



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

Survey Instructions

The Alameda County Mental Health Services Act (MHSA) Division wants your input and innovative ideas to help strengthen its mental health and wellness programs to better serve you and your community over the next three years.

This survey is part of a larger community program planning process (CPPP) that may include community input meetings throughout Alameda County. To learn more about local MHSA activities, please visit <https://acmhsa.org/>

There are 23 questions in the survey and it takes about 15 minutes to complete. All responses are anonymous and confidential. For questions, please contact the MHSA Division at MHSA@acgov.org.

Thank you for your help with this community effort!

1. Is this your first-time providing input and information for our **MHSA Community Program Planning Process**?

- ☐ Yes
- ☐ No
- ☐ Not Sure

2. What concerns related to **Children/Youth/Transitional Age Youth (TAY)** are most important to you and/or your family member(s)? (Rate in order with 1 as "Absolutely Essential" to 5 as being "Not a Priority at this time").

	1=Absolutely Essential	2=Very Important	3=Moderately Important	4=Somewhat Important	5=Not a Priority at this time
a. Criminal Justice System Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Community Violence & Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Education/Academic Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Family Conflict/Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Housing & Homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Job/Vocational Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Out-of-home Placement/Foster Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Social Isolation/Feeling Alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Substance Use/Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify other important health services/needs that should be prioritized for the Child/Youth/TAY age groups:

3. What concerns related to **Adults/Older Adults** are most important to you and/or your family member(s)?
(Rate in order with 1 as "Absolutely Essential" to 5 as being "Not a Priority at this time").

	1=Absolutely Essential	2=Very Important	3=Moderately Important	4=Somewhat Important	5=Not a Priority at this Time
a. Chronic Health Condition(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Community Violence & Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Housing & Homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Incarceration of Mentally Ill Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Job/Vocational Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Ongoing Multiple Hospitalizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Parenting Issues/Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Social Isolation/Feeling Alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Substance Use/Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify other important health services/needs that should be prioritized for the **Adult/Older Adult** age groups:

4. Are there any populations or groups of people whom you believe are not being adequately served by the behavioral health system of Alameda County? **(Please select all that apply)**

- ☐ African-American/Black
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Latinx
- ☐ Pacific Islander/Native Hawaiian
- ☐ Children, Young (ages 0-5)
- ☐ Children, Elementary School Aged (ages 6-12)
- ☐ Children, Middle/High School Aged (ages 13-17)
- ☐ Transitional Age Youth (ages 18-24)
- ☐ Adult
- ☐ Older Adult
- ☐ Criminal Justice Systems Involved Individuals
- ☐ Immigrant & Refugee
- ☐ LGBTQQI+
- ☐ Parents/Family Member
- ☐ Persons Experiencing homelessness
- ☐ Persons with disabilities
- ☐ Veteran

Other population(s), please specify:

5. Based on your answers for **Question 4**, please identify who you feel are the three most underserved groups **(please be specific)**:

- (1)
- (2)
- (3)

6. What barriers make it more challenging for individuals and family member(s) with mental health challenges to access mental health services? **(Please select all that apply).**

- ☐ Appointment availability
- ☐ Communication between providers
- ☐ Embarrassed to ask for help
- ☐ Did not want help
- ☐ Legal concerns
- ☐ Level of services did not match needs
- ☐ No Insurance
- ☐ Provider changes
- ☐ Resources (e.g. financial)
- ☐ Safety concerns
- ☐ Services not in my community
- ☐ Services not culturally appropriate (e.g. not in my language)
- ☐ Stigma around mental health illness in their community
- ☐ Slow response time
- ☐ Transportation

Other, please specify:

7. Which of the following MHSA Service areas do you feel have been effective in addressing our local mental health concerns? **(Please select all that apply).**

