Spring 2025 Statewide Report
Consumer Perception Survey (CPS)
Publicly funded Mental Health Services in California

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DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

UCLA | **Integrated Substance Use and Addiction Programs**
Division of Addiction Psychiatry

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CONSUMER PERCEPTION SURVEY (CPS)

EXECUTIVE SUMMARY (2025)

Overview

The Consumer Perception Survey (CPS) of publicly funded Mental Health Services in California annually collects perceptions of care data reporting on the federally determined National Outcome Measures. In 2025, the survey administration occurred during the week of May 19-23. Four survey types for Adults, Older Adults, Youth, and a Youth Services Survey for Families (YSS-F), were offered in all 11 threshold languages and English using both paper and online forms to maximize accessibility. A total of 62,681 surveys were submitted by respondents, representing a 15% increase from the previous year. The survey completion rate remained steady at 78% with a 3% increase in the use of online survey platform. All 58 counties participated and demonstrated ongoing improvements in their data collection efforts.

Perceptions of Care Rating

Survey respondents' perception of care ratings were high across the seven domains (3.92 – 4.59 mean score out of 5). Youth reported lower ratings on Participation in Treatment Planning, Outcome and Functioning compared to other survey respondents. Adults and Older Adults reported lower ratings on Social Connectedness compared with Youth and YSS-F respondents. Ratings for perceptions of care with mental health service delivery such as Access, General Satisfaction, Quality and Participation in Treatment Planning have been consistently higher than ratings for Outcomes, Social Connectedness and Functioning between 2023 and 2025.

Consumer Comments

Qualitative and sentiment analysis of consumer comments (among online surveys) showed that overall feedback was highly positive, with 84% of comments expressing satisfaction with services. Across all survey types, consumers constantly highlighted strong appreciation for their therapists and a desire for additional and more diverse services.

A few challenges also emerged: Respondents across all groups emphasized that maintaining the same doctor, therapist, counselor throughout their treatment, or implementing better hand-off practices would improve their care experience. They also

called for better alignment between telehealth and in-person services based on comfort, treatment needs, and timing. Logistical concerns, including last-minute cancellations, service location barriers, and limited availability of therapy staff, were also cited.

CONSUMER PERCEPTIONS DOMAIN BY SURVEY TYPE

1-5 scale, higher scores indicate more positive perceptions
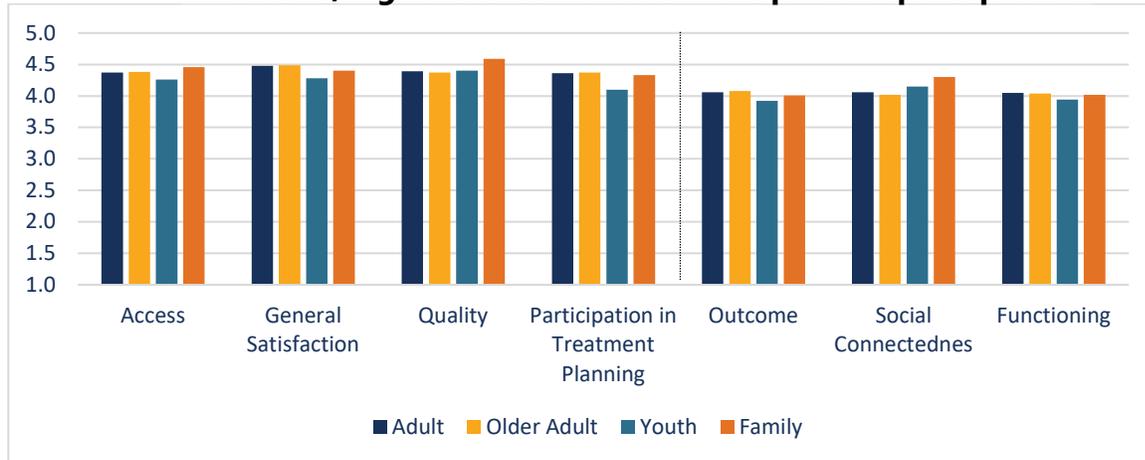
Surveys by Demographics

Across all four survey types:

- 42% were female, 38% were male and 20% were missing data.
- By Ethnicity, 47% were Hispanic. By race, 33% were White, 17% reported Another Race, 12% were Black, 7% were Asian, 5% were American Indian Alaska Native, 2% were Native Hawaiian and Pacific Islander and 26% were Unknown or Missing.

Services by Telehealth

Two thirds of Adult and Older Adults reported receiving some services via telehealth as compared with and 49% of Youth and 45% of YSS-F. More Adults and Older Adults (29%) Strongly Agreed/Agreed to receive more services via telehealth as compared with Youth and YSS-F at 16%.A common theme among survey respondents' comments was that they liked the flexibility to choose telehealth but also liked in-person group sessions.

Survey Completion Rates

While survey completion rates averaged 78% (meaning not submitting a refusal code), respondents using the online survey platform had higher completion rates at 83% as compared with paper surveys at 75%.

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), which inform on perceptions of services associated with program processes and outcome domains. Reporting on these NOMs is required by the Substance Abuse and Mental Health Services Administration (SAMHSA). The receipt of the federal Community Mental Health Services Block Grant funding is contingent upon the submission of this data. The information is used by counties and the State to evaluate programs and improve the quality of mental health services.

The California Department of Health Care Services (DHCS) utilizes the Mental Health Statistics Improvement Project (MHSIP) survey tool to collect Consumer Perception Survey (CPS) data. All consumers receiving outpatient mental health services from publicly funded mental health programs across the state are offered a survey annually during the survey collection period.

There are four survey types that apply to the following beneficiary age groups: Adult (ages 18-59), Older Adult (60 and older), Youth-YSS (13-17 years of age), and Youth Services Survey for Families-YSS-F. The YSS-F survey reflects caregivers' perceptions of services that are provided to their child (ages 0-17). Counties have the option to include Quality of Life (QOL) questions for the Adult and Older Adult surveys. The four surveys are offered in both paper form and through an online survey platform. They are also made available in all eleven threshold languages as well as English: Arabic, Armenian, Chinese, Farsi, Hmong, Khmer, Korean, Russian, Spanish, Tagalog, and Vietnamese.

UCLA hosts and maintains the CA Consumer Perception Survey (CPS) - Mental Health (MHSIP) website, which serves as an information and resource hub. The website can be found here: https://www.uclaisap.org/mh-consumer-perception-survey.html.

Survey Items and Domains

The CPS Survey consists of 26 items creating seven domains: 1) General Satisfaction, 2) Access, 3) Quality, 4) Participation in Treatment Planning, 5) Outcome, 6) Social Connectedness, and 7) Functioning. Survey respondents indicate the extent to which they disagree or agree with statements using a 5-point Likert scale (1= Strongly disagree and 5= Strongly agree).

CPS Survey Items by Domain and Survey Type

Domain 1: Access

Adult/Older Adult

1) The location of services was convenient.
2) Staff was willing to see me as often as I felt 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.

Youth/YSS-F

1) The location of services was convenient for us.
2) Services were available at times that were convenient for us.

Domain 2: General Satisfaction

Adult/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 a family member.

Youth and YSS-F

1) Overall, I am satisfied with the services I/my child received.
2) The people helping me/my child stuck with me/us no matter what.
3) I felt me/my child had someone to talk to when he/she was troubled.
4) The services I/my child received were right for me/us.
5) I/my family got as much help as I/we needed for me/my child.
6) I/my family got as much help as I/we wanted for me/my child.

Domain 3: Quality

Adult/Older Adult

1) Staff here believe I can grow, change, and recover.
2) I felt free to complain.
3) I was given information about my rights.
4) Staff encouraged me to take responsibility for how I live my life.
5) Staff told me what side effects to watch for.
6) Staff respected my wishes about who is and who is not to be given information about my treatment.
7) Staff were sensitive to my cultural background.

8) Staff helped me obtain information I needed so that I could take charge of managing my illness.
9) I was encouraged to use consumer run programs.

Youth/YSS-F

1) Staff treated me with respect.
2) Staff respected my religious/spiritual beliefs.
3) Staff spoke with me in a way that I understood.
4) Staff were sensitive to my culture/ethnic background.

Domain 4: Participation in Treatment Planning
Adult/Older Adult

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

Youth/YSS-F

1) I helped to choose my/my child's services.
2) I helped to choose my/my child's treatment goals.
3) I participated in my/my child's treatment goals.

Domain 5: Outcome
Adult/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 housing situation has improved.
8) My symptoms are not bothering me as much.

Youth/YSS-F

1) I/my child is better at handling daily life.
2) I/my child gets along better with family members.
3) I/my child gets along better with friends and other people.
4) I/my child is doing better at school and/or work.
5) I/my child is better able to cope when things go wrong.
6) I/my child is satisfied with my family right now.

Domain 6: Social Connectedness
Adult/Older Adult

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.

Youth/YSS-F

1) I/my child knows people who will listen and understand me/my child when I/he/she needs to talk.
2) I have people that I am comfortable talking with about my/my child's problem(s).
3) In a crisis, I/my child would have the support I/my child needs from family or friends.
4) I/my child have people with whom I/my child can do enjoyable things.

Domain 7: Functioning
Adult/Older Adult

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.

Youth/YSS-F

1) I/my child is better able to do things that I/he/she wants to do.
2) I/my child is better at handling daily life.
3) I/my child gets along better with family members.
4) I/my child gets along better with friends and other people.
5) I/my child is doing better at school and/or work.
6) I/my child is better able to cope when things go wrong.

All 26 items that make up the seven domains were validated for each survey type by calculating statistical reliability using Cronbach's alpha.

Other questions for Adults, Youth, and YSS-F include arrest history, 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, use of Emergency Room, and medication history. Questions on Quality of Life (QOL) are included in the Adult and Older Adult surveys and are optional for counties to include in

the survey. See Appendix B for copies of the PDF survey forms with and without QOL questions.

Survey participation is voluntary. Consumers can decline to participate in the survey by providing a reason code. The four reasons for declining a survey were: Refused, Language, Impairment, and Other.

Preparation and Training

There were no changes to the survey forms in 2025 from the 2024 survey data collection. In February 2025, DHCS announced the May 19-23 data collection period for 2025 via the Information Notice. ([Behavioral Health Information Notice No: 25-00](4)).

By March 2025, 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 consistently from March to August 2025, and remained the primary hub for all survey updates, processes, protocols, forms/survey links, flyers, and frequently asked questions. The website was used frequently by the county coordinators and providers. UCLA recorded more than 6,000 visits to the website between March and December 2025.

A statewide training webinar was held on March 18, 2025, to review important deadlines, form updates, and expected improvements, as well as to discuss the feedback received from the CPS County Coordinator Survey. A link to the webinar recording can be found here https://vimeo.com/uclaisap/cps2025-training.

Prior to the survey administration, UCLA developed and offered survey flyers in English, Chinese, Farsi, Spanish, and Vietnamese for providers to disseminate in the programs. These included QR codes to access the online surveys. All materials are posted on the UCLA CPS website.

Survey Administration

The data collection period for the Spring 2025 CPS occurred during May 19-23, 2025.

The CPS data was collected using a convenience sample during the survey week. This meant that any consumer who received outpatient services, via in-person at a clinic, telehealth, or a field-based setting during the survey week, was offered a survey. The survey week was selected in the month of May when public schools are still open. This allowed providers to administer youth surveys in all outpatient settings including school-based services.

Data were collected in four ways:

1. All consumers could complete and submit survey data directly to UCLA through an online survey platform provided by UCLA, which was available in all eleven threshold languages besides English.

2. Counties could disseminate and collect data via paper survey forms provided by UCLA.

3. Counties could program the survey using their own survey platform technologies and submit electronic data files to UCLA.

4. Counties could generate their own paper survey forms using Teleform Form Definition files provided by UCLA.

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

Methods and Analysis

The five-point response scale was coded to reflect 1 = Strongly Disagree and 5 = Strongly Agree, and "not applicable" (code = 8 or 9); responses were coded to missing values. A higher mean score reflects a more positive perception. Based on recommendations from SAMHSA, respondents missing more than 1/3 of the items in that domain were set to missing for calculating the mean score. In addition to calculating the mean score for each domain, another variable based on percent responses greater than 3.5 mean scores were used to calculate "Percent Agree" for each of the seven domains.

Descriptive analysis was conducted for each item by domain for all four survey types to further understand variation within each domain. The percentage agreement for each item was defined as "Strongly Agree" and "Agree."

One-way ANOVA tests were conducted to test mean differences in perceptions of care domains by various factors such as received mental health services via telehealth, county size, sex and race/ethnicity. Due to large sample size, many chi-square tests for bivariate analysis and One-Way means test (ANOVA) yielded results that were significant at the $p < .05$ level. However, in many cases these results were identifying differences that were too small to be meaningful. Taking this into account, we applied more stringent criteria for reporting on statistically significant findings. For ratings, we used a criterion of difference of at least .2 between mean scores, and for percent differences, we used a criterion of at least a 2 percentage point difference. We reported on findings only if the

statistical tests were significant **<u>and</u>** the differences in findings met these cutoff threshold criteria. This allowed us to report on findings that were not only statistically significant but also meaningful.

County size was used to examine potential differences in perceptions of care across geographic areas. California is divided into five size categories, namely Very Large, Large, Medium, Small and Small-Rural. The percentage of CPS surveys received in 2025 for each county size category were compared with the population distribution reported by the US Census Bureau to ensure adequate and non-skewed representation of CPS surveys by geographic location. Below are the five county size categories, along with comparison of percent population and surveys received within each category.

Very Large size consists of the State's largest county (Los Angeles County), which represents 25% of the State and 24% of the survey population.

The *Large* size consists of 12 urban counties in both Northern and Southern part of California (Alameda, Contra Costa, Fresno, Kern, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara and Ventura). These counties represent 54% of the State and 56% of the survey population.

Medium size consists of 16 counties that are generally smaller and a mix of semi-rural, semi-urban and urban counties located mostly in Central and Northern California (Butte, Marin, Merced, Nevada, Placer, Sierra, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, and Yolo). This category of counties represents 15% of the State and 14% of the survey population.

Small size consists of 15 mostly semi-rural counties (El Dorado, Humboldt, Imperial, Kings, Lake, Madera, Mendocino, Napa, Nevada, San Benito, Shasta, Sutter/Yuba, Tehama, and Tuolumne). This category represents 5% of the State and 5% of the survey population.

Small-Rural size consists of 14 small and rural counties (Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lassen, Mariposa, Modoc, Mono, Plumas, Siskiyou and Trinity) in Northern and Central California. This category of counties represents 2% of the State and 1% of the survey population.

The seven perceptions of care domains were divided into two main categories, namely, Process Measures and Outcome Measures. The first four domains relate to perceptions of processes associated with the delivery of mental health services (Process Measures), and the last three domains pertain to perceptions of consumer's mental health outcomes (Outcome Measures). Some results were interpreted by grouping the seven domains into these two categories for statistical analysis and easy interpretation. One-way ANOVA

analysis was conducted to examine significant differences in mean scores of Process and Outcome Measures as a combined category by county size and race/ethnicity.

Cronbach's Alpha Reliability was computed within each survey type for these two combined categories as well as for the seven domains. The statistical reliability or Cronbach's alpha (α) for all seven domains among Youth and YSS-F and six domains among Adult and Older Adults was = >.78. The reliability of Participation in Treatment Planning among Adults and Older Adults was .67.

Table 1: Domains within Process and Outcome Measures Subscales

Process Measures α = .95	Outcome Measures α = .93
• Access α = >.78 • General Satisfaction α = > .86 • Quality α = > .92 • Participation in Treatment Planning α => .67	• Outcome α = > .91 • Social Connectedness α = > .89 • Functioning α = > .91

Survey Results

Surveys Received

During the 2025 data collection period, a total of 62,681 surveys were received both via paper and through the online survey platform. This was a 24% increase from 2023, when 50,426 surveys were received and a 15% increase from 2024, when 54,591 surveys were received. There was a 3% increase in the number of online surveys between 2023 and 2025 as shown in Table 2. All counties continue to participate in the survey data collection and have shown improvements in their data collection efforts.

Table 2: Number of Surveys Received 2023-2025

	Online		Paper		Total	
	Number of Surveys	Percent	Number of Surveys	Percent	Number of Surveys	Percent
2023	17,695	35%	32,731	65%	50,426	100%
2024	19,107	35%	35,484	65%	54,591	100%
2025	23,761	38%	38,920	62%	62,681	100%

As shown in Figure 1, most surveys (62%) were received on paper and 38% via the online survey platform. A higher percentage of YSS-F (51%) and Youth (41%) used the online survey platform as compared with Adult (30%) and Older Adult (25%).

Figure 1: Percent surveys received by paper versus online and survey type
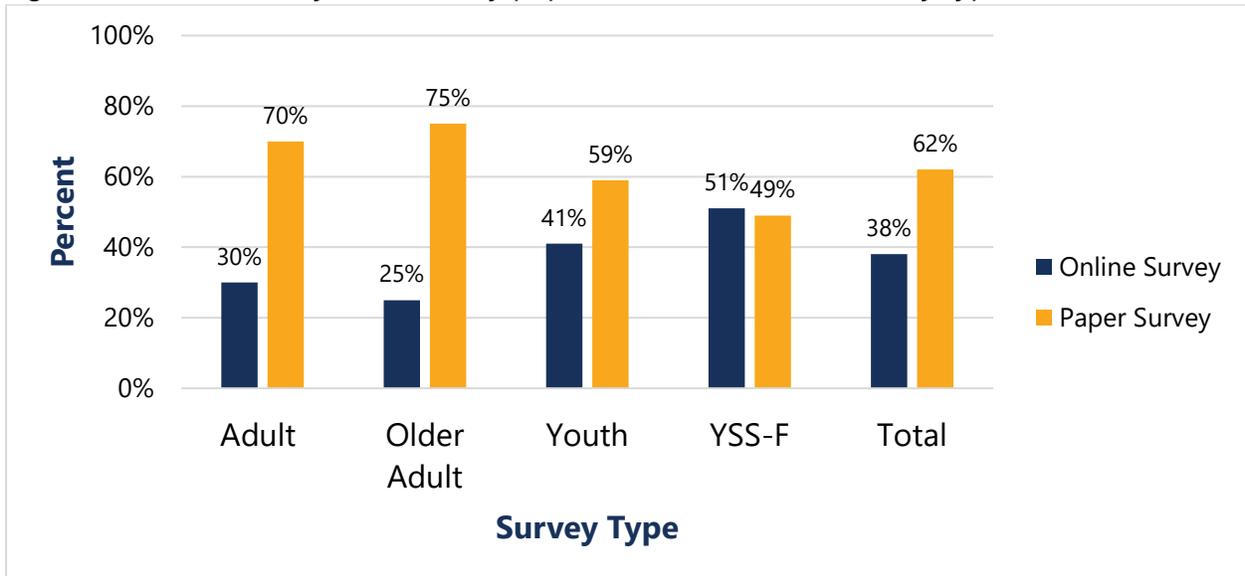
Language of Surveys Received

Across all four survey types, majority of the surveys (87%) were received in English, 12% in Spanish, and 1% in other threshold languages. YSS-F returned the highest percentage of Spanish surveys (24%), and Youth returned the lowest percentage (5%) in Spanish language. Older Adults returned the highest percentage of surveys in other threshold languages, besides Spanish (4%). (See Figure 2).

