



# Youth Services Survey - YOUTH Spring 2024

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

• Please fill in the circle completely. Correct ● Incorrect ⊕ ⊗ ✓

	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"/>
<b>As a direct result of the services I received:</b>						
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"/>

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

**As a direct result of the services I received:**

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"/>

The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

--	--	--	--	--	--	--	--	--	--

CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*

--	--	--	--

Subunit  
Version 05/2024



18472

## 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? *Please select 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                               |
| <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?  
 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?
- |                                                                                                           |                                          |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------|
| <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 I have received services for less than one month | <input type="radio"/> 3 - 5 Months       |
|                                                                                                           | <input type="radio"/> 6 months to 1 year |
|                                                                                                           | <input type="radio"/> More than 1 year   |

Please answer questions #5-10 if you have been receiving mental health services for <b>ONE YEAR OR LESS</b>	Please answer questions #11-16 if you have been receiving mental health services for <b>MORE THAN ONE YEAR</b>
<p>5. Were you arrested since beginning to receive mental health services?    <input type="radio"/> Yes    <input type="radio"/> No</p> <p>6. Were you arrested during the 12 months prior to that?    <input type="radio"/> Yes    <input type="radio"/> No</p> <p>7. Since you began to receive mental health services, have your encounters with the police...  <input type="radio"/> Been reduced  <i>For example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program</i>  <input type="radio"/> Stayed the same  <input type="radio"/> Increased  <input type="radio"/> Not applicable  <i>you had no police encounters this year or last year</i></p> <p>8. Were you expelled or suspended since beginning services?    <input type="radio"/> Yes    <input type="radio"/> No</p> <p>9. Were you expelled or suspended during the 12 months prior to that?    <input type="radio"/> Yes    <input type="radio"/> No</p> <p>10. Since starting to receive services, the number of days you were in school is:  <input type="radio"/> Greater    <input type="radio"/> About the same    <input type="radio"/> Less  <input type="radio"/> Does not apply → <i>Please select why this does not apply</i>  <input type="radio"/> I did not have a problem with attendance before starting services  <input type="radio"/> I was expelled from school  <input type="radio"/> I am home schooled  <input type="radio"/> I dropped out of school  <input type="radio"/> Other</p>	<p>11. Were you arrested during the last 12 months?    <input type="radio"/> Yes    <input type="radio"/> No</p> <p>12. Were you arrested during the 12 months prior to that?    <input type="radio"/> Yes    <input type="radio"/> No</p> <p>13. Over the last year, have your encounters with the police...  <input type="radio"/> Been reduced  <i>For example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program</i>  <input type="radio"/> Stayed the same  <input type="radio"/> Increased  <input type="radio"/> Not applicable  <i>you had no police encounters this year or last year</i></p> <p>14. Were you expelled or suspended during the last 12 months?    <input type="radio"/> Yes    <input type="radio"/> No</p> <p>15. Were you expelled or suspended during the 12 months prior to that?    <input type="radio"/> Yes    <input type="radio"/> No</p> <p>16. Over the last year, the number of days you were in school is:  <input type="radio"/> Greater    <input type="radio"/> About the same    <input type="radio"/> Less  <input type="radio"/> Does not apply → <i>Please select why this does not apply</i>  <input type="radio"/> I did not have a problem with attendance before starting services  <input type="radio"/> I was expelled from school  <input type="radio"/> I am home schooled  <input type="radio"/> I dropped out of school  <input type="radio"/> Other</p>

--	--	--	--	--	--	--	--	--	--

CSI County Client Number  
 \*\*\*Must be entered on EVERY page\*\*\*

--	--	--	--

Subunit  
 Version 05/2024



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

17. What is your gender?  
*Please select all that apply*
- Male  
 Female  
 Non-Binary
- Transgender: Female to Male  
 Transgender: Male to Female  
 Another Gender Identity
18. Do you think of yourself as:  
*Please select all that apply*
- Straight/Heterosexual  
 Gay or Lesbian  
 Bisexual
- Another sexual orientation  
 Unknown  
 Prefer not to answer
19. Are you of Mexican / Hispanic / Latino origin?       Yes     No     Unknown
20. What is your race?  
*Please select all that apply*
- American Indian / Alaskan Native  
 Asian  
 Black / African American  
 Native Hawaiian / Other Pacific Islander
- White / Caucasian  
 Another Race  
 Unknown
21. What is your date of birth?
- month*                      *day*                      *year*
- -
22. Do you have Medi-Cal (Medicaid) insurance?       Yes     No
23. Were written documents and / or the services you received provided in the language you prefer?  
*brochures describing available services, your rights as a consumer, and mental health education materials*       Yes     No

24. Now thinking about the services you received, how much of it was by telehealth?  
*by telephone or video-conferencing*


None     Very little     About half     Almost all     All

25. How helpful were the telehealth visits compared to traditional in-person visits for you?

Much worse     Somewhat worse     About the same     Somewhat better     Much better     Not applicable

26. I would prefer to receive more of my mental health treatment at this program by telehealth.

Strongly Disagree     Disagree     I am Neutral     Agree     Strongly Agree     Not Applicable




**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	4
---	---	---	--	--	---	---	---	---	---

**Subunit**

--	--	--	--

**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.**

--	--	--	--	--	--	--	--	--	--

**CSI County Client Number**  
\*\*\*Must be entered on EVERY page\*\*\*

18472



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

1. Do you know what group therapy is?     Yes (Go to question #1.1)                       No (Go to question #2)

1.1 Have you ever participated in group therapy?     Yes                       No

2. Are you open to receiving group therapy INSTEAD OF individual therapy?

Yes (Go to question #3)                       No (Go to question #2.1)

2.1 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)

3. Are you open to receiving group therapy IN ADDITION TO individual therapy?

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

3.1 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)

4. 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)

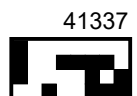
--	--	--	--	--	--	--	--	--	--

CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*

**Subunit**

--	--	--	--

Version 05/2024



5. What is your preferred way of receiving therapy?

*Please rank the options from first to seventh, with 1 being your most preferred choice and 7 being your least preferred choice. (1st choice=1, 2nd choice=2, 3rd choice=3, 4th choice=4, 5th choice=5, 6th choice=6, 7th choice=7).*

- Individual - In-person
- Individual - Online
- Individual - Hybrid
- Group - In-person
- Group - Online
- Group - Hybrid
- Other *(Please describe)* \_\_\_\_\_

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 Disagree	Disagree	Undecided	Agree	Strongly Agree
-------------------	----------	-----------	-------	----------------

- |                                                                                                      |                           |                          |                                    |                       |                       |
|------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|------------------------------------|-----------------------|-----------------------|
| 6. I am treated with less courtesy or respect than other clients in this program.                    | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> |
| 7. I receive poorer treatment or services than other clients in this program.                        | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> |
| 8. I am more comfortable with a mental health provider who has a racial/ethnic background like mine. | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> |
| 9. I am more comfortable with a mental health provider whose gender is like mine.                    | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> |
| 10. I am more comfortable with a mental health provider whose sexual orientation is like mine.       | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> |
| 11. My mental health provider's racial/ethnic background is like mine.                               | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I don't know |                       |                       |
| 12. My mental health provider's gender is like mine.                                                 | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I don't know |                       |                       |
| 13. My mental health provider's sexual orientation is like mine.                                     | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I don't know |                       |                       |

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*

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 received over the last 6 months? What would improve the services here? Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

--	--	--	--	--	--	--	--	--	--

CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*