- ☐ Crisis Services
- ☐ Consumer Wellness Centers (serves Adults with wellness/recovery services & links to community supports)
- ☐ Dual Diagnosis Services (services to improve mental health and substance use disorders)
- ☐ Culturally Responsive Prevention Programming & Supports
- ☐ Employment and Vocational Services/Supports
- ☐ Family Education & Support Centers
- ☐ Full Service Partnerships (serves Adults and TAY with mental health issues that result in homelessness, criminal justice system involvement, & frequent use of emergency psychiatric hospitalization)
- ☐ Housing Services
- ☐ Mental Health Outreach Teams
- ☐ Mental Health Services for Re-entry populations
- ☐ School-Based Mental Health Services
- ☐ Anti-Stigma & Anti-Discrimination Campaign
- ☐ Suicide prevention (crisis hotline/training & education)
- ☐ Workforce Development Projects

Other areas you feel have been effective, please specify:

8. MHSA funds **INNOVATIVE SERVICES** to improve and transform our county mental health system. The goal of the Innovations program is to contribute to learning and improving our system in three ways: (a) introduce new mental health practices & approaches that have never been done before, (b) make a change to an existing mental health service, and (c) introduce a new community-driven approach that has been successful in a non-mental health setting.

Please list innovative ideas which help improve mental health services:

9. MHSa funds **WORKFORCE, EDUCATION & TRAINING** activities to help develop a behavioral health workforce sufficient in size, diversity, language, and cultural responsiveness for consumers/family. Please rank the importance of the following Workforce Development strategies. (Rate in order with 1 as "Absolutely Essential" to 5 as being "Not a Priority at this time").

	1=Absolutely Essential	2=Very Important	3=Moderately Important	4=Somewhat Important	5=Not Priority at This Time
a. Internship Programs (e.g. High School, Undergraduate, Graduate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Career Pathways Pipeline Programs (to promote and increase career choices in the Mental Health field)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Loan Repayment Program for Qualified Educational Loans for eligible clinical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Peer Support Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Stipend Program to Support Graduate Level Behavioral Health Internships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify other important workforce development strategies:

10. My **AGE RANGE** is:

- ☐ Under 16
- ☐ 16-25
- ☐ 26-59
- ☐ 60 and over
- ☐ Prefer not to answer

11. In which part of Alameda County do you **LIVE**?

Other (please specify)

12. What is your **GENDER IDENTITY**?

- ☐ Female
- ☐ Male
- ☐ Genderqueer or Gender Fluid
- ☐ Intersex
- ☐ Trans Female/ Trans Woman
- ☐ Trans Male/Trans Man
- ☐ Prefer not to answer

Other Gender Identity (please specify)

13. What is your **ETHNICITY**?

- ☐ Hispanic/ Latinx
- ☐ Non-Hispanic/ Latinx

14. What is your **RACE**? (Please select all that apply)

- ☐ African-American/Black
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Pacific Islander/Native Hawaiian
- ☐ White/Caucasian
- ☐ Prefer not to answer

Other (please specify):

15. If you marked "ASIAN OR PACIFIC ISLANDER" under question 14, please tell us about your nationality or country of origin? (Please select all that apply)

- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino/a
- ☐ Japanese
- ☐ Korean
- ☐ Samoan
- ☐ Taiwanese
- ☐ Tongan
- ☐ Vietnamese
- ☐ I am not Asian or Pacific Islander

Other (please specify):

16. Which of the following stakeholder group(s) do you primarily represent (Please select all that apply).

- ☐ Active Military/Veteran
- ☐ Consumer
- ☐ Faith Community
- ☐ Family member
- ☐ Law enforcement agency
- ☐ Provider

Other (please specify)

17. How did you learn about the **MHSA Community Participation & Feedback Survey?**
(Please select all that apply).

- ☐ Community-Based Organization
- ☐ Friends/Family Member
- ☐ Hospital/Healthcare or Other Provider
- ☐ Listserv/Newsletter
- ☐ Media (e.g. Eventbrite, Facebook, Print, Radio)