Figure 2: Percent surveys received by language and survey type
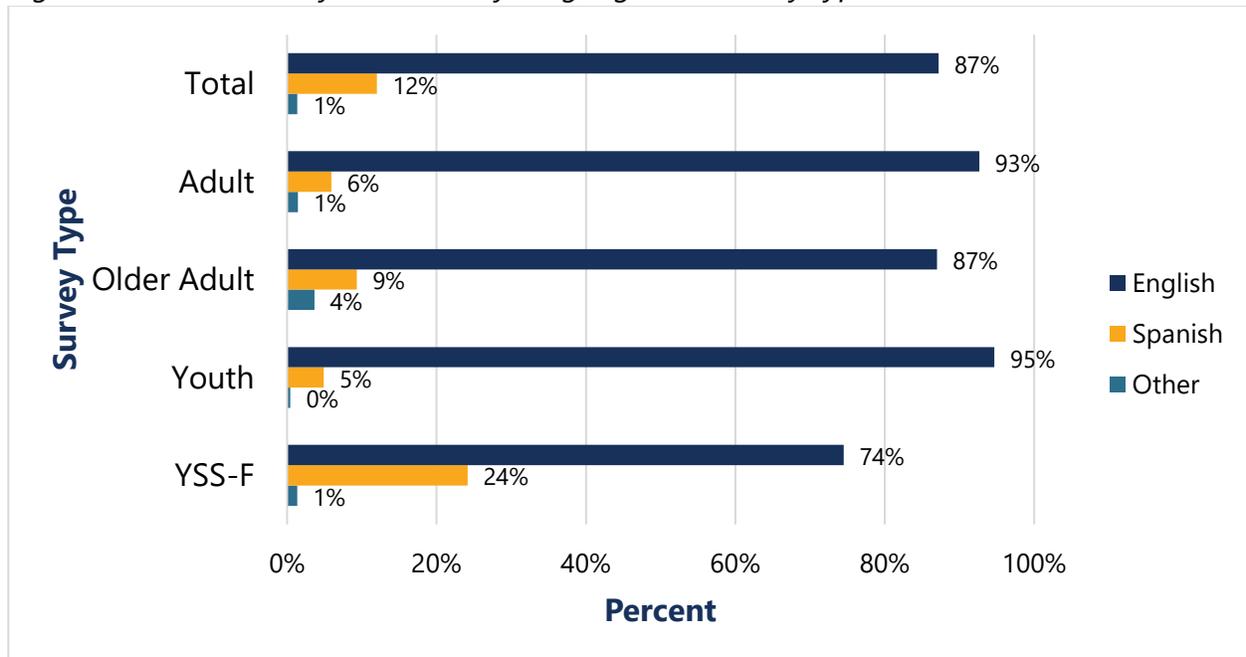
Reason Code for Not Participating in the Survey

Of the 62,681 surveys received, 22% (N=13,539) reported a reason code for not participating in the survey. The most frequently reported reason was "Refused" at 61%, followed by "Other" at 34%, "Impairment" at 4%, and 1% reported "Language" as a reason for not completing the surveys.

Across all four survey types, a higher percentage of survey respondents who used the paper surveys reported a reason code for not completing the survey (between 21% and 27%) as compared with those who used the online survey platform (between 13% and 19%). See Figure 3. Various factors can contribute differences in data collection of online versus paper surveys such as ease of access and navigating the online versus the paper survey and the time it takes to complete a paper survey may contribute to the higher completion rates among online surveys.

Figure 3: Percent surveys with a reason code for not completing the survey-by-survey administration and survey type
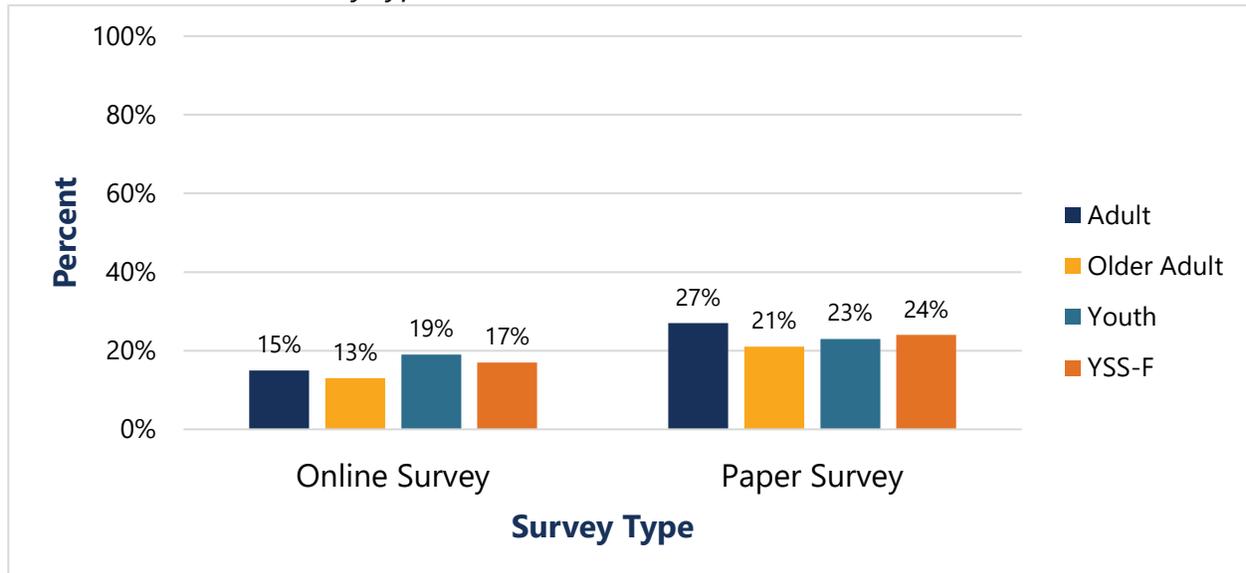
Online Versus Paper Surveys Completed by County Size

By county size, a higher percentage of Small size counties used the online survey platform at 50% followed by Very Large and Large size counties (48% and 39% respectively). The lowest utilization of online survey platform was by Medium size counties at 19%. (See Fig 4).

Figure 4: Percent surveys received by type of data collection and county size
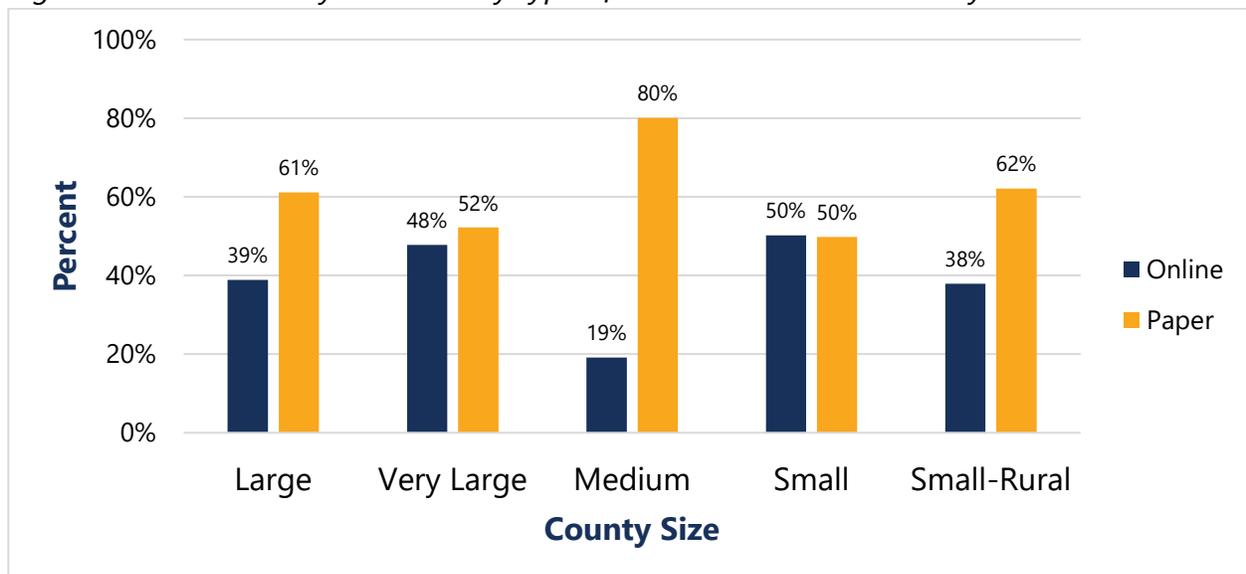
Consumer Characteristics from Surveys

Table 3 shows the demographic distribution of survey respondents by survey type. Overall, across all survey types, 42% were females, 38% were males and for 20% this data was not available. Survey respondents reporting Hispanic ethnicity were 47% across all survey types. By race, 33% were White, 17% were Other Race, 12% were Black, 7% were Asian, 4% were American India/Alaska Native and 2% were Pacific Islander/Hawaiian Native. Majority of the survey respondents across all four survey types (96%) reported they received written materials or received services in the language they preferred.

Table 3. Consumer Characteristics from Surveys

Demographics/Characteristics	Total		Adult		Older Adult		Youth		YSS-F	
	N	%	N	%	N	%	N	%	N	%
Sex										
Female	20,728	42%	8517	41%	1749	47%	4571	47%	5891	39%
Male	18,787	38%	8345	40%	1376	37%	2983	30%	6083	41%
Not Available[1]	9,627	20%	3777	19%	605	16%	2274	23%	2971	20%
Ethnicity										
Hispanic										
Yes	22,726	47%	7563	37%	861	23%	5703	58%	8599	62%
No	14,399	30%	8519	41%	2049	55%	1798	18%	2033	15%
Decline to answer/Missing	11,017	23%	4557	22%	820	22%	2327	24%	3313	23%
Race (Multiple response)										
American Indian/Alaska Native	2,132	5%	1067	5%	191	6%	449	5%	425	3%
Asian	3,090	7%	1702	8%	300	9%	500	5%	588	4%
Black	5,721	12%	2705	13%	516	16%	912	10%	1588	12%
Native Hawaiian/ Pacific Islander	698	2%	312	2%	42	1%	171	2%	173	1%
White/Caucasian	15,757	33%	7424	36%	1536	48%	2391	25%	4406	32%
Other	8,180	17%	2542	12%	426	13%	2405	25%	2807	20%
Unknown	3,099	7%	1256	6%	109	3%	890	9%	844	6%
Decline to answer/Missing	8,853	19%	3429	17%	627	20%	1863	19%	2934	21%
How long have you received services here?										
Less Than One Month	2,594	8%	952	7%	71	3%	563	8%	1008	9%
One to 5 Months	8,619	25%	2785	20%	273	12%	2107	29%	3454	32%
6 Months to One Year	8,324	24%	2585	19%	303	14%	2201	30%	3,235	30%
More Than One Year	14,629	43%	7355	54%	1568	71%	2514	33%	3192	29%
Were the services you received or written materials provided in the language you prefer?										
Yes	35,585	96%	14618	96%	2861	96%	6962	95%	11,144	97%
No	1,433	4%	608	4%	115	4%	402	5%	308	3%

[1] Not Available includes other gender categories collected on the survey form and missing data.

Mean Scores on Perceptions of Care Domains

Overall, on the 1-5 scale, mean scores across all seven domains ranged from 3.92 - 4.46 for Youth and YSS-F, and between 4.02 – 4.48 for Adults and Older Adults. (See Figure 4). For all findings, YSS-F are reporting the families' perspective of the services received by their child.

Figure 4: Mean scores by domains and survey type

	Access	General Satisfaction	Quality	Participation in Tx Planning	Outcome	Social Conectedness	Functioning
Adult	4.37	4.48	4.39	4.36	4.06	4.06	4.05
Older Adult	4.38	4.49	4.37	4.37	4.08	4.02	4.04
Youth	4.26	4.28	4.40	4.10	3.92	4.15	3.94
Family	4.46	4.40	4.59	4.33	4.01	4.30	4.02

Mean Satisfaction Scores (y-axis) vs. Domains and Survey Type (x-axis)
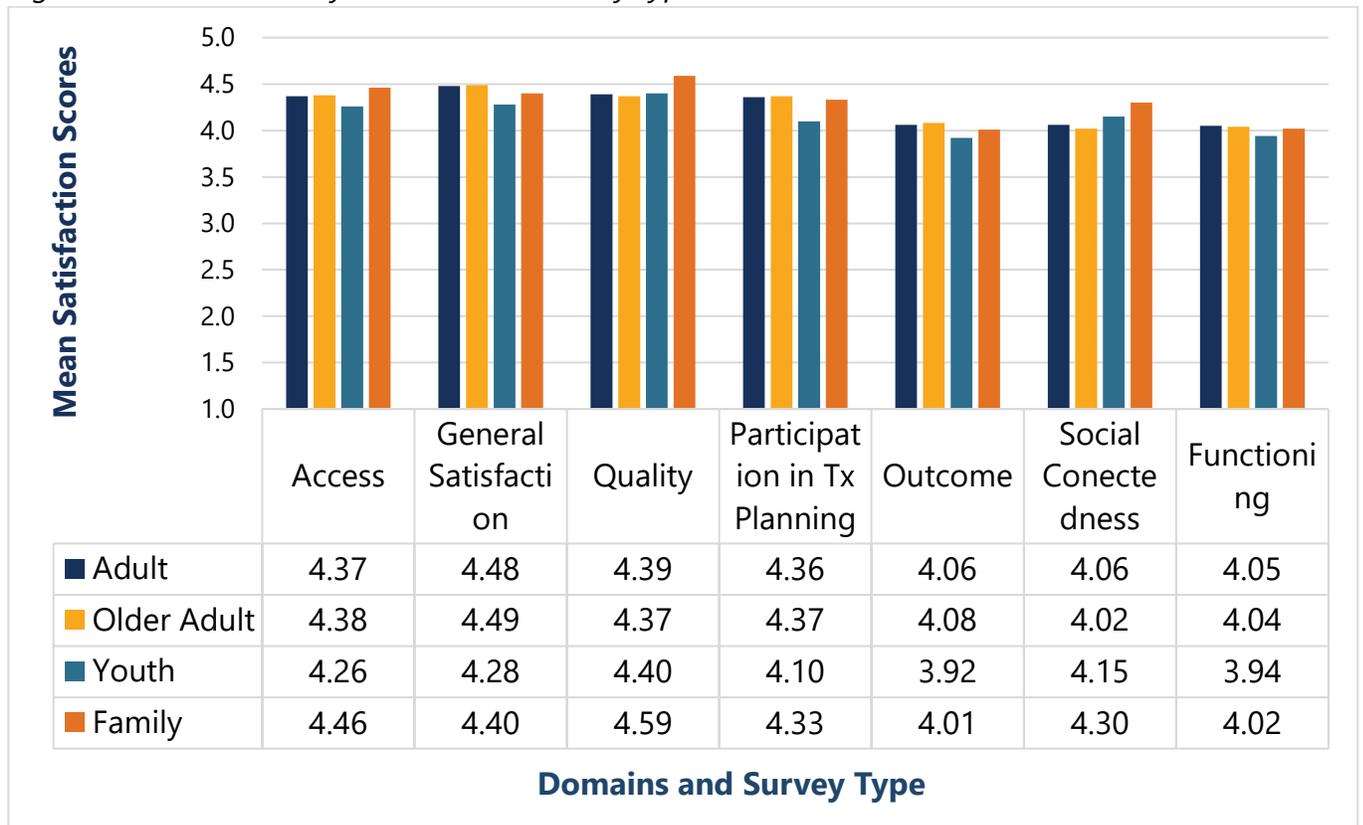
Perception scores were higher for Process Measures (Access, General Satisfaction, and Cultural Appropriateness/Quality), and lower for Outcome Measures (Outcomes, Social Connectedness, and Functioning).

Access had a mean score of 4.37 among Adults, and 4.38 among Older Adults, 4.26 among Youth, and 4.46 among YSS-F.

General Satisfaction had a mean score of 4.48 among Adults, 4.49 among Older Adults, 4.28 among Youth, and 4.40 among YSS-F.

Quality had a mean score of 4.39 among Adults, and 4.37 among Older Adults, 4.40 among Youth, and 4.59 among YSS-F.

Participation in Treatment Planning had a mean score of 4.36 among Adults, 4.37 among Older Adults, 4.10 among Youth, and 4.33 among YSS-F.

Outcome had a mean score of 4.06 among Adults, 4.08 among Older Adult, 3.92 among Youth, and 4.01 among YSS-F.

Social Connectedness had a mean score of 4.06 among Adults, 4.02 among Older Adults, 4.15 among Youth, and 4.30 among YSS-F.

Functioning had a mean score of 4.05 among Adults, 4.04 among Older Adults, 3.94 among Youth and 4.02 among YSS-F.

Percent Agree with Perceptions of Care Domains

Percent of survey respondents that scored 3.5 or above on a scale from 1-5 where 1 = Strongly Disagree and 5 – Strongly Agree, are shown in Fig 5. In general, survey respondents that scored 3.5 or above were higher for Process Measures (Access, General Satisfaction, and Cultural Appropriateness/Quality) between 92% and 98%, and lower for Outcome Measures (Outcomes, Social Connectedness, and Functioning), between 78% and 93% across all four survey types.

Survey respondents that Strongly Agreed or Agreed with each individual item within each domain are reported in Appendix A by survey type.

Figure 5: Percent Satisfied by domains and survey type

	Access	General Satisfaction	Quality	Participation in Tx Planning	Outcome	Social Conectedness	Functioning
■ Adult	92%	92%	92%	92%	79%	77%	79%
■ Older Adult	93%	93%	93%	93%	82%	79%	79%
■ Youth	93%	92%	95%	85%	78%	89%	78%
■ Family	95%	94%	98%	92%	80%	93%	79%

Domains and Survey Type
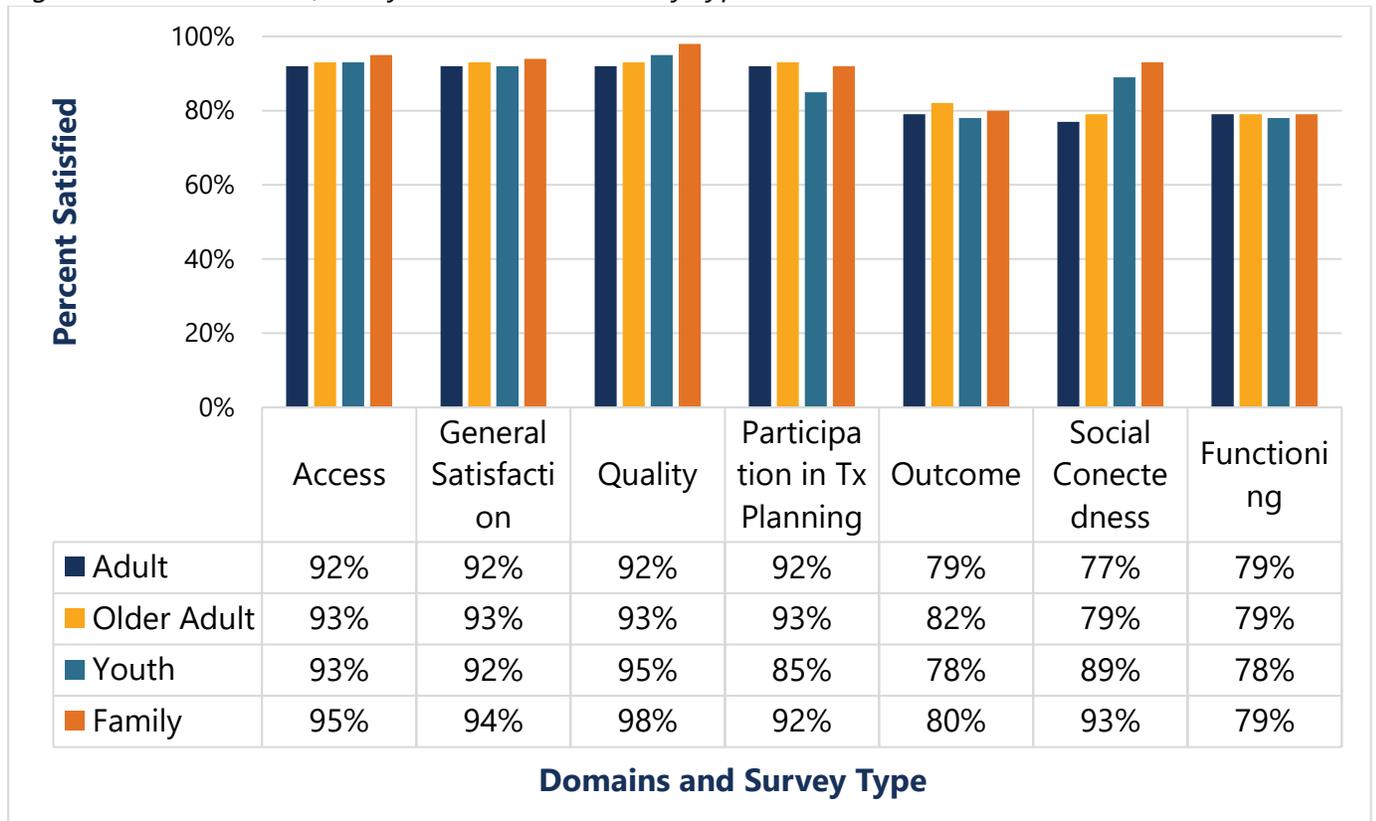
Percent survey respondents that scored 3.5 or above with *Access* was 92% among Adults, 93% among Older Adults, 93% among Youth, and 95% among YSS-F.

Percent survey respondents that scored 3.5 or above for *General Satisfaction* was 92% for among Adults, 93% among Older Adults, 92% among Youth, and 94% among YSS-F.

Percent survey respondents that scored 3.5 or above on *Quality* was 92% among Adults, and 93%, 93% Older Adults, 95% among Youth, and 98% among YSS-F.

Percent survey respondents that scored 3.5 or above *for Participation in Treatment Planning* was 92% among Adults, 93% among Older Adults, 85% among Youth, and 92% among YSS-F.

Percent survey respondents that scored 3.5 or above on *Outcome* was 79% among Adults, 82% among Older Adults, 78% among Youth, and 80% among YSS-F.

