

1. Introduction

In order to provide the best possible counseling services, we need to know what you think about: the services your family are receiving, the people who provide services to you and how the services are affecting your child's and family's life. There is space at the end of the survey to comment on any of your answers.

Your responses are confidential and will not influence the services that you receive.

2. Survey - Background Information

Please check the appropriate box for statistical purposes:

1. What is your gender?

Female

Male

2. How many children are in your family?

3. What is your race?

Asian

Multi- or Bi-racial

Black

Native American/ Indian

Hispanic

White

Other (please specify)

4. What is your relationship to the primary client?

Parent

Legal Guardian

Step-parent

Foster Parent

Grandparent

Other Relative

Other (please specify)

3. Survey - Program Enrollment

5. Please rate your satisfaction with the following

	Very Satisfied	Somewhat satisfied	Somewhat dissatisfied	Not Satisfied
The ease of getting into the program	jn	jn	jn	jn
The assessment process	jn	jn	jn	jn

6. How long after you first called for help did your family begin meeting with a counselor?

Within 3 days

15 days or longer

4 to 7 days

N/A

8 to 14 days

7. I was given choices about which agency I our family could work with.

Yes

No

Other (please specify)

4. Services

What services are you and your family getting through the Family Counseling System of Care and for how long?

8. How long have you been participating in the Family Counseling System of Care program? [includes assessment, case management, counseling, other services]

Less than 1 month

1-2 months

3-6 months

7-12 months

12 months plus

9. Please check the boxes for the services you are getting.

Case Management/ System Navigation

Individual Counseling

Family / Couples Counseling

Medication Evaluation / Management

Group Counseling

Tutoring

Other (please specify)

10. Where do you receive services?

Home

Office

Both

5. So, What do you think?

Describe how satisfied you are with the staff and counseling components of the program.

11. Please indicate how satisfied you are on a scale from “Completely Satisfied” to “Not at All Satisfied” with each of the statements below.

*** Please check the box that best describes your answer.**

*** If the question is about something you have not experienced, indicate that this item is “does not apply.”**

	Very satisfied	Satisfied	Somewhat Dissatisfied	Not satisfied	N/A
The location of services is convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services are available at times that are good for us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with staff is good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family participates in choosing treatment goals and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helps us get support from family, friends and the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helps us get services from other agencies and/or funding sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselors provide me the information I need to make informed decisions about my family's treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services are provided in ways that respect my family's cultural/ ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our counselors believe that we can grow, change and recover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel free to complain if I had a problem with services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services are adjusted when they do not seem to be working.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. So, Is it helping?

How satisfied are you with the following items/ responses?

12. Please indicate how satisfied you are on a scale from “Completely Satisfied” to “Not at All Satisfied” with each of the statements below.

*** Please check the box that best describes your answer.**

*** If the question is about something you have not experienced, indicate that this item is “does not apply.”**

	completely satisfied	satisfied	neutral zone	less satisfied	not at all satisfied	does not apply
Ease of getting into the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The assessment process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Management/ System Navigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wrap-around Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. I am satisfied with the improvement in my child.

Yes

Too soon to tell

No

Other (please specify)

14. I would recommend the Family Counseling System of Care program to others.

Yes

Maybe

No

7. So, Any final thoughts?

Let us know what you think.

15. What has been the most helpful thing about the services you have been getting?

	5
	6

16. What could we do to improve our services?

	5
	6

17. Please make any additional comments here.

	5
	6