

# Consumer Perception Survey (CPS) Publicly Funded Mental Health Services in California Statewide Report Spring 2023



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## Table of Contents

Introduction and Background .....	3
Preparation and Training .....	3
Survey Administration.....	4
Technical Assistance .....	5
Methods and Analysis .....	6
Results.....	6
References .....	17
Appendices.....	17

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Several UCLA ISAP staff assisted with the Survey Report. Marylou Gilbert managed the survey process with support from Valerie Antonini. Ken Booker developed and managed the website platform. Celine Tsoi scanned and verified the surveys in Teleform, liaised with county coordinators over the course of the year, regularly updated the Frequently Asked Questions (FAQs) and helped with preparing the County level reports. Dave Bennett programmed the online survey forms in all eleven threshold languages, programmed the paper forms into the Teleform software and coordinated the scanning and processing of raw data. Ho Yin Song analyzed and prepared raw data for the Statewide and county-level aggregate reports.

# Consumer Perception Survey (CPS) of Publicly Funded Mental Health Services in California – Statewide Report

Spring 2023

## Introduction and Background

In California, counties are required to conduct the Consumer Perception Survey (CPS) each calendar year and submit data per §3530.40 of Title 9 of the California Code of Regulations. The goal of the survey is to collect data for reporting on the federally determined National Outcome Measures (NOMs). Reporting on these NOMs is required by the Substance Abuse and Mental Health Services Administration (SAMHSA), and receipt of federal Community Mental Health Services Block Grant funding is contingent upon the submission of this data.

CA Department of Health Care Services (DHCS) utilizes the Mental Health Statistics Improvement Project (MHSIP) survey tool to collect Consumer Perception Survey (CPS) data from patients receiving mental health services from publicly funded mental health programs across the state. The information is used by counties and the State to evaluate programs and improve the quality of mental health services.

There are four (4) survey types: Adult, Older Adult, Youth (YSS) and Families of Youth (YSS-F). The survey forms for Adults and Older Adults include versions with and without Quality of Life (QOL) questions, totaling four (4) survey types for Adult and Older Adult and two (2) for Youth and Families/Parents of Youth. Counties can choose to administer the survey with or without the QOL questions. All direct-service county and contracted providers serving Medi-Cal beneficiaries are required to disseminate the survey to their consumers during the annual survey period. Surveys are available in all eleven threshold languages in addition to English: Arabic, Armenian, Chinese, Farsi, Hmong, Khmer, Korean, Russian, Spanish, Tagalog, and Vietnamese.

## Preparation and Training

The process to prepare for the CPS 2023 data collection was initiated in January 2023. All paper forms, online surveys, and codebooks were reviewed for updates and improvements from the 2022 CPS data collection period. Appendix D from the YSS and YSS-F codebooks were removed as POQI has been phased out. Paper survey forms were improved by simplifying the “Date of Birth” item and adding a reminder to providers at the top of the first page to “Print PDF as Needed” as opposed to making photocopies which impacts the quality of data scanning. Online forms were improved by developing customized shortened links to indicate “2023CPS” and the survey type within the link itself. An online tool was also implemented for counties to record Reason Codes for consumers who did not want to participate in the survey. County CPS Coordinator contacts were confirmed and updated. DHCS confirmed and announced the May 15-19 data collection period for 2023 via the Information Notice. ([Behavioral Health Information Notice No: 23-](#)



009). See Appendix A for copies of the PDF survey forms for the six survey types (in English only) and Appendix B for Reason Code Collection tool.

By April 2023, all updated protocols, codebooks, and data collection forms were completed and made available on the UCLA CPS website (<https://www.uclaisap.org/mh-consumer-perception-survey.html>). The website was updated frequently from March to August 2023, and remained the primary hub for all survey updates, processes, protocols, forms/survey links, flyers, and frequently asked questions. See Appendix C for the most current Frequently Asked Questions. The website was used frequently by the county coordinators and providers and UCLA recorded more than 5,000 visits to the website.

A statewide training webinar was held on April 18, 2023, for reviewing important deadlines, form updates, and expected improvements, as well as to discuss the feedback received from the CPS County Coordinator Survey. See Appendix D for the Training Webinar slides. A link to the webinar recording can be found here (<https://vimeo.com/uclaisap/cps2023>).

On May 8, 2023, UCLA sent an email to all County CPS coordinators to announce preparations for the 2023 CPS Data Collection period. In this announcement, County CPS Coordinators were asked to complete a survey to confirm primary points of contact who would need to access the UCLA HS Box platform as well as provide their survey collection method (i.e., using paper and/or online forms, or submitting their own data). See Appendix E for the County Coordinator Survey questions.

Prior to the survey administration, UCLA developed and disseminated flyers in English, Chinese, Farsi, Spanish, and Vietnamese for providers to disseminate in the programs. These included QR codes to access the online surveys. See Appendix F for sample flyers.

## Survey Administration

Data collection period for the Spring 2023 CPS occurred May 15-19, 2023.

Data were collected in three ways:

1. Counties could have consumers and family members of youth submit data directly to UCLA through an online survey tool, provided by UCLA, or to be programmed on their county survey platform (if compatible).
2. Counties could disseminate and collect data via paper survey forms, provided by UCLA.
3. Counties could develop their own paper survey forms using Teleform Form Definition files provided by UCLA.

Online and paper surveys were made available in all eleven-threshold languages including English. Forms were available for Adults, Older Adults, Youth (YSS), and Family/Parents of Youth (YSS-F) as Fillable PDFs and Teleforms V16. Adult and Older Adult forms were available with or without Quality of Life survey items and counties could choose to use either type of form. Older Adult survey forms were available in large 14-point font.

UCLA provided the online survey programming information to counties who requested permission to collect data using their own Qualtrics software. Codebooks were made available on the website.

Online survey links, including an electronic Reason Code Collection tool was implemented, and made available prior to the survey data collection period to facilitate testing and implementation during survey period. Data provided during the data collection period were used in the analysis.

Online survey responses were confidential and sent directly to the UCLA project team. Data collected on paper forms were mailed directly to UCLA-ISAP for scanning. Counties mailing paper forms to UCLA submitted completed forms in a HIPAA compliant manner by June 12, 2023. Counties submitting their own electronic data provided their datasets through a HIPAA Compliant platform (UCLA HS Box) by July 14, 2023. A few counties requested two-week extensions for submitting paper surveys. UCLA worked individually with these counties for data submission.

During the data collection period a total of 50,745 surveys were received as defined in Table 1 below:

**Table 1 - Surveys received by online versus paper.**

<b>CPS Form Type</b>	<b>Online</b>	<b>Paper</b>	<b>Unknown*</b>	<b>Total</b>
Adult	6,188	15,272	216	21,676
Older Adult	943	2,418	8	3,369
Youth (ages 13-17)	4,031	7,008	42	11,081
Families of Youth (ages 0-17)	6,533	8,033	53	14,619
<b>TOTAL</b>	<b>17,695</b> (34.9%)	<b>32,731</b> (64.5%)	<b>319</b> (0.6%)	<b>50,745</b> (100%)

\*Some data (0.6%) received from counties were not coded for online vs paper data collection method.

## Technical Assistance (TA)

As part of the CPS website maintained by UCLA, counties were provided with a mechanism to submit requests for direct technical assistance. County CPS coordinators were also encouraged to reach out directly to UCLA via email and phone.

Prior the data collection period, Mar-Apr 2023, UCLA responded to questions from CPS coordinators in the various counties: Inquiries encompassed the following issues:

- Contact information updates
- General survey administration
- Timing of access to submit/receive data
- Length of survey collection period
- Development of county-specific questions
- Strategies to improve survey participation
- Codebook/dataset discrepancies

Following the data collection period (June – November 2023), additional TA was provided to the counties. Inquiries encompassed the following areas:

- Clarifications on data submission instructions and notification of receipt.
- Data access questions
- Codebook clarifications issues
- Capabilities to add data metrics on their MHSIP forms
- Consultation on how to use CPS data for QA and dissemination to their providers.

## Methods and Analysis

There are seven satisfaction domains in the MHSIP survey for Adults and Older Adults and in the surveys for Youth and their families. The seven satisfaction domains are: Perception of Access, Cultural Appropriateness/Quality, Outcomes, Participation in Treatment Planning, General Satisfaction, Social Connectedness and Functioning. The individual items measuring each satisfaction domain are reported in Appendix G. Adult and Older Adult questions on satisfaction were measured on a five-point scale with 1 = Strongly Agree to 5 = Strongly Disagree. Responses of “not applicable” are coded to missing values. Youth and Families of Youth questions on satisfaction were measured on a five-point scale with 1 = Strongly Disagree to 5 = Strongly Agree. Responses of “not applicable” are coded to missing values. Adult and Older Adult responses on satisfaction questions were reverse coded to reflect 1 = Strongly Disagree and 5 = Strongly Agree. Respondents missing more than 1/3 of the items in that domain were set to missing for calculating the mean score on satisfaction. This coding is based on guidance from SAMHSA Uniform Reporting System-Table Reporting Instructions. In addition to calculating the mean score for each satisfaction domain, another variable based on mean score greater than 3.5 is used to calculate “Percent Agree” for each of the seven satisfaction domains.

The Adult and Older Adult survey also has questions on Quality of Life (QOL). Counties had the option to use the MHSIP survey with or without the QOL questions. Other questions on the survey for both Adults, Youth, and Families include arrest history, and availability of written mental health materials and resources in their preferred language. In addition, youth and their families were asked questions on school attendance, living situation, emergency room visits and medication history.

Results from the CY 2023 data collection are reported in the tables in Appendix H.

## Results

### Surveys Received and Completed

A total of 50,745 surveys were received by UCLA from all 58 counties in California. Among surveys received, 65% were paper surveys and 35% were online. Of the surveys received, 76% (38,528) were completed and 24% (12,217) had a reason code for not completing the survey. There were four choices for consumers to provide a reason to not complete the survey. The most reported reason was “Refused”

(N = 7,999) in all form types, followed by “Other” (N = 3,576), 525 surveys reported “Impairment” and 117 surveys reported “Language” as the reason for not completing the survey.

Out of the completed surveys, 15,961 (41%) were from Adults, 11,537 (30%) from Families of Youth, 8,459 (22%) from Youth and 2,571 (7%) from Older Adults.

Approximately 45% of the Families of Youth surveys and 36% of Youth surveys were received via the online survey platform, as compared with 29% of Adult and 28% of Older Adult surveys. The majority of surveys were received in English (88%), 11% in Spanish and the remaining 1% in other threshold languages. By language and survey type, 73% of Family surveys were received in English, 25% in Spanish and 2% in other threshold languages, namely Chinese, Korean, Tagalog, Vietnamese and Arabic. Among Youth surveys, 96% were received in English, 4% in Spanish and less than 1% in other threshold languages, namely Chinese, Korean and Vietnamese. Among Adult surveys, 93% were received in English, 5% in Spanish and 2% in all other threshold languages, namely Arabic, Armenian, Chinese, Farsi, Hmong, Khmer, Korean, Russian, Tagalog and Vietnamese. Similarly, among Older Adult surveys, 88% were received in English, 9% in Spanish and 3% in all other threshold languages, namely Arabic, Armenian, Chinese, Farsi, Hmong, Khmer, Korean, Russian, Tagalog and Vietnamese.

## Demographic Distribution

Table 2 shows the demographic distribution of consumers. Nearly 50% of Youth, 57% of Families of Youth, 49% Adult and 57% of Older Adult surveys reported female as their gender identity. Among Youth 6% reported “other” gender identity, as compared with 2% Adult and 1% Older Adult.

Nearly 49% of Families of Youth and 45% of Youth surveys reported Hispanic ethnicity as compared with 25% adult and 16% Older Adult.

The racial composition of Family surveys was 37% White, 34% Other, 11% Black, 11% two or more races, 4% Asian and 2% American Indian/Alaska Native. The racial composition of the Youth survey was similar to the Family survey with 30% White, 38% Other race, 10% Black, 12% two or more races, 6% Asian, 3% American Indian/Alaska Native and less than 1% Native Hawaiian/Other Pacific Islander.

Among Adult surveys, 43% reported their race as White, 23% as other race, 14% Black, 8% Asian, 8% two or more races, 3% American Indian/Alaska Native and less than 1% Native Hawaiian/Other Pacific Islander. Among Older Adult surveys, 50% reported their race as White, 17% as other race, 15% Black, 9% Asian, 5% two or more races, 3% American Indian/Alaska Native and 1% Native Hawaiian/Other Pacific Islander.

Nearly 27% of Families of Youth and Youth reported they had received services at that location for more than a year as compared with 54% of Adult and 74% of Older Adult surveys. Most respondents (98%) across all form types reported that services were provided in their preferred language.

Table 2: Demographics

Demographics	Family		Youth		Adult		Older Adult	
	N	%	N	%	N	%	N	%
<b>Gender</b>								
<b>(Multiple responses allowed)</b>								
Female	5054	49.80%	4241	57.12%	6548	48.77%	1137	56.76%
Male	4955	48.82%	2746	36.98%	6540	48.71%	847	42.29%
Other	140	1.38%	438	5.90%	339	2.52%	19	0.95%
<b>Ethnicity</b>								
Hispanic								
Yes	7147	48.89%	5005	45.17%	5547	25.58%	545	16.18%
No	4057	27.75%	2928	26.42%	10202	47.05%	1725	51.20%
Undecided, Missing	3415	23.36%	3148	28.41%	5934	27.37%	1099	32.62%
<b>Race</b>								
<b>(Only one response per client)</b>								
American Indian/Alaska Native	182	2.24%	203	3.39%	385	3.07%	56	2.72%
Asian	353	4.35%	359	6.00%	998	7.97%	178	8.64%
Black	886	10.91%	576	9.63%	1709	13.65%	318	15.43%
Native Hawaiian/ Other Pacific Islander	46	0.57%	34	0.57%	121	0.97%	21	1.02%
White/Caucasian	3030	37.32%	1795	30.00%	5371	42.89%	1035	50.22%
Other	2771	34.13%	2276	38.03%	2887	23.06%	344	16.69%
Two or more races	851	10.48%	741	12.38%	1051	8.39%	109	5.29%
Total (Excludes missing responses)	8119	100.00%	5984	100.00%	12522	100.00%	2061	100.00%
<b>How long have you received services here?</b>								
Less Than One Month	880	8.58%	600	8.00%	1159	8.75%	63	2.91%
One to 5 Months	3575	34.87%	2353	31.39%	2703	20.40%	234	10.80%
6 Months to One Year	2,993	29.20%	2212	29.51%	2194	16.56%	257	11.86%
More Than One Year	2803	27.34%	2331	31.10%	7193	54.29%	1613	74.43%
<b>Were the services you received provided in the language you prefer?</b>								
Yes	9907	98.40%	7105	97.52%	13414	97.83%	2048	0.979904
No	161	1.60%	181	2.48%	297	2.17%	42	2.01%
<b>Was written information available to you in the language you prefer?</b>								
Yes	9591	97.45%	6716	96.16%	12638	0.963189	2015	95.59%
No	251	2.55%	268	3.84%	483	0.036811	93	4.41%
<b>What was the primary reason you became involved with this program?</b>								
I decided to come on my own	N/A		N/A		5765	42.81%	868	0.41432
Someone else recommended that I come in	N/A		N/A		6865	50.98%	1162	0.554654
I came in against my will	N/A		N/A		835	6.20%	65	0.031026

## Mean Score on Satisfaction Domain

Overall, on the 1-5 scale, mean scores across all seven Satisfaction domains ranged from 3.82 - 4.58 for Youth and Families of Youth, and between 3.97 – 4.48 for Adults and Older Adults. (See Figure 1)

Among all service types, satisfaction scores were higher for program services such as access, general satisfaction and Cultural Appropriateness/Quality and lower for Outcomes, Social Connectedness and Functioning.

**Access** had a mean score of 4.44 among Families of Youth, 4.21 among Youth, 4.33 among Adults, and 4.31 among Older Adults

**General Satisfaction** had a mean score of 4.38 among Families of Youth, 4.21 among Youth, 4.42 among Adults and 4.48 among Older Adults.

**Outcome** had a mean score of 3.94 among Families of Youth and 3.82 among Youth, 4.00 among Adult and 4.02 among Older Adult.

**Participation in Treatment Planning** had a mean score of 4.32 among Families of Youth, 4.08 among Youth, 4.33 among Adults and 4.32 among Older Adults.