Percent survey respondents that scored 3.5 or above on *Social Connectedness* was 77% among Adults, 79% among Older Adults, 89% among Youth, and 93% among YSS-F.

Percent survey respondents that scored 3.5 or above for *Functioning* was 79% among Adults, Older Adults and YSS-F, and 78% among Youth.

Differences in Mean Domain Scores by County Size and Survey Type

There were some significant variations in mean differences for perceptions of care by survey type and county size.

Adults in Medium size counties as compared with other size counties had significantly lower mean score on *Participation on Treatment Planning* at 4.33 versus 4.49 in Small-Rural size counties.

Older Adults in Small-Rural counties had the lowest mean score for *Social Connectedness* at 3.60 versus 4.01 or higher in other size counties.

Youth in Small-Rural counties as compared with other size counties had the lowest score for *Access* at 4.12 versus 4.30 and for *Functioning* at 3.75 versus 4.02.

YSS-F in Small-Rural counties as compared with other size counties had the lowest score in every domain. *Access* (4.08 vs. 4.48), *General Satisfaction* (4.06 vs. 4.42), *Quality* (4.27 vs. 4.63), *Participation in Treatment Planning* (4.02 vs. 4.33), *Outcome and Functioning* (3.63 vs. 4.06), and *Social Connectedness* (4.00 vs. 4.31).

Telehealth Services

Three questions on telehealth services were asked in all four survey forms. The three questions asked were: 1) How much of their services were received by telehealth, 2) How helpful the services were, and 3) Prefer to receive more telehealth services. Nearly 66% Adults and Older Adults reported receiving at least some or more services via telehealth, as compared with 49% Youth and 45% YSS-F. When asked if they would like to receive more services via telehealth, nearly 19% of YSS-F, 17% of Youth, 29% Adult, and 28% Older Adult surveys agreed or strongly agreed.

Overall, 57% of survey respondents across all four survey types received some services via telehealth. By size of counties, highest percentage of respondents in *small-rural* counties received some services via telehealth (68%) followed by Very Large county (63%). (See Figure 6)

Figure 6: Percent survey respondents who received some or all services via telehealth by County size
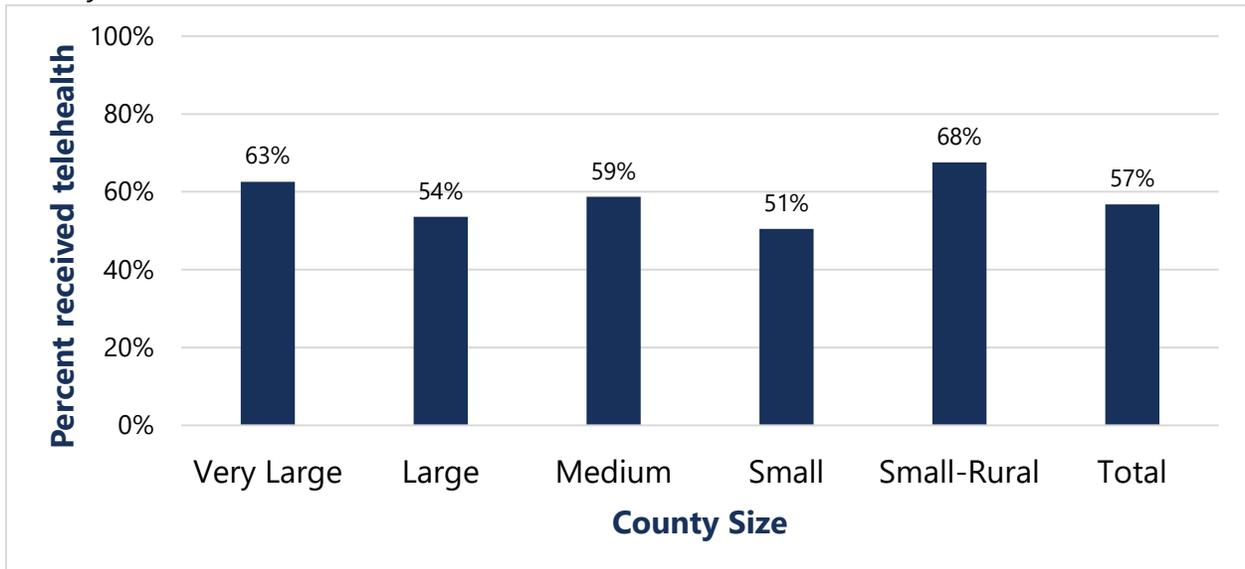
By survey type, 66% Adults and Older Adults reported receiving at least some services via telehealth, as compared with 50% Youth and 45% YSS-F. When asked if they would like to receive more services via telehealth, more Adults indicated a desire for these services 29% versus 19% for Youth and YSS-F.

Percent Satisfied by Sex and Race/Ethnicity

Perceptions of Care by Sex

Figures 7 shows no significant differences between Males and Females for satisfaction with Process Measures. However, Adult and Youth Males were significantly more satisfied with Outcome Measures as compared with Females, as shown in Figure 8.

Figure 7: Percent Satisfied with Process Measures by Sex and Survey Type
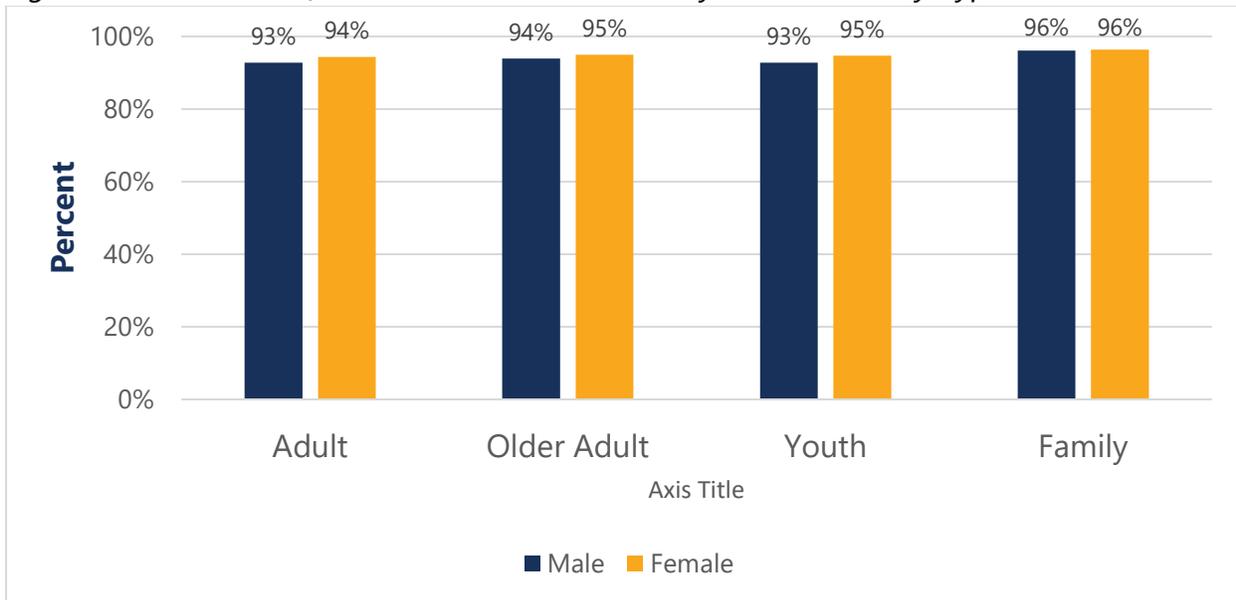
Figure 8: Percent Satisfied with Outcome Measures by Sex and Survey Type
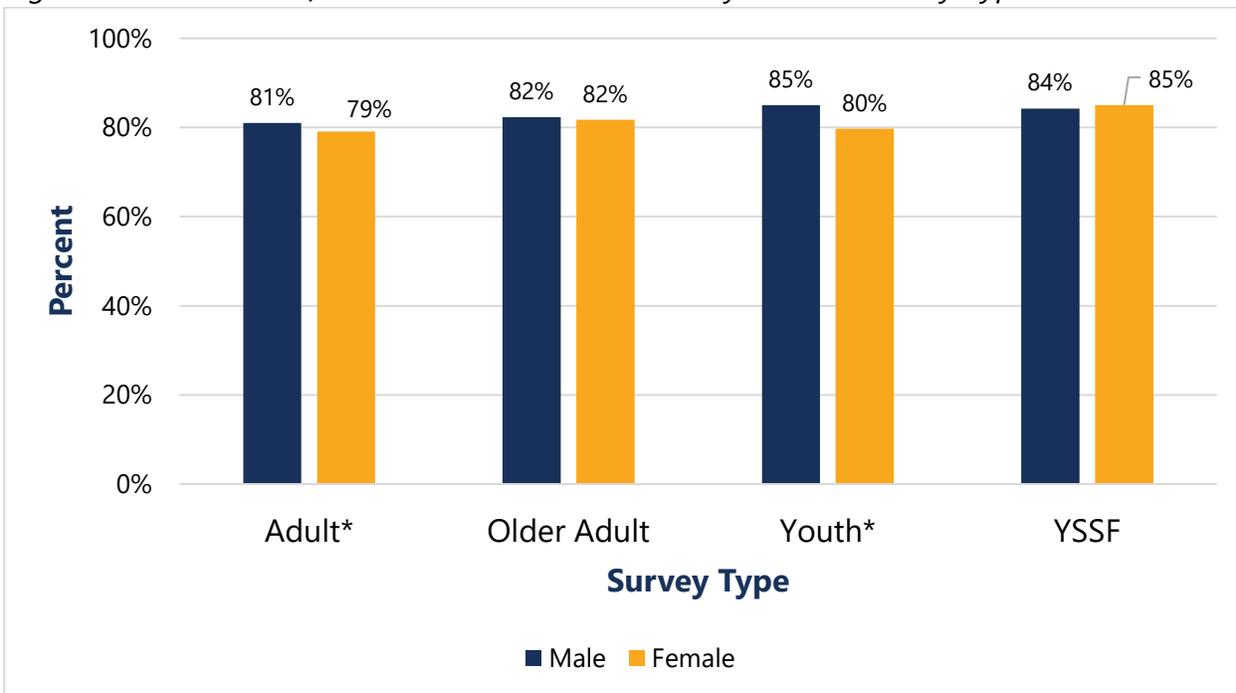
Chi-square p < .05

Perceptions of Care by Race/Ethnicity

Figures 9 and 10 show perception ratings by race/ethnicity groups within each survey type. No significant differences were found among ratings of Process and Outcome Measures across race/ethnicity groups, with Process Measures rating higher than

Outcome Measures overall (91%-97% compared to 73%-88%, respectively) across all survey types.

Figure 9: Percent Satisfied with Process Measures by Race/Ethnicity and Survey Type
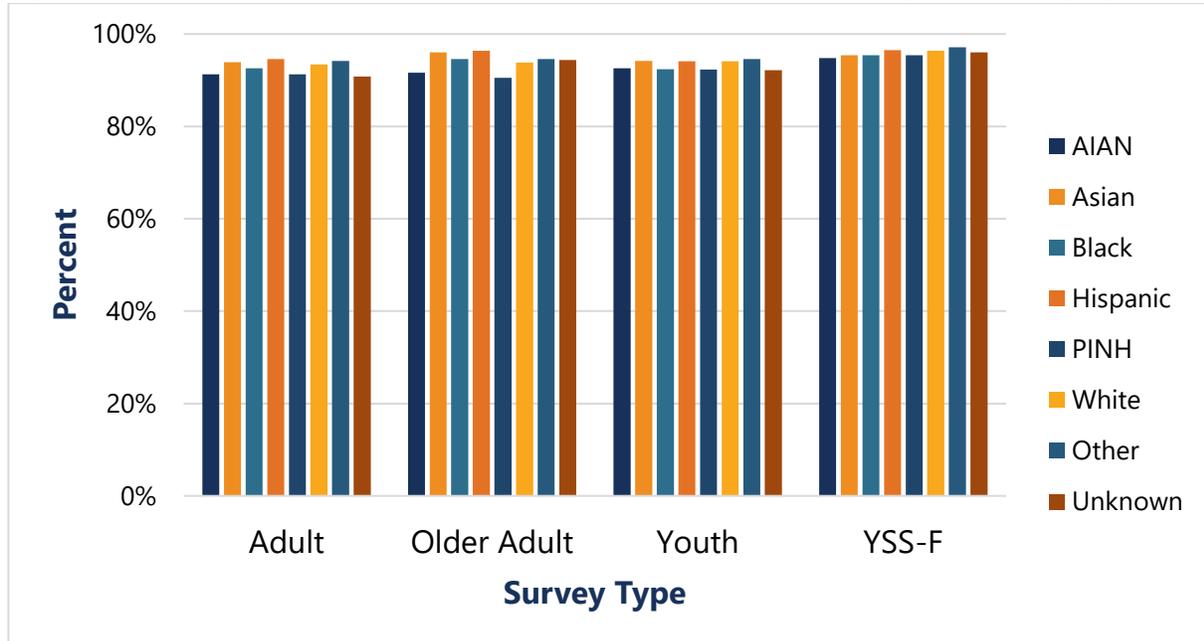
Figure 10: Percent Satisfied with Outcome Measures by Race/Ethnicity and Survey Type
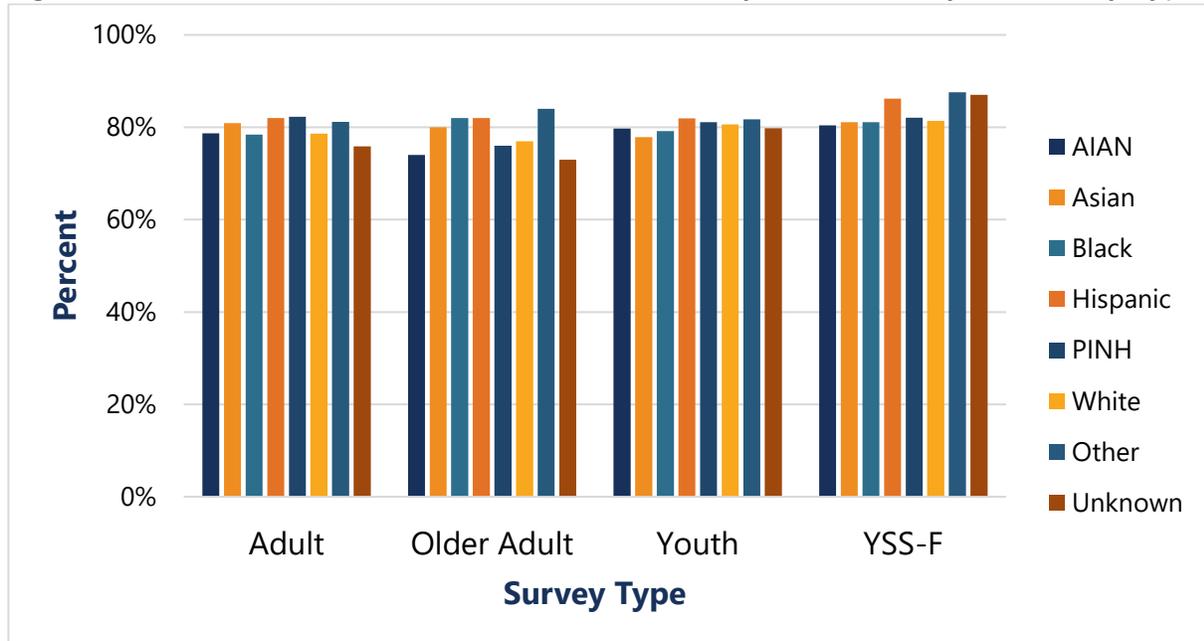
Three Year Trend in Domains

Mean scores for the seven domains between 2023 and 2025 were compared for all four survey types. There was no significant change in mean domain scores between 2023 and 2025 across all four survey types and yet scores remained consistently higher for Process Measures: i.e., Access, General Satisfaction, Quality, and Participation in Treatment Planning and lower for Outcome Measures, i.e., Outcome, Functioning, and Social Connectedness (see Figures 11, 12, 13 and 14).

Figure 11: Three Year Trend in Mean Perception Scores – Adult, 2023-2025

	Access	General Satisfaction	Quality	Participation in Tx Planning	Outcome	Social Connected-ness	Functioning
■ 2023	4.33	4.42	4.34	4.33	4.00	3.98	3.98
■ 2024	4.35	4.45	4.36	4.33	4.04	4.04	4.03
■ 2025	4.37	4.48	4.39	4.36	4.06	4.06	4.05

Domains
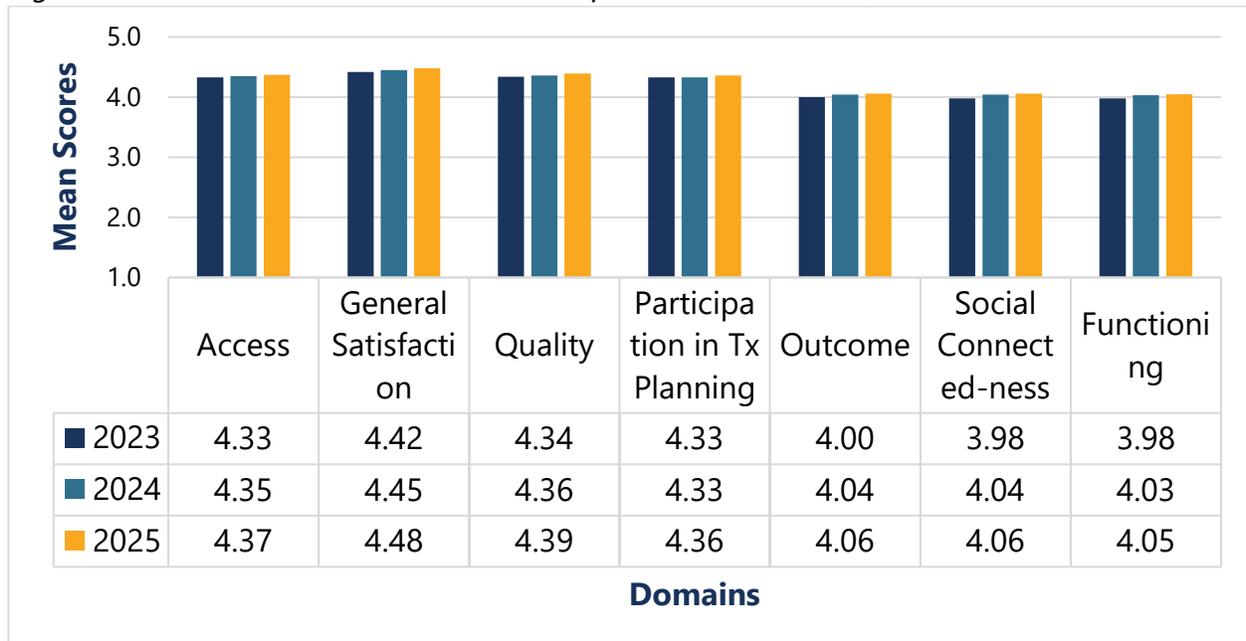
Figure 12: Three Year Trend in Mean Perception Scores - Older Adult, 2023-2025

	Access	General Satisfaction	Quality	Participation in Tx Planning	Outcome	Social Connected-ness	Functioning
2023	4.31	4.48	4.33	4.32	4.02	3.97	3.97
2024	4.31	4.46	4.31	4.30	4.02	4.02	3.99
2025	4.38	4.49	4.37	4.37	4.08	4.02	4.04

