

Community Forum Questionnaire -- Client and Family

This questionnaire is voluntary and anonymous. We will not be able to trace your answers back to you, personally. Responses will be summarized by discussion group for reports. The MHSOAC staff leading your Community Forum will protect the anonymity of your responses to the extent allowable by law.

We hope that you will help us understand your experiences by completing this questionnaire and discussing it with us. However there are no consequences if you choose not to complete it.

To help us understand your responses, please let us know which of the following best describes you. (You may mark as many as you like):

- Client
 Parent of a client
 Family member of a client
 Caregiver for a client
 Other (please describe) _____

Mental Health Services Act

This set of questions asks about your past knowledge and experience regarding the Mental Health Services Act, which is also known as Proposition 63. Please answer to the best of your ability. Mark the box “Yes” or “No” next to each question to match your response.

| <i>Before</i> coming to the Forum today: | |
|--|--|
| 1. I had heard about the Mental Health Services Act (also known as Proposition 63). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I (or someone I care about) received services for mental or emotional challenges that helped prevent more serious problems. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Someone I cared about received services that I knew were funded by the Mental Health Services Act. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I received services that I knew were funded by the Mental Health Services Act. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. I was aware of services in my community for people with severe mental illness. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. I was aware of services in my community for people in conservatorship. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. I was aware of transportation services in my community for clients who need help getting to appointments. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. I gave input about the Mental Health Services Act. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. I gave input to my county about development of local programs. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. I gave input to my county about integrating services. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. My county made changes that I suggested. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Questions for Clients

This next set of questions asks about services **you** have received as a **client**. If you have **not received any services, please skip this section** and go on to the next one.

| I received services to help with: | |
|--|--|
| 1. physical health. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. mental health. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. education. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. housing. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. employment. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. drug or alcohol use. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please use the scale below to indicate how strongly you agree or disagree with each statement. For each statement, please make an "X" in the box that best represents your response. If a statement does not apply to you, you may choose, "N/A" for "Not Applicable."

| | 1 <i>Strongly Disagree</i> | 2 <i>Disagree</i> | 3 <i>Neither Agree nor Disagree</i> | 4 <i>Agree</i> | 5 <i>Strongly Agree</i> | N/A |
|---|--------------------------------------|-----------------------------|---|--------------------------|-----------------------------------|------------|
| 1. The services I have received always focused on my feeling healthy and strong. | | | | | | |
| 2. The services I have received always focused on my getting better. | | | | | | |
| 3. The services I have received always focused on my feeling confident that my life will improve. | | | | | | |
| 4. Some of the services I have received were in my neighborhood, rather than always at a clinic. | | | | | | |
| 5. The people who provided services for me always focused on my feeling healthy and strong. | | | | | | |
| 6. The people who provided services for me always focused on my getting better. | | | | | | |
| 7. The people who provided services for me always focused on my feeling confident that my life will improve. | | | | | | |
| 8. The people who provided services for me were focused on doing whatever it took to support my wellness. | | | | | | |
| 9. The people who provided services for me listened to me. | | | | | | |
| 10. The people who provided services for me treated me like my opinion counts. | | | | | | |
| 11. The people who provided services for me always knew that I am a partner in my own wellness and recovery. | | | | | | |

| | <i>1 Strongly Disagree</i> | <i>2 Disagree</i> | <i>3 Neither Agree nor Disagree</i> | <i>4 Agree</i> | <i>5 Strongly Agree</i> | <i>N/A</i> |
|---|------------------------------------|-----------------------|---|--------------------|---------------------------------|------------|
| 12. The people who provided services for me talked with me about the benefits of involving my family members in my recovery. | | | | | | |
| 13. When I think about my interactions with the people who provided my services, I feel that sometimes they were talking down to me. | | | | | | |
| 14. I feel accepted by the people who provided services for me. | | | | | | |
| 15. I feel respected by the people who provided services for me. | | | | | | |
| 16. I did not get turned away or told I had to go somewhere else to find help. | | | | | | |

Questions for Family Members and Caregivers

This set of questions asks about the experiences of **people who have family members or other loved ones** who have received services or who needed services. If you are not a family member/caregiver of a client, **please skip this section** and go on to the next one.

| Someone I care about received services to help with: | |
|---|--|
| 1. physical health. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. mental health. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. education. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. housing. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. employment. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. drug or alcohol use. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| The person who received services is: | |
|--|--|
| 7. an adult. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. a young adult or an older teen, ages 16-25. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. a child, age 15 or younger. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. my husband, wife, or partner | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. my son or daughter. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. my sister or brother. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. other (please describe): | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please use the scale below to indicate how strongly you agree or disagree with each statement. For each statement, please make an "X" in the box that best represents your response. If a statement does not apply to you, you may choose, "N/A" for "Not Applicable."

