

**Community Mental Health Services of Muskegon County**  
**HBS Program Satisfaction Survey Report**  
**Report Date: 8/20/2008**

<i>Survey Based on Likert Scale 1-5.</i>					
<i>With 5 being the Best</i>					
<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>Blank</b>
<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>NA or No Resp.</i>

<i>Return Rate</i>		
<i>Handed Out</i>	<i>Completed</i>	<i>Return Rate</i>
26	22	84.6%

<i>Muskegon HBS Program Report</i>	
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#	Survey Question / Statement	# Completed Per Question	Average Score Per Question
1	Overall, I am satisfied with the services my child received.	22	4
2	I helped to choose my child's services.	22	4
3	I helped to choose the goals in my child's service plan.	22	4
4	The people helping my child stuck with us no matter what.	21	4
5	I felt my child had someone to talk to when he/she was troubled.	22	4
6	I participated in my child's treatment/services.	22	5
7	The services my child and/or family received were right for us.	22	4
8	The location of services was convenient for us.	22	5
9	Services were available at times that were convenient for us.	22	4
10	My family got the help we wanted for my child.	22	4.3
11	My family got as much help as we needed for my child.	22	4.2
12	Staff treated me with respect	22	4.7
13	Staff respected my family s religious/spiritual beliefs.	22	4.6
14	Staff spoke with me in a way that I understood.	22	4.7
15	Staff were sensitive to my cultural/ethnic background (e.g., race, religion, language	22	4.5
16	My child is better at handling daily life.	22	3.8
17	My child gets along better with family members	22	3.7
18	My child gets along better with friends and other people.	22	3.8
19	My child is doing better in school and/or work	22	3.5
20	My child is better able to cope when things go wrong.	22	3.5
21	I am satisfied with our family life right now.	22	4
22	My child is better able to do things he or she wants to do.	22	3.5
23	I know people who will listen and understand me when I need to talk.	22	4.4
24	I have people that I am comfortable talking with about my child's problems	22	4.5
25	In a crisis, I would have the support I need from family or friends.	22	4.4
26	I have people with whom I can do enjoyable things.	22	4

*Muskegon HBS Program  
Report*

#	Survey Question / Statement	# Completed Per Question	Average Score Per Question
27	Is you child currently living with you	22	1
28	Has your child lived in any of the folowing places in the last six months? (a-m)		
a	With one or both parents	22	19 Yes 3 No
b	With another family	22	22 No
c	Foster Home	22	22 No
d	Therapeutic Foster Home	22	22 No
e	Crisis Shelter	22	21 No 1 Yes
f	Homeless Shelter	22	21 No 1 Yes
g	Group Home	22	22 No
h	Residential Treatment Facility	22	22 No
i	Hospital	22	21 No 1 Yes
j	Local Jail or Detention Facility	22	21 No 1 Yes
k	State Correctional Facility	22	20 No 2 Yes
l	Runaway / Homeless/ On the Streets	22	22 No
m	Other	22	22 No
29	In the last year did your child se a medical doctor or nurse for a health chelc up because he/she was sick	22	5 No 17 Clinic or Office
30	Is your child on medication for emotional or behavioral problems	22	20 Yes 2 NO
a	Did the doctor or nurse tell you what side effects to watch for	20	19 yes 1 No
31	Is your child still receiving HBS	22	22 Yes
32	How long did your child receive HBS		
	Less than one year	1	Less than 1 month: 8 1 to 5 months; 9 6 months to one year;
33	Was your child arrested since beginning to receive HBS?	20	13 No 7 Yes
34	Was your child arrested during the 12 months prior to that?	20	17 No 3 Yes
35	Since your child began to receive HBS services have their encounters with police__	8	4 Reduced 2 Same 2 Increased
36	Was your child expellled or suspended since beginning HBS?	8	13 No 7 Yes
37	Was your child expelled or suspended during the 12 months prior to that?	20	10 No 10 Yes
38	Since starting to receive HBS the number od days my child was in school is__	19	5 -- Greater 13 --Same 1 --Less
32	How long did your child receive HBS		
	More than one year		
39	Was your child arrested since beginning to receive HBS?	2	1 Yes 1 No
40	Was your child arrested during the 12 months prior to that?	2	1 Yes 1 No

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<i>#</i>	<i>Survey Question / Statement</i>	<i># Completed Per Question</i>	<i>Average Score Per Question</i>
41	Since your child began to receive HBS services have their encounters with police__	2	1 Yes 1 No
42	Was your child expelled or suspended since beginning HBS?	2	1 Yes 1 No
43	Was your child expelled or suspended during the 12 months prior to that?	2	1 Yes 1 No
44	Since starting to receive HBS the number od days my child was in school is__	2	1 Yes 1 No