

**Community Forum Questionnaire -- Client and Family/Parent/Caregiver**

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 forums across California to learn from you about how Proposition 63 services and supports have made a difference for you, your family or your community.

Some sections of this questionnaire are intended for clients. We think of a client as anyone who is receiving services to help with mental and emotional challenges, or who has received those services in the past. Other questions are for people with the experience of caring for someone who has needed services (or who needs them now).

We realize that some people will have experience as both a client and a family member or caregiver. Please answer all of the sections that you feel represent your experiences.

This questionnaire is voluntary and anonymous. We will not be able to trace your answers back to you, personally. We care about and respect your privacy. The MHSOAC staff leading your Community Forum will protect the anonymity of your responses to the extent allowable by law.

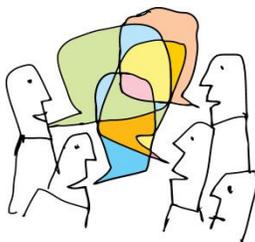
Your open and honest feedback will help us understand your experiences. However there are no consequences if you choose not to participate.

Information we gather will be summarized at the end of the year for a report to the Commission on what we learned.

- 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.



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 an adult client       Parent of a child/youth 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.

<b>Before coming to the Forum today:</b>	
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 care 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
<div style="border: 1px solid blue; border-radius: 15px; padding: 10px; margin: 10px auto; width: 80%;"> <p>This next set of questions asks about services <b>you</b> have received as a <b>client</b>. If you have <b>not received any services, please skip this section</b> and go on to the</p> </div>	
5. I was aware of services in my community for people with serious mental illness.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. I was aware of services in my community for people who are on 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



<b>I received services to help with:</b>	
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

7. Functioning well in my family	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Functioning well in my community	<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." You do not have to think too hard about your answer. There are no right or wrong responses. Just pick whichever answer seems most correct to you.

	<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree nor Disagree</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>N/A</b>
1. The services I have received focused on my feeling healthy and strong.						
2. The services I have received focused on my getting better.						
3. The services I have received focused on my feeling confident that my life will improve.						
4. Some of the services I have received were in my home or neighborhood, rather than always at a clinic.						
5. The people who provided services for me were focused on doing whatever it took to support my wellness.						
6. The people who provided services for me listened to me.						
7. The people who provided services for me valued my opinion.						
8. The people who provided services for me knew that I am a partner in my own wellness and recovery.						
9. The people who provided services for me talked with me about involving my family members in my recovery.						
10. The people who provided services took my opinion seriously.						
11. I felt accepted when I received services.						
12. I felt respected when I received services.						
13. I was not told I had to go somewhere else to find help.						



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

**Questions for Family Members and Caregivers**

<b>Someone I care about received services to help with:</b>	
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
9. Functioning well in the family	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Functioning well in the community	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Understanding how to work with my child	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

<b>The person who received services is:</b>	
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." You do not have to think too hard about your answer. There are no right or wrong responses. Just pick whichever answer seems most correct to you.

	<b>1</b> <b><i>Strongly</i></b> <b><i>Disagree</i></b>	<b>2</b> <b><i>Disagree</i></b>	<b>3</b> <b><i>Neither</i></b> <b><i>Agree nor</i></b> <b><i>Disagree</i></b>	<b>4</b> <b><i>Agree</i></b>	<b>5</b> <b><i>Strongly</i></b> <b><i>Agree</i></b>	<b>N/A</b>
1. The people who provided the client's services listened to me.						
2. The people who provided the client's services took my opinion seriously.						
3. The people who provided services knew that the client was a partner in his or her wellness and recovery.						
4. The people who provided services educated the client about involving family members in recovery.						
5. The people who provided services welcomed me to join the team helping the client recover.						
6. The client agreed to involve me in his or her recovery.						
7. The people who provided services welcomed my insight..						
8. The people who provided the client's services took me seriously.						
9. The people providing services could relate to me.						
10.						
11. The client was not told to go somewhere else to find help.						

**Demographic Questions**

How old are you?

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     Straight/Heterosexual  
 Lesbian     Gay     Transgender     Other \_\_\_\_\_

Please share any other information that describes you

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 tell us how much you agree or disagree with each of the questions. If a question does not apply to you, or if you do not know, please select “NA” for “Not Applicable.”

	<b>1</b> <i>Strongly Disagree</i>	<b>2</b> <i>Disagree</i>	<b>3</b> <i>Neither Agree nor Disagree</i>	<b>4</b> <i>Agree</i>	<b>5</b> <i>Strongly Agree</i>	<b>N/A</b>
1.						
2.						
3.						
4. The people providing services 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 respect my faith or spiritual beliefs.						
7. There are appropriate services for people from my racial or ethnic group.						
8. There are appropriate services for people in my age group.						
9. There are appropriate services for people with my sexual orientation.						

	<b>1</b> <i>Strongly Disagree</i>	<b>2</b> <i>Disagree</i>	<b>3</b> <i>Neither Agree nor Disagree</i>	<b>4</b> <i>Agree</i>	<b>5</b> <i>Strongly Agree</i>	<b>N/A</b>
10. The people providing services can speak the same language I speak.						
11. The people providing services listen to me.						
12. The people providing services can respect and relate to members of LGBT communities.						
13. The people providing services can respect and relate to older adults (elders).						
14. The people providing services can respect and relate to young people.						
15. The people providing services can respect and relate to people from my racial or ethnic group.						
16. There need to be better services for people from my racial or ethnic group.						
17. There need to be better services for people in my age group.						
18. 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. Why did you want to come to today's meeting?
  
4. 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?

7. 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 \_\_\_

8. 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.)

9. 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?

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

11. 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?



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

15. 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 \_\_\_

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

Yes \_\_\_      No \_\_\_

If Yes – please describe.

## 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?**