

- Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child 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 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 following statements. If the question is about something you or your child have not experienced, select "**Not Applicable**" to indicate that this item does not apply.

• 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 my child 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 child's 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 child's treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The people helping my child stuck with us no matter what.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt my child had someone to talk to when he/she 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 child's treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The services my child and/or family received were right for us.	<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 us.	<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 us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My family got the help we wanted for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My family got as much help as we needed for my child.	<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 family's 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 my child and/or family received:</b>						
16. My child is better at handling daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My child gets along better with family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My child gets 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. My child is 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. My child is 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 our family life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. My child is better able to do things he or she wants 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 my child and/or family 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 child's 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"/>

\* CSI County Client Number

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SmartCare Program ID

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Version 05/2026

38114

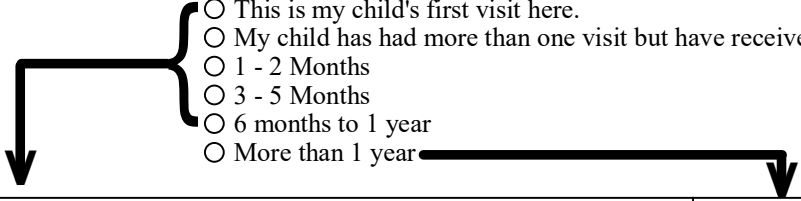


**Please answer the following questions to let us know how your child is doing.**

1. Is your child currently living with you?       Yes     No
2. Has your child lived in any of the following places in the last 6 months?    *Please select all that apply*
  - With one or both parents
  - With another family member
  - Foster home
  - Therapeutic foster home
  - Crisis shelter
  - Homeless shelter
  - Group home
  - Residential treatment center
  - Hospital
  - Local jail or detention facility
  - State correctional facility
  - Runaway / homeless / on the streets
  - Other
3. In the last year, did your child see a medical doctor (or nurse) for a health check-up or because he/she was sick?
  - Yes, in a clinic or office
  - Yes, but only in a hospital or emergency room
  - No
  - Do not remember
4. Is your child on medication for emotional/behavioral problems?       Yes     No
  - 4a. *If yes, did the doctor or nurse tell you and/or your child what side effects to watch for?*     Yes     No

5. Approximately, how long has your child received services here?

- This is my child's first visit here.
- My child has had more than one visit but have received services for less than one month.
- 1 - 2 Months
- 3 - 5 Months
- 6 months to 1 year
- More than 1 year



Please answer questions #6-11 if your child has been receiving mental health services for **ONE YEAR OR LESS**

Please answer questions #12-17 if your child has been receiving mental health services for **MORE THAN ONE YEAR**

6. Was your child arrested since beginning to receive mental health services?       Yes     No
7. Was your child arrested during the 12 months prior to that?       Yes     No
8. Since your child began to receive mental health services, have their encounters with the police...
  - Been reduced  
*For example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program*
  - Stayed the same
  - Increased
  - Not applicable  
*They had no police encounters this year or last year*
9. Was your child expelled or suspended since beginning services?       Yes     No
10. Was your child expelled or suspended during the 12 months prior to that?       Yes     No
11. Since starting to receive services, the number of days my child was in school is:
  - Greater     About the same     Less
  - Does not apply → *Please select why this does not apply*
    - Child did not have a problem with attendance before starting services
    - Child is too young to be in school
    - Child was expelled from school
    - Child is home schooled
    - Child dropped out of school
    - Other

12. Was your child arrested during the last 12 months?       Yes     No
13. Was your child arrested during the 12 months prior to that?       Yes     No
14. Over the last year, have your child's encounters with the police...
  - Been reduced  
*For example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program*
  - Stayed the same
  - Increased
  - Not applicable  
*They had no police encounters this year or last year*
15. Was your child expelled or suspended during the last 12 months?       Yes     No
16. Was your child expelled or suspended during the 12 months prior to that?       Yes     No
17. Over the last year, the number of days my child was in school is:
  - Greater     About the same     Less
  - Does not apply → *Please select why this does not apply*
    - Child did not have a problem with attendance before starting services
    - Child is too young to be in school
    - Child was expelled from school
    - Child is home schooled
    - Child dropped out of school
    - Other

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SmartCare Program ID

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Version 05/2026

38114



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

18. What is your child's sex?     Male     Female

19. Are either of the child's parents of Mexican / Hispanic / Latino origin?                     Yes     No     Unknown

20. What is your child's race?  
*Please select all that apply*

<input type="radio"/> American Indian / Alaskan Native	<input type="radio"/> White / Caucasian
<input type="radio"/> Asian	<input type="radio"/> Another Race
<input type="radio"/> Black / African American	<input type="radio"/> Unknown
<input type="radio"/> Native Hawaiian / Other Pacific Islander	