Domains
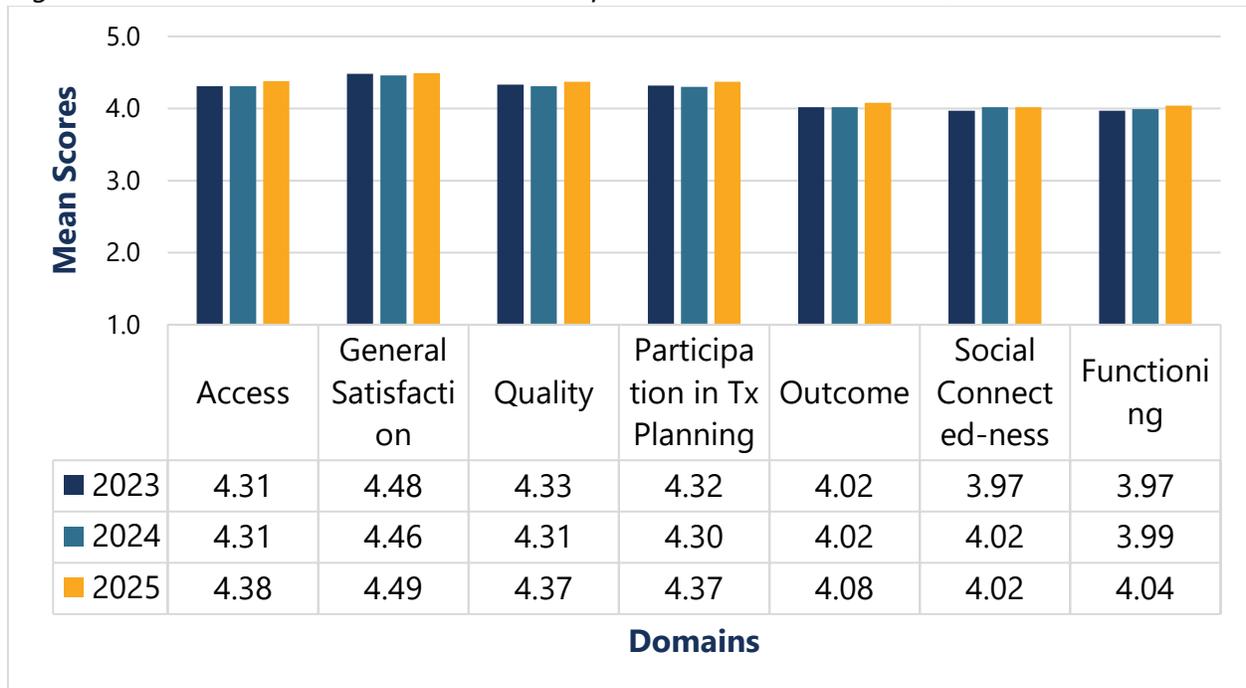
Figure 13: Three Year Trend in Mean Perception Scores – Youth, 2023-2025

	Access	General Satisfaction	Quality	Participation in Tx Planning	Outcome	Social Connected-ness	Functioning
2023	4.21	4.21	4.38	4.08	3.82	4.10	3.87
2024	4.23	4.24	4.39	4.09	3.86	4.12	3.91
2025	4.26	4.28	4.40	4.10	3.92	4.15	3.94

Domains
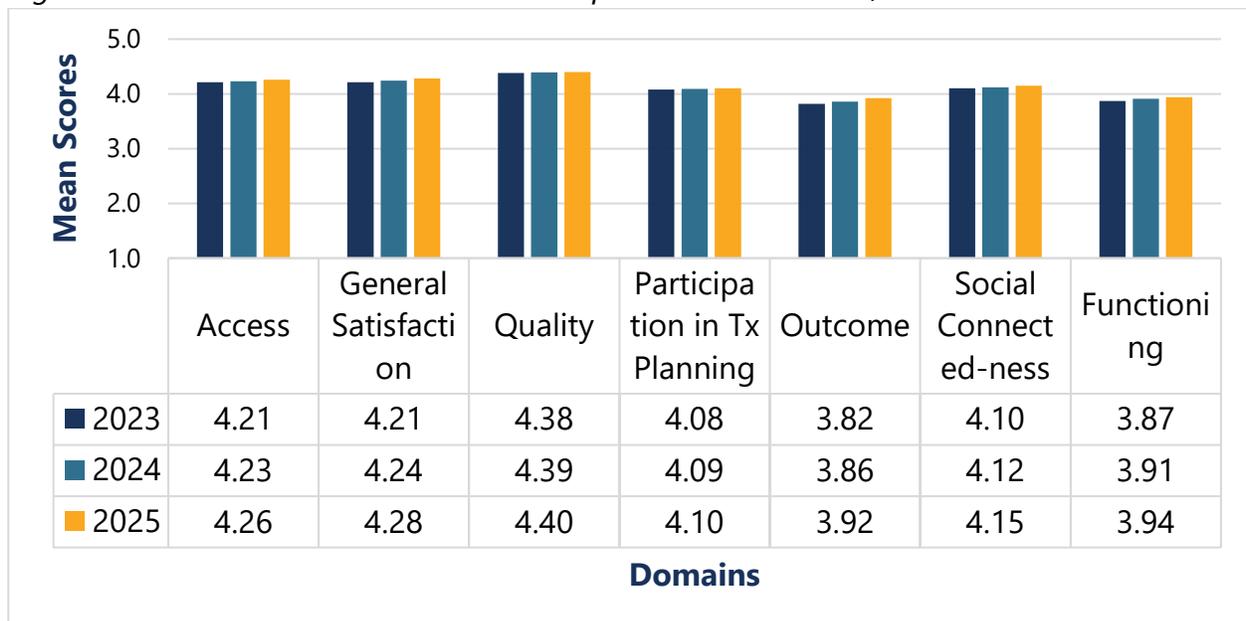
Figure 14: Three Year Trend in Mean Perception Scores – YSS-F, 2023-2025

	Access	General Satisfaction	Quality	Participation in Tx Planning	Outcome	Social Connected-ness	Functioning
2023	4.44	4.38	4.58	4.32	3.94	4.27	3.96
2024	4.43	4.38	4.57	4.31	3.98	4.27	3.99
2025	4.46	4.40	4.59	4.33	4.01	4.30	4.02

Domains
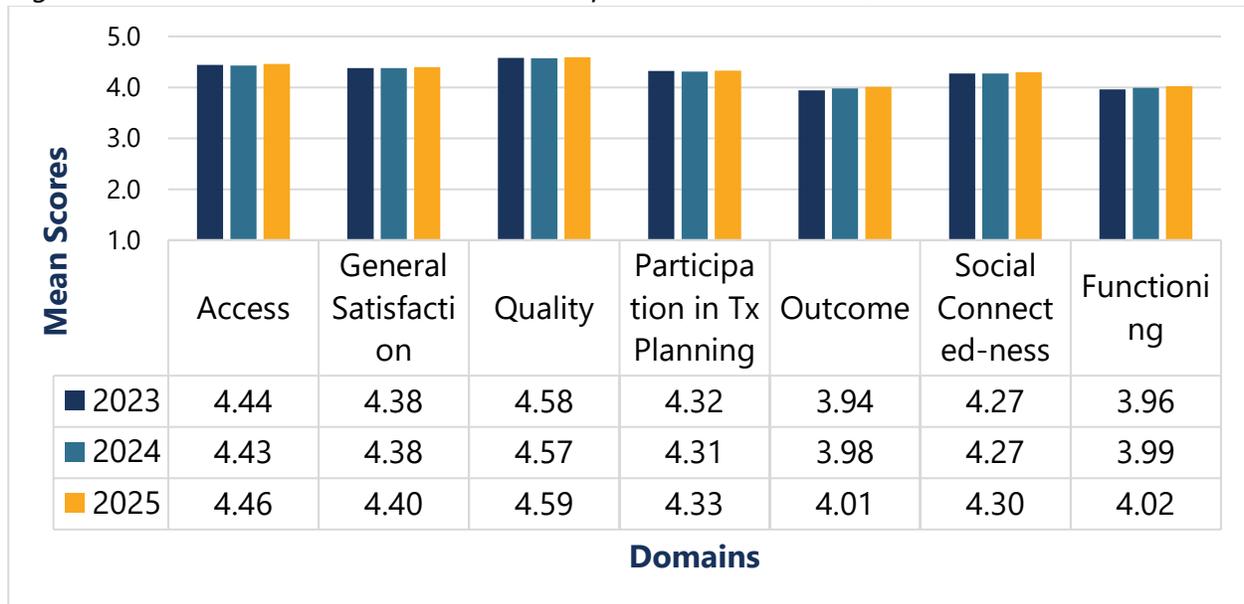
Quality of Life for Adult and Older Adult

Counties had a choice of administering the Adult and Older Adult MHSIP surveys with or without the Quality of Life (QOL) questions among Adults and Older Adult surveys. In 2025, 15 counties (Alameda, Butte, Contra Costa, Kings, Nevada, Orange, Riverside, Sacramento, San Bernardino, San Fracisco, Santa Barbara, Santa Clara, Solano, Tulare and Yolo) administered the survey with QOL questions. The results in Table 4 of Appendix A show that 62% of Older Adults and 52% of Adults reported satisfaction with life in general, and 14% of Adults and Older Adults reported being unhappy. Approximately 65% of Older Adults and 59% of Adults reported being satisfied with their current living arrangement and 16% reported being unhappy.

Between 57% and 71% of Adult and Older Adult survey respondents 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, and between 8% and 19% reported being unhappy.

Among Adults, 70% reported they had enough money for housing, 75% for food, 65% for clothing, 64% for travel, and 49% for social activities like movies or eating out.

About 5% of both Adult and 4% Older Adult respondents reported being a victim of a violent crime in the past month, and between 9% of Adults and Older Adults reported being a victim of a non-violent crime. Nearly 73% of Adult and 76% of Older Adult respondents reported feeling satisfied with the safety of where they lived and 12%

reported being unhappy. About 97% of Adults and 98% of Older Adults respondents reported no arrest history in the past month.

Nearly 53% of Adults and 55% of Older Adult were satisfied with their health in general, 50% of Adult and 49% of Older Adult were their physical condition, and 50% Adult and 56% Older Adult with their emotional well-being. These results are consistent with previous year survey results.

Arrest History for Adults and Youth

Responses on arrest history in the past year were combined for Adult and Older Adult and Youth and YSS-F. Table 6 (Appendix A) shows 7% of Adults and 3% of Youth and YSS-F reported an arrest history in the past 12 months.

In the past year, 72% of Adults and Older Adults reported no police encounters, 19% reported a reduction, 7% reported that it stayed the same and 2% reported an increase. Among YSS-F and Youth, 86% reported no police encounter in the past year, 7% reported a reduction, 5% reported that it stayed the same and 2% reported an increase. These results are consistent with previous year survey results.

Medical Services and School Attendance for Youth

Approximately 36% of Youth and 30% of YSS-F reported their child was on medication for behavioral conditions in the past year. In the past 12 months, 58%, of Youth and 71% of YSS-F reported their child had seen a doctor in a clinic or in an office, 12% of Youth and 6% of YSS-F reported their child went to an emergency room in the past year. These results are consistent with previous year survey results.

Survey Comments

An examination of survey participants' responses through a qualitative lens is an important element of the CPS allowing for a deeper understanding of consumers' experiences, perceptions, and motivations. Survey participants have an opportunity to provide brief comments at the end of the survey. These comments are collected in both the paper and online formats and are provided to County coordinators by the Reporting Unit for ongoing quality improvement of their services. Online survey comments are available to county coordinators during the survey week and comments on paper surveys are made available after the surveys have been scanned.

Overall, consumers using the online survey platform provided more feedback in the comments feedback section than those using paper surveys. In our analysis of the 2025 survey data, the online survey comments were coded into three categories, 1) Positive, 2) Negative and 3) Mixed. The purpose of this coding was to see what percentage of the comments were positive versus negative, but in many instances, respondents mentioned both strengths and challenges they experienced as part of their treatment and these were coded as Mixed. This coding was done separately for each of the four-survey types.

Overall, across all four survey types, 84% of comments were positive, 10% were negative and 14% were Mixed. By survey type, 76% of Adult comments were positive, 26% negative and 14% were Mixed. Similarly, 72% of Older Adult comments were positive, 20% were negative and 8% were Mixed.

Most of Youth and YSS-F comments were positive, (greater than 86%), between 2% and 6% were negative and 12% were Mixed.

The following section describes the nature of positive, negative and Mixed comments only within each survey type.

Table 4 Sentiment analysis rating examples

Positive	Negative	Mixed
My provider is amazing. She listens to me and takes what I say into account during my treatment. I feel seen, heard and properly cared for.	I wish my counselor didn't always ask me the same questions.	The services are good but having more 1:1 time away from house mates would help me more.

To uncover themes around positive and negative comments, we used a two-step approach of building a Word Cloud and then conducted Sentiment Analysis of most commonly occurring words in the comments displayed in the Word Cloud. In the 2025 qualitative survey analysis, comments in threshold languages besides Spanish were translated into English and added to the comments in English and reviewed. Comments in Spanish language were reviewed separately.

The Word Cloud for each survey type displays "most commonly appearing words" written by consumers and indicated by an increased font size in the Word Cloud. Therefore, the larger the font size of a word in a Word Cloud, the more often it was used by consumers to describe their mental health treatment experience. Next, we extracted these words occurring multiple times as a basis to conduct a Sentiment Analysis and separated positive from negative comments, while acknowledging mixed comments. The positive and negative comments were also analyzed in relation to the seven perception domains. Below are a summary of the sentiment analysis and a Word Cloud example for each survey type.

Adult

The most commonly re-occurring words in the Adult word cloud (see Figure 15) were "services," "therapist," "health," "helpful," "feel," "good," "time," and "great." A sentiment analysis of the comments showed that although many of the comments from adult consumers were positive there were also some important comments highlighting challenging experiences along with pointed feedback on improvement of services.

Most of the positive comments were related to Process Measures (General Satisfaction and Quality), with some mention of positive participant functioning and outcomes. The general context of the comments described the positive and supportive relationships with therapists and counseling staff, services offered, flexibility to choose telehealth or not, and managing life challenges more appropriately. Some examples include:

> "The service is incredible, I have felt [more] welcome than I ever had in previous programs, there are no negative feedback that I can think of."

> "The staff here are the best staff for mental health I've ever worked with. All staff here take extreme pride in their job and care about the practices and teachings they are giving us."

> "My provider is amazing. She listens to me and takes what I say into account during my treatment. I feel seen, heard and properly cared for."

"Groups are amazing when they are in person. The dynamics are fun sharing experiences with others. Telehealth is convenient at times. Having groups in person feels a lot better."

"I think telehealth has various values and a place in treatment but ideally not exclusively."

"Since starting services here I would have to say my mental health has improved significantly. The services provided have saved my marriage and my relationship with my children."

The negative experiences by adults were also related primarily to the Process Measures, and to a large degree some dissatisfaction with quality of services; there were also comments about the limitations of telehealth and a desire for more targeted in-person visits. Respondents remarked on frustrations around a desire for more resources, acknowledging/prioritizing patient concerns, cancelled appointments, and general communication. Some representative examples include:

"I would like to get signed up for Section 8 and be given more resources in the future."

"I feel as though Staff put my concerns and to do list on the back burner. I've been here 6 months, and I still don't have an ID. I feel that staff have been un-professional."

"[I would appreciate] if providers can communicate their availability more."

"Maybe [better] communication between therapist and psychiatrist. I know it's necessary but it's bothersome to repeat the last month of sessions to the psychiatrist when I see them."

"I would like to receive counseling sessions with one provider. I saw different providers frequently rather than the same person."

Figure15: Word Cloud on Comments for Adult (2025) Surveys.

Older Adult

Most comments from Older Adult participants were positive. The most commonly reoccurring words in the Older Adult Word Cloud (see Figure 16) were "services," "really good," "helpful," "thank," "better," "help," "helpful," and "life."

For the most part, positive experiences were predominately related to the Process domains along with some remarkable comments regarding life-changing outcomes. Positive comments included statements about the high quality of therapeutic staff, access, flexibility and general satisfaction with programmatic resources.

> *"I've been receiving services for the last 10 years and appreciate everyone's support."*

> *"My provider is kind, empathetic, and attentive. Also, they are flexible when needed."*

> *"My therapist is excellent. She is skilled, warm, and effective."*

> *"The services saved my life because I would not have gone to the hospital during my major ten-day hospitalization if the clinical case manager did not check on me. My life is better because of the services."*

> *"[This program] is a life saver. I don't know where I would be without these services."*

"The services have been helpful to my recovery. The people and program I have worked with have been sensitive to my circumstances and helped me get back to my life."

Older Adults also expressed some concerns with Process domains such as Access, Quality, Participation in Treatment Planning and some comments around general unsatisfaction with staffing, wait times, lack of services and telehealth. For example:

"[They] don't have enough therapists, just one is not enough."

"I feel like some of my support people dropped the ball and did not respond when I reached out to them."

"The social worker I see has helped me much more than the telehealth visits with my psychiatric nurse practitioner."

"The waitlist to start mental health services was long."

"[Need] more services and resources. You shouldn't have to have an ER visit to get the help that you need."

"There is a large turnover in mental health personnel... it would be better to be able to stick with one clinician."

Figure 16: Word Cloud on Comments for Older Adult (2025) Surveys.

Youth

The comments in the Youth surveys were nearly all positive, with very few negative experiences. The most re-occurring words in the Youth word cloud were "helpful," "services," "someone," "talk," "received," "helped," and "therapist" (See Figure 17).

These positive comments were related to both Process and Outcome Measures in all seven domains, namely Access, General Satisfaction, Quality, Participation in Treatment Planning, Outcomes, Functioning, and Social Connectedness. The majority of comments overwhelmingly centered around having someone to talk to, and staff support in general. Other comments touched on staff providing inspiration and motivation, and their help with building relationships, as well as learning healthy coping mechanisms. Youth comments were very introspective as well as practical. Examples included:

> "*The most helpful thing has been having someone to talk to and making time for me.*"

> "*The staff really helped me during my darkest time. I really appreciate the help that I got.*"

> "*I get advice and strategies and coping skills.*"

> "*The most helpful thing I received with the service I got to have were learning how to cope better and how to communicate better.*"

Some youth expressed concerns with both Process and Outcome Measures around poor communication, lack of programs and staffing inconsistencies. Examples included:

> "*No return telephone calls when requesting therapist services... was told [I] would be put on a waitlist, but no return telephone call.*"

> "*Need more help [than am getting].*"

> "*[Therapist] doesn't really show up that much and I really want for her to talk to me more.*"

> "*Need more programs.*"

> "*Something that could improve the services is them maybe helping me with my education.*"

Figure 17: Word Cloud on Comments for Youth (2025) Surveys.

Youth Services Survey for Families (YSS-F)

In the Word Cloud for YSS-F comments about the mental health services received by their child, the most relevant words were "services," "child," "helpful," "therapist," "help," "support," "daughter," "son," "better" "great," and "talk" (see Figure 18).

The themes of positive comments were similar across both Process and Outcome Measures, featuring expressions of gratitude for encouraging, trauma-informed, and team-oriented staff. Flexible arrangements like telehealth, home visits, and other services were also commended.

> *"Since starting therapy my daughter has learned different coping skills and ways to let out her anxiety."*

> *"Having someone to guide us with our communication Helping us grow together as a family."*

> *"There are areas in my life that I didn't know needed healing."*

> *"[Program] has helped my child learn to cope and talk about things she would've normally cried about."*

> *"The coping skills and mechanisms taught and provided for when my child gets frustrated to help her regulate her emotions."*

Families of Youth expressed a need for improvement in processes for their children such as staffing consistency, better communication, and issues with location, transportation and scheduling. Some examples include:

"Not satisfied with constant doctor's changes."

"Every time my child gets to know [someone on staff] they change the person. They have new people helping that do not know what they're doing. They can improve by vetting counselors."

"When promises are made they should be kept!!"

"Wish [there] were more options in office locations in [our] county region."

"Transportation has been a problem."

"Travel time sometimes causes loss of time in session."

Figure 18: Word Cloud on Comments for YSS-F (2025) Surveys.

Summary and Recommendations

Response to the 2025 CPS data collection period completed with a total of 62,681 surveys received via both paper and through online survey platform. This was a 15% increase from the previous year. All counties participated in the survey data collection and have shown improvements in their data collection efforts. In accordance with survey recommendation in 2024, there was a 3% increase in the use of online survey platform in 2025.

Consistent with previous year's reports, majority of survey respondents reported positive ratings of satisfaction across the seven perceptions of care domains (3.92 – 4.59 mean scores out of 5, also calculated as 77%-98% percent satisfied.).

When grouping the seven domains into Process and Outcome Measures, results showed that Process Measure ratings (associated with delivery of mental health services) remained generally higher than Outcome Measures (85-98% as compared with 77%-93% respectively). Process measures have consistently been rated lower than Outcome Measures, year after year. The Department of Healthcare Services (DHCS) under the CalAIM initiative in 2022 launched several measures to improve the delivery of behavioral health services such as improved access to community-based behavioral health treatment settings, Medi-Cal Peer Support services and certification programs and Enhanced Case Management (ECM). The CPS survey findings will continue to monitor the improvement in perceptions of care domains and their association with these new initiatives.

Qualitative and sentiment analysis of online survey comments provided deeper insight into consumers' treatment experience. Across all four survey types, most comments were positive (84%), followed by a mixed positive and negative comments (14%), and a smaller proportion of negative comments (10%). Adults tended to provide the widest range of feedback, both positive and negative feedback, while Youth and YSS-F respondents offered mostly positive feedback.

Across all survey types, consumers consistently expressed strong appreciation for their therapist and a desire for additional and more diverse services.

Adults frequently described how helpful their therapist experience was, while also highlighting the need for greater staff continuity and a better understanding from programs of when to use telehealth or not.

Youth emphasized the importance of having someone to talk to, feeling heard and understood, and receiving support with life skills, relationships and coping strategies. They also noted staffing turnover as an ongoing challenge.

Older Adults and Families of Youth similarly expressed gratitude for high-quality therapy, flexible programming, and accessible resources.

