COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

CHILD FSP
FAMILY SATISFACTION
SURVEY RESULTS

2010

Prepared by: Countywide Child MHSA Administration, March 2011

BACKGROUND & PURPOSE

Child FSP services are designed to provide clinically competent, culturally sensitive and linguistically appropriate mental health services that will enable severely emotionally disturbed (SED) children and families to achieve their personal goals, gain independence and live a life that is both meaningful and satisfying. Each year Countywide Child MHSA Program Administration conducts a telephonic survey of children and families who are currently enrolled in an FSP or who have been in the past. The following is a brief summary of this year's Child FSP Family Satisfaction Survey 2010.

METHODOLOGY & SURVEY DESIGN

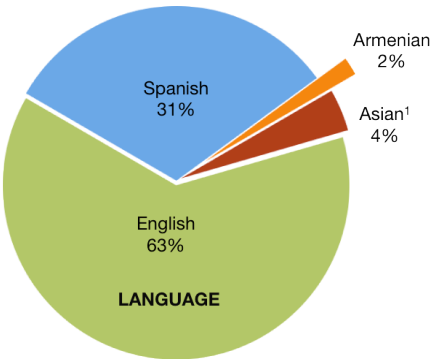
A random selection of 488 ethnically diverse children and their families that currently receive Child FSP services or who have received them in the past were identified to participate in the survey. Several Service Area Parent Partners assisted in conducting the 180 successful interviews this report is based upon. It is interesting to note that of the 180 successful interviews, 140 of them were DCFS involved children.

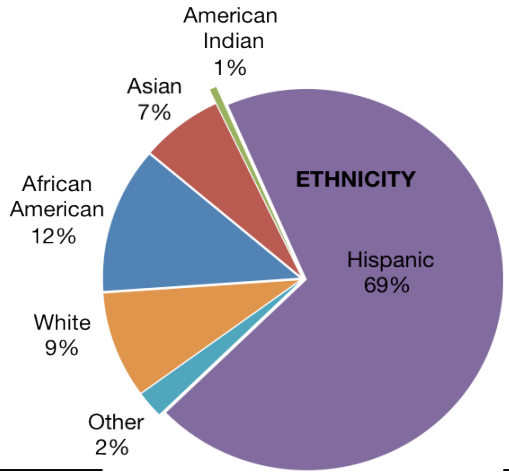
Respondents were asked whether they agreed, disagreed or had no opinion regarding eight statements relating to their treatment team's linguistic capacity, their participation in their child's treatment planning, their awareness of what to do during crisis, if they were linked to community based services and if they were satisfied overall with the Child FSP services they received.

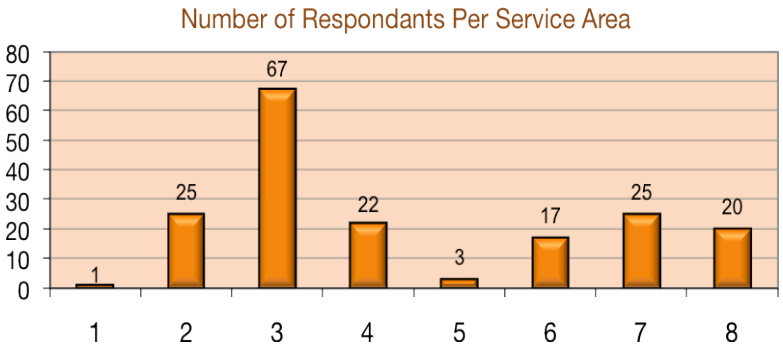
RESPONDENT DEMOGRAPHICS

The interviews were conducted in 8 different languages and represented a variety of ethnicities countywide. The number of participants per Service Area varied from 1- 67.

[1] *Cambodian, Cantonese, Janpanese, Mandarin, Vietnemese*







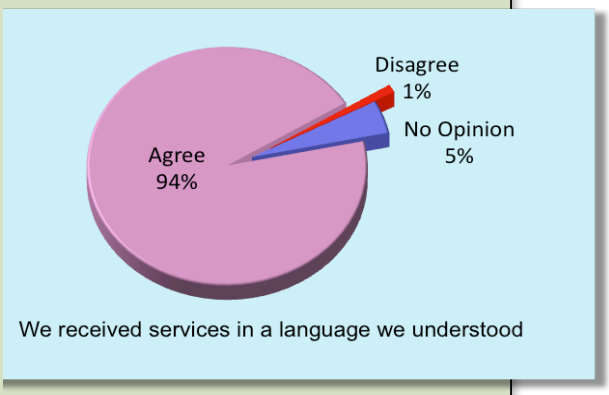
AGGREGATE SURVEY RESULTS

Each of the survey questions, the reason they were important and the participants' aggregate responses are listed below.

Service Delivery In A Language Family Understands

Delivering mental health services in a language that the child and family can understand is crucial to developing the rapport necessary for building resiliency and achieving treatment goals.

