

OUTH SERVICES SURVEY FOR FAMILIES Spring 2023

ENGLISH

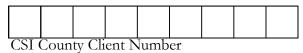


Print PDF as needed. Do not photocopy!

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 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

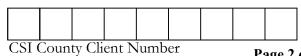
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	. 0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter who	at. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or family received:	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
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.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. My child is better able to do things he or she wants to do	. 0	0	0	0	0	0







For Questions #23-26, please answer for relationships with persons other than your mental health provider(s).						
As a result of the services my child and / or family received:	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
23. I know people who will listen and understand me when I need to talk.	0	0	0	0	0	0
24. I have people that I am comfortable talking with about my child's problem(s).	0	0	0	0	0	0
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 service	es you and yo	ur child rec	eived over the	e last 6 mo	onths?	
28. What would improve the services here?						
29. Please provide comments here and /or on the back of We are interested in both positive and negative feedback.		needed.				
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 m	onths? (M	lark all that a	apply.)		
O With one or both parents O Homeless sho			ate correction	•		
O With another family member O Group home O Foster home		•	unaway / hor ther (describe		n the streets	
O Foster home O Residential tr O Therapeutic foster home O Crisis shelter O Local jail or o		.01	uner (describe	e):		
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? (Check one.)						
O Yes, in a clinic or office O Yes, but only in a ho	ospital or em	ergency roc	om O No	O Do 1	not remembe	r
4. Is your child on medication for emotional / behavior 4a. If yes, did the doctor or nurse tell you and/or you	-			n for? (Yes Ol	No
5. Approximately, how long has your child received ser	vices here?	s O M	ore than 1 ve	ar		



received services for less than one month.

O My child has had more than one visit but has O 3-5 Months





O 6 months to 1 year

Please <u>answer Questions #6 - 11 if your child has been receiving mental health services for ONE YEAR OR LESS.</u> If your child has been receiving mental health services for 'MORE THAN ONE YEAR,' skip to question 12 below.
6. Was your child arrested since beginning to receive mental health services? O Yes O No
7. Was your child arrested during the 12 months prior to that? O Yes O No
8. Since your child began to receive mental health services, have their encounters with the police:
O been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program) O stayed the same O increased O not applicable (they had no police encounters this year or last year)
9. Was your child expelled or suspended since beginning services? \bigcirc Yes \bigcirc No
10. Was your child expelled or suspended during the 12 months prior to that? \bigcirc Yes \bigcirc No
11. Since starting to receive services, the number of days my child was in school is:
O greater O about the same O less O does not apply (please select why this does not apply) O child did not have a problem with attendance 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 dropped out of school
O other:
SKIP to Question #18 on the next page
Please answer Questions #12-17 only if your child has been receiving mental health services for 'MORE THAN ONE YEAR 12. Was your child arrested during the last 12 months? O Yes O No 13. Was your child arrested during the 12 months prior to that? O Yes O No
14. Over the last year, have your child's encounters with the police:
O been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program) O stayed the same O increased O not applicable (they had no police encounters this year or last year)
15. Was your child expelled or suspended during the last 12 months? O Yes O No
16. Was your child expelled or suspended during the 12 months prior to that? O Yes O No
17. Over the last year, the number of days my child was in school is: O greater O about the same O less O does not apply (please select why this does not apply)
O child did not have a problem with attendance 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 dropped out of school
O other:
CSI County Client Number ***Must be entered on EVERY page*** Page 3 of 4

Please answer the following questions to let	us know a little about your child.
18. What is your child's gender? O Female O Male	O Other
19. Are either of the child's parents of Mexican / Hispanic /	Latino origin? O Yes O No O Unknown
20. What is your child's race? (Mark all that apply.) O American Indian / Alaskan Native O Asian O Black / African American O O Other	iian / Other Pacific Islander O Unknown
21. What is your child's date of birth?	
Date of Birth (mm-dd-yyyy)	
22. Does your child have Medi-Cal (Medicaid) insurance?	O Yes O No
23. Were the services your child received provided in the la24. Was written information (e.g., brochures describing av health education materials) available to you in the la	ailable services, your rights as a consumer, and mental
25. Please identify who helped you complete any part of th	
O A member of my family helped me. O Someo	Id's clinician / case manager helped me. The member other than my child's clinician or case manager helped me one else helped me. Who?: The me to answer these questions!
FOR OFFICE USE ONLY:	Optional County Questions:
REQUIRED Information:	County Question #1 (mark only ONE bubble): O 01 O 02 O 03 O 04 O 05 O 06 O 07 O 08 O 09 O 10 O 11 O 12 O 13 O 14 O 15 O 16 O 17 O 18 O 19 O 20
County Code:	County Question #2 (mark only ONE bubble):
Date of Survey Administration:	O 01 O 02 O 03 O 04 O 05 O 06 O 07 O 08 O 09 O 10 O 11 O 12 O 13 O 14 O 15 O 16 O 17 O 18 O 19 O 20
0 5 / 2 0 2 3	County Question #3 (mark only ONE bubble): O 01 O 02 O 03 O 04 O 05 O 06 O 07 O 08 O 09 O 10 O 11 O 12 O 13 O 14 O 15 O 16 O 17 O 18 O 19 O 20
Reason (if applicable):	0 11 0 12 0 13 0 14 0 13 0 10 0 17 0 18 0 19 0 20
○ Ref ○ Imp ○ Lan ○ Oth	County Reporting Unit:
Make sure the same CSI County Client Number is written on all pages of this survey.	4687

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Must be entered on EVERY page