

FAMILY SATISFACTION SURVEY

Dear Family Member,

Hello and thank you for completing this Family Satisfaction Survey. You are receiving this survey because your child was recently receiving assistance from a Child and Family Team as part of a Coordinated Services Team (CST) Initiative or an Integrated Services Project (ISP). The Wisconsin Department of Health Services (DHS) is interested in learning about how satisfied you are with your Child and Family Team experience and related outcomes, including mental health services. The first section of the survey will ask about your Child and Family Team, and the second section will ask about your child. The information gathered through this survey will be considered in the planning for future children's mental health programs.

The survey should be filled out by the parent or guardian who has had the most contact with the child's service provider(s). **This survey is voluntary and your confidentiality will be protected - your name is not required anywhere.** We are asking for your County or Tribe of residence so the data can be analyzed separately for each County or Tribe, but your individual answers will remain anonymous. Please return your completed survey in the stamped, addressed envelope to Wisconsin Family Ties (WFT), so your Child and Family Team providers will not see the responses. WFT is a child advocacy agency that works with the State Department of Health Services to handle your responses confidentially.

We appreciate the time you take to complete the survey. **Your opinions and suggestions are valuable for improving the services you receive.** If you have any questions about this survey, you may call Tim Connor at the State DHS office (608-261-6744).

Thank you!

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1. Please list your County or Tribe:

	Strongly Disagree	Disagree	Un-decided	Agree	Strongly Agree	
2. I feel that I am treated as an important member of my Child and Family Team.	1	2	3	4	5	
3. I am satisfied with the goals the Child and Family Team and I have set.	1	2	3	4	5	
4. The Child and Family Team takes time to listen to my concerns.	1	2	3	4	5	
5. The Child and Family Team is respectful of my cultural background (race, religion, language, etc.).	1	2	3	4	5	
6. The Child and Family Team schedules meetings at times which are convenient for my family and me.	1	2	3	4	5	
7. I feel the Child and Family Team understands my child's strengths and needs.	1	2	3	4	5	
8. I know the Child and Family Team uses my child's strengths in setting goals and making plans.	1	2	3	4	5	
9. I would refer another family/child to the Integrated Services Project or Coordinated Services Team Initiative.	1	2	3	4	5	
10. Overall, I am satisfied with the efforts of the Child and Family Team on my family's behalf.	1	2	3	4	5	
11. My care coordinator speaks up for my child and family.	1	2	3	4	5	
12. My family is getting better at coping with life and its daily challenges.	1	2	3	4	5	
13. If my child is 14 or older, the Child and Family Team has a plan to get the supports and services he/she will likely need when he/she turns 18.	1	2	3	4	5	Not Applicable

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	Strongly Disagree	Disagree	Un-decided	Agree	Strongly Agree
14. My child is better at handling daily life.	1	2	3	4	5
15. My child gets along better with family members.	1	2	3	4	5
16. My child gets along better with friends and other people.	1	2	3	4	5
17. My child is doing better in school and/or work.	1	2	3	4	5
18. My child is better able to cope when things go wrong.	1	2	3	4	5
19. My child is better able to do things he or she wants to do.	1	2	3	4	5

20. What is working well for you and your child?

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21. What isn't working well?

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22. What suggestions do you have for improvement?

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Thank you for completing this survey. Your responses will help to improve the quality of care you and your family receive. All replies will remain anonymous. Please return survey in the postage-paid envelope to Wisconsin Family Ties: 16 North Carroll Street Suite 230 Madison, WI 53703