



Youth Services Survey - YOUTH Spring 2025

English

- Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you will receive. For each survey item below, please fill in the circle that corresponds to your choice.
- Please answer the following questions based on the LAST 6 MONTHS, or if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree**, **Disagree**, are **Undecided**, **Agree**, or **Strongly Agree** with each of the following statements. If the question is about something you have not experienced, select **Not Applicable** to indicate that this item does not apply to you.
- 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 I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I helped to choose my services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I helped to choose my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The people helping me stuck with me no matter what.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt I had someone to talk to when I was troubled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I participated in my own treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I received services that were right for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The location of services was convenient for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Services were available at times that were convenient for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I got the help I wanted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I got as much help as I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Staff respected my religious/spiritual beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff spoke with me in a way that I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff were sensitive to my cultural/ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a direct result of the services I received:						
16. I am better at handling daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I get along better with family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I get along better with friends and other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I am doing better in school and/or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I am better able to cope when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am satisfied with my family life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I am better able to do things I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

* CSI County Client Number

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Must be entered on EVERY page



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

1. Have you lived in any of the following places in the last 6 months? *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
2. 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 Yes, but only in a hospital or emergency room No Do not remember
3. Are you on medication for emotional / behavioral problems? Yes No
- 3a. *If yes, did the doctor or nurse tell you what side effects to watch for?* Yes No

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

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

Please answer questions #5-10 if you have been receiving mental health services for



ONE YEAR OR LESS

Please answer questions #11-16 if you have been receiving mental health services for



MORE THAN ONE YEAR

- | | |
|---|--|
| <p>5. Were you arrested since beginning to receive mental health services? <input type="radio"/> Yes <input type="radio"/> No</p> <p>6. Were you arrested during the 12 months prior to that? <input type="radio"/> Yes <input type="radio"/> No</p> <p>7. Since you began to receive mental health services, have your encounters with the police...</p> <p><input type="radio"/> Been reduced
<i>For example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program</i></p> <p><input type="radio"/> Stayed the same</p> <p><input type="radio"/> Increased</p> <p><input type="radio"/> Not applicable
<i>you had no police encounters this year or last year</i></p> <p>8. Were you expelled or suspended since beginning services? <input type="radio"/> Yes <input type="radio"/> No</p> <p>9. Were you expelled or suspended during the 12 months prior to that? <input type="radio"/> Yes <input type="radio"/> No</p> <p>10. Since starting to receive services, the number of days you were in school is:</p> <p><input type="radio"/> Greater <input type="radio"/> About the same <input type="radio"/> Less</p> <p><input type="radio"/> Does not apply → <i>Please select why this does not apply</i></p> <ul style="list-style-type: none"> <input type="radio"/> I did not have a problem with attendance before starting services <input type="radio"/> I was expelled from school <input type="radio"/> I am home schooled <input type="radio"/> I dropped out of school <input type="radio"/> Other | <p>11. Were you arrested during the last 12 months? <input type="radio"/> Yes <input type="radio"/> No</p> <p>12. Were you arrested during the 12 months prior to that? <input type="radio"/> Yes <input type="radio"/> No</p> <p>13. Over the last year, have your encounters with the police...</p> <p><input type="radio"/> Been reduced
<i>For example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program</i></p> <p><input type="radio"/> Stayed the same</p> <p><input type="radio"/> Increased</p> <p><input type="radio"/> Not applicable
<i>you had no police encounters this year or last year</i></p> <p>14. Were you expelled or suspended during the last 12 months? <input type="radio"/> Yes <input type="radio"/> No</p> <p>15. Were you expelled or suspended during the 12 months prior to that? <input type="radio"/> Yes <input type="radio"/> No</p> <p>16. Over the last year, the number of days you were in school is:</p> <p><input type="radio"/> Greater <input type="radio"/> About the same <input type="radio"/> Less</p> <p><input type="radio"/> Does not apply → <i>Please select why this does not apply</i></p> <ul style="list-style-type: none"> <input type="radio"/> I did not have a problem with attendance before starting services <input type="radio"/> I was expelled from school <input type="radio"/> I am home schooled <input type="radio"/> I dropped out of school <input type="radio"/> Other |
|---|--|

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Must be entered on EVERY page



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

17. What is your gender?
Please select all that apply
- Male
 Female
 Non-Binary
- Transgender: Female to Male
 Transgender: Male to Female
 Another Gender Identity
18. Do you think of yourself as:
Please select all that apply
- Straight/Heterosexual
 Gay or Lesbian
 Bisexual
- Another sexual orientation
 Unknown
 Prefer not to answer
19. Are you of Mexican / Hispanic / Latino origin? Yes No Unknown
20. What is your 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 date of birth?
- month*
day
year
- -
22. Do you have Medi-Cal (Medicaid) insurance? Yes No
23. Were written documents and / or the services you received provided in the language you prefer?
brochures describing available services, your rights as a consumer, and mental health education materials Yes No

24. Now thinking about the services you 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 you?

Much worse Somewhat worse About the same Somewhat better Much better Not applicable

26. I would prefer to receive more of my 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: Date of Survey Administration: County Reporting Unit (optional):

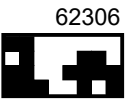
		0	5	/			2	0	2	5						
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Code for not completing the survey (if applicable):
 Refused Impaired Language Other

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

* CSI County Client Number

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Must be entered on EVERY page