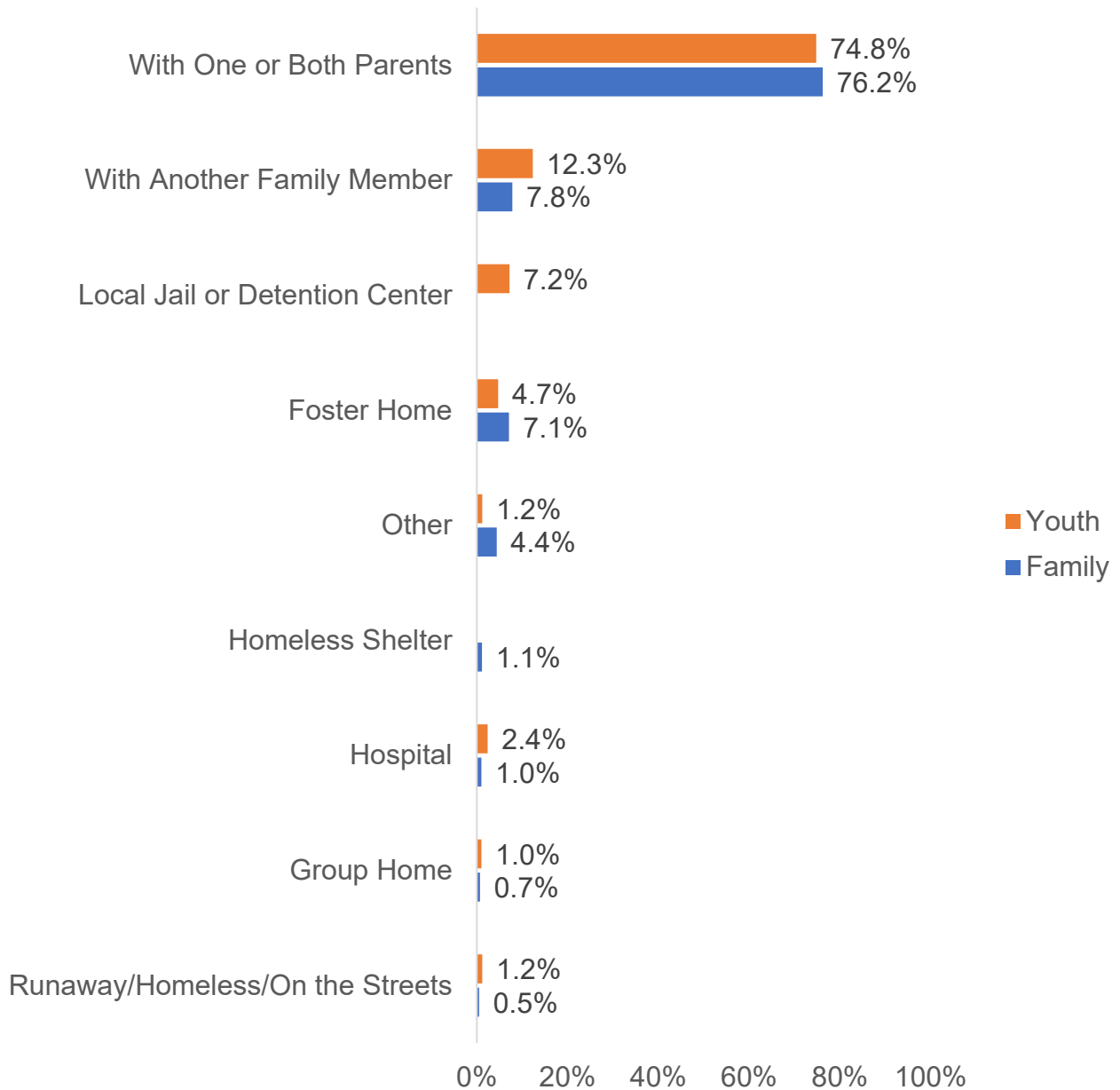
Figure 17. Youth and Family Respondent Reported Rate of Number of Days in School Over the Last Year



Data Source: Consumer Perception Survey data, May 2024.

