

Youth Services Survey - FAMILIES Spring 2024

English

 Please help our agency 	make services better by	y answering some questions.	Your answers are confidential and	I will not influence current or
future services you or	your child will receive.	For each survey item below	, please fill in the circle that corres	ponds 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 Annlicable" to indicate that this item does not apply

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
 Overall, I am satisfied with the services my child received. I helped to choose my child's services. I helped to choose my child's treatment goals. The people helping my child stuck with us no matter what. 	0000	0000	0 0 0	0 0 0	0000	0000
 I felt my child had someone to talk to when he/she was troubled. I participated in my child's treatment. The services my child and/or family received were right for us. The location of services was convenient for us. 	0000	0000	0000	0 0 0	0000	0000
 Services were available at times that were convenient for us. My family got the help we wanted for my child. My family got as much help as we needed for my child. Staff treated me with respect. 	0000	0000	0000	0 0 0	0000	0000
13. Staff respected my family's religious/spiritual beliefs.14. Staff spoke with me in a way that I understood.15. Staff were sensitive to my cultural/ethnic background.	000	000	000	000	000	000
As a direct result of the services my child and/or family received: 16. My child is better at handling daily life. 17. My child gets along better with family members.	0	00	0	0	0	0
18. My child gets along better with friends and other people.19. My child is doing better in school and/or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.21. I am satisfied with our family life right now.22. My child is better able to do things he or she wants to do.	000	000	000	0 0 0	0 0 0	000

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	0	0	0	0	0	0
talk. 24. I have people that I am comfortable talking with about my child's	0	0	0	0	0	0
problem(s). 25. In a crisis, I would have the support I need from family or friends.	0	0	0	0	0	0
26. I have people with whom I can do enjoyable things.	0	0	0	0	0	0

27.	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

feedback.	_			

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

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Please answer the following questions to let us know how your child is doing. 1. Is your child currently living with you? O Yes O No 2. Has your child lived in any of the following places in the last 6 months? Please select all that apply O With one or both parents O Homeless shelter O State correctional facility O With another family member O Group home O Runaway / homeless / on the streets O Foster home O Residential treatment center O Therapeutic foster home O Hospital O Crisis shelter O Local jail or detention facility 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? O Yes, in a clinic or office O Yes, but only in a hospital or emergency room O No O Do not remember O Yes O No 4. Is your child on medication for emotional/behavioral problems? 4a. If yes, did the doctor or nurse tell you and/or your child what side effects to watch for? O No 5. Approximately, how long has your child received services here? O This is my child's first visit here. O 1 - 2 Months O 3 - 5 Months O My child has had more than one visit but have O 6 months to 1 year received services for less than one month. O More than 1 year Please answer questions #6-11 if your child has been receiving mental Please answer questions #12-17 if your child has been receiving health services for mental health services for ONE YEAR OR LESS MORE THAN ONE YEAR 12. Was your child arrested during the last 12 6. Was your child arrested since beginning to O Yes O No O Yes O No receive mental health services? months? 13. Was your child arrested during the 12 months 7. Was your child arrested during the 12 O Yes O No O Yes O No months prior to that? prior to that? 8. Since your child began to receive mental health services, have 14. Over the last year, have your child's encounters with the their encounters with the police... police... O Been reduced O Been reduced For example, they have not been arrested, hassled by police, For example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program taken by police to a shelter or crisis program O Staved the same O Staved the same O Increased O Increased O Not applicable O Not applicable They had no police encounters this year or last year They had no police encounters this year or last year 9. Was your child expelled or suspended 15. Was your child expelled or suspended during O Yes O No O Yes O No since beginning services? the last 12 months? 10. Was your child expelled or suspended 16. Was your child expelled or suspended O Yes O No O Yes O No during the 12 months prior to that? during the 12 months prior to that? 11. Since starting to receive services, the number of days my child 17. Over the last year, the number of days my child was in school is: was in school is: O Greater O About the same O Less O Greater O About the same O Less O Does not apply → Please select why this does not apply \bigcirc Does not apply \rightarrow *Please select why this does not apply* O Child did not have a problem with attendanc O Child did not have a problem with attendance before starting services O Child is too young to be in school before starting services O Child is too young to be in school O Child was expelled from school O Child is home schooled O Child was expelled from school O Child dropped out of school O Child is home schooled O Child dropped out of school O Other O Other * CSI County Client Number

Must be entered on EVERY page

Please answer the fo	ollowing questions to let us know a	little about your child.
18. What is your child's gender? Please select all that apply	○ Male○ Female○ Non-Binary	O Transgender: Female to Male O Transgender: Male to Female O Another Gender Identity
19. Are either of the child's parents of Mexic	an / Hispanic / Latino origin? O Yes	O No O Unknown
20. What is your child's race? Please select all that apply	 American Indian / Alaskan Native Asian Black / African American Native Hawaiian / Other Pacific Islander 	O White / Caucasian O Another Race O Unknown
21. What is your child's date of birth?	month day yea	r
22. Does your child have Medi-Cal (Medicai	d) insurance? O Yes O No	
	vices your child received provided in the language your rights as a consumer, and mental health edu	
by telephone or video-conferencing None Very little About halt Somewhat worse Much worse Somewhat worse We would prefer to receive more of my chil	mpared to traditional in-person visits for your chil-	Much better O Not applicable
Thank you	for taking the time to answer the	se questions!
County Code: Date of Survey Adm	FOR OFFICE USE ONLY	unty Reporting Unit (optional):
0 5 /	/ 2 0 2 4	
Code for not completing the survey (if		
O Refused O Impaired O Language		
	t Number is written on all pages of this survey.	
* CSI County Client Number		11424

Must be entered on EVERY page