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DHCS California Department of Health Care Services

Youth Services Survey - FAMILIES 2026

English

- Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice.
- Please answer the following questions based on the **LAST 6 MONTHS**, or if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you **Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree** with each of the following statements. If the question is about something you or your child have not experienced, select "**Not Applicable**" to indicate that this item does not apply.
- Please fill in the circle completely. Correct ● Incorrect ⊙ ⓧ ✓

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

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

As a direct result of the services my child and/or family received:						
23. I know people who will listen and understand me when I need to talk.	○	○	○	○	○	○
24. I have people that I am comfortable talking with about my child's problem(s).	○	○	○	○	○	○
25. In a crisis, I would have the support I need from family or friends.	○	○	○	○	○	○
26. I have people with whom I can do enjoyable things.	○	○	○	○	○	○

27. What has been the most helpful thing about the services you and your child received over the last 6 months? What would improve the services here? Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

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*** CSI County Client Number**

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Must be entered on EVERY page

DHCS 1744 EN

Please answer the following questions to let us know how your child is doing.

1. Is your child currently living with you? ○ Yes ○ No

2. Has your child lived in any of the following places in the last 6 months? *Please select all that apply*

○ With one or both parents
○ With another family member
○ Foster home
○ Therapeutic foster home
○ Crisis shelter
○ Homeless shelter
○ Group home
○ Residential treatment center
○ Hospital
○ Local jail or detention facility
○ State correctional facility
○ Runaway / homeless / on the streets
○ Other

3. In the last year, did your child see a medical doctor (or nurse) for a health check-up or because he/she was sick?

○ Yes, in a clinic or office ○ Yes, but only in a hospital or emergency room ○ No ○ Do not remember

4. Is your child on medication for emotional/behavioral problems? ○ Yes ○ No

4a. *If yes, did the doctor or nurse tell you and/or your child what side effects to watch for?* ○ Yes ○ No

5. Approximately, how long has your child received services here?

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

Please answer questions #6-11 if your child has been receiving mental health services for **ONE YEAR OR LESS**

6. Was your child arrested since beginning to receive mental health services? ○ Yes ○ No

7. Was your child arrested during the 12 months prior to that? ○ Yes ○ No

8. Since your child began to receive mental health services, have their encounters with the police…

○ Been reduced
For example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program
○ Stayed the same
○ Increased
○ Not applicable
They had no police encounters this year or last year

9. Was your child expelled or suspended since beginning services? ○ Yes ○ No

10. Was your child expelled or suspended during the 12 months prior to that? ○ Yes ○ No

11. Since starting to receive services, the number of days my child was in school is:

○ Greater ○ About the same ○ Less
○ Does not apply → *Please select why this does not apply*
○ Child did not have a problem with attendance before starting services
○ Child is too young to be in school
○ Child was expelled from school
○ Child is home schooled
○ Child dropped out of school
○ Other

Please answer questions #12-17 if your child has been receiving mental health services for **MORE THAN ONE YEAR**

12. Was your child arrested during the last 12 months? ○ Yes ○ No

13. Was your child arrested during the 12 months prior to that? ○ Yes ○ No

14. Over the last year, have your child's encounters with the police…

○ Been reduced
For example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program
○ Stayed the same
○ Increased
○ Not applicable
They had no police encounters this year or last year

15. Was your child expelled or suspended during the last 12 months? ○ Yes ○ No

16. Was your child expelled or suspended during the 12 months prior to that? ○ Yes ○ No

17. Over the last year, the number of days my child was in school is:

○ Greater ○ About the same ○ Less
○ Does not apply → *Please select why this does not apply*
○ Child did not have a problem with attendanc before starting services
○ Child is too young to be in school
○ Child was expelled from school
○ Child is home schooled
○ Child dropped out of school
○ Other

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

18. What is your child's sex? ○ Male ○ Female

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

20. What is your child's race?
Please select all that apply

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

21. What is your child's date of birth? *month* | *day* | *year*

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

23. Were written documents and / or the services your child received provided in the language he / she preferred? ○ Yes ○ No
brochures describing available services, your rights as a consumer, and mental health education materials

24. Now thinking about the services your child received, how much of it was by telehealth?
by telephone or video-conferencing
○ None ○ Very little ○ About half ○ Almost all ○ All

25. How helpful were the telehealth visits compared to traditional in-person visits for your child?
○ Much worse ○ Somewhat worse ○ About the same ○ Somewhat better ○ Much better ○ Not applicable

26. I would prefer to receive more of my child's mental health treatment at this program by telehealth.
○ Strongly Disagree ○ Disagree ○ I am Neutral ○ Agree ○ Strongly Agree ○ Not Applicable

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY

County Code: 40

Date of Survey Administration: 05 / __ / 2026

County Reporting Unit (optional): Select from drop down below

Code for not completing the survey (if applicable):
○ Refused ○ Impaired ○ Language ○ Other

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

*** CSI County Client Number** 000

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