Youth and Family respondents were asked to report the client's type of housing in the last six months. Figure 18 shows approximately 75.0% of respondents indicated that the client was living with one or both parents. The housing types that followed were living with another family member, living in a foster home, or living in a jail or detention center.

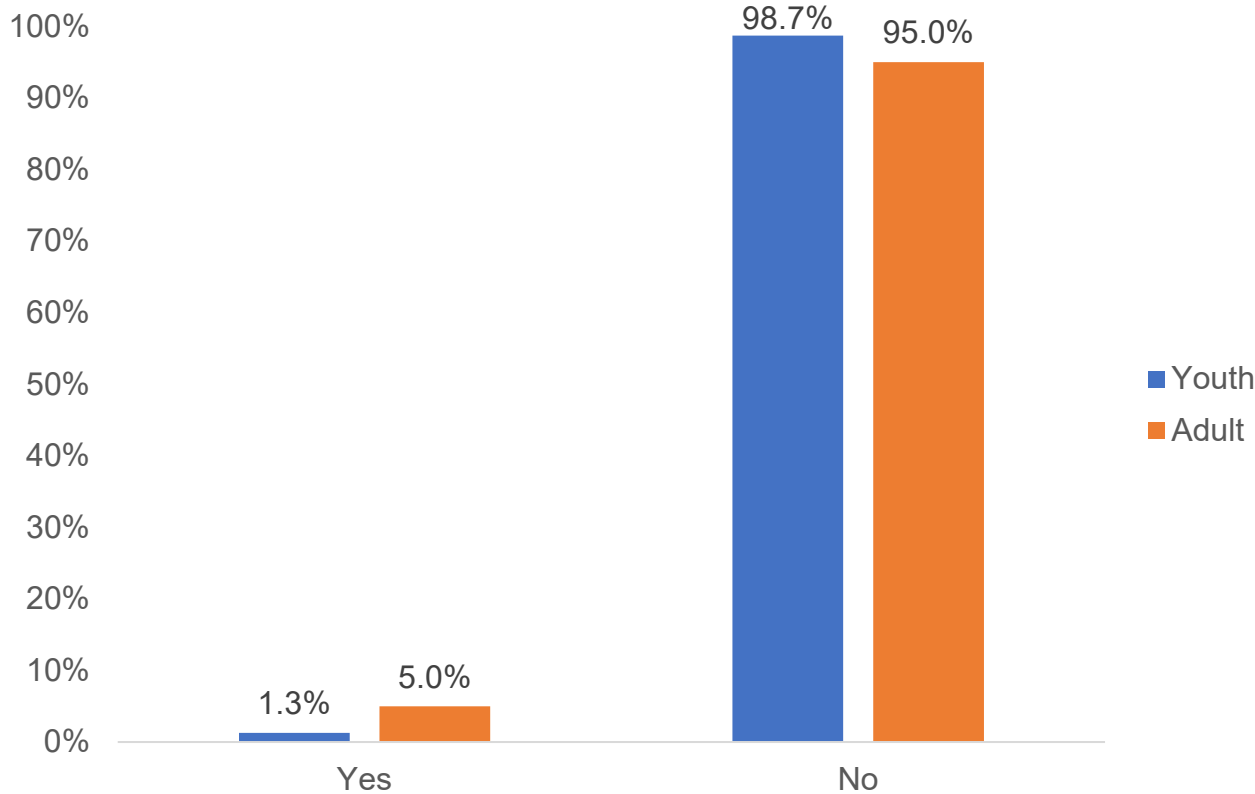
Figure 18. Youth and Family Survey Respondents Report of Housing Type in the Last Six Months



Data Source: Consumer Perception Survey data, May 2024.

