

**California's Community Mental Health
Performance Outcome Report**

Fiscal Year 2002 - 2003

A Report to the Legislature in Response to

**AB 1288, Bronzan
Chapter 89, Statutes of 1991**

(Welfare and Institutions Code Section 5613)



C A L I F O R N I A D E P A R T M E N T O F
Mental Health

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**California's Community Mental Health
Performance Outcome Report**

Fiscal Year 2002 – 2003

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	1
ISSUE STATEMENT	2
BACKGROUND	2
OBJECTIVE	3
ACHIEVEMENTS.....	3
New Data Collection Methodology.....	3
New Performance Outcome Instrumentation.....	3
Integrated Web-Based Technology Solution	4
System Functionality	7
IMPLICATIONS AND FUTURE DIRECTIONS.....	8

- ATTACHMENT A: Performance Outcome System, Implementation Protocol, 2003-2004
- ATTACHMENT B: Adult Consumer Perception Survey
- ATTACHMENT C: Older Adult Consumer Perception Survey
- ATTACHMENT D: Youth Services Survey
- ATTACHMENT E: Youth Services Survey for Families

EXECUTIVE SUMMARY

The California Department of Mental Health (DMH) is committed to a continuous quality improvement process that informs the delivery and administration of community-based mental health services. Toward this end, DMH has revised the method it uses to collect performance outcome data from counties – data reported annually to the Legislature pursuant to Welfare and Institutions Code Section 5613 (Chapter 89, Statutes of 1991).

In lieu of collecting data during fiscal year 2002-03, DMH focused on the development of more efficient evaluation methods and a state-of-the-art, Internet-based system aimed at improving data quality and facilitating data submission by counties. Therefore, community mental health provider performance results are not available for this report, which provides an overview of DMH's new performance outcome assessment methods and technology.

DMH modified its performance outcome data collection instruments to ensure that they measure indicators of specific relevance to California's public mental health system. The revised instruments also ensure data comparability with national quality of care benchmarks. New point-in-time surveys target all consumers receiving face-to-face mental health services, case-management, day treatment and medication services from county-operated and contract organization providers during a two-week sampling period semi-annually. The surveys assess perceptions of quality and outcomes of care among four groups of consumers – adults, older adults, youth, and families of youth. The first data collection period using this point-in-time method was completed in November 2003; results from this data collection effort will be provided in the 2003-04 California Community Mental Health Performance Outcome Report to the Legislature.

DMH's new data collection technology uses centralized, statewide data storage and integrates web-based text data upload, key entry, and scanning/data verification processes. This technology provides flexibility for system users (i.e., accommodates varying levels of technological sophistication in California's counties) while increasing data uniformity, accuracy and utility.

DMH views accountability as critical to its service mission and is encouraged by its most recent achievements in the area of performance outcomes measurement and reporting – achievements made possible through stakeholder consensus, an emphasis on data standardization, and the integration of technological innovations. Besides enhancing the quality of data DMH collects from counties to assess the effectiveness of public mental health services, DMH envisions applicability of this new and improved system to several data collection endeavors, including collaborative performance measurement activities between DMH and other state and national agencies.

ISSUE STATEMENT

This report to the Legislature is required by Assembly Bill 1288 (Chapter 89, Statutes of 1991), which stipulates that the Director of Mental Health shall make available to the Legislature data submitted by counties on performance measures established pursuant to Welfare and Institutions Code Section 5613. In lieu of data collection during fiscal year 2002-03, the Department of Mental Health (DMH) focused on the development of new evaluation methods and a state-of-the-art, Internet-based computer system to support performance outcome data collection and reporting. Therefore, community mental health provider performance results are not presented at this time. Instead, this report provides an overview of DMH's performance outcomes reporting agenda, and highlights data capture methods and infrastructure development.

BACKGROUND

DMH oversees public sector mental health service delivery throughout California. State, county and community-level mental health service delivery organizations and providers are expected to demonstrate accountability for the receipt of mental health service dollars by providing appropriate, cost-effective, and efficient solutions for individuals with serious mental illness and those at risk for serious emotional/functional impairment. DMH views accountability as critical to its service mission.

DMH is accountable to numerous stakeholders, including the California Legislature, consumers and their family members, taxpayers, communities, funding agencies, and service providers - and is dedicated to achieving a balance in addressing stakeholder priorities. DMH is encouraged by its most recent achievements in the areas of outcomes measurement and reporting, which have resulted from stakeholder consensus, emphasis on data standardization, and integration of technological innovations. Such advancements in data capture infrastructure have become the cornerstone of demonstrating accountability in the mental health arena.

This report presents information on DMH's development and implementation of new data capture methods and supporting technology for performance outcome data reporting. These new methods are a product of DMH's continuous quality improvement process. Performance on multiple aspects of the mental health system is evaluated within a quality improvement framework. Assessment of the success of quality improvement strategies and the implementation of new interventions is continuous, resulting in a quality improvement process that informs mental health service delivery and administration. The process of performance measurement is itself part of the process of quality improvement, and, as such, the advancements discussed in this report with respect to data collection methodology and technology will continue to be enhanced over time.

OBJECTIVE

The objective of this Annual Report is to provide the Legislature with information regarding the status of performance outcome measurement in accordance with WIC Section 5613. This status report provides specific information on the implementation of new performance outcomes assessment methods and technology.

ACHIEVEMENTS

New Data Collection Methodology

DMH traditionally used a longitudinal method to collect consumer-specific performance outcome survey data. That is, mental health consumers were surveyed with regard to their perception of care upon entry into the mental health system (i.e., intake), on an annual basis, and/or at discharge from services. Through the examination of service utilization patterns, DMH determined that the collection of information through a point-in-time survey process would yield as much useful data as was collected using the legacy method. The point-in-time method targets all consumers receiving face-to-face mental health services, case-management, day treatment and medication services from county-operated and contract organization providers during a two-week sampling period semi-annually¹.

The first data collection period using the point-in-time sampling method was completed in November 2003. During this data collection period, DMH utilized a scanning and verification technology system prototype to capture and process data centrally at DMH headquarters in Sacramento². (Please see Attachment A, Performance Outcome System, Implementation Protocol, 2003-2004 for detailed information on this data collection process.) The statewide implementation of the technology system is nearly complete, and will provide counties and local providers with significant data capture and submission assistance (see the *Integrated Web-Based Technology Solutions* section, below).

New Performance Outcome Instrumentation

Consistent with its commitment to quality and improvement processes, DMH revised the performance outcome data collection instruments to ensure that quality indicators of specific relevance to California's public mental health system would be measured, and to ensure data comparability with national quality benchmarks. Through the assistance of a Performance Outcomes Steering Committee, with representation from the California Mental Health Planning Council (CMHPC), California Mental Health Directors

¹ DMH is planning to survey consumers on a semi-annual basis beginning November 2004. The first data collection period was completed in November 2003 and DMH is finalizing its statewide implementation of the technology solution in Spring/Summer 2004 in lieu of a semi-annual data collection period.

² Results from analyses of these data will be provided in the subsequent FY 2003-2004 California Community Mental Health Performance Outcome Report to the Legislature to be completed by March 2005.

Association (CMHDA), county program management, county evaluation/quality improvement personnel, and consumer and family members, DMH adopted the most recent version of the national Mental Health Statistics Improvement Program (MHSIP) Consumer Survey, as well as the Youth Services Survey (YSS) for Youth and Youth Services Survey for Families (YSS-F). Additionally, Performance Outcomes Steering Committee members recognized the importance of collecting quality of life data as a mental health outcome for adults and older adults, and advocated for the development of two somewhat different Quality of Life (QOL) measures, tailored to the specific needs of each population. Collectively, these instruments assess consumers' perceptions of quality and outcomes of care, and are currently being used for broad-based evaluation of California's community-based mental health services (see Attachments B through E for examples of the surveys). All instruments are currently available in English and Spanish, and translations of the surveys into other languages are underway in order to accommodate the language needs of California's diverse mental health consumer population.

Integrated Web-Based Technology Solution

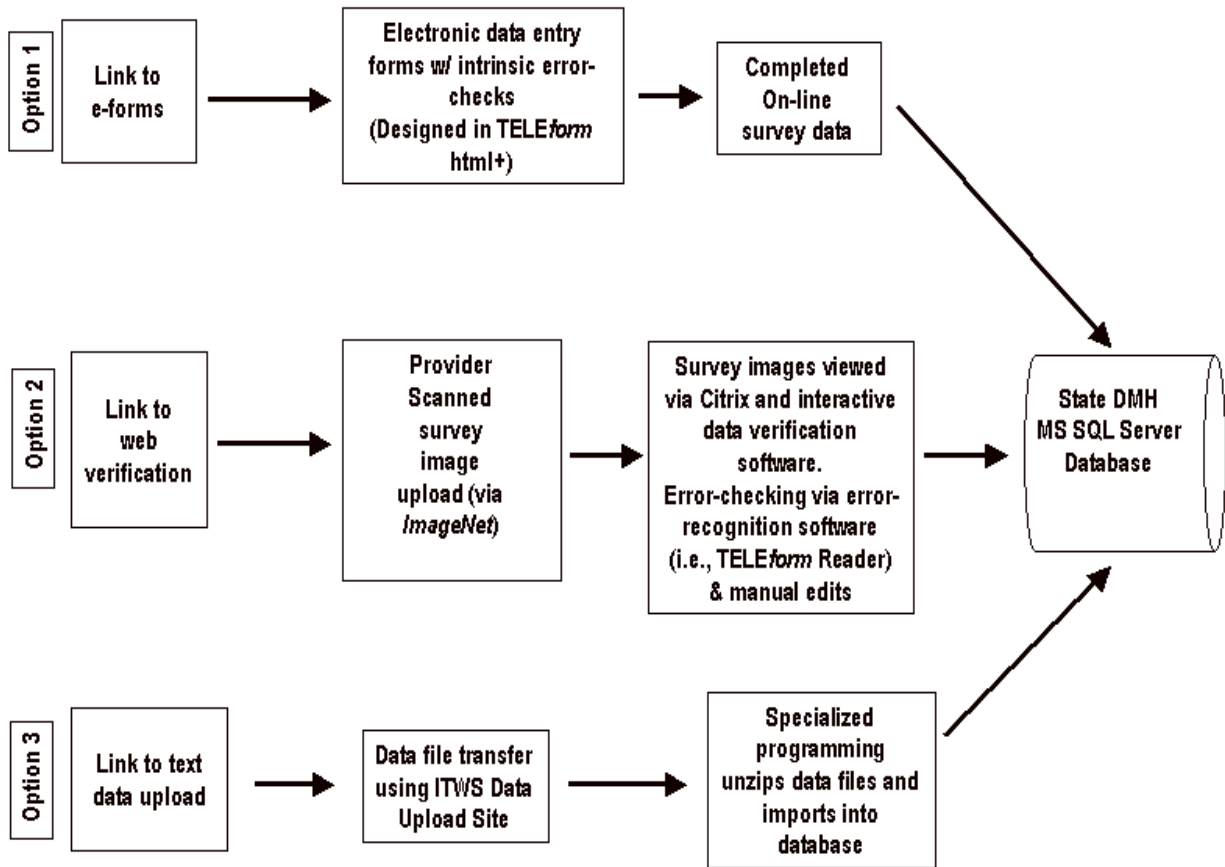
National mental health initiatives (e.g., Decision Support 2000+, New Generation MHSIP Quality Report, Community Mental Health Services Block Grant Performance Partnerships - Uniform Reporting System) emphasize demonstration of accountability through stakeholder involvement, performance measurement, and data infrastructure building/reporting. In embracing the momentum of this transformation in mental health services, DMH is striving to maximize its ability to incorporate national accountability indicators. Toward this end, and in order to capture specific mental health outcome indicators paramount to California's mental health system goals, DMH has implemented a state-of-the-art, integrated technology solution designed to improve data quality and ease of data submission by counties.

DMH's new data collection technology uses centralized, statewide data storage and integrates web-based text data upload, web-based key entry, and web-based scanning/data verification processes. This three-option data capture system is flexible enough to accommodate varying levels of technological sophistication throughout the small, mid-sized, and large counties of California:

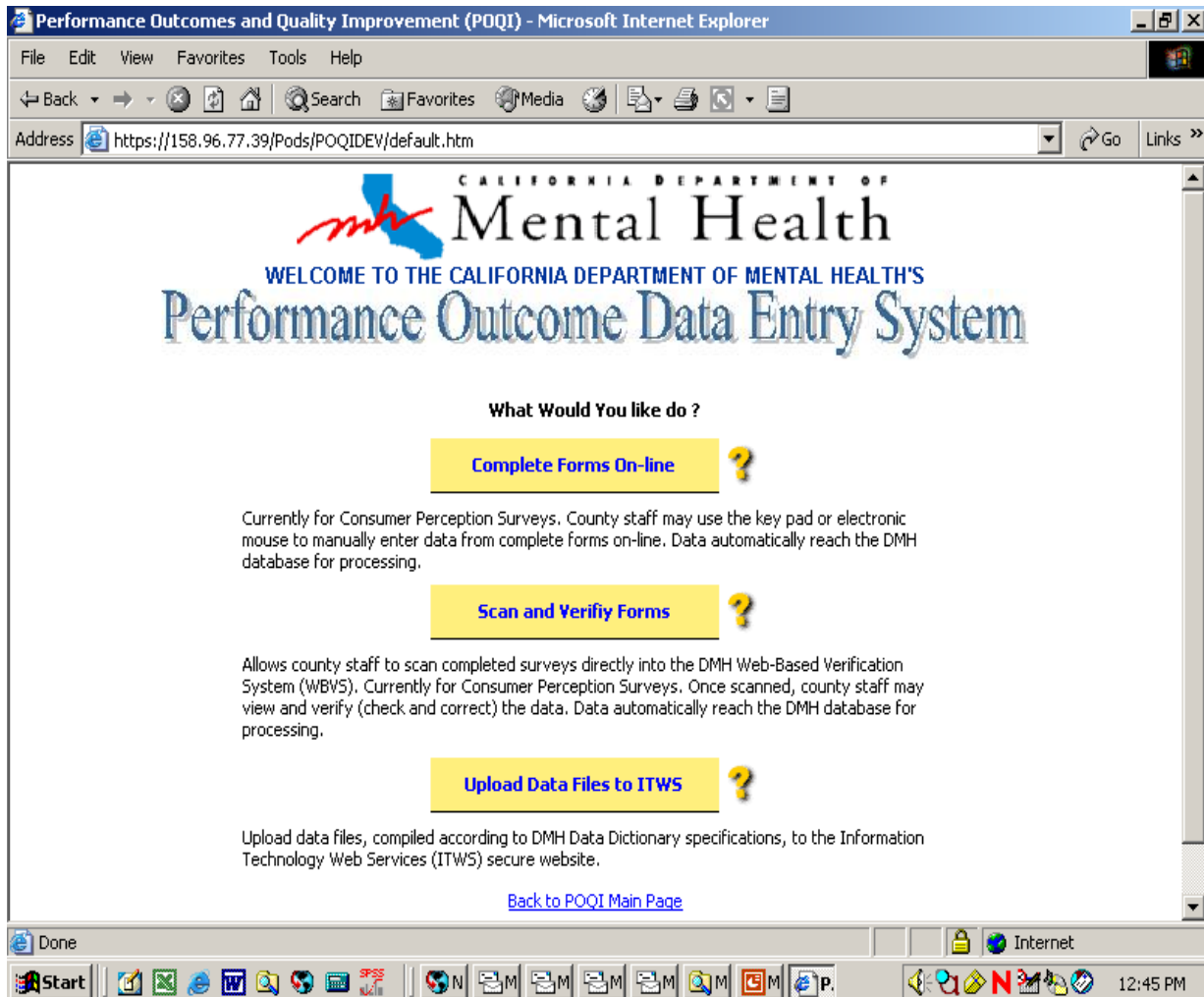
- Option 1: On-line key/mouse data entry
- Option 2: Local scanning/web-based data verification
- Option 3: Web-based text data upload

The diagram on the next page illustrates the flow of data through the three web-based options. County mental health service providers may choose to use these options individually or in combination.

DMH's New Performance Outcomes Data Capture and Reporting Technology



A user-friendly DMH web page interface (shown below) has been developed that provides centralized access to all three options for county personnel. System users can choose any of the options, all of which involve secure transfer of data and have been designed in accordance with Health Insurance Portability and Accountability Act (HIPAA) specifications.



System Functionality

DMH's new performance outcome measurement system provides the following functionality:

- ✓ Survey forms (data capture instruments) are designed by DMH personnel.
- ✓ Surveys are published on paper and in on-line (Internet) formats.
- ✓ Paper survey forms are scanned at local/community/County program/administration sites and the survey images are transferred securely to a central DMH data server.
- ✓ A computer program automatically reads the printed information from the scanned images of paper surveys.
- ✓ Local users remotely verify and (if necessary) correct the data on the survey form images.
- ✓ Local program/community/County personnel and/or service consumers complete and submit answers to the survey forms on-line over the Internet.
- ✓ Data from scanned and on-line survey forms are exported to appropriate database tables.
- ✓ Data files are uploaded to a secure website for local/community providers/Counties who choose to collect data via their own propriety processes. The data are automatically imported into the same database tables as the scanned and on-line survey data.
- ✓ Data errors/omissions are automatically identified and corrected through computer programming.
- ✓ Data tables with corrections are available for centralized analysis and for secure return to local entities for their own processing.

IMPLICATIONS AND FUTURE DIRECTIONS

DMH's new data entry and submission technology provides flexibility for system users while increasing data uniformity and accuracy. Additionally, data that are transferred to DMH via the new technology are housed in a single database and are therefore quickly available for centralized data analysis as well as for local processing. Quick data analytic turn-around time allows DMH, other oversight entities, and interested stakeholders to maintain a "pulse" on the mental health system's performance, and to make administrative decisions/apply quality improvement strategies in a timely manner.

DMH envisions applicability of the system to numerous future data capture endeavors. These include performance outcome indicators derived through national stakeholder processes (e.g., requirements for Federal Block Grant Performance Partnership reporting), collaborative performance measurement activities between DMH and other State departments, (e.g., Department of Rehabilitation, Department of Alcohol and Drug Programs, etc.) and special studies designed to evaluate specialty mental health programs and/or integrated system services for targeted mental health populations (e.g., Children's System of Care, Older Adult System of Care, etc.).

Performance Outcomes System *Implementation Protocol (2003-2004)*



**Broad-Based Evaluation
Consumer Perception Survey
Data Collection**

Table of Contents

<i>Background – A Collaborative Process</i>	3
<i>Data Collection Time Frames</i>	4
<i>Target Population for Consumer Perception Surveys</i>	4
<i>Responsibility for Reporting Data to DMH</i>	4
<i>Consumer Perception Surveys</i>	5
<i>Language Translations</i>	6
<i>Staff Members and/or Peer Advocates / Volunteers Component</i>	6
<i>Official Data Dictionaries</i>	7
<i>Confidentiality</i>	8
<i>Recommended Methodology for Assessing Consumer Perceptions</i>	8
<i>Submitting Data to DMH for the November 2003 Survey Period</i>	9
<i>Instructions for Printing and Distributing DMH TELEform Forms</i>	10
<i>Instructions for Completing DMH TELEform Forms</i>	11
<i>DMH Information Technology Web Services (ITWS)</i>	12
<i>DMH Technology Development</i>	12
<i>Returning Data to Counties</i>	12
<i>Contacts</i>	13



September 22, 2003

Background – A Collaborative Process

In October 2002, consumer perception surveys for the Performance Outcomes System were developed based on the recommendations of the Performance Outcomes Steering Committee, which was made up of the California Mental Health Director's Association (CMHDA), the California Mental Health Planning Council (CMHPC), staff from the California State Department of Mental Health (DMH) and county representatives. The final versions of the surveys reflect the Performance Outcome Steering Committee recommendations, as well as the mandates set forth by the Federal Block Grant reporting requirements, Medi-Cal regulations and the California Legislature. Surveys were developed for youth, the parents/caregivers of children and youth, as well as for adults and older adults.

The Youth Services Survey for Youth (YSS) and the Youth Services Survey for Families (YSS-F) have been selected for the evaluation of services provided to children and youth. Several background items are included (i.e., arrest, school attendance, the race and Latino origin items, and the item indicating who helped the consumer) to meet the specific requirements for Federal Block Grant reporting.

Similarly, the nationally recognized 28-item Mental Health and Statistics Improvement Program (MHSIP) Consumer Survey and items related to the consumer's quality of life have been selected for the evaluation of services provided to adults and older adults. It is important to note that although the Adult and Older Adult Surveys appear to be similar, in some cases the Performance Outcome Steering Committee made different recommendations regarding the quality of life questions based on the age differences between the populations. These surveys are **not** interchangeable. (The Adult Survey should be given to consumers age 18 to 59. The Older Adult Survey should be given to consumers age 60 and above.) The Performance Outcomes Steering Committee also recommended keeping the item reflective of the degree to which adults and older adults came into service voluntarily.

There are no longer restrictions on how long, nor how many services make a consumer eligible for surveying. Even if the consumer is receiving his/her first service, the survey may be given **directly following** that service. At the beginning of all of the consumer perception surveys, consumers are asked to complete a "length of services" item. The purpose of this item is to allow potential differences in responses to be evaluated as a function of service length.

At the end of each of the surveys, the consumer is asked to complete several background items (e.g., gender and date of birth). These items are included to meet reporting requirements required by the Federal Block Grant as well as help link performance outcomes data to the Client and Services Information (CSI) System data.

In addition, consumers are asked to identify who provided assistance in completing any part of the survey. This information is important for various stakeholders such as the CMHPC (whose concern has been validity and reliability of consumer survey responses depending on the degree of service provider involvement), the Federal government, and consumers. In response to such concerns, this protocol includes a suggested administration method where peer advocates / volunteers provide assistance to consumers in completing the surveys. A detailed description of this method is outlined in this protocol in the section, "Recommended Methodology for Assessing Consumer Perceptions."



September 22, 2003

In order to minimize county administrative burden, nearly all items are to be completed by the consumer (or caregiver). The only items that peer advocates, volunteers or *staff not involved in the consumer's care* are required to complete are: 1) the CSI County Client Number (CCN), 2) the reason (if any) that the consumer does not complete the survey (see "Surveys / Data Elements" for further instructions), and 3) the date that the survey was completed. These items are contained in the "For Office Use Only" section at the bottom of the last page of each of the surveys.

At this time the Performance Outcomes System is focusing on measuring consumer and caregiver perceptions and service impact; however, in the near future, DMH expects to capture data to measure other important mental health service outcomes through carefully designed special studies.

Data Collection Time Frames

- Data will need to be collected twice per year for two weeks during each data collection period.
- The first data collection period will be **November 3 - 17, 2003, inclusive**.
- The next data collection period is expected to be held in May 2004, though the exact date is yet to be determined.

Target Population for Consumer Perception Surveys

Consumers receiving the following services from county-operated and contract organization providers during the sampling period should be **INCLUDED** in the survey process:

- face-to-face mental health services
- case-management
- day treatment
- medication services

Note: Regardless of funding source, all consumers should be administered the consumer perception surveys.

Consumers served in the following settings should be **EXCLUDED** from the survey process:

- acute hospitals
- Psychiatric Health Facility (PHF)
- crisis (stabilization, residential and intervention)
- jail and jail hospital settings
- long-term care residential placements [e.g., State hospitals, Institute for Mental Disease (IMD)]
- individual / group contract managed-care network providers

Responsibility for Reporting Data to DMH

- The county of fiscal responsibility regarding the consumer should report consumer survey information to DMH.
- When in doubt about whether or not to survey a consumer, go ahead and survey him/her (unless clinical or other concerns are present).



September 22, 2003

Consumer Perception Surveys

The official DMH surveys, listed in the table below, will be posted on the DMH website at <http://www.dmh.ca.gov/poqi>.

Survey:	Components:	Completed by:
Youth Survey	<ul style="list-style-type: none"> • Youth Services Survey (YSS) • Background Items 	<ul style="list-style-type: none"> • Youth age 13-18 • Transitional-age youth who continue to be tracked within the children's services system
Youth Survey for Families	<ul style="list-style-type: none"> • Youth Services Survey for Families (YSS-F) • Background Items 	<ul style="list-style-type: none"> • Parent/caregiver of youth up to age 18
Adult Survey*	<ul style="list-style-type: none"> • Mental Health Statistics Improvement Program (MHSIP) Consumer Survey -28 Item Version 1.1 • Quality of Life (QOL) Questions • Background Items 	<ul style="list-style-type: none"> • Consumers age 18 to 59
Older Adult Survey	<ul style="list-style-type: none"> • Mental Health Statistics Improvement Program (MHSIP) Consumer Survey -28 Item Version 1.1* • Quality of Life (QOL) Questions • Background Items 	<ul style="list-style-type: none"> • Consumers age 60 and above

***If transition away from the old MHSIP and/or CAQOL/QLSF surveys for the November 2003 data collection is expected to result in difficulties that cannot be overcome, then counties are urged to contact DMH for possible accommodation.**

Comment Section

- On each survey there is a place for consumers (or caregivers) to write comments.
- **These text data will not be entered into the DMH database.**
- Once processed by DMH, the consumer perception forms will be returned to counties.
- Counties may then make use of the consumer perception survey 'Comments' in their quality improvement processes.



September 22, 2003

Language Translations

- The surveys have been developed in both English and Spanish for the November 2003 data collection window. (These forms can be accessed on the DMH website at <http://www.dmh.ca.gov/poqi>.)
- DMH is currently working on developing other language translations, and is prioritizing the development of these translations based on their frequencies as Medi-Cal threshold languages across counties.
- Until the official translations are available, DMH is not requiring counties to submit data on behalf of consumers for whom there are no translations available in their preferred language.
- Please DO NOT submit any data from non-official translations or translations done “on the fly.” Instances where survey forms are not available in a consumer’s preferred language can be documented in the “Reason” section located at the end of each survey form (reference the “Staff Members and/or Peer Advocates / Volunteers Component” section for more detailed information).
- If counties have any translation resources or would like to participate in developing official DMH translations of the surveys, any assistance or input that can be provided is welcome.
- DMH is committed to providing translations that can best serve the diverse needs of California’s consumers.