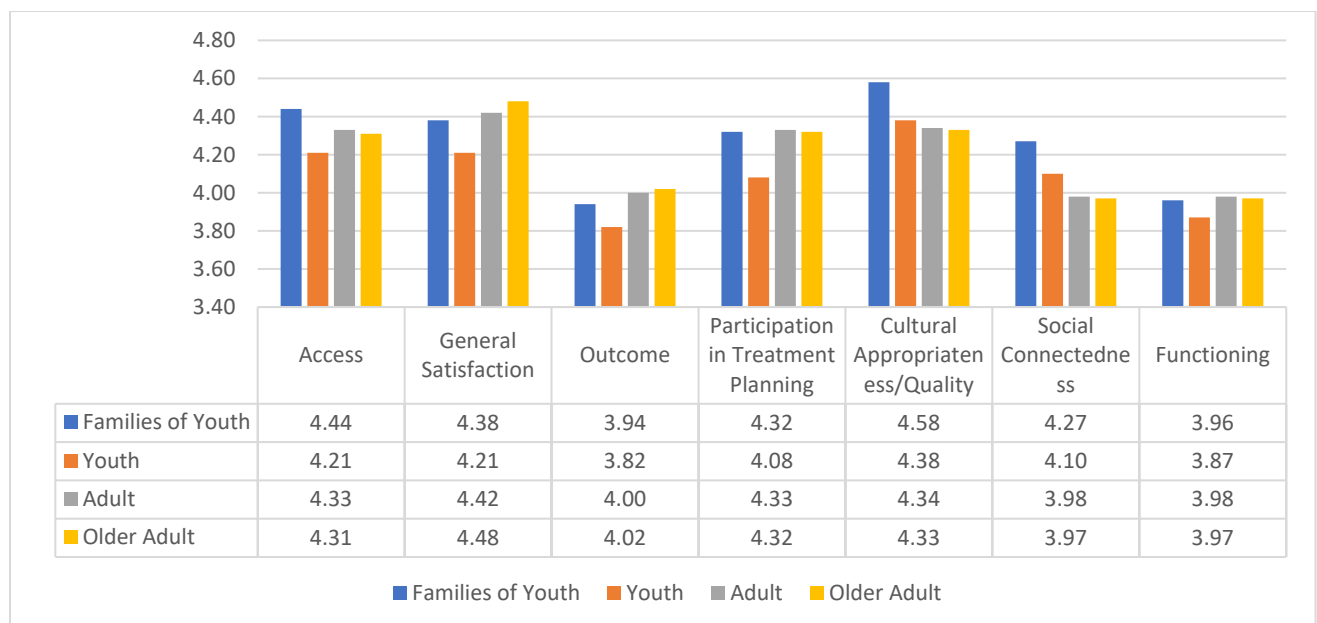
**Cultural Appropriateness/Quality** had a mean score of 4.58 among Families of Youth, 4.38 among Youth, 4.34 among Adults and 4.33 among Older Adults.

**Social Connectedness** had a mean score of 4.27 among Families of Youth, 4.10 among Youth, 3.98 among Adults and 3.97 among Older Adults.

**Functioning** had a mean score of 3.96 among Families of Youth, 3.87 among Youth, 3.98 among Adults and 3.97 among Older Adults.

A comparison of mean satisfaction scores between 2021 and 2023 shows little change in three years for at least five out of the seven satisfaction domains across all four survey types. Among Adults there is a very slight decline in mean scores for Social Connectedness and Functioning. However, due to small change it is unclear if the decline is statistically significant. See Appendix H for complete results.

**Figure 1 – Mean satisfaction scores by domains and survey type**



### Quality of Life for Adult and Older Adult

Counties had a choice of administering the Adult and Older Adult MHSIP surveys with or without the Quality of Life (QOL) questions. The results in Table 4 of Appendix H show that 59% of Older Adult and 55% of Adult reported satisfaction with life in general, and 14% of Adult and Older Adult reported being unhappy. Approximately, 65% of Older Adult and 62% of Adult reported being satisfied with their current living arrangement and 16% reported being unhappy.

Between 55% and 64% of Adult and Older Adult surveys reported being satisfied with their daily activities and functioning, relations with family, things they did with other people, time spent with other people and the amount of friendships in their life, and between 11% and 21% reported being unhappy.

Nearly 76% Adult reported they had enough money for housing, 77% for food and 66% for clothing and 65% for travel and 52% Adults reported they had enough money for social activities like movies or eating out.

Between 5% and 4% of Adult and Older Adult surveys respectively reported being a victim of a violent crime in the past month and between 10% of Adult and 8% Older Adult reported being a victim of a non-violent crime. Nearly 64% and 66% of Adult and Older Adult surveys respectively reported feeling satisfied with the safety of where they lived and 14% reported being unhappy. About 96% of Adult and 99% of Older Adult surveys reported no arrest history in the past month.

Slightly more than half or 54% of Adult and 50% of Older Adults reported being satisfied with their health in general, 51% of Adult and 44% of Older Adult were satisfied with their physical condition and 52% of Adult and Older Adult were satisfied with their emotional well-being.

## Arrest History for Adults and Youth

Regardless of how long the consumer received services at the location, 9% of Adult and Older Adults and 3% of Youth and Families of Youth reported an arrest in the past twelve months.

In the past year, and 71% of Adults and 85% of Youth and Families of Youth reported no police encounters, 9% of Adults and 8% of Youth and Families of Youth reported their encounters with the police had reduced, 8% of Adults and 5% of Youth and Families of Youth reported it had stayed the same, 2% of both Adults and Youth reported it had increased

## School Attendance and Medication for Youth and Families of Youth

Nearly a third or 32% of Families of Youth and 38% of Youth reported being on medication for behavioral problems in the past year. More than two-thirds or 72% of Families and 57% of Youth reported they had seen a doctor in a clinic or in an office in the past year and 5% of Families and 11% Youth reported going to an emergency room in the past year.

For consumers receiving services for more than a year, 11% of Families of Youth and 14% of Youth reported being expelled or suspended from school in the past year. Consumers who had received services for less than a year, 8% of Families and 11% of Youth reported being expelled or suspended from school in the past year.

## Qualitative Analysis of Survey Comments

Survey participants have an opportunity to write brief comments in the survey. These comments are collected in both paper and online surveys and provided to County coordinators by Reporting Unit for ongoing quality improvement of their services. This year we conducted some qualitative analysis of comments via a Word Cloud and Sentiment Analysis. Each analysis was conducted separately for each survey type. While Word Cloud captures the general themes or the most common words used by consumers in the Comments section, it also highlights the occurrence of each word by the font size. As a result, words with the biggest font size in a Word Cloud are the most commonly occurring words in the

survey comments. We used these large font size words in the Word Cloud and analyzed them via a sentiment analysis using the R software. This analysis separates positive comments from negative comments. We then grouped the positive and negative comments and analyzed them in relation to the seven satisfaction domains. Below is a summary of the sentiment analysis and a Word Cloud for each survey type.

## Adult

The largest font size words in the Adult word cloud (Figure 2) were “therapist”, “helpful”, “services”, “thank” followed by “program”, “provided”, “needed” and “medication”. A sentiment analysis of the comments showed that the majority of the comments from adult consumers were positive. The positive comments around therapist were that consumers really liked their therapist and had helped them with a lot of situations such as housing and addiction. The negative comments related to “therapist” were frequent changing of their therapist and assigning multiple therapists to a consumer. Some consumers preferred to stay with a therapist for a longer period, wanted a therapist with more life experience or peers, had difficulty finding supportive services through their therapist, and finding housing. Comments around “medication” were about receiving more information on how the medication works. Overall, the majority of comments were positive, and consumers wrote how helpful the services have been for them. The comments were related to the General Satisfaction domain.

**Figure 2 – Word Cloud on Comments for Adult Surveys.**





## Older Adult

Similar to Adult comments, the majority of Older Adult comments were positive. The largest font size words in the Older Adult Word Cloud (Figure 3) were “helped”, “program”, “provided”, “happy”, “health”, “thank”, “therapist” and “services”. Majority of positive comments were how helpful the program has been for them, how much their life has improved because of the services and how much they liked their therapist and case manager. The negative comments were around the wait time for psychiatrists being too long, lack of enough case managers, and the need for more Korean speaking therapists. Overall the comments were related to General Satisfaction and Cultural Appropriateness/Quality domains.

**Figure 3 – Word Cloud on Comments for Older Adult Surveys.**



## Youth

In the Word cloud for Youth surveys (Figure 4) the largest font size words were “received services”, “helpful”, “coping”, “listen”, “improve”, “communicated” and “needed”. Nearly all the comments in the Youth survey were positive. Youth reported the program was helpful in teaching them coping skills, deal with their anxiety, improve relations with their family, understand gender identity issues and how to communicate with others. The Youth reported the program helped them with coping skills regarding past trauma, depression, anger and that they had someone to talk to. Overall, the comments were related to General Satisfaction, Cultural Appropriateness/Quality, Social Connectedness and Functioning domains.

**Figure 4 – Word Cloud on Comments for Youth Surveys.**



## Families of Youth

In the Word Cloud for Families of Youth receiving mental health services, the largest font size words (Figure 5) were “services”, “someone talk to”, “therapist”, “understanding”, “talk therapy”, “provided”, “school”, “learning”, “needs” and “parents”. Like Youth, comments from the families of youth were also nearly all positive. Families reported their children had a safe place to talk to, ability to learn communication skills, learning to communicate effectively, case worker for girls with a safe and a calm environment, meeting educational needs, respectful, understanding, and inclusive environment, coping skills with anxiety and sadness, help with getting health care, coping skills, making house calls and flexibility with scheduling appointments and convenience of location. The negative comments were related to more direct management of medications and ability to adjust and be flexible as needed. Some families also complained about lack of progress in their child’s mental health needs. Overall, the comments were related to General Satisfaction, Access, Cultural Appropriateness/Quality and Functioning domains.

**Figure 5 – Word Cloud on Comments for Families of Youth Surveys.**



## Summary

In 2023, CPS surveys were administered once during the month of May with all 58 counties (100%) participating in the survey data collection. A total of 50,745 surveys were received with a 76% completion rate. Among the surveys received, 51% were from youth and their families and 49% from adult and older Adult. Majority of the surveys were completed in English at 88%, followed by Spanish at 11% and 1% in the remaining threshold languages, namely Arabic, Armenian, Chinese, Farsi, Hmong, Khmer, Korean, Russian, Tagalog and Vietnamese. Nearly 24% of the surveys received reported a reason code for not participating in the survey. Among all four survey types Adults had the highest number of surveys with a reason code at 26%, followed by Youth and Older Adult at 24%, and Families of Youth at 21%.

Nearly 45% of surveys from Families of Youth were completed electronically via an online survey, as compared with 36% of Youth surveys and 28% of Adult and Older Adult.

Demographic distribution of Youth surveys was 57% female, 37% males and 6% as Other. Among adults, 49% were female, another 49% were male and 2% were other gender identity. Among Older Adult, 57% were female, 43% male and less than 1% were other gender identity. Nearly half, or approximately 49% of Families of Youth reported being Hispanic, as compared with 45% Youth, 26% Adult and 16% Older Adult. The highest race distribution among Youth was Other race at 38%, followed by White at 30%, two or more races at 12%, 10% Black, 6% Asian, 3% native American or Alaska Native and less than 1% were Native Hawaiian or Pacific islander. Among Adult, Whites were 43% followed by Other at 23%, Black at 14%, two or more races and Asian at 8%, Native American or Alaska native at 3% and less than 1% were Native Hawaiian or Pacific Islander. Similarly, among Older Adults, Whites were 50%, followed by Other at 17%, Black at 15%, Asian at 9%, two or more races at 5% and Native American or Alaska Native at 3%.

In general, satisfaction among both youth and adults was higher for program services such as Access, General Satisfaction, Participation in Treatment Planning and Cultural Appropriateness/Quality as compared with personal outcomes, Social Connectedness and Functioning. The mean scores across all seven Satisfaction domains ranged from 3.82 - 4.58 for Youth and Families of Youth, and between 3.97 – 4.48 for Adults and Older Adults.

Nearly 55% of Adult and 59% Older Adult were satisfied with life in general based on their response to questions in the Quality of Life scale. Between 55% and 65% of Adult and Older Adult reported being satisfied with their daily activities and functioning, relations with family, things they did with other people, time spent with other people and the number of friendships in their life.

A third of the families of youth (32%) reported their child was on medication as compared with 38% Youth reported being on medication. A higher percentage of families of youth (71%) reported their child saw a doctor in an office or a clinic as compared with 57% of youth. Approximately 5% of families reported their child had been hospitalized or went to an Emergency Room in the past twelve months and 11% of youth.

This is the first year in which sentiment analysis was used as part of the CPS qualitative data analysis. These results provide specific insights into the consumer experience and enhance and help us better understand the quantitative data analysis related to satisfaction mean scores.

Most of the comments from consumers in all the four survey types were positive with some recommendations for improvement. The comments from Families and Youth were related to General Satisfaction, Access, Cultural Appropriateness/Quality and Functioning domains. Both Families and Youth commented on how helpful the mental health services have been in learning coping and communication skills, deal with anxiety, gender identity issues and the helpfulness of house calls and flexibility of scheduling and convenience of location. Some Families commented on the slow progress of their child's mental health needs and lack of improved functioning. Among Adult surveys most of the comments were positive and around General Satisfaction related to helpfulness of their therapist in helping them find housing, supportive services, addiction needs etc. However, some adult comments mentioned being unhappy with frequent changes of their therapist. Older Adult comments were also positive and centered around General Satisfaction and Cultural Appropriateness/Quality. Most of these comments related to satisfaction with services and case managers but some comments mentioned the need for more Korean speaking therapists.

## Conclusion

Overall, the results are consistent with previous year findings of CPS survey results, with higher mean scores for satisfaction with program services such as Access, Cultural Appropriateness/Quality, and General Satisfaction as compared with Outcomes, Functioning and Social Connectedness. Between 2021 and 2023 the mean satisfaction scores for five domains, namely Access, Cultural Appropriateness/Quality, Outcome, Participation in Treatment Planning and General Satisfaction generally stayed the same. Among Adults there was a very slight decline in mean satisfaction score for Social Connectedness and Functioning between the three years.

Overall consumer satisfaction scores for mental health services in California were similar to the nationwide results collected from 52 states in 2022. According to the Mental Health National Outcome Measures (NOMS) report published by SAMHSA in 2023, the percent of Youth and Families reporting positive about Outcomes was slightly higher in California (71.7%) than the national average (70.7%). However, Adults reporting positive Outcomes in California was lower (74.3%) than the national average (77.7%). Improved Social Connectedness among Adults in California was lower (71.1%) than the national average (74.2%) but same for Youth and Families in both California and national average at 86%.

Mean scores for three satisfaction domains among Adults and Youth/Families were higher in California as compared with the national average. These were: Access to services (Adults: 88.9% vs. 86.9%; Youth/Families 88.6% vs. 86.5%), Cultural Appropriateness/Quality (Adults: 90.9% vs. 89.2%; Youth/Families 95.1% vs. 93.7%), and General Satisfaction (Adults: 90.4% vs. 87.8%; Youth/Families 88.8% vs. 85.7%).

## Recommendations

In 2023 although more surveys were completed on paper as compared with electronic surveys, there was an increase in the use of electronic surveys among Adults and Older Adults between 2022 and 2023. Some of the barriers to collecting electronic surveys were lack of connectivity due to being in remote rural areas by some providers as well as difficulties in sending a direct survey link to the client due to the requirement of entering client patient number in the survey. UCLA team worked individually with counties and provided technical assistance to improve the utilization rate of electronic surveys. Developing some best practices around entering client patient number securely in an electronic survey will further increase the number of surveys entered electronically and reduce processing time of surveys.

The increased use of telehealth services during COVID-19 pandemic has continued after the pandemic. It will be useful to measure the availability, effectiveness and quality of telehealth services and their relationship with consumer satisfaction with services and outcome measures. In addition, questions on gender can be expanded to include additional categories of gender identity and sexual orientation. The UCLA team, in collaboration with DHCS, is working on these enhancements in the 2024 survey data collection.

## References

SAMHSA Uniform Reporting System: FY 2023 Data Definitions. August 2023.

SAMHSA Uniform Reporting System: FY 2023 Table Reporting Instructions. August 2023.

