

CONSUMER PERCEPTION SURVEYS 2026

MAY 18-22ND

PURPOSE OF THE MENTAL HEALTH CONSUMER PERCEPTION SURVEY (CPS)

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

DISTRIBUTION INSTRUCTIONS FOR AA/HIT'S

A. **LOCATION:** All administration materials can be found here: [Quality Support Services - County of San Luis Obispo](#)

B. WHO GET'S THE SURVEY?

Please give each client who comes into your clinic site during the week of May 18-22nd a survey form to complete. All patients receiving mental health services during the five-day period should be surveyed.

Examples of Settings (not all inclusive):

- Mental Health Services
- Case Management
- Medication Services
- MHSA – FSP, PEI, or FCCS
- Day Treatment
- Telehealth
- Wellness Centers
- Field Based Outpatient services

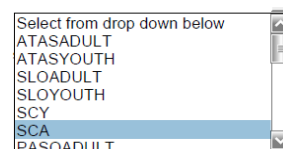
C. TYPES:

There are four types of Survey Forms (eng/span) – **please pick according to the needs of your site.**

- Adult (no QOL) (for ages 18-59),
- Older Adult (no QOL) (for age 60+)
- Youth Services Survey (ages 13-17 & transition-age youth who still receive services in child system)
- Youth Services Survey for Families (for parents/caregivers of youth under age 18).

D. PRINTING

1. **prior to printing** - be sure **your site** is listed correctly from the drop-down menu on the last page.



2. Please **PRINT the forms DIRECTLY** from the PDF files provided.



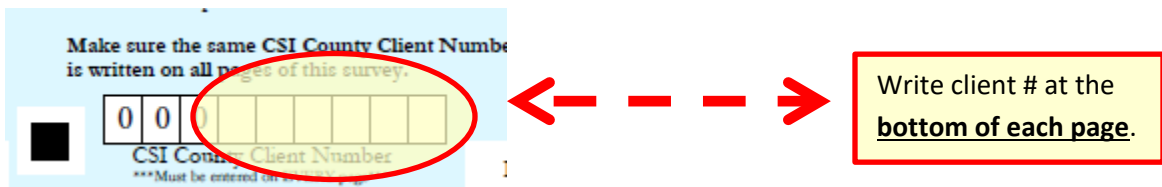
- Please help our agency make services better by answering some questions. Your answers are confidential and will be used to improve future services you will receive. For each survey item below, please fill in the circle that corresponds to the best answer.

- Double sided? – **yes**, you may print the surveys double-sided.
- Black & white or color? – **yes**, to both
- **DO NOT** photocopy (these cannot be scanned)
- Staple surveys? - **yes** – you may staple upper left corner.

3. **PREPARE SURVEY FORMS PRIOR TO GIVING TO CLIENTS/CONSUMERS**
(AA/HITs will fill in the below).

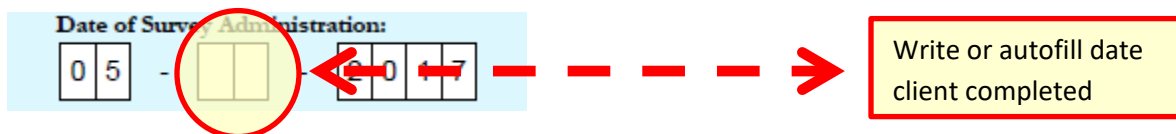
A. CLIENT ID NUMBER

The Client's record number **must be filled in** on the bottom of **each page of the survey**. This number links the pages together during scanning. Without this number, the data will not get to the database.



B. DATE OF SURVEY ADMINISTRATION

This item is found in the "For Office Use Only" section.
Please write in the correct day *(on last page of survey)*.



C. NON-COMPLETED/REFUSED SURVEYS:

Please note the method to record Reason Codes for not completing a survey for consumers who are offered an online or a paper survey.

This can be done in two ways:

1. Entered on last page of paper survey.
2. Entered on UCLA's online tool. If used, documentation/entry of Reason Codes to be completed by the clinic administrative staff.



UCLA online tool instructions:

Reasons for all four survey types can be completed on the same link.

<https://uclahs.fyi/CPS2026Reasons>

- Select type of survey

CPS Consumer Survey Type

MHSIP Adult (no QOL)	MHSIP Adult+QOL	MHSIP Older Adult (no QOL)	MHSIP Older Adult+QOL	YSS Youth	YSS-F Parent/Family
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**QOL = quality of life survey not used for SLOBHD.*

Was consumer offered online or paper? Select either if offered both.

Was this consumer offered an online or paper survey?

Online Paper

Documentation/entry of Reason Codes must also include

- County Code = 40
- Date of Survey = date
- CSI County Client Number = Client Number
- County Reporting Unit = your clinic/site location (e.g., SLO Adult)

County Code (2 digits) 40

Date of survey administration (MM/DD/YYYY) 04/27/2026

CSI County Client Number 123456

County Reporting Unit* SLO Adult

** Optional*

use your clinic location

Reason codes are used to document why a consumer does not complete the CPS Survey during the survey collection week.

- Refused (Ref) - Client refused to complete the survey
- Impaired (Imp)- Client is too impaired (mentally or physically) to complete the survey
- Language (Lan) - Client is unable to complete survey as survey is not in a language the client understands
- Other (Oth) – any other reason

D. PENS/WRITING UTENSILS

Please provide only black or dark blue pens for the client to complete the survey (**NO pencils**).

E. MARKINGS:

Please ***DO NOT*** make ***any markings*** in the box in the lower right-hand corner of the surveys that contain a black and white geometric pattern (example to the right). Any markings over this box will cause the survey to be invalid.



F. ENVELOPES AND ENSURING CONFIDENTIALITY:

1. Please post a manila envelope for the Consumer/Caregivers to place their completed survey.
2. Assure the Consumer/Caregiver that no one will see their responses.
3. Send completed surveys to: Sara Epps, QST – Health Campus Room 202,
4. Deadline: Friday June 05, 2026

FAQ and other:

Survey Administration by Short Doyle / Medi-Cal Providers

- Surveys should be administered to ALL consumers regardless of the funding stream (i.e., Medi-Cal versus Indigent).
- Surveys should be administered to ALL consumers receiving outpatient services during the survey period.
- Do not use clinical or service delivery staff for survey administration.
- It is permissible to use staff who do not provide direct clinical services to the client.
- The use of volunteers / peers / consumers / family advocates is highly recommended.

Youth Services Survey Family (YSS-F) Who is Surveyed?

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

Thank you in advance for your participation and cooperation!!

QUESTIONS? Call or email Sara Epps 781-4875, sepps@co.slo.ca.us