Youth and Adult respondents were asked about whether they experienced arrests in the past 12 months. Figure 19 shows for most respondents no arrests were indicated. However, 1.3% of Youth and 5.0% of Adult respondents indicated having an arrest in the past 12 months.

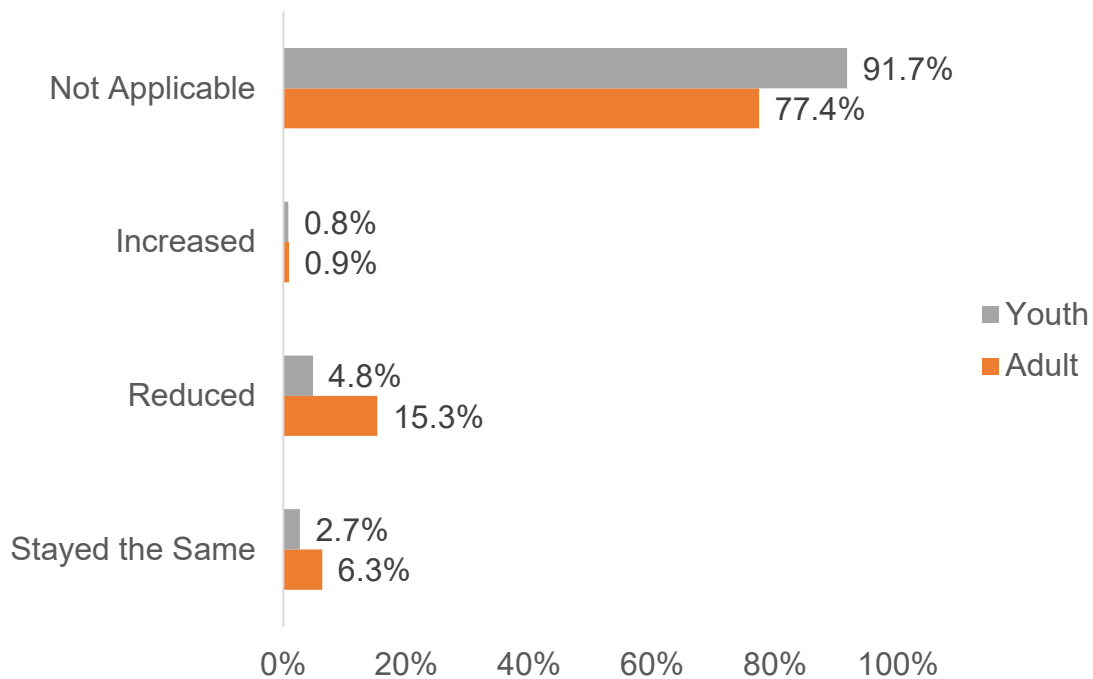
Figure 19. Percent of Respondents that Indicated Arrests in the Past 12 Months



Data Source: UCLA Consumer Perception Survey Los Angeles County Report May 2024 Survey Period, March 2025.

Youth and Adult respondents were also asked about whether the number of police encounters changed since beginning treatment. In Figure 20, 15.3% of Adults and 4.8% of Youth respondents reported a decrease and less than one percent of both Youth and Adults reported an increase in police encounters since beginning treatment.

Figure 20. Percent of Respondents that Indicated Frequency of Police Contact Since Beginning Treatment



Data Source: UCLA Consumer Perception Survey Los Angeles County Report May 2024 Survey Period, March 2025.

Open-ended Comments

Clients/caregivers were able to provide feedback about their services in open-ended comment boxes on the survey forms. An Open-Ended Comments (OEC) Collection survey was developed to guide providers through reporting the OEC comments they received from clients/caregivers who completed CPS forms in 2024. OEC Collection surveys were submitted to the QI Unit. CPS forms gathered open-ended comments from LACDMH's youth, families/caregivers, adult, and older adult clients. Open-ended comments were received by 88.4% (N=168) of providers.