Despite the overall positive comments, several key areas of concern emerged, including staff continuity and the relative appropriateness of telehealth. Respondents across all groups indicated that maintaining the same doctor, therapist, counselor throughout their treatment, or at the very least a more thoughtful hand-off practice, would improve their care experience. Consumers also called for better alignment of telehealth and in-person services based on comfort level, treatment needs, and timing. Additionally, some negative comments pointed to ongoing logistics challenges, including last-minute appointment cancellations, location of services/resources, and insufficient availability of therapy staff.

Overall, the survey findings are consistent year over year for satisfaction with perceptions of care. Percent agreement with individual items across perceptions of care domains also reflect the comments mentioned in the qualitative and sentiment analysis. (See Key Findings below)

Given the consistent findings over the years, these survey results provide a strong foundation for measuring impact of new Statewide initiatives for improving the delivery of behavioral health services in California.

To gain a sense of how California CPS survey results compare with national averages, we are limited to comparing data results from CY 2024, given that the nationwide results for CY 2025 are not released at this time.

In California, satisfaction with perceptions of care among Adults, Youth, and Families of Youth mental health consumers was overall consistent with national averages. Specifically, in 2024, California's adult survey respondents reported satisfaction ratings similar to national averages for the Process Measures of *Access* (89% in California versus 88% national)*, Quality* (91% versus 89%), and *Participation in Treatment Planning* (83% versus 85%). California's rating for *General Satisfaction* was slightly higher (92% versus 89%). Adult Outcome Measures were comparable to national averages for *Outcome* (76% versus 77%) and *Functioning* (76% versus 77%), although *Social Connectedness* was slightly lower in California (73% versus 76%) (URS Report: 2024).

Among Youth and YSS-F respondents, California's ratings were similar to the national averages for most domains, including *Access* (88%in California versus 86% nationally), *Quality* (95% versus 93%), *Outcome* (72% versus 71%), and *Participation in Treatment Planning* (both 88%). Ratings were higher in California for *General Satisfaction* (90% versus 86%), and *Functioning* (76% versus 73%) (URS Report, 2024).

A number of initiatives are underway in California including [CalAIM](), and further research is needed to determine whether this or other factors may be contributing to these differences. The following section provides an overview of findings and recommendations, organized by domains of both Process and Outcome measures. Additional notable findings are also highlighted.

Process Measures

Domain 1: Access

Key Finding: The mean score for the perception of Access was 4.37 for Adult, 4.38 for Older Adult, 4.26 for Youth, and 4.46 for YSS-F. Out of the six individual items related to perception of Access among Adults and Older Adult, the lowest rated item was "Able to see a psychiatrist when wanted" at 83% and 85% respectively. Among Youth and YSS-F, ratings of the two individual items related to Access (convenience of location and timeliness of services) were at 88% and 94%, respectively.

Recommendation: (1) Increase availability of psychiatrists and therapists. The demand for mental health workforce continues to grow and the gap between need and access for psychiatrists is larger in rural areas (Weiner, 2022. National Center for Health Workforce Analysis, 2023). A higher percentage (65%) of nonmetropolitan counties in the US experience a mental health professional shortage as compared with 27% in metropolitan counties (MACPAC, 2024), impeding access to care. (Modi et.al., 2022). (2) Increase convenient locations for Youth to access mental health services. Offering mental health services for Youth in school-based settings has shown to promote positive social and emotional outcomes (Richter et. al 2022, Rones & Hoagwood, 2000). Nontraditional venues such as community, school and justice settings are ideal places for young people with families to begin first conversations about mental health services (Wilson and Usher, 2015)

Domain 2: General Satisfaction

Key Finding: The mean score for the perception of General Satisfaction was 4.48 among Adults, 4.49 among Older Adults, 4.28 among Youth and 4.40 among YSS-F. This was the highest rated domain among the seven perceptions of care domains. Ratings across individual items for this domain were greater than 88% for Adults, Older Adults and YSS-F. Among Youth, the lowest individual items was "I got the help I needed" at 84%.

Recommendation: (1) Explore additional services needed for Youth that promote General Satisfaction. Youth mental health is shaped by a variety of factors such as social and economic inequalities, culture, relationship with peers, family, and genetics. Youth mental health challenges are exacerbated by developmental and emotional milestones (Office of Surgeon General, 2021), thereby creating a need for diversity of Youth services. Integrated recovery programs that incorporate leisure and social activities along with mental health services (Tuaf and Orkibi, 2023) can help improve youth engagement in programs. Advocacy activities for stigma reduction through venues such as community, social media and screening and social-emotional learning in school-based services and community settings can provide alternative venues for youth mental health services outside of specialty care settings (Mustala et al., 2026).

Domain 3: Quality

Key Finding: The mean score for the perception of Quality of Care was 4.39 for Adults, 4.37 for Older Adults, 4.40 for Youth, and 4.59 for YSS-F. Out of the nine individual items related to perception of Quality among Adults, the lowest rated item was "*Staff told me what side effects to watch for*" at 83% among Adults and Older Adults. Among Youth, the lowest rating was "*Staff were sensitive to my cultural background*" at 83%. There were no meaningful differences in individual items for Quality-of-Care ratings among YSS-F and were higher than 96%.

Recommendation: (1) Increase provider efforts to provide information to clients on the side effects of medication. Informing clients about the side effects of medication helps in building a trusting relationship (Novotney, 2019) and significantly reduces the probable negative side effects of medication experience (Atmaca et. al., 2018). (2) Explore various avenues to provide a broader definition of culturally responsive mental health services to Youth beyond race and ethnicity. Youth need a range of services that reflect their multi-faceted cultural identities. Providers who incorporate culture in youth programs show improved participation (Center for the Study of Social Policy, 2025) and cultural integration is associated with better mental health among adolescents (Bhui et.al. 2012)

Domain 4: Participation in Treatment Planning

Key Finding: The mean score for this domain was 4.36 among Adults, 4.37 among Older Adults, 4.10 among Youth and 4.33 among YSS-F. Out of the two items related to this domain among both Adults and Older Adults, the lower rated item was "I, not staff decided my treatment goals" at 82% and 85% respectively. Out of

the three items related to this domain, Youth reported lowest ratings for "I chose my services" at 75%.

Recommendation: 1) Increase Adult and Youth participation in developing their treatment goals and choice of services. A comprehensive patient involvement model that includes empowerment, participation and shared decision making is needed for improved quality of mental health care (Tambuyzer et.al., 2011.) Providers can promote greater involvement by allocating time to involve and empower consumers, assuring staff attitudes are respectful of client's ability to participate in treatment planning, and offering a range of treatment options (Chamberlin, 1997, Linhorst et.al., 2002).

Outcome Measures

Domain 5: Outcomes

Key Finding: The mean score for this domain was 4.06 for Adults, 4.08 for Older Adults, 3.92 for Youth and 4.01 for YSS-F. Out of the eight items related to this domain among Adults and Older Adults, the lowest rated item was "*I am doing better in school or work*" at 68% and 67%, respectively. Out of the six items related to this domain among Youth, the lower rated items were "*I am satisfied with my family right now*" at 68%, and "*I get along better with my family,*" at 69%. Among YSS-F the lowest rated item was "*My child is better able to cope when things go wrong*" at 73%.

Recommendation: (1) Improve the availability of supportive services such as employment and vocational services as part of adult mental health services for improved outcomes. Supported employment is an evidence-based intervention that promotes self-awareness, advocacy and self-actualization (Beaudoin et al., 2025) and lessens the dependence on the mental health system over time (Drake & Wallach, 2020). (2) For Youth, provide targeted interventions related to family engagement to support better perceptions of satisfaction with family. Engaging families as partners in youth mental health treatment are an important component of healthy systems of care especially by integrating technology and digital innovations that can improve youth engagement and outcomes (Graham et.al., 2024)

Domain 6: Social Connectedness

Key Finding: The mean score for this domain was 4.06 for Adults, 4.02 for Older Adults, 4.15 for Youth and 4.30 for YSS-F. Out of the four items related to Social

Connectedness among Adults and Older Adults, the lowest rated item was "*I belong to my community*," at 69% and 73%, respectively. Out of the four items in this domain, the lowest rated item among both Youth and YSS-F was "*In crisis, I/My Child has the support I/My child need from family/friends*" at 82% and 89% respectively.

Recommendation: (1) Increase efforts to incorporate connection and (re)connection with their community/families as part of adult and youth mental health treatment. The role of community in fostering a sense of belonging, support and purpose increases self-validation and self-worth, leading to improved mental health outcomes (Gilbert, 2019). Among Youth, limited social exposure at critical developmental stage can result in long-term health consequences leading into adulthood (Lunstad-Holt, 2018). Across age-groups, behavioral adaptations through tools and mechanisms meant to cope with isolation such as telehealth, remote work etc., can improve or impede mental health outcomes and should be considered carefully (Lunstad-Hold, 2024)

Domain 7: Improved Functioning

Key Finding: The mean score for this domain was 4.05 for Adults, 4.04 for Older Adults, 3.94 for Youth and 4.02 for YSS-F. Out of the five items related to Functioning among Adults and Older Adults, the lowest rated item was "*My symptoms are not bothering me much*" at 68% and 72% respectively. Out of the six items related to this domain among Youth, the lowest rated item was "*Get along better with family*" at 69% and among YSS-F was "*My child is better able to cope when things go wrong*" at 73%.

Recommendation: (1) Continue efforts to reduce severity of mental health symptoms among Adults. Measuring improvements in functional domain are an important milestone for treatment outcome (MacKnight and Kashdan 2009) and serve as important predictors of functional capability after treatment (Barnet and Gotlieb, 1988). Literature on consumer symptomology indicates that severe mental illness requires complex therapeutic regimes (Pompili, 2022). (2) Emphasize improvement in coping skills among youth therapy services. Incorporating problem solving techniques within therapy approaches can promote coping mechanism among youth (Kpeno et al., 2024) and improved coping strategies help ameliorate the impact of stressful life events on mental health of young people (Hudson et. al., 2024)

Consumer Comments of Perceptions of Care

Key Finding: Overall, majority of survey comments (84%) were positive. Areas of concern that emerged across all four survey types were staff continuity and the relative appropriateness of telehealth such as better alignment with in-person services based on comfort level, treatment needs, and timing. Respondents expressed a desire to maintain the same doctor, therapist, counselor throughout their treatment, with thoughtful hand-off practice to improve care experience. Additional challenges noted in the comments were ongoing logistics challenges, including last-minute appointment cancellations, location of services/resources, and insufficient availability of therapy staff.

Recommendation: Explore ways to improve consistency of staff serving consumers and improve hand-offs. Explore ways to address logistical barriers including cancellations on short notice, service locations, and limited availability of therapy staff. Expand flexibility for consumers to choose telehealth or in-person sessions. DHCS's Behavioral Health Transformation (https://www.dhcs.ca.gov/BHT/Pages/home.aspx) may provide new opportunities and resources to address these issues.

Perceptions by County Size

Key Findings: Adults in *Medium* size counties reported lower mean score on Participation in Treatment Planning. Older Adults in *Small-Rural* counties reported lower mean score on Social Connectedness. Youth in *Small-Rural* counties reported lower mean score for Access and Functioning. YSS-F in *Small-Rural* counties reported lower mean score for all Process and Outcome Measures.

Recommendation: While prevalence of serious mental illness among adults is similar between rural and urban areas (McCall-Hosenfeld et al., 2014), adults residing in rural areas report lower frequency of receiving mental health treatment with less specialized mental health professionals (Morales et al., 2019, Stewart, 2019). Increase accessibility of specialized mental health services in small-rural areas. Even with higher rates of anxiety, depression, and behavioral problems, more than 60% of youth in rural areas nationwide live with a shortage of mental health professionals (Child Mental Health: Rural Policy Brief, CDC, 2024). Economic difficulties and transportation challenges are additional barriers for youth mental health in rural areas (Weir, 2025). Implement innovative care models that address

the complexities and risks of rural life and promote improved access to mental health services among youth and families of youth with serious emotional disorder.

Additional Findings

Survey Completion Rate

Key Finding: In 2025, there was a 3% increase in online surveys (35% in 2024 as compared with 38% in 2025). Those who used the online surveys reported fewer refusals, hence higher completion rates. Consumers provided more open ended feedback through the online survey method. By county size, a higher percentage of respondents in Small-Rural, Very Large and Large sized counties used the online survey platform across all four survey types, as compared with medium and small counties.

Recommendation: 1) Counties can make additional progress in higher survey completion rates by exploring barriers to using the online platform for survey data collection, especially among consumers in medium and small counties. Given that medium and small counties represent 20% of the State's population, and completion rates of surveys are higher for online surveys at 98% versus 63% for paper surveys (Kongsved et.al., 2007), counties can make additional progress in improving accessibility to online survey platform, especially in these counties.

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Appendices

Appendix A – CY 2025 CPS Statewide Data Report – Tables and Figures

Appendix B – CY 2025 CPS Surveys (PDFs- English only)

Table 1A: Surveys Received vs. Surveys Completed

	Received	Completed	Not Completed	% Completed	% Not Completed
Family	18,737	14,945	3,792	79.8%	20.2%
Youth	12,454	9,828	2,626	78.9%	21.1%
Adult	26,888	20,639	6,249	76.8%	23.2%
Older Adult	4,602	3,730	872	81.1%	18.9%
Total	62,681	49,142	13,539	78.4%	21.6%

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

	Reason for not completing survey					Percent
	Refused	Impairment	Language	Other	Total	
Family	1984	33	19	1756	3,792	28.0%
Youth	1407	60	14	1145	2,626	19.4%
Adult	4298	359	63	1529	6,249	46.2%
Older Adult	570	107	11	184	872	6.4%
Total	8,259	559	107	4,614	13,539	100.00%

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

	Family		Youth		Adult		Older Adult	
	N	%	N	%	N	%	N	%
Online Survey	9,636	51.4%	5,057	40.6%	7,939	29.5%	1,129	24.5%
Paper Survey	9,100	48.6%	7,397	59.4%	18,949	70.5%	3,473	75.5%
Total	18,736	100.0%	12,454	100.0%	26,888	100.0%	4,602	100.0%

Table 1D: Surveys Received by Language and Form Type

	Family		Youth		Adult		Older Adult	
	N	%	N	%	N	%	N	%
Arabic	**	**	**		**	**		
Armenian	**	**	**	**	23	**	**	**
Chinese	109	0.6%	26	0.2%	97	0.4%	56	1.2%
English	13,957	75.7%	11,791	94.9%	24,911	92.8%	4,004	87.8%
Farsi	**	**	**	**	22	0.1%	**	**
Hmong	**	**			71	0.3%	14	0.3%
Khmer					**	**	20	**
Korean	30	0.2%	**	**	45	0.2%	28	0.6%
Russian	17	**	**	**	**	**	**	**
Spanish	4,256	23.1%	609	4.9%	1,589	5.9%	430	9.4%
Tagalog	**	**	**	**	**	**	**	**
Vietnamese	74	0.4%	**		101	0.4%	27	0.6%
Total	18,443	100.0%	12,426	100.0%	26,836	100.00%	4,559	100.00%

** = N suppressed due to small N and/or to meet data suppression requirement. Blank column indicates no survey was received in that language.

Blank column indicates no surveys were received in that language.

Table 2: Demographics

Demographics	Total		Adult		Older Adult		Youth		YSS-F	
	N	%	N	%	N	%	N	%	N	%
Gender Identity (Multiple response)										
Female	20,728	42.18%	8517	41.27%	1749	46.89%	4571	46.51%	5891	39.42%
Male	18,787	38.23%	8345	40.43%	1376	36.89%	2983	30.35%	6083	40.70%
Not Available	9,627	19.59%	3777	18.30%	605	16.22%	2274	23.14%	2971	19.88%
Ethnicity										
Hispanic										
Yes	22,726	47.21%	7563	36.64%	861	26.78%	5703	58.03%	8599	61.66%
No	14,399	29.91%	8519	41.28%	2049	63.73%	1798	18.29%	2033	14.58%
Decline to answer/Missing	11,017	22.88%	4557	22.08%	820	25.51%	2327	23.68%	3313	23.76%
Race (Multiple response)										
American Indian/Alaska Native	2,132	4.49%	1067	5.22%	191	5.94%	449	4.69%	425	3.09%
Asian	3,090	6.50%	1702	8.33%	300	9.33%	500	5.22%	588	4.27%
Black	5,721	12.04%	2705	13.24%	516	16.05%	912	9.52%	1588	11.54%
Native Hawaiian/Pacific Islander	698	1.47%	312	1.53%	42	1.31%	171	1.78%	173	1.26%
White/Caucasian	15,757	33.15%	7424	36.33%	1536	47.78%	2391	24.96%	4406	32.01%
Other	8,180	17.21%	2542	12.44%	426	13.25%	2405	25.10%	2807	20.39%
Unknown	3,099	6.52%	1256	6.15%	109	3.39%	890	9.29%	844	6.13%
Decline to answer/Missing	8,853	18.63%	3429	16.78%	627	19.50%	1863	19.44%	2934	21.31%
How long have you received services here?										
Less Than One Month	2,594	3.64%	952	6.96%	71	2.74%	563	7.62%	1008	9.26%
One to 5 Months	8,619	12.11%	2785	20.36%	273	10.53%	2107	28.53%	3454	31.72%
6 Months to One Year	8,324	11.69%	2585	18.90%	303	11.69%	2201	29.80%	3,235	29.71%
More Than One Year	14,629	20.55%	7355	53.78%	1568	60.49%	2514	34.04%	3192	29.31%
Were the services you received or written materials provided in the Language you prefer?										
Yes	35,585	96.13%	14618	96.01%	2861	96.14%	6962	94.54%	11,144	97.31%
No	1,433	3.87%	608	3.99%	115	3.86%	402	5.46%	308	2.69%

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	4.45	4.44 - 4.47	94.8%	4.26	4.24 - 4.27	92.4%
General satisfaction	4.40	4.39 - 4.42	93.7%	4.28	4.27 - 4.30	91.9%
Outcome	4.01	4.00 - 4.03	79.9%	3.92	3.90 - 3.93	78.1%
Participation in Treatment Planning	4.32	4.31 - 4.34	92.0%	4.10	4.09 - 4.12	85.0%
Cultural Appropriateness	4.59	4.57 - 4.60	97.7%	4.39	4.38 - 4.41	95.4%
Social Connectedness	4.30	4.28 - 4.31	92.9%	4.15	4.13 - 4.17	88.9%
Functioning	4.02	4.01 - 4.04	79.3%	3.96	3.94 - 3.97	77.8%

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	4.38	4.37 - 4.39	91.9%	4.38	4.35 - 4.4	92.7%
General satisfaction	4.49	4.48 - 4.5	92.2%	4.48	4.46 - 4.51	93.2%
Outcome	4.06	4.05 - 4.07	79.1%	4.08	4.05 - 4.10	81.6%
Participation in Treatment Planning	4.37	4.36 - 4.38	92.3%	4.37	4.35 - 4.39	93.1%
Cultural Appropriateness	4.39	4.38 - 4.39	91.7%	4.37	4.35 - 4.39	93.1%
Social Connectedness	4.06	4.05 - 4.07	79.1%	4.02	3.99 - 4.05	79.3%
Functioning	4.05	4.04 - 4.06	76.8%	4.04	4.02 - 4.07	78.7%

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

	Adult		Older Adult	
	N	%	N	%
How do you feel about life in general?				
Unhappy	699	14.5%	94	14.0%
Mixed	1593	33.1%	159	23.6%
Satisfied	2514	52.3%	420	62.4%
How do you feel about the living arrangement where you live?				
Unhappy	815	16.8%	117	17.1%
Mixed	1154	23.8%	120	17.6%
Satisfied	2883	59.4%	446	65.3%
How do you feel about the privacy you have there?				
Unhappy	889	18.5%	110	16.2%
Mixed	959	20.0%	108	15.9%
Satisfied	2958	61.5%	463	68.0%
How do you feel about the prospect of staying on where you currently live for a long period of time?				
Unhappy	1040	21.7%	116	17.2%
Mixed	1132	23.7%	118	17.5%
Satisfied	2612	54.6%	441	65.3%
How do you feel about the way you spend your spare time?				
Unhappy	719	14.9%	82	12.0%
Mixed	1406	29.1%	179	26.1%
Satisfied	2711	56.1%	425	62.0%
How do you feel about the chance you have to enjoy pleasant or beautiful thing?				
Unhappy	538	11.2%	84	12.3%
Mixed	1227	25.6%	129	18.9%
Satisfied	3027	63.2%	468	68.7%
How do you feel about the amount of fun you have?				
Unhappy	759	15.9%	109	16.1%
Mixed	1367	28.6%	175	25.8%
Satisfied	2659	55.6%	395	58.2%

