



YOUTH SERVICES SURVEY FOR YOUTH SPRING 2023

ENGLISH

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you will receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** *EXAMPLE:* Correct ● Incorrect ✗

Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you **Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I helped to choose my services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I helped to choose my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The people helping me stuck with me no matter what.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt I had someone to talk to when I was troubled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I participated in my own treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I received services that were right for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The location of services was convenient for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Services were available at times that were convenient for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I got the help I wanted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I got as much help as I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Staff respected my religious / spiritual beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff spoke with me in a way that I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff were sensitive to my cultural / ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

As a result of the services I received:

16. I am better at handling daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I get along better with family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I get along better with friends and other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I am doing better in school and / or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I am better able to cope when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am satisfied with my family life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I am better able to do things I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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For Questions #23-26, please answer for relationships with persons other than your mental health provider(s).

As a result of the services I received:

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
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- | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 23. I know people who will listen and understand me when I need to talk. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. I have people that I am comfortable talking with about my problem(s). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. In a crisis, I would have the support I need from family or friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. I have people with whom I can do enjoyable things. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please answer the following questions to let us know how you are doing.

1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.)

- | | | |
|--|--|---|
| <input type="radio"/> With one or both parents | <input type="radio"/> Homeless shelter | <input type="radio"/> State correctional facility |
| <input type="radio"/> With another family member | <input type="radio"/> Group home | <input type="radio"/> Runaway / homeless / on the streets |
| <input type="radio"/> Foster home | <input type="radio"/> Residential treatment center | <input type="radio"/> Other (describe): _____ |
| <input type="radio"/> Therapeutic foster home | <input type="radio"/> Hospital | |
| <input type="radio"/> Crisis shelter | <input type="radio"/> Local jail or detention facility | |

2. In the last year, did you see a medical doctor (or nurse) for a health check-up or because you were sick? (Mark ONLY one.)

- Yes, in a clinic or office Yes, but only in a hospital or emergency room No Do not remember

3. Are you on medication for emotional / behavioral problems? Yes No

3a. If yes, did the doctor or nurse tell you what side effects to watch for? Yes No

4. Approximately, how long have you received services here? (Mark ONLY one.)

- | | |
|--|--|
| <input type="radio"/> This is my first visit here. | <input type="radio"/> 1 - 2 Months |
| <input type="radio"/> I have had more than one visit but have received services for less than one month. | <input type="radio"/> 3 - 5 Months |
| | <input type="radio"/> 6 months to 1 year |

**If you choose from this box
GO TO SECTION A ON THE NEXT PAGE**

- More than 1 year

**If you choose from this box
GO TO SECTION B ON THE NEXT
PAGE**

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Please answer the following questions to let us know a little about you.

17. What is your gender? Female Male Other
18. Are you of Mexican / Hispanic / Latino origin? Yes No Unknown
19. What is your race? **(Mark all that apply.)**
- American Indian / Alaskan Native Native Hawaiian / Other Pacific Islander Unknown
- Asian White / Caucasian
- Black / African American Other _____

20. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

	□	□	-	□	□	-	□	□	□	□
0	○	○		○	○		○	○	○	○
1	○	○		○	○		○	○	○	○
2	○	○		○	○		○	○	○	○
3	○	○		○	○		○	○	○	○
4	○	○		○	○		○	○	○	○
5	○	○		○	○		○	○	○	○
6	○	○		○	○		○	○	○	○
7	○	○		○	○		○	○	○	○
8	○	○		○	○		○	○	○	○
9	○	○		○	○		○	○	○	○

EXAMPLE: Date of birth on April 30, 1997:

1. Write in your date of birth → **04 - 30 - 1997**

2. Fill in the corresponding circles

0	○	○	○	○	○	○	○	○	○	○
1	○	○	○	○	○	○	○	○	○	○
2	○	○	○	○	○	○	○	○	○	○
3	○	○	○	○	○	○	○	○	○	○
4	○	●	○	○	○	○	○	○	○	○
5	○	○	○	○	○	○	○	○	○	○
6	○	○	○	○	○	○	○	○	○	○
7	○	○	○	○	○	○	○	○	○	○
8	○	○	○	○	○	○	○	○	○	○
9	○	○	○	○	○	○	○	○	○	○

21. Do you have Medi-Cal (Medicaid) insurance? Yes No
22. Were the services you received provided in the language you prefer? Yes No
23. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? Yes No
24. Please identify who helped you complete any part of this survey **(Mark all that apply):**
- I did not need any help. A professional interviewer helped me.
- A mental health advocate / volunteer helped me. My clinician / case manager helped me.
- Another mental health consumer helped me. A staff member other than my clinician or case manager helped me.
- A member of my family helped me. Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY
REQUIRED Information:

Date of Survey Administration

0	5	-	□	□	-	2	0	2	3
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□	□	□	□
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Reason for Non-Completion (if applicable):

- Refused
- Impaired (Cognitive, Mental, Physical or Medical Impairment)
- Language (Not available in client's language)
- No Show (Client did not show up for their scheduled visit)
- Youth Unavailable (e.g., Juvenile Hall, hospitalization, AWOL)
- New Client: First Visit
- Other _____

Make sure the same CSI County Client Number is written on all pages of this survey.