Staff Members and/or Peer Advocates / Volunteers Component

Located at the end of each of the surveys is a “For Office Use Only” section that contains three required data items and three optional data questions. This section is to be completed by any county staff members and/or peer advocates / volunteers who are responsible for administering the consumer perception surveys. The required fields should be completed **PRIOR** to the client being given the survey to complete. The data items are as follows:

- **“CSI County Client Number (CCN)” - Required Field**
Client and Services Information (CSI) System County Client Number
On the last page of each survey packet, the CCN must be completed for the survey to be accepted by DMH. This is the same CCN that is reported to the DMH Client and Services Information (CSI) System. This field should be right-justified with left leading zeros. (For example, a CCN “1234” should appear as “000001234”.) This field may be alpha-numeric (contain letters and numbers). CLEARLY write the CCN in the boxes and fill in the corresponding bubbles. In cases where the CCN contain alpha characters, leave the corresponding bubbles for the alpha characters UNFILLED since there are no “alpha” bubbles available. [See official data dictionary at <http://www.dmh.ca.gov/poqi> for formatting information.]
- **“Reason” - Required Field**
If consumers refuse or are unable to complete the survey, this information is to be entered into the “Ref, Imp, Lan, Oth” “Reason” codes at the bottom of the last page of



September 22, 2003

each survey. (The reporting of completion percentages, calculated as the ratio of surveys completed to surveys attempted, is now required for the Federal Block Grant.)

<u>Ref</u> = Refused	Consumer refused to complete the survey. (Note: This includes those consumers that intentionally leave the service site without completing the survey.)
<u>Imp</u> = Impairment	Consumer unable to complete the survey due to any type of significant impairment (e.g., cognitive, mental illness too severe, physical or medical difficulty).
<u>Lan</u> = Language	Consumer unable to complete the survey because the survey is not available in the necessary language.
<u>Oth</u> = Other	Consumer unable to complete the survey due to another reason, not specified above.

- **“Date Completed” - Required Field**
Day that the consumer completed the survey.
- **“County Questions #1-3” (Optional Items)**
There are three optional fields that counties may use in any manner that they choose. These are bubbled items, each numbered from 1-20, to be coded in any way, in order to capture such items as county provider number, service type, or any other variable of specific interest to counties for oversight purposes. When counties complete these items, the data will be returned to counties just as it was entered. As these items will have different meanings depending on the county, no aggregate data or interpretation will be made by DMH. These items are only there because counties have expressed their need to track such items as provider, region, etc., and DMH would like to accommodate such needs. If assistance is required in determining how to make use of these optional items, please contact staff at the DMH Performance Outcomes and Quality Improvement Unit.

Official Data Dictionaries

- Counties may choose to collect the DMH specified data elements using forms other than those designed and provided by DMH; however, counties who choose to do so are expected to format all data elements according to the DMH official data dictionaries.
- The following DMH official data dictionaries are posted at <http://www.dmh.ca.gov/poqi>:
 - Data Dictionary for the Youth Survey
 - Data Dictionary for the Child / Youth Survey for Families
 - Data Dictionary for the Adult Survey
 - Data Dictionary for the Older Adult Survey
- Data collected independently by counties will need to be submitted using the secure DMH Information Technology Web Services (ITWS), as has been done in the past.



September 22, 2003

Confidentiality

Consumer confidentiality must be ensured as part of the process of collecting consumer perception data. To encourage accurate responses, it is crucial that respondents to the consumer perception survey be assured confidentiality of their responses so that they will not have any fear of retribution. **The survey should never be returned directly to the clinician.** Clinicians and other direct service providers should only receive aggregate summary data.

Counties are urged to follow the survey administration procedures that are specified in this protocol under the “Recommended Methodology for Assessing Consumer Perceptions” section. However, at a minimum, it is recommended that completed surveys be placed in a sealed envelope by the consumer or county staff who are not directly responsible for providing treatment to the consumer.

Finally, a county may also want to provide an “Assurance of Confidentiality” statement along with the survey when given to the consumer. The following is an example of the text of such a statement:

“This is to assure you as a consumer receiving mental health services through [*insert agency name here*] that the consumer perception survey that you are about to complete is confidential. Your therapist will not see this and your responses will in no way affect your right to services. Because [*insert county name*] County will use the results to improve the quality of services, we are interested in your honest opinions, whether they are positive and/or negative. Thank you for your cooperation and help in improving our services to you!”

Note: This example assumes that the clinician will neither provide assistance to the consumer in completing the surveys, nor have access to individual consumer responses.

Recommended Methodology for Assessing Consumer Perceptions

A recent study by the CMHPC determined that there was a good deal of assistance being provided to consumers by clinicians. Such assistance has the potential to bias consumer responses in the positive direction (due to consumer fears of retribution or service reduction/discontinuation). Even a consumer’s family member may not be a good option, since consumers have reported feeling pressure to answer in a particular manner when their own family members are present.

To prevent such bias, it is recommended that counties have **peer advocates or volunteers**, such as students or consumer family members (not related to the consumers being surveyed) handle the administration of surveys and complete the three required fields (as specified in the “Staff Member and/or Peer Advocates / Volunteers Component” section of this protocol). DMH is suggesting the use of a conference room or office space at the service site where clinicians, case managers or others providing services may direct consumers **upon completion of their service visits**. If peer advocates and/or other volunteers perform the survey administration process in its entirety, it is expected that the validity of consumer responses will be maximized.



September 22, 2003

For instances where peer advocates and/or other volunteers (who are not employed by the county), will be handling protected health information, counties may be required to develop business associate agreements in accordance with Health Insurance Portability and Accountability Act (HIPAA) guidelines. Although it is likely that counties already have business associate agreements with external entities/volunteers in place, additional information may also be obtained from the California Office of HIPAA Implementation at http://www.ohi.ca.gov/calohi/docs/2002-15_Exhibit_4-BA_Agreement.doc. Counties are urged to contact their county HIPAA coordinator or legal counsel to determine whether or not standard business associate agreements are on file.

In sum, it is recommended that consumers complete the surveys on their own. However, if assistance is necessary, it should, ideally, **not** be provided by staff, **particularly not by the consumer's clinician or other individuals who provide direct services to the consumer.**

Submitting Data to DMH for the November 2003 Survey Period

Option 1: DMH Data Processing (preferred by DMH)

- For the November 2003 survey period only, DMH will be accepting original, completed survey forms for centralized data input at DMH.
- Counties MUST use the official, DMH-created TELEform forms if they choose to send their completed survey forms to DMH for processing. **No other forms will be accepted.**
- Original DMH-created TELEform forms can only be accessed at <http://www.dmh.ca.gov/poqi>.
- Official-version surveys completed by consumers during this data collection period will need to be postmarked by December 12, 2003, and sent to the following address:

California State Department of Mental Health
Performance Outcomes and Quality Improvement
1600 9th Street, Room 130
Sacramento, CA 95814

Option 2: County Data Processing

- Counties that elect not to use these DMH-developed forms must submit the required data elements, in ASCII fixed width format, by January 31, 2004.
- County-collected data must be compiled according to the instructions specified in the DMH official data dictionary (refer to “Official Data Dictionaries” section).
- Data collected in this manner must be transmitted using the DMH ITWS, as has been done previously (see ‘DMH Information Technology Web Services’ section for more information).