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

	Adult		Older Adult	
	N	%	N	%
How do you feel about the amount of relaxation in your life?				
Unhappy	778	16.2%	81	11.9%
Mixed	1266	26.4%	126	18.6%
Satisfied	2747	57.3%	471	69.5%
In general, how often do you get together with a member of your family?				
1-not at all	568	13.02%	N/A	N/A
2-Less than once a month	541	12.40%	N/A	N/A
3-at least once a month	717	16.43%	N/A	N/A
4-at least once a week	1058	24.25%	N/A	N/A
5-at least once a day	1163	26.66%	N/A	N/A
8-No family/ Not applicable	316	7.24%	N/A	N/A
Total	4363	100.00%		
How do you feel about the way you and your family act toward each other?				
Unhappy	779	16.2%	102	14.9%
Mixed	1140	23.8%	126	18.4%
Satisfied	2612	54.5%	368	53.7%
No family/ Not applicable	263	5.5%	89	13.0%
How do you feel about the way things are in general between you and your family?				
Unhappy	752	15.8%	98	14.4%
Mixed	1138	23.9%	124	18.2%
Satisfied	2618	55.0%	375	55.0%
No family/ Not applicable	255	5.4%	85	12.5%
How often do you visit with someone who does not live with you?				
Not at all	758	16.32%	N/A	N/A
Less than once a month	597	12.85%	N/A	N/A
At least once a month	948	20.41%	N/A	N/A
At least once a week	1496	32.21%	N/A	N/A
At least once a day	514	11.07%	N/A	N/A
Not applicable	332	7.15%	N/A	N/A
Total	4645	100.00%		

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

	Adult		Older Adult	
	N	%	N	%
How often do you spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?				
Not at all	1137	24.96%	N/A	N/A
Less than once a month	245	5.38%	N/A	N/A
At least once a month	343	7.53%	N/A	N/A
At least once a week	755	16.57%	N/A	N/A
At least once a day	846	18.57%	N/A	N/A
Not applicable	1230	27.00%	N/A	N/A
Total	4556	100.00%		
How do you feel about:				
things you do with other people?				
Unhappy	386	8.3%	45	7.0%
Mixed	1306	28.2%	141	21.8%
Satisfied	2936	63.4%	460	71.2%
the amount of time you spend with other people				
Unhappy	572	12.5%	70	10.9%
Mixed	1273	27.9%	157	24.4%
Satisfied	2724	59.6%	416	64.7%
the people you see socially				
Unhappy	466	10.3%	55	8.7%
Mixed	1206	26.8%	138	21.9%
Satisfied	2831	62.9%	437	69.4%
the amount of friendships in your life				
Unhappy	844	18.6%	92	14.6%
Mixed	1116	24.5%	149	23.6%
Satisfied	2587	56.9%	390	61.8%
During the past month, did you generally have enough money to cover the following items?				
Food (Yes)	3533	74.71%	N/A	N/A
Clothing (Yes)	3036	64.46%	N/A	N/A
Housing (Yes)	3302	70.47%	N/A	N/A
Travelling around for things like shopping, medical appointments, or visiting friends and relatives.	2926	63.55%	N/A	N/A
Social activities like movies or eating in restaurants	2232	48.84%	N/A	N/A

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

	Adult		Older Adult	
	N	%	N	%
In the past month were you a victim of a violent crime such as assault, rape, mugging or robbery	233	4.97%	25	3.95%
In the past month were you a victim of nonviolent crimes such as burglary, theft of your property or money, or being cheated	404	8.68%	54	8.53%
In the past month, how many times have you been arrested for any crimes				
No arrests	4370	96.7%	584	97.8%
One arrest	95	2.1%	9	1.5%
Two arrests	25	0.6%	0	0.0%
Three arrests	14	0.3%	4	0.7%
Four or more arrests	17	0.4%	0	0.0%
How do you feel about how safe you are on the streets in your neighborhood				
Unhappy	561	11.8%	78	11.7%
Mixed	1037	21.9%	123	18.4%
Satisfied	3142	66.3%	466	69.9%
How do you feel about how safe you are where you live				
Unhappy	453	9.6%	61	9.1%
Mixed	827	17.5%	100	14.9%
Satisfied	3444	72.9%	508	75.9%
How do you feel about the protection you have against being robbed or attacked				
Unhappy	624	13.3%	85	12.9%
Mixed	1043	22.3%	123	18.6%
Satisfied	3012	64.4%	453	68.5%
How do you feel about your health in general				
Unhappy	877	18.4%	109	16.1%
Mixed	1357	28.5%	195	28.9%
Satisfied	2524	53.0%	371	55.0%
How do you feel about your physical condition				
Unhappy	1032	21.9%	155	23.2%
Mixed	1335	28.3%	185	27.7%
Satisfied	2355	49.9%	327	49.0%
How do you feel about your emotional well-being				
Unhappy	918	19.5%	99	14.8%
Mixed	1429	30.3%	192	28.7%
Satisfied	2370	50.2%	377	56.4%

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	%
Are you on medication for emotional / behavioral problems?	3,593	30.10%	2,743	36.02%
In the last year, did you see a medical doctor (or nurse) for a health check-up or because you were sick?				
Yes, in a clinic or office	8,584	70.82%	4,629	58.07%
Yes, but only in a hospital ER	776	6.40%	957	12.00%
No	2,352	19.40%	1,179	14.79%
Do not remember	409	3.37%	1,194	14.98%
Total	12,121	100.00%	7,972	100.00%
Approximately, how long have you received services here?				
Less than One Month	1,008	9.26%	563	7.62%
One to Five Months	3,453	31.71%	2,107	28.53%
Six Months to One Year	3,235	29.71%	2,201	29.80%
More Than one Year	3,192	29.32%	2,514	34.04%
Total	10,888	100.00%	7,385	100.00%
School Suspension				
Services more than 1 year:				
Was your child/ you expelled or suspended from school in the past 12 months?	445	10.00%	456	13.94%
Was your child/ you expelled or suspended from school in the 12 months prior to that?	407	7.77%	456	13.24%
Over the last year, number of days you were in school:				
Greater	1132	30.57%	939	30.14%
About the same	1,447	39.08%	1,254	40.26%
Less	379	10.23%	338	10.85%
Does not apply	1,167	31.51%	584	18.75%
Total	4,125	111.40%	3,115	100.00%

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

	Family		Youth	
	N	%	N	%
Services less than 1 year:				
Was your child/ you expelled or suspended from school since beginning services?	577	6.70%	541	10.28%
Was your child/you expelled or suspended during the 12 months prior to that?	664	8.55%	667	13.26%
Since starting to receive services, the number of days your child/you were in school:				
Greater	1,723	21.16%	1,261	24.74%
About the same	3,145	38.62%	2,466	48.38%
Less	482	5.92%	406	7.97%
Does not apply	2,793	34.30%	964	18.91%
Total	8,143	100.00%	5,097	100.00%
Is your child currently living with you? [Family Survey only]				
Yes	10,192	98.00%		
No	208	2.00%		
Have you or your child lived in any of the following places in the last 6 months?**				
With one or both parents	8,366	82.08%	6,296	64.19%
With another family member	908	8.91%	1,401	14.28%
Foster home	1002	9.83%	582	5.93%
Therapeutic foster home	49	0.48%	47	0.48%
Crisis shelter	75	0.74%	90	0.92%
Homeless shelter	132	1.30%	82	0.84%
Group home	101	0.99%	309	3.15%
Residential treatment center	105	1.03%	194	1.98%
Hospital	174	1.71%	263	2.68%
Local jail or detention center	73	0.72%	146	1.49%
State correctional facility	13	0.13%	41	0.42%
Runaway/Homeless/On the streets	71	0.70%	148	1.51%
Other (describe)	280	2.75%	338	3.45%

** For Family survey, percentage calculated from parents who reported their child is currently living with them, N = 10,192

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

	Adult/Older Adult		Youth/Family	
	N	%	N	%
Have you been arrested in the past 12 months? *				
Yes	1,973	7.40%	626	2.83%
No	24,681	92.60%	21,532	97.17%
Total**	26,654	100.00%	22,158	100.00%
Since you began to receive mental health services, have your encounters with police**				
Reduced	4,409	18.95%	1,536	6.52%
Stayed the same	1,708	7.34%	1,024	4.84%
Increased	457	1.96%	333	1.64%
Not applicable (had no police encounters this year or last year)	16,694	71.75%	20,668	85.56%
Total	23,268	100.00%	23,561	100.00%

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

Table 7: Telehealth Services

	Family		Youth		Adults		Older Adult	
	N	%	N	%	N	%	N	%
Thinking about the services you received, how much of it was by telehealth?								
None	6,393	42.8%	3,880	39.5%	5,713	27.7%	1020	27.3%
Very little	3,654	24.5%	2,641	26.9%	6,192	30.0%	1094	29.3%
About half	733	4.9%	731	7.4%	2,699	13.1%	527	14.1%
Almost All	443	3.0%	270	2.7%	1,411	6.8%	223	6.0%
All	352	2.4%	167	1.7%	1,041	5.0%	150	4.0%
Decline to Answer/Missing	3,369	22.5%	2,139	21.8%	3,583	17.4%	716	19.2%
How helpful were telehealth visits compared to traditional in-person visits?								
Much Worse	138	2.7%	111	2.9%	237	2.1%	48	2.4%
Somewhat Worse	644	12.4%	603	15.8%	1,042	9.2%	185	9.3%
About the same	2,508	48.4%	2,147	56.4%	5,747	50.7%	939	47.1%
Somewhat better	468	9.0%	306	8.0%	1,280	11.3%	231	11.6%
Much better	685	13.2%	318	8.3%	1,956	17.2%	285	14.3%
Decline to answer/Missing	739	14.3%	324	8.5%	1,081	9.5%	306	15.3%
I would prefer to receive more of my mental health treatment at this program by telehealth								
Strongly Disagree	1,639	11.0%	1,009	10.3%	2,059	10.0%	454	12.2%
Disagree	1,523	10.2%	1,177	12.0%	2,226	10.8%	417	11.2%
I am Neutral	2,219	14.8%	1,629	16.6%	4,605	22.3%	738	19.8%
Agree	773	5.2%	492	5.0%	1,982	9.6%	406	10.9%
Strongly Agree	509	3.4%	278	2.8%	1,661	8.0%	219	5.9%
Decline to answer/Missing	8,281	55.4%	5,243	53.3%	8,106	39.3%	1496	40.1%

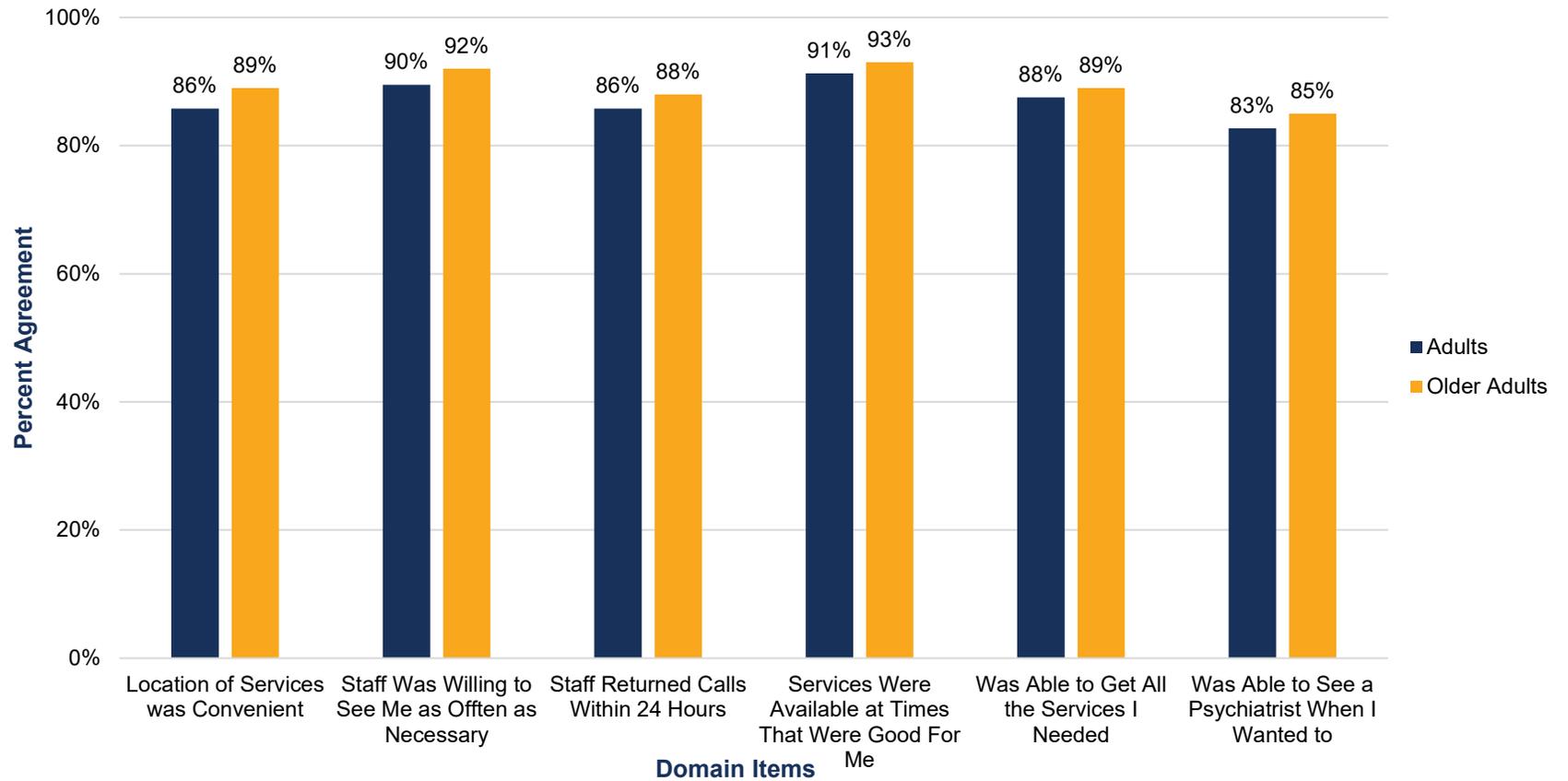**Figure 1a. Access Domain Items - Adults and Older Adults 2025**

Domain Items	Adults	Older Adults
Location of Services was Convenient	86%	89%
Staff Was Willing to See Me as Offten as Necessary	90%	92%
Staff Returned Calls Within 24 Hours	86%	88%
Services Were Available at Times That Were Good For Me	91%	93%
Was Able to Get All the Services I Needed	88%	89%
Was Able to See a Psychiatrist When I Wanted to	83%	85%

Figure 1b. Access Domain Items - Youth and YSS-F 2025
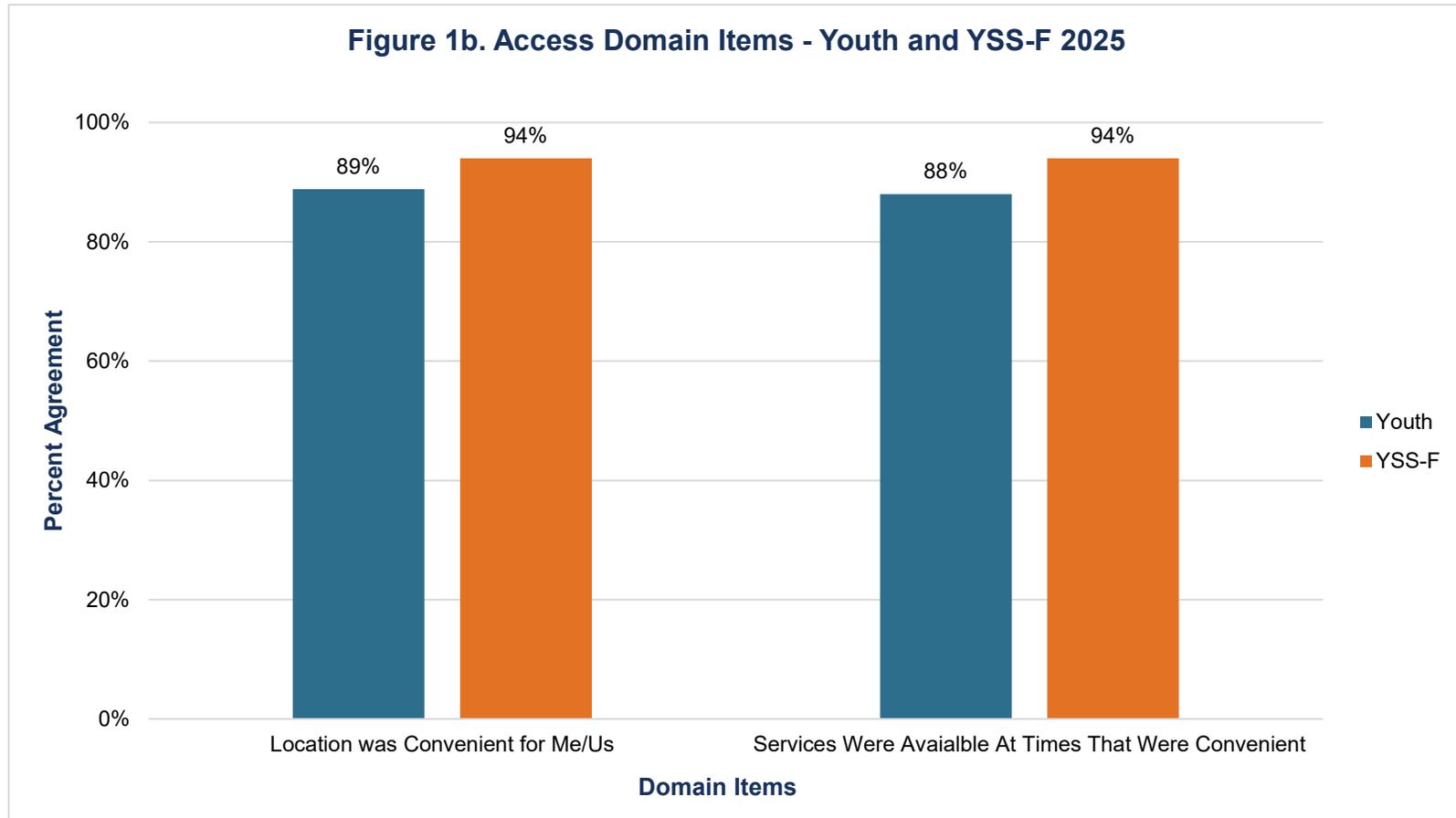
Figure 2a. Quality of Care Domain Items - Adults and Older Adults 2025
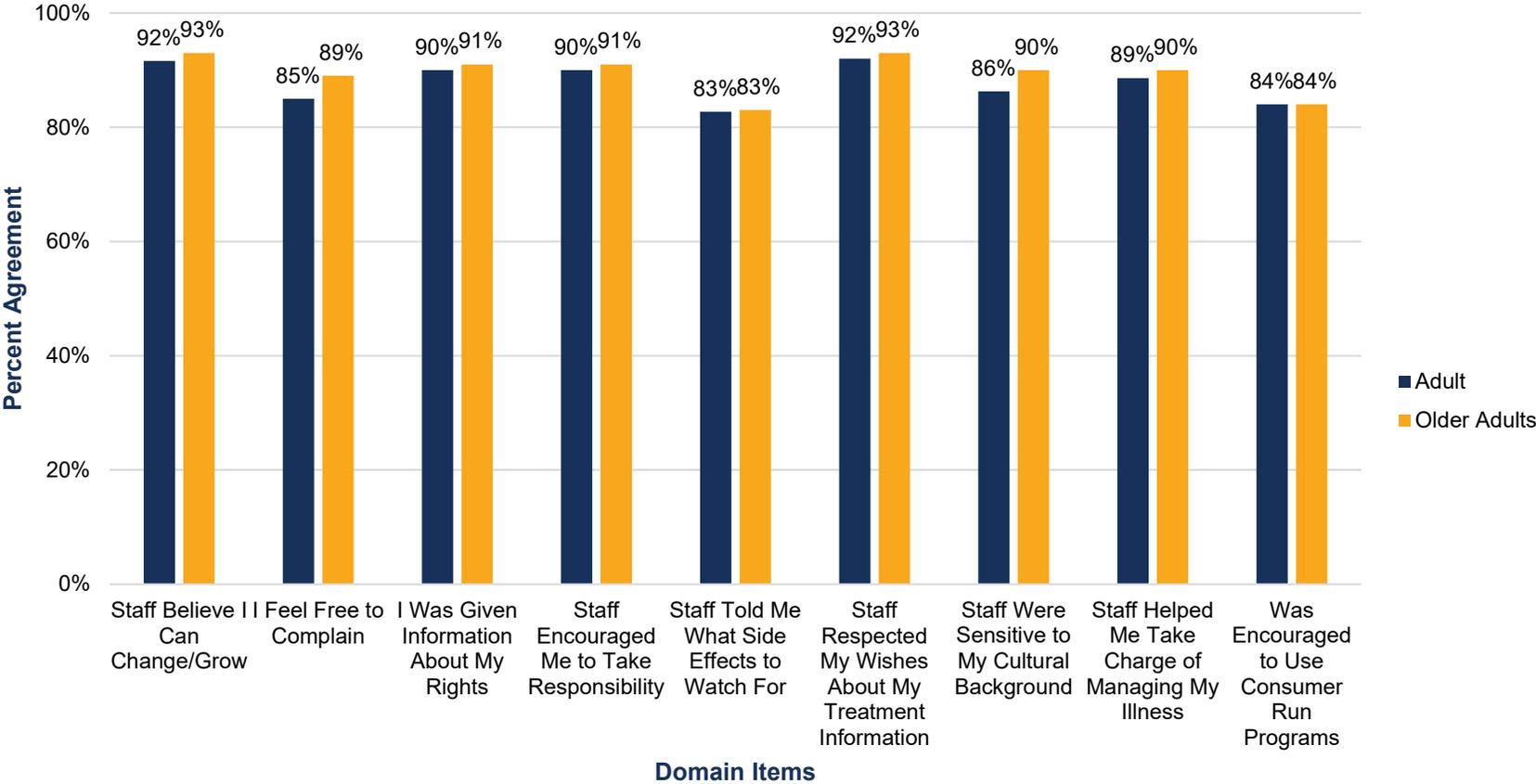
Figure 2b. Quality of Care Domain Items - Youth and YSS-F 2025