2022 Uniform Reporting System (URS) Table for California: <https://www.samhsa.gov/data/report/2022-uniform-reporting-system-urs-table-california>

## Appendices

Appendix A – CY 2023 CPS Data Collection Forms; 6 form types (PDFs- English only)

Appendix B – CY 2023 CPS Reason Code Collection Tool

Appendix C – CY 2023 CPS - FAQs – March 2023

Appendix D – CY 2023 CPS Training Webinar Slides

Appendix E – CY 2023 CPS County Coordinator Survey

Appendix F – CY 2023 CPS Sample Flyers for programs (English, Chinese, Farsi, Spanish, Vietnamese)

Appendix G – CY 2023 CPS - Perception of Care Domain Items

Appendix H – CY 2023 CPS Statewide Data Report CA - Tables and Figures



# ADULT SURVEY Spring 2023

ENGLISH  
Without QOL

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 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 ✗ ✓

## MHSIP Consumer Survey\*:

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 Agree**, **Agree**, are **Neutral**, **Disagree**, or **Strongly Disagree** 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 to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The location of services was convenient (parking, public transportation, distance, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff were willing to see me as often as I felt it was necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff returned my calls within 24 hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Services were available at times that were good for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I was able to get all the services I thought I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I was able to see a psychiatrist when I wanted to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Staff here believe that I can grow, change and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I felt comfortable asking questions about my treatment and medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I felt free to complain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I was given information about my rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff encouraged me to take responsibility for how I live my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff told me what side effects to watch out for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I, not staff, decided my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	<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 I received:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>I am Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
21. I deal more effectively with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I am better able to control my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*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.

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CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*



**As a direct result of the services I received:**

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
23. I am better able to deal with crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am getting along better with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I do better in social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I do better in school and /or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My housing situation has improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My symptoms are not bothering me as much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I do things that are more meaningful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am better able to take care of my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I am better able to handle things when they go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I am better able to do things that I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*For Questions #33-36, please answer for relationships with persons other than your mental health provider(s).*

**As a direct result of the services I received:**

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
33. I am happy with the friendships I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. 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"/>
35. I feel I belong in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. 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"/>

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CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*





Please answer the following questions to let us know how you are doing.

1. 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 1 year

Please answer Questions #2 - 4, below, if you have been receiving services for ONE YEAR OR LESS. If you have been receiving services for "MORE THAN ONE YEAR," please SKIP to Questions #5.

2. Were you arrested since you began to receive mental health services?  Yes  No

3. Were you arrested during the 12 months prior to that?  Yes  No

4. Since you began to receive mental health services, have your encounters with the police . . .

- been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
- stayed the same
- increased
- not applicable (I had no police encounters this year or last year)

**SKIP to Question #8, below** ↓

Please answer Questions #5 - 7 only if you have been receiving mental health services for "MORE THAN ONE YEAR."

5. Were you arrested during the last 12 months?  Yes  No

6. Were you arrested during the 12 months prior to that?  Yes  No

7. Over the last year, have your encounters with the police . . .

- been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
- stayed the same
- increased
- not applicable (I had no police encounters this year or last year)

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

8. What is your gender?  Female  Male  Other

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

10. What is your race? (Please mark all that apply.)

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

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CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*



11. What is your date of birth?

□□ - □□ - □□□□

Date of Birth (mm-dd-yyyy)

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

13. 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

14. What was the primary reason you became involved with this program? (Mark one):

- I decided to come in on my own.
- Someone else recommended that I come in.
- I came in against my will.

15. 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?: \_\_\_\_\_

16. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them here. Thank you for your time and cooperation in completing this questionnaire.

[Large empty box for comments]

*Thank you for taking the time to answer these questions!*

**FOR OFFICE USE ONLY:**

**REQUIRED Information:**

County Code: □□

Date of Survey Administration:

0 5 / □□ / 2 0 2 3

**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:**

□□□□□□□□

15573





# ADULT SURVEY Spring 2023

ENGLISH  
With QOL

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 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 ✗ ✓

## MHSIP Consumer Survey\*:

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 Agree**, **Agree**, are **Neutral**, **Disagree**, or **Strongly Disagree** 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 to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The location of services was convenient (parking, public transportation, distance, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff were willing to see me as often as I felt it was necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff returned my calls within 24 hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Services were available at times that were good for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I was able to get all the services I thought I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I was able to see a psychiatrist when I wanted to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Staff here believe that I can grow, change and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I felt comfortable asking questions about my treatment and medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I felt free to complain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I was given information about my rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff encouraged me to take responsibility for how I live my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff told me what side effects to watch out for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I, not staff, decided my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	<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 I received:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>I am Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
21. I deal more effectively with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I am better able to control my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*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.

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CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*



**As a direct result of the services I received:**

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
23. I am better able to deal with crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am getting along better with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I do better in social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I do better in school and /or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My housing situation has improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My symptoms are not bothering me as much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I do things that are more meaningful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am better able to take care of my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I am better able to handle things when they go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I am better able to do things that I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*For Questions #33-36, please answer for relationships with persons other than your mental health provider(s).*

**As a direct result of the services I received:**

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
33. I am happy with the friendships I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. 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"/>
35. I feel I belong in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. 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"/>

**Quality of Life Questions:**

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

**General Life Satisfaction**

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Living Situation**

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
2. Think about your current living situation. How do you feel about:							
A. The living arrangements where you live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The privacy you have there?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The prospect of staying on where you currently live for a long period of time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Daily Activities & Functioning**

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
3. Think about how you spend your spare time. How do you feel about:							
A. The way you spend your spare time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The chance you have to enjoy pleasant or beautiful things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The amount of fun you have?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. The amount of relaxation in your life?	<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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CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*



**Family**

4. In general, how often do you get together with a member of your family?

- at least once a day                       at least once a month                       not at all  
 at least once a week                       less than once a month                       no family / not applicable

5. How do you feel about:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
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A. The way you and your family act toward each other?

B. The way things are in general between you and your family?

**Social Relations**

6. About how often do you do the following?

A. Visit with someone who does not live with you?

- at least once a day                       at least once a month                       not at all  
 at least once a week                       less than once a month                       not applicable

B. Spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?

- at least once a day                       at least once a month                       not at all  
 at least once a week                       less than once a month                       not applicable

7. How do you feel about:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
--	----------	---------	---------------------	-------	------------------	---------	-----------	----------------

A. The things you do with other people?

B. The amount of time you spend with other people?

C. The people you see socially?

D. The amount of friendship in your life?

**Finances**

8. During the past month, did you generally have enough money to cover the following items?

No Yes

A. Food?

B. Clothing?

C. Housing?

D. Traveling around for things like shopping, medical appointments, or visiting friends and relatives?

E. Social activities like movies or eating in restaurants?

**Legal & Safety**

9. In the past MONTH, were you a victim of:

No Yes

A. Any violent crimes such as assault, rape, mugging or robbery?

B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?

10. In the past MONTH, how many times have you been arrested for any crimes?

- No arrests     1 arrest     2 arrests     3 arrests     4 or more arrests

11. How do you feel about:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
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A. How safe you are on the streets in your neighborhood?

B. How safe you are where you live?

C. The protection you have against being robbed or attacked?

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CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*



**Health**

12. How do you feel about:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Your physical condition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Your emotional well-being?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please answer the following questions to let us know how you are doing.**

1. **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 1 year

**Please answer Questions #2 - 4, below, if you have been receiving services for ONE YEAR OR LESS. If you have been receiving services for "MORE THAN ONE YEAR," please SKIP to Questions #5.**

- 2. **Were you arrested since you began to receive mental health services?**  Yes  No
- 3. **Were you arrested during the 12 months prior to that?**  Yes  No
- 4. **Since you began to receive mental health services, have your encounters with the police . . .**
  - been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
  - stayed the same
  - increased
  - not applicable (I had no police encounters this year or last year)

**SKIP to Question #8, below** ↓

**Please answer Questions #5 - 7 only if you have been receiving mental health services for "MORE THAN ONE YEAR."**

- 5. **Were you arrested during the last 12 months?**  Yes  No
- 6. **Were you arrested during the 12 months prior to that?**  Yes  No
- 7. **Over the last year, have your encounters with the police . . .**
  - been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
  - stayed the same
  - increased
  - not applicable (I had no police encounters this year or last year)

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

- 8. **What is your gender?**  Female  Male  Other
- 9. **Are you of Mexican / Hispanic / Latino origin?**  Yes  No  Unknown
- 10. **What is your race? (Please mark all that apply.)**
  - American Indian / Alaskan Native
  - Asian
  - Black / African American
  - Native Hawaiian / Other Pacific Islander
  - White / Caucasian
  - Other
  - Unknown

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CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*



11. What is your date of birth?

		/			/				
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(Month / Day / Year)

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

13. 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

14. What was the primary reason you became involved with this program? (Mark one):

- I decided to come in on my own.
- Someone else recommended that I come in.
- I came in against my will.

15. 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?: \_\_\_\_\_

16. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them here. Thank you for your time and cooperation in completing this questionnaire.

**FOR OFFICE USE ONLY:**

**REQUIRED Information:**

County Code: 

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Date of Survey Administration:

0	5	/			/	2	0	2	3
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**Reason (if applicable):**

- Ref  Imp  Lan  Oth



Make sure the same CSI County Client Number is written on all pages of this survey.

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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:**

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33816





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you 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 ✗ ✓

**MHSIP Consumer Survey\*:**

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 Agree, Agree, are Neutral, Disagree, or Strongly Disagree** 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 to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The location of services was convenient (parking, public transportation, distance, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff were willing to see me as often as I felt it was necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff returned my calls within 24 hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Services were available at times that were good for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I was able to get all the services I thought I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I was able to see a psychiatrist when I wanted to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Staff here believe that I can grow, change and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I felt comfortable asking questions about my treatment and medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I felt free to complain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I was given information about my rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff encouraged me to take responsibility for how I live my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff told me what side effects to watch out for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I, not staff, decided my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

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CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*





	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	<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:**

21. I deal more effectively with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I am better able to control my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am better able to deal with crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am getting along better with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I do better in social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I do better in school and /or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My housing situation has improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My symptoms are not bothering me as much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I do things that are more meaningful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am better able to take care of my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I am better able to handle things when they go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I am better able to do things that I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*For Questions #33-36, please answer for relationships with persons other than your mental health provider(s).*

**As a direct result of the services I received:**

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
33. I am happy with the friendships I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. 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"/>
35. I feel I belong in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. 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"/>

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CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*



Please answer the following questions to let us know how you are doing.

1. Approximately, how long have you received services here?

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

Please answer Questions #2 - 4 if you have been receiving services for **ONE YEAR OR LESS**. If you have been receiving services for **"MORE THAN ONE YEAR,"** please **SKIP** to Questions #5

- 2. Were you arrested since you began to receive mental health services?  Yes  No
- 3. Were you arrested during the 12 months prior to that?  Yes  No
- 4. Since you began to receive mental health services, have your encounters with the police . . .
  - been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
  - stayed the same
  - increased
  - not applicable (I had no police encounters this year or last year)

**SKIP to Question #8, below** ↓

Please answer Questions #5 - 7 only if you have been receiving mental health services for **"MORE THAN ONE YEAR"**.

- 5. Were you arrested during the last 12 months?  Yes  No
- 6. Were you arrested during the 12 months prior to that?  Yes  No
- 7. Over the last year, have your encounters with the police . . .
  - been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
  - stayed the same
  - increased
  - not applicable (I had no police encounters this year or last year)

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

- 8. What is your gender?  Female  Male  Other
- 9. Are you of Mexican / Hispanic / Latino origin?  Yes  No  Unknown
- 10. What is your race? (Please check all that apply.)
  - American Indian / Alaskan Native  Native Hawaiian / Other Pacific Islander  Unknown
  - Asian  White / Caucasian
  - Black / African American  Other

11. What is your date of birth?

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Date of Birth (mm-dd-yyyy)

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CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*



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

13. 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

14. What was the primary reason you became involved with this program? (Mark one):

- I decided to come in on my own.
- Someone else recommended that I come in.
- I came in against my will.

15. 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?: \_\_\_\_\_

16. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them here. Thank you for your time and cooperation in completing this questionnaire.

*Thank you for taking the time to answer these questions!*

**FOR OFFICE USE ONLY:**

**REQUIRED Information:**

County Code:

Date of Survey Administration:

/   /

**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
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County Question #2 (mark only ONE bubble):

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County Question #3 (mark only ONE bubble):

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**County Reporting Unit:**

37559





# OLDER ADULT SURVEY Spring 2023

ENGLISH  
With QOL

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 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 ✗ ✓

### MHSIP Consumer Survey\*:

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 Agree, Agree, are Neutral, Disagree, or Strongly Disagree** 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 to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The location of services was convenient (parking, public transportation, distance, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff were willing to see me as often as I felt it was necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff returned my calls within 24 hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Services were available at times that were good for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I was able to get all the services I thought I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I was able to see a psychiatrist when I wanted to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Staff here believe that I can grow, change and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I felt comfortable asking questions about my treatment and medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I felt free to complain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I was given information about my rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff encouraged me to take responsibility for how I live my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff told me what side effects to watch out for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I, not staff, decided my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

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CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*



	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	<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:**

21. I deal more effectively with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I am better able to control my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am better able to deal with crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am getting along better with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I do better in social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I do better in school and /or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My housing situation has improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My symptoms are not bothering me as much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I do things that are more meaningful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am better able to take care of my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I am better able to handle things when they go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I am better able to do things that I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*For Questions #33-36, please answer for relationships with persons other than your mental health provider(s).*

**As a direct result of the services I received:**

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
33. I am happy with the friendships I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. 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"/>
35. I feel I belong in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. 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"/>

**Quality of Life Questions:**

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

**General Life Satisfaction**

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Living Situation**

2. Think about your current living situation. How do you feel about:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The privacy you have there?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The prospect of staying on where you currently live for a long period of time?	<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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CSI County Client Number  
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**Daily Activities & Functioning**

3. Think about how you spend your spare time.

How do you feel about:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The chance you have to enjoy pleasant or beautiful things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The amount of fun you have?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. The amount of relaxation in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Family**

4. How do you feel about:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The way things are in general between you and your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Social Relations**

5. How do you feel about:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The amount of time you spend with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The people you see socially?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. The amount of friendship in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Legal & Safety**

6. In the past MONTH, were you a victim of:

No Yes

A. Any violent crimes such as assault, rape, mugging or robbery?	<input type="radio"/>	<input type="radio"/>
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	<input type="radio"/>	<input type="radio"/>

7. In the past MONTH, how many times have you been arrested for any crimes?

No arrests    1 arrest    2 arrests    3 arrests    4 or more arrests

8. How do you feel about:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. How safe you are where you live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The protection you have against being robbed or attacked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Health**

9. In general, would you say your health is:

excellent    very good    good    fair    poor

10. How do you feel about:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Your physical condition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Your emotional well-being?	<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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CSI County Client Number  
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Please answer the following questions to let us know how you are doing.

1. 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 1 year

Please answer Questions #2 - 4 if you have been receiving services for **ONE YEAR OR LESS**. If you have been receiving services for **"MORE THAN ONE YEAR,"** please **SKIP** to Questions #5

- 2. Were you arrested since you began to receive mental health services?  Yes  No
- 3. Were you arrested during the 12 months prior to that?  Yes  No
- 4. Since you began to receive mental health services, have your encounters with the police . . .
  - been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
  - stayed the same
  - increased
  - not applicable (I had no police encounters this year or last year)

**SKIP to Question #8, below** ↓

Please answer Questions #5 - 7 only if you have been receiving mental health services for **"MORE THAN ONE YEAR"**.

- 5. Were you arrested during the last 12 months?  Yes  No
- 6. Were you arrested during the 12 months prior to that?  Yes  No
- 7. Over the last year, have your encounters with the police . . .
  - been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
  - stayed the same
  - increased
  - not applicable (I had no police encounters this year or last year)

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

- 8. What is your gender?  Female  Male  Other
- 9. Are you of Mexican / Hispanic / Latino origin?  Yes  No  Unknown
- 10. What is your race? (Please check all that apply.)
  - American Indian / Alaskan Native
  - Native Hawaiian / Other Pacific Islander
  - Unknown
  - Asian
  - White / Caucasian
  - Black / African American
  - Other

11. What is your date of birth?

		-			-				
[month/day/year]									

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CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*



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

13. 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

14. What was the primary reason you became involved with this program? (Mark one):

- I decided to come in on my own.
- Someone else recommended that I come in.
- I came in against my will.

