

Discussion Questions for MHA Community Forums (Clients/Family Members/Caregivers)

Thank you so much for coming to this Community Forum discussion. As you know from the information at the beginning of the meeting, the Commission is conducting these community discussions across California to learn from you about how Proposition 63 services and supports have made a difference for you, your family or your community.

After we break into smaller groups for better discussion, we will be talking about the questions that begin on Page 2 of this document. We hope you will choose to participate and share your experiences but of course it is totally voluntary.

As you listen to the discussion in your group you can follow along with this document and decide if you want to answer any of the questions in writing. It would be very helpful if you answered the “yes” or “no” questions in writing and added any comments you want to share. The stories and information we gather will be summarized at the end of the year for a report to the Commission on what we learned.

NOTE: It is your decision whether or not you want to share any information in the discussion group or in writing. You are not required to fill out the survey in writing if you do not want to. It is all right if you only want to answer some of the questions and do not want to answer all of the questions.

The intent of the Commission is to insure anonymity for the individuals who choose to participate in these community discussions.

- There is absolutely no requirement to fill out this survey in writing or to include your name if you do.
- If you do fill out the survey OR participate in the discussion:
 1. Your name will not be identified or included in any report on this Forum.
 2. The county where you receive services will not be identified and associated with your remarks in any report on this Forum.
 3. Information about what you said will be summarized based on what discussion group you were with.

If you have any questions about what you have heard or read, feel free to ask during the discussion or ask any staff you see.

Turn to Page 2 for the beginning of the Discussion Questions.

NAME: (Optional) _____

Client _____ Family Member _____ Caregiver _____ (Optional)

Contact Information: (Optional)

Phone: _____

E-mail: _____

Discussion Questions for Clients, Family Members and Caregivers

1. Have you heard anything about Proposition 63, also known as the Mental Health Services Act?

Yes ___ No ___

If Yes - Are you or a member of your family currently receiving any services related to mental or emotional issues or challenges?

Yes ___ No ___

If Yes – Do you know about programs and services in your community that are funded with dollars from Proposition 63, the Mental Health Services Act?

Yes ___ No ___

If No – how did you hear about the meeting today?

Have you ever received services to help you or your family with mental or emotional challenges?

Yes ___ No ___

2. Below is a list of ideas considered the most valuable and important to having successful programs and services that help persons and families with mental health issues.

Please look at these ideas and think about the services you receive. Do you think these ideas play a big part in the services you receive?

In other words, do the people delivering services and the services you receive focus on the following?

Wellness, Recovery and Resiliency – the services and the persons providing service always focus on me or my family member getting better, feeling healthy and strong and confident that my life will improve. **Yes** ___ **No** ___

Culturally and Ethnically Effective Services – the persons providing service understand my racial or cultural (i.e., LGBT, transition age youth, etc.) values and beliefs, speak my language and are able to provide services that help me.
Yes ___ **No** ___

Community-based Care – services are in your neighborhood rather than always at the clinic
Yes ___ **No** ___

Whatever It Takes – staff are thinking about all kinds of ways they might help support my wellness, resilience and recovery **Yes** ___ **No** ___

No Wrong Door – you are not told that you have to go somewhere else for help
Yes ___ **No** ___

Client-directed and Family Focused – the persons providing services listen to you
Yes ___ **No** ___

Challenging and Reducing Stigma and Discrimination – the programs and services you participate in make you feel better about yourself and the possibilities for your life
Yes ___ **No** ___

3. **Have you been involved in any way in discussing ideas, or making suggestions and comments to your local mental health department about new services and programs paid for by Proposition 63, the Mental Health Services Act?**

Yes ___ No ___

If Yes –

- 3a. **How did you hear about the meetings in your community where you could participate and make suggestions about new programs and services?**

- 3b. **Did you feel like your participation, suggestions and comments were important to the persons running the meetings and discussions?**

- 3c. **Did you see local programs or services established with dollars from Proposition 63, that were like those that you suggested or supported?**

4. **Please describe continuing opportunities you know of to meet or communicate with your local mental health department so that you can make suggestions or comments on programs and services?** (Examples: I know about meetings scheduled for community input, I have E-mail and phone contacts for county mental health, the MHSA Coordinator, and/or Office of Consumer Affairs, I access information through the Website, etc.)

Yes ___ No ___

5. **What strategies, services and supports do you think are the most effective in initially engaging individuals, family members and caregivers in services and maintaining their engagement over time?**

6. What new services or change in services have you seen that have been the most helpful to you or your family?

7. Have you or a family member received help to deal with health, housing, employment or problems with drugs and/or alcohol?

Yes ___ No ___

Health	___
Housing	___
Employment	___
Drugs/Alcohol	___

If Yes – were the services you or your family received helpful?

If No – did you feel that services were needed but you could not get them?

8. Do you think there are more quality services, help and assistance for persons from different races and cultures (Cultures such as: LGBT, transition age youth, etc.) available than there were before?

Races Yes ___ No ___

Cultures Yes ___ No ___

Age Groups

Children	Yes ___	No ___
Transition Age Youth	Yes ___	No ___
Adults	Yes ___	No ___
Older Adults	Yes ___	No ___

If Yes to any of the above please explain.

9. Do you have ideas or suggestions about the best way to let people know about services that are helpful to persons from different races, or cultures (Cultures such as LGBT or transition age youth)? If so please describe those ideas.

10. If you could change anything about the services you or your family receive, what would it be?

11. Have you heard anything about services, programs or training in your community that improve people's awareness and understanding about mental health issues or focus on prevention (either in schools or in the community) to help people avoid serious mental or emotional problems? (Such as: suicide prevention or the reduction of stigma and discrimination)

Yes ____

No ____

11a. Have you or your family received services that are helping you prevent or avoid more serious problems?

Yes ____

No ____

If Yes – please describe.

Voluntary Information on Race and Ethnicity

Because the MHSOAC honors diversity, is committed to reducing racial, ethnic and cultural disparities, and promotes equity for all, we would be interested in knowing your race and/or ethnicity.

Please check the race/ethnicity categories that apply to you and write in specific information. (You may check more than one box for race/ethnicity.)

For Example: Race: (check) Asian
(write-in) Japanese

- AMERICAN INDIAN OR ALASKAN NATIVE** – Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Enter tribal identification or affiliation _____

- ASIAN** Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea.
Specify: _____
- BLACK** Persons having origins in any of the black racial groups of Africa.
Specify: _____
- FILIPINO** Persons having origins in any of the original peoples of the Philippine Islands.
Specify: _____
- HISPANIC** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
Specify: _____
- PACIFIC ISLANDERS** Persons having origins in the Pacific Islands, such as Samoa.
Specify: _____
- WHITE** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
Specify: _____
- OTHER** Specify: _____

How Would You Evaluate Today's Forum?

We are very interested in hearing what you thought about today's Community Forum including any ideas for improving Forums in the future.

1. **Do you feel today's Forum was:** (Check all that apply. Any additional comments are appreciated.)

Helpful _____ **Informative** _____

Useful _____ **Other** _____

2. **Did you learn anything about the MHSA or MHSOAC that you did not know before today's Forum?**

MHSA _____

MHSOAC _____

3. **Did you feel that your participation and comments were important to the persons running the meeting and the discussion groups.**

Yes _____ **No** _____

4. **Do you have suggestions for improving Community Forums hosted by the MHSOAC in the future?**