

EXHIBIT

REFERRALS TO OTHER AGENCIES

SURVEY

Surveys

The following survey was created by the Arizona health care cost containment system. It can be found at: <https://forms.gle/siXH3bgmn3xfw9qk9>. The results will be recorded by AHCCCS and sent to the Governor annually. This survey meets the requirement of statute.

Behavioral
Services Survey

Health

You are being invited to complete this survey as a parent/guardian whose child/children were referred for behavioral health services through their school. This information will be used to improve the process for referrals and use of behavioral health services through schools. Unless you choose to include your personal information, your responses are anonymous.

Some definitions to consider: behavioral health services means treatment for the connection between the health and well-being of the body and the mind including mental and substance use issues; referral means direction for services from the school to a provider.

Interpretation services can be provided at no cost, if needed. For interpretation services, or any other questions, please ask your provider for assistance in completing the survey.

**** Required***

What is your child's age?* _____

What school does your child attend?* _____

What grade is your child in?* _____

What is your child's gender?* _____

What is your child's race?* _____

How happy were you with the way in which you were asked about consenting to, or opting-in, for your child to be referred for behavioral health services?*

Very Unhappy 😞

1

2

3

4

5

Very Happy 😊

How happy were you with the way you were notified of your child being referred for behavioral health services?*

Very Unhappy 😞

1

2

3

4

5

Very Happy 😊

How happy were you with the behavioral health services that your student received?*

Very Unhappy 😞

1

2

3

4

5

Very Happy 😊

How happy were you with the choice of behavioral health service providers?*

Very Unhappy 😞

1

2

3

4

5

Very Happy 😊

If needed again in the future, would you consent to, or opt-in to, a referral for behavioral health services through your student's school?*

_____ Yes

_____ No

If you would like to give any additional comments, please add here.