

- 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"/>
As a direct 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"/>

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

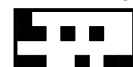
As a direct result of the services I received:

- 23. I know people who will listen and understand me when I need to talk.
- 24. I have people that I am comfortable talking with about my problem(s).
- 25. In a crisis, I would have the support I need from family or friends.
- 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"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Please answer the following questions to let us know how you are doing.

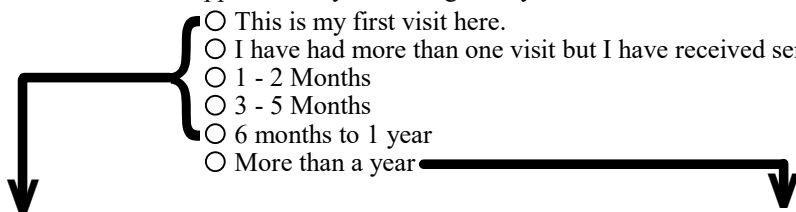
1. Have you lived in any of the following places in the last 6 months? *Please select all that apply*
- With one or both parents
 - With another family member
 - Foster home
 - Therapeutic foster home
 - Crisis shelter
 - Homeless shelter
 - Group home
 - Residential treatment center
 - Hospital
 - Local jail or detention facility
 - State correctional facility
 - Runaway / homeless / on the streets
 - Other

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?

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



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

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

* CSI County Client Number

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

17. What is your sex? Male Female

18. Are you of Mexican / Hispanic / Latino origin? Yes No Unknown

19. What is your 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	

20. What is your date of birth?

<i>month</i>		-	<i>day</i>		-	<i>year</i>				


21. Do you have Medi-Cal (Medicaid) insurance? Yes No

22. 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

23. 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

24. 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

25. 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

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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.

*** CSI County Client Number**

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1. What is your gender?
Please select all that apply

- Male
- Female
- Non-Binary

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

2. 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

These questions are being asked to learn more about your experiences in receiving services so we can make sure the services you get are working for you. Your answers will help us understand what is going well and what could be better. Please read each question carefully and choose the answer that best matches how you feel. There are no right or wrong answers. Your honest opinion matters.

HEALTH EQUITY

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

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3a. If you feel you're treated with less courtesy or respect (agree or strongly agree), can you describe what happened or give an example?

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

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4a. If you feel you're receiving poorer treatment or services (agree or strongly agree), can you tell us more about your experience or what made you feel this way?

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

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-
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-

6. I am more comfortable with a mental health provider whose gender is like mine.

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7. I am more comfortable with a mental health provider whose sexual orientation is like mine.

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*** CSI County Client Number**

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SmartCare Program ID

Version 05/2026

33899



Some behavioral health programs offer Peer Support Specialists (PSS). A PSS is someone with lived experience of mental health or substance use challenges who is specially trained to help others.

A PSS is not a therapist; their main role is to use their experience to support your treatment and help you set goals. 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.

For the next questions, "Peer Support Specialist" or "PSS" means anyone in one of these roles who helped you using their own experience.

Yes	No	I Don't Know
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8. During your treatment, have you met with a Peer Support Specialist? Yes No I Don't Know

If "Yes," please answer questions 9 and 10. If "No" or "I Don't Know," please skip to the next section.

9. 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 me. 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 me by staff. Yes No I Don't Know
- e. A PSS served as a role model for me. Yes No I Don't Know
- f. A PSS helped me set the goals for my treatment. Yes No I Don't Know
- g. A PSS helped me monitor my treatment progress (determine if I was getting better). Yes No I Don't Know
- h. A PSS helped me understand the mental health services system. Yes No I Don't Know
- i. A PSS provided social support or helped me feel less alone. Yes No I Don't Know
- j. A PSS helped me get additional services. 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 has provided you.

10. 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 I 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 therapist. Strongly Disagree Disagree Neutral Agree Strongly Agree N/A
- e. The PSS provided helpful advice. Strongly Disagree Disagree Neutral Agree Strongly Agree N/A
- f. The PSS made a difference in my treatment. Strongly Disagree Disagree Neutral Agree Strongly Agree N/A
- g. The PSS had experiences that were similar to my own. Strongly Disagree Disagree Neutral Agree Strongly Agree N/A

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Version 05/2026

33899



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**

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Version 05/2026

8931

