**UCLA** **Integrated Substance Use & Addiction Programs**
Division of Addiction Psychiatry

Spring 2024

Consumer Perception Survey (CPS)

Publicly Funded Mental Health Services in California

Statewide Report

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CONSUMER PERCEPTION SURVEY (CPS) EXECUTIVE SUMMARY (2024)

OVERVIEW

The Consumer Perception Survey (CPS) of publicly funded Mental Health Services in California aims to collect perception data reporting on the federally determined National Outcome Measures. The CPS Survey is offered in 12 threshold languages in county-operated and contracted publicly funded outpatient mental health provider locations in all 58 California counties. Survey administration occurred during the week of May 20-24, 2024.

There are seven consumer perceptions of care domains:

- Process Measures
  - Access
  - General Satisfaction
  - Quality
  - Participation in Treatment Planning
- Outcome Measures
  - Outcomes
  - Social Connectedness
  - Functioning

There are four survey types:

  - Adult
  - Older Adult
  - Youth
  - Families of Youth and Children

54,592 Surveys Received

65% paper surveys
35% online surveys

CONSUMER PERCEPTIONS
BY DOMAIN AND SURVEY TYPE

Using a scale of 1-5, higher scores indicate more positive perceptions

Legend: Adult, Older Adult, Youth, Family
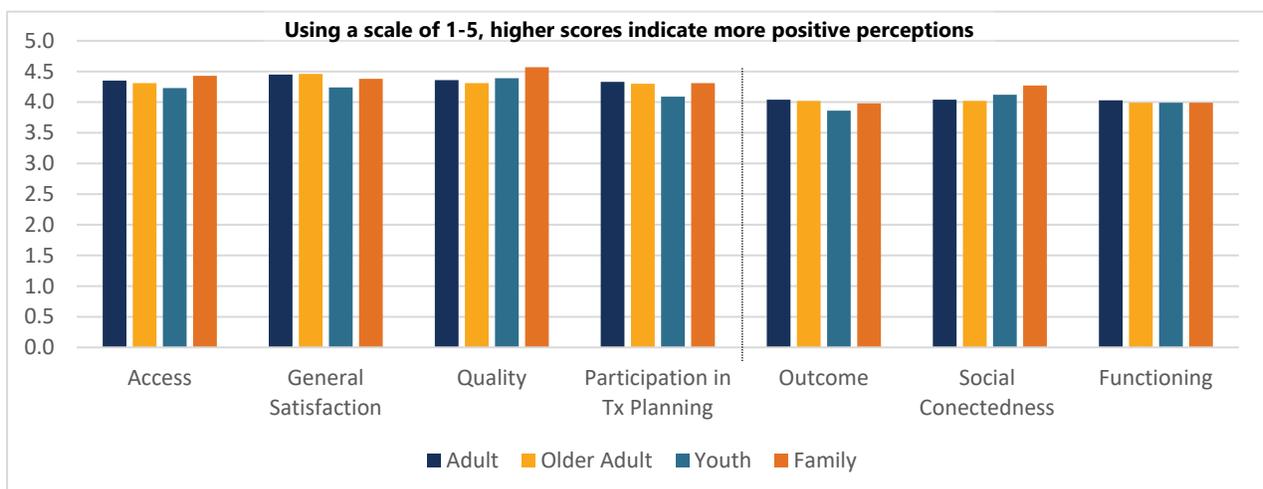
Adult and Youth respondents reported higher ratings on Process Measures associated with the delivery of mental health services as compared with Outcome Measures.

ADDITIONAL FINDINGS

Telehealth

- Two thirds of Adults and Older Adults received services via telehealth compared to half of Youth and Families of Youth (who were reporting about services received for their children).

- Survey respondents who received services via telehealth reported higher ratings on Process Measures than Outcome Measures.

- Higher use of telehealth was reported in Los Angeles County as compared with other regions in California.

Perceptions by Demographics

- Youth provided higher ratings on Process Measures than Adults across all gender categories.

- Youth who identified as Gay/Lesbian, & Bisexual reported lower mean perception scores on Outcomes and Functioning, as compared with Youth who identified as Straight/Heterosexual.

- Across all race/ethnicity and age groups, perception ratings on Process Measures were higher than Outcome measures (85%-97% compared to 69%-87%, respectively).

- Adult and Older Adult American Indian/Alaska Natives and Youth Pacific Islander/Native Hawaiians reported substantially lower ratings on Outcome Measures compared to other race/ethnicity groups.

Trends Over Time

- There was no significant change in perception scores from 2022 to 2024 across all four survey types.

- From 2022 to 2024, all four survey types reported higher ratings on Process Measures as compared with Outcome Measures.

Survey Completion Rates

- Fewer Adults and Older Adults accessed the online survey platform as compared with Youth and Families of Youth to complete the CPS.

- Surveys completed using the online survey platform had higher completion rates.

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 Families of Youth -YSS-F. The Families of Youth (YSS-F) survey reflects 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. Cronbach's alpha was computed to ensure the statistical reliability of the domains. Cronbach's alpha ranges between 0 and 1 with a higher value of at least $\geq$.70, indicating a statistically reliable scale (Cronbach, 1951). Alpha values for all seven domain scales were greater than .80 (See Appendix E).

Other questions for Adults, Youth, and Families of Youth 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 optional for counties administering the Adult and Older Adult surveys. The use of the MHSIP survey with QOL questions may be determined by the county's resources to administer a longer survey.

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

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

Updates to 2024 CPS Survey Forms

For the 2024 survey administration, the CPS forms were updated to remove redundant items and language as well to add some new items to capture survey participant experiences, along with modified response options to reflect current DHCS priorities.

- Three questions on telehealth were added, which ask how much of their services were received by telehealth, how helpful their services were, and if they prefer to receive more telehealth services.
- Response categories for gender identification were changed from three to six categories. The new categories for gender identification in 2024 surveys were: Male, Female, Non-Binary, Transgender: Male to Female, Transgender: Female to Male, and Another.
- A new question on sexual orientation was added with the following response categories: Straight/Heterosexual, Gay or Lesbian, Bisexual, Another Sexual Orientation, Unknown, and Prefer Not to Answer. YSS-F forms did not include this added question of their child's sexual orientation.

Preparation and Training

The process to prepare for the CPS 2024 data collection was initiated in August 2023. UCLA worked with DHCS to get approval to update the 2024 survey forms. In October 2023, DHCS approved the final wording of the new questions. UCLA prepared a new codebook and revised the paper and online surveys. The new questions on telehealth and sexual orientation and response categories for gender identity were also translated into eleven threshold languages in the revised version of 2024 CPS surveys. See Appendix A for copies of the PDF survey forms.

DHCS confirmed and announced the May 20-24 data collection period for 2024 via the Information Notice. ([Behavioral Health Information Notice No: 24-009](#)).

By March 2024, 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 2024, and remained the primary hub for all survey updates, processes, protocols, forms/survey links, flyers, and frequently asked questions. See Appendix B for the most current Frequently Asked Questions (FAQs). The website was used frequently by the county coordinators and providers and UCLA recorded more than 6,000 visits to the website.

A statewide training webinar was held on March 19, 2024, to review important deadlines, form updates, and expected improvements, as well as to discuss the feedback received from the CPS County Coordinator Survey. See Appendix C for the Training Webinar slides. A link to the webinar recording can be found here (https://vimeo.com/uclaisap/cps2024-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. See Appendix D for sample flyers.

Survey Administration

The data collection period for the Spring 2024 CPS occurred during May 20-24, 2024.

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 three 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."

Chi square tests were conducted to test bivariate differences for the percentage agreeing by demographic categories, such as gender identity, sexual orientation, and race/ethnicity. One-way ANOVA tests were conducted to test mean differences in scores for services received via telehealth.

Bivariate analysis by California regions and telehealth services were also conducted. Using a map made available on the California Association of Local Behavioral Health Boards and Commissions website[1], there are five mental health regions across CA, namely Bay Area, Central, Los Angeles, Southern, and Superior.

- The *Bay Area* region consists of twelve mostly urban counties (Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma) that are in the Northern part of California.
- The *Central* region consists of 18 counties (Alpine, Amador, Calaveras, El Dorado, Fresno, Kings, Madera, Mariposa, Merced, Mono, Placer/Sierra, Sacramento, San Joaquin, Stanislaus, Sutter/Yuba, Tulare, Tuolumne, and Yolo) that are generally small and rural, apart from Sacramento County.
- *Los Angeles* county is its own region and is the most populated county in CA.
- The *Southern* region consists of nine larger, more populated and urban counties (Imperial, Kern, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, and Ventura).
- The *Superior* region consists of sixteen small, mostly rural counties (Butte, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Siskiyou, Tehama, and Trinity) in northern California.

Additionally, the seven domains were aggregated into two subscales, Process Measures and Outcome Measures (see Table 1). 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). Results were also interpreted by grouping the seven domains into these two subscales for analysis. The Cronbach's alpha was computed for each survey type for the two subscales and was >.80. Bivariate analysis was conducted to examine significant differences in domain scores of Process and Outcome Measure subscales by demographic categories.

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[1]California Counties Map by Mental Health Region posted on the California Association of Local Behavioral Health Boards and Commissions - https://www.calbhbc.org/region-map-and-listing.html.

Table 1: Domains within Process and Outcome Measures Subscales

Process Measures	Outcome Measures
• General Satisfaction • Access • Quality • Participation in Treatment Planning	• Outcome • Social Connectedness • Functioning

Results

Surveys Received

During the data collection period, a total of 54,592 surveys were received both via paper and through the online survey platform. As shown in Figure 1, most surveys (65%) were received on paper and 35% via the online survey platform. A higher percentage of Families of Youth (47%) and Youth (37%) used the online survey platform as compared with Adults (29%).

Figure 1: Percent surveys received by paper versus online and survey type

Adult (N=23,873): Online Survey 29%, Paper Survey 71%
Older Adult (N=4,163): Online Survey 27%, Paper Survey 78%
Youth (N=11,198): Online Survey 37%, Paper Survey 63%
YSS-F (N=15,358): Online Survey 47%, Paper Survey 53%
Total (N=54,592): Online Survey 35%, Paper Survey 65%

■ Online Survey   ■ Paper Survey
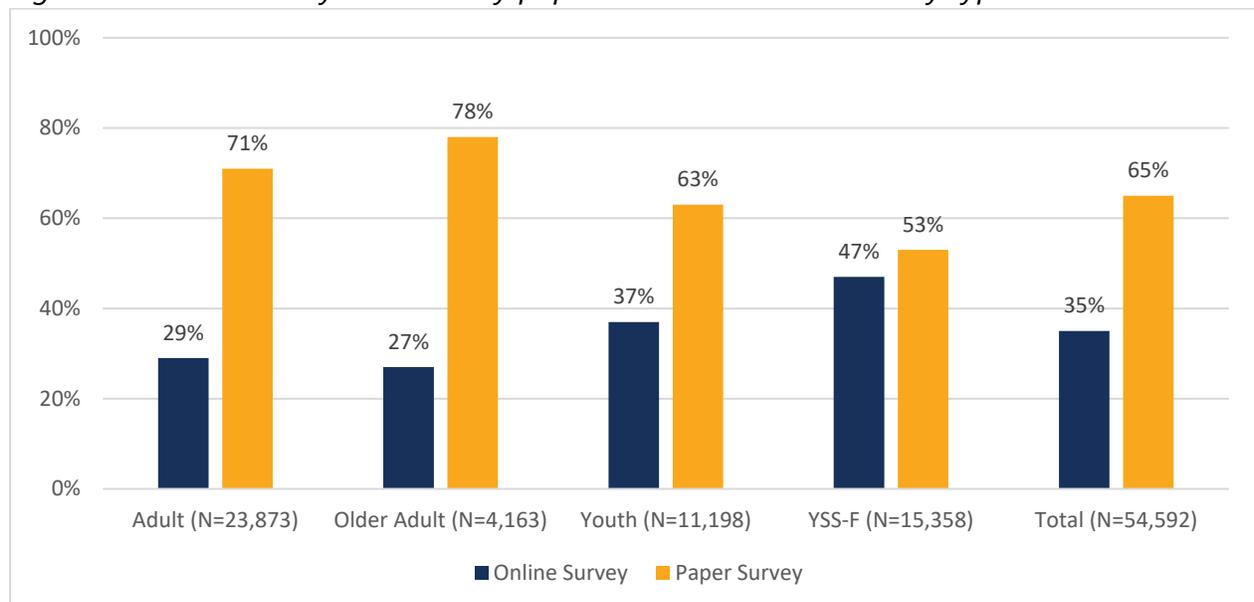
Language of Surveys Received

Most surveys (87%) were received in English, 12% in Spanish, and 1% in other threshold languages. Families of Youth returned the highest percentage of Spanish surveys (26%), while Youth returned the lowest percentage (5%). Older Adults returned the highest percentage of surveys in other threshold languages (5%), while Youth returned the lowest percentage (1%). More than 94% of respondents across all four survey types reported the services they received, or written materials were provided in their preferred language.

Figure 2: Percent surveys received by language and survey type
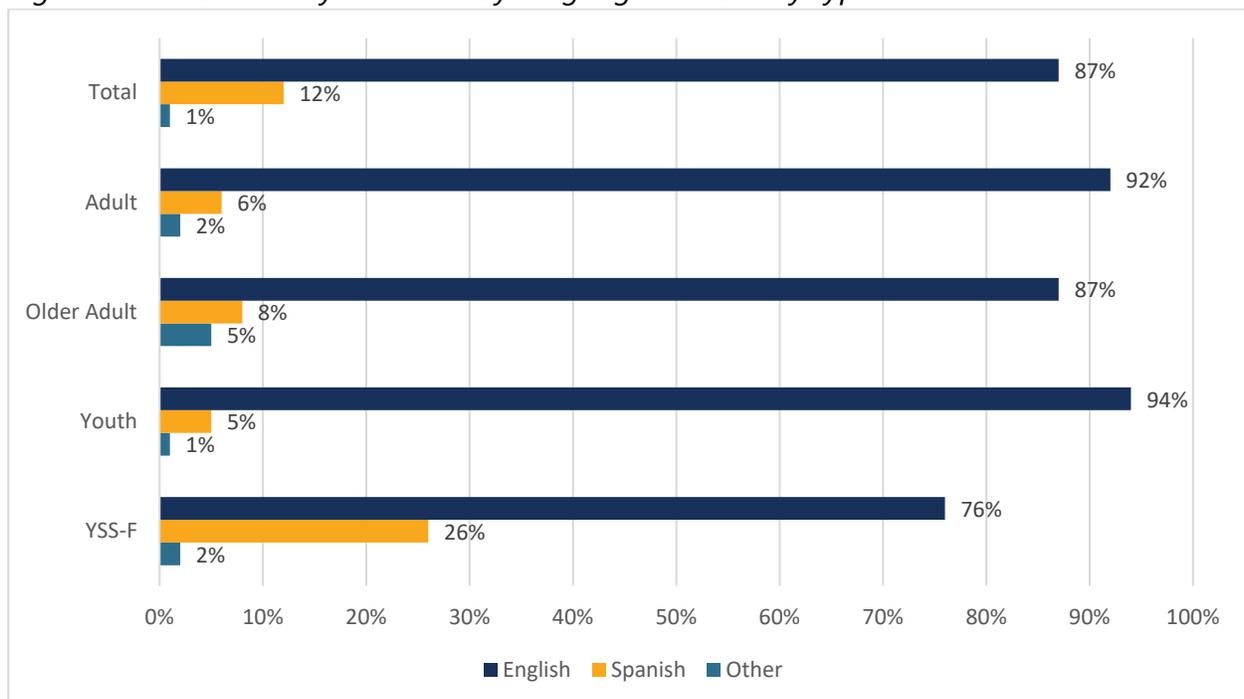

Reason Codes for Not Participating in the Survey

Of the 54,592 surveys received, 22% (N=11,795) reported a reason code for not participating in the survey. The most frequently reported reason was "Refused" at 60%, followed by "Other" at 34%, "Impairment" at 5%, and 1% reported "Language" as a reason for not completing the surveys.

Fewer survey respondents who used the online platform reported a reason code for not participating in the survey (between 12% and 16%), as compared with those who used paper surveys (25% to 28%). See Figure 3. The ease of completing a survey online versus 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
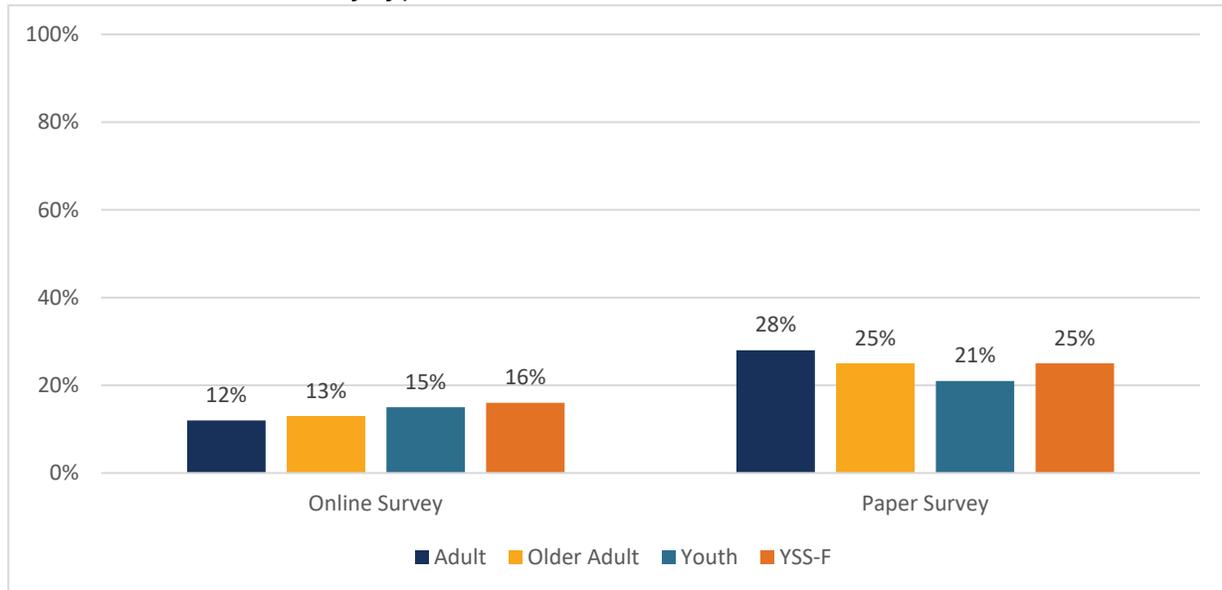
Demographic Distribution

Table 2 shows the demographic distribution of survey respondents.

Additional gender categories besides Male and Female were introduced in the 2024 surveys across all four survey types. Youth reported the highest variation in gender categories with 3% as Non-Binary, 2% as Transgender: Female to Male, 0.7% Transgender: Male to Female, and 2% as Another Gender Identity, in addition to 49% as Female and 32% as Male. Between 12% and 16% across all four survey types declined to answer or were missing data on gender identity.

Youth reported the highest variation in sexual orientation as compared to Adult and Older Adult. While 53% of Youth were reporting as Straight or Heterosexual, they also reported the highest percentage in Bisexual (11%), Another (4%), and Unknown (4%) sexual orientation categories. Between 3% and 4% reported Gay or Lesbian across all three age groups/survey types. About 20% of all three age groups/survey types declined to answer questions on sexual orientation. Families of Youth were not asked questions about their child's sexual orientation.

Nearly two-thirds of Youth indicated being Hispanic (62% and 60%, respectively) as compared with a third or less among Adult and Older Adult (35% and 22%, respectively).

By race, a plurality of respondents was White. The lowest percent across all four survey types was Pacific Islander/Native Hawaiian (PINH), followed by Other Race and Black or African American. Less than 5% of respondents were Asian and American Indian/Alaska Native (AIAN) respondents across all four survey groups.

About a third of Youth (33%) reported receiving services at their provider's location for more than a year, as compared with 52% for Adults and 72% for Older Adults.

Table 2: Demographics

Demographics	Family		Youth		Adult		Older Adult	
	N	%	N	%	N	%	N	%
Gender Identity								
Female	5,237	42.9%	4,435	48.9%	7,657	41.8%	1,413	44.0%
Male	5,322	43.6%	2,882	31.8%	7,263	39.7%	1,292	40.2%
Non-Binary	111	0.9%	269	3.0%	408	2.2%	23	0.7%
Transgender: Female to Male	103	0.8%	222	2.4%	162	0.9%	16	0.5%
Transgender: Male to Female	31	0.3%	59	0.7%	162	0.9%	16	0.5%
Another Gender Identity	46	0.4%	147	1.6%	151	0.8%	17	0.5%
Decline to answer/Missing	1,489	12.2%	1,286	14.2%	2,864	15.6%	483	15.0%
Sexual Orientation								
Straight/Heterosexual	N/A		4,817	53.1%	11,575	63.2%	2,188	68.1%
Gay or Lesbian	N/A		341	3.8%	711	3.9%	100	3.1%
Bisexual	N/A		1,035	11.4%	1,302	7.1%	97	3.0%
Another Sexual Orientation	N/A		321	3.5%	392	2.1%	14	0.4%
Unknown	N/A		384	4.2%	292	1.6%	37	1.2%
Prefer Not to Answer	N/A		668	7.4%	932	5.1%	190	5.9%
Decline to answer/Missing	N/A		1,682	18.5%	3,515	19.2%	645	20.1%
Hispanic Ethnicity								
Yes	7,540	61.8%	5,447	60.0%	6,412	35.0%	709	22.1%
No	2,774	22.7%	1,886	20.8%	7,941	43.4%	1,874	58.3%
Decline to answer/Missing	1,881	15.4%	1,738	19.2%	3,963	21.6%	632	19.7%
Race								
American Indian/Alaska Native	396	3.2%	468	5.2%	975	5.3%	146	4.5%
Asian	553	4.5%	503	5.5%	1,463	8.0%	278	8.6%
Black	1,406	11.5%	961	10.6%	2,563	14.0%	441	13.7%
Native Hawaiian/ Other Pacific Islander	147	1.2%	133	1.5%	306	1.7%	46	1.4%
White/Caucasian	4,027	33.0%	2,526	27.8%	6,687	36.5%	1,409	43.8%
Other	2,551	20.9%	2,275	25.1%	2,537	13.9%	373	11.6%
Unknown	565	4.6%	703	7.7%	1,007	5.5%	105	3.3%
Decline to answer/Missing	1,576	12.9%	1,256	13.8%	2,931	16.0%	472	14.7%
How long have you received services here?								
Less Than One Month	934	9.0%	668	8.9%	1,142	7.5%	96	3.7%
One to 5 Months	3,559	34.3%	2,443	32.6%	3,315	21.9%	289	11.1%
6 Months to One Year	3,021	29.1%	2,176	29.0%	2,667	17.6%	328	12.7%
More Than One Year	2,787	26.9%	2,448	32.7%	7,925	52.4%	1,857	71.6%

N/A = Question not asked in the survey

Mean Scores on Domains

Overall, on the 1-5 scale, mean scores across all seven domains ranged from 3.86 - 4.57 for Youth and Families of Youth, and between 3.99 – 4.46 for Adults and Older Adults. (See Figure 1). For all findings, Families of Youth (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	4.35	4.45	4.36	4.33	4.04	4.04	4.03
Older Adult	4.31	4.46	4.31	4.3	4.02	4.02	3.99
Youth	4.23	4.24	4.39	4.09	3.86	4.12	3.99
Family	4.43	4.38	4.57	4.31	3.98	4.27	3.99
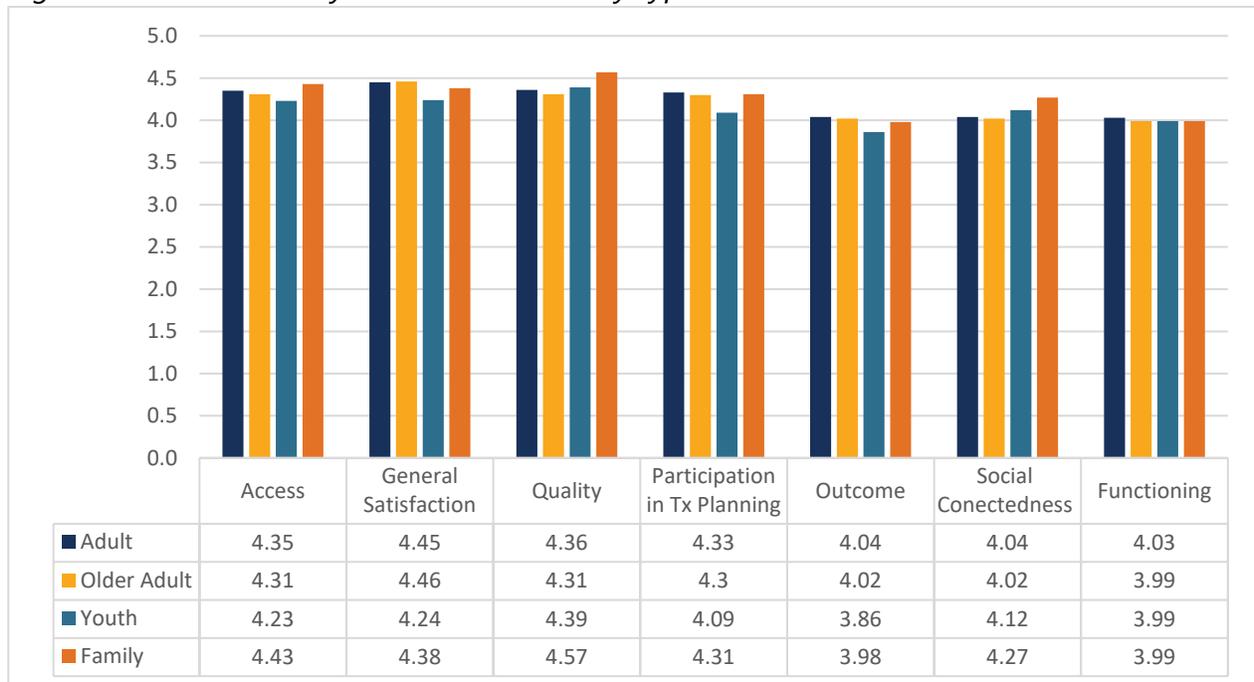
Perception scores were higher for Process Measures (Access, General Satisfaction, and Cultural Appropriateness/Quality), and lower for Outcome Measures (Outcomes, Social Connectedness, and Functioning).

Access had a mean score of 4.35 among Adults, and 4.31 among Older Adults, 4.23 among Youth, and 4.43 among YSS-F.

General Satisfaction had a mean score of 4.45 among Adults, 4.46 among Older Adults, 4.24 among Youth, and 4.38 among YSS-F.

Quality had a mean score of 4.36 among Adults, and 4.31 among Older Adults, 4.39 among Youth, and 4.57 among YSS-F.

Participation in Treatment Planning had a mean score of 4.33 among Adults, 4.30 among Older Adults, 4.09 among Youth, and 4.31 among YSS-F.

Outcome had a mean score of 4.04 among Adults, 4.02 among Older Adult, 3.86 among Youth, and 3.98 among YSS-F.

Social Connectedness had a mean score of 4.04 among Adults, 4.02 among Older Adults, 4.12 among Youth, and 4.27 among YSS-F.

Functioning had a mean score of 4.03 among Adults, 3.99 for all three remaining survey types (Older Adults, Youth, and YSS-F).

Percent agreement for each item by domain for all four survey types can be seen in Figures 1a-7b in Appendix E.

Telehealth Services

In 2024, three questions related to telehealth services were asked in all four survey forms. The three questions asked were: how much of their services were received by telehealth, how helpful the services were, and if they prefer to receive more telehealth services. Nearly 68% Adults and 65% Older Adults reported receiving at least some or more services via telehealth, as compared with 50% Youth and 47% of Families of Youth. When asked if they would like to receive more services via telehealth, nearly 20% of YSS-F, 17% of Youth, 30% Adult, and 26% Older Adult surveys agreed or strongly agreed.

Figure 5 shows telehealth services received by survey respondents by region. Bivariate differences were statistically significant within each survey type. By region, survey respondents in Los Angeles reported receiving telehealth services most frequently. while on average, respondents in the Southern region reported the lowest percentage.

Figure 5: Percent survey respondents who received some or all services via telehealth by region and survey type

Percent survey respondents who received some or all services via telehealth by region and survey type
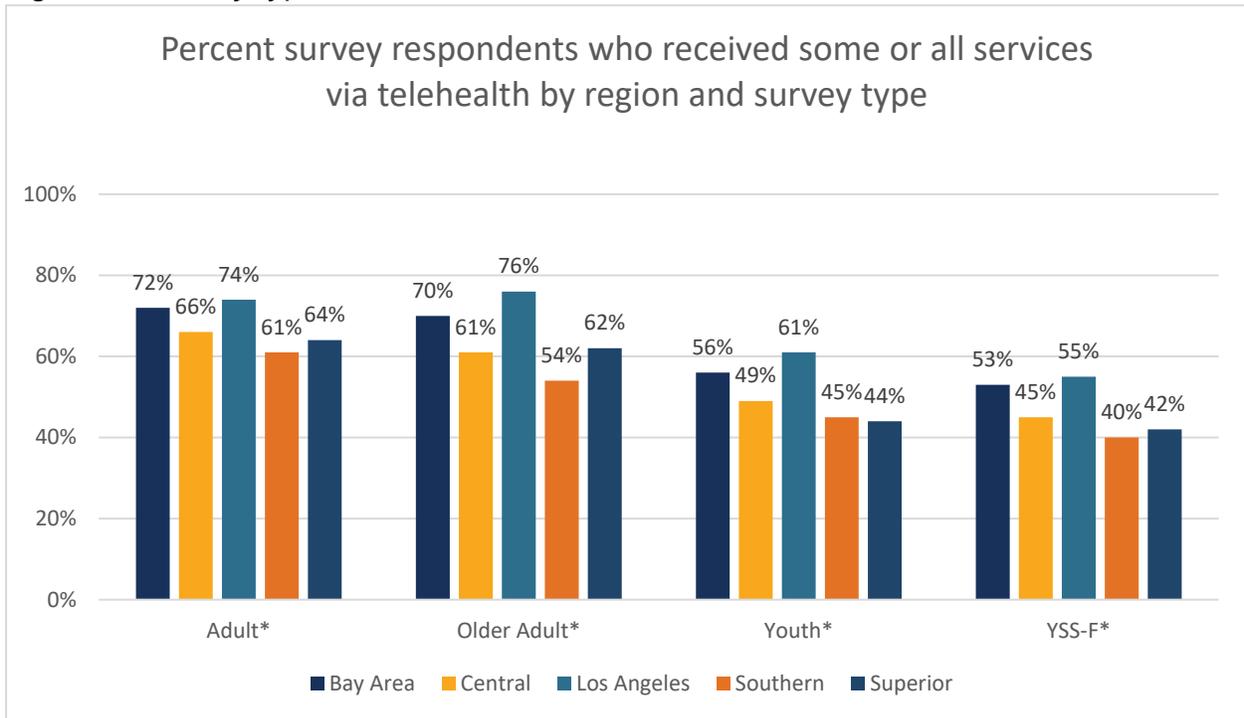
*= Bivariate chi-square differences within each survey type, p < = .05
Note: See Methods section (page 8-9) for the breakdown of the five mental health regions.

Adults and Older Adults receiving any or all services via telehealth reported slightly higher mean scores on Process Measures (statistically significant but the differences were not greater than 0.1). There was no significant association with telehealth and Outcome Measures.

Youth and Families of Youth whose children received any or all services via telehealth reported slightly higher mean scores on General Satisfaction, Participation in Treatment Planning, and Functioning. In addition, Families of Youth reported a more positive perception with their children's outcome.

Percent Satisfied by Gender Identity, Sexual Orientation and Race/Ethnicity

Bivariate analysis was conducted to examine significant differences in Process and Outcome scores by demographic categories. Bivariate analysis to test percent satisfied with Process and Outcomes subscales by gender identity and sexual orientation could

only be conducted for Adult and Youth. Families of Youth were not asked questions about their child's sexual orientation and Older Adult surveys did not have enough reliable data within each response category for either gender identity or sexual orientation.

Due to the high number of survey responses, statistical significance testing between groups tends to identify differences between groups as statistically significant even when the differences are very small and not meaningful. Perception ratings of Process Measures for gender identity, sexual orientation, and race/ethnicity were also high overall across groups (Gender Identity: 85%-94%, Sexual Orientation: 88%-94%, and Race/Ethnicity: 85%-97%). We therefore focus below on differences that are of meaningful interest rather than relying on statistical significance.

Perceptions by Gender Identity

Figure 6 shows that Adult Females and Transgender: Female to Male (T/FM) were slightly more satisfied with Process Measures than other gender identity groups. Those identifying as "Another Gender Identity" were slightly less satisfied.

Youth Females were slightly more satisfied with Process Measures than other gender identity groups, and Transgender: Male to Female (T/MF) were slightly less satisfied.

Figure 6: Percent Satisfied with Process Measures by Gender Identity and Survey Type
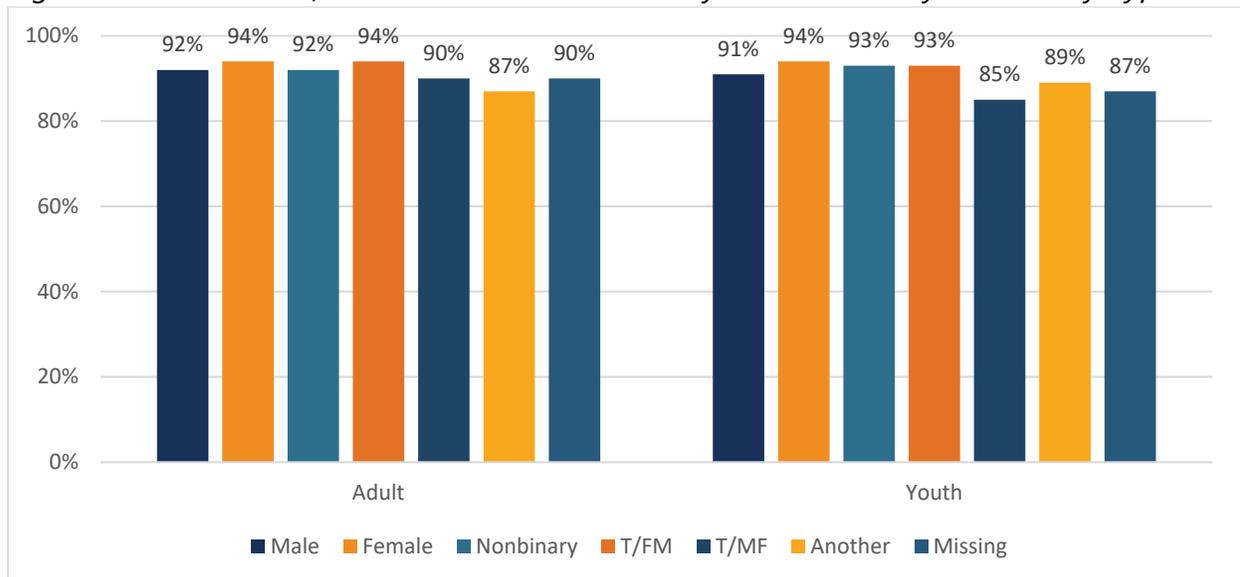
Figure 7 shows that Adult Males were slightly more satisfied with Outcome Measures than other gender categories. Non-Binary Adults were the least satisfied with Outcome Measures compared to other gender categories.

Among Youth, Males were slightly more satisfied with Outcome Measures than respondents in all other gender categories. However, Youth identifying as Non-Binary, Transgender: Male to Female (T/MF), Transgender: Female to Male (T/FM), and Another Gender Identify were less satisfied with Outcome Measures than Males and Females.

Figure 7: Percent Satisfied with Outcomes Measures by Gender Identity and Survey Type
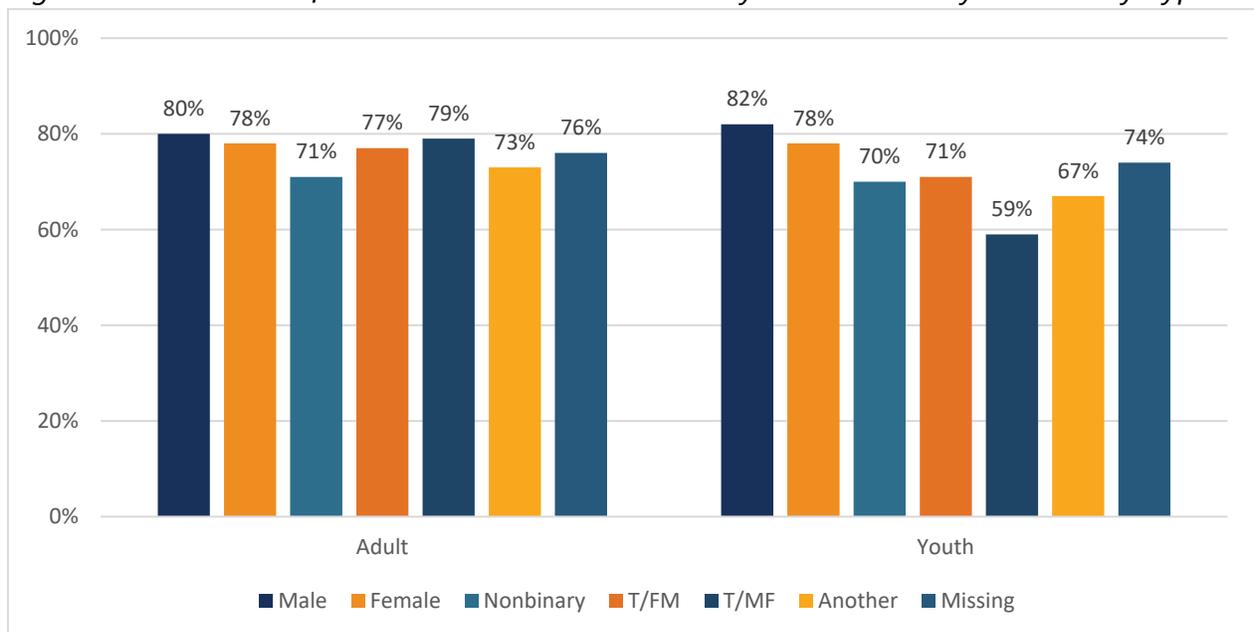
Perceptions by Sexual Orientation

Figure 8 shows high perception scores with Process Measures across all sexual orientation categories among both Adults and Youth.

Figure 8: Percent Satisfied with Process Measures by Sexual Orientation and Survey Type
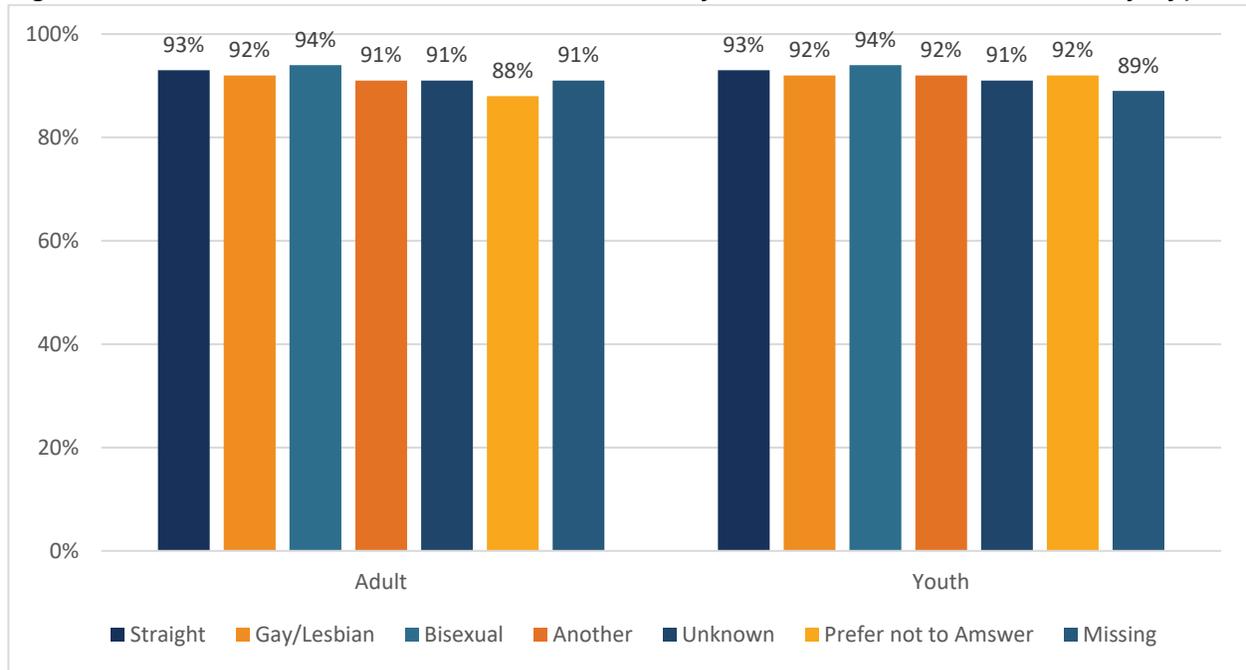
Figure 9 shows that among Adults, Straight/Heterosexual respondents reported the highest perception ratings with Outcome Measures, and those reporting "unknown sexual orientation" had the lowest perception ratings.

Among Youth, Straight/Heterosexual respondents reported significantly higher perception ratings on Outcome Measures than all other sexual orientation groups.

Figure 9: Percent Satisfied with Outcome Measures by Sexual Orientation and Survey Type
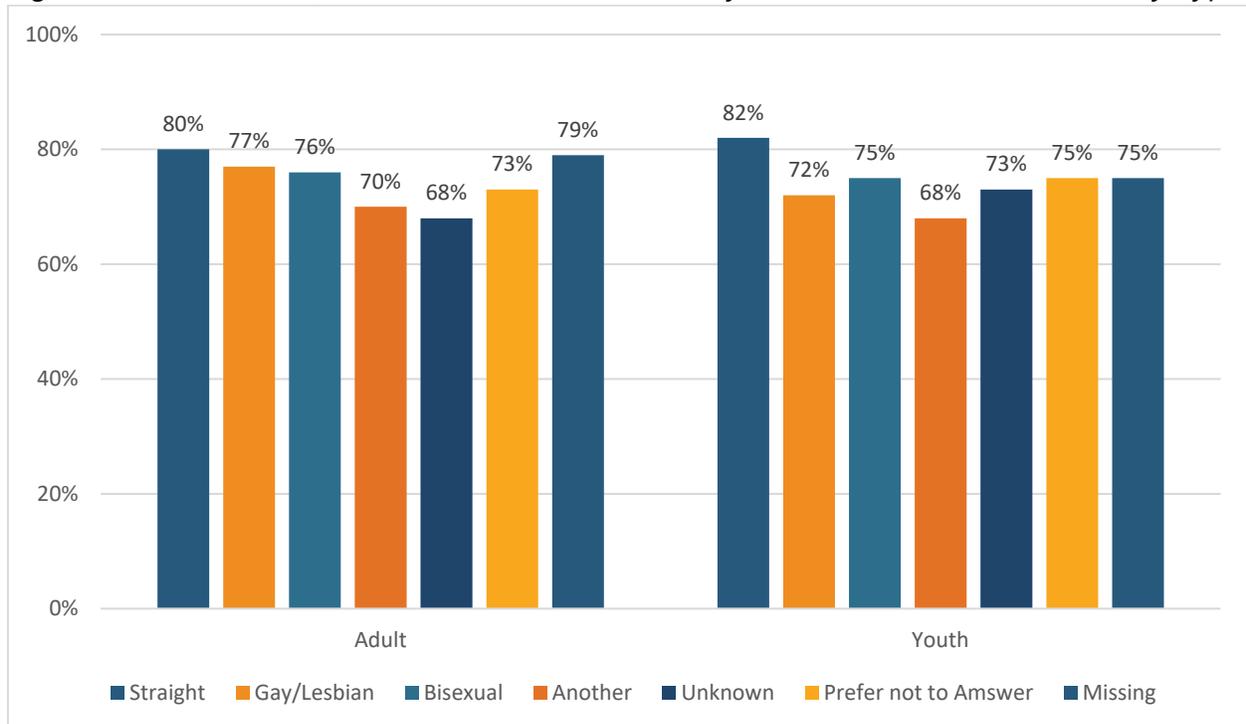
Perceptions by Race/Ethnicity

Figure 10 shows perception ratings of Process Measures by race/ethnic groups within each survey type. Overall, perception ratings of Process Measures were high ranging from 85%-97% across all survey types, except for AIAN in Adults and Older Adults, and Pacific Islander/Native Hawaiian (PINH) among Adults.

Figure 10: Percent Satisfied with Process Measures by Race/Ethnicity and Survey Type
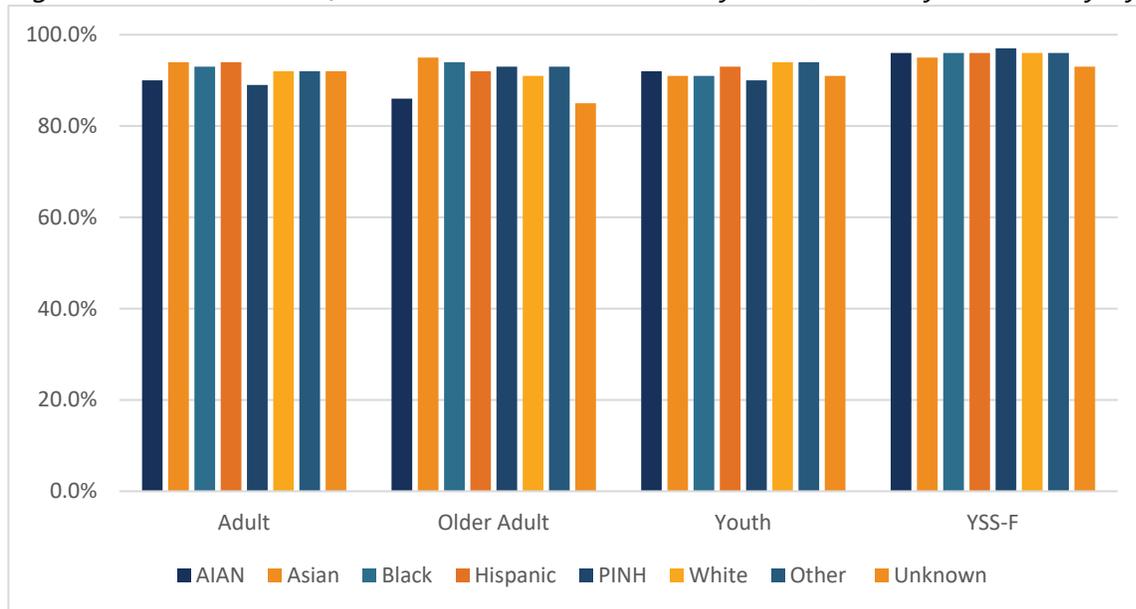
Figure 11 shows perception ratings of Outcome Measures by race/ethnic groups within each survey type. Overall, perception ratings on Outcome Measures were lower than Process Measures and ranged between 69%-87% across all survey types. AIAN among Older Adults, especially PINH among Youth, reported substantially lower perception ratings on Outcome Measures as compared with other race/ethnic groups.

Figure 11: Percent Satisfied with Outcome Measures by Race/Ethnicity and Survey Type
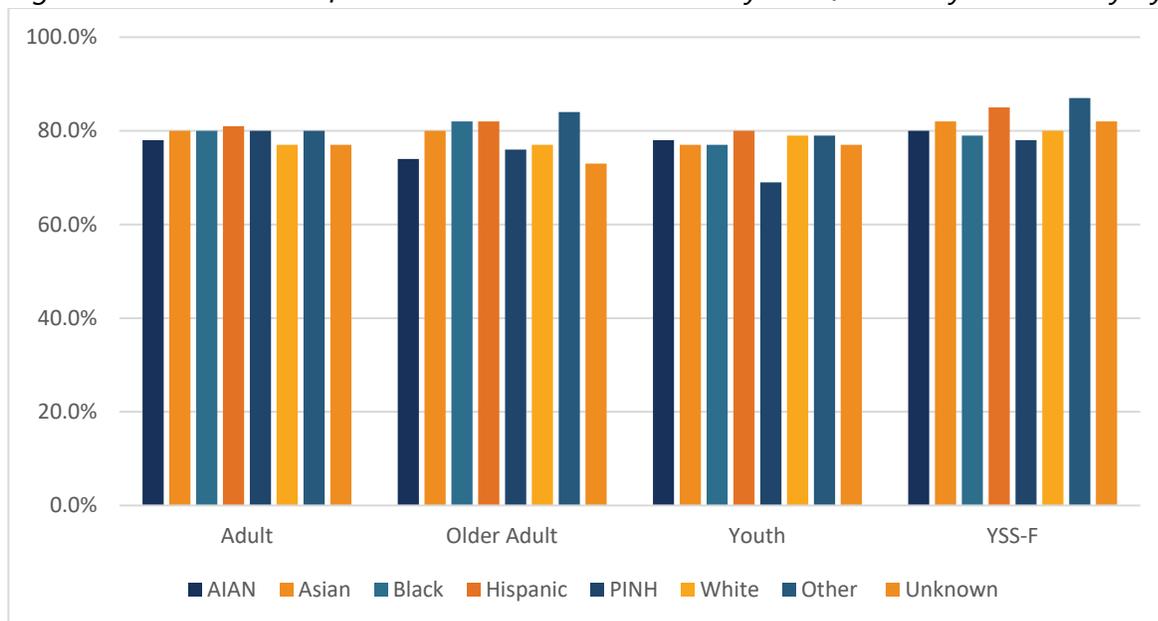
Three Year Trend in Domains

Mean scores for the seven domains between 2022 and 2024 were compared for all four survey types.

Mean scores among Adults were relatively high for Process Measures: i.e., Access, General Satisfaction, Quality, and Participation in Treatment Planning across the three years. Mean scores for Outcome Measures, i.e., Outcome, Functioning, and Social Connectedness were lower and stayed relatively the same over the three years. (see Figure 12).

Figure 12: Three Year Trend in Mean Perception Scores – Adult, 2022-2024

	Access	General Satisfaction	Quality	Participation in Tx Planning	Outcome	Social Connected-ness	Functioning
2022	4.28	4.38	4.30	4.29	3.96	3.97	3.96
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

Similarly, mean scores among Older Adults were generally higher for Process Measures, i.e., Access, General Satisfaction, Quality, and Participation in Treatment Planning and Quality between 2022 and 2024. The mean scores for Outcome Measures, i.e., Social Connectedness and Functioning were lower for all three years. There was no change in mean scores over the three years among Older Adults (see Figure 13).

*Figure 13: Three Year Trend in Mean Perception Scores - Older Adult, 2022-2024*

	Access	General Satisfaction	Quality	Participation in Tx Planning	Outcome	Social Connectedness	Functioning
2022	4.30	4.45	4.29	4.31	3.99	3.96	3.93
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

2022 ■ 2023 ■ 2024
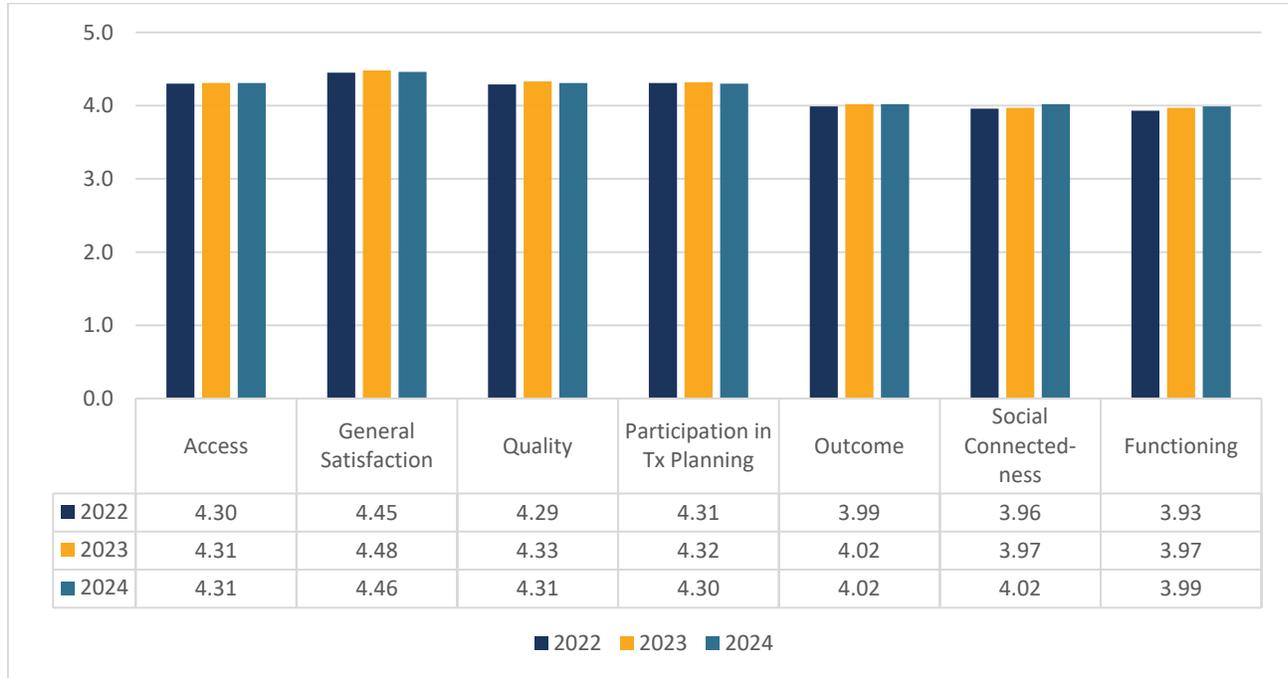
Among Youth, mean scores with Quality were higher than other domains between 2022 and 2024 and lowest for Outcome. There was no change in mean scores over the three years among Youth (See Figure 14).

Figure 14: Three Year Trend in Mean Perception Scores – Youth, 2022-2024

	Access	General Satisfaction	Quality	Participation in Tx Planning	Outcome	Social Connected-ness	Functioning
2022	4.20	4.18	4.37	4.08	3.78	4.07	3.82
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

Among YSS-F, the mean scores were high in all three years for Access, General Satisfaction, Quality, and Social Connectedness. Mean scores on Outcome and Functioning were lower than all other domains in all three years between 2022 to 2024. There was no change in mean scores over the three years among YSS-F (See Figure 15).

Figure 15: Three Year Trend in Mean Perception Scores - Families of Youth, 2022-2024

	Access	General Satisfaction	Quality	Participation in Tx Planning	Outcome	Social Connected-ness	Functioning
2022	4.45	4.36	4.57	4.33	3.93	4.26	3.95
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
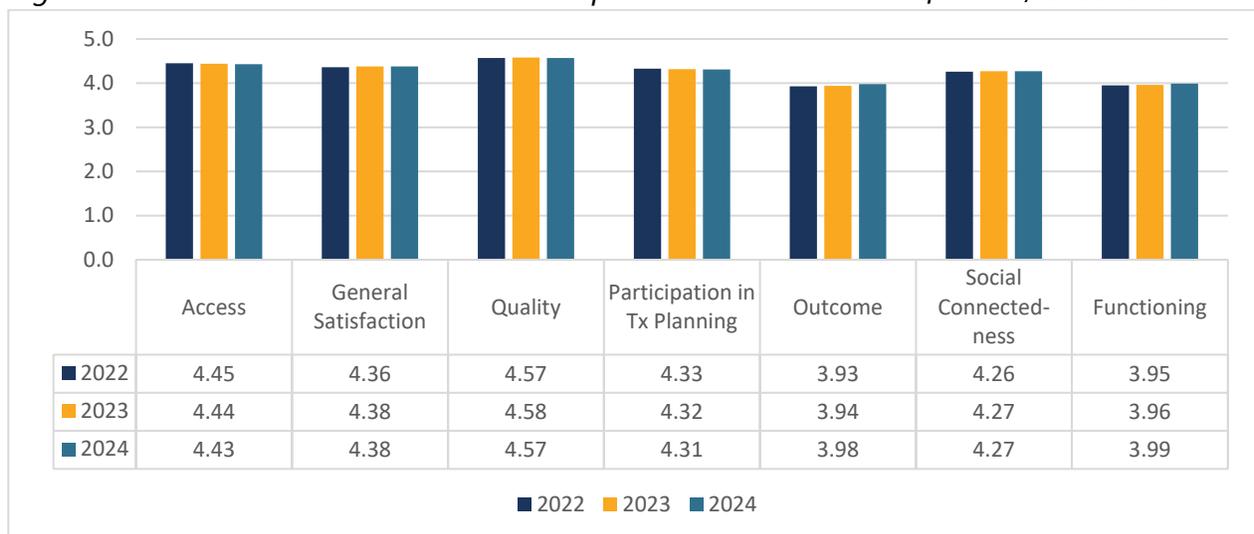
Quality of Life for Adult and Older Adult

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. A third of the counties (N = 19) administered the survey with QOL questions. The results in Table 4 of Appendix E show that 58% of Older Adults and 52% of Adults reported satisfaction with life in general, and 14% of Adults and Older Adults reported being unhappy. Approximately 64% of Older Adults and 61% of Adults reported being satisfied with their current living arrangement and 16% reported being unhappy.

Between 54% and 68% 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 11% and 21% reported being unhappy.

Among Adults, 73% reported they had enough money for housing, 75% for food, 66% for clothing, 64% for travel, and 49% for social activities like movies or eating out.

About 5% of both Adult and Older Adult respondents reported being a victim of a violent crime in the past month, and between 9% of Adults and 10% Older Adults reported being a victim of a non-violent crime. Nearly 72% of both Adult and Older Adult respondents reported feeling satisfied with the safety of where they lived and 12% reported being unhappy. About 97% of Adults and 99% of Older Adults respondents reported no arrest history in the past month.

Nearly 51% of Adults were satisfied with their health in general, 49% satisfied with physical condition, and 48% with their emotional well-being.

Among Older Adults, 52% were satisfied with their health in general, 52% with physical condition, and 56% were satisfied with their emotional well-being.

Arrest History for Adults and Youth

Regardless of how long the consumer received services at the location, 8% of Adults and Older Adults and 3% of Youth and YSS-F reported an arrest in the past twelve months.

In the past year, 72% of Adults and 88% of Youth and Families of Youth reported no police encounters, 18% of Adults and 8% of Youth and Families of Youth reported encounters with the police had reduced, 7% of Adults and 5% of Youth and Families of Youth reported encounters with the police had stayed the same, 2% of both Adults and Youth reported it had increased.

Medical Services and School Attendance for Youth

Approximately 38% of Youth reported being on medication for behavioral conditions in the past year. A little more than half, 58%, of Youth reported that they had seen a doctor in a clinic or in an office in the past year, and 11% reported going to an emergency room in the past year.

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

Qualitative Analysis of Survey Comments

A qualitative component is an important section of the CPS to gain 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. Overall, consumers using the online survey platform provided more feedback in the comments feedback section than those using paper surveys. Using a two-step Word Cloud and Sentiment analysis, we were able to capture some insights and rich content to help shape our analytic process. Each analysis was conducted separately for each survey type. Comments in other threshold languages were translated into English and reviewed. We started with the Word Cloud exercise which displays "most used words" written by consumers and increases the font size the more a particular word is mentioned. Next, we extracted these multiple-occurring words as a basis to conduct a sentiment analysis which separates positive from negative comments. These positive and negative comments were then analyzed in relation to the seven domains. Below is a summary of the sentiment analysis and a Word Cloud example for each survey type.

Adult

The most re-occurring words in the Adult word cloud (see Figure 16) were "services," "staff," "therapist," "great," "feel," "life," "helpful," "help," and "therapy." A sentiment analysis of the comments showed that most of the comments from adult consumers were positive with some feedback on improvement.

Most of the positive comments were related to Process Measures (General Satisfaction, Access, and Quality), with some mention of positive participant outcomes. The general context of the comments described the positive and supportive relationships with

therapists and counseling staff, appreciation of classes, and hopes for expanded offerings, and the benefits of telehealth. Some examples include:

> *"I feel heard and comfortable talking with my therapist."*

> *"[My counselor] is supportive, reliable and patient. I am mostly introverted due to my traumas, so she has helped me to trust due to her wisdom, calm nature and knowledge... My self-esteem has gotten healthier; I'm very grateful to have a supportive, reliable ear."*

> *"I don't know how I would have managed or processed the trauma in my life without your services. I am so grateful."*

> *"My life has improved so much since receiving services and therapy sessions I have better judgement and better confidence in decision making and I have goals set for my future."*

The negative experiences by adults were also related primarily to Process Measures. Respondents remarked on frustrations around appointment-setting, such as long waits and cancellations, as well as general delays in getting services and resources needed such as housing, transportation, and assistance with forms. There was also mention of wanting more in person and stability of therapy staff to assist in their recovery. Some examples include:

> *"I wish the doctor was in person rather than on the computer. Otherwise, all the staff and services were great."*

> *"I would like there to be more group support, groups including grief, divorce/separation support, parent support group."*

> *"The therapist cancelled half of my appts over 6 months thus averaged 1 session every 5 weeks. My therapist now is readily available, but I've had to teach her about PPPD and figure out my own treatment. More recently I was given a phone number to schedule grocery shopping rides, but the voice mail box was full several weeks in a row, so I gave up."*

Figure16: Word Cloud on Comments for Adult Surveys.

Older Adult

Like the Adult comments, most comments from Older Adult participants were positive. The most reoccurring words in the Older Adult Word Cloud (see Figure 17) were "therapist," "services," "staff," "help," "therapy," and grateful.

For the most part, positive experiences were related to both Process and Outcome Measures. Positive comments included statements about supportive therapy staff and appreciation for assistance with telehealth and housing services and making cultural connections as well as guidance with interpersonal issues.

> *"Being able to make my appointments by phone or Zoom has made it where I have been able to attend every appointment so far. This change is for the better. All the services I have had in the last 3 years is by far the best I've ever had."*

> *"The best thing from this center is how it is connected to our culture and have amazing staff members ready to help."*

> *"I would like to say that [this program] helped save my life from poverty. Without their services I would have given up a long time ago."*

> *"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 Measures around lack of time with therapists and lack of appropriate services, staff turnover, and appointment cancellations. For example:

"There is only 1 person in the entire organization qualified to give the kind of PTSD treatment I need and that person is booked up for years. This treatment could make a huge difference in the quality of my life and still is not available to me."

"Please keep appts, and have staff cancel on me less."

Figure 17: Word Cloud on Comments for Older Adult 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," "talk," "services," "therapist," "coping," "emotions," "skills," and "learning" (See Figure 18).

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 centered around staff support, inspiration and motivation, and their help with building relationships, with school, help dealing with negative emotions and anger management, as well as learning healthy coping mechanisms. Youth comments were very introspective as well as practical. Examples included:

"The things that have been helpful have been the sessions and how it's been going for me, it has helped me build a stronger character."

"The most helpful thing about the services I've received was just being able to get professional advice about what was happening in my life and those who finally understand what I was going through."

"The most helpful thing is that my service providers are available to me at all times. Whether I'm at home or school they're always there if i need to meet them."

"I learned a lot about myself and knew there were things i needed to work on, my progress slowly gets better and better."

Some youth expressed concerns with both Process and Outcome Measures around poor communication and lack of clarity, lack of appropriate therapy, and lack of assistance with services. Examples included:

"I am not sure about what I have learned or what I need to learn."

"I would like it if there was more communication; I felt that the therapist only listened while I spoke and didn't speak back."

"I wish they had more services for youth with Mental Health issues who need housing."

"I wish they had a gym," "...offered childcare."

"I just think more money and people would help them do more."

Figure 18: Word Cloud on Comments for Youth Surveys.

Families of Youth

In the Word Cloud for Families of Youth reporting about the mental health services received by their child, the most relevant words were "helpful," "therapist," "services," "school," "needs," and "talk" (see Figure 19).

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

> *"Understanding staff, helpful and empathetic with sound advice. Courteous and reliable."*

> *"The most helpful thing for us, is that we learned how to communicate better, treat each other with kindness and respect, also to understand what is causing some of the conflicts in our relationships not just between us but with others in general. We need a lot more to work on, sometimes things don't work but we can see a big improvement in our life. I appreciate all the services provided to our family."*

> *"I feel supported when I'm feeling overwhelmed."*

> *"My family and I had a wonderful time with the services. It helped us all grow in areas we didn't think we needed growing. As parents it helped us to stop and listen to our child. Take our child's feelings into consideration and just be more attentive. It brought my husband and I closer… At the end of the day my child learned so much and how to get skills to cope with his feelings. The anger got less is able to regulate more and speak out about his feelings. He speaks up for himself now and that's something I've always wanted so I'm so grateful.*

Families of Youth expressed a need for improvement in processes for their children such as desire for more services, particularly addressing neurodivergent needs, staff availability and turnover, and timing of evaluations and better medication management.

"It would be nice if we can have more time than just one hour a week."

"The services received are good but not enough rapport built in a timely manner. Some cases require more attention rather than a once a week check in."

"...does not address Autism, ADHD, delayed development or anything else on the spectrum."

"Should offer services that are geared [tailored] toward that child; she didn't get the services that she needed...she has mental health issues so better communication with therapist is needed."

"As far as improving I just think more staff to provide a more efficient care."

Figure 19: Word Cloud on Comments for Families of Youth Surveys.

Summary and Recommendations

Overall, Adult and Youth respondents reported positive perceptions of care. Across all race/ethnicity and age groups, perception ratings of satisfaction on Process Measures were higher than Outcome measures (85%-97% compared to 69%-87%, respectively). Process Measures consist of domains that pertain to the delivery of mental health services, and the Outcome Measures consist of domains that pertain to perceptions of improvements in mental health outcomes, social connectedness, and functioning.

Sentiment analysis of qualitative comments by consumers contributed to further understanding of the treatment experience. Most comments from all age groups were positive. Adults provided more positive and negative feedback for Process Measures while Youth and Families of Youth provided positive and negative feedback for both Process and Outcome Measures.

In general, all consumers indicated that they liked their therapist and wanted additional and diverse services. Adults wrote about how helpful the services had been, especially for finding stable housing, but wanted more support in this area. Youth wrote about learning communication and coping skills and learning to deal with anxiety but wanted more services that match their needs. Some potential areas of improvement mentioned by all age groups were frequently changing therapists, last-minute cancellations, not enough availability of psychiatrists, and the need for additional services as well as housing assistance.

CPS findings over the last 3 years (2022 to 2024) consistently report higher ratings on Process Measures as compared with Outcome Measures, and there is no significant change in perception scores over time.

In comparison to national averages from the latest available dataset (2023), California CPS Adult survey respondents report slightly higher ratings than the national average for domains such as Access (91% versus 88%), Quality (91% versus 90%), Participation in Treatment Planning (91% versus 86%), General Satisfaction (91% versus 89%), and Outcome (78% versus 77%). For Social Connectedness, the adult rating in California was the same as the national average at 77% and slightly lower for Improved Functioning at 75% versus 76%. (SAMHSA URS Tables, 2023)

Similarly, California CPS Youth/Family survey respondents also report slightly higher ratings than the national average for domains such as Access (93% versus 87%), Quality (97% versus 93%), General Satisfaction (92% versus 87%), Outcome (76% versus 72%), Social Connectedness (93% versus 87%), and Functioning (76% versus 72%). Ratings for

Participation in Treatment Planning among Youth/Family in California were the same as the national average at 88% (SAMHSA URS Tables, 2023)

While these findings are positive overall and may include a non-response bias, annual cross-sectional surveys are useful for quickly assessing large populations and identifying trends that can be further investigated. Continued monitoring and exploration of strategies to improve ratings is encouraged. Additional exploration of the data could be conducted to look at county and regional differences in perception domains, especially among Youth and Older Adults. The continued utilization of performance improvement processes can promote providers to move the needle on Outcome Measure.

Below is an overview of the findings and recommendations organized by domains of both Process and Outcome measures. Additionally, other notable findings are highlighted.

Process Measures

Domain 1: Access

Key Findings: The mean score for the perception of Access was 4.35 for Adult, 4.31 for Older Adult, 4.23 for Youth, and 4.43 for Families of Youth (YSS-F). Out of the six individual items related to perception of Access among Adults, the lowest rated item was "Able to see a psychiatrist when wanted" at 82%. 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 91%, respectively.

Recommendations: (1) Increase availability of psychiatrists, especially for Adults. The Association of American Medical Colleges found that in 2021, 65% of nonmetropolitan counties in the US experienced a mental health professional shortage as compared with 27% in metropolitan counties (MACPAC, 2024). The shortage of mental health professionals impedes access to care. (Modi et.al., 2022). (2) Increase convenient locations for Youth to access mental health services, such as more school-based 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).

Domain 2: General Satisfaction

Key Findings: The mean score for the perception of General Satisfaction was 4.45 among Adults, 4.46 among Older Adults, 4.24 among Youth and 4.38 among YSS-F. This was the highest rated domain among the seven perception of care domains.

Ratings across individual items for this domain were close to or greater than 90% for Adults, Older Adults and YSS-F. Among Youth, individual items were 85% or higher except for "I got the help I needed" at 82%.

Recommendations: (1) Continue to monitor high ratings for this domain. (2) 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.

Domain 3: Quality

Key Findings: The mean score for the perception of Quality of Care was 4.36 for Adults, 4.31 for Older Adults, 4.39 for Youth, and 4.57 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 82% and 80% among Adults and Older Adults, respectively. 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.

Recommendations: (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 between the client and the provider and improves adherence to treatment (Novotney, 2019). (2) Provide culturally responsive mental health services to Youth. Evidence-based treatment or interventions that are culturally adaptive among racial and ethnic Youth minorities allow for cultural values to be incorporated into treatment (Willis et al., 2022).

Domain 4: Participation in Treatment Planning

Key Findings: The mean score for this domain was 4.44 among Adults, 4.30 among Older Adults, 4.09 among Youth and 4.31 among YSS-F. Out of the two items related to this domain among Adults, the lower rated item was "I decided my treatment goals" at 82%. Out of the three items related to this domain, Youth and YSS-F also reported lower ratings for "I chose my services" at 75%.

Recommendations: 1) Increase Adult and Youth participation in developing their treatment goals and choice of services. Participation in Treatment planning empowers the consumers to take responsibility for their treatment. Psychiatric

stability and decision-making skills are important for consumer treatment. 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 Findings: The mean score for this domain was 4.04 for Adults, 4.02 for Older Adults, 3.86 for Youth and 3.98 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 70% and 65%, respectively. Out of the six items related to this domain among Youth, the lowest rated item was "*I am satisfied with my family right now*" at 65%, and among YSS-F the lowest rated item was "*My child is better able to cope when things go wrong*" at 71%.

Recommendations: (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 can help people with serious mental illness (Drake & Wallach, 2020). (2) For Youth, provide targeted interventions related to family engagement to support better perceptions of satisfaction with family. Family outreach and integrated care are examples of promising practices to improve Youth mental health outcomes (Waid & Kelly, 2020).

Domain 6: Social Connectedness

Key Findings: The mean score for this domain was 4.04 for Adults, 4.02 for Older Adults, 4.12 for Youth and 4.27 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 68% and 72%, respectively. Out of the four Youth items in this domain, the lowest rated item was "*I am comfortable talking about my problems*" at 81%. There were no meaningful differences in individual item ratings among YSS-F.

Recommendations: (1) For Adults, continue to reduce stigma towards mental illness in the community as well as address internalized self-stigma at the patient

level. Incorporate (re)connection with their community/families as part of their mental health treatment. According to the National Alliance on Mental Illness (NAMI), the community provides three critical elements that are crucial to adult mental health, namely, belonging, support and purpose that increase self-validation and self-worth (Gilbert, 2019). (2) For Youth, improve treatment experience by utilizing clinical interventions that prioritize building trust and rapport with their mental health providers. Encounters with mental health professionals can negatively affect their sense of self and undermine their sense of agency (Bergen et.al., 2022). Use of techniques by practitioners that validate the Youth's sense of treatment experience and choice to seek help can contribute to positive change (Houlders et. al., 2021).

Domain 7: Improved Functioning

Key Findings: The mean score for this domain was 4.03 for Adults, and was 3.99 for each of the three remaining survey types (Older Adults, Youth and 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%. Out of the six items related to this domain among Youth, the lowest rated item was "Get along better with family" at 67%.

Recommendations: (1) Continue efforts to reduce severity of mental health symptoms among Adults. Literature on consumer symptomology indicates that severe mental illness requires complex therapeutic regimes (Pompili, 2022). (2) Increase family engagement as part of Youth mental health treatment. Therapies that include family are effective for reducing the severity of mental health symptoms among Youth. (Diamond et.al., 2010).

Perceptions by Demographics:

Gender Identity

Key Finding: Youth who identified as Gay/Lesbian, & Bisexual reported lower mean perception scores on Outcomes and Functioning, as compared with Youth who identified as Straight/Heterosexual.

Recommendation: Continue to develop strategies to reduce the stigma associated with accessing mental health care within LGBTQ communities. Research consistently shows that LGBTQ communities face significant unmet mental health

needs. A review of studies found that higher levels of stigmatization within these communities create substantial barriers to accessing care (Silveri et.al., 2022).

Sexual Orientation

Key Finding: Survey participants across all sexual orientation categories reported high ratings on Process Measures, namely Access, General Satisfaction, Quality and Participation in Treatment Planning. However, participants identifying as Gay/Lesbian, Bisexual, Another or Prefer Not to Answer among both Youth and Adults reported lower ratings on Outcome Measures as compared with Straight/Heterosexual survey respondents.

Recommendation: Develop tailored interventions that include gender-affirming care to improve outcomes for LGBTQ individuals. (Russell & Fish 2016; Silveri et.al., 2022). Studies show high rates of psychological distress, symptomatology, and mental health disorders among LGBT Youth prior to adulthood (Fish & Pasley, 2015).

Race/Ethnicity

Key Finding: AIAN Adult and Older Adult and PINH Adult and Youth reported lower ratings on Process and Outcome Measures as compared with other race ethnic groups.

Recommendations: 1) Improve mental health service delivery to AIAN population, especially Older Adults, such as access to convenient locations, timeliness of services and participation in treatment planning. Community, local government and academic partners can collaboratively address the unique mental health needs of AIAN Older Adults. Inadequate resources have resulted in significant mental health disparities among AIAN Elders (Garrett et.al., 2015). (2) Improve access to care among PINH populations seeking mental health services. This group experiences higher levels of stigma compared to the U.S. general population, which impedes their help-seeking behaviors. The PINH population tends to perceive mental health disorders as less serious and exhibits greater social distance behaviors from individuals with depression in their community (Subica et al., 2019).

Additional Findings:

Telehealth

> **Key Findings:** Nearly half of survey respondents reported they had received any or all outpatient services via telehealth with some regional differences. Survey participants in Los Angeles County reported the highest number of services received via telehealth as compared to other regions in the state. In addition, survey participants who received any services via telehealth reported higher ratings on Process Measures; however, they did not report higher ratings on Outcome Measures.

> **Recommendations:** 1) Expand telehealth services in remote areas, especially in rural and semi-rural areas. Ease of use of telehealth is found to be associated with higher service utilization rates, but effectiveness varies by modalities (Conolly et.al., 2022). Telehealth services for mental health have been found to improve symptoms of mental disorders in rural areas (Watanabe et.al., 2023).

Survey Completion Rate

> **Key Finding:** All fifty-eight counties in the State participated in the CPS survey data collection in all eleven threshold languages besides English. Of the surveys received, 65% submitted surveys via paper, and 35% of the surveys were submitted using the online survey platform. Those who used the online surveys reported fewer refusals, hence higher completion rates of the survey. Consumers provided more feedback through the online survey method as well.

> **Recommendation:** 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 remote and rural areas. A randomized design study of research on quality of life using paper versus online surveys found higher response rates for paper surveys at 73% versus 18% for online. However, completion rates with no missing data were higher for online surveys at 98% versus 63% for paper surveys (Kongsved et.al., 2007).

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Appendices:

Appendix A – CY 2024 CPS Surveys (PDFs- English only)

Appendix B – CY 2024 CPS - FAQs – May 2024

Appendix C – CY 2024 CPS Training Webinar Slides

Appendix D – CY 2024 CPS Sample Flyer for programs

Appendix E – CY 2024 CPS Statewide Data Report – Tables and Figures

DHCS
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MHSIP Consumer Survey - ADULT+QOL
Spring 2024

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

As a direct result of the services I received:

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

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

As a direct result of the services I received:

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
33. I am happy with the friendships I have.	O	O	O	O	O	O
34. I have people with whom I can do enjoyable things.	O	O	O	O	O	O
35. I feel I belong in my community.	O	O	O	O	O	O
36. In a crisis, I would have the support I need from family or friends.	O	O	O	O	O	O

* CSI County Client Number

19889

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Quality of Life Questions

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

General Life Satisfaction

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you think about your life in general?	O	O	O	O	O	O	O

Living Situation

Think about your current living situation.

2. HOW DO YOU FEEL ABOUT:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
a. the living arrangements where you live?	O	O	O	O	O	O	O
b. the privacy you have there?	O	O	O	O	O	O	O
c. the prospect of staying on where you currently live for a long period of time?	O	O	O	O	O	O	O

Daily Activities & Functioning

Think about how you spend your spare time.

3. HOW DO YOU FEEL ABOUT:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
a. the way you spend your spare time?	O	O	O	O	O	O	O
b. the chance you have to enjoy pleasant or beautiful things?	O	O	O	O	O	O	O
c. the amount of fun you have?	O	O	O	O	O	O	O
d. the amount of relaxation in your life?	O	O	O	O	O	O	O

Family

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

O At least once a day   O At least once a week   O At least once a month   O Less than once a month   O Not at all
O No family / Not Applicable

5. HOW DO YOU FEEL ABOUT:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
a. the way you and your family act toward each other?	O	O	O	O	O	O	O	O
b. the way things are in general between you and your family?	O	O	O	O	O	O	O	O

Social Relations

6. ABOUT HOW OFTEN DO YOU DO THE FOLLOWING?

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

O At least once a day   O At least once a week   O At least once a month   O Less than once a month   O Not at all
O Not Applicable

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

O At least once a day   O At least once a week   O At least once a month   O Less than once a month   O Not at all
O Not Applicable

7. HOW DO YOU FEEL ABOUT:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
a. the things you do with other people?	O	O	O	O	O	O	O	O
b. the amount of time you spend with other people?	O	O	O	O	O	O	O	O
c. the people you see socially?	O	O	O	O	O	O	O	O
d. the amount of friendship in your life?	O	O	O	O	O	O	O	O

Finances

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

a. Food?   O Yes   O No
b. Clothing?   O Yes   O No
c. Housing?   O Yes   O No
d. Travel around for things like shopping, medical appointments, or visiting friends and relatives?   O Yes   O No
e. Social activities like movies or eating in restaurants?   O Yes   O No

* CSI County Client Number

Must be entered on EVERY page

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Legal & Safety

9. In the past MONTH, were you a victim of:
a. any violent crimes, such as assault, rape, muggng or robbery?   ○ Yes ○ No
b. any nonviolent crime, such as burglary, theft of your property or money, or being cheated?   ○ Yes ○ No

10. In the past MONTH, how many times have you been arrested for any crimes?   ○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

11. HOW DO YOU FEEL ABOUT:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
a. how safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
b. how safe you are where you live?	○	○	○	○	○	○	○
c. how the protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

12. HOW DO YOU FEEL ABOUT:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
a. your health in general?	○	○	○	○	○	○	○
b. your physical condition?	○	○	○	○	○	○	○
c. your emotional well-being?	○	○	○	○	○	○	○

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

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

○ This is my first visit here.

○ I have had more than one visit but I have received services for less than one month

○ 1 - 2 Months
○ 3 - 5 Months
○ 6 months to 1 year
○ More than 1 year

Please answer questions #2-4 if you have been receiving mental health services for ONE YEAR OR LESS

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

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

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

○ Been reduced
For example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program

○ Stayed the same
○ Increased
○ Not applicable
I had no police encounters this year or last year

Please answer questions #5-7 if you have been receiving mental health services for MORE THAN ONE YEAR

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

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

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

○ Been reduced
For example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program

○ Stayed the same
○ Increased
○ Not applicable
I had no police encounters this year or last year

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

8. What is your gender?
   Please select all that apply
   - ○ Male
   - ○ Female
   - ○ Non-Binary
   - ○ Transgender: Female to Male
   - ○ Transgender: Male to Female
   - ○ Another Gender Identity

9. 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

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

11. 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

12. What is your date of birth?

    month - day - year

13. Were written documents and or the services you received provided in the language you prefer?   ○ Yes   ○ No
    brochures describing available services, your rights as a consumer, and mental health education materials

---

14. 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

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

16. 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

---

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

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

DHCS California Department of HealthCareServices

MHSIP Consumer Survey - OLDER ADULT+QOL
Spring 2024

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

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.

* CSI County Client Number

DHCS 1744 EN

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	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	O	O	O	O	O	O
20. I was encouraged to use consumer-run programs. *support groups, drop-in centers, crisis phone line, etc.*	O	O	O	O	O	O

As a direct result of the services I received:

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

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

As a direct result of the services I received:

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
33. I am happy with the friendships I have.	O	O	O	O	O	O
34. I have people with whom I can do enjoyable things.	O	O	O	O	O	O
35. I feel I belong in my community.	O	O	O	O	O	O
36. In a crisis, I would have the support I need from family or friends.	O	O	O	O	O	O

Quality of Life Questions

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

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you think about your life in general?	O	O	O	O	O	O	O

Living Situation

Think about your current living situation.

2. HOW DO YOU FEEL ABOUT:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
a. the living arrangements where you live?	○	○	○	○	○	○	○
b. the privacy you have there?	○	○	○	○	○	○	○
c. the prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

Think about how you spend your spare time.

3. HOW DO YOU FEEL ABOUT:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
a. the way you spend your spare time?	○	○	○	○	○	○	○
b. the chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
c. the amount of fun you have?	○	○	○	○	○	○	○
d. the amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. HOW DO YOU FEEL ABOUT:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
a. the way you and your family act toward each other?	○	○	○	○	○	○	○	○
b. the way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. HOW DO YOU FEEL ABOUT:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
a. the things you do with other people?	○	○	○	○	○	○	○	○
b. the amount of time you spend with other people?	○	○	○	○	○	○	○	○
c. the people you see socially?	○	○	○	○	○	○	○	○
d. the amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

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

a. any violent crimes, such as assault, rape, muggng or robbery?   ○ Yes   ○ No

b. any nonviolent crime, such as burglary, theft of your property or money, or being cheated?   ○ Yes   ○ No

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

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

Legal & Safety (continued)

8. HOW DO YOU FEEL ABOUT:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
a. how safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
b. how safe you are where you live?	○	○	○	○	○	○	○
c. how the protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is: ○ Excellent   ○ Very good   ○ Good   ○ Fair   ○ Poor

10. HOW DO YOU FEEL ABOUT:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
a. your health in general?	○	○	○	○	○	○	○
b. your physical condition?	○	○	○	○	○	○	○
c. your emotional well-being?	○	○	○	○	○	○	○

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

1. Approximately, how long have you received services here?
   - ○ This is my first visit here.
   - ○ I have had more than one visit but I have received services for less than
   - ○ 1 - 2 Months
   - ○ 3 - 5 Months
   - ○ 6 months to 1 year
   - ○ More than 1 year

Please answer questions #2-4 if you have been receiving mental health services for 👉 **ONE YEAR OR LESS**	Please answer questions #5-7 if you have been receiving mental health services for 👉 **MORE THAN ONE YEAR**
2. Were you arrested since you began to receive mental health services? ○ Yes ○ No	5. Were you arrested during the last 12 months? ○ Yes ○ No
3. Were you arrested during the 12 months prior to that? ○ Yes ○ No	6. Were you arrested during the 12 months prior to that? ○ Yes ○ No
4. Since you began to receive mental health services, have your encounters with the police…	7. Over the last year, have your encounters with the police…
○ Been reduced	○ Been reduced
For example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program	*For example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program*
○ Stayed the same	○ Stayed the same
○ Increased	○ Increased
○ Not applicable	○ Not applicable
I had no police encounters this year or last year	*I had no police encounters this year or last year*

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* CSI County Client Number

Must be entered on EVERY page

43884

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

8. What is your gender?
   Please select all that apply
   - ○ Male
   - ○ Female
   - ○ Non-Binary
   - ○ Transgender: Female to Male
   - ○ Transgender: Male to Female
   - ○ Another Gender Identity

9. 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

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

11. 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

12. What is your date of birth?   *month* - *day* - *year*

13. 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

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14. 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

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

16. 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

---

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

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

DHCS California Department of HealthCareServices

Youth Services Survey - YOUTH
Spring 2024

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.	O	O	O	O	O	O
2. I helped to choose my services.	O	O	O	O	O	O
3. I helped to choose my treatment goals.	O	O	O	O	O	O
4. The people helping me stuck with me no matter what.	O	O	O	O	O	O
5. I felt I had someone to talk to when I was troubled.	O	O	O	O	O	O
6. I participated in my own treatment.	O	O	O	O	O	O
7. I received services that were right for me.	O	O	O	O	O	O
8. The location of services was convenient for me.	O	O	O	O	O	O
9. Services were available at times that were convenient for me.	O	O	O	O	O	O
10. I got the help I wanted.	O	O	O	O	O	O
11. I got as much help as I needed.	O	O	O	O	O	O
12. Staff treated me with respect.	O	O	O	O	O	O
13. Staff respected my religious/spiritual beliefs.	O	O	O	O	O	O
14. Staff spoke with me in a way that I understood.	O	O	O	O	O	O
15. Staff were sensitive to my cultural/ethnic background.	O	O	O	O	O	O
As a direct result of the services I received:						
16. I am better at handling daily life.	O	O	O	O	O	O
17. I get along better with family members.	O	O	O	O	O	O
18. I get along better with friends and other people.	O	O	O	O	O	O
19. I am doing better in school and/or work.	O	O	O	O	O	O
20. I am better able to cope when things go wrong.	O	O	O	O	O	O
21. I am satisfied with my family life right now.	O	O	O	O	O	O
22. I am better able to do things I want to do.	O	O	O	O	O	O

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:	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
23. I know people who will listen and understand me when I need to talk.	O	O	O	O	O	O
24. I have people that I am comfortable talking with about my problem(s).	O	O	O	O	O	O
25. In a crisis, I would have the support I need from family or friends.	O	O	O	O	O	O
26. I have people with whom I can do enjoyable things.	O	O	O	O	O	O

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

DHCS 1744 EN

59284

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 1 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**
5. Were you arrested since beginning to receive mental health services? ○ Yes ○ No	11. Were you arrested during the last 12 months? ○ Yes ○ No
6. Were you arrested during the 12 months prior to that? ○ Yes ○ No	12. Were you arrested during the 12 months prior to that? ○ Yes ○ No
7. Since you began to receive mental health services, have your encounters with the police… ○ Been reduced *For example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program* ○ Stayed the same ○ Increased ○ Not applicable *you had no police encounters this year or last year*	13. Over the last year, have your encounters with the police… ○ Been reduced *For example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program* ○ Stayed the same ○ Increased ○ Not applicable *you had no police encounters this year or last year*
8. Were you expelled or suspended since beginning services? ○ Yes ○ No	14. Were you expelled or suspended during the last 12 months? ○ Yes ○ No
9. Were you expelled or suspended during the 12 months prior to that? ○ Yes ○ No	15. Were you expelled or suspended during the 12 months prior to that? ○ Yes ○ No

10. Since starting to receive services, the number of days you were in school is:
 ○ Greater   ○ About the same   ○ Less
 ○ Does not apply → *Please select why this does not apply*
   ○ I did not have a problem with attendance before starting services
   ○ I was expelled from school
   ○ I am home schooled
   ○ I dropped out of school
   ○ Other
	16. Over the last year, the number of days you were in school is:
	 ○ Greater ○ About the same ○ Less
	 ○ Does not apply → *Please select why this does not apply*
	   ○ I did not have a problem with attendance before starting services
	   ○ I was expelled from school
	   ○ I am home schooled
	   ○ I dropped out of school
	   ○ Other

* CSI County Client Number

Must be entered on EVERY page

59284

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?   ○ Yes   ○ No
brochures describing available services, your rights as a consumer, and mental health education materials

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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

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

DHCS
California Department of
HealthCareServices

Youth Services Survey - FAMILIES
Spring 2024

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.	O	O	O	O	O	O
2. I helped to choose my child's services.	O	O	O	O	O	O
3. I helped to choose my child's treatment goals.	O	O	O	O	O	O
4. The people helping my child stuck with us no matter what.	O	O	O	O	O	O
5. I felt my child had someone to talk to when he/she was troubled.	O	O	O	O	O	O
6. I participated in my child's treatment.	O	O	O	O	O	O
7. The services my child and/or family received were right for us.	O	O	O	O	O	O
8. The location of services was convenient for us.	O	O	O	O	O	O
9. Services were available at times that were convenient for us.	O	O	O	O	O	O
10. My family got the help we wanted for my child.	O	O	O	O	O	O
11. My family got as much help as we needed for my child.	O	O	O	O	O	O
12. Staff treated me with respect.	O	O	O	O	O	O
13. Staff respected my family's religious/spiritual beliefs.	O	O	O	O	O	O
14. Staff spoke with me in a way that I understood.	O	O	O	O	O	O
15. Staff were sensitive to my cultural/ethnic background.	O	O	O	O	O	O

As a direct result of the services my child and/or family received:

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
16. My child is better at handling daily life.	O	O	O	O	O	O
17. My child gets along better with family members.	O	O	O	O	O	O
18. My child gets along better with friends and other people.	O	O	O	O	O	O
19. My child is doing better in school and/or work.	O	O	O	O	O	O
20. My child is better able to cope when things go wrong.	O	O	O	O	O	O
21. I am satisfied with our family life right now.	O	O	O	O	O	O
22. My child is better able to do things he or she wants to do.	O	O	O	O	O	O

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:

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
23. I know people who will listen and understand me when I need to talk.	O	O	O	O	O	O
24. I have people that I am comfortable talking with about my child's problem(s).	O	O	O	O	O	O
25. In a crisis, I would have the support I need from family or friends.	O	O	O	O	O	O
26. I have people with whom I can do enjoyable things.	O	O	O	O	O	O

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.

* CSI County Client Number

11424

DHCS 1744 EN

Must be entered on EVERY page

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

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

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

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

14. Over the last year, have your child's encounters with the police…
    - ○ Been reduced
      For example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program
    - ○ Stayed the same
    - ○ Increased
    - ○ Not applicable
      They had no police encounters this year or last year

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

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

17. Over the last year, the number of days my child was in school is:
    ○ Greater   ○ About the same   ○ Less
    ○ Does not apply → *Please select why this does not apply*
    - ○ Child did not have a problem with attendance before starting services
    - ○ Child is too young to be in school
    - ○ Child was expelled from school
    - ○ Child is home schooled
    - ○ Child dropped out of school
    - ○ Other

* CSI County Client Number

Must be entered on EVERY page

11424

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

18. What is your child's gender?
Please select all that apply

○ Male
○ Female
○ Non-Binary

○ Transgender: Female to Male
○ Transgender: Male to Female
○ Another Gender Identity

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

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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

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

Frequently Asked Questions (FAQ)

2024 Consumer Perception Survey (CPS)

MAY 20-24, 2024

TABLE OF CONTENTS

GENERAL SURVEY ADMINISTRATION

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

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

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

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

   We encourage you to use the UCLA online survey links for data collection. This allows the data to be sent directly to the UCLA server instead of sitting on some local machine.

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

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

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

   As long as the client's responses are kept confidential, administrative/non-clinical staff can enter paper survey responses to an online survey platform.

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

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

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

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

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

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

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

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

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

There is no way for a provider to verify that a client submitted/completed the UCLA online survey. When the client reaches the end of the survey, they will need to click on the 'submit' button. During the survey week UCLA will be providing daily counts of online surveys received by the Reporting Unit, for surveys completed using the UCLA survey portal. This information will be available to the County CPS administrators at the end of each day during the survey week via their county specific Box folder.

Participants

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

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

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

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

CSI and Client Number

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

Yes. Sometimes counties may use an alias number in lieu of Medi-Cal beneficiary number. Counties can fill in the client's Medi-Cal beneficiary number or the unique number used to provide mental health services to a consumer in your county.

13. Is the CCN number considered PHI?

Yes.

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

Yes. Please refer to codebook for additional instructions.

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

Yes.

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

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

17. Does the CCN need to be included if a client refuses to take the survey?

No.

18. Are client IDs required in the online survey?

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

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

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

20. Where does the client number go?

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

Refusal Surveys

21. Does the survey administrator need to write a refusal code on a survey if a client refuses to participate?

Yes. When applicable, the Refusal code must be entered by office/administrative staff on the last page of the paper survey and returned to UCLA for scanning. In addition, UCLA has also provided an online link where office/admin staff can enter the reason codes for refusals. This data comes directly to UCLA. Counties who enter data using the online survey refusal link do not need to keep any paper copies of this information.

22. If our OWN online surveys have options for refusal, impairment, language, and other, do we still need to complete the paper survey codes for those options?

No, in this case you do not need to complete a paper survey. You can send the data with refusal codes as a separate Excel file or enter the information in the UCLA Online Survey Refusal link.

23. To record the refusal code when using the UCLA online survey portal, do we need to submit all four pages, or can we just submit the last page?

Only submit the last page for the paper form. Please record the refusal for the UCLA online survey at the onset of the survey; either staff or the participant can indicate a refusal or other non-participatory response.

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

When a consumer refuses to participate in a survey, we only need their county code and reason code.

25. How is the refusal code entered and submitted?

The refusal code is at the end of the last page of the survey. If the refusal code is from the UCLA online survey, staff can complete the refusal code before the survey begins. Please refer to training slides for the exact location of refusal code on the paper survey and form submission.

Complete and Incomplete Surveys

26. Are incomplete surveys counted?

Yes.

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

    Currently, it is not possible to save an online survey session – please have participants complete in one sitting. However, we are reviewing this option and will update the FAQ accordingly.

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

    Client Numbers are required for all surveys. Please try your best to make this information available to the client or pre-populate the survey with the information before offering the survey to a client.

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

    It will need to be validated for duplicates etc., with other surveys. It may or may not be counted depending on the data validation algorithm.

Deadlines and Timelines

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

    June 17, 2024.

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

    Data should be available by December 2024.

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

    July 22, 2024.

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

    If you created your own online survey, these data would need to be uploaded by July 22, 2024, to the UCLA Box folder. Use of the UCLA online survey portal makes the data immediately available to UCLA for analysis.

34. **When will the codebook be available?**
    The codebook is available on the UCLA-ISAP website: https://www.uclaisap.org/mh-consumer-perceptionsurvey.html

ONLINE SURVEYS

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

    Yes.

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

    Yes. The QR codes are located inside the flyer templates available on the UCLA-CPS website.

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

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

4. **Will there be individual survey links available to send to clients along with QR codes or do clients have to enter the UCLA website to access the surveys?**

    Online survey links for Adult (with and without QOL section), Older Adult (with and without QOL section), Youth and Families of Youth with QR codes are currently posted on the UCLA-CPS website: https://www.uclaisap.org/mh-consumer-perceptionsurvey.html . These links can be used for testing your connection to the survey and any firewall issues. The same link will be used for the actual data collection during the survey period.

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

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

PAPER SURVEYS

Printing

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

    Yes.

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

    No. The quality of photocopying can impact and delay the scanning process.

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

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

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

    Yes, the pieces of paper for each survey should be stapled together
    at the top left corner of the form, where indicated.

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

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

Shipping and Tracking

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

    This year UCLA will be providing Fed Ex labels for counties to mail the paper surveys.
    Please prepare your survey shipments in time for UCLA to receive them by June 17th.
    For additional information on shipping the paper surveys please visit our UCLA-CPS
    website, or contact Marylougilbert@mednet.ucla.edu who will be providing fed ex
    labels

    In addition, arrangements can be made if some counties such as those in Southern
    California would like to drop off survey boxes in person. Please contact us and make an
    appointment to drop off the surveys.

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

Yes, please send ALL the surveys you receive.

SURVEY DATA ACCESS AND REPORTING

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

   Yes. Please follow the codebook for instructions on data submission. These data files must be uploaded to the secure UCLA Box folder by July 22, 2024.

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

   Yes, data can be downloaded from the DHCS data portal. UCLA will notify county coordinators when the data will be available for download.

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

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

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

   If sending paper surveys, our scanner will automatically pick up the form type, Youth versus Family survey, based on the form that was used.

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

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

MISCELLANEOUS

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

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

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

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

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

   Yes, the CPS is only conducted once a year during spring.