15. 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?: \_\_\_\_\_

16. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them here. Thank you for your time and cooperation in completing this questionnaire.

*Thank you for taking the time to answer these questions!*

**FOR OFFICE USE ONLY:**

**REQUIRED Information:**

County Code:

Date of Survey Administration:

/   /

**Reason (if applicable):**

- Ref
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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
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County Question #2 (mark only ONE bubble):

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County Question #3 (mark only ONE bubble):

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**County Reporting Unit:**

21172





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.	<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 result of the services I received:**

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
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"/>

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CSI County Client Number

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*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.	<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 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"/>

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

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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 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: \_\_\_\_\_

**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: \_\_\_\_\_

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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?

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Date of Birth (mm-dd-yyyy)

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 professional interviewer helped me.  
 A mental health advocate / volunteer helped me.  My clinician / case manager helped me.  
 Another mental health consumer helped me.  A staff member other than my clinician or case manager helped me.  
 A member of my family 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: 

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Date of Survey Administration:

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**Reason (if applicable):**

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**Make sure the same CSI County Client Number is written on all pages of this survey.**

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CSI County Client Number

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**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:**

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42802



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.	<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"/>

**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.	<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"/>

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CSI County Client Number

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



*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.	<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"/>

27. What has been the most helpful thing about the services you and your child 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 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? (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): \_\_\_\_\_

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.)

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

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CSI County Client Number

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



Please answer Questions #6 - 11 if your child has been receiving mental health services for ONE YEAR OR LESS. 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?  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: \_\_\_\_\_

**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?  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: \_\_\_\_\_

--	--	--	--	--	--	--	--	--	--

CSI County Client Number

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





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

18. What is your child's gender?  Female  Male  Other

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

20. What is your child's race? (Mark all that apply.)

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

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

-   -

Date of Birth (mm-dd-yyyy)

22. Does your child have Medi-Cal (Medicaid) insurance?  Yes  No

23. Were the services your child received provided in the language he / she preferred?  Yes  No

24. 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

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

- I did not need any help.  A professional interviewer helped me.  
 A mental health advocate / volunteer helped me.  My child's clinician / case manager helped me.  
 Another mental health consumer helped me.  A staff member other than my child's clinician or case manager helped me.  
 A member of my family 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:

Date of Survey Administration:

/   /

**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:**

4687





# CPS Reasons

## CPS Surveys 2023 - For Office Use Only

Reason code for survey non-participation **Required Information**

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### CPS Consumer Survey Type

- MHSIPAdult (1)
  - MHSIPAdult+QOL (2)
  - MHSIPOlder (3)
  - MHSIPOlder+QOL (4)
  - YSSYouth (5)
  - YSS-FParent/Family (6)
- 

Was this consumer offered an online or paper survey?

- Online (1)
  - Paper (2)
- 

- County Code(2 digits)** (1) \_\_\_\_\_
  - Survey Date(MM/DD/YYYY)** (2) \_\_\_\_\_
  - County Client Number** (3) \_\_\_\_\_
  - County Reporting Unit** \* \* *Optional* \_\_\_\_\_
-

**Reason**

- Refused (1)
  - Impaired (2)
  - Language (3)
  - Other (4)
-

**Optional County Questions**

County Question #1

1 (1)

11 (11)

2 (2)

12 (12)

3 (3)

13 (13)

4 (4)

14 (14)

5 (5)

15 (15)

6 (6)

16 (16)

7 (7)

17 (17)

8 (8)

18 (18)

9 (9)

19 (19)

10 (10)

20 (20)

---

County Question #2

- 1 (1)
- 11 (11)
- 2 (2)
- 12 (12)
- 3 (3)
- 13 (13)
- 4 (4)
- 14 (14)
- 5 (5)
- 15 (15)
- 6 (6)
- 16 (16)
- 7 (7)
- 17 (17)
- 8 (8)
- 18 (18)
- 9 (9)
- 19 (19)
- 10 (10)
- 20 (20)

County Question #3

- 1 (1)
- 11 (11)
- 2 (2)
- 12 (12)
- 3 (3)
- 13 (13)
- 4 (4)
- 14 (14)
- 5 (5)
- 15 (15)
- 6 (6)
- 16 (16)
- 7 (7)
- 17 (17)
- 8 (8)
- 18 (18)
- 9 (9)
- 19 (19)
- 10 (10)
- 20 (20)

End of Block: Default Question Block

3/31/2023

# Frequently Asked Questions (FAQ)

2023 Consumer Perception Survey  
(CPS)

**MAY 15-19, 2023**

## TABLE OF CONTENTS

<b><u>GENERAL CPS SURVEY ADMINISTRATION</u></b>	<b><u>2</u></b>
<b>PARTICIPANTS</b>	<b>3</b>
<b>CSI AND CLIENT NUMBER</b>	<b>4</b>
<b>REFUSAL SURVEYS</b>	<b>5</b>
<b>COMPLETE AND INCOMPLETE SURVEYS</b>	<b>6</b>
<b>DEADLINES AND TIMELINES</b>	<b>6</b>
<b><u>ONLINE SURVEYS</u></b>	<b><u>7</u></b>
<b><u>PAPER SURVEYS</u></b>	<b><u>8</u></b>
<b>PRINTING</b>	<b>8</b>
<b>SHIPPING AND TRACKING</b>	<b>8</b>
<b><u>SURVEY DATA ACCESS AND REPORTING</u></b>	<b><u>10</u></b>
<b><u>MISCELLANEOUS</u></b>	<b><u>11</u></b>

# GENERAL CPS SURVEY ADMINISTRATION

**1. Does the data collection process have to be either paper or online, or can it be a combination?**

Yes, it can be a combination. Counties can choose both paper and online survey formats to collect data.

**2. Can the online survey be used exclusively, forgoing the paper forms?**

Yes, the UCLA online link to collect MHSIP survey data can be used exclusively for data collection. You can forgo the paper forms if that is your preferred choice.

**3. Is it acceptable to have a support staff member populate a consumer's responses into the online survey form if the consumer was provided a telehealth service, or can only the consumer fill out the survey if they received a telehealth service outside of a clinical setting?**

Yes, it is OK for an administrative support staff to help a consumer complete a survey. Previously, this method was used for paper surveys, but it can be used for online surveys as well.

We encourage you to use the UCLA online survey links for data collection. This allows the data to be sent directly to the UCLA server.

**4. If a client completes a paper survey, are we able to transfer the responses onto an online platform?**

As long as the client's responses are kept confidential, administrative/non-clinical staff can enter paper survey responses to an online survey platform. However, the UCLA online survey platform will close on May 20<sup>th</sup>, 12:00 AM.

**5. Can counties add additional gender options if they are using their own electronic surveys?**

Yes. However, this additional data field will not be in the datafile returned to counties.

**6. If we add additional questions, do they need to be added at the end of the survey or, can they be mixed in with the original survey?**

It is best not to mix the additional questions with the original survey questions because it is very important the data be submitted as specified in the codebook. If you choose to include additional questions, place them after the MHSIP domain survey item questions.



The additional question(s) response categories can be recorded under “additional county questions” on the last page of the paper survey.

**7. If a consumer has multiple service appointments during the week, do we give them a survey for each visit?**

No. A consumer should complete only one survey in the same clinic during the survey period, even if they receive multiple services and return for services each day of the survey data collection period.

**8. Can county staff fill out the client number and other information before sending the survey link to clients?**

If you are sending the survey link to a consumer, you CANNOT prefill client information in the survey. However, you can provide the client with his/her client number and ask them to enter it in the survey. If you are providing an online survey to a consumer in the clinic, then an administrative staff can prefill client information.

**9. Can a client who comes to the clinic for administrative work during the week of survey administration be given the survey?**

Only a consumer receiving outpatient clinical services during the week of the survey should be offered an opportunity to complete the survey.

**10. Will the form definitions be available for download?**

Yes. These files are available for download from the UCLA CPS website.

**11. Is there any way for a provider to confirm that a client has completed an online survey?**

There is no way for a provider to verify that a client submitted/completed the survey. When the client reaches the end of the survey and click on the ‘submit’ button, the survey goes directly to UCLA. However, UCLA will be providing daily counts of online surveys by Reporting Unit, for surveys completed using the UCLA survey portal. This information will be available to the County CPS administrators at the end of each day of the survey period.

## *Participants*

**12. Can a child that is 12 years old take the survey?**

No. Any child 12 years and younger **should not** be offered a survey. The youth survey should be offered to youth between the ages of 13 – 17 years old.

**13. Are foster parents able to complete the survey?**

Yes, because they are a caregiver. Compensated caregiver of a child receiving mental health services should not be given a survey. An example of compensated caregiver would be a babysitter, or a group home staff who should **not** complete the family survey on behalf of a child.

*CSI and Client Number*

**14. Is the County Client Number (CCN) the client's Medi-Cal number?**

Yes.

**14 a.** What if a consumer refuses to complete a survey because they do not want their CCN Number on the survey?

If a consumer refuses to complete a survey with their actual CCN Number, then a county can generate a list of random numbers that are unique to that clinic. As an example, a Clinic or Provider # 01 in County 98 can generate random numbers with first 2 digits for Provider Number and next 5 digits for client number, such as 0112345, 0112346 etc. and for Provider # 02, 0212345, 0212346 etc. When we receive the data we will add the county number in front of these random numbers and unduplicate the data to ensure another county did not use the same random numbers.

**15. Is the CCN number considered PHI?**

Yes.

**16. Does the CCN number require filling out leading zeros on paper/online forms?**

Yes. Please refer to codebook for additional instructions.

**17. Do we add the zeros to the front or the end of the CCN section?**

Please add leading zeros at the front of the CCN section. The PDF forms are fillable. Once you enter the CCN Number on the first page on your computer, it will automatically populate the same number in all the additional pages of the Paper PDF Fillable survey.

**18. Can you submit online and paper forms with a CCN number?**

Yes.

**19. Does the CCN need to be included if a consumer refuses to fill out the survey?**

As much as possible, include the CCN #. This information will be entered in the administrative section of the survey along with the reason code for a consumer to not fill out the survey. **UCLA has an online link where you can record the reason code for each survey refused by a consumer. Please check the UCLA-CPS website for more information.**

**20. Are client IDs required in the online survey?**

Yes, client IDs (CCN) are required for online and paper surveys.

**21. For PEI clients whom do not have client numbers, what do we enter in the CCN field? Are these clients not surveyed?**

Offer a survey to PEI clients ONLY if they are receiving billable clinical services. This means they should have a client number from the county. If they do not have a client number as of yet from the county, they should not be offered a survey.

**22. Where does the client number go?**

In the CCN section at the bottom left corner on EACH page of the paper survey. For the online survey, the CCN number will be asked only at the beginning of the survey.

*Reason Code for Not Completing the Survey*

**23. Does the survey administrator need to write a reason code on a survey if a consumer refuses to participate?**

Yes. Reason code must be entered by office/administrative staff. UCLA has an online link to record reason codes for surveys. **Please visit the UCLA-CPS webpage for more information.**

**24. If a county has their own online survey portal to record Reason Code do we still need to complete the paper survey codes for those options?**

No, in this case you do not need to complete a paper survey. You can send the data with refusal codes as a separate file.

- 25. To record the Reason code on a paper survey, do we need to submit all four pages, or can we just submit the last page?**

Only submit the last page for the paper form. **Ideally, please enter all surveys with a Reason Code using the UCLA online link. If you are unable to enter the reason code on a paper survey, please mail them to us and we will scan.**

**You do not need to mail the paper survey with a Reason code that has already been entered in the UCLA online survey link.**

- 26. When a consumer refuses to participate in a survey, what information needs to be included on the survey?**

When a consumer refuses to participate in a survey, we only need the county code and the reason code. Please use the UCLA online link to enter the Reason code. Visit the UCLA-CPS webpage for more information.

- 27. How is the reason code entered and submitted?**

The reason code is at the end of the last page of the survey. Please use the UCLA online link to enter the Reason code. Visit the UCLA-CPS webpage for more information.

Please refer to training slides for exact location of reason code on the paper survey and form submission.

## *Complete and Incomplete Surveys*

- 28. What is an incomplete survey and is it counted?**

An incomplete survey is where a consumer responds to a few questions in the survey and does not record a reason code. Yes, an incomplete survey is counted.

- 29. Do online AND paper surveys have to be completed in one session, or can it be saved and competed at another time?**

Currently, it is not possible to save an online survey session. However, as long as the webpage with the survey link is open, a consumer can take as long as they want to complete the survey.

**30. If a program does not have a County Reporting unit code and consumers do not have their county client number, does the consumer still need to complete the survey?**

Client Numbers are required for all surveys. Please try your best to make this information available to the client or pre-populate the survey with the information before offering the survey to a consumer. The County Reporting Unit is the Provider or the Clinic Number.

**31. If consumers do not know their CCN number, will the survey count?**

The data is validated for duplicates etc. Therefore, it is very important that a unique client number be entered in the CCN section. It may or may not be counted depending on data validation algorithm.

## *Deadlines and Timelines*

**32. When is the deadline for paper surveys to reach UCLA?**

June 12, 2023.

**33. When will we receive data back?**

Data should be available by January 2024.

**34. When is the deadline to upload data for counties scanning their own data?**

July 14, 2023.

**35. When is the deadline for online surveys?**

If you created your own online survey, these data would need to be uploaded by July 14, 2023, to the UCLA Box folder. Use of the UCLA online survey portal makes the data immediately available to UCLA for analysis.

**36. When will the codebook be available?**

The codebook is available on the UCLA-ISAP website: <https://www.uclaisap.org/mh-consumer-perceptionsurvey.html>

# ONLINE SURVEYS

1. **Are the online survey responses sent to UCLA immediately if we use the UCLA survey links?**

Yes.

2. **Will the online survey be available with QR codes?**

Yes.

3. **When and where will the survey link be available for client use?**

The online survey link is available on our website. It can be used as a test link before the survey period. ONLY surveys entered during the survey period will be used from each county.

4. **Will there be individual survey links available to send to clients along with QR codes or do clients have to enter the UCLA website to access the surveys? In addition, if individual links will be sent, when can we expect to receive them so we can prepare our administrators?**

Online survey links for Adult (with and without QOL section), Older Adult (with and without QOL section), Youth and Families of Youth with QR codes are posted on the UCLA-ISAP website: <https://www.uclaisap.org/mh-consumer-perceptionsurvey.html> .

5. **What time do you expect the live online links to be available?**

The actual survey data collection links will go live 12:00 am on the first day of the survey period and will expire at midnight on the last day of the survey period.

6. **Will you be adding the reporting units, consumer number, and county code fields to the online survey?**

**UCLA will not be pre-filling these data fields.** These fields will need to be entered by the county administrative staff or the consumer.

7. **I see that the test survey includes 36 Quality of Life (QOL) questions. Is it possible to obtain survey links without these questions?**

There is no test survey link in 2023. The actual survey links along with QR codes have been posted on the UCLA website. The survey links are separate for surveys with and without QOL section.

# PAPER SURVEYS

## *Printing*

**1. Can the survey be printed double-sided?**

Yes.

**2. Can counties make photocopies of the paper survey?**

No. The quality of photocopying can impact the scanning process. **Please mail original surveys to UCLA.**

**3. Can the survey be printed in black and white?**

Yes. The surveys should be printed only on white paper and black ink.

**4. Can you staple the pieces of paper together?**

Yes, the pieces of paper for each survey should be stapled together.

**5. Can you write in client name at the bottom?**

No, please **do not** write the client's name at the bottom or anywhere in the survey.

## *Shipping and Tracking*

**6. Can you please provide some information on shipping CPS survey forms?**

Counties must mail the surveys to UCLA using HIPAA compliant mail carriers such as Fed Ex, USPS or UPS with a "Received signature". Counties are responsible for bearing the cost of mailing the surveys to UCLA. Arrangements can be made if some counties such as those in Southern California would like to drop off survey boxes in person. Please contact us and make an appointment to drop off the surveys. The surveys should be properly sealed, labeled, and mailed to the following address:

**Attn: Vandana Joshi  
Integrated Substance Abuse Programs - UCLA  
10911 Weyburn Ave, Suite 200  
Los Angeles, CA 90024**



- 7. To ship via Federal Express, UPS or United States Postal Service (USPS) requires a recipient phone number. What is that number?**

You may use the following number: 424-273-3043

- 8. If a survey does not include the CSI number, does it need to be sent with the rest of the surveys?**

Yes, please send ALL the surveys you receive.