Percent Agreement by Domain Items:

- Staff Treated Me with Respect: Youth 96%, YSS-F 98%
- Staff Respected my Religious/Spiritual Beliefs: Youth 92%, YSS-F 96%
- Staff Spoke with Me In a Way That I Understood: Youth 95%, YSS-F 98%
- Staff Were Sensitive to My Cultural Background: Youth 83%, YSS-F 96%

Legend: Youth (blue), YSS-F (orange)
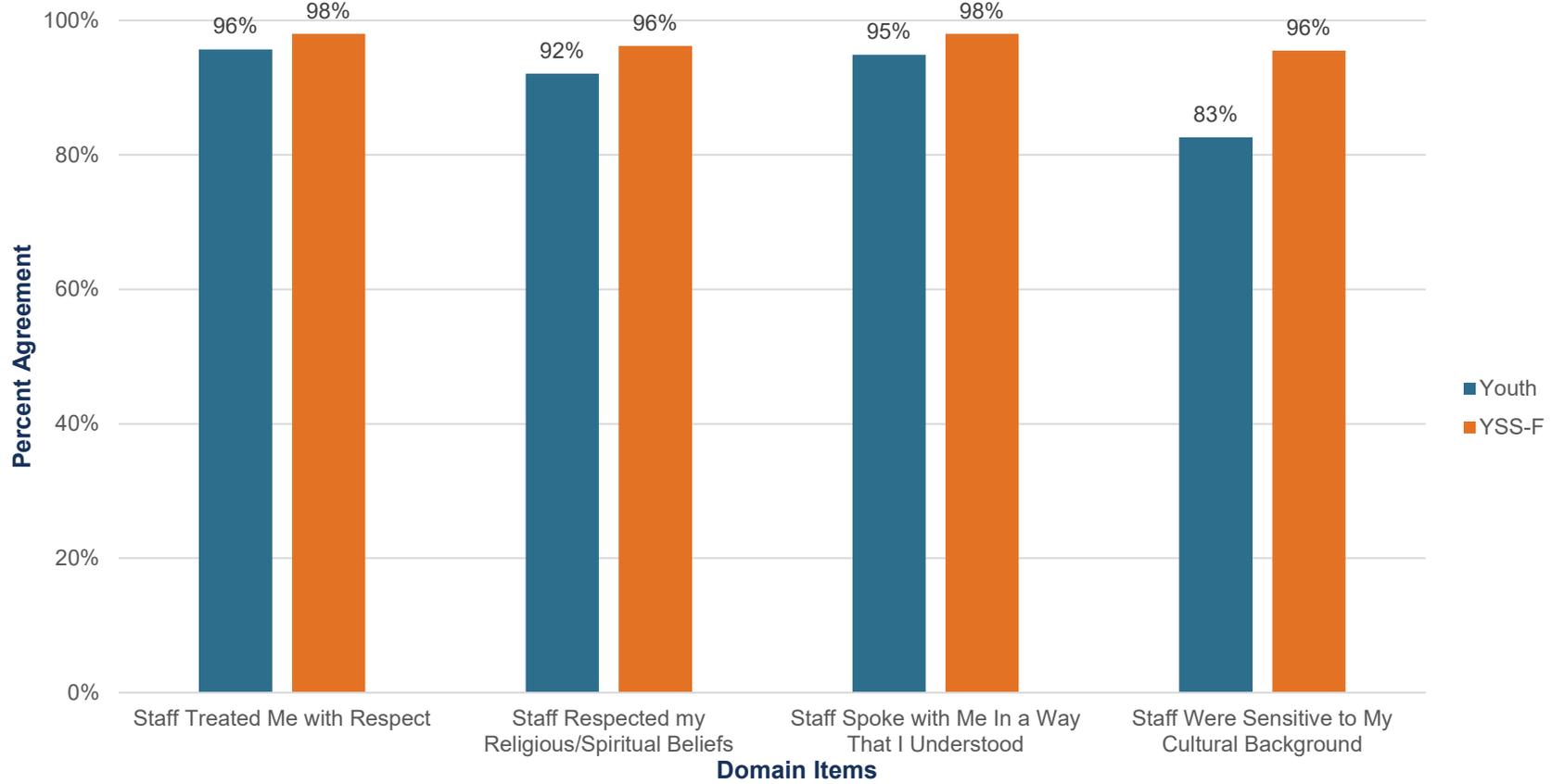
Figure 3a. Participation in Treatment Planning Domain Items - Adults and Older Adults 2025
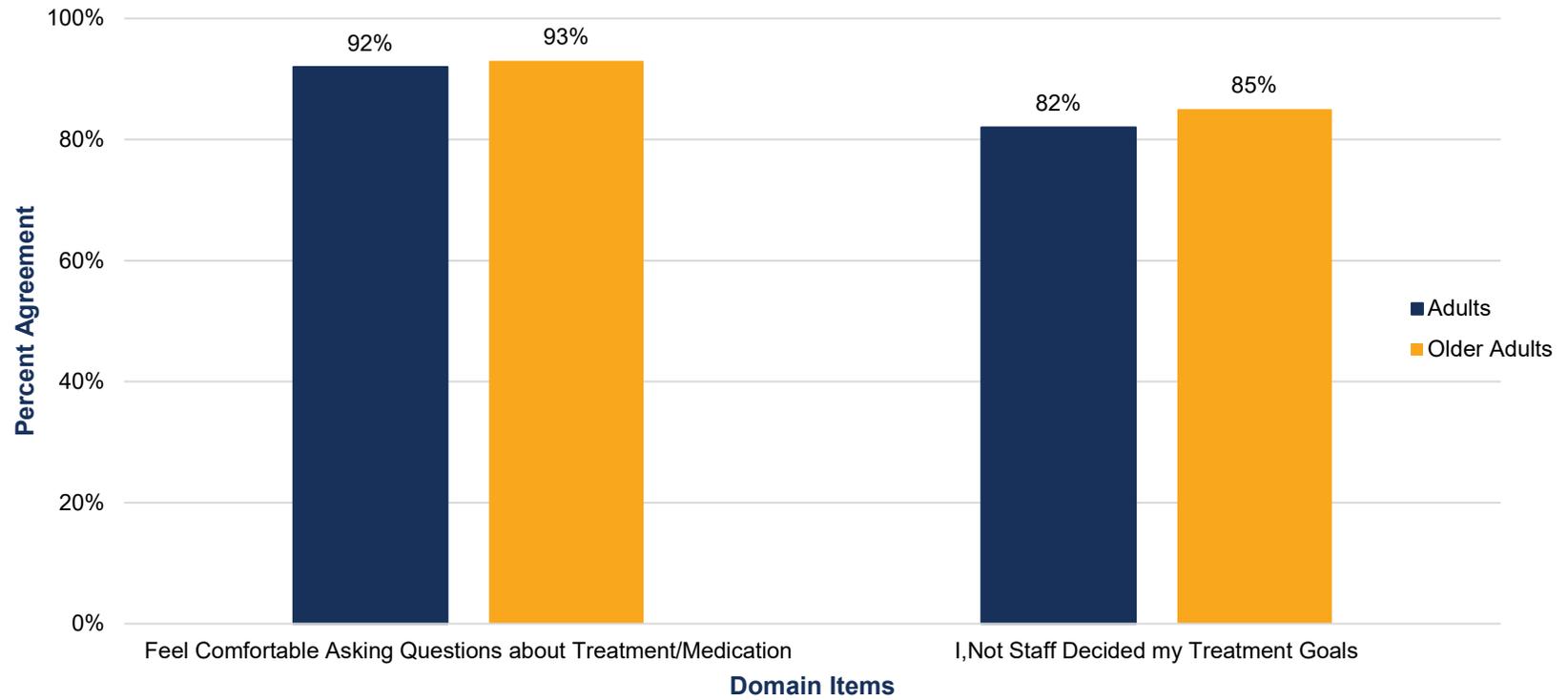
Figure 3b. Participation in Treatment Planning Domain Items - Youth and YSS-F 2025

Youth
YSS-F

I Chose My/My Child's Services: Youth 75%, YSS-F 90%

I Chose My/My Child's Treatment Goals: Youth 87%, YSS-F 91%

I Participated in My/My Child's Treatment: Youth 89%, YSS-F 94%

Percent Agreement
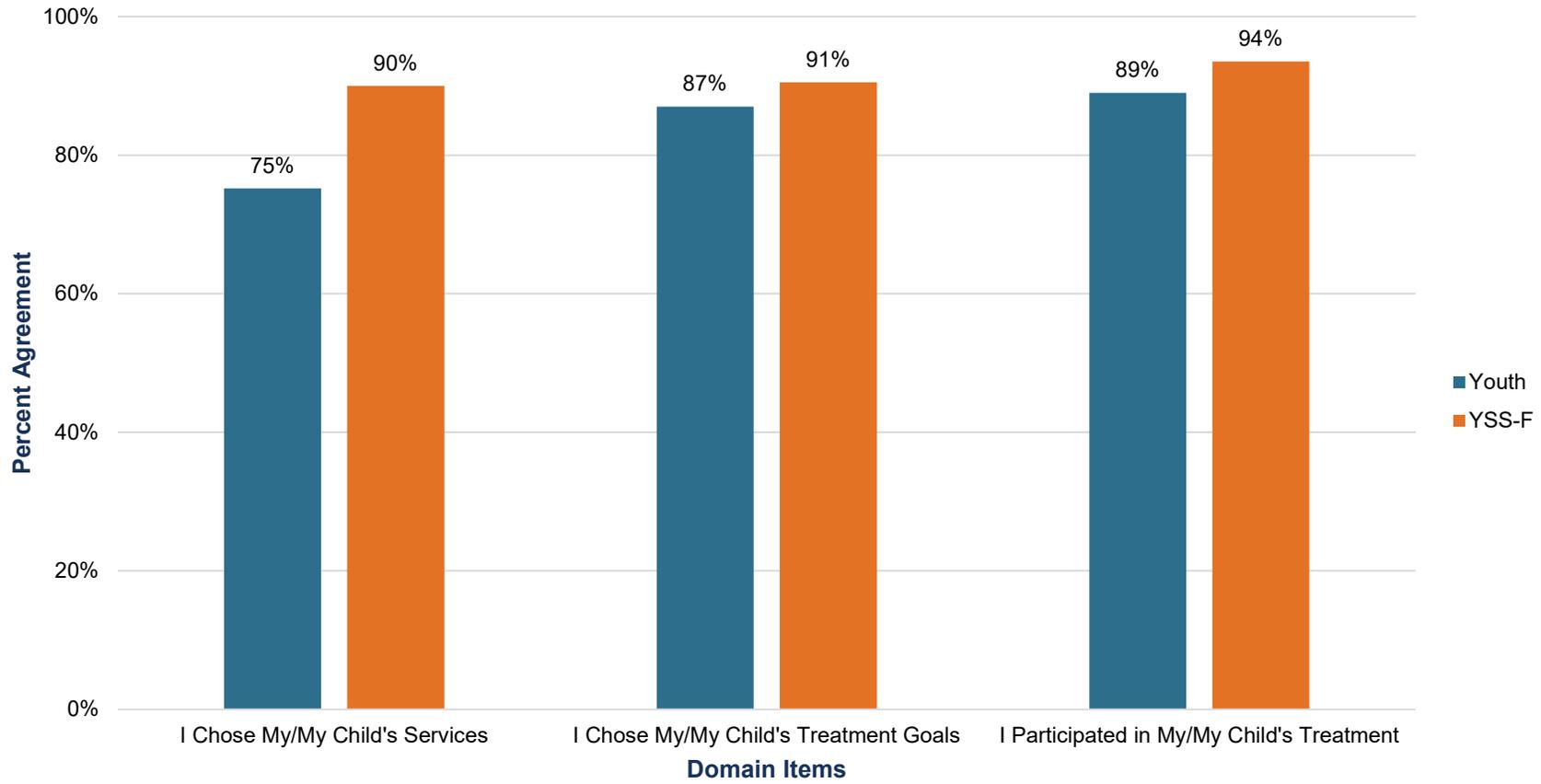
Domain Items

Figure 4a. General Satisfaction Domain Items - Adults and Older Adults 2025
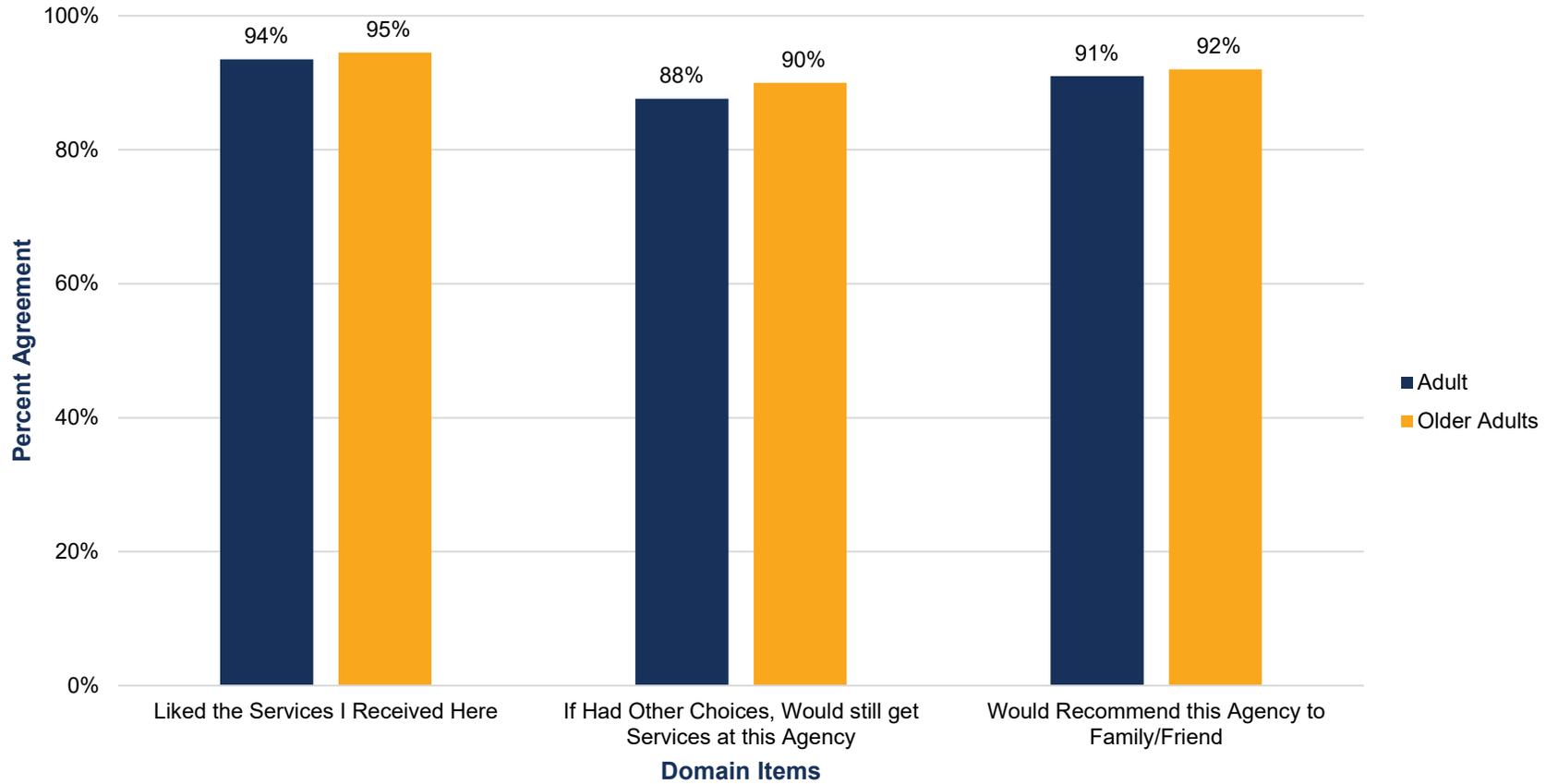
Figure 4b. General Satisfaction Domain Items - Youth and YSS-F 2025
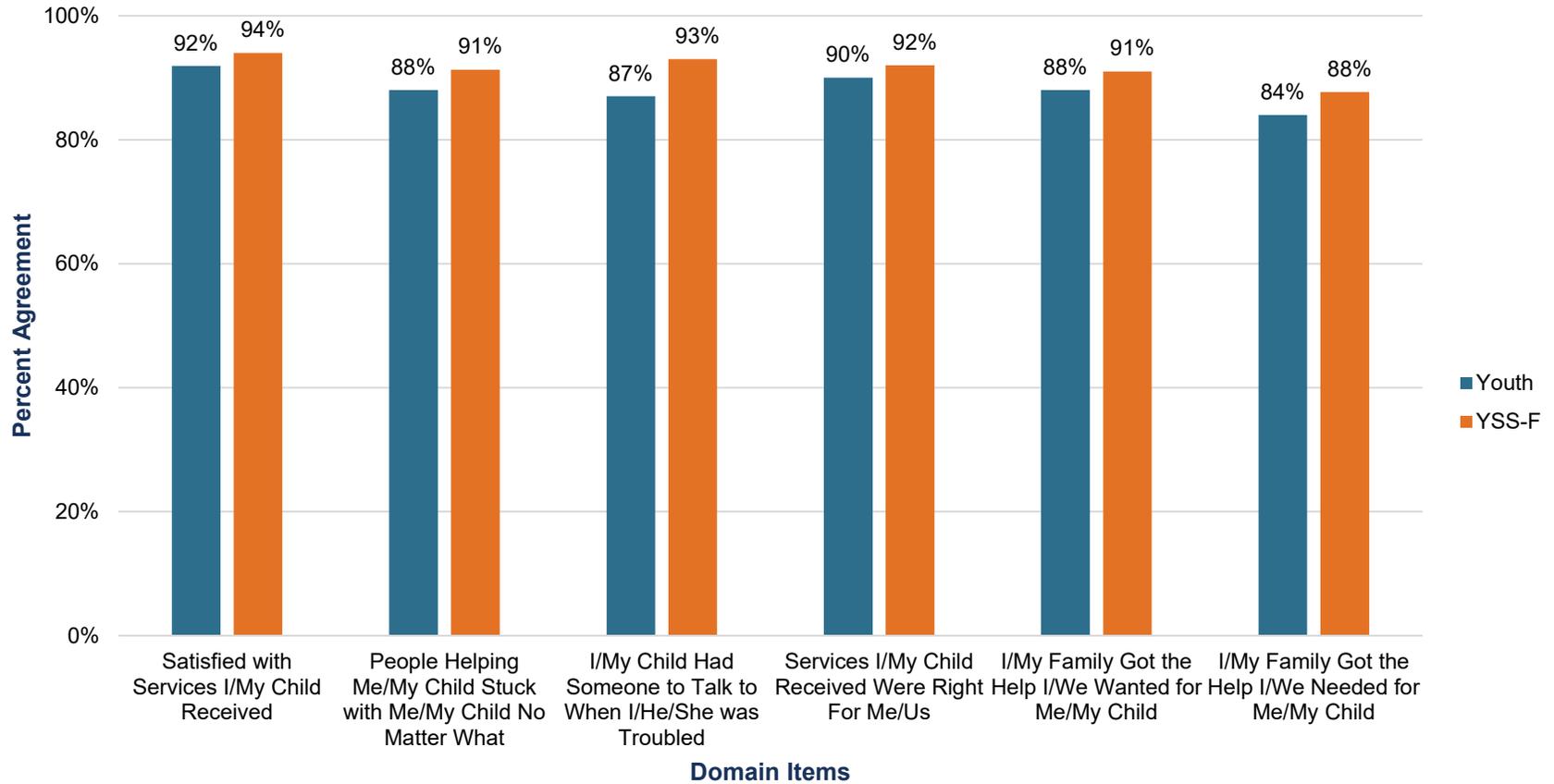
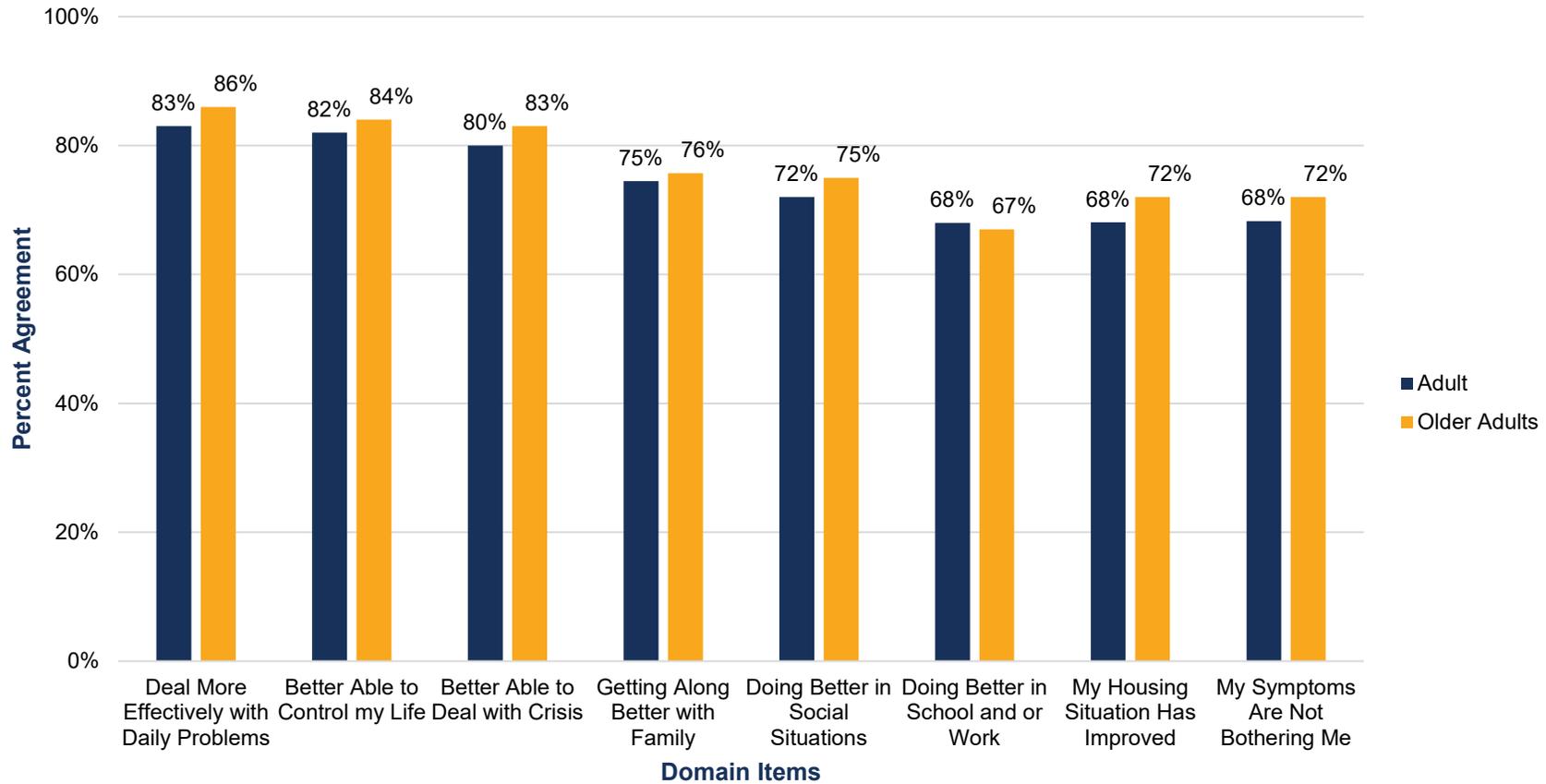**Figure 5a. Outcome Domain Items - Adults and Older Adults 2025**