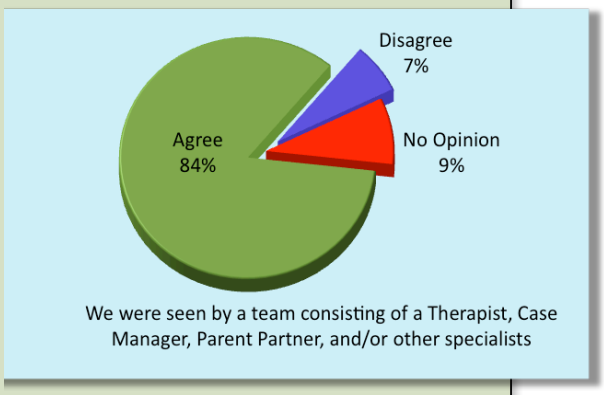
94% of participants indicated that they received Child FSP services in a language they understood.



Multi-disciplinary Service Delivery Team

Efficiently meeting the various needs of SED children and their families requires a team of experts. The clinical Therapist, Case Manager and Parent Partner all play an integral part in achieving successful outcomes.

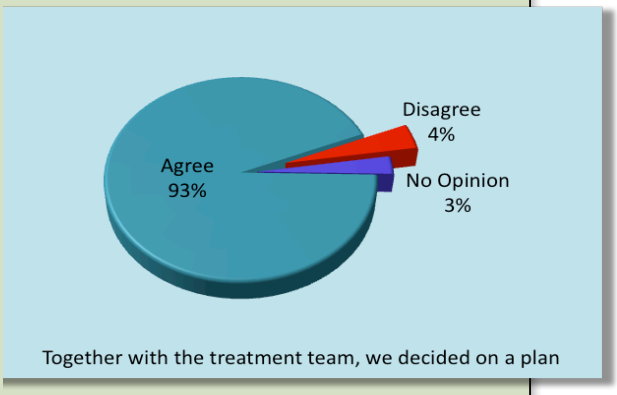
84% of the families interviewed responded that their treatment team was multi-disciplinary.



Family Involvement In Treatment Planning

Researchers have increasingly realized the important role that families play in mental health treatment services for children. Families should participate in service planning and evaluating support services, as well as become educated on appropriate treatments their child may need.

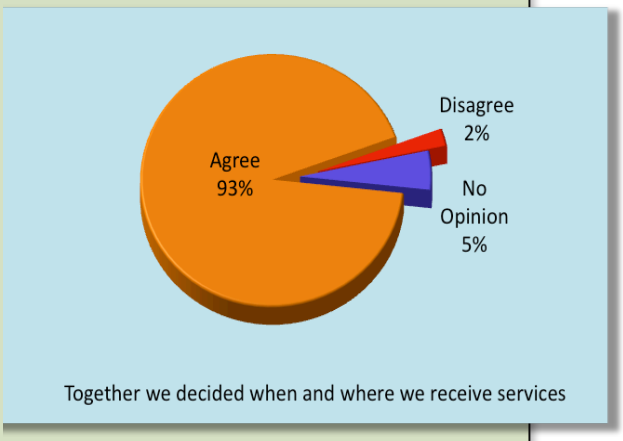
93% families indicated that they participated in the planning of their child's treatment.



Family Driven Service Location

Children and families are much more receptive to receiving mental health services when they are able to determine when and where services will be delivered. Child FSP services are delivered in the field "where families are".

93% indicated that they worked together with their treatment team to determine when and where services would be delivered.



24/7 Crisis Service Awareness

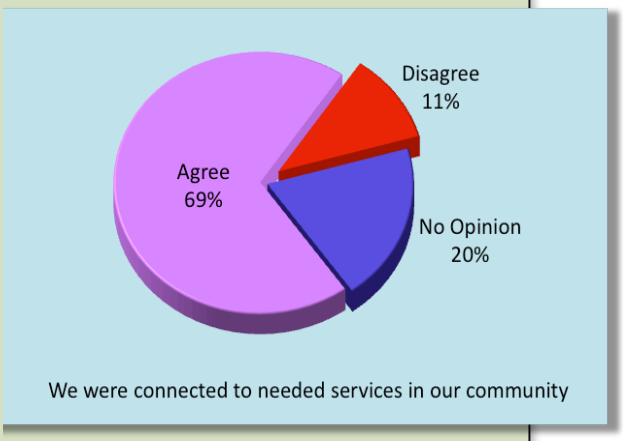
Families who are aware that their treatment team is available to them 24/7 during a crisis and who have been educated on how to de-escalate potential crisis situations generally experience less hospitalizations while enrolled in a Child FSP than those families who are not.

87% of the families interviewed knew that they could contact their treatment team during a crisis.