Open-Ended Comments Analysis

The OEC Analysis was completed to assess qualitative feedback collected from clients/caregivers during the CPS period. Any identifying information was removed to maintain confidentiality. It is important to note that the organization of comments is subjective. There may be variances among providers submitting the comments and QI staff reviewing the comments. The comments were reviewed by four members of the QI and Outcomes teams, sorted into common categories, and analyzed using Rapid Qualitative Analysis (RQA). Approximately 2,613 individual comments were received. The summary report that follows is organized by category.

Categories of Provider Reported Comments

Provider reported client/caregiver comments were qualitatively grouped into the following 11 thematic categories: Cultural Appropriateness, General (Positive/Negative), Gratitude, Impact of Treatment/Services (Negative/Positive), Other, Recommended Improvements/New Programming, Site/Facility-Related, Staff-Related Experience (Negative/Positive), Survey-Related comments, Unclear, and Unmet Treatment/Service Need.

Most comments were positive, and most comments fell into the Impact of Treatment/Services, Staff-Related Experience, Recommended Improvements, General, and Other categories. The following provides a summary of the categories and client comments reported by providers.

Cultural Appropriateness

Many client comments indicated they had language support and providers that spoke their primary language. However, there were comments that indicated a need for additional support for Spanish-speaking clients. Clients/caregivers requested the hiring of South Asian, Black, male and bilingual providers who spoke Spanish, Chinese, and Korean. Sensitivity and diversity training for all staff, including security and cleaning staff, was also requested.

Impact of Treatment/Services

Positive comments about the Impact of Treatment or Services reflected improvement of symptoms, behavioral changes, providing a safe space for sharing and being themselves, feeling listened to and supported, receiving coping skills and resources, medication, and education about symptoms.

Negative comments about treatment and services tended to highlight experiences of not being listened to, inflexible scheduling, appointments being changed with short or no notice, difficulty getting refills, provider turnover, long wait times for therapy and psychiatry, poor customer service, and feeling like services were not helping.

Recommended Improvements/New Programming

Recommendations from clients/caregivers included decreasing staff turnover, more parenting classes, availability of Applied Behavior Analysis (ABA) therapists, better/wider sharing of available resources and services, a patient portal or application, higher frequency of therapy sessions, more after work/school hours and weekend appointments, more services at schools, shorter wait times for psychiatry, more psychiatrists, client transportation, better, faster, and more consistent ways to contact staff, Spanish-speaking front office staff, televisions, youth books, and piano music for waiting rooms, snacks for afterschool services, vending machines, better customer service for all staff, and Eye Movement Desensitization and Reprocessing (EMDR) and other trauma-based therapies.

Site/Facility-Related

Some clients/caregivers reported they need more parking in the downtown area and other locations. Air conditioning is needed in some locations, while other therapy rooms were described as “too cold.” Clients/caregivers stated that lobbies should be made inviting and organized and buildings need to ensure that they are Americans with Disabilities Act (ADA) compliant.

Staff-Related Experience

Clients/caregivers that noted positive experiences with staff described being made to feel important and welcomed. Support, patience, consistency, schedule flexibility, and listening were much appreciated. Many clients/caregivers were grateful for kindness and named specific staff they felt had gone above and beyond.

Negative comments focused on staff not returning calls, poor customer service from front office staff, support staff including security, therapist, nurses, and psychiatrists.

Clients/caregivers described being negatively impacted by building a relationship with staff to have the staff leave their position or being repeatedly moved to multiple therapists.

Additional Categories

- *General:* General positive comments included non-specific positive comments such as “everything is great,” “I am satisfied,” and “We love it here.” General negative comments were non-specific statements about dissatisfaction.
- *Gratitude:* The Gratitude category included comments related to general thank you to staff and providers for their service and assistance.
- *Survey-Related Comments:* This category included comments about the experience of taking the CPS. Some clients were grateful and expressed feeling it was a good survey. Other clients remarked that the survey was too long and occasionally did not make sense.
- *Unclear:* Unclear comments were comments unrelated to the survey or feedback.

- *Unmet Treatment/Service Need:* The Unmet Treatment/Service Need category included comments from clients/caregivers that reported they needed assistance with accessing a service. Providers were asked to address service need concerns immediately.
- *Other:* The other category included comments indicating the client/caregiver had not been receiving services long enough to provide feedback.

Recommendations

Overall client satisfaction ratings continue to be high and are generally above State averages. This report will continue to be developed to include more item level responses to have a deeper dive into the areas where we excel and areas where we need improvement.

The QI unit shares domain-level data trends from the past five survey periods in both the Countywide and Regional Quality Improvement Committee (QIC) meetings to identify strengths and areas for improvement. Provider-level domain data reports are compiled for each survey period and are distributed to providers and management at LACDMH. The QI unit also creates one-page client handouts with a brief overview of target data indicators. These handouts are made publicly available on the QI website. The QI team also analyzes the open-ended comments provided by survey respondents and distributes the information to LACDMH Outpatient Services and providers to drive improvement efforts. The following is a list of recommendations based on CPS quantitative and qualitative data collected in 2024.

- Providers should make efforts to increase the completion of Youth CPS surveys. Using electronic or online delivery of the CPS survey to the 13- to 17-year-old population could increase participation.
- Providers should work to increase the availability and participation of client/caregivers that speak languages other than English during the CPS period. Efforts should be made to connect bilingual staff to the locations that serve specific communities that require translation or services in languages other than English.
- LACDMH should require regular customer service training for providers and staff including security and building staff. Customer service experience should be regularly

evaluated at each location through discussion with clients/caregivers and/or surveying.

- LACDMH should work to improve access to care for families, parents, students, and employed individuals by offering more after work/school hours and weekends, as well as more services at schools.
- Efforts should be made to recruit and expand the availability of psychiatry and medication services.
- LACDMH should increase the promotion of the CPS and visibility of the responses to client/caregiver feedback. This could be done through media channels and posters in provider lobbies.
- LACDMH should work to increase their workforce through recruitment of individuals that match the communities served, including male therapists.
- LACDMH and provider should review the available services, support, and written materials for all threshold language, particularly for Chinese-speaking Older Adult, Armenian-speaking Adult, and Vietnamese-speaking Family populations.
- Providers should review their site for client/caregiver comfort including ADA access, HVAC issues, youth books, television and music for waiting rooms, snacks for afterschool services, and vending machines. These amenities will contribute to a more welcoming experience.
- Providers should explore issues of satisfaction among 13- to 17-year-old populations. Efforts should be made to include this population in treatment planning, providing psychoeducation about realistic outcomes and goal setting for improvement, and creating a process for regular evaluation of improvement.
- Providers should explore issues of social connection for Adults. Consider a review of the available social opportunities featured in treatment locations. Create a system of informing Adults about opportunities for social events, clubs, learning experiences, and cultural and religious centers within their community. Consider groups focused on social skill development.
- LACDMH should continue to offer telehealth options to clients and caregivers.

APPENDIX

Consumer Perception Survey Domains and Questions

Youth/Family Survey Domain	Survey Questions
General Satisfaction	<p>1. Overall, I am satisfied with the services my child received.</p> <p>4. The people helping my child stuck with us no matter what.</p> <p>5. I felt my child had someone to talk to when he/she was troubled.</p> <p>7. The services my child and/or family received were right for us.</p> <p>10. My family got the help we wanted for my child.</p> <p>11. My family got as much help as we needed for my child.</p>
Perception of Access	<p>8. The location of services was convenient for us.</p> <p>9. Services were available at times that were convenient for us.</p>
Perception of Cultural Sensitivity	<p>12. Staff treated me with respect.</p> <p>13. Staff respected my family's religious/spiritual beliefs.</p> <p>14. Staff spoke with me in a way that I understood.</p> <p>15. Staff were sensitive to my cultural/ethnic background.</p>
Perception of Participation in Treatment	<p>2. I helped to choose my child's services.</p> <p>3. I helped to choose my child's treatment goals.</p> <p>6. I participated in my child's treatment.</p>
Perception of Outcomes of Services	<p>16. My child is better at handling daily life.</p> <p>17. My child gets along better with family members.</p>