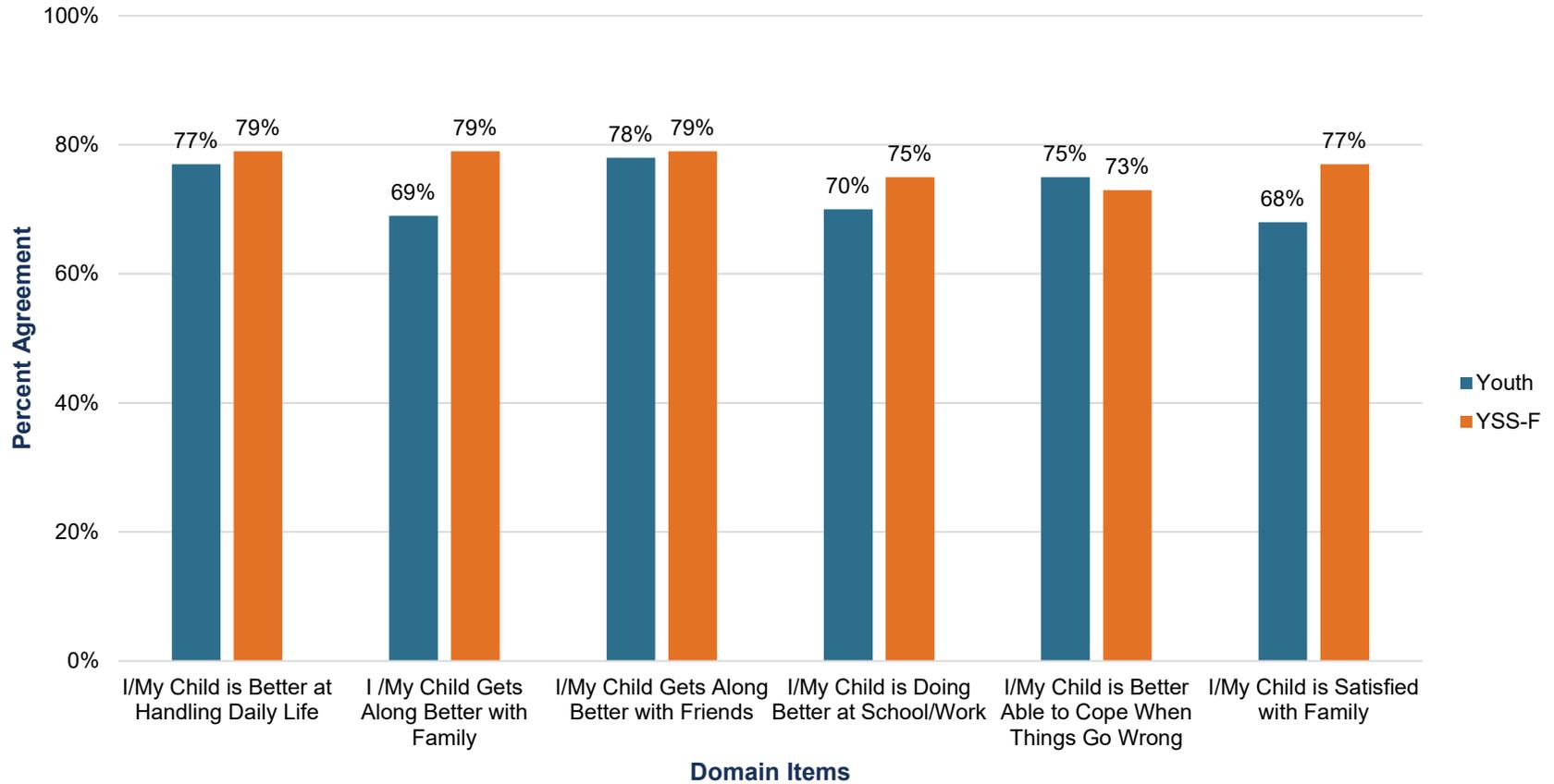**Figure 5b. Outcome Domain Items - Youth and YSS-F 2025**

Percent Agreement

Domain Items	Youth	YSS-F
I/My Child is Better at Handling Daily Life	77%	79%
I /My Child Gets Along Better with Family	69%	79%
I/My Child Gets Along Better with Friends	78%	79%
I/My Child is Doing Better at School/Work	70%	75%
I/My Child is Better Able to Cope When Things Go Wrong	75%	73%
I/My Child is Satisfied with Family	68%	77%

Figure 6a. Improved Functioning Domain Items - Adults and Older Adults 2025

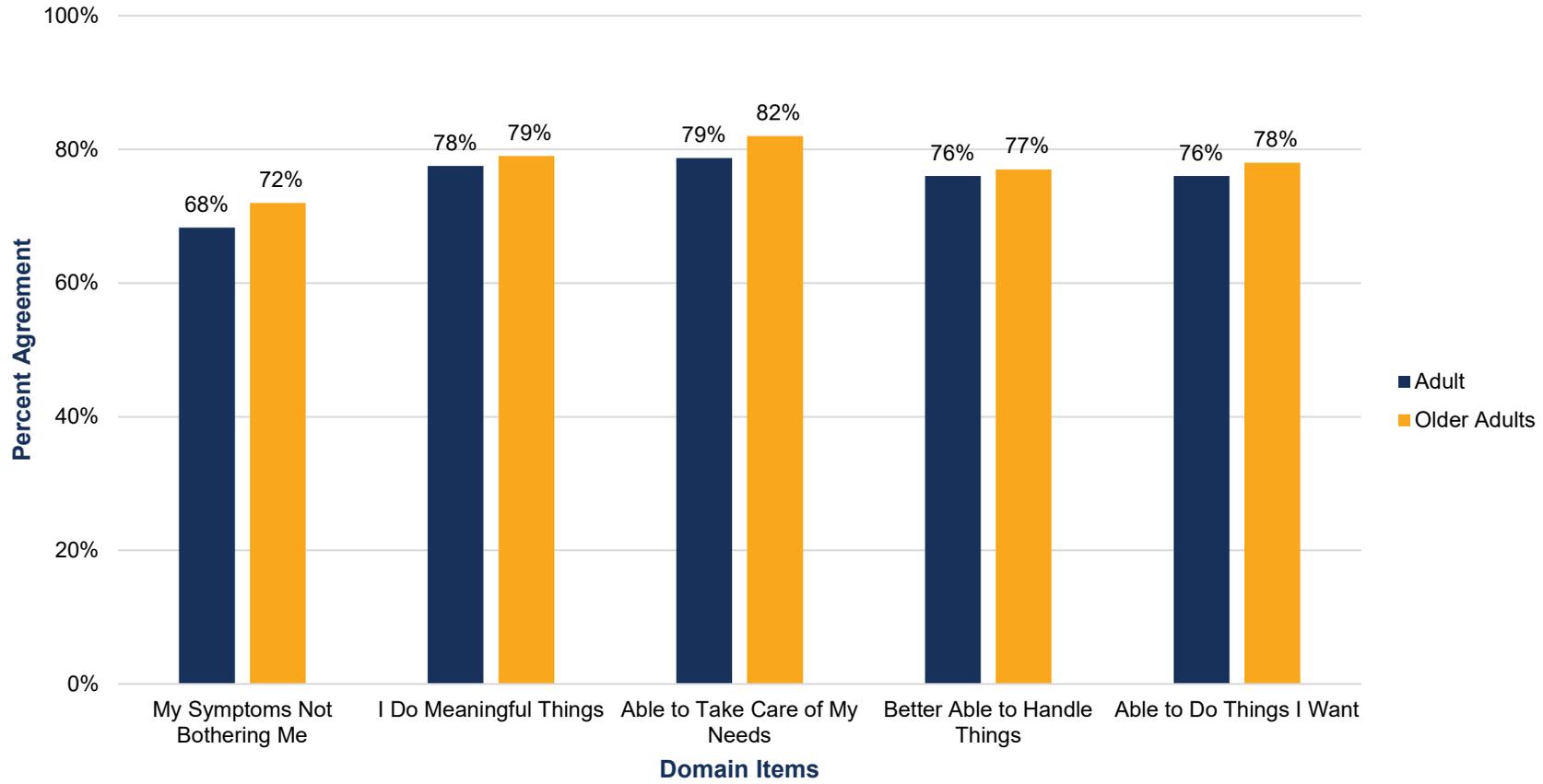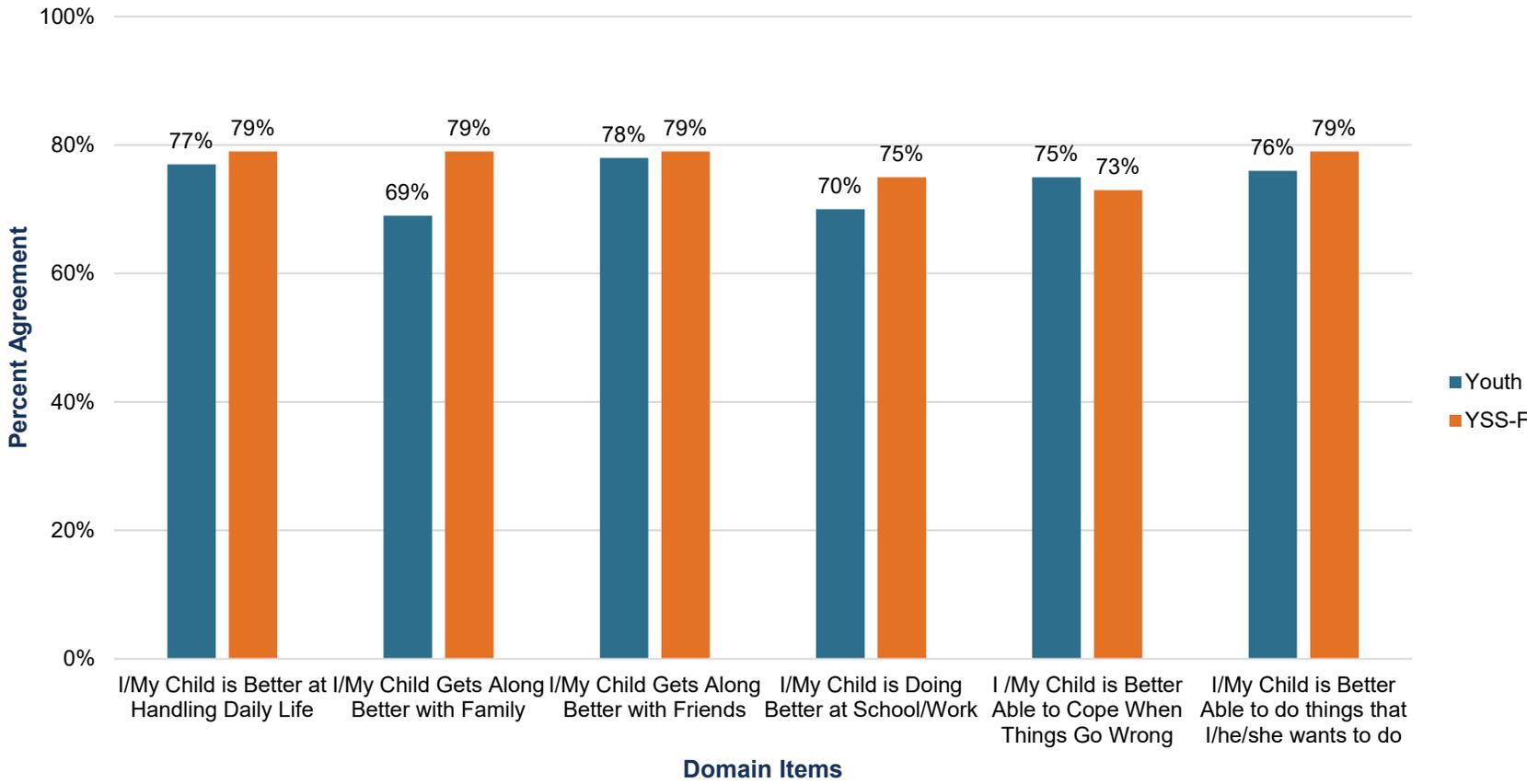Figure 6b. Improved Functioning Domain Items - Youth and YSS-F 2025

Figure 7a. Social Connectedness Domain Items - Adults and Older Adults 2025

Percent Agreement

Domain Items

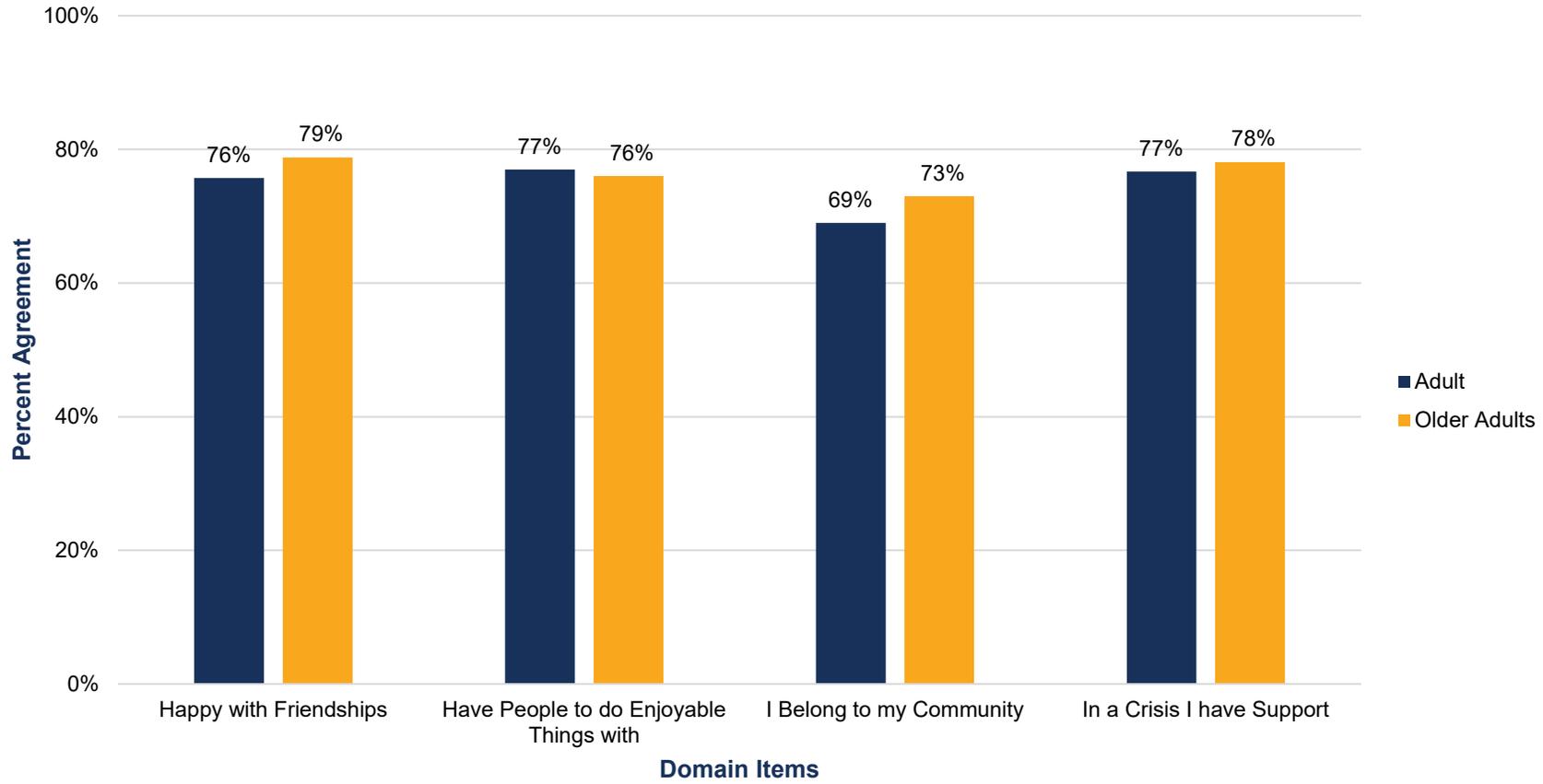|	Happy with Friendships	Have People to do Enjoyable Things with	I Belong to my Community	In a Crisis I have Support
Adult	76%	77%	69%	77%
Older Adults	79%	76%	73%	78%

Figure 7b. Social Connectedness Domain Items - Youth and YSSF 2025