

ALAMEDA COUNTY Mental Health Services Act (MHSA) 3-Year Program and Expenditure Plan Community Participation and Feedback Survey

1. Survey Instructions

The Mental Health Services Act (MHSA) of Alameda County wants your ideas on how to strengthen its mental health and wellness programs to better serve you and your community. What do you think should be a part of our work in the next three years (e.g., more services for youth, more home visits to senior citizens, more housing supports, different mental health treatment options)? Also, what are some new or innovative ideas you'd like Alameda County to try out?

This survey is part of a larger community planning process that also includes community meetings throughout Alameda County from July to September 2017. If you would like information about the meetings, please click <u>HERE</u>.

There are 15 questions in the survey and it takes about 10 minutes to complete. ALL QUESTIONS ARE OPTIONAL, and you're welcome to leave questions blank if you do not want to respond. Also, the survey is anonymous.

Thank you for your help with this community effort!

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1. Is this your first time providing input and information for our MHSA Community Planning Process?
Yes
○ No

	1=Absolutely Essential	2=Very Important	3=Moderately Important	4=Slightly Important	5=Not Important a This Time
Academic Success					
Social Isolation/Feeling Alone					
Community Violence and Trauma					
Juvenile Justice Involvement					
Homelessness					
Out-of-home Placement/Foster Care					\bigcirc
Suicide					
Depression					
Family Conflict/Stress					
Employment					
Substance Use/Abuse					

	1=Absolutely Essential	2=Very Important	3=Moderately Important	4=Somewhat Important	5=Not Important a This Time
Homelessness					
Social isolation/Feeling Alone					
ncarceration of Mentally Il Adults					
Ongoing Multiple Hospitalizations					
Suicide					
Community Violence and Trauma					
Domestic Violence					
nability to Find Employment					
Substance Abuse					
nability to Obtain an Education					
Parenting Issues/Family Stress					
Chronic Health Issues					

Parents/Family men Persons with disabi	al health crisis elessness		
Transition Age Your Adults Older Adults LGBTQQI-2S Veterans Jail releases and cl Parents/Family men Persons with disability Persons experienci Persons experienci Immigrants and reful African American co Asian community Latino community	al health crisis elessness	Children 0-5	
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Persons experienci Immigrants and refu African American co Asian community Latino community	elessness	Persons with o	isabilities
Immigrants and refu	y	Persons exper	iencing mental health crisis
African American co Asian community Latino community		Persons exper	iencing homelessness
Asian community Latino community		Immigrants an	d refugees
Latino community		African Americ	an community
_		Asian commur	ity
Native American co		Latino commu	nity
		Native America	n community
Pacific Islander con		Pacific Islande	community
Other population(s), plea	fy	Other population(s)	please specify
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_			
under served gi 1 2		2	

	of transportation to appointments
Limite	d availability of appointments
Locat	ion of clinics or service providers
Lack	of language access (services not provided in a client's primary language)
Stigm	a around mental illness in your community
Other	(please specify)
. Pleas	e list any suggestions for programs or services that would
nhanc	e consumers' wellness and recovery and better meet the needs of your community
. This	question is to hear from you on <u>Innovative Ideas</u> to improve and transform our
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Carrey	mental health system. The goal of the Innovation program is to contribute to
_	mental health system. The goal of the Innovation program is to contribute to gand improving in three ways:
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9. Which of the following MHSA Service Areas do you feel have been effective in
addressing our local mental health concerns and negative outcomes that may result from
untreated mental illness? Please check all that apply.
Full Service Partnerships (serves adults and transitional age youth with mental health issues that result in homelessness, involvement in justice system, and frequent use of emergency psychiatric hospitalization)
Integrated Behavioral Health and Primary Care
Consumer Wellness Centers (serves adults with wellness and recovery services and link with community supports)
Employment and Vocational Services and Supports
Suicide Prevention (crisis hotline/training and education)
Family Education and Support Centers
Crisis Services for Children/Youth/Transition Age Youth
Age 0-5 Mental Health Services
Crisis Services for Adults and Older Adults
Housing Services
Culturally Responsive Prevention Programming and Supports
School-based Mental Health Services
Mental Health Outreach Teams
Stigma and Discrimination Campaign
Mental Health Services for Re-entry population
Crisis Services for Limited English Communities (specifically Latino and Asian communities)
Co-occurring Services (Services to improve mental health and substance use disorders)
Workforce Development Projects
Other Areas you feel have been effective: (please specify)

10.	AGE GROUP is:		
Му	AGE GROUP IS.		
	0-15		
\bigcirc	16-25		
	26-59		
	60+		
	75+		
	Decline to State		
11.	My GENDER is:		
	Male		
	Female		
	Transgender		
	Gender queer		
	Another gender identity		
	Another gender identity Decline to State		
	Decline to State I primarily reside in this CITY: The primarily reside in this CITY:		
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14. If you marked "ASIAN" under question 13 please tell us about your Nationality/Country
of Origin:
Asian Indian/South Asian
Cambodian
Chinese
Bhutanese
Burmese
Japanese
Korean
Vietnamese
Mien
Mongolian
Other (please specify):

	Which of the following groups do you primarily identify with or represent (please only oose one group)?
	Mental health client/consumer
	Family member of a mental health consumer
	An interested member of the community
	Education agency
	Community-based mental health service provider
	Homeless community/Housing services
	County Behavioral Health staff
	Faith-based organizations
	Substance abuse service provider
	Hospital or healthcare provider
	Law enforcement
	NAMI
	Veteran or Veteran Services
	Other community-based organization (not MH service provider)
	Decline to State
	Other (please specify)
16.	Thank You for your Time!
	This area is for any additional comments you would like to give us: