

Survey Framework: This survey was designed in alignment with the principles and practices of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, as well as the Hospital CAHPS (HCAHPS) survey. The National Council for Mental Wellbeing’s “Quality Measurement in Crisis Service” provided an important touchpoint for ensuring that the core values of a person-centered approach to crisis care were incorporated into and measured by the survey.

This sample survey template is a tool that county mobile crisis teams can use to collect data about service recipients’ experience with their care. Per Behavioral Health Information Notice (BHIN) [23-025](#), all counties are required to collect consumer satisfaction data. The purpose of the data collection is to help counties identify and address gaps or areas for improvement, including issues that may be disproportionately impacting some populations.

This document provides a recommended set of survey questions counties can use in meeting this requirement, and briefly describes some best practices in data collection.

Intended Audience: This survey is designed to be administered only to an adult audience (i.e., individuals aged eighteen or older).

Due to the legal parameters surrounding consent, we advise against surveying minors. If any tool is developed to collect information about care recipients under the age of 18, we recommend that it is designed to be completed by the legal guardian.

Recommended Administrative Practices: To support the individual’s recovery and reduce bias, the survey should **not** be administered onsite. It is recommended that surveys be distributed at least 72 hours after individuals receive services to allow time for the mobile crisis team to follow-up regarding their care. Counties are responsible for disseminating the survey and collecting, analyzing, and securely storing the data.

Your county may choose how to disseminate the customer satisfaction survey - either electronically or through the mail. We recommend establishing a standard operating procedure (SOP) that ensures members who receive a mobile crisis service consistently receive the customer satisfaction survey. The SOP should establish roles and responsibilities to support the collection, aggregation, and analysis of the data collected through the survey. These data can be shared with program directors and used to drive quality improvement processes.

Survey Customization: The questions included here are recommended but not required. We recommend using these questions as a base and adding additional questions rather than revising or omitting what is provided below.

Demographic and Process-Related Questions: We recognize that counties collect demographic data from multiple sources across diverse initiatives. Although questions related to respondent demographics may be captured elsewhere, including them in the survey ensures that data can be disaggregated and used to support equitable, inclusive, and respectful mobile crisis care. We encourage counties to collect and use these demographic data to help identify communities that are underserved.

Respondent Confidentiality: Counties are responsible for ensuring individual responses are securely stored. Results should be shared at an appropriate level of aggregation, such as summarizing data in groups or reporting percentages, to ensure no individual can be identified. Please review the M-TAC training [Processes for Safeguarding Privacy and Confidentiality](#).

Access TA Support. If you need additional support to establish and launch your customer satisfaction survey, please reach out to the M-TAC Team. Technical Assistance can be requested by completing this [TA request form](#).

Medi-Cal Mobile Crisis Care Experience - Sample Survey Template

Thank you for completing this survey about your recent experience with a mobile crisis team. Your responses will help improve the quality of mobile crisis care. Your participation is voluntary and confidential.

Please complete the following questions regarding your experience in receiving mobile crisis care on [date prefilled] in [county prefilled].

YOUR EXPERIENCE WITH THE MOBILE CRISIS TEAM

1. *During this experience with the mobile crisis team, how often did the mobile crisis team members treat you with **courtesy and respect**?*

- Never
- Sometimes
- Usually
- Always
- N/A or prefer not to answer

2. *During this experience with the mobile crisis team, how often did the mobile crisis team members **listen carefully to you**?*

- Never
- Sometimes
- Usually
- Always
- N/A or prefer not to answer

3. During this experience with the mobile crisis team, how often did the mobile crisis team members **explain things** in a way you could understand?

- Never
- Sometimes
- Usually
- Always
- N/A or prefer not to answer

YOUR CARE EXPERIENCE

4. The mobile crisis team **provided help quickly** enough to meet my needs.

- Never
- Sometimes
- Usually
- Always
- N/A or prefer not to answer

5. The care provided by the mobile crisis team **helped me resolve my immediate crisis**.

- Never
- Sometimes
- Usually
- Always
- N/A or prefer not to answer

6. I was involved in **creating my safety plan** (if applicable).

- Never
- Sometimes
- Usually
- Always
- N/A or prefer not to answer

7. During this experience with the mobile crisis team, I was offered care in my **preferred language**.

- Never
- Sometimes
- Usually
- Always
- N/A or prefer not to answer

8. During this experience with the mobile crisis team, I was offered care that was **respectful of my culture**.

- Never
- Sometimes
- Usually
- Always
- N/A or prefer not to answer

9. I received adequate help identifying **community resources and supports** that will help me manage my health in the future.

- Never
- Sometimes
- Usually
- Always
- N/A or prefer not to answer

YOUR AFTER-CARE PLAN

10. Did a member of the mobile crisis team follow up with you to see how you were doing?

- Yes
- No
- N/A or prefer not to answer

OVERALL

11. Using any number from 0 to 10, where 0 is the worst care and 10 is the best care, what number would you use to rate the care you received from this mobile crisis team?

- 0 (worst care)
- 1
- 2
- 3
- 4
- 5
- 6
- 7

- 8
- 9
- 10 (best care)

ABOUT YOU

12. *What is your age?*

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older
- Prefer not to answer

13. *How do you self-identify regarding race/ethnicity? Please select all that apply.*

- Asian or Asian American
- Black or African American
- Hispanic or Latino/a/e
- Middle Eastern or North African
- Native American or Alaska Native
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer

14. Which of the following terms best describes your current gender identity? We understand that there are many ways people identify; please pick the one that best describes you.

- Man
- Woman
- Transgender Male/Transgender Man
- Transgender Female/Transgender Woman
- Gender Non-Binary, Genderfluid, or Gender Non-Conforming
- Another gender identity: _____
- I am not sure or questioning
- I don't understand this question and/or answer options
- Prefer not to answer

15. What is your sexual orientation? Please select all that apply.

- Heterosexual or straight
- Gay
- Lesbian
- Bisexual
- Queer
- Pansexual
- I am not sure or questioning
- Other
- Prefer not to answer