Linking Families To Community Based Services

Integrating families back into their communities and linking them to appropriate community-based services is a key goal of a Child FSP. Linkage plays a crucial role in ensuring that children and families continue moving forward toward recovery once they have successfully dis-enrolled from a Child FSP.

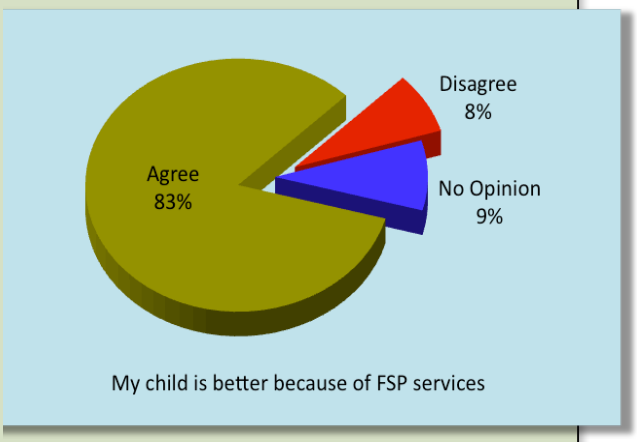
69% of participants responded that they had been connected to services in their community.



Do Children Receiving FSP Services Get Better?

FSP programs are capable of providing an array of services beyond the scope of traditional clinic-based outpatient mental health services. Child FSP services use a collaborative relationship between the treatment team and family to plan a full spectrum of mental health services so that identified goals can be achieved.

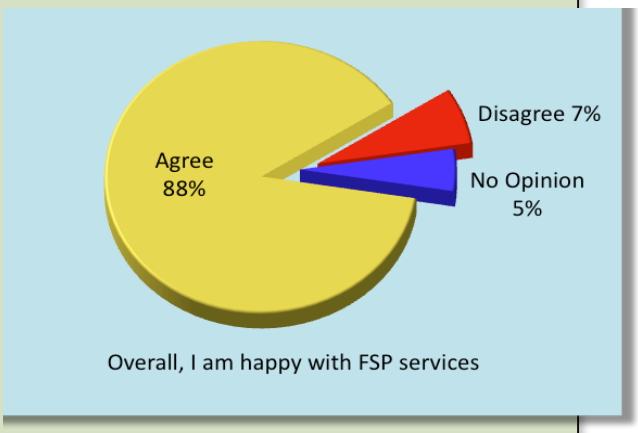
83% of respondents indicated that their children were better because of the FSP services they received.

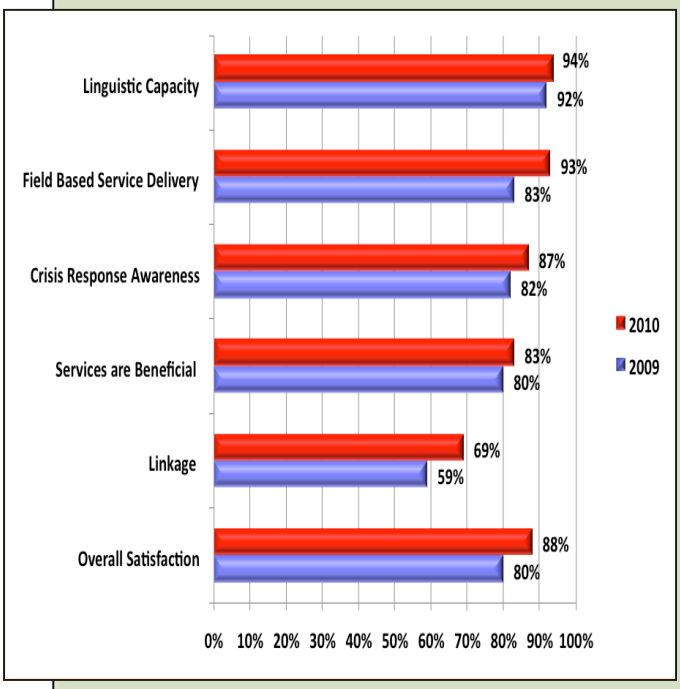


Overall Satisfaction

The more a family participates in planning their child's services, the better they feel that their child's needs are being met. Likewise, the less involved the family is, the less empowered they feel in their ability to help their child get better and the less satisfied they are with the services their child is receiving.

88% of the families interviewed stated that they were happy with the FSP services their child is or has received overall.





2009 – 2010
Family Satisfaction Survey Comparison

A comparative analysis of the 2009 and 2010 survey data indicates an increase in satisfaction of all categories surveyed in 2010 over the previous year.

Although there is still some room for improvement in linking children and families to community-based services, the 10% increase in family satisfaction with linkage over last year is a good indicator that Child FSP providers have made progress in addressing this issue.

The increased satisfaction in key FSP performance criteria combined with an 88% overall satisfaction demonstrates a commitment to hope, wellness, recovery and resiliency.