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

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

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

   Counties can choose which survey to use for adults and older adults, i.e., with or without QOL. We do not maintain a list of which counties are using the survey with QOL section. We can share which or how many counties used the QOL in CY 2023. Please email us for this information.

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

   Currently the UCLA forms only allow the administrative questions on the last page to be PDF fillable. However, if you would like to convert your forms into pdf fillable, you can do so.

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

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

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

   Counties can choose which survey to use.

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

   Yes, the flyers in Spanish will be posted on the UCLA website.

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

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

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

UCLA will provide county level reports via the UCLA Box folder. These reports are expected to be delivered by December 2024.

WHAT'S NEW IN 2024?

1. In the demographic section the question gender identity has been expanded to include six categories.
2. A question on sexual orientation has been added in the demographic section.
3. The question on information available in your preferred language and written material available in your preferred language have been combined into one question.
4. Two questions on telehealth have been added to the survey.
5. Variable called "surveycollect" that indicates if the survey was collected via paper or online has now been added to the data dictionary/codebook. This variable will now be included in the raw data from the DHCS data portal.
6. The section on County Questions in previous surveys has been eliminated to add questions on sexual orientation and gender identity and telehealth.

- ► Please mute yourself during the duration of the webinar. We have allocated 20 minutes after the webinar for questions and answers.

- ► **Please enter your name and your county name in chat box during the training.**

- ► How to submit questions?

    - ► Type your questions in the chat box.

    - ► Our Program Coordinator (Marylou Gilbert) will be monitoring the questions. We will address all the questions after the presentation. Marylou is also the coordinator of the Treatment Perceptions Surveys (TPS) for DMC-ODS counties. Since many provider locations may be participating in both CPS and TPS surveys, please address any questions about the TPS directly to her.

- ► This webinar is being recorded and will be posted on UCLA-ISAP website. You can use this recording for any planned training for your providers.

Some Housekeeping Notes

Purpose of the Mental Health Consumer Perception Survey (CPS)

- Fulfills a **requirement of the Substance Abuse and Mental Health Services Administration (SAMHSA)** Community Mental Health Services Block Grant (MHBG).

- Fulfills counties' requirement to conduct the survey and submit data per §3530.40 of Title 9 of the California Code of Regulations. Section 3530.40 of the California Code of Regulations.

- Gives consumers and family members the **opportunity to provide input/feedback on services** for Quality Improvement purposes.

- Requirement of California W&I Code Sections 5600 - 5623.5 (Bronzan-McCorquodale Act.)

Survey Data Collection Dates
Only collect data during the official survey period

			May 2024			
Sun	Mon	Tue	Wed	Thu	Fri	**Sat**
			1	2	3	**4**
5	6	7	8	9	10	**11**
12	13	14	15	16	17	**18**
19	20	21	22	23	24	**25**
26	27	28	29	30	31	

CPS Data Collection Spring 2024
May 20-24, 2024

▶ **Behavioral Health Information Notice (24-009) has been issued and uploaded to UCLA CPS Website.**

▶ Short Doyle / Medi-Cal providers providing outpatient mental health services are required to participate.

▶ The data collection is a convenience sample. This means all patients receiving outpatient mental health services, via telehealth or in-person during the five days should be surveyed.

▶ Surveys are available in 12 languages.

▶ There are 4 Survey Types:

    1. Adult: Ages 18-59   3. Youth (YSS): Ages 13-17

    2. Older Adult: Ages 60+   4. Families of Youth Ages 0-17 (YSS-F)

▶ There are 2 data collection options.

    ▶ Paper survey forms

    ▶ Online survey

▶ Counties can choose to collect data using both the online and paper surveys. UCLA will merge all data to create the final data set, which counties can download through the UCLA Box platform and the DHCS application portal.

CPS Data Collection
Spring 2024
May 20-24

▶ UCLA-ISAP is coordinating the CPS data collection on behalf of DHCS, including scanning paper survey forms.

▶ Online data collection tool is available via the UCLA online survey portal.

▶ The survey is administered once each year in Spring.

▶ Counties will be able to access survey results as aggregated county-level reports available via the UCLA Health Sciences Box platform.

  ▶ UCLA will provide access credentials for Box folder to each county's CPS coordinator or designated person.

  ▶ Please ensure you have designated a CPS contact for your county who will access the UCLA Box folder for reports. For questions on accessing the Box folder please contact Celine Tsoi at SzeYiCelineTsoi@mednet.ucla.edu

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

Examples of Settings (Not all inclusive):

- ▶ Mental Health Services
- ▶ Case Management
- ▶ Medication Services
- ▶ MHSA
- ▶ Day Treatment
- ▶ Telehealth
- ▶ Wellness Centers
- ▶ Field based outpatient services

Data Collection is Limited to Mental Health Outpatient Services ONLY

Data Collection Treatment Settings & Populations
Not Included

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

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).

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

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

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

Survey Administration in Short Doyle/ Medi-Cal Clinics

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

Safeguarding Consumer PHI

▶ The [CPS] contains PHI information that should be protected.

▶ HIPAA Policy 500.21 Safeguards for PHI

    ▶ All counties must implement appropriate administrative, technical and physical safeguards which will protect PHI from any intentional, unintentional or incidental disclosure that is in violation of the Department's Privacy Policies or the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. This requirement applies to all types of PHI in any form - oral, on paper or electronic.

Consumer Confidentiality
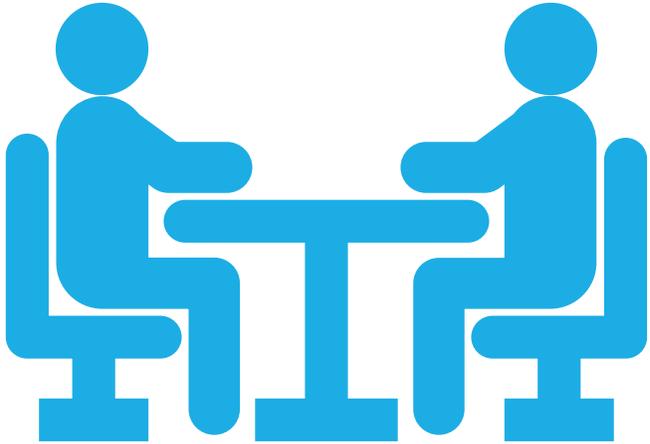
- The Consumer's **confidentiality must be respected and maintained** during the entire survey and reporting process.

- The information obtained is **confidential.**

- Consumer / Family **participation is voluntary.**

CPS Paper Forms

CPS Paper Forms

▶ Counties have the option of using Adult and Older Adult Survey forms **with or without Quality-of-Life Questions**.

▶ **Forms are available in 11 threshold languages in addition to English** (Arabic, Armenian (Eastern), Chinese (Traditional), Farsi, Hmong, Khmer, Korean, Russian, Spanish, Tagalog, Vietnamese)

▶ Use black or dark blue pen.

▶ Do not make any marking in the box in the lower right-hand corner of the forms that contains a black and white geometric pattern. Any markings over this box will cause the survey to be invalid.

d the Center for Mental Health Services.
2155

Youth Services Survey Family (YSS-F)

.

Who is Surveyed?

▶ Children aged **12 and younger are <u>not</u> 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

Printing CPS Forms

▶ Forms are available for download at the UCLA-ISAP CPS website:

https://www.uclaisap.org/mh-consumer-perception-survey.html#paperSurvey

▶ Survey Forms are PDF fillable documents for the administrative section only.

   ▶ When you enter County Client Number (CCN) on page 1 in the pdf survey form, the same CCN # is auto-populated on pages 2,3 and 4.

▶ **Print the forms directly from the pdf files.**

   ▶ Please use **a digital printer with white paper** for printing the surveys.

   ▶ DO NOT PHOTOCOPY THE SURVEY FORMS.

      ▶ All copiers resize images slightly and will make the forms unreadable.

Preparation of Paper Survey Forms

Required and Optional Items

Required Items

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

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

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

Reason for Non-participation in Survey data collection:

Must be completed by providers for consumers who do not wish to participate in the survey. UCLA provides an online link to record data on reasons for not completing the survey.
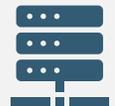
Optional Items

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

SPECIFIC ITEMS To Pre-Fill

👉 **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][4]   [ ][ ][ ][ ][ ][ ][ ]

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

19889

→ [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Must be entered on EVERY page   4 / 4

County Client Number (CCN)
Number MUST be on EVERY Page
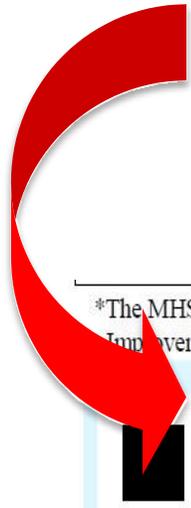
*The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

CONTINUED ON NEXT PAGE...

34151

DHCS 1740 EN (05/13)

CSI County Client Number
Must be entered on EVERY page

Page 1 of 4
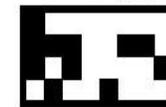
Additional County Questions

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

Reasons for Not Completing Survey

▶ The reason for a consumer not completing the survey (using either a paper form or **survey link**) should be documented using the UCLA's online form. **https://uclahs.fyi/Reasons**. More information on this in later slides.

▶ If this data is collected using the paper forms, these should be sent to UCLA along with the completed paper surveys.

   ▶ **Refused (Ref)**:   Client refused to complete the survey.

   ▶ **Impaired (Imp)**: Client is too impaired (mentally or physically) to complete the survey.

   ▶ **Language (Lan)**: Client is unable to complete survey as survey is not in a language the client understands.

   ▶ **Other (Oth)**:   Any other reason not listed above.

Reason (if applicable):

○ Ref   ○ Imp   ○ Lan   ○ Oth

What's NEW in 2024?

- County questions have been replaced with three Telehealth questions

- Question on language has been consolidated into one question

- Questions on Gender Identity have been expanded to six categories

- Questions on Sexual Orientation have been added

- Data field called "Surveycollect" has been added to the county's data download from the DHCS data portal. This data field provides information on which survey was collected as paper versus online

- UCLA will provide Fed Ex shipping labels for mailing paper surveys to UCLA

- Qualitative analysis using a Word Cloud has been added to county level reports

Three NEW Telehealth Questions

14. 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

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

16. 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

Questions on Gender Identity and Sexual Orientation (SOGI)

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

8. What is your gender?
   Please select all that apply

   ○ Male
   ○ Female
   ○ Non-Binary

   ○ Transgender: Female to Male
   ○ Transgender: Male to Female
   ○ Another Gender Identity

9. 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

Please Note: Sexual orientation questions are not asked in the Family Survey

Placement of Arrest History Questions:

Questions have been placed side by side for ease of filling in the responses

Please answer questions #2-4 if you have been receiving mental health services for **ONE YEAR OR LESS**	Please answer questions #5-7 if you have been receiving mental health services for **MORE THAN ONE YEAR**
2. Were you arrested since you began to receive mental health services? ○ Yes ○ No	5. Were you arrested during the last 12 months? ○ Yes ○ No
3. Were you arrested during the 12 months prior to that? ○ Yes ○ No	6. Were you arrested during the 12 months prior to that? ○ Yes ○ No
4. Since you began to receive mental health services, have your encounters with the police… ○ Been reduced *For example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program* ○ Stayed the same ○ Increased ○ Not applicable *I had no police encounters this year or last year*	7. Over the last year, have your encounters with the police… ○ Been reduced *For example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program* ○ Stayed the same ○ Increased ○ Not applicable *I had no police encounters this year or last year*

Printing Instruction added to top of survey:
Please do not photocopy surveys, print from PDFs

Print PDF as needed. *Do not photocopy!*

DHCS
California Department of
HealthCare**Services**

MHSIP Consumer Survey - ADULT
Spring 2024

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 Agree, Agree, are Neutral, Disagree, or Strongly Disagree** with each of the statements below. 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 Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable

NEW!! Sending Paper Surveys to UCLA for Scanning

- In 2024 counties must use FED EX to ship the paper surveys to UCLA.
  - Pre-paid Fed Ex shipping labels will be provided by UCLA

- If some counties such as those in Southern California would like to personally drop off survey boxes, it can be arranged. Please contact us and make an appointment to drop off the surveys.

- Please complete and send UCLA a shipping form so a label can be created and returned to county coordinator. Each shipment should include a cover sheet inside the packaging.

- The shipment(s) of paper surveys can be dropped off at a Fed Ex office or coordinators can arrange for a pick-up.

- Each shipment must include a UCLA-provided, pre-paid label addressed to:

  Attn: Vandana Joshi

  Integrated Substance Abuse Programs - UCLA

  10911 Weyburn Avenue, Suite 200

  Los Angeles, CA 90024

  - For additional questions on shipping surveys via Fed Ex and labels please contact Marylou Gilbert at MarylouGilbert@mednet.ucla.edu

CPS 2024
Shipment Form

CONSUMER PERCEPTION SURVEY
(CPS 2024)

Paper Surveys Shipment Form – For CPS County Coordinator Use Only

In order for us to create a FED EX label for your shipment, please complete fully and email this form to Marylou Gilbert (MarylouGilbert@mednet.ucla.edu).

CPS County coordinator or Sender:

Name:_____   Title:_____

Agency/Department:_____

Address:_____

Phone number:_____   Email:_____

Number of boxes/envelopes/padded paks you will ship, including the size (small, medium, or large) and **approximate weight of each box/envelope:**

☐ Small box; how many_____ approximate weight of each_____.
☐ Medium box; how many_____ approximate weight of each_____.
☐ Large box; how many_____ approximate weight of each_____.
☐ Small envelope; how many_____ approximate weight of each_____.
☐ Med envelope; how many_____ approximate weight of each_____.
☐ Large envelope; how many_____ approximate weight of each_____.
☐ Small pak; how many_____ approximate weight of each_____.
☐ Med pak; how many_____ approximate weight of each_____.
☐ Large pak; how many_____ approximate weight of each_____.
☐ We will use our own packaging; how many_____ approximate weight of each_____.

Additional shipping info:_____

FedEx Pick up or Drop off - Please indicate your preference:

☐ We will be scheduling a FedEx pick up on this date:_____
TO SCHEDULE A PICK UP PLEASE CALL/ARRANGE WITH FED EX DIRECTLY AT: 800-463-3339

☐ We will drop off the box(es)/package(s) at a FedEx facility/drop off on this date:
_____

Version date 1/29/24

CPS 2024 Cover Sheet for mailing surveys

COVER SHEET 2024

UCLA

Consumer Perception Survey (CPS)
Forms Submission to UCLA ISAP

FOR CPS COUNTY COORDINATOR/STAFF USE ONLY

Please complete this form and include it with your submission to UCLA.

County: _____

Contact person in charge of Consumer Perception Survey (CPS) administration for this county:

Name: _____   Title: _____

Phone: _____   Email: _____

Contact person(s) to receive CPS Reports and raw data files: (This person will receive user-specific access to the county's Box folder containing CPS reports and data files along with instructions to access Box.)

☐ Check if same as above, and/or provide the information below.

Individuals who should be given access to your county folder in Box:

Name: _____   Email: _____

Name: _____   Email: _____

Name: _____   Email: _____

Total number of forms sent to UCLA: Adult: _____   Youth: _____

Total number of boxes/envelopes sent to UCLA: _____

Include a copy of this completed cover sheet inside each box/envelope being sent to UCLA ISAP.

> Use the FED EX label(s) provided by UCLA to send survey boxes/envelopes with completed surveys and cover sheet(s) to:
> UCLA Integrated Substance Abuse Programs
> Attention: Vandana Joshi, CPS Director
> 10911 Weyburn Avenue, Suite 200
> Los Angeles, CA 90024
> 310-801-2524

Please direct any survey questions or concerns to Marylou Gilbert, at MarylouGilbert@mednet.ucla.edu

Version date: 1/29/24

Important Dates:
Processing Forms Locally or Submitting Paper Forms to UCLA for Scanning

- Counties can collect paper surveys and submit them to UCLA for processing.

  - UCLA-ISAP must receive the paper forms via FedEx by **June 17, 2024**, for timely processing of data for DHCS.

- Counties that process/scan their own data can continue to do so and submit electronic data files directly to UCLA via the UCLA Health Sciences Box.

  - UCLA-ISAP must receive the data files by **July 22, 2024**, for timely processing of data for DHCS.

  - Each county will have access to its own UCLA-ISAP Box folder to upload data and download county-level reports prepared by UCLA.

Important Survey Date: June 17, 2024
Return Paper Surveys to UCLA via FedEx

June 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Important Survey Date: July 22, 2024
Upload Electronic Survey Data to UCLA

				July 2024			
Sun	Mon	Tue	Wed	Thu	Fri	**Sat**	
	1	2	3	4	5	**6**	
7	8	9	10	11	12	**13**	
14		16	17	18	19	**20**	
21	**22**	23	24	25	26	**27**	
28	29	30	31				

Online CPS

Accessing Online Surveys

▶ Six unique survey links for each of the six survey types (Adult with and without QOL, Older Adult with and without QOL, Youth, and Families of Youth) are available on the UCLA Website.

▶ The online survey is available in the 11 threshold languages and English.

▶ Counties/Providers can use the Online CPS Survey link to practice data collection during the survey period.

▶ Please share with providers to ensure access to the survey link platform and no firewalls are blocking access etc.

▶ UCLA has provided QR codes for each of the six unique survey links to assist in disseminating the links to consumers.

▶ Download the survey flyer templates for QR codes from the UCLA CPS website.

  ▶ The survey flyers are available in English, Spanish, Chinese, Farsi and Vietnamese. We will consider other threshold languages per request.

Flyers with QR Codes (available for download)

Consumer Perception Survey (CPS)

For Adults

May 20-24, 2024

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

Complete a voluntary, anonymous, and confidential survey.

Choose how you want to participate:

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

ADULT

https://uclahs.fyi/Adult

ADULT (+QOL)

https://uclahs.fyi/AdultQOL

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

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

Thank you for participating in this important survey!

Consumer Perception Survey (CPS)

For Youth and Families

May 20-24, 2024

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

Complete a voluntary, anonymous, and confidential survey.

Choose how you want to participate:

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

YOUTH

https://uclahs.fyi/Youth

FAMILIES OF YOUTH

https://uclahs.fyi/Family

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

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

Thank you for participating in this important survey!

Accessing Online Surveys, continued

▶ Clients can access the online survey by scanning the QR code that is relevant to them.

▶ **Surveys can be accessed via computer, tablet, or smartphone.**

▶ Providers offering services via telehealth during the survey period can forward the survey link/show QR code

▶ Only surveys completed during the survey period (May 20-24, 2024) will be included in the final data set.

▶ Counties can create their own online survey and upload data to the county specific UCLA Box folder.

  ▶ Counties collecting data via their own online survey link MUST submit data in the format specified in the codebooks.

  ▶ This data must be received by UCLA no later than July 22, 2024.

All surveys available online in California's 11 threshold languages, and English
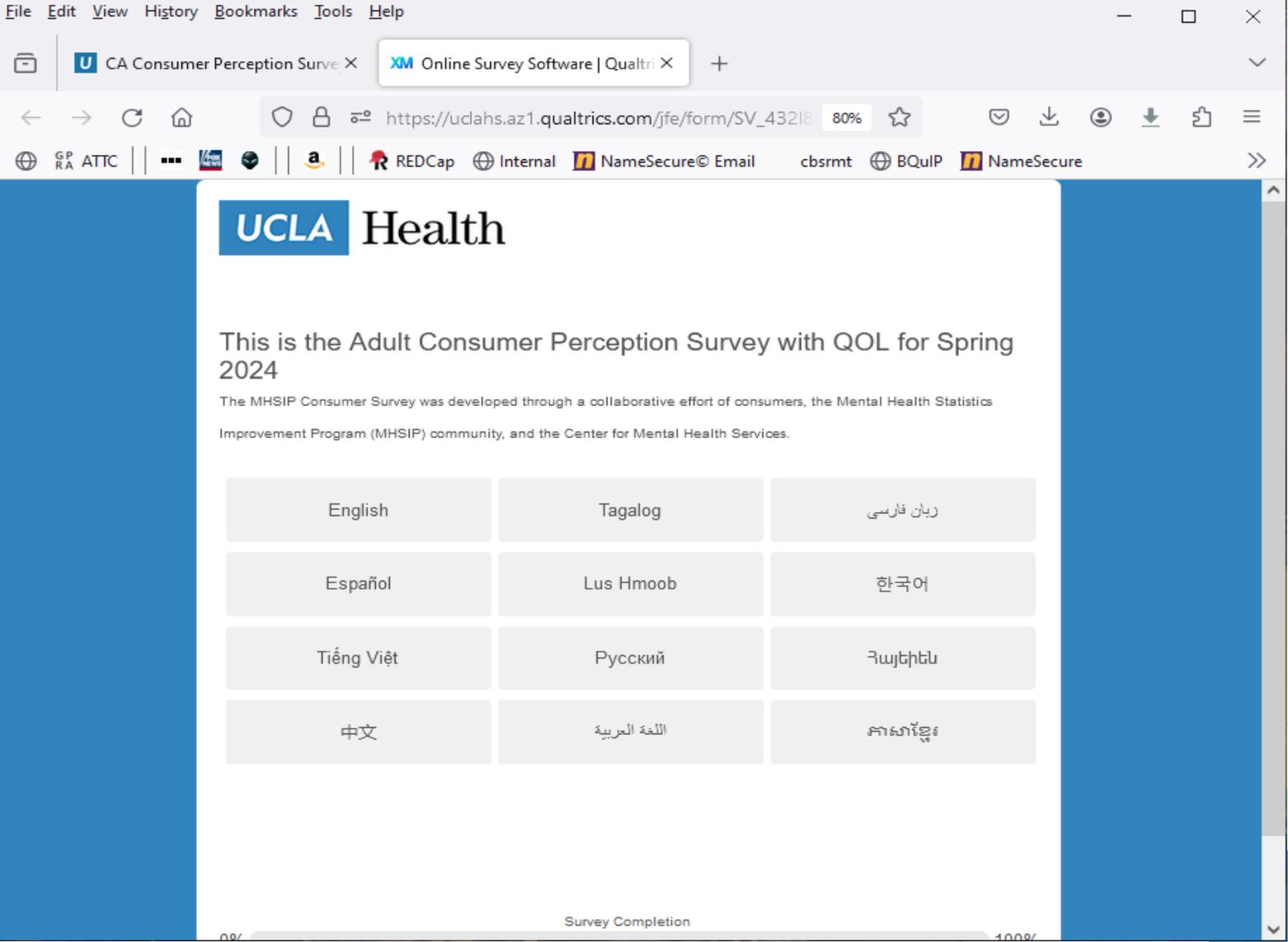
Online survey – County Client Number

- Valid CCNs should be entered in the online survey.
- Since consumers may not know their CCN, providers and clinicians can provide this information to the consumers.
- County Client Number (CCN) and Reporting Unit Number has been moved to the beginning of the survey.
  - This will help administrative staff to pre-fill this information before requesting the consumer to complete the survey.
  - However, this can only be done for an in-person survey in a clinic.
  - Providers cannot pre-fill this information, save the link and email the link to the consumer receiving Telehealth services.
- CCN IS A REQUIRED FIELD
  - If consumers can not obtain their CCN, please enter a number that is unique to your county such as 1912345 with first two digits indicating county code.

Recording Reason Code Online Form

The method to record Reason Codes for consumers who choose not to complete the Online Survey is the same as for those completing the Paper Survey.

This link is: **https://uclahs.fyi/Reasons**.

Receiving Daily Survey Counts from UCLA
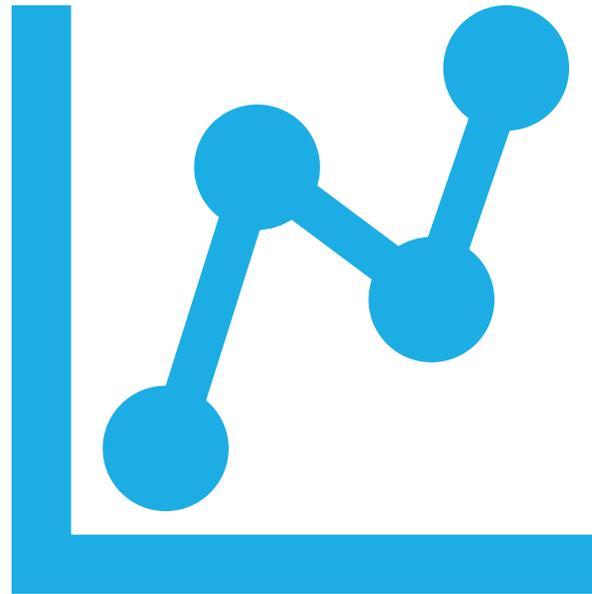
- For counties using the UCLA online survey portal for data collection, UCLA will continue to provide a daily count of surveys by reporting unit during the survey week, by the end of each day and or next morning.

- The daily reports will be sent to your County Box Folder.

  - UCLA will send an invitation to county contacts to set up a free UCLA Box account to access 2024 CPS data.

  - Please verify with UCLA your county contacts who will need access to your CPS data reports, as soon as possible.

Consent for Follow-up from online survey consumers

- This year we have added a question for consent to be contacted for a Follow-up survey from online survey consumers.

- This will only be asked from consumers in English and Spanish language

- This is part of future BH Connect efforts to better understand consumer needs

- Although consumer information such as name and contact information (email and or phone) will be gathered by UCLA, this information will not be shared with the counties. Therefore, no linkages of consumer information received via consent to a Follow-up survey will be made to the CPS survey.

Lessons Learned from 2023

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

　➢ Otherwise it adds additional time for data cleaning.

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

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

Access to Survey Data and Summary Reports

Retrieving Your Survey Data

County level survey results will be **made available as soon as possible** through the UCLA Health Sciences Box, a HIPAA-compliant file sharing platform.

- UCLA will send an invitation to county contacts to set up a free UCLA Box account to access 2024 CPS data.

The 2024 CPS data with identifiers will be available from the DHCS portal at https://portal.dhcs.ca.gov/

By December 2024/January 2025

(available for a limited time)

UCLA will prepare aggregate reports for each county and make them available for download in county-specific UCLA Box folders by December 2024/January 2025.

What's New in the County Level Aggregated Survey Report

In 2023 UCLA included Word Cloud and some qualitative analysis of comments in the Statewide report

Counties receive online survey comments during the survey week via the UCLA Box folder and images of comments from the paper surveys, once they are scanned.

UCLA can provide technical assistance on how counties can create their own word clouds at the provider level.

What's Available at UCLA CPS Website
http://www.uclaisap.org/mh-consumer-perception-survey.html

It is important to refresh your browser upon each visit to the website to find new updates

BH IN – 24-009

CPS Information session slides and recording

CPS Forms

FAQs

CPS Online survey links

Survey Flyer with QR codes
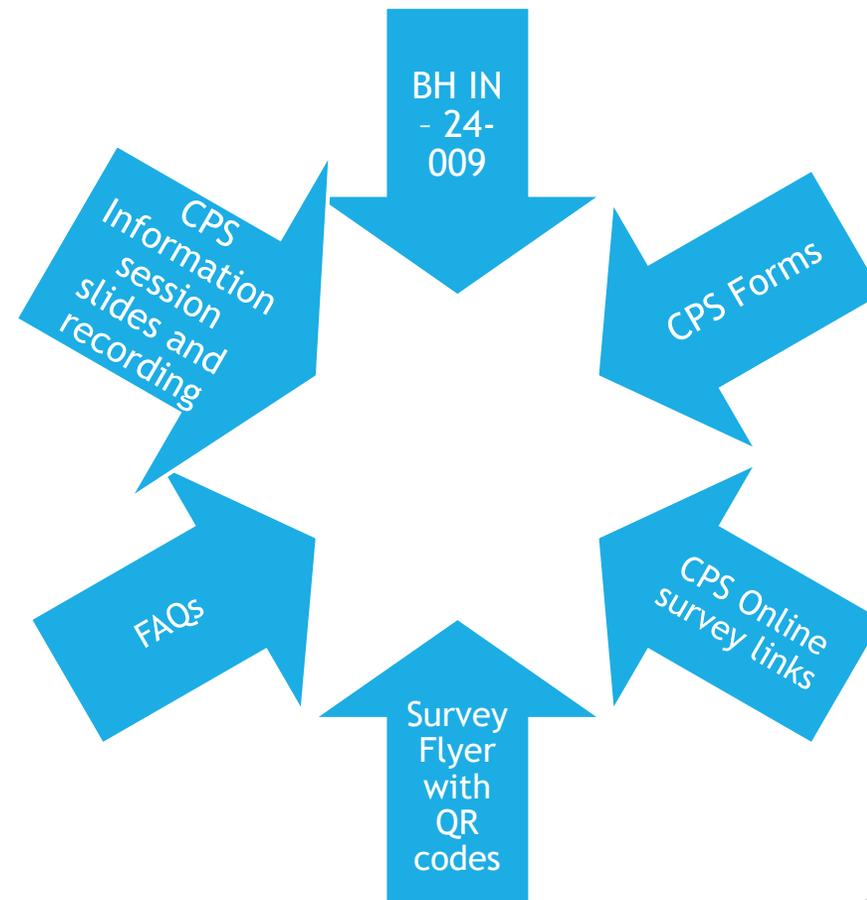
CPS INQUIRIES

Send general inquires via email to

CPSInfoUCLA@mednet.ucla.edu

For Any Other Additional Questions

Vandana Joshi: vjoshi@mednet.ucla.edu

Marylou Gilbert: marylougilbert@mednet.ucla.edu

Celine Tsoi: szeyicelinetsoi@mednet.ucla.edu

Please email all three email addresses to ensure the quickest response

Consumer Perception Survey (CPS)

For Adults

May 20-24, 2024

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

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

Complete a voluntary and confidential survey.

Choose how you want to participate:

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

ADULT
https://uclahs.fyi/Adult

ADULT (+QOL)
https://uclahs.fyi/AdultQOL

➢ **Paper survey form (ask program staff for a form)**

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

Thank you for participating in this important survey!

Encuesta de Percepción del Consumidor (CPS)

Para Adultos (Edad 18-59)

Maio 20-24, 2024

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

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

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

ADULTO https://uclahs.fyi/Adult

ADULTO (+QOL) https://uclahs.fyi/AdultQOL

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

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

¡Gracias por participar en esta encuesta importante!

Consumer Perception Survey (CPS)

消費者認知問卷調查
For Adults 成年人

May 20-24, 2024

. 請告訴我們您對您在此計劃中所獲得的服務的看法

: 完成一份簡短、自願且保密的調查。選擇您想要的參與方式：

Secure online survey link for this program:

使用本計劃的安全網路線上調查：

ADULT 成年人 https://uclahs.fyi/Adult

ADULT (+QOL) 成年人 及 https://uclahs.fyi/AdultQOL

使用紙本問卷調查表（請向工作人員索取問卷表格）

如果您有任何問題或填寫問卷調查需要幫助，請詢問工作人員

感謝您參與這項重要的問卷調查

Khảo Sát về Nhận Thức

Của những Người Lớn (tuổi 18-64)

Ngày 20-24 tháng 5 năm 2024

<mark>(Đã dùng các dịch vụ chương trình)</mark>

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

Trả lời một cuộc khảo sát tự nguyện và bí mật.

Chọn cách bạn muốn tham gia:

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

NGƯỜI LỚN
https://uclahs.fyi/Adult

NGƯỜI LỚN
(+CHẤT LƯỢNG CUỘC SỐNG QOL)
https://uclahs.fyi/AdultQOL

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

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

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

(CPS) نظرسنجی درک مصرف کننده

برای بزرگسالان

May 20-24, 2024

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

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

لینک نظرسنجی آنلاین امن برای این برنامه:

بزرگسالان

https://uclahs.fyi/Adult

بزرگسالان (**QOL+**)

https://uclahs.fyi/AdultQOL

➢ فرم نظرسنجی کاغذی (از کارکنان برنامه فرم بخواهید)

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

با تشکر از شما برای شرکت در این نظرسنجی مهم!

Table 1A: Surveys Received vs. Surveys Completed

	Received	Completed	Not Completed	% Completed	% Not Completed
Family	15,358	12,195	3,163	79.4%	20.6%
Youth	11,198	9,071	2,127	81.0%	19.0%
Adult	23,873	18,316	5,557	76.7%	23.3%
Older Adult	4,163	3,215	948	77.2%	22.8%
Total	54,592	42,797	11,795	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	1782	17	48	1316	3,163	26.8%
Youth	1286	20	14	807	2,127	18.0%
Adult	3419	437	57	1644	5,557	47.1%
Older Adult	571	151	15	211	948	8.0%
Total	7,058	625	134	3,978	11,795	100.0%

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

	Family		Youth		Adult		Older Adult	
	N	%	N	%	N	%	N	%
Online Survey	7,269	47.3%	4,181	37.3%	6,905	28.9%	903	21.7%
Paper Survey	8,089	52.7%	7,017	62.7%	16,968	71.1%	3,260	78.3%
Total	15,358	100.0%	11,198	100.0%	23,873	100.0%	4,163	100.0%

Table 1D: Surveys Received by Language and Form Type

	Family		Youth		Adult		Older Adult	
	N	%	N	%	N	%	N	%
Arabic	**	**			20	0.1%	**	**
Armenian	**	**	**	**	**	**	**	**
Chinese	91	0.6%	20	0.2%	100	0.4%	58	1.4%
English	11,135	72.6%	10,566	94.6%	22,081	92.6%	3,627	87.7%
Farsi	**	**	**	**	15	0.1%	11	**
Hmong	**	**			87	0.4%	45	1.1%
Khmer					**	**	**	**
Korean	41	0.3%	**	**	45	0.2%	37	0.9%
Russian	17	**	**	**	22	0.1%	**	**
Spanish	3,983	26.0%	587	5.3%	1,418	5.9%	325	7.9%
Tagalog	**	**	**	**	**	**	**	**
Vietnamese	69	0.4%			69	0.3%	35	0.8%
Total	15,336	100.0%	11,173	100.0%	23,857	100.0%	4,138	100.0%

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

Table 2: Demographics

Demographics	Family		Youth		Adult		Older Adult	
	N	%	N	%	N	%	N	%
Gender Identity								
Female	5237	42.9%	4435	48.9%	7657	41.8%	1413	44.0%
Male	5322	43.6%	2882	31.8%	7263	39.7%	1292	40.2%
Non Binary	111	0.9%	269	3.0%	408	2.2%	23	0.7%
Transgender: Female to Male	103	0.8%	222	2.4%	162	0.9%	16	0.5%
Transgender: Male to Female	31	0.3%	59	0.7%	162	0.9%	16	0.5%
Another Gender Identity	46	0.4%	147	1.6%	151	0.8%	17	0.5%
Decline to answer/Missing	1489	12.2%	1286	14.2%	2864	15.6%	483	15.0%
Sexual Orientation								
Straight/Heterosexual	N/A		4817	53.1%	11575	63.2%	2188	68.1%
Gay or Lesbian	N/A		341	3.8%	711	3.9%	100	3.1%
Bisexual	N/A		1035	11.4%	1302	7.1%	97	3.0%
Another Sexual Orientation	N/A		321	3.5%	392	2.1%	14	0.4%
Unknown	N/A		384	4.2%	292	1.6%	37	1.2%
Prefer Not to Answer	N/A		668	7.4%	932	5.1%	190	5.9%
Decline to answer/Missing	N/A		1682	18.5%	3515	19.2%	645	20.1%
Hispanic Ethnicity								
Yes	7540	61.8%	5447	60.0%	6412	35.0%	709	22.1%
No	2774	22.7%	1886	20.8%	7941	43.4%	1874	58.3%
Decline to answer/Missing	1881	15.4%	1738	19.2%	3963	21.6%	632	19.7%
Race								
American Indian/Alaska Native	396	3.2%	468	5.2%	975	5.3%	146	4.5%
Asian	553	4.5%	503	5.5%	1463	8.0%	278	8.6%
Black	1406	11.5%	961	10.6%	2563	14.0%	441	13.7%
Native Hawaiian/ Other Pacific Islander	147	1.2%	133	1.5%	306	1.7%	46	1.4%
White/Caucasian	4027	33.0%	2526	27.8%	6687	36.5%	1409	43.8%
Other	2551	20.9%	2275	25.1%	2537	13.9%	373	11.6%
Unknown	565	4.6%	703	7.7%	1007	5.5%	105	3.3%
Decline to answer/Missing	1576	12.9%	1256	13.8%	2931	16.0%	472	14.7%
How long have you received services here?								
Less Than One Month	934	9.0%	668	8.9%	1142	7.5%	96	3.7%
One to 5 Months	3559	34.3%	2443	32.6%	3315	21.9%	289	11.1%
6 Months to One Year	3,021	29.1%	2176	29.0%	2667	17.6%	328	12.7%
More Than One Year	2787	26.9%	2448	32.7%	7925	52.4%	1857	71.6%
Were the services in the language you prefer?								
Yes	9775	97.0%	6738	93.8%	12971	95.7%	2469	95.3%
No	236	2.3%	418	5.8%	520	3.8%	102	3.9%

N/A = Question not asked in the survey

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	4.43	4.42 - 4.45	94.5%	4.23	4.22 - 4.25	91.9%
General satisfaction	4.38	4.37 - 4.4	93.0%	4.24	4.22 - 4.25	90.4%
Outcome	3.98	3.96 - 3.99	79.0%	3.86	3.85 - 3.88	75.4%
Participation in Treatment Planning	4.31	4.29 - 4.32	91.4%	4.09	4.07 - 4.11	84.1%
Cultural Appropriateness	4.57	4.56 - 4.58	97.4%	4.39	4.37 - 4.4	95.5%
Social Connectedness	4.27	4.26 - 4.29	92.2%	4.12	4.11 - 4.14	88.3%
Functioning	3.99	3.97 - 4.0	77.8%	3.91	3.89 - 3.92	75.4%

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	4.35	4.34 - 4.36	91.4%	4.31	4.29 - 4.34	90.3%
General satisfaction	4.45	4.44 - 4.46	91.7%	4.46	4.43 - 4.48	92.5%
Outcome	4.04	4.03 - 4.06	78.8%	4.02	3.99 - 4.04	79.4%
Participation in Treatment Planning	4.33	4.32 - 4.34	91.8%	4.3	4.27 - 4.32	91.5%
Cultural Appropriateness	4.36	4.35 - 4.37	91.4%	4.31	4.29 - 4.33	90.5%
Social Connectedness	4.04	4.02 - 4.05	78.9%	4.02	3.99 - 4.05	79.6%
Functioning	4.03	4.02 - 4.04	76.2%	3.99	3.96 - 4.02	77.2%

CI = 95% Confidence Interval

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

	Adult		Older Adult	
	N	**%**	**N**	**%**
How do you feel about life in general?				
Unhappy	543	14.4%	93	13.5%
Mixed	1255	33.4%	194	28.2%
Satisfied	1963	52.2%	400	58.2%
How do you feel about the living arrangement where you live?				
Unhappy	612	16.1%	110	15.9%
Mixed	856	22.5%	137	19.9%
Satisfied	2331	61.4%	443	64.2%
How do you feel about the privacy you have there?				
Unhappy	674	17.9%	110	16.2%
Mixed	689	18.3%	106	15.7%
Satisfied	2397	63.8%	461	68.1%
How do you feel about the prospect of staying on where you currently live for a long period of time?				
Unhappy	786	21.1%	121	17.9%
Mixed	848	22.7%	135	20.0%
Satisfied	2099	56.2%	420	62.1%
How do you feel about the way you spend your spare time?				
Unhappy	579	15.3%	91	13.2%
Mixed	1120	29.7%	214	31.1%
Satisfied	2075	55.0%	384	55.7%
How do you feel about the chance you have to enjoy pleasant or beautiful thing?				
Unhappy	414	11.0%	77	11.4%
Mixed	919	24.5%	155	22.9%
Satisfied	2422	64.5%	446	65.8%
How do you feel about the amount of fun you have?				
Unhappy	568	15.2%	131	19.1%
Mixed	1046	28.0%	183	26.6%
Satisfied	2125	56.8%	373	54.3%

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	573	15.4%	93	13.7%
Mixed	989	26.5%	128	18.9%
Satisfied	2164	58.1%	458	67.5%
In general, how often do you get together with a member of your family?				
Not at all	414	12.1%	N/A	N/A
Less than once a month	411	12.0%	N/A	N/A
At least once a month	541	15.8%	N/A	N/A
At least once a week	860	25.1%	N/A	N/A
At least once a day	968	28.2%	N/A	N/A
Not applicable	233	6.8%	N/A	N/A
Total	3427	100.0%		
How do you feel about the way you and your family act toward each other?				
Unhappy	592	15.7%	98	14.2%
Mixed	884	23.5%	111	16.1%
Satisfied	2088	55.5%	405	58.9%
Not applicable	197	5.2%	74	10.8%
How do you feel about the way things are in general between you and your family?				
Unhappy	584	15.6%	93	13.7%
Mixed	826	22.1%	116	17.1%
Satisfied	2145	57.4%	402	59.1%
Not applicable	184	4.9%	69	10.1%
How often do you visit with someone who does not live with you?				
Not at all	523	14.4%	N/A	N/A
Less than once a month	447	12.3%	N/A	N/A
At least once a month	757	20.8%	N/A	N/A
At least once a week	1267	34.8%	N/A	N/A
At least once a day	398	10.9%	N/A	N/A
Not applicable	244	6.7%	N/A	N/A
Total	3636	100.0%		

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	819	22.8%	N/A	N/A
Less than once a month	199	5.5%	N/A	N/A
At least once a month	319	8.9%	N/A	N/A
At least once a week	577	16.1%	N/A	N/A
At least once a day	712	19.8%	N/A	N/A
Not applicable	968	26.9%	N/A	N/A
Total	3594	100.0%		
How do you feel about:				
things you do with other people?				
Unhappy	339	9.5%	57	8.7%
Mixed	989	27.7%	176	27.0%
Satisfied	2246	62.8%	419	64.3%
the amount of time you spend with other people				
Unhappy	471	13.2%	84	12.8%
Mixed	985	27.7%	173	26.4%
Satisfied	2104	59.1%	398	60.8%
the people you see socially				
Unhappy	364	10.3%	68	10.4%
Mixed	906	25.7%	165	25.3%
Satisfied	2252	63.9%	419	64.3%
the amount of friendships in your life				
Unhappy	673	19.0%	102	15.5%
Mixed	822	23.3%	148	22.6%
Satisfied	2040	57.7%	406	61.9%
During the past month, did you generally have enough money to cover the following items?				
Food (Yes)	2800	75.5%	N/A	N/A
Clothing (Yes)	2408	65.2%	N/A	N/A
Housing (Yes)	2681	72.9%	N/A	N/A
Travelling around for things like shopping, medical appointments, or visiting friends and relatives.	2302	63.8%	N/A	N/A
Social activities like movies or eating in restaurants	1747	48.7%	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?	194	5.3%	31	4.8%
In the past month were you a victim of a nonviolent crime?	316	8.8%	64	9.9%
In the past month, how many times have you been arrested for any crimes?				
No arrests	3451	97.1%	576	98.6%
One arrest	77	2.2%	5	0.9%
Two arrests	11	0.3%	2	0.3%
Three arrests	5	0.1%	1	0.2%
Four or more arrests	10	0.3%	0	0.0%
How do you feel about how safe you are on the streets in your neighborhood?				
Unhappy	451	12.2%	105	15.4%
Mixed	862	23.3%	148	21.6%
Satisfied	2387	64.5%	431	63.0%
How do you feel about how safe you are where you live?				
Unhappy	365	9.9%	81	11.9%
Mixed	643	17.5%	109	16.1%
Satisfied	2661	72.5%	489	72.0%
How do you feel about the protection you have against being robbed or attacked?				
Unhappy	496	13.7%	88	13.2%
Mixed	821	22.6%	138	20.6%
Satisfied	2316	63.7%	443	66.2%
How do you feel about your health in general?				
Unhappy	710	19.1%	150	22.5%
Mixed	1116	30.0%	172	25.8%
Satisfied	1889	50.8%	345	51.7%
How do you feel about your physical condition?				
Unhappy	855	23.2%	150	22.5%
Mixed	1043	28.3%	172	25.8%
Satisfied	1793	48.6%	345	51.7%
How do you feel about your emotional well-being?				
Unhappy	770	20.8%	110	16.4%
Mixed	1151	31.1%	185	27.6%
Satisfied	1776	48.0%	376	56.0%

N/A = Question not asked in the survey

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

	Family		Youth	
	N	**%**	**N**	**%**
Are you on medication for emotional / behavioral problems?	3,280	30.5%	2,811	37.5%
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	7,699	71.5%	4,511	58.2%
Yes, but only in a hospital ER	671	6.2%	879	11.3%
No	2,077	19.3%	1,204	15.5%
Do not remember	326	3.0%	1,163	15.0%
Total	10,773	100.0%	7,757	100.0%
Approximately, how long have you received services here?				
Less than One Month	942	9.1%	671	8.6%
One to Five Months	3,576	34.5%	2,459	31.6%
Six Months to One Year	3,035	29.3%	2,186	28.1%
More Than one Year	2,811	27.1%	2,456	31.6%
Total	10,364	100.0%	7,772	100.0%
School Suspension				
Services more than 1 year:				
Was your child/ you expelled or suspended from school in the past 12 months?	452	11.1%	468	14.5%
Was your child/ you expelled or suspended from school in the 12 months prior to that?	336	8.4%	448	14.1%
Over the last year, number of days you were in school:				
Greater	980	26.5%	859	28.4%
About the same	1,304	35.2%	1,197	39.6%
Less	361	9.7%	348	11.5%
Does not apply	1,058	28.6%	617	20.4%
Total	3,703	100.0%	3,021	100.0%

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?	583	7.4%	609	11.2%
Was your child/you expelled or suspended during the 12 months prior to that?	622	9.4%	786	14.5%
Since starting to receive services, the number of days your child/you were in school:				
Greater	1,622	21.6%	1,354	26.0%
About the same	2,729	36.4%	2,357	45.3%
Less	495	6.6%	456	8.8%
Does not apply	2,655	35.4%	1,039	20.0%
Total	7,501	100.0%	5,206	100.0%
Have you lived in any of the following places in the last 6 months?				
With one or both parents	7,448	50.9%	5,930	54.5%
With another family member	844	5.8%	1,401	12.9%
Foster home	959	6.6%	582	5.3%
Therapeutic foster home	34	0.2%	47	0.4%
Crisis shelter	60	0.4%	90	0.8%
Homeless shelter	102	0.7%	82	0.8%
Group home	87	0.6%	309	2.8%
Residential treatment center	85	0.6%	194	1.8%
Hospital	142	1.0%	263	2.4%
Local jail or detention center	61	0.4%	146	1.3%
State correctional facility	16	0.1%	41	0.4%
Runaway/Homeless/On the streets	72	0.5%	148	1.4%
Other (describe)	361	2.5%	338	3.1%

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

	Adults		Youth	
	N	%	N	%
Have you been arrested in the past 12 months? *				
Yes	1,839	8.0%	622	2.9%
No	21,212	92.0%	20,641	97.1%
Total**	23,051	100.0%	21,263	100.0%
Since you began to receive mental health services, have your encounters with police**				
Reduced	3,965	18.2%	1,553	8.0%
Stayed the same	1,630	7.5%	944	4.8%
Increased	389	1.8%	320	1.6%
Not applicable (had no police encounters this year or last year)	15,765	72.5%	16,692	85.6%
Total	21,749	100.0%	19,509	100.0%

* 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	5,306	43.5%	3,703	40.8%	4,745	25.9%	898	27.9%
Very little	3,280	26.9%	2,572	28.4%	5,192	28.3%	850	26.4%
About half	782	6.4%	701	7.7%	2,509	13.7%	433	13.5%
Almost All	408	3.3%	318	3.5%	1,428	7.8%	239	7.4%
All	316	2.6%	169	1.9%	1,021	5.6%	136	4.2%
Decline to answer/Missing	2,103	17.2%	1,608	17.7%	3,421	18.7%	659	20.5%
How helpful were telehealth visits compared to traditional in-person visits?								
Much Worse	162	3.4%	121	3.2%	202	2.0%	29	1.7%
Somewhat Worse	668	14.0%	627	16.7%	986	9.7%	190	11.5%
About the same	2,247	46.9%	2,058	54.7%	5,060	49.9%	785	47.3%
Somewhat better	428	8.9%	348	9.3%	1,227	12.1%	178	10.7%
Much better	636	13.3%	295	7.8%	1,687	16.6%	234	14.1%
Decline to answer/Missing	645	13.5%	311	8.3%	988	9.7%	242	14.6%
I would prefer to receive more of my mental health treatment at this program by telehealth								
Strongly Disagree	1,534	12.6%	1,063	11.7%	1,814	9.9%	372	11.6%
Disagree	1,424	11.7%	1,161	12.8%	2,005	10.9%	378	11.8%
I am Neutral	1,855	15.2%	1,526	16.8%	3,981	21.7%	598	18.6%
Agree	785	6.4%	513	5.7%	1,809	9.9%	292	9.1%
Strongly Agree	422	3.5%	258	2.8%	1,460	8.0%	199	6.2%
Decline to answer/Missing	6,195	50.7%	4,550	50.2%	7,247	39.6%	1376	42.8%