| | 1 <i>Strongly Disagree</i> | 2 <i>Disagree</i> | 3 <i>Neither Agree nor Disagree</i> | 4 <i>Agree</i> | 5 <i>Strongly Agree</i> | <i>N/A</i> |
|---|--------------------------------------|-----------------------------|---|--------------------------|-----------------------------------|------------|
| 1. The people who provided the client's services listened to me. | | | | | | |
| 2. The people who provided the client's services treated me like my opinion counts. | | | | | | |
| 3. The people who provided services always knew that the client was a partner in his or her wellness and recovery. | | | | | | |
| 4. The people who provided services educated the client about the benefits of involving family members in recovery. | | | | | | |
| 5. The people who provided services welcomed me to join the team of people helping the client recover. | | | | | | |
| 6. The client agreed to involve me in his or her recovery. | | | | | | |
| 7. The people who provided services treated me like I had valuable insight that could help with the client's recovery. | | | | | | |

| | 1 <i>Strongly Disagree</i> | 2 <i>Disagree</i> | 3 <i>Neither Agree nor Disagree</i> | 4 <i>Agree</i> | 5 <i>Strongly Agree</i> | N/A |
|--|--------------------------------------|-----------------------------|---|--------------------------|-----------------------------------|------------|
| 8. When I think about my interactions with the people who provided the client's services, I feel that sometimes they were talking down to me. | | | | | | |
| 9. I feel accepted by the people who provided the client's services. | | | | | | |
| 10. I feel respected by the people who provided the client's services. | | | | | | |
| 11. The client did not get turned away or told to go somewhere else to find help. | | | | | | |

Demographic Questions

What is your age?

15 or younger 16-24 25-34 35-44 45-54 55-64 65 or older

What is your race or ethnicity? (Please select all that apply)

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander Hispanic or Latino/Latina Two or More Races
 White Other (please describe) _____

What language do you speak at home? _____

What other languages do you speak well? _____

Which of the following describe your gender and/or sexual orientation? (Please select all that apply.)

Female Male Bisexual Heterosexual
 Lesbian Gay Transgender Other _____

Serving Diverse Groups

We are interested in learning how well your community’s programs serve members of various racial/ethnic groups and other social groups such as teens, young adults, and LGBT people. Thinking about the answers you gave to the demographic questions above, please use the scale below to rate your agreement or disagreement with the next set of questions. If a question does not apply to you, or if you do not know, please select “NA” for “Not Applicable.”

| | 1 <i>Strongly Disagree</i> | 2 <i>Disagree</i> | 3 <i>Neither Agree nor Disagree</i> | 4 <i>Agree</i> | 5 <i>Strongly Agree</i> | N/A |
|---|--------------------------------------|-----------------------------|---|--------------------------|-----------------------------------|------------|
| 1. There are appropriate services for people from my racial or ethnic group. | | | | | | |
| 2. There are appropriate services for people in my age group. | | | | | | |
| 3. There are appropriate services for people with my sexual orientation. | | | | | | |
| 4. The people providing services are able (or would be able) to help people like me. | | | | | | |
| 5. The people providing services can understand my cultural values and beliefs. | | | | | | |
| 6. The people providing services can speak the same language I speak. | | | | | | |
| 7. The people providing services listen to me. | | | | | | |
| 8. The people providing services can respect and relate to members of LGBT communities. | | | | | | |
| 9. The people providing services can respect and relate to older adults (elders). | | | | | | |
| 10. The people providing services can respect and relate to young people. | | | | | | |

| | 1 <i>Strongly Disagree</i> | 2 <i>Disagree</i> | 3 <i>Neither Agree nor Disagree</i> | 4 <i>Agree</i> | 5 <i>Strongly Agree</i> | N/A |
|--|--------------------------------------|-----------------------------|---|--------------------------|-----------------------------------|------------|
| 11. The people providing services can respect and relate to people from my racial or ethnic group. | | | | | | |
| 12. There need to be better services for people from my racial/ethnic group. | | | | | | |
| 13. There need to be better services for people in my age group. | | | | | | |
| 14. There need to be better services for people with my sexual orientation. | | | | | | |

Tell Us More About Your Experiences

1. When talking with people who provide mental health services, have you ever felt like cultural misunderstandings were getting in the way?

2. How did you hear about the meeting today?

3. What motivated you to come to today's meeting?

4. Thinking back to 2004, before the Mental Health Services Act was passed, what new services or positive changes have you seen in recent years? Have they been directly helpful to you and your family?

5. Is there anything else you would like us to know about your experiences with services funded by the Mental Health Services Act?

6. Approximately how many times have you given input to the Mental Health Services Oversight and Accountability Commission?