YOUTH SERVICES SURVEY FOR YOUTH
Fall 2016

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 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 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 I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient for me.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○

As a result of the services I received:	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○
22. I am better able to do things I want to do.	○	○	○	○	○	○

CONTINUED ON NEXT PAGE...

CSI County Client Number
Must be entered on EVERY page

39878

DHCS 1744 EN (05/13)

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

As a result of the services I 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.	○	○	○	○	○	○
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.	○	○	○	○	○	○

27. What has been the most helpful thing about the services you received over the last 6 months?

28. What would improve the services here?

29. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

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? (Mark 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 (describe): _____

2. In the last year, did you see a medical doctor (or nurse) for a health check-up or because you were sick? (Check one.)

○ 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 have received services for less than one month.
○ 1 - 2 Months
○ 3 - 5 Months
○ 6 months to 1 year
○ More than 1 year

CONTINUED ON NEXT PAGE...

CSI County Client Number
Must be entered on EVERY page

39878

Please answer Questions #5-10 if you have been receiving mental health services for ONE YEAR OR LESS.
If you have been receiving mental health services for 'MORE THAN ONE YEAR,' skip to question 11 below.

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 your 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: _____

SKIP to Question #17 on the next page ➡

Please answer Questions #11-16 only if you have been receiving mental health services for 'MORE THAN ONE YEAR.'

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: _____

CONTINUED ON NEXT PAGE...

39878

CSI County Client Number
Must be entered on EVERY page

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

17. What is your gender? ○ Female ○ Male ○ Other

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

19. What is your race? (Mark all that apply.)

○ American Indian / Alaskan Native ○ Native Hawaiian / Other Pacific Islander ○ Unknown
○ Asian ○ White / Caucasian
○ Black / African American ○ Other

20. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○○	○○	○○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	○○	○○○○
4	○○	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○○
8	○○	○○	○○○○
9	○○	○○	○○○○

EXAMPLE: Date of birth on April 30, 1990:

1. Write in your child's date of birth
2. Fill in the corresponding circles

Date of Birth (mm-dd-yyyy)

04 - 30 - 1990

0	●○	○●	○○○●
1	○○	○○	●○○○
2	○○	○○	○○○○
3	○○	●○	○○○○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○○
8	○○	○○	○○○○
9	○○	○○	○●●○

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

22. Were the services you received provided in the language you prefer? ○ Yes ○ No

23. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

24. Please identify who helped you complete any part of this survey (Mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

REQUIRED Information:

County Code: 3 6

Date of Survey Administration:

1 1 - ☐☐ - 2 0 1 6

Reason (if applicable):

○ Ref ○ Imp ○ Lan ○ Oth

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

Optional County Questions:

County Question #1 (mark only ONE bubble):

○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10
○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2 (mark only ONE bubble):

○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10
○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3 (mark only ONE bubble):

○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10
○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Reporting Unit:

☐☐☐☐☐☐☐☐

39878