Table 8: Cronbach's Alpha for Seven Items by Survey Type – 2024

Perception of Satisfaction Domains	Adult	Older Adult	Youth	Families of Youth
General Satisfaction	0.87	0.88	0.90	0.93
Access	0.88	0.90	0.76	0.79
Quality	0.93	0.93	0.88	0.95
Participation in Treatment Planning	0.66	0.68	0.79	0.85
Outcome	0.93	0.93	0.88	0.93
Functioning	0.92	0.91	0.87	0.93
Social Connectedness	0.89	0.88	0.88	0.91

Figure 1a. Access Domain Items - Adults and Older Adults 2024

A grouped bar chart comparing "Adults" (dark blue) and "Older Adults" (orange) percent agreement across six domain items. Y-axis: Percent Agreement (0% to 100%). X-axis: Domain Items.

| Domain Item	Adults	Older Adults
Location of Services was Convenient	86%	87%
Staff Was Willing to See Me as Offten as Necessary	90%	89%
Staff Returned Calls Within 24 Hours	86%	87%
Services Were Available at Times That Were Good For Me	91%	92%
Was Able to Get All the Services I Needed	88%	87%
Was Able to See a Psychiatrist When I Wanted to	83%	82%

Figure 1b. Access Domain Items - Youth and YSS-F 2024
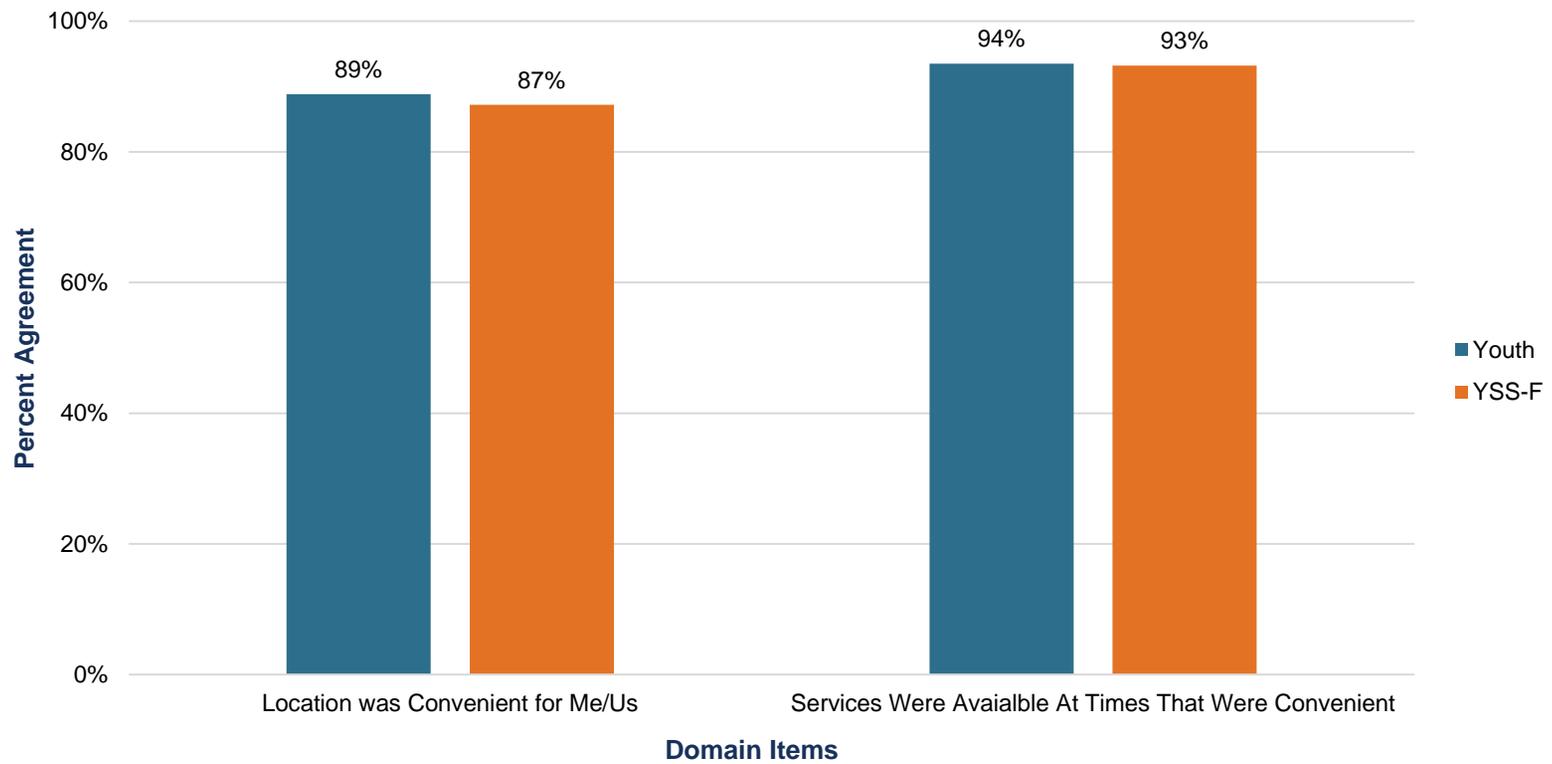
Figure 2a. Quality of Care Domain Items - Adults and Older Adults 2024
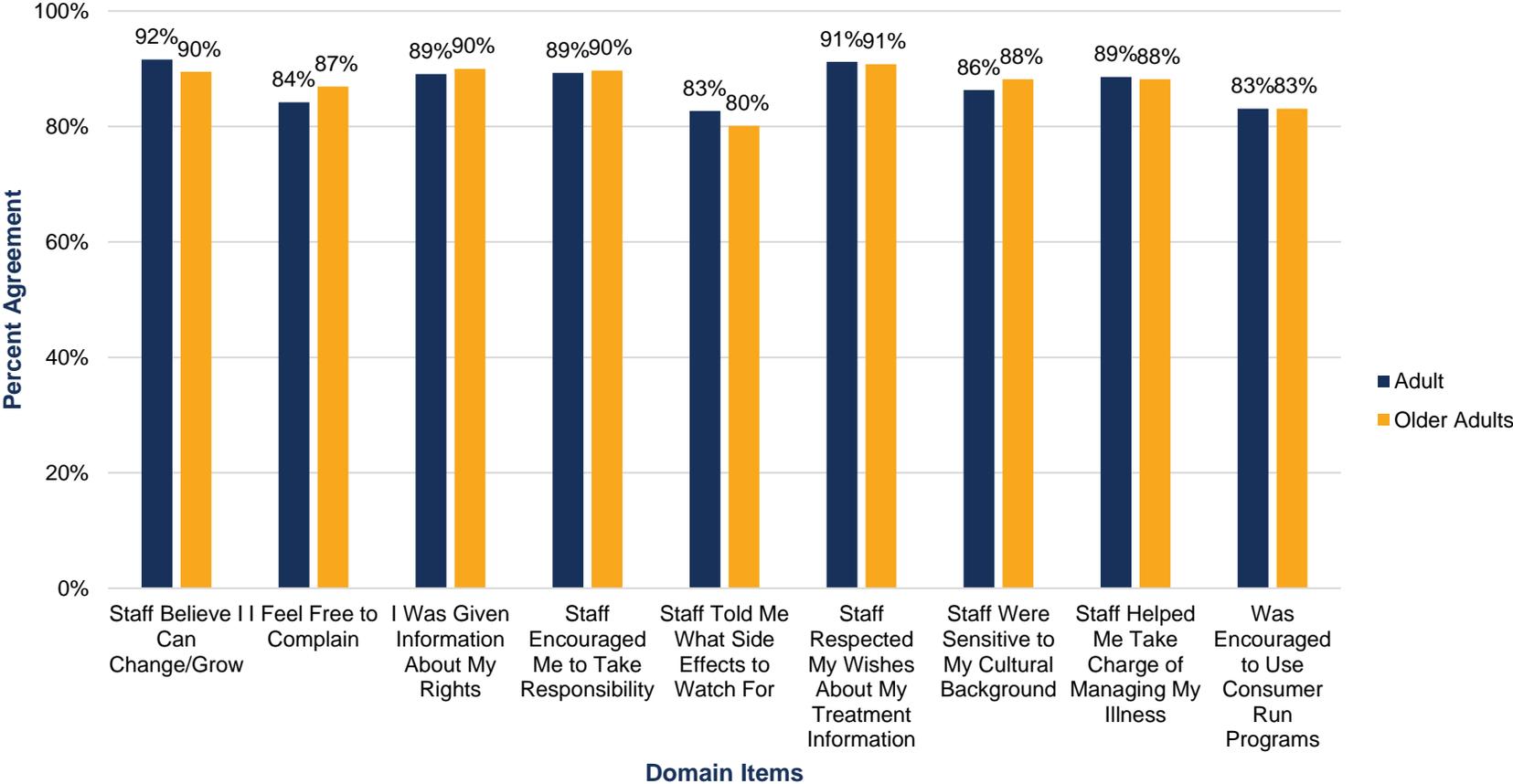
Figure 2b. Quality of Care Domain Items - Youth and YSS-F 2024
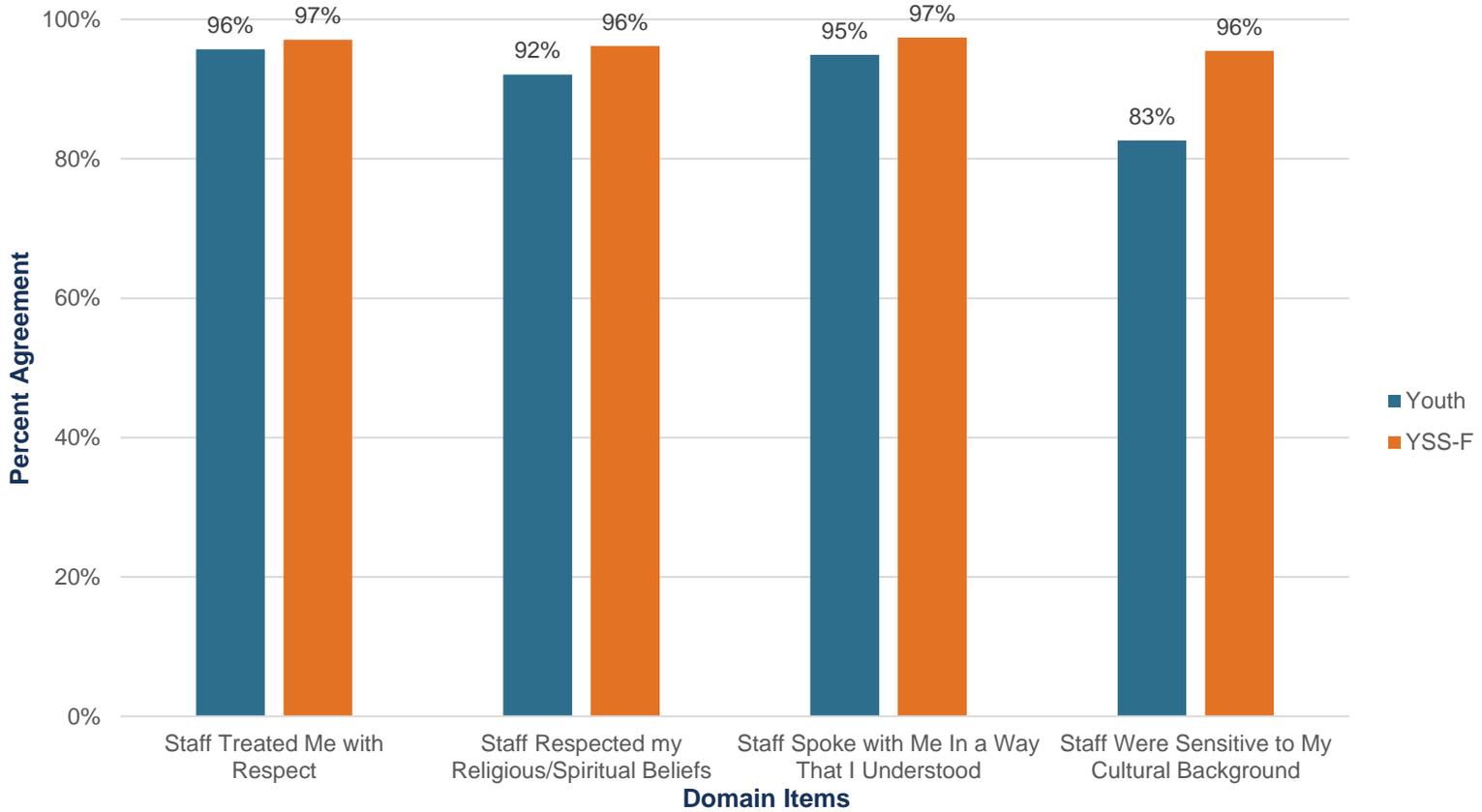
Figure 3a. Participation in Treatment Planning Domain Items - Adults and Older Adults 2024
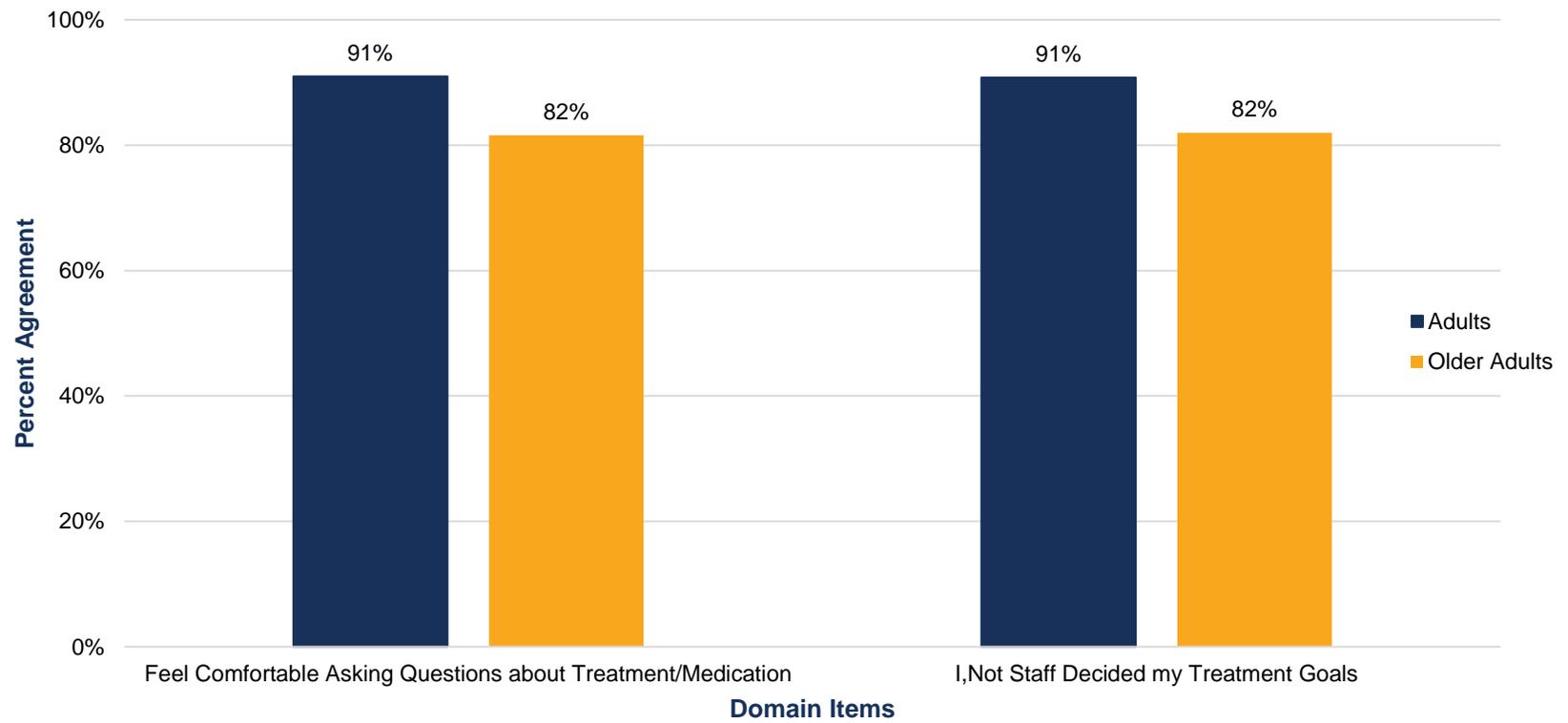
Figure 3b. Participation in Treatment Planning Domain Items - Youth and YSS-F 2024
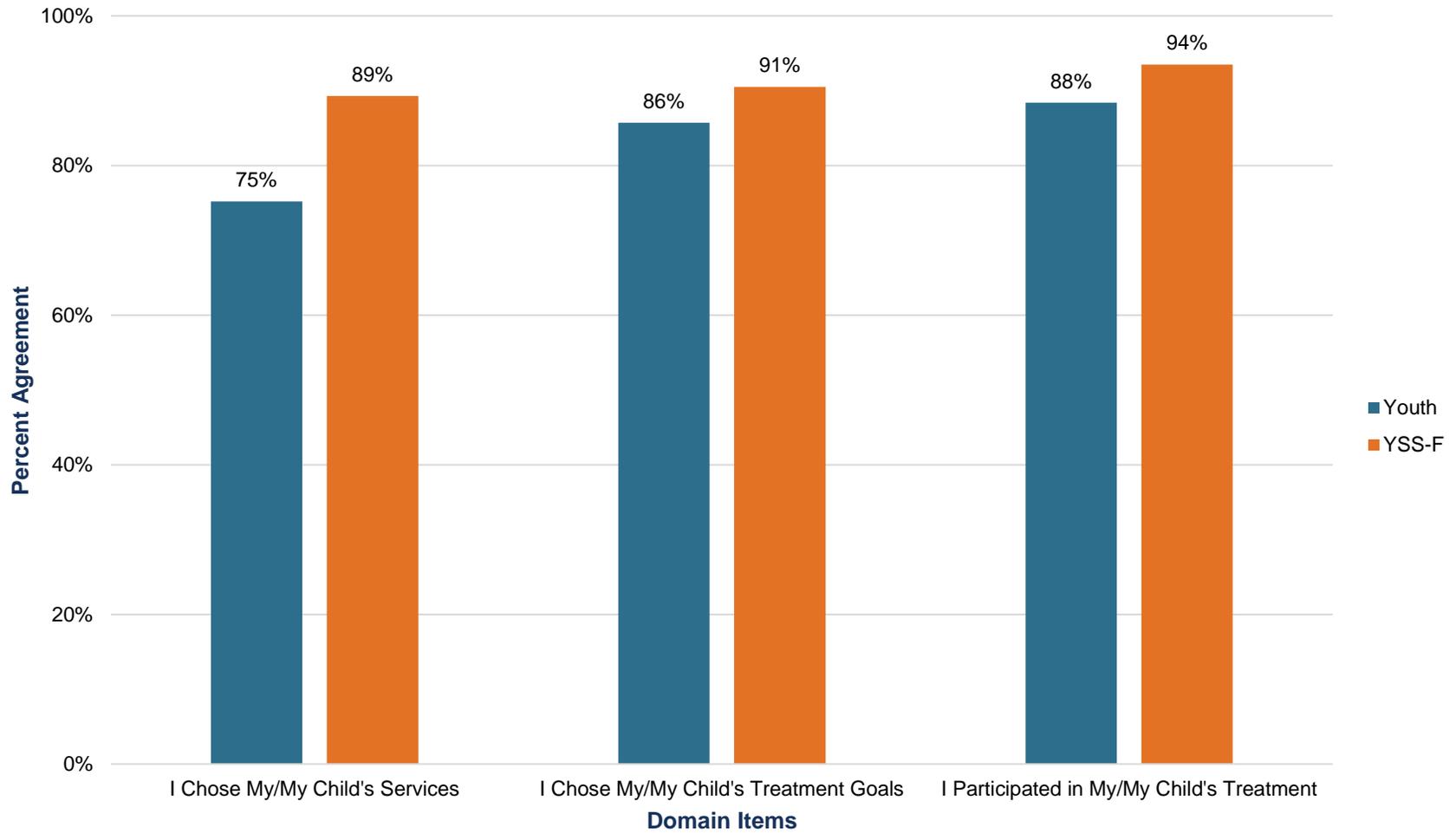
**Figure 4a. General Satisfaction Domain Items - Adults and Older Adults 2024**
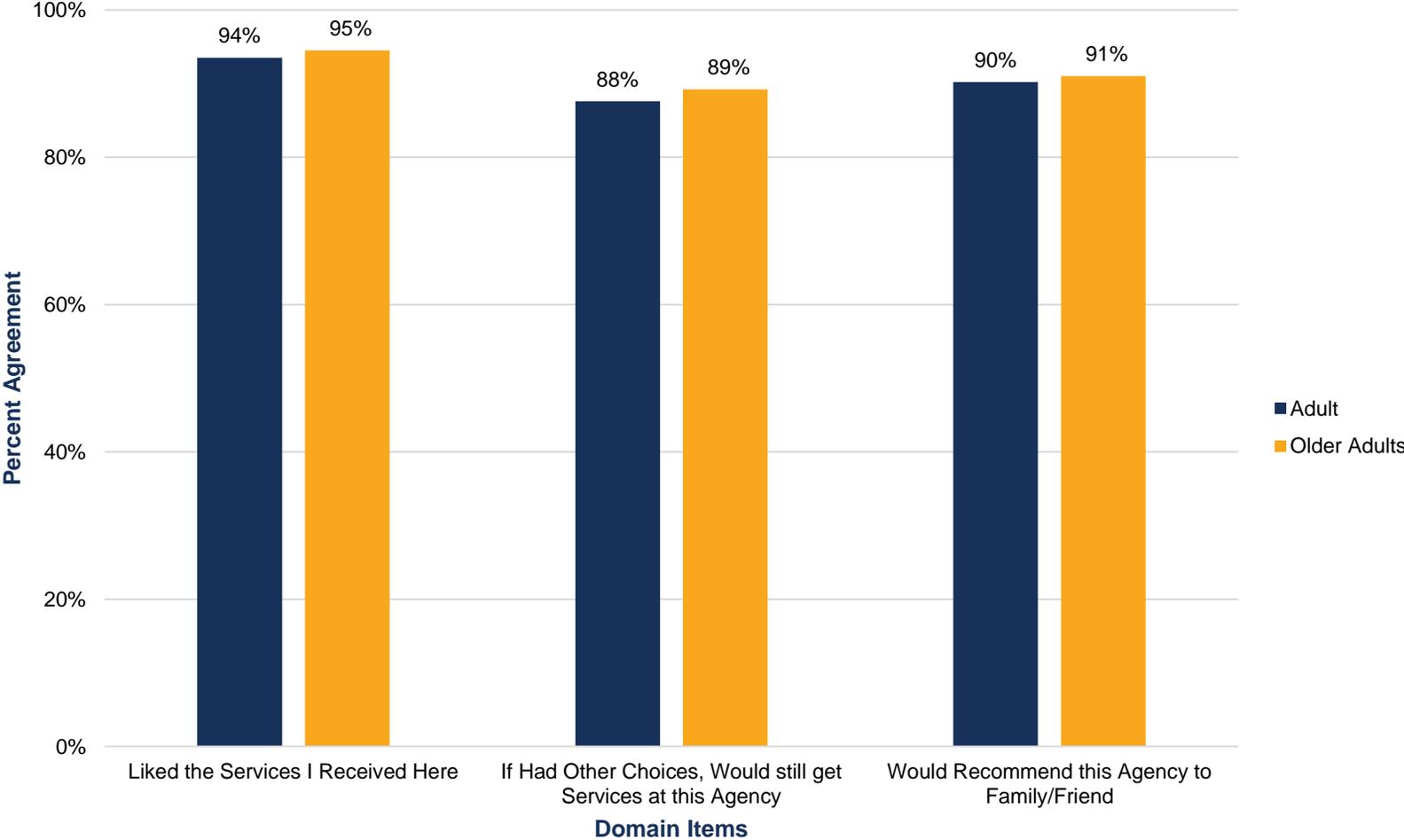
Figure 4b. General Satisfaction Domain Items - Youth and YSS-F 2024