	<p>18. My child gets along better with friends and other people.</p> <p>19. My child is doing better in school and/or work.</p> <p>20. My child is better able to cope when things go wrong.</p> <p>21. I am satisfied with our family life right now.</p>
Perception of Functioning*	<p>22. My child is better able to do things he or she wants to do.</p> <p>16. My child is better at handling daily life.</p> <p>17. My child gets along better with family members.</p> <p>18. My child gets along better with friends and other people.</p> <p>20. My child is better able to cope when things go wrong.</p>
Perception of Social Connectedness*	<p>23. I know people who will listen and understand me when I need to talk.</p> <p>24. I have people that I am comfortable talking with about my child's problems.</p> <p>25. In a crisis, I would have the support I need from family or friends.</p> <p>26. I have people with whom I can do enjoyable things.</p>

Note: *The Family survey Perception of Outcomes domain has four items, items 16, 17, 18, and 20, that are also used in calculating the Family Perception of Functioning domain.

Adult/Older Adult Survey Domain	Survey Questions
General Satisfaction	<p>1. I like the services that I receive here.</p> <p>2. If I had other choices, I would still get services from this agency.</p> <p>3. I would recommend this agency to a friend or family member.</p>
Perception of Access	<p>4. The location of services is convenient.</p> <p>5. Staff were willing to see me as often as I felt it was necessary.</p> <p>6. Staff returned my calls within 24 hours.</p> <p>7. Services were available at times that were good for me.</p> <p>8. I was able to get all the services I thought I needed.</p> <p>9. I was able to see a psychiatrist when I wanted to.</p>
Perception of Quality and Appropriateness	<p>10. Staff here believe that I can grow, change and recover.</p> <p>12. I felt free to complain.</p> <p>13. I was given information about my rights.</p> <p>14. Staff encouraged me to take responsibility for how I live my life.</p> <p>15. Staff told me what side effects to watch for.</p> <p>16. Staff respected my wishes about who is and is not to be given information about my treatment.</p> <p>18. Staff were sensitive to my cultural/ethnic background.</p> <p>19. Staff helped me obtain the information needed so that I could take charge of managing my illness.</p> <p>20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc.).</p>

Perception of Participation in Treatment	<p>11. I felt comfortable asking questions about my treatment and medication.</p> <p>17. I, not staff, decided by treatment goals.</p>
Perception of Outcomes of Services	<p>21. I deal more effectively with daily problems.</p> <p>22. I am better able to control my life.</p> <p>23. I am better able to deal with crisis.</p> <p>24. I am getting along better with my family.</p> <p>25. I do better in social situations.</p> <p>26. I do better in school and/or work.</p> <p>27. My housing situation has improved.</p> <p>28. My symptoms are not bothering me as much.</p>
Perception of Functioning*	<p>29. I do things that are more meaningful to me.</p> <p>30. I am better able to take care of my needs.</p> <p>31. I am better able to handle things when they do wrong.</p> <p>32. I am better able to do things that I want to do.</p> <p>28. My symptoms are not bothering me as much.</p>
Perception of Social Connectedness*	<p>33. I am happy with the friendships that I have.</p> <p>34. I have people with whom I can do enjoyable things.</p> <p>35. I feel I belong in my community.</p> <p>36. In a crisis, I would have the support I need from family or friends.</p>

Note: *The Adult/Older Adult survey Perception of Outcomes domain relies on 1 item, 28, that is also used in calculating the Adult/Older Adult Perception of Functioning domain.