□	□	□	□	□	□	□	□	□	□
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This section of the survey has questions about your mental health and experiences with different types of therapy.

1. How is your mental health currently?

- Very Good Good Fair Poor Very Poor

2. Do you know what group therapy is? Yes (Go to question #2.1) No (Go to question #3)

2.1 Have you ever participated in group therapy? Yes No

3. Are you open to receiving group therapy instead of individual therapy?

- Yes (Go to question #4) No (Go to question #3.1)

3.1 Why would you NOT want to receive group therapy instead of individual therapy?
Please mark all that apply.

- Nervous or anxious about talking in front of others
- Worried about confidentiality
- Prefer one-on-one sessions
- Scheduling difficulties
- Do not think it will be as effective
- Other (Please describe)

4. Are you open to receiving group therapy in addition to individual therapy?

- Yes (Go to question #5) No (Go to question #4.1)

4.1 Why would you NOT want to receive group therapy in addition to individual therapy?
Please mark all that apply.

- Nervous or anxious about talking in front of others
- Worried about confidentiality
- Prefer one-on-one sessions
- Scheduling difficulties
- Do not think it will be as effective
- Other (Please describe)

5. I would be more comfortable with receiving group therapy if the groups were:

Please mark all that apply.

- With small groups
- With same gender groups
- With same sexual orientation groups
- With strangers rather than with peers
- With peers rather than strangers
- If groups were kept confidential
- If participation gave me an elective credit at school
- If I knew group therapy was effective
- Other (Please describe)

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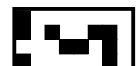
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6. What is your preferred way of receiving therapy?

Please rank the options from first to last (1st choice=1, 2nd choice=2...last choice=7).

Individual - In-person

Group - In-person

Individual - Online

Group - Online

Individual - Hybrid

Group - Hybrid

Other (*Please describe*) _____

The next section asks about your sexual orientation and gender identity. Your responses are anonymous and will not be shared with your family or your mental health provider.

SEXUAL ORIENTATION AND GENDER IDENTITY

7. Which of the following best describes your sexual orientation?

- Heterosexual (straight)
- Gay or lesbian
- Bisexual
- I describe my sexual orientation in some other way
- I am not sure about my sexual orientation (questioning)
- I do not know what this question is asking

ASSIGNED SEX AT BIRTH

8. What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- I do not know what this question is asking

CURRENT GENDER IDENTITY

9. How do you describe yourself?

- Male
- Female
- Transgender
- Nonbinary
- Other: _____
- I do not know what this question is asking

If your sexual orientation is heterosexual (straight) and you describe yourself as male or female, PLEASE SKIP TO QUESTION #10.

If your sexual orientation is gay or lesbian, bisexual, questioning, or you describe your sexual orientation in some other way and/or you describe your gender identity as transgender, nonbinary or other, PLEASE CONTINUE TO QUESTION #9.1.

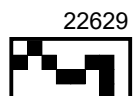
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9.1 Would any of the following services be helpful to you? *Please mark all that apply.*

- Peer support groups for youth who identify as LGBTQ
- Group therapy with other youth who identify as LGBTQ
- Family therapy
- Other: _____

9.2 Has your **current** mental health provider ever asked you about your sexual orientation? Yes No

9.3 Has your **current** mental health provider ever asked you about your gender identity? Yes No

9.4 Do you feel your **current** mental health provider is LGBTQ-friendly? Yes No

9.5 Has your **current** mental health provider talked to you about challenges you may have faced because of your LGBTQ identity (e.g., challenges with your family, friends, bullying, etc.)? Yes No

9.6 Has your **current** mental health provider ever shared information about resources or supports that are available for youth that identify as LGBTQ (e.g., support groups, websites, referrals for LGBTQ-friendly providers)? Yes No

9.7 Have you used any online resources to find LGBTQ services or support? Yes No

9.7a If yes, have you used the San Diego *It's Up to Us* LGBTQ resource page? Yes No

The next section asks about your experiences with mental health providers.

Your responses are anonymous and will not be shared with your family or your mental health provider.

HEALTH EQUITY

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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10. I am treated with less courtesy or respect than other clients in this program. Strongly Agree Agree Undecided Disagree Strongly Disagree

11. I receive poorer treatment or services than other clients in this program. Strongly Agree Agree Undecided Disagree Strongly Disagree

12. I am more comfortable with a mental health provider who has a racial/ethnic background like mine. Strongly Agree Agree Undecided Disagree Strongly Disagree

13. I am more comfortable with a mental health provider whose gender is like mine. Strongly Agree Agree Undecided Disagree Strongly Disagree

14. I am more comfortable with a mental health provider whose sexual orientation is like mine. Strongly Agree Agree Undecided Disagree Strongly Disagree

15. My mental health provider's racial/ethnic background is like mine. Yes No I don't know

16. My mental health provider's gender is like mine. Yes No I don't know

17. My mental health provider's sexual orientation is like mine. Yes No I don't know

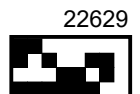
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To enhance the quality of care, the comments on this page will be shared with the program after **all identifying information is removed** so that your comments will be anonymous.

1. What has been the most helpful thing about the services you have received over the last 6 months?

2. What would improve the services here?

3. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

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