September 22, 2003

Instructions for Printing and Distributing DMH TELEform Forms

This section provides instructions to individuals who are coordinating the printing and distribution of the DMH-created TELEform forms.

1. Access the forms via the DMH website at <http://www.dmh.ca.gov/poqi>.
2. Click on your county's name. You must use your county's link because forms are prefilled to UNIQUELY identify each county. (Note: Clicking in the wrong link will result in another county receiving credit for your county's surveys.)
3. Once in your county's folder, you will be able to access the four types of surveys:
 - Youth Services Survey for Youth (2 pages)
 - Youth Services Survey for Parent (2 pages)
 - Adult Survey (4 pages)
 - Older Adult Survey (4 pages)
4. The files contain forms for up to 500 consumers and are created in Adobe Acrobat (.pdf) format. You will need to have Adobe Acrobat Reader 5.0 installed on your computer in order to open the file. A free version of this software may be obtained at: <http://www.adobe.com/products/acrobat/readstep2.html>.
5. If you have Adobe Acrobat Reader installed on your computer, double-click on the type of form you wish to print. The forms must be printed DIRECTLY from the Adobe Acrobat (.pdf) file. You may either save the file to your local computer OR print directly from the Internet. Please print to a high quality printer the number of forms you need. **Do not make photocopies of the forms.** If you need additional forms, simply access the forms at the website identified in #1. If you use a professional printing service or distribute the Adobe Acrobat (.pdf) file to various county providers, you MUST make sure that the instructions in #6 are followed.
6. **IMPORTANT:** When you are printing the forms, **UNCHECK** the box that reads: **"Shrink oversized pages to paper size"** in the Adobe Acrobat Reader print dialogue box to ensure that the image is not shrunk. If you have an option to **"Fit to Page"** in the print dialogue box, **UNCHECK** this box as well. If the forms are not printed correctly, DMH will NOT be able to process your county's data.
7. When printing the forms, you may just click on "print" to print the entire file. Recall that each file contains enough consumer surveys for up to 500 consumers. This means that the Youth Services Survey for Youth and the Youth Services Survey for Parent (both 2 pages long) will require you to print 1000 pages. The Adult and Older Adult forms are 4 pages long and so each file will require you to print 2000 pages for each. If you do not need 500 forms, then enter a page range in which to begin printing. If printing Youth Services Survey for Youth or for Parent, remember to select a page range in multiples of 2 (since each form is 2 pages long). If printing Adult or Older Adult surveys, remember to select a page range in multiples of 4 (since each form is 4 pages long). **Do not print forms back to back.**



September 22, 2003

- 8. Once the forms are printed, diagonally **STAPLE** all of the survey pages together in the top left-hand corner so that pages do not get lost or reordered. On the first page of each survey, a dashed line can be found in the top left-hand corner. This marks where you will need to staple the forms.

Instructions for Completing DMH TELEform Forms

This section provides information to individuals who are overseeing the completion of the DMH-created TELEform forms.

- Use only DMH TELEform formatted surveys located at <http://www.dmh.ca.gov/poqi>. TELEform surveys can be easily identified by the four corner posts (boxes) located on all four corners of the paper.
- Make sure that each survey contains the correct number of pages and that the pages are in the correct order. The “Youth Services Survey for Youth” and the “Youth Services Survey for Parent” are two pages each. The Adult survey and the Older Adult survey, which each contain MHSIP and Quality of Life questions, are 4 pages each. The survey should be diagonally stapled in the top left-hand corner (a dashed line marks the approximate spot where the staples should be located).
- Please use a black or dark blue INK pen when completing the TELEform forms; do not use pencil. All bubbles must be fully and completely marked to ensure maximum recognition.

Example: Correct ● Incorrect ✕ ✓

- If an error is made, simply place an ‘X’ over the incorrect entry and then mark the correct bubble.

Gender:
Example: ● Male ✕ Female ○ Other

- All data entry fields should be RIGHT justified with leading zeros. That is, the data should be written in the right-most blanks and if an entry is fewer characters than the space allotted, zeros should be used to fill in the extra space to the left of the entry. For example, for the Youth’s CSI Client Number, if the value is "1234", these numbers would just go in the RIGHT-most columns and 5 zeros precede the value. Fill in the corresponding bubbles under each entry.

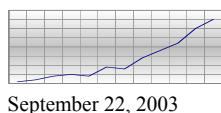
CSI County Client Number

1. Write in the client's CSI County Client Number w/ leading zeros → **000001234**

2. Fill in the corresponding circles

0	●	●	●	●	●	○	○	○	○
1	○	○	○	○	○	●	○	○	○
2	○	○	○	○	○	○	●	○	○
3	○	○	○	○	○	○	○	●	○
4	○	○	○	○	○	○	○	○	●
5	○	○	○	○	○	○	○	○	○
6	○	○	○	○	○	○	○	○	○
7	○	○	○	○	○	○	○	○	○
8	○	○	○	○	○	○	○	○	○
9	○	○	○	○	○	○	○	○	○

Example:



- Once completed, it is **highly** recommended that forms be reviewed for accuracy before being returned to DMH. Send the completed forms to:

California Department of Mental Health
Performance Outcomes & Quality Improvement
1600 9th Street, Room 130
Sacramento, CA 95814

DMH Information Technology Web Services (ITWS)

- The DMH ITWS provides a secure Internet environment that can be used to transfer data between counties and DMH.
- Only authorized county staff may access the DMH ITWS.
- For file naming conventions, refer to the specific data dictionary that corresponds to the files that are being transferred to DMH.
- Information regarding the DMH ITWS, including obtaining authorizations, can be found at <https://mhitws.cahwnet.gov/>.
- Questions regarding the DMH ITWS can be directed toward the ITWS Help Desk staff at (916) 654-3117.

DMH Technology Development

Following the November 2003 data collection period, DMH will be offering to counties a comprehensive data collection system (PODS-E), targeted for use by May 2004 that will include the following three options for reporting data:

- (1) web-based, on-line direct data entry (no cost technology option)
- (2) web-based scanning and verification system (low cost-to-county technology option)
- (3) the traditional Performance Outcomes data file upload method via ITWS

DMH will provide detailed information, demonstrations and regional trainings on the direct data entry and scanning/verification methods following the November 2003 data collection period so that counties may make informed choices regarding future use of one or more of these options.

Returning Data to Counties

- DMH recognizes that counties may wish to use these data for oversight and quality improvement purposes.
- **Once available**, authorized county staff will be able to download their county's consumer perception survey data from the DMH ITWS.



