

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

(Alternative Title – Discussion Questions for Proposition 63 Community Forums)

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 impacted 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. You are not required to participate in any way.

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.

DISCUSSION QUESTIONS

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:

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 issues, speak my language and are able to provide services that help me with my problems. **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. Do you know if there are still opportunities to meet or communicate with your local mental health department so that you can make suggestions or comments on programs and services?

Yes ____ No ____

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

6. Have you or a family member received help for issues dealing 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?

7. Do you think there are more services, help and assistance for persons from different races and cultures than there were before?

Yes ___ No ___

8. 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? If so please describe those ideas.

9. If you feel comfortable identifying your race, ethnicity or culture*, please check any of the boxes below that apply to you. You may need to check more than one.

**If this question is used we need to identify a list of choices for race, ethnicity and culture.*

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 or programs in your community that focus on prevention and helping people avoid serious mental or emotional problems?

Yes ___ No ___

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

Yes ___ No ___