## SURVEY DATA ACCESS AND REPORTING

- 1. Will counties be able to upload data from paper surveys if they enter them into their own database?**

Yes. Please follow the codebook for instructions on data submission. These data files must be sent to UCLA Box folder by July 14, 2023.

- 2. Will we be receiving a raw data set?**

Yes, raw data can be downloaded from the DHCS data portal by January 2024.

- 3. Are there limitations on the data we are able to access?**

No. You will receive the full dataset with PHI from the DHCS data portal.

- 4. In the codebook, how are you able to differentiate between a survey submitted by a parent vs. youth? The FORMTYPE for youth is Y, but what is the code for YSSF? You could have a situation where a youth completed a survey and then a parent completed one too. Is there a code to specify that the parent completed the form?**

If sending paper surveys, our scanner will automatically pick up the form type, Youth versus Family survey, based on the form that was used. A Youth and a Family survey can have the same CCN number. Both the surveys are used for analysis.

- 5. Will online and paper forms be coded/counted? (Daily/weekly count?)**

During the survey data collection period, UCLA will be providing a daily count of online surveys received and comments to county coordinators at the end of each survey day/or the next day.

## MISCELLANEOUS

**1. Are Short-Term Residential facilities considered residential for this survey?**

Yes. Residential facilities can administer the survey if outpatient services are being **delivered at that facility**. CPS is a survey of outpatient services.

**2. Will the form definitions be available for download?**

Yes. These files can be downloaded from the UCLA CPS website.

**3. Do you have CPS instructions?**

A codebook for both Adult, Older Adult and Youth surveys along with training materials can be downloaded from the UCLA CPS website.

**4. Will there only be a distribution this spring and not a fall distribution?**

The CPS is only conducted once during spring.

**5. In future survey administrations, will the survey always be administered in the spring or the fall once a year? Will it return to twice a year?**

To the best of our knowledge, CPS will now only be conducted once a year during spring.

**6. Do you have a master list of which counties use the QOL?**

Counties can choose which survey to use for adults and older adults, i.e., with or without QOL. We do not maintain a list of which county is using the survey with QOL section. We can share which or how many counties used the QOL in CY 2022.

**7. The pdf fillable form does not allow the response bubbles to be filled in. Is it possible to allow the response bubbles to be filled in, and for additional comments to be typed directly into the forms?**

Currently only the administrative questions on the last page are PDF fillable.

**8. Can our IT dept make the forms fillable to allow the response bubbles to be filled in, and allow additional comments to be typed directly into the forms?**

Yes. If you can make the response bubbles on the forms PDF fillable and use them, please go ahead and do so.

**9. Are we required to do the Adult survey w/ QOL? Or without QOL?**

Counties and providers can choose which survey to use.

**10. Can you provide flyers in Spanish?**

Yes, the flyers in Spanish are posted on the UCLA website.

**11. Where can I find a copy of the PowerPoint presentation from the webinar?**

The training webinar recording and slides is available on UCLA-CPS website at <https://www.uclaisap.org/mh-consumer-perception-survey.html>

**12. Where and how can I access my county's final report deliverable?**

UCLA will provide county level reports via the UCLA Box folder. In addition, UCLA will also be able to provide de-identified survey data via the Box folder upon request. Counties will be able to download a complete survey dataset with identifiers from the DHCS data portal by January 2024.

# Mental Health Consumer Perception Survey (CPS-2023) April 18, 2023

*UCLA-ISAP*

- ▶ Please mute yourself during the duration of the webinar. We have allocated 20 minutes after the webinar for questions and answers.
- ▶ Please enter your county name in chat box during the training.
- ▶ How to submit questions?
  - ▶ Please type your questions in the chat box.
  - ▶ Our Program Coordinator (Marylou Gilbert) will be monitoring the questions. We will address all the questions after the presentation. Marylou is also the coordinator of the Treatment Perceptions Surveys (TPS) for DMC-ODS counties. Since many provider locations may be participating in both CPS and TPS surveys; please address any questions about the TPS directly to her.
- ▶ This webinar is being recorded and will be posted on UCLA-ISAP website. You can use this recording for any planned training for your providers.

## Some Housekeeping Notes

# Purpose of the Mental Health Consumer Perception Survey (CPS)

- ▶ Fulfills a requirement of the Substance Abuse and Mental Health Services Administration (SAMHSA) Community Mental Health Services Block Grant (MHBG).
- ▶ Fulfills counties' requirement to conduct the survey and submit data per §3530.40 of Title 9 of the California Code of Regulations. Section 3530.40 of the California Code of Regulations.
- ▶ Gives consumers and family members the **opportunity to provide input/feedback on services** for Quality Improvement purposes.
- ▶ Requirement of California W&I Code Sections 5600 - 5623.5 (Bronzan-McCorquodale Act.)

# Survey Data Collection Dates

Only collect data during the official survey period

May 2023						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 	2	3	4	5 	6
		9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



# CPS Data Collection Spring 2023

**May 15-19, 2023**

- ▶ A Behavioral Health Information Notice has been issued. BHIN 023-009
- ▶ Medi-Cal providers providing outpatient mental health services are required to participate in the annual data collection of consumer satisfaction.
- ▶ All patients receiving mental health services during the five-day period should be offered a survey.
- ▶ Surveys are available in 11 threshold languages and English.
- ▶ There are 4 Survey Types:
  1. Adult: Ages 18-59
  2. Older Adult: Ages 60+
  3. Youth (YSS): Ages 13-17
  4. Families of Youth Ages 0-17 (YSS-F)
- ▶ There are 2 data collection options.
  - ▶ Paper survey forms
  - ▶ Online survey
- ▶ Counties can choose to collect data using both the online and paper surveys. UCLA will merge all data to create the final data set. Counties can download the raw data from the DHCS data portal.

# CPS Data Collection Spring 2023 May 15-19

- ▶ UCLA-ISAP is coordinating the CPS data collection on behalf of DHCS.
- ▶ Online surveys in all 12 languages are available on the UCLA online survey portal.
- ▶ The survey is administered once each year in Spring.
- ▶ Counties can access their own county-level reports via the UCLA Health Sciences Box platform.
  - ▶ The 2022 county-level reports were posted to the UCLA Box folder in February 2023.
  - ▶ UCLA renews access credentials to the UCLA Box folder for counties each year.
  - ▶ Counties must ensure their credentials are updated with UCLA staff by May 8<sup>th</sup>, 2023, in order to receive daily counts of survey during the data collection period.



Surveys are conducted with consumers who receive Outpatient Clinical Services, via in-person, field based or via telehealth.

Examples of Settings (Not all inclusive):

- ▶ Mental Health Services
- ▶ Case Management
- ▶ Medication Services
- ▶ MHSA - FSP, PEI, or FCCS
- ▶ Day Treatment
- ▶ Telehealth
- ▶ Wellness Centers

Data Collection  
is Limited to  
Mental Health  
Outpatient  
Services ONLY



## Data Collection Treatment Settings & Populations Not Included

- ▶ Inpatient Settings
- ▶ Jail / Jail Hospital Settings
- ▶ PMRT (Crisis Stabilization)  
Psychiatric Emergency
- ▶ One-Time Psych Testing or  
Assessment
- ▶ Residential or Institutional  
Placements
- ▶ Case Consultation Only

# Survey Administration by Short Doyle / Medi-Cal Providers

Surveys should be administered to ALL consumers regardless of the funding stream (i.e., Medi-Cal versus Indigent).

Surveys should be administered to ALL consumers receiving outpatient services during the survey period.

Survey Administration in Short / Doyle Medi-Cal Clinics

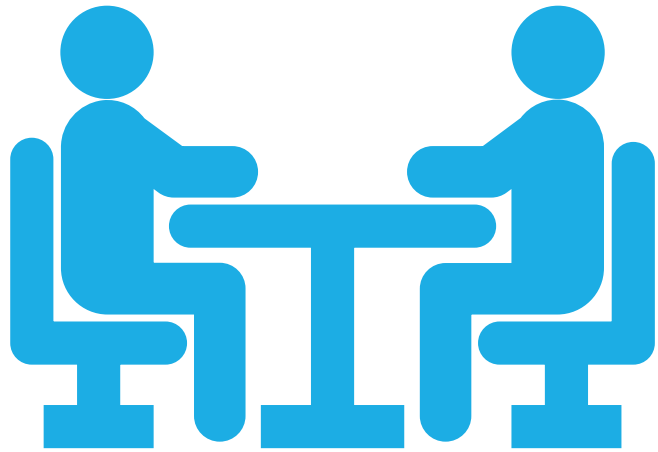
Do not use clinical or service delivery staff for survey administration.

It is permissible to use staff who do not provide direct clinical services to the client.

**The use of volunteers / peers / consumers / family advocates is highly recommended.**

- ▶ The [CPS] contains PHI information that should be protected during data collection and mailing paper surveys to UCLA.
- ▶ HIPAA Policy 500.21 Safeguards for PHI
  - ▶ All counties must implement appropriate administrative, technical and physical safeguards which will protect PHI from any intentional, unintentional or incidental disclosure that is in violation of the Department's Privacy Policies or the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. This requirement applies to all types of PHI in any form - oral, on paper or electronic.

## Safeguarding Consumer PHI



# Consumer Confidentiality

- ▶ The Consumer's **confidentiality must be respected and maintained** during the entire survey and reporting process.
- ▶ The survey information is **confidential.**
- ▶ Consumer / Family **participation is voluntary.**



# Frequently Asked Questions

- ▶ Length of survey cannot be changed. A few counties have inquired and at this time we are unable to change the Form Type used for CPS data collection.
- ▶ Raw data can be downloaded from the DHCS data portal at this website  
<https://portal.dhcs.ca.gov>
- ▶ The raw data stays on the DHCS data portal for 60 days. Counties must download the data within that time-frame.



# CPS Paper Forms



# CPS Paper Forms

- ▶ Counties have the option of using Adult and Older Adult Survey forms **with or without Quality of Life Questions.**
- ▶ Forms are available in **11 threshold languages in addition to English** (Arabic, Armenian, Chinese, Farsi, Hmong, Khmer, Korean, Russian, Spanish, Tagalog, Vietnamese)
- ▶ Use black or dark blue pen.
- ▶ Do not make any marking in the box in the lower right-hand corner of the forms that contains a black and white geometric pattern. Any markings over this box will cause the survey to be invalid.

## Youth Services Survey Family (YSS-F)

### Who is Surveyed?

- ▶ Children aged 12 and younger are not surveyed.
- ▶ A child's (age 12 and under) parent/primary caregiver should be offered the YSS-F survey.
- ▶ The YSS-F can also be completed by a parent/caregiver of a child between the ages of 13 and 17.
- ▶ **A primary caregiver** is a person who is not compensated for providing care (i.e., parent, aunt, uncle, grandparent(s), cousin, or family friend).
  - ▶ A compensated caregiver, such as an employee of a group home, should not complete the YSS-F survey form.
  - ▶ Parents/Caregivers accompanying the child/children receiving outpatient services during the survey period should complete the YSS-F survey form



# Printing CPS Forms

- ▶ The 2023 CPS survey forms are available for download at the UCLA-ISAP CPS website:  
<http://www.uclaisap.org/mh-consumer-perception-survey.html>
- ▶ Survey Forms are PDF fillable documents for the administrative section.
  - ▶ When you enter County Client Number (CCN) on page 1 in the pdf survey form, the same CCN # is auto-populated on pages 2,3 and 4.
- ▶ **Print the forms directly from the pdf files.**
  - ▶ Please use a digital printer with white paper for printing the surveys.
  - ▶ Do not photocopy the survey forms.
  - ▶ If you prefer to keep a copy of the completed surveys, you can do so, but send original paper surveys to UCLA.
  - ▶ All copiers resize images slightly and will make the forms unreadable.

## Preparation of Paper Survey Forms - Required and Optional Items



### Required Items

**CSI County Client Number (CCN)** at the bottom of each page must be completed on **each page of the survey form**.

**County Code:** Must be completed. Can be pre-filled by providers.

**Date of Survey Administration:** Must be completed. Can be pre-filled by providers.

**Reason for Non-participation in Survey data collection:** Must be completed by providers for consumers who do not wish to participate in the survey.



### Optional Items

**Reporting Unit:** Providers can enter their unique provider number in this field. This will allow counties to conduct provider-level data analysis after receiving the data back from the DHCS data portal.

# Mailing Paper Surveys to UCLA for Scanning

- ▶ Counties must mail the surveys to UCLA using HIPAA compliant mail carriers such as Fed Ex, UPS or USPS.
- ▶ Please mail the original survey forms to UCLA.
- ▶ Counties are responsible for bearing the cost of mailing the surveys to UCLA.
- ▶ If some counties such as those in Southern California would like to personally drop off survey boxes, it can be arranged. Please contact us and make an appointment to drop off the surveys.
- ▶ When mailing please include a signed signature for receipt of package in the postage.
- ▶ The surveys should be properly sealed and labeled and mailed to the following address:

Attn: Vandana Joshi

Integrated Substance Abuse Programs - UCLA

10911 Weyburn Avenue, Suite 200

Los Angeles, CA 90024



# County Client Number (CCN) Number **MUST** be on **EVERY** Page



\*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.

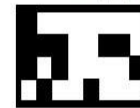
**CONTINUED ON NEXT PAGE...**

--	--	--	--	--	--	--	--	--	--

**CSI County Client Number**  
\*\*\*Must be entered on EVERY page\*\*\*

DHCS 1740 EN (05/13)

34151




Page 1 of 4




# SPECIFIC ITEMS To Pre-Fill

## FOR OFFICE USE ONLY:


### REQUIRED Information:


 County Code:

Date of Survey Administration:

  /  /

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:



15573





# Reasons for Not Completing Survey

- ▶ The reason for a consumer not participating in the data collection should be recorded.

Reason codes for both paper and online surveys (using either a paper form or [survey link](#)) should be documented on a paper form along with the county code, date and CSI County Client code.

- ▶ The forms should be sent to UCLA along with the completed paper surveys.
  - ▶ **Refused (Ref)**: Client refused to complete the survey.
  - ▶ **Impaired (Imp)**: Client is too impaired (mentally or physically) to complete the survey.
  - ▶ **Language (Lan)**: Client is unable to complete survey as survey is not in a language the client understands.
  - ▶ **Other (Oth)**: Any other reason. **Reason (if applicable):**  
 Ref    Imp    Lan    Oth

# Recording the Reason Codes for Not Completing Survey-Online Surveys

- ▶ This year UCLA will be providing an online link to collect Reason codes for not completing a survey for consumers who are offered an online survey.
- ▶ This section can be completed by the clinic administrative staff.
- ▶ Reason for all six survey types can be completed on the same link.
- ▶ The link is: <https://uclahs.fyi/reason-code>

- ▶ Some county coordinators have inquired if they can ask additional questions using the MHSIP survey.
  - ▶ The general response is YES, with a few caveats.
    - ▶ The full MHSIP survey should be administered to consumers. Questions in addition to the MHSIP survey may be collected by counties.
    - ▶ UCLA will only scan survey items on the MHSIP survey and prepare county level reports using ONLY MHSIP survey items.
    - ▶ Counties are responsible for analyzing data from the additional questions they may collect.

## Additional County Questions

Important Survey Date: **June 12, 2023**  
Return Paper Surveys to UCLA via FedEx, UPS or USPS with signed signature


June 2023						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4		6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

## Processing Forms Locally or Submitting Paper Forms to UCLA for Scanning

- ▶ Counties can collect paper surveys and submit them to UCLA for processing.
  - ▶ UCLA-ISAP must receive the paper forms via FedEx by June 12, 2023, for timely processing of data for DHCS.
- ▶ Counties that process/scan their own data can continue to do so and submit electronic data files directly to UCLA via the UCLA Health Sciences Box.
  - ▶ UCLA-ISAP must receive the data files by July 14, 2023, for timely processing of data for DHCS.
  - ▶ Each county will have access to its own UCLA-ISAP Box folder to upload data and download county-level reports prepared by UCLA.