21. What is your child's date of birth?

<i>month</i>			-	<i>day</i>			-	<i>year</i>				
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22. Does your child have Medi-Cal (Medicaid) insurance?                     Yes     No

23. Were written documents and / or the services your child received provided in the language he / she preferred?  
*brochures describing available services, your rights as a consumer, and mental health education materials*                     Yes     No

24. Now thinking about the services your child 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 your child?

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

26. I would prefer to receive more of my child's 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**

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**SmartCare Program ID**

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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 (Parent / Caregiver did not show up for scheduled visit)
- Caregiver Unavailable (e.g. Child lives in group home or receiving facility)
- 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**

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38114



1. What is your child's gender?  
*Please select all that apply*

- Male
- Female
- Non-Binary

- Transgender: Female to Male
- Transgender: Male to Female
- Another Gender Identity

These questions are being asked to better understand the experiences of children and families in our service system. Your honest answers will help us improve our programs and make sure we are meeting the needs of children, youth, and families. There are no right or wrong answers.

**HEALTH EQUITY**

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
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2. My child is treated with less courtesy or respect than other clients in this program.
- 2a. If you feel your child is treated with less courtesy or respect (agree or strongly agree), please explain what led you to feel this way or share an example.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
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3. My child receives poorer treatment or services than other clients in this program.
- 3a. If you feel your child is receiving poorer treatment or services (agree or strongly agree), could you describe what you've observed or what has made you feel this way?

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
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4. I am more comfortable if my child's mental health provider has a racial/ethnic background like theirs.
5. I am more comfortable if my child's mental health provider is the same gender as my child.
6. I am more comfortable if my child's mental health provider has the same sexual orientation as my child.

\* CSI County Client Number

\*\*\*Must be entered on EVERY page\*\*\*

SmartCare Program ID

Version 05/2026



Some behavioral health programs have Peer Support Specialists (PSS). A PSS is someone who has faced mental health or substance use challenges themselves, or has a family member who has, and is specially trained to help others. They are not therapists; their main role is to use their experience and training to help clients and families set goals and succeed in treatment.

Programs may use other names for this role, like Peer Specialist, Peer Mentor, Peer Recovery Coach, Family Peer Support Specialist, Peer Partner, or Promotores/Community Health Worker.

In the following questions, "Peer Support Specialist" means anyone in one of these roles (or a similar role) who helped you or your child using their lived experience.

Yes	No	I Don't Know
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7. During your child's care here, have you had any interactions with a Peer Support Specialist?  Yes  No  I Don't Know

**If "Yes," please answer questions 8 and 9. If "No" or "I Don't Know," please skip to the next section.**

8. Please respond "Yes" or "No" to the following possible services.

If you are not sure about the service, please respond "I Don't Know."

Yes	No	I Don't Know
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- a. A PSS provided advice or counseling.  Yes  No  I Don't Know
- b. A PSS helped me understand what resources were available for my child.  Yes  No  I Don't Know
- c. A PSS helped me to fill out paperwork.  Yes  No  I Don't Know
- d. A PSS helped me understand what was being asked of my child or me by staff.  Yes  No  I Don't Know
- e. A PSS served as a role model.  Yes  No  I Don't Know
- f. A PSS attended meetings (for example, IEP meetings) with me.  Yes  No  I Don't Know
- g. A PSS helped me monitor my child's treatment progress.  Yes  No  I Don't Know
- h. A PSS helped me navigate the mental health services system.  Yes  No  I Don't Know
- i. A PSS provided social support or reduced feelings of isolation.  Yes  No  I Don't Know
- j. A PSS has helped me get additional services for my child.  Yes  No  I Don't Know
- k. OTHER  Yes  No  I Don't Know

**If you answered "Yes" to k.** Please describe the "other" type of service a Peer Support Specialist provided.

**9. Please rate the following statements using the provided answer choices.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
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- a. The PSS helped me believe my child could get better.  Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  N/A
- b. The PSS understood my experiences.  Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  N/A
- c. The PSS was easier to speak with than other clinic staff.  Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  N/A
- d. The PSS was easier to speak with than my child's therapist.  Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  N/A
- e. The PSS provided helpful thoughts and insights.  Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  N/A
- f. The PSS made a difference in my child's treatment.  Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  N/A
- g. The PSS made me feel better able to help my child.  Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  N/A

\* CSI County Client Number

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SmartCare Program ID

Version 05/2026



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 and your child 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

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SmartCare Program ID

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Version 05/2026

12717