September 22, 2003

Contacts

If you have any questions regarding any section of this protocol, the following Performance Outcomes and Quality Improvement staff are available to provide assistance:

Stephanie Oprende, Ph.D., Chief, Performance Outcomes and Quality Improvement Unit
phone: (916) 653-3517 email: SOprende@dmhhq.state.ca.us

Traci Fujita, Research Analyst II
phone: (916) 653-3300 email: Tfujita@dmhhq.state.ca.us

Brenda Golladay, Research Analyst II
phone: (916) 654-3291 email: Bgollada@dmhhq.state.ca.us



September 22, 2003

ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** *EXAMPLE:* Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

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

*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.



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. Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable
- 22. I am better able to control my life. Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable
- 23. I am better able to deal with crisis. Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable
- 24. I am getting along better with my family. Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable
- 25. I do better in social situations. Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable
- 26. I do better in school and /or work. Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable
- 27. My housing situation has improved. Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable
- 28. My symptoms are not bothering me as much. Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

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 feel about your life in general? Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

Living Situation

2. Think about your current living situation.

How do you feel about:

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

- A. The living arrangements where you live? Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted
- B. The privacy you have there? Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted
- C. The prospect of staying on where you currently live for a long period of time? Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

Daily Activities & Functioning

3. Think about how you spend your spare time.

How do you feel about:

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

- A. The way you spend your spare time? Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted
- B. The chance you have to enjoy pleasant or beautiful things? Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted
- C. The amount of fun you have? Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted
- D. The amount of relaxation in your life? Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

Family

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

- at least once a day at least once a month not at all
- at least once a week less than once a month 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? Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted Not Applicable
- B. The way things are in general between you and your family? Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted Not Applicable

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Social Relations

6. About how often do you do the following?

- A. Visit with someone who does not live with you?
 at least once a day at least once a month not at all
 at least once a week less than once a month not applicable
- B. Spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?
 at least once a day at least once a month not at all
 at least once a week less than once a month 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? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. The amount of time you spend with other people? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. The people you see socially? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. The amount of friendship in your life? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Finances

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

- | | No | Yes |
|--|-----------------------|-----------------------|
| A. Food? | <input type="radio"/> | <input type="radio"/> |
| B. Clothing? | <input type="radio"/> | <input type="radio"/> |
| C. Housing? | <input type="radio"/> | <input type="radio"/> |
| D. Traveling around for things like shopping, medical appointments, or visiting friends and relatives? | <input type="radio"/> | <input type="radio"/> |
| E. Social activities like movies or eating in restaurants? | <input type="radio"/> | <input type="radio"/> |

Legal & Safety

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

- | | No | Yes |
|---|-----------------------|-----------------------|
| A. Any violent crimes such as assault, rape, mugging or robbery? | <input type="radio"/> | <input type="radio"/> |
| B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated? | <input type="radio"/> | <input type="radio"/> |

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? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. How safe you are where you live? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. The protection you have against being robbed or attacked? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Health

12. How do you feel about:

- | | Terrible | Unhappy | Mostly Dissatisfied | Mixed | Mostly Satisfied | Pleased | Delighted |
|-------------------------------|-----------------------|-----------------------|----------------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| A. Your health in general? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. Your physical condition? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. Your emotional well-being? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

1. What is your gender? Female Male Other
2. Are you of Mexican / Hispanic / Latino origin? Yes No Unknown
3. What is your race? (Please check all that apply.)
 - White / Caucasian
 - American Indian / Alaskan Native
 - Unknown
 - Black / African American
 - Native Hawaiian / Other Pacific Islander
 - Other
 - Asian
4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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EXAMPLE: Date of birth on April 30, 1967:

1. Write in your date of birth → **04 - 30 - 1967**

2. Fill in the corresponding circles

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5. Were the services you received provided in the language you prefer? Yes No
6. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? Yes No
7. What was the primary reason you became involved with this program? (choose one)
 - I decided to come in on my own.
 - Someone else recommended that I come in.
 - I came in against my will.
8. Please identify who helped you complete any part of this survey (choose all that apply):
 - I did not need any help.
 - A professional interviewer helped me.
 - A mental health advocate / volunteer helped me.
 - My clinician / case manager helped me.
 - Another mental health consumer helped me.
 - A staff member other than my clinician or case manager helped me.
 - A member of my family helped me.
 - Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration:

1	1					2	0	0	3
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County Question #1: 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Question #2: 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Question #3: 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

CSI County Client Number

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OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely. *EXAMPLE:* Correct ● Incorrect ✕ ✓

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

MHSIP Consumer Survey*:

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, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

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

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

- -



	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

As a direct result of the services I received:

21. I deal more effectively with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I am better able to control my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am better able to deal with crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am getting along better with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I do better in social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I do better in school and /or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My housing situation has improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My symptoms are not bothering me as much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>					

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 feel about your life in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Living Situation

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
2. Think about your current living situation. How do you feel about:							
A. The living arrangements where you live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The privacy you have there?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The prospect of staying on where you currently live for a long period of time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Daily Activities & Functioning

3. Think about how you spend your spare time.

How do you feel about:

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?

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The chance you have to enjoy pleasant or beautiful things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The amount of fun you have?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. The amount of relaxation in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family

4. How do you feel about:

A. The way you and your family act toward each other?

B. The way things are in general between you and your family?

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The way things are in general between you and your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Social Relations

5. How do you feel about:

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?

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The amount of time you spend with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The people you see socially?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. The amount of friendship in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Legal & Safety

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

A. Any violent crimes such as assault, rape, mugging or robbery?

B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?

No	Yes
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

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

8. How do you feel about:

A. How safe you are on the streets in your neighborhood?

B. How safe you are where you live?

C. The protection you have against being robbed or attacked?

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. How safe you are where you live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The protection you have against being robbed or attacked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health

9. In general, would you say your health is:

excellent very good good fair poor

10. How do you feel about:

A. Your health in general?

B. Your physical condition?

C. Your emotional well-being?

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Your physical condition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Your emotional well-being?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

1. What is your gender? Female Male Other
2. Are you of Mexican / Hispanic / Latino origin? Yes No Unknown
3. What is your race? (Please check all that apply.)
 - White / Caucasian American Indian / Alaskan Native Unknown
 - Black / African American Native Hawaiian / Other Pacific Islander
 - Asian Other
4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

	□	□	-	□	□	-	□	□	□	□
0	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → **04 - 30 - 1937**

2. Fill in the corresponding circles

Date of Birth (mm-dd-yyyy)

	0	4	-	3	0	-	1	9	3	7
0	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Were the services you received provided in the language you prefer? Yes No
6. Was written information (e.g. brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? Yes No
7. What was the primary reason you became involved with this program? (choose one)
 - I decided to come in on my own.
 - Someone else recommended that I come in.
 - I came in against my will.
8. Please identify who helped you complete any part of this survey (choose all that apply):
 - I did not need any help.
 - A mental health advocate / volunteer helped me.
 - Another mental health consumer helped me.
 - A member of my family helped me.
 - A professional interviewer helped me.
 - My clinician / case manager helped me.
 - A staff member other than my clinician or case manager helped me.
 - Someone else helped me.

Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration:

1	1
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2	0	0	3
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County Question #1: 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Question #2: 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Question #3: 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

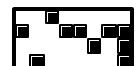
CSI County Client Number

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0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reason:

Ref Imp Lan Oth



YOUTH SERVICES SURVEY (YSS)* - for youth ages 13-18

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** *EXAMPLE:* Correct ● Incorrect ✗

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 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 statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I helped to choose my services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I helped to choose my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The people helping me stuck with me no matter what.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt I had someone to talk to when I was troubled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I participated in my own treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I received services that were right for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The location of services was convenient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Services were available at times that were convenient for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I got the help I wanted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I got as much help as I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Staff respected my family's religious / spiritual beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff spoke with me in a way that I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff were sensitive to my cultural / ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

As a result of the services I received:

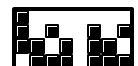
16. I am better at handling daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I get along better with family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I get along better with friends and other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I am doing better in school and / or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I am better able to cope when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am satisfied with my family life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Please provide comments here and / or on the back of this form, if needed.

We are interested in both positive and negative feedback.

Continued on the Next Page...

- Y - E N -



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

1. What is your gender? Female Male Other
2. Are you of Mexican / Hispanic / Latino origin? Yes No Unknown
3. What is your race? (mark all that apply.)
- White / Caucasian
 - Black / African American
 - Asian
 - American Indian / Alaskan Native
 - Native Hawaiian / Other Pacific Islander
 - Other
 - Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

□□ - □□ - □□□□

0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth

Date of Birth (mm-dd-yyyy)

04 - 30 - 1987

2. Fill in the corresponding circles

0	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. 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

6. How often were you absent from school during the **last MONTH**?

1 day or less 2 days 3 to 5 days 6 to 10 days More than 10 days Not applicable Not in school Do not remember

7. Were the services you received provided in the language you prefer? Yes No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? Yes No

9. Please identify who helped you complete any part of this survey (mark all that apply):

- I did not need any help.
- A mental health advocate / volunteer helped me.
- Another mental health consumer helped me.
- A member of my family helped me.
- A professional interviewer helped me.
- My clinician / case manager helped me.
- A staff member other than my clinician or case manager helped me.
- Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration:

1 1 - □□ - 2 0 0 3

County Question #1: 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20

County Question #2: 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20

County Question #3: 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20

□□□□□□□□

CSI County Client Number

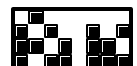
□□□□□□□□

0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reason:

Ref Imp Lan Oth

27557



YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

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 fill in the circle completely.** *EXAMPLE:* Correct Incorrect

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 has received services for less than one month.
- 1 - 2 Months
- 3 - 5 Months
- 6 months to 1 year
- More than 1 year

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 statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I helped to choose my child's services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I helped to choose my child's treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The people helping my child stuck with us no matter what.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt my child had someone to talk to when he / she was troubled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I participated in my child's treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The services my child and / or family received were right for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The location of services was convenient for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Services were available at times that were convenient for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My family got the help we wanted for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My family got as much help as we needed for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Staff respected my family's religious / spiritual beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff spoke with me in a way that I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff were sensitive to my cultural / ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

16. My child is better at handling daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My child gets along better with family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My child gets along better with friends and other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My child is doing better in school and / or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My child is better able to cope when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am satisfied with our family life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Please provide comments here and /or on the back of this form, if needed.

We are interested in both positive and negative feedback.

Continued on the Next Page...

- P - E N -



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

1. What is your child's gender? Female Male Other
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? Yes No Unknown
3. What is your child's race? (mark all that apply.)
 - White / Caucasian
 - American Indian / Alaskan Native
 - Unknown
 - Black / African American
 - Native Hawaiian / Other Pacific Islander
 - Asian
 - Other
4. What is your child's date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

	□	□	-	□	□	-	□	□	□	□	□	□
0	○	○	○	○	○	○	○	○	○	○	○	○
1	○	○	○	○	○	○	○	○	○	○	○	○
2	○	○	○	○	○	○	○	○	○	○	○	○
3	○	○	○	○	○	○	○	○	○	○	○	○
4	○	○	○	○	○	○	○	○	○	○	○	○
5	○	○	○	○	○	○	○	○	○	○	○	○
6	○	○	○	○	○	○	○	○	○	○	○	○
7	○	○	○	○	○	○	○	○	○	○	○	○
8	○	○	○	○	○	○	○	○	○	○	○	○
9	○	○	○	○	○	○	○	○	○	○	○	○

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your child's date of birth → **04 - 30 - 1987**

2. Fill in the corresponding circles

	□	□	-	□	□	-	□	□	□	□	□	□
0	●	○	○	○	○	○	○	○	○	○	○	○
1	○	○	○	○	○	○	○	○	○	○	○	○
2	○	○	○	○	○	○	○	○	○	○	○	○
3	○	○	○	○	○	○	○	○	○	○	○	○
4	○	○	○	○	○	○	○	○	○	○	○	○
5	○	○	○	○	○	○	○	○	○	○	○	○
6	○	○	○	○	○	○	○	○	○	○	○	○
7	○	○	○	○	○	○	○	○	○	○	○	○
8	○	○	○	○	○	○	○	○	○	○	○	○
9	○	○	○	○	○	○	○	○	○	○	○	○

5. In the **past MONTH**, how many times was your child arrested for any crimes?
 - No arrests
 - 1 arrest
 - 2 arrests
 - 3 arrests
 - 4 or more arrests
6. How often was your child absent from school during the **last MONTH**?
 - 1 day or less
 - 2 days
 - 3 to 5 days
 - 6 to 10 days
 - More than 10 days
 - Not applicable / Not in school
 - Do not remember
7. Were the services your child received provided in the language he / she preferred? Yes No
8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? Yes No
9. Please identify who helped you complete any part of this survey (mark all that apply):
 - I did not need any help.
 - A professional interviewer helped me.
 - A mental health advocate / volunteer helped me.
 - My child's clinician / case manager helped me.
 - Another mental health consumer helped me.
 - A staff member other than my child's clinician or case manager helped me.
 - A member of my family helped me.
 - Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration:

1	1
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2	0	0	3
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County Question #1: 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Question #2: 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Question #3: 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

CSI County Client Number

	□	□	□	□	□	□	□	□	□	
0	○	○	○	○	○	○	○	○	○	○
1	○	○	○	○	○	○	○	○	○	○
2	○	○	○	○	○	○	○	○	○	○
3	○	○	○	○	○	○	○	○	○	○
4	○	○	○	○	○	○	○	○	○	○
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6	○	○	○	○	○	○	○	○	○	○
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9	○	○	○	○	○	○	○	○	○	○

Reason:
 Ref Imp Lan Oth

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