Domain Items	Youth	YSS-F
Satisfied with Services I/My Child Received	92%	93%
People Helping Me/My Child Stuck with Me/My Child No Matter What	87%	91%
I/My Child Had Someone to Talk to When I/He/She was Troubled	86%	92%
Services I/My Child Received Were Right For Me/Us	88%	91%
I/My Family Got the Help I/We Wanted for Me/My Child	86%	90%
I/My Family Got the Help I/We Needed for Me/My Child	82%	88%
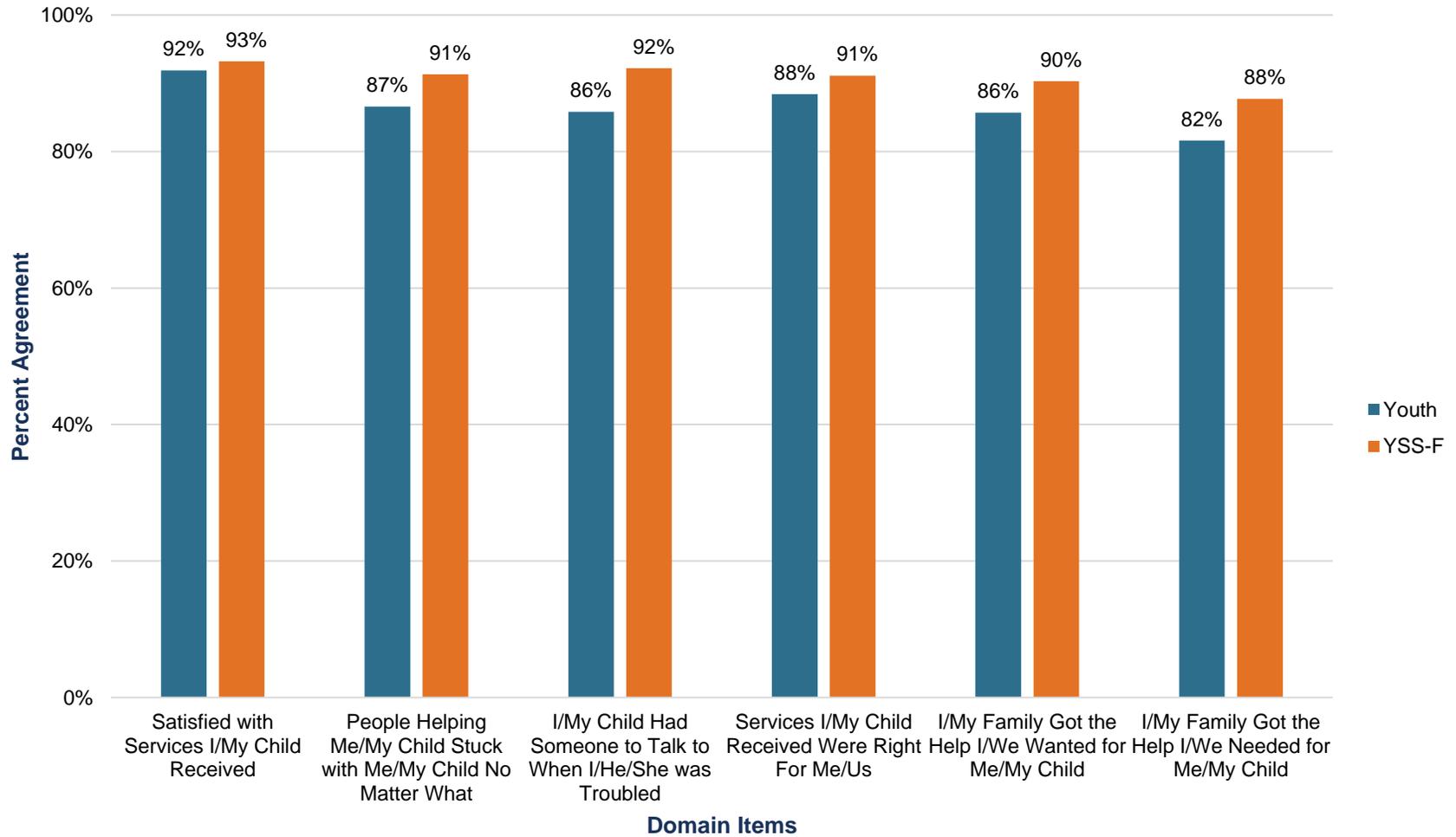
Figure 5a. Outcome Domain Items - Adults and Older Adults 2024
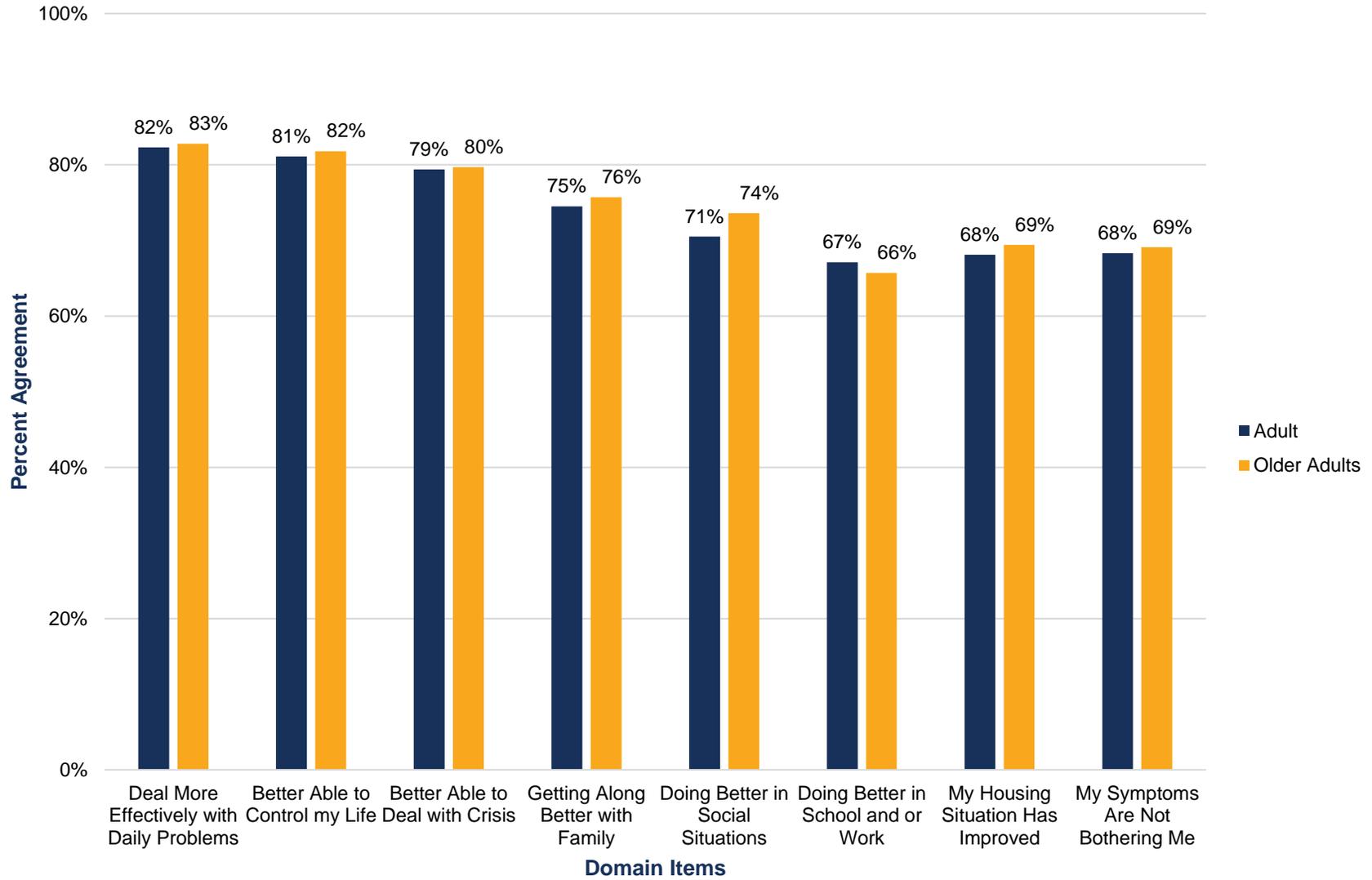
Figure 5b. Outcome Domain Items - Youth and YSS-F 2024
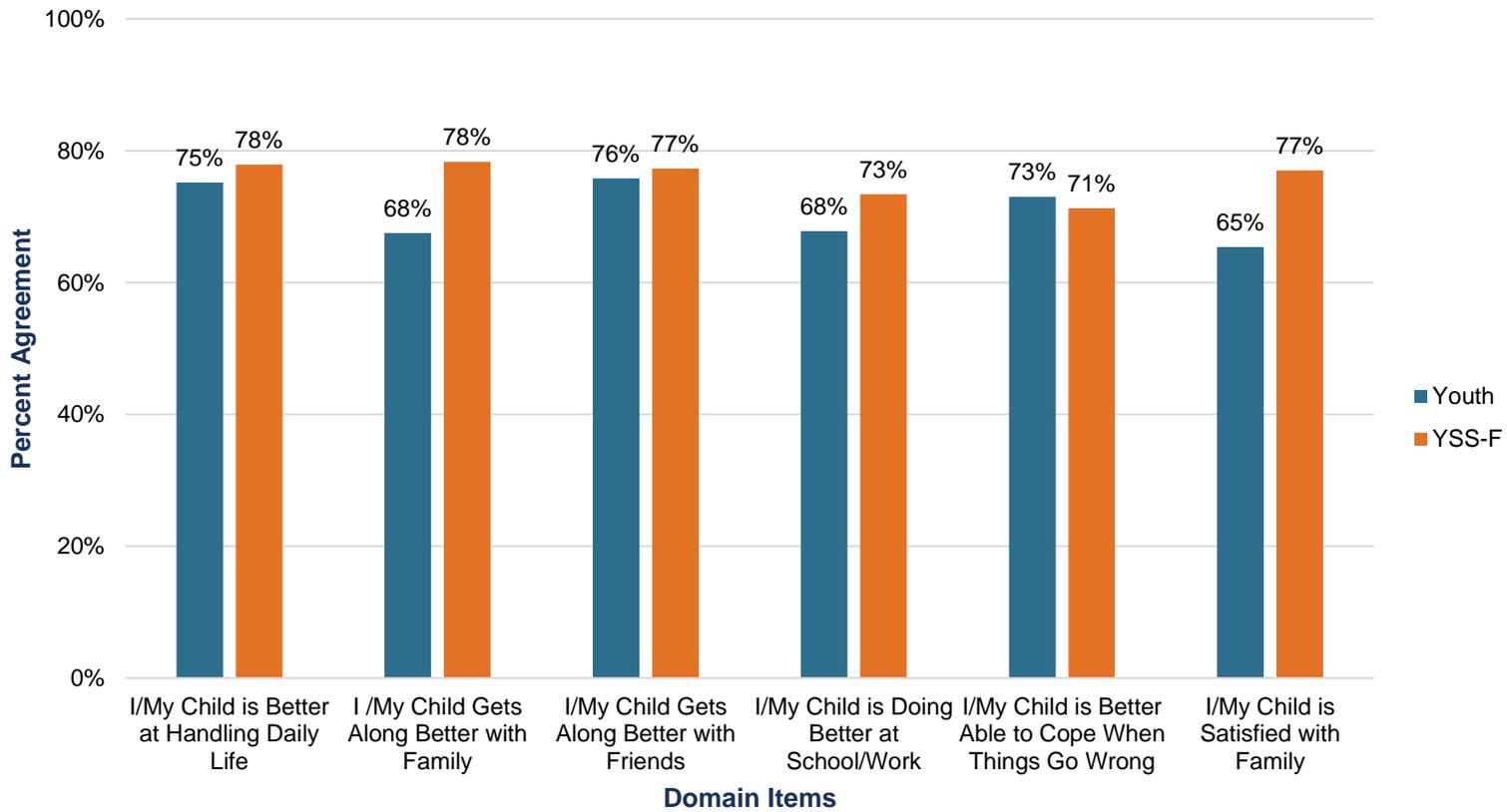
Figure 6a. Improved Functioning Domain Items - Adults and Older Adults 2024
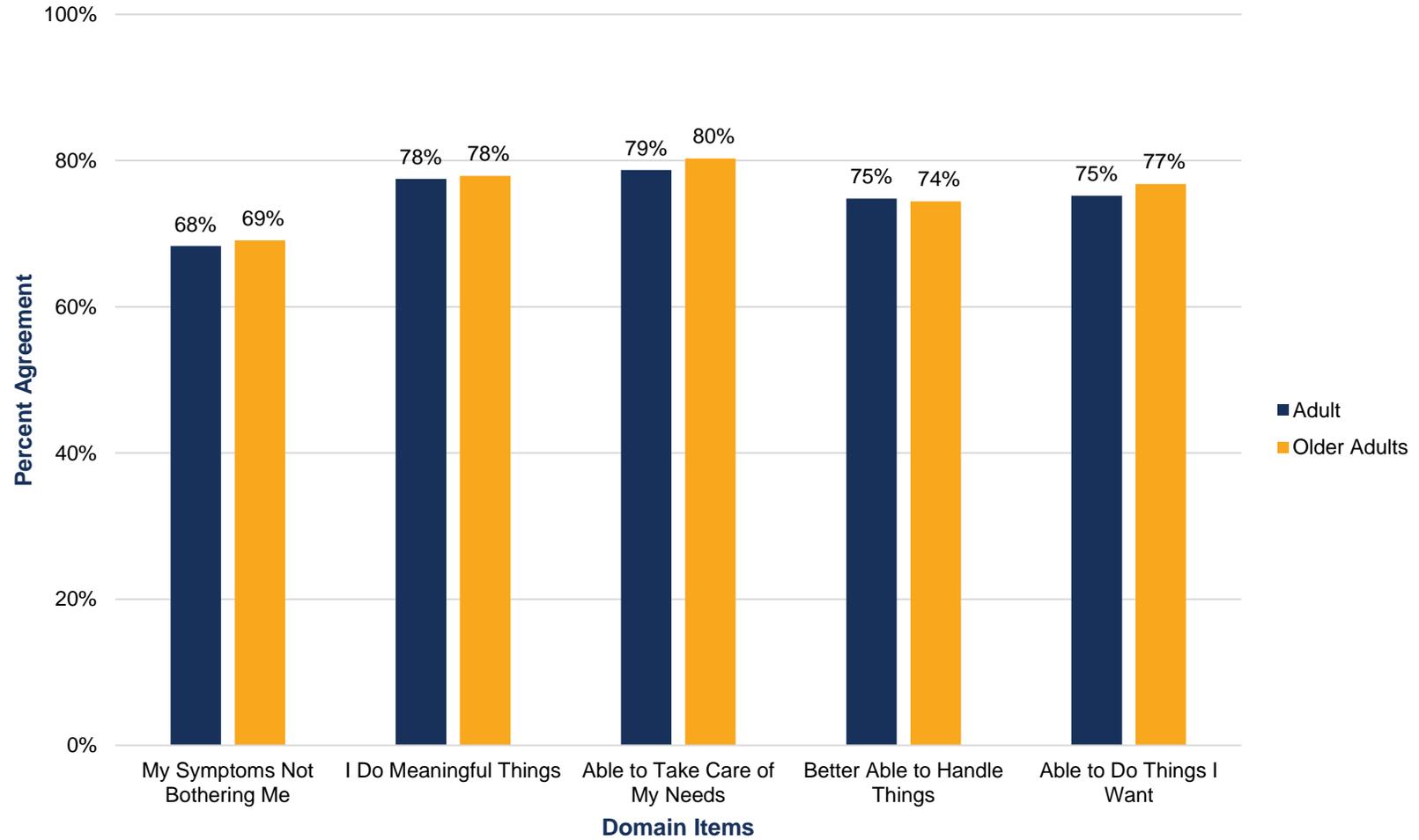
Figure 6b. Improved Functioning Domain Items - Youth and YSS-F 2024
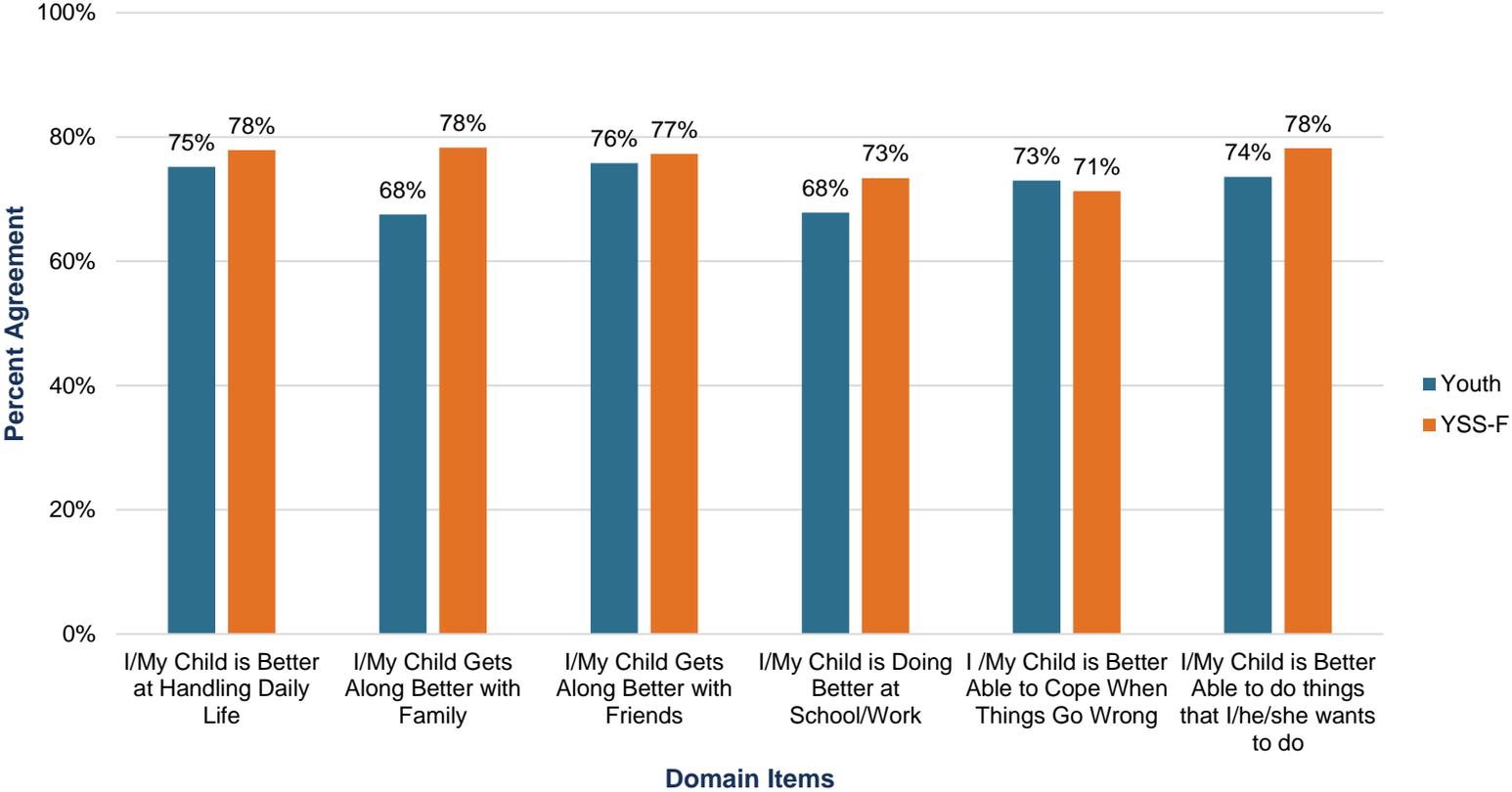
Figure 7a. Social Connectedness Domain Items - Adults and Older Adults 2024

| Domain Items	Adult	Older Adults
Happy with Friendships	76%	79%
Have People to do Enjoyable Things with	77%	77%
I Belong to my Community	68%	72%
In a Crisis I have Support	77%	78%
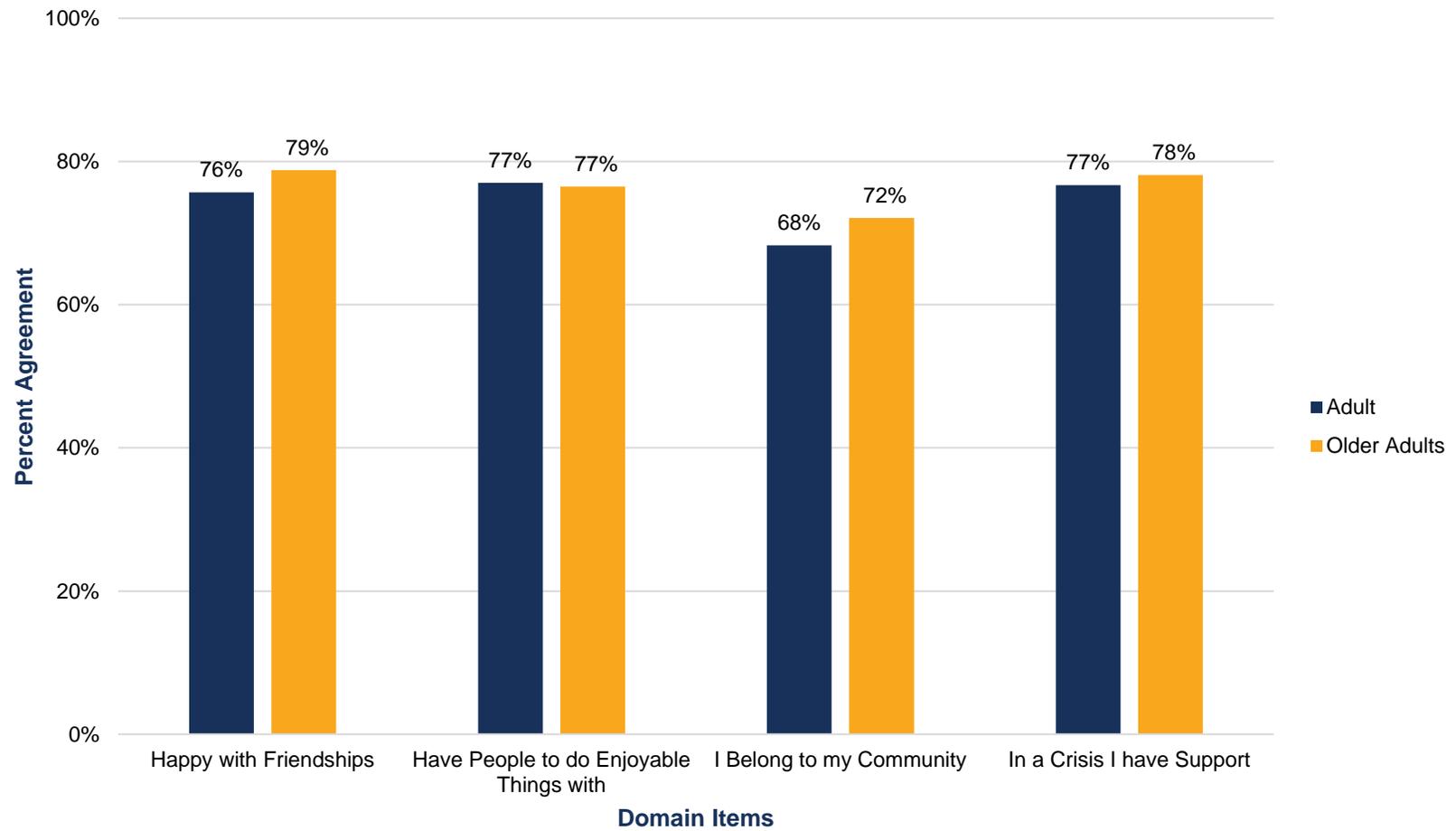
Figure 7b. Social Connectedness Domain Items - Youth and YSS-F 2024