

## Behavioral Health Webpage and Training Survey

Thank you for your interest in participating in this survey.

The Administration for Children and Families (ACF) is a federal agency that focuses on children and families' economic and social well-being. ACF funds social services programs including Temporary Assistance for Needy Families (TANF) and Head Start. This survey will ask questions about you and your family's experiences with behavioral health (see definition below) to help ACF improve future trainings, information, and resources to support the needs of youth, parents, and caregivers. The survey is intended for parents, other caregivers, and youth/adolescents between the ages of 13 and 24.

Please share your honest opinions. You are not required to take this survey, and your responses will not be traced back to you as an individual or have any impact on the benefits you receive. You may skip questions you feel uncomfortable answering. However, please know that your responses are meaningful and valuable to us. We encourage you to participate, even if you choose to answer some questions but not others.

The survey will take 7-10 minutes to complete. If you have any difficulties completing the survey, please get in touch with Ajilé Owens at [ajile@fdg-llc.com](mailto:ajile@fdg-llc.com) for help. If you have questions about the information in the survey or behavioral health at ACF, please get in touch with Lauren Behsudi at [lauren.behsudi@acf.hhs.gov](mailto:lauren.behsudi@acf.hhs.gov).

Definitions:

- Behavioral health refers to mental health and substance use conditions.
- "Parent" and "caregiver" mean anyone responsible for a child/young person. This includes parents, stepparents, foster parents, guardians, or kinship/relative caregivers.
- "Family" includes everyone in the home (such as siblings, grandparents, or non-relatives).

Thank you for your time and participation! Your opinions are valuable and appreciated.

## Question Block: Translation Segmentation

1. **Would you like to take the survey in:**

- English
- Español [[QUALTRICS: Answers Spanish translated version of the survey](#)]

## Question Block: Segmentation

- "Parent" and "caregiver" mean anyone responsible for a child/young person. This includes parents, stepparents, foster parents, guardians, or kinship/relative caregivers.
2. **Do you identify as:** [[Required](#)]
- A parent or caregiver [[QUALTRICS: Answers child mental health training questions](#)]
  - A youth/adolescent between the ages of 13-24
  - Both a parent or caregiver and a youth/adolescent between the ages of 13-24 [[QUALTRICS: Answers child mental health training questions](#)]

- None of the above
- Prefer not to say

## Question Block: Behavioral Health Webpage

QUALTRICS: ===== PAGE BREAK =====

The Administration for Children and Families plans to create a webpage with resources about behavioral health for youth, parents, and caregivers. Behavioral health refers to mental health and substance use conditions. We want to hear about your interests and what information would be helpful in order to inform the training, information, and resources that will be shared on this webpage. For the questions below, we ask that you read the full list of options and choose all that apply.

**3. Which topics would you like to learn more about to support your health and/or your family's health?** [Select all that apply]

- Understanding diagnoses for mental health
- Understanding diagnoses for substance use
- Understanding mental health treatment options and support available for you and your family
- Understanding substance use treatment options and support available for you and your family
- Talking about behavioral health with family and other trusted adults
- Talking about behavioral health needs of your child with school officials and/or early childhood providers
- Resources for behavioral health care or support services and information about eligibility and how to access these resources (for example, Medicaid, transportation, childcare)
- What to expect when seeking out behavioral health providers (for example, talking about challenges, getting referrals, appointment scheduling)
- Finding peer support in your area
- Other, please specify:

**4. Which forms of information and resources would be most helpful for you and/or your family?** [Select all that apply]

- Tools to find treatment providers in your community
- Short videos (less than 2 minutes)
- Long videos (more than 2 minutes)
- Blogs/articles
- Guides that suggest actions to take for specific challenges
- Content developed by youth, parents, and caregivers with similar experiences
- Fact sheets
- Podcasts
- Virtual training
- Pre-recorded informational webinars (more than 15 minutes)
- Other, please specify:

5. **In what situations have you wanted, or do you think in the future you might want, more mental health information?** [Select all that apply]
- I want to find mental health care for myself or a family member.
  - I want to know which mental health programs I am eligible for.
  - I believe myself or someone has a mental health challenge, and I want to read more about the symptoms, treatment options, and other information.
  - I or someone I know has received a mental health diagnosis and I want to learn more.
  - I or someone I know is experiencing a mental health crisis and needs immediate help.
  - I have met with a mental health provider and want more information.
  - I want to be proactive and learn more about mental health.
  - Other, please specify:
6. **In what situations have you wanted, or do you think in the future you might want, more information about substance use/substance use disorder(s)?** [Select all that apply]
- I want to find substance use disorder treatment for myself or a family member.
  - I want to know which substance use disorder programs I am eligible for.
  - I believe myself or someone has a substance use disorder, and I want to read more about the symptoms, treatment options, and other information.
  - I or someone I know has received a substance use disorder diagnosis and I want to learn more.
  - I or someone I know is experiencing a substance use disorder crisis and needs immediate help.
  - I have met with a substance use disorder treatment provider and want more information.
  - I want to be proactive and learn more about substance use disorder(s).
  - Other, please specify:
7. **The webpage may include information and resources on behavioral health for specific age groups. Which of the following age groups is of interest to you?** [Select all that apply]
- Early childhood (0-5 years)
  - Middle childhood (6-12 years)
  - Youth (13-17 years)
  - Older Youth (18-24 years)
  - Adults (25+ years)
  - I'm not interested in this type of resource. [QUALTRICS: Exclusive selection]
  - I'm not sure. [QUALTRICS: Exclusive selection]

## Question Block: Training(s) for Parents and Caregivers on the Mental Health of Children

QUALTRICS: ===== PAGE BREAK =====

Branching logic from Question 1 for those who identified as:

- a parent or caregiver
- a parent or caregiver and a youth/adolescent from the ages of 13-24

ACF plans to host training(s) for parents and caregivers on the mental health of children in 2023. The training(s) will provide parents and caregivers with information, resources, and training to help children and families. We want to hear about your interest in the training(s) to inform the content. For the questions below, we ask that you read the full list of options and choose all that apply.

- "Parent" and "caregiver" mean anyone responsible for a child/young person. This includes parents, stepparents, foster parents, guardians, or kinship/relative caregivers.
- "Family" includes everyone in the home (such as siblings, grandparents, or non-relatives).

8. **Which topics would you like to learn more about to support children and families?** [Select all that apply]

- Understanding common mental health challenges among children and youth
- Understanding how to care for children and youth experiencing trauma and grief
- Talking about diagnoses and treatment of a child and how to support them in school systems, with teachers, etc.
- Talking about what emergency resources are available to respond to a child's mental health crisis
- Understanding how to support children of particular groups (for example, LGBTQ+ youth, youth in foster care)
- Talking about social media and mental health with children and youth
- Other, please specify:

9. **ACF is considering several trainings for parents and caregivers on the mental health of children. Which of the following trainings would you be interested in attending?** [Select all that apply]

- Recognizing signs and symptoms of mental health conditions
- Recognizing and supporting the mental health needs of children who have experienced trauma and grief
- Recognizing and supporting the mental health needs of children with anxiety and/or depression
- Increasing knowledge about resources available to support children's mental health needs
- Resources to respond to a child's mental health crisis
- Talking to children and youth about mental health
- Supporting recovery from mental health conditions
- Social media and mental health in children
- Other, please specify:

10. **How can mental health information be presented in a way that is most valuable to you?** [Select all that apply]

- Peer support discussions

- Videos
- Virtual trainings
- Informational presentations
- Expert panel discussions
- Podcasts
- Other, please specify:

11. **Which of the following age groups would you like to be the focus of the training(s) for parents and caregivers on the mental health of children?** [Select all that apply]

- Early childhood (0-5 years)
- Middle childhood (6-12 years)
- Youth (13-17 years)
- Older Youth (18-24 years)
- I'm not interested in this type of resource. [QUALTRICS: Exclusive selection]
- I'm not sure. [QUALTRICS: Exclusive selection]

## Question Block: Demographics

QUALTRICS: ===== PAGE BREAK =====

We want to make sure we hear from a diverse group of voices to best inform ACF's work. The following questions will ask about your sex, age, race, ethnicity, and home state/territory. No personal information will be traced back to you, and each question includes a "prefer not to say" option if you are uncomfortable answering.

12. **Do you identify as:**

- Male
- Female
- Transgender (inclusive of non-binary)
- Other
- Prefer not to say

13. **Are you a:**

- Youth (13-24 years old)
- Adult (25+ years old)
- Prefer not to say

14. **Which of the following best describes you?** [Select all that apply]

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Some Other Race

- Prefer not to say

**15. Are you of Hispanic, Latino, or Spanish origin?**

- Yes
- No
- Prefer not to say

**16. Which state or territory do you currently live in?**

- [List Options]

**17. Which of the following areas do you live in? [Select all that apply]**

- Rural
- Urban
- Suburban
- Tribal community
- Prefer not to say

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:  
[Through this information collection, ACF is gathering information to inform behavioral health webpage, resources, and training. Public reporting burden for this collection of information is estimated to average 7-10 minutes per participant, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0531 and the expiration date is 09/30/2025. If you have any comments on this collection of information, please contact Victoria Berk Kabak ([victoria.kabak@acf.hhs.gov](mailto:victoria.kabak@acf.hhs.gov)).