# Important Survey Dates: **July 14, 2023** Upload Electronic Survey Data to UCLA

July 2023						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6		8
9	10	11	12	13	<b>14</b>	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

# Online CPS





## Accessing Online Surveys

- ▶ Six unique survey links for each of the six survey types (Adult with and without QOL, Older Adult with and without QOL, Youth, and Youth for Families) are available on the UCLA Website.
- ▶ The online survey is available in the 11 threshold languages and English.
- ▶ Counties/Providers can use the Online CPS Survey link to practice data collection during the survey period.
- ▶ Please share with providers to ensure access to the survey link platform and no firewalls are blocking access etc.
- ▶ UCLA has provided QR codes for each of the six unique survey links to assist in disseminating the links to consumers.
- ▶ Download the survey flyer templates for QR codes from the UCLA CPS website.
  - ▶ The survey flyers are available in English and Spanish. We are working to add flyers in additional threshold languages based on request from counties.







## Accessing Online Surveys, continued

- ▶ To access the survey via the link, click or enter the link into any web browser.
- ▶ Surveys can be accessed via computer, tablet, or smartphone.
- ▶ Only surveys completed during the survey period (May 15-19, 2023) will be included in the final data set.
- ▶ Counties can create their own online survey and upload data to the county specific UCLA Box folder.
  - ▶ This data must be received by UCLA no later than July 14<sup>th</sup>, 2023.
  - ▶ Counties collecting data via their own online survey link **MUST** submit data in the format specified in the codebooks.

Valid CCNs should be entered in the online survey.

The survey is confidential but not anonymous.

Since consumers may not know their CCN, providers and clinicians can provide this information to the consumers.

Providers providing services via telehealth during the survey period can forward the survey link to their consumers and provide them their client numbers.

- County Client Number (CCN) and Reporting Unit Number has been moved to the beginning of the survey. This will help administrative staff to pre-fill this information before requesting the consumer to complete the survey.
- However, this can only be done for an in-person survey in a clinic.
- Providers cannot pre-fill this information, save the link and email the link to the consumer.

Counties implementing their own online surveys MUST ensure that the survey data upon completion is transmitted directly to a secure county server and the survey responses are not accessible to the clinician.

# County Client Number (CCN)

–  

# Online Surveys



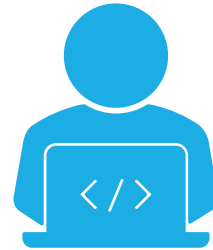
## Online Survey - Entering Administrative Data

- ▶ Two pieces of administrative data are required for all CPS surveys
  - ▶ County ID
  - ▶ County Client Number (CCN)
- ▶ Counties can enter Provider Number in the “County Reporting Unit” box on page 4
- ▶ Survey link to a consumer can be provided via email or you can direct the consumer to access the survey directly from the UCLA website using their smartphone.
  - ▶ Consider providing this information to the individual verbally, or via chat or email while ensuring compliance with your county’s HIPAA procedures for sharing client IDs.
  - ▶ Each participating provider must ensure their individual implementation of CPS procedures are HIPAA compliant.

# CPS Online Survey Reason Code



Consumers receiving remote/telehealth services can be offered the survey link.



If the consumer declines to participate in the survey, the clinician/provider/administrator **MUST** complete a Reason Code.

**Reason (if applicable):**

Ref    Imp    Lan    Oth

- This year the Reason code is available via the UCLA Online survey link.  
<https://uclahs.fyi/reason-code>

# Lessons Learned from 2022

Counties scanning their own paper surveys or using their own online survey portal must ensure the database uploaded to UCLA Box folder contains data fields that follow the codebook exactly.

Otherwise it adds additional time for data cleaning.

County-level reports are prepared by each Form Type. However due to HIPAA restrictions, Ns < 11 are suppressed in the data tables. For some counties, if the number of surveys collected was too small for a Form Type, the data was combined.

For example, in some reports Youth surveys were combined with Family surveys and Adult surveys were combined with Older Adult surveys.

When mailing paper surveys, include a “Signed Returned Receipt” to the postage so that the survey boxes are not left at the office door and someone actually takes delivery of each box.

This helps UCLA manage resources in tracking packages.



# Downloading Raw Data and County Reports

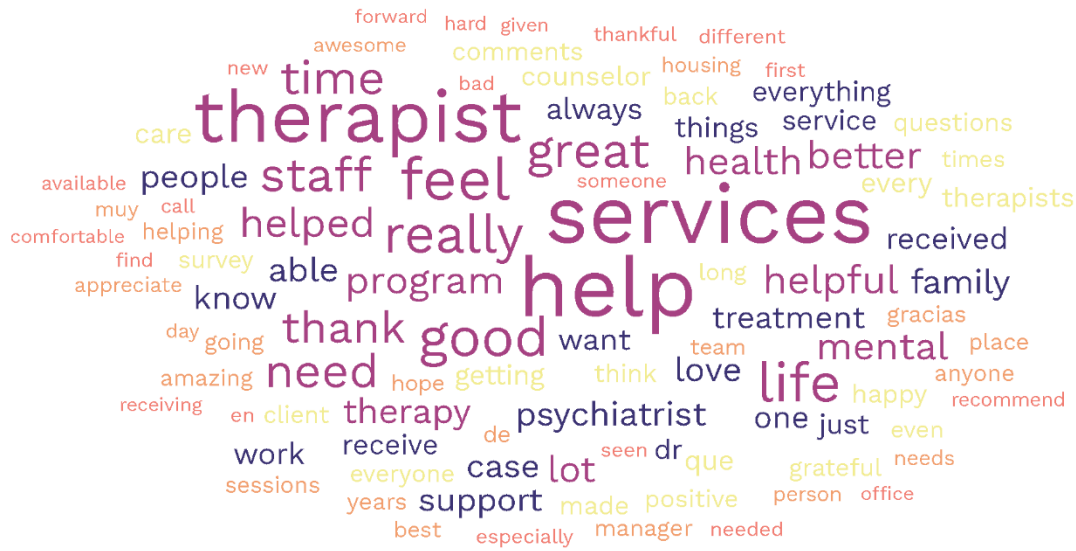
- ▶ For counties using the UCLA online survey portal for data collection, UCLA will provide a daily count of surveys by reporting unit during the survey week, by the end of each day and or next morning.
- ▶ In addition, UCLA will provide a daily report of comments recorded in the online surveys to each county by reporting unit during the survey week.
- ▶ Raw data will be returned to the counties sometime in early December 2023.
  - ▶ We estimate all county-level summary data reports along will be disseminated by January 2024.

# What's New in 2023

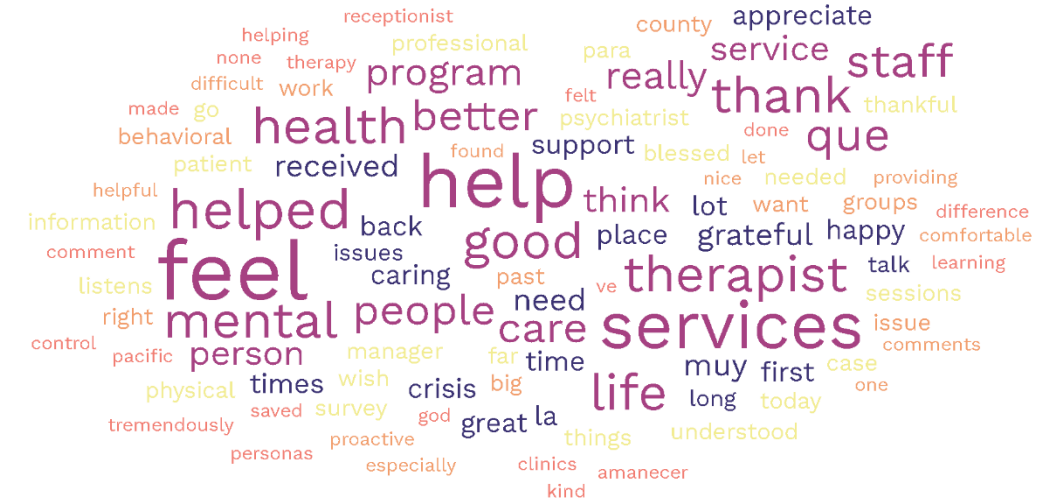
- ▶ Reason Code for Online and Paper Surveys can be collected via a UCLA link.
- ▶ UCLA will be able to provide limited qualitative data analysis of open-ended questions/comments via Word Cloud and or sentiment analysis



## Adult



## Older Adult



## Family



## Youth

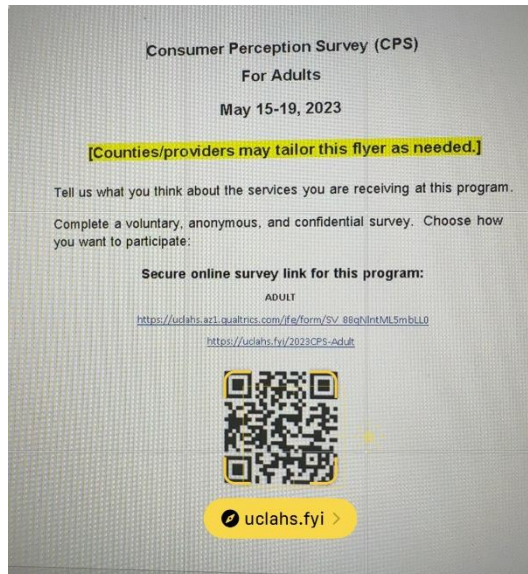




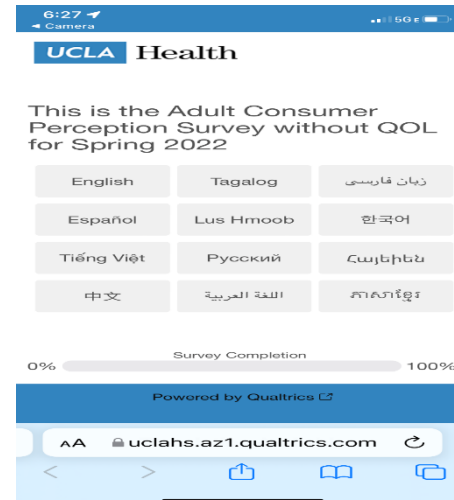
# Accessing Surveys with QR Codes

- ▶ The QR codes for each survey work well with smart phones. Consumers receiving mental health services during the survey week can be asked to complete the survey using their smart phone by scanning the QR code.

Following are the steps to complete the survey using a phone.



Step 1: Point your phone camera towards the QR code.



Step 2: Start your survey. The survey will automatically be submitted to UCLA after the last question.

# Access to Survey Data and Summary Reports



# Retrieving Your Survey Data

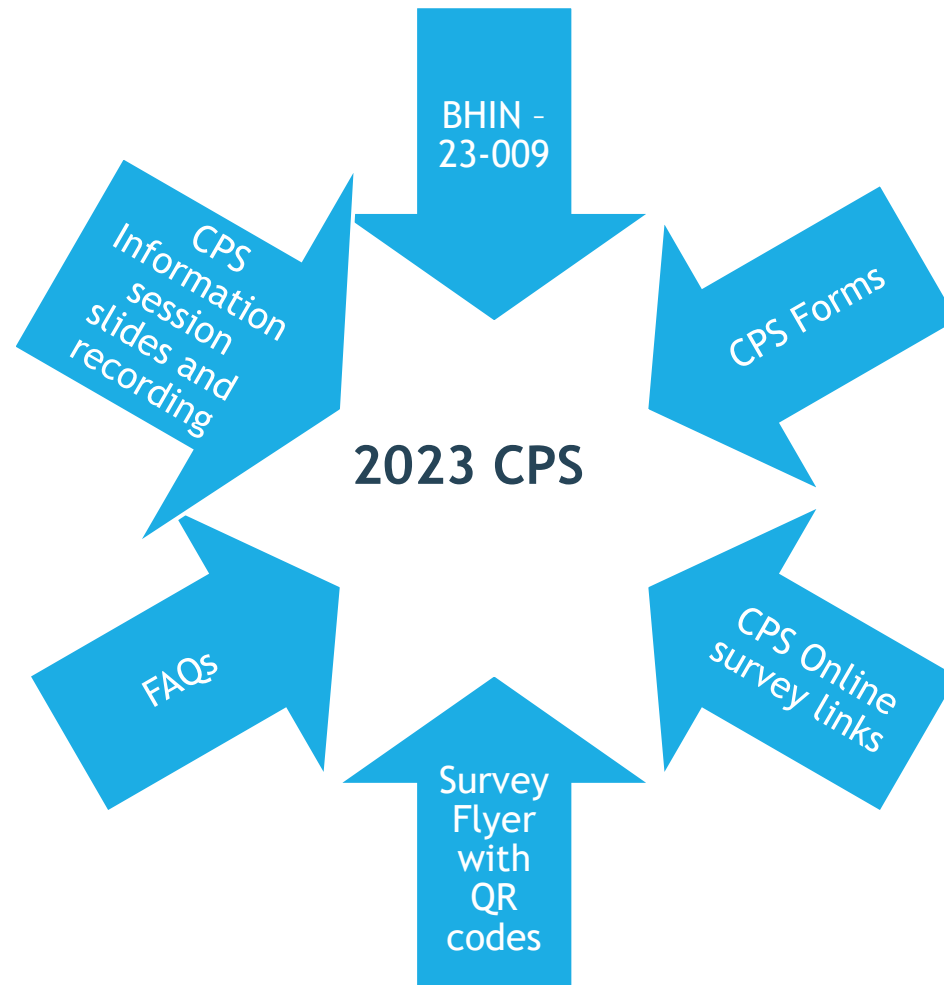
Identified survey data with identifiers (CCN, DOB) will be available for download from the DHCS-BHIS data portal by December 2023.

The 2023 CPS data with identifiers will be made available from the DHCS portal at <https://portal.dhcs.ca.gov/>

UCLA will prepare aggregate reports for each county and make them available for download in county-specific UCLA Box folders by January 2024.

# What's Currently Available at UCLA CPS Website

<http://www.uclaisap.org/mh-consumer-perception-survey.html>



# CPS - UCLA Project Team

Request Technical Assistance via email to the UCLA CPS email address:

**[CPSInfoUCLA@mednet.ucla.edu](mailto:CPSInfoUCLA@mednet.ucla.edu)**

## **Project Team**

[Vandana Joshi \(Program Director\) - Vjoshi@mednet.ucla.edu](mailto:Vjoshi@mednet.ucla.edu)

[Marylou Gilbert \(Program Coordinator\) - Marylougilbert@mednet.ucla.edu](mailto:Marylougilbert@mednet.ucla.edu)

[Valerie Pearce Antonini \(Project Director\) - Vpearce@mednet.ucla.edu](mailto:Vpearce@mednet.ucla.edu)

[Dave Bennett \(Data Manager\) - Dbennett@mednet.ucla.edu](mailto:Dbennett@mednet.ucla.edu)

[Celine Sze Yi Tsoi \(Research Assistant\) - SzeYiCelineTsoi@mednet.ucla.edu](mailto:SzeYiCelineTsoi@mednet.ucla.edu)

[Elise Tran \(Research Assistant\) - Elisetrان@mednet.ucla.edu](mailto:Elisetrان@mednet.ucla.edu)

# Questions?



Please email [CPSInfoUCLA@mednet.ucla.edu](mailto:CPSInfoUCLA@mednet.ucla.edu)  
to ensure the quickest response

# CPS 2023 County Information Form

This form is to confirm the name(s) from your County who will have access to the UCLA Box folder and how you will be submitting your 2023 survey data to UCLA.

---

## County

Please select your county.

*[Dropdown list:  
1 – Alameda...  
58 - Berkeley City]*

---

## UCLA Box Access Contacts

Please confirm your email contacts for UCLA Box folder: *[email]*

- I confirm that the CPS Box access list is correct.
- The list above is incorrect; I will add more/correct the contacts below:

Please add/correct the email contacts for CPS Box (if applicable) \_\_\_\_\_

---

## Survey Collection Method

Please confirm how you are going to collect and submit data to UCLA (please select all that apply).

- Paper forms (mail to UCLA for scanning)
  - UCLA Online survey portal
  - Scan your paper surveys and submit a datafile to UCLA
  - Your own county online survey portal (submit a datafile to UCLA)
- 

## Questions/Concerns?

Let us know if you have any questions/concerns. Please include your email in the answer.

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## Consumer Perception Survey (CPS)

For Adults

May 15-19, 2023

**[Counties/providers may tailor this flyer as needed.]**

Tell us what you think about the services you are receiving at this program.

Complete a voluntary, anonymous, and confidential survey. Choose how you want to participate:

**Secure online survey link for this program:**

**ADULT**

[https://uclahs.az1.qualtrics.com/jfe/form/SV\\_88qNIntML5mbLL0](https://uclahs.az1.qualtrics.com/jfe/form/SV_88qNIntML5mbLL0)

<https://uclahs.fyi/2023CPS-Adult>



**ADULT (+QOL)**

[https://uclahs.az1.qualtrics.com/jfe/form/SV\\_29w6LdCan1NUu3A](https://uclahs.az1.qualtrics.com/jfe/form/SV_29w6LdCan1NUu3A)

<https://uclahs.fyi/2023CPS-Adult-QOL>





- Paper survey form (ask program staff for a form)

Ask program staff if you have questions or would like assistance with the survey!

***Thank you for participating in this important survey!***

## Consumer Perception Survey (CPS)

消費者認知問卷調查

**For Adults** 成年人

**May 15-19, 2023**

**[Counties/providers may tailor this flyer as needed.]**

Tell us what you think about the services you are receiving at this program.

請告訴我們您對您在此計劃中所獲得的服務的看法

Complete a voluntary, anonymous and confidential survey.

Choose how you want to participate: 請完成自願、匿名和保密的問卷調查. 請選擇您想參與的方式：

**Secure online survey link for this program:**

使用本計劃的安全網路線上調查：

ADULT 成年人

<https://uclahs.fyi/2023CPS-Adult>



ADULT (+QOL) 成年人 及

<https://uclahs.fyi/2023CPS-Adult-QOL>



Paper survey form (ask program staff for a form)

使用紙本問卷調查表（請向工作人員索取問卷表格）



Ask program staff if you have questions or would like assistance with the survey! 如果您有任何問題或填寫問卷調查需要幫助，請詢問工作人員

*Thank you for participating in this important survey!*

感謝您參與這項重要的問卷調查

## (CPS) نظرسنجی درک مصرف کننده

برای بزرگسالان

May 15-19, 2023

[ شهرستان ها/ارانه دهندگان ممکن است این پرورشور را در صورت نیاز تنظیم کنند]

نظر خود را در مورد خدماتی که در این برنامه دریافت می کنید به ما بگویید.

یک نظرسنجی داوطلبانه، ناشناس و محرمانه را تکمیل کنید. نحوه مشارکت را انتخاب کنید:

لینک نظرسنجی آنلاین امن برای این برنامه:

بزرگسالان

<https://uclahs.fyi/2023CPS-Adult>



بزرگسالان (+QOL)

<https://uclahs.fyi/2023CPS-Adult-QOL>



➤ فرم نظرسنجی کاغذی (از کارکنان برنامه فرم بخواهید)

اگر سوالی دارید یا می خواهید در نظرسنجی کمک بگیرید، از کارکنان برنامه بپرسید!

با تشکر از شما برای شرکت در این نظرسنجی مهم!

# Encuesta de Percepción del Consumidor (CPS)

Para Adultos (Edad 18-59)

Maio 15-19, 2023

**[Counties/providers please tailor this flyer as needed.]**

Díganos lo que opina sobre los servicios que recibe en este programa.

Complete una encuesta voluntaria, anónima, y breve. Escoja cómo quiere participar.

- **Por un enlace para completar en línea:**

ADULTO

<https://uclahs.fyi/2023CPS-Adult>



ADULTO (+QOL)

<https://uclahs.fyi/2023CPS-Adult-QOL>



- **Encuesta en forma de papel: (pídale una forma al personal de programa)**

¡Pregúntele al personal del programa si tiene alguna pregunta o si quiere asistencia para completar la encuesta!

***¡Gracias por participar en esta encuesta importante!***

**KHẢO SÁT VỀ NHẬN THỨC  
CỦA NHỮNG NGƯỜI LỚN (TUỔI 18-64)  
(ĐÃ DÙNG CÁC DỊCH VỤ CHƯƠNG TRÌNH)**

**Ngày 15-19 tháng 5 năm 2023**

Hãy cho chúng tôi biết suy nghĩ của bạn về các dịch vụ mà bạn đang nhận được tại chương trình này.

Trả lời một cuộc khảo sát tự nguyện, ẩn danh và bí mật. Chọn cách bạn muốn tham gia:

➤ **Khảo sát trực tuyến an toàn cho chương trình này:**

**NGƯỜI LỚN**

<https://uclahs.fyi/2023CPS-Adult>



**NGƯỜI LỚN**

**(+CHẤT LƯỢNG CUỘC SỐNG QOL)**

<https://uclahs.fyi/2022CPS Adult-QOL>





- **Khảo sát trên giấy (yêu cầu công nhân chương trình cho khảo sát trên giấy)**

Hãy hỏi công nhân chương trình nếu bạn có thắc mắc hoặc muốn hỗ trợ về cuộc khảo sát!

***Cảm ơn bạn đã tham gia cuộc khảo sát quan trọng này!***

## Appendix G: CY 2023 CPS - Perception of Care Domain Items

### Perception of Satisfaction – Domain Items

#### Perception of Access for Youth Adult and Older Adult:

- 1) The location of services was convenient.
- 2) Staff was willing to see me as often as I felt it was necessary.
- 3) Staff returned my calls within 24 hours.
- 4) Services were available at times that were good for me.
- 5) I was able to get all the services I thought I needed.
- 6) I was able to see a psychiatrist when I wanted to.

#### Perception of Cultural Appropriateness/Quality for Youth, Adult and Older Adult:

- 1) Staff believed that I could grow, change and recover.
- 2) I felt free to complain.
- 3) Staff told me what side effects to watch for.
- 4) Staff respected my wishes about who is and is not to be given information about my treatment.
- 5) Staff was sensitive to my cultural/ethnic background.
- 6) Staff helped me obtain the information needed so I could take charge of managing my illness.
- 7) I was given information about my rights.
- 8) Staff encouraged me to take responsibility for how I live my life.
- 9) I was encouraged to use consumer-run programs.

#### Perceptions of Outcomes for Youth, Adult and Older Adult:

- 1) I deal more effectively with daily problems.
- 2) I am better able to control my life.
- 3) I am better able to deal with crisis.
- 4) I am getting along better with my family.
- 5) I do better in social situations.
- 6) I do better in school and/or work.
- 7) My symptoms are not bothering me as much.
- 8) My housing situation has improved.

#### Perception of Participation in Treatment Planning for Youth, Adult and Older Adult:

- 1) I felt comfortable asking questions about my treatment and medications.
- 2) I, not staff, decided my treatment goals.

#### Perception of General Satisfaction for Youth, Adult and Older Adult:

- 1) I liked the services that I received here.
- 2) If I had other choices, I would still get services at this agency.
- 3) I would recommend this agency to a friend or family member.

#### Adult – Perception of Social Connectedness:

1. I am happy with the friendships I have.
2. I have people with whom I can do enjoyable things.
3. I feel I belong in my community.
4. In a crisis, I would have the support I need from family or friends.

#### Adult – Perception of Functioning:

1. I do things that are more meaningful to me.
2. I am better able to take care of my needs.

3. I am better able to handle things when they go wrong.
4. I am better able to do things that I want to do.
5. My symptoms are not bothering me as much (already is part of the MHSIP Adult Survey).

**Youth and Family – Perception of Social Connectedness:**

1. I know people who will listen and understand me when I need to talk.
2. I have people that I am comfortable talking with about my child's problems.
3. In a crisis, I would have the support I need from family or friends.
4. I have people with whom I can do enjoyable things.

**Youth and Family – Perception of Functioning:**

1. My child is better able to do things he or she wants to do.
2. My child is better at handling daily life. (existing YSS-F Survey item)
3. My child gets along better with family members (existing YSS-F Survey item).
4. My child gets along better with friends and other people (existing YSS-F Survey item).
5. My child is doing better in school and/or work (existing YSS-F Survey item).
6. My child is better able to cope when things go wrong (existing YSS-F Survey item).

**Appendix H – CY 2023 CPS Statewide Data Report CA - Tables and Figures**

**Table 1A: Surveys Received vs. Surveys Completed**

	Received	Completed	Not Completed	% Completed	% Not Completed
Family	14,619	11,537	3,082	78.9%	21.1%
Youth	11,081	8,459	2,622	76.3%	23.7%
Adult	21,676	15,961	5,715	73.6%	26.4%
Older Adult	3,369	2,571	798	76.3%	23.7%
<b>Total</b>	<b>50,745</b>	<b>38,528</b>	<b>12,217</b>	<b>75.9%</b>	<b>24.1%</b>

**Table 1B: Reasons for not completing the survey by Form Type**

	Reason for not completing survey				Total	Percent
	Refused	Impairment	Language	Other		
Family	1941	33	28	1080	3,082	25.2%
Youth	1697	60	13	852	2,622	21.5%
Adult	3871	328	69	1447	5,715	46.8%
Older Adult	490	104	7	197	798	6.5%
<b>Total</b>	<b>7,999</b>	<b>525</b>	<b>117</b>	<b>3,576</b>	<b>12,217</b>	<b>100.00%</b>

Table 1C: Paper vs. Online Survey Received by Form Type

	Family		Youth		Adult		Older Adult	
	N	%	N	%	N	%	N	%
Online Survey	6533	44.7%	4031	36.4%	6188	28.5%	943	28.0%
Paper Survey	8033	54.9%	7008	63.2%	15272	70.5%	2418	71.8%
Unknown	53	0.4%	42	0.4%	216	1.0%	8	0.2%
<b>Total</b>	<b>14619</b>	<b>100.0%</b>	<b>11081</b>	<b>100.0%</b>	<b>21676</b>	<b>100.0%</b>	<b>3369</b>	<b>100.0%</b>

Table 1D: Surveys Received by Language and Form Type

	Family		Youth		Adult		Older Adult	
	N	%	N	%	N	%	N	%
Arabic	**	**			**	**		
Armenian					31	0.14%	12	0.36%
Chinese	103	0.70%	15	0.14%	101	0.47%	54	1.60%
English	10690	73.12%	10645	96.07%	20257	93.45%	2890	85.78%
Farsi	**	**	**	**	**	**	**	**
Hmong					72	0.33%	34	1.01%
Khmer					**	**	**	**
Korean	16	0.11%	**	**	40	0.18%	30	0.89%
Russian	**	**			17	0.08%	**	**
Spanish	3724	25.47%	407	3.67%	1092	5.04%	313	9.29%
Tagalog	**	**			**	**	**	**
Vietnamese	66	0.45%	**	**	45	0.21%	18	0.53%
<b>Total</b>	<b>14619</b>	<b>100.0%</b>	<b>11081</b>	<b>100.0%</b>	<b>21676</b>	<b>100.0%</b>	<b>3369</b>	<b>100.0%</b>

\*\* = N suppressed due to small N and/or to meet data suppression requirement.

Table 2: Demographics

Demographics	Family		Youth		Adult		Older Adult	
	N	%	N	%	N	%	N	%
<b>Gender</b>								
<b>(Multiple responses allowed)</b>								
Female	5054	49.80%	4241	57.12%	6548	48.77%	1137	56.76%
Male	4955	48.82%	2746	36.98%	6540	48.71%	847	42.29%
Other	140	1.38%	438	5.90%	339	2.52%	19	0.95%
<b>Ethnicity</b>								
Hispanic								
Yes	7147	48.89%	5005	45.17%	5547	25.58%	545	16.18%
No	4057	27.75%	2928	26.42%	10202	47.05%	1725	51.20%
Undecided, Missing	3415	23.36%	3148	28.41%	5934	27.37%	1099	32.62%
<b>Race</b>								
<b>(Only one response per client)</b>								
American Indian/Alaska Native	182	2.24%	203	3.39%	385	3.07%	56	2.72%
Asian	353	4.35%	359	6.00%	998	7.97%	178	8.64%
Black	886	10.91%	576	9.63%	1709	13.65%	318	15.43%
Native Hawaiian/ Other Pacific Islander	46	0.57%	34	0.57%	121	0.97%	21	1.02%
White/Caucasian	3030	37.32%	1795	30.00%	5371	42.89%	1035	50.22%
Other	2771	34.13%	2276	38.03%	2887	23.06%	344	16.69%
Two or more races	851	10.48%	741	12.38%	1051	8.39%	109	5.29%
Total (Excludes missing responses)	8119	100.00%	5984	100.00%	12522	100.00%	2061	100.00%
<b>How long have you received services here?</b>								
Less Than One Month	880	8.58%	600	8.00%	1159	8.75%	63	2.91%
One to 5 Months	3575	34.87%	2353	31.39%	2703	20.40%	234	10.80%
6 Months to One Year	2,993	29.20%	2212	29.51%	2194	16.56%	257	11.86%
More Than One Year	2803	27.34%	2331	31.10%	7193	54.29%	1613	74.43%
<b>Were the services you received provided in the language you prefer?</b>								
Yes	9907	98.40%	7105	97.52%	13414	97.83%	2048	0.9799043
No	161	1.60%	181	2.48%	297	2.17%	42	2.01%
<b>Was written information available to you in the language you prefer?</b>								
Yes	9591	97.45%	6716	96.16%	12638	0.963189	2015	95.59%
No	251	2.55%	268	3.84%	483	0.036811	93	4.41%
<b>What was the primary reason you became involved with this program?</b>								
I decided to come on my own	N/A		N/A		5765	42.81%	868	0.4143198
Someone else recommended that I come in	N/A		N/A		6865	50.98%	1162	0.5546539
I came in against my will	N/A		N/A		835	6.20%	65	0.0310263

**Table 3A: Satisfaction Score by Domain: Family and Youth**

	Family			Youth		
	Mean Score	CI	Percent Agree 3.5+	Mean Score	CI	Percent Agree 3.5+
Access	4.44	4.42 - 4.45	95.0%	4.21	4.20 - 4.23	91.3%
General satisfaction	4.38	4.37 - 4.39	93.0%	4.21	4.20 - 4.22	89.8%
Outcome	3.94	3.93 - 3.96	78.2%	3.82	3.80 - 3.83	74.0%
Participation in Treatment Planning	4.32	4.31 - 4.33	92.2%	4.08	4.06 - 4.09	84.1%
Cultural Appropriateness	4.58	4.57 - 4.59	98.0%	4.38	4.37 - 4.40	95.3%
Social Connectedness	4.27	4.26 - 4.28	92.9%	4.1	4.09 - 4.12	89.1%
Functioning	3.96	3.95 - 3.98	77.7%	3.87	3.86 - 3.89	74.3%

**Table 3B: Satisfaction Score by Domain: Adult and Older Adult**

	Adult			Other Adults		
	Mean Score	CI	Percent Agree 3.5+	Mean Score	CI	Percent Agree 3.5+
Access	4.33	4.32-4.34	91.0%	4.31	4.29-4.34	90.6%
General satisfaction	4.42	4.41-4.44	91.1%	4.48	4.46-4.51	93.1%
Outcome	4.00	3.98-4.01	77.4%	4.02	3.99-4.05	79.5%
Participation in Treatment Planning	4.33	4.32-4.34	91.5%	4.32	4.29-4.35	91.5%
Cultural Appropriateness	4.34	4.33-4.35	90.6%	4.33	4.30-4.35	91.1%
Social Connectedness	3.98	3.96-3.99	77.1%	3.97	3.94-4.01	79.2%
Functioning	3.98	3.96-3.99	74.5%	3.97	3.94-4.01	75.8%

CI = 95% Confidence Interval

Table 4: Quality of Life Questions: Adult and Older Adult

	Adult		Older Adult	
	N	%	N	%
<b>How do you feel about life in general?</b>				
Unhappy	534	13.7%	81	13.7%
Mixed	1231	31.5%	162	27.5%
Satisfied	2146	54.9%	347	58.8%
<b>How do you feel about the living arrangement where you live?</b>				
Unhappy	590	15.1%	93	15.9%
Mixed	896	22.9%	113	19.3%
Satisfied	2424	62.0%	378	64.7%
<b>How do you feel about the privacy you have there?</b>				
Unhappy	665	17.1%	80	13.6%
Mixed	761	19.6%	88	15.0%
Satisfied	2460	63.3%	419	71.4%
<b>How do you feel about the prospect of staying on where you currently live for a long period of time?</b>				
Unhappy	777	20.1%	107	18.3%
Mixed	947	24.5%	99	17.0%
Satisfied	2145	55.4%	378	64.7%
<b>How do you feel about the way you spend your spare time?</b>				
Unhappy	609	15.6%	95	16.3%
Mixed	1080	27.7%	150	25.8%
Satisfied	2215	56.7%	337	57.9%
<b>How do you feel about the chance you have to enjoy pleasant or beautiful thing?</b>				
Unhappy	465	12.0%	69	11.9%
Mixed	930	24.0%	141	24.3%
Satisfied	2484	64.0%	370	63.8%
<b>How do you feel about the amount of fun you have?</b>				
Unhappy	661	17.0%	129	22.2%
Mixed	1032	26.6%	158	27.2%
Satisfied	2190	56.4%	294	50.6%



Table 4: Quality of Life Questions: Adult and Older Adult

	Adult		Older Adult	
	N	%	N	%
<b>How do you feel about the amount of relaxation in your life?</b>				
Unhappy	627	16.2%	79	13.7%
Mixed	996	25.7%	115	20.0%
Satisfied	2258	58.2%	382	66.3%
<b>In general, how often do you get together with a member of your family?</b>				
1-not at all	468	12.62%	N/A	N/A
2-Less than once a month	421	11.36%	N/A	N/A
3-at least once a month	626	16.89%	N/A	N/A
4-at least once a week	856	23.09%	N/A	N/A
5-at least once a day	1126	30.37%	N/A	N/A
8-no family/ not applicable	210	5.66%	N/A	N/A
Total	3707	100.00%		
<b>How do you feel about the way you and your family act toward each other?</b>				
Unhappy	616	16.0%	75	12.8%
Mixed	878	22.8%	95	16.3%
Satisfied	2149	55.7%	351	60.1%
no family/ not applicable	213	5.52%	63	10.79%
<b>How do you feel about the way things are in general between you and your family?</b>				
Unhappy	605	15.8%	83	14.3%
Mixed	854	22.3%	94	16.2%
Satisfied	2182	56.9%	343	59.2%
no family/ not applicable	197	5.1%	59	10.2%
<b>How often do you visit with someone who does not live with you?</b>				
Not at all	600	15.85%	N/A	N/A
Less than once a month	427	11.28%	N/A	N/A
At least once a month	793	20.95%	N/A	N/A
At least once a week	1227	32.41%	N/A	N/A
At least once a day	499	13.18%	N/A	N/A
Not applicable	240	6.34%	N/A	N/A
Total	3786	100.00%		

Table 4: Quality of Life Questions: Adult and Older Adult

	Adult		Older Adult	
	N	%	N	%
<b>How often do you spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?</b>				
Not at all	922	25.09%	N/A	N/A
Less than once a month	195	5.31%	N/A	N/A
At least once a month	331	9.01%	N/A	N/A
At least once a week	547	14.88%	N/A	N/A
At least once a day	736	20.03%	N/A	N/A
Not applicable	944	25.69%	N/A	N/A
Total	3675	100.00%		
<b>How do you feel about:</b>				
<i>things you do with other people?</i>				
Unhappy	366	9.9%	48	11.1%
Mixed	943	25.6%	115	26.5%
Satisfied	2377	64.5%	271	62.4%
<i>the amount of time you spend with other people</i>				
Unhappy	517	14.0%	81	18.2%
Mixed	999	27.1%	118	26.6%
Satisfied	2171	58.9%	245	55.2%
<i>the people you see socially</i>				
Unhappy	424	11.7%	52	12.0%
Mixed	954	26.3%	120	27.6%
Satisfied	2248	62.0%	262	60.4%
<i>the amount of friendships in your life</i>				
Unhappy	737	20.1%	77	17.7%
Mixed	850	23.2%	103	23.6%
Satisfied	2074	56.7%	256	58.7%
<b>During the past month, did you generally have enough money to cover the following items?</b>				
Food (Yes)	2965	77.15%	N/A	N/A
Clothing (Yes)	2547	66.43%	N/A	N/A
Housing (Yes)	2877	75.57%	N/A	N/A
Travelling around for things like shopping, medical appointments, or visiting friends and relatives.				
	2482	64.97%	N/A	N/A
Social activities like movies or eating in restaurants				
	1966	51.66%	N/A	N/A

Table 4: Quality of Life Questions: Adult and Older Adult

	Adult		Older Adult	
	N	%	N	%
<b>In the past month were you a victim of a violent crime such as assault, rape, mugging or robbery</b>	209	5.44%	25	4.33%
<b>In the past month were you a victim of nonviolent crimes such as burglary, theft of your property or money, or being cheated</b>	376	9.83%	47	8.23%
<b>In the past month, how many times have you been arrested for any crimes</b>				
No arrests	3530	95.61%	524	98.87%
One arrest	103	2.79%	5	0.94%
Two arrests	22	0.60%	1	0.19%
Three arrests	13	0.35%	0	0.00%
Four or more arrests	24	0.65%	0	0.00%
<b>How do you feel about how safe you are on the streets in your neighborhood</b>				
Unhappy	523	13.7%	76	13.2%
Mixed	842	22.0%	122	21.1%
Satisfied	2463	64.3%	379	65.7%
<b>How do you feel about how safe you are where you live</b>				
Unhappy	386	10.1%	62	10.7%
Mixed	649	17.0%	85	14.7%
Satisfied	2790	72.9%	432	74.6%
<b>How do you feel about the protection you have against being robbed or attacked</b>				
Unhappy	531	13.9%	72	12.6%
Mixed	830	21.8%	126	22.0%
Satisfied	2450	64.3%	375	65.4%
<b>How do you feel about your health in general</b>				
Unhappy	720	18.9%	113	19.4%
Mixed	1019	26.7%	176	30.3%
Satisfied	2071	54.4%	292	50.3%
<b>How do you feel about your physical condition</b>				
Unhappy	855	22.6%	150	26.0%
Mixed	1017	26.9%	171	29.6%
Satisfied	1915	50.6%	257	44.5%
<b>How do you feel about your emotional well-being</b>				
Unhappy	716	18.9%	89	15.4%
Mixed	1101	29.1%	187	32.4%
Satisfied	1964	51.9%	302	52.2%

N/A = Question not asked in the survey

\*\* = Data suppressed due to small N and/or to meet data suppression requirement.

**Table 5: Medication, School Attendance and Living Situation: Family and Youth**

	Family		Youth	
	N	%	N	%
<b>Are you on medication for emotional / behavioral problems?</b>	3178	31.98%	2805	38.19%
<b>In the last year, did you see a medical doctor (or nurse) for a health check-up or because you were sick?</b>				
Yes, in a clinic or office	7375	71.57%	4335	57.50%
Yes, but only in a hospital ER	559	5.42%	824	10.93%
No	2016	19.56%	1189	15.77%
Do not remember	355	3.44%	1191	15.80%
Total	10305	100.00%	7539	100.00%
<b>Approximately, how long have you received services here?</b>				
Less than One Month	880	8.58%	600	8.00%
One to Five Months	3575	34.87%	2353	31.39%
Six Months to One Year	2993	29.20%	2212	29.51%
More Than one Year	2803	27.34%	2331	31.10%
Total	10251	100.00%	7496	100.00%
<b>School Suspension</b>				
<i>Services more than 1 year:</i>				
<b>Was your child/ you expelled or suspended from school in the past 12 months?</b>	406	10.85%	447	14.35%
<b>Was your child/ you expelled or suspended from school in the 12 months prior to that?</b>	286	7.83%	354	11.60%
<b>Over the last year, number of days you were in school:</b>				
Greater	886	28.02%	733	26.49%
About the same	1142	36.12%	1126	40.69%
Less	315	9.96%	349	12.61%
Does not apply	819	25.90%	559	20.20%
Total	3162	100.00%	2767	100.00%

**Table 5: Medication, School Attendance and Living Situation: Family and Youth**

	Family		Youth	
	N	%	N	%
<i>Services less than 1 year:</i>				
<b>Was your child/ you expelled or suspended from school since beginning services?</b>	636	8.08%	602	11.14%
<b>Was your child/you expelled or suspended during the 12 months prior to that?</b>	647	9.43%	698	13.05%
<b>Since starting to receive services, the number of days your child/you were in school:</b>				
Greater	1602	22.68%	1248	25.15%
About the same	2784	39.42%	2317	46.69%
Less	508	7.19%	442	8.91%
Does not apply	2169	30.71%	956	19.26%
Total	7063	100.00%	4963	100.00%
<b>Have you lived in any of the following places in the last 6 months?</b>				
With one or both parents	6999	55.92%	5823	61.23%
With another family member	819	6.55%	1448	15.39%
Foster home	973	7.77%	541	5.76%
Therapeutic foster home	48	0.38%	50	0.53%
Crisis shelter	61	0.49%	101	1.08%
Homeless shelter	82	0.66%	79	0.84%
Group home	74	0.59%	321	3.42%
Residential treatment center	88	0.70%	175	1.87%
Hospital	173	1.38%	309	3.30%
Local jail or detention center	50	0.40%	154	1.64%
State correctional facility	18	0.14%	23	0.25%
Runaway/Homeless/On the streets	53	0.42%	146	1.56%
Other (describe)	298	2.38%	281	3.00%

**Table 6: Arrest History - Adult, Older Adult, Youth and Family**

	Adults		Youth	
	N	%	N	%
<b>Have you been arrested in the past 12 months?</b>				
*				
Yes	1,704	8.61%	675	3.21%
No	18,096	91.39%	20,379	96.79%
Total**	19,800	100.00%	21,054	100.00%
<b>Since you began to receive mental health services, have your encounters with police**</b>				
Reduced	3,485	18.64%	1,419	7.92%
Stayed the same	1,530	8.18%	934	5.22%
Increased	396	2.12%	349	1.95%
Not applicable (had no police encounters this year or last year)	13,282	71.05%	15,204	84.91%
Total	18,693	100.00%	17,906	100.00%

\* Combines consumers who received services for less than AND more than one year at the service location.

\*\* Excludes missing data.

Figure 1 – Mean satisfaction scores by domain among Families of Youth Surveys - 2021 to 2023

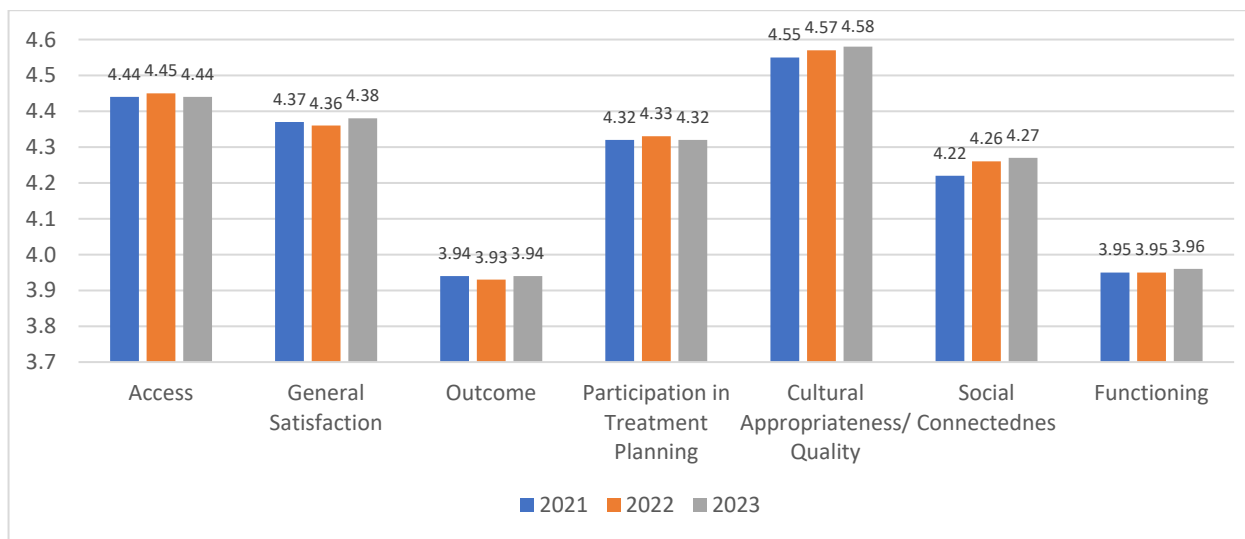


Figure 2 – Mean satisfaction scores by domain among Youth Surveys - 2021 to 2023

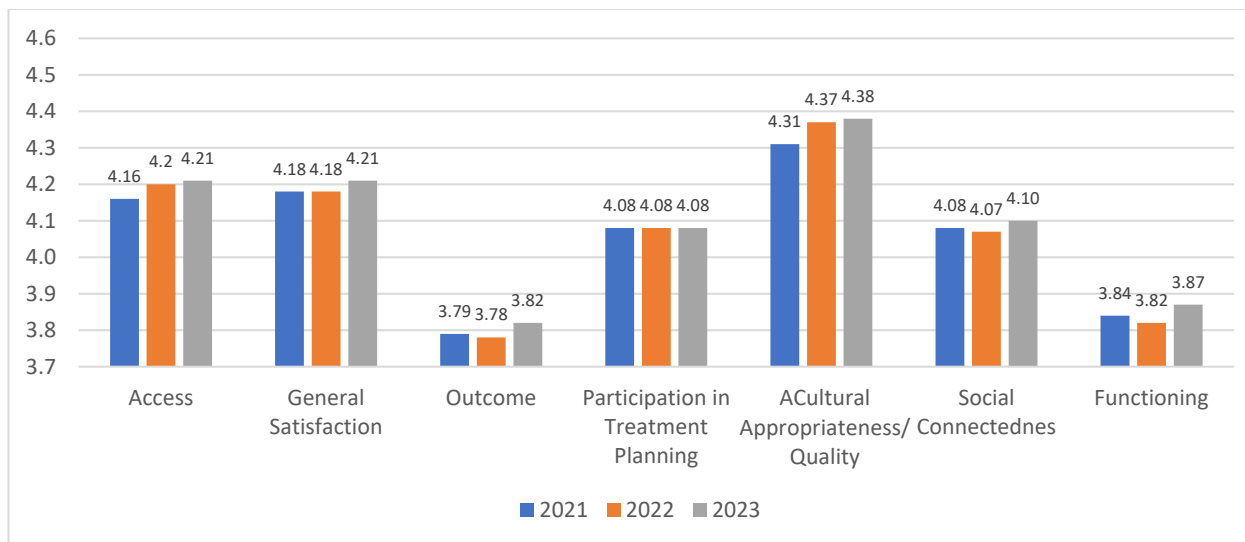


Figure 3 – Mean satisfaction scores by domain among Adult Surveys - 2021 to 2023

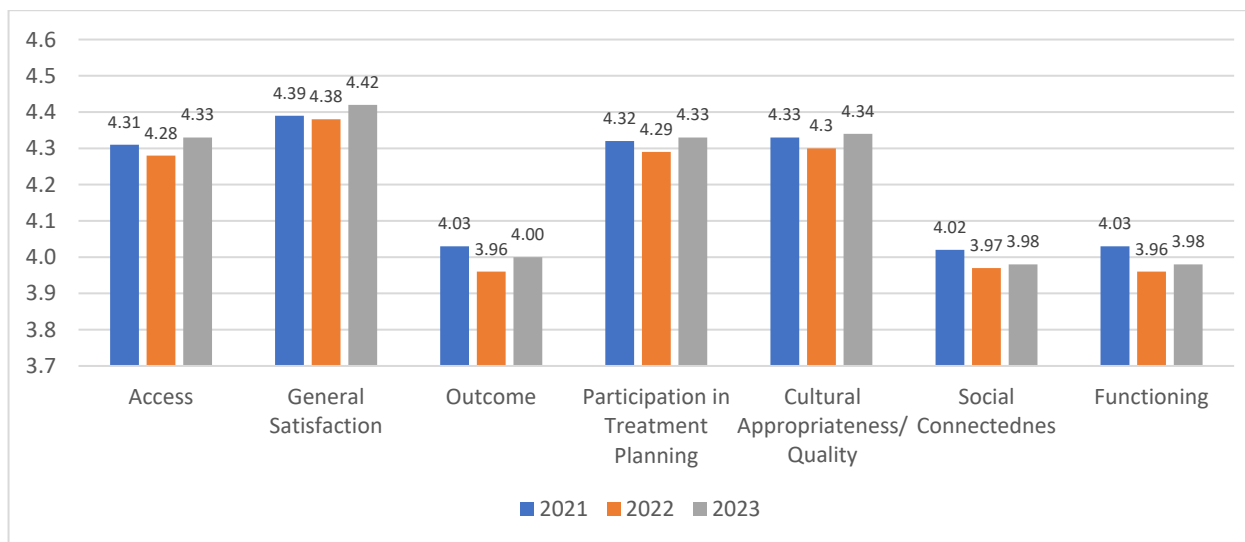


Figure 4 – Mean satisfaction scores by domain Older Adult Surveys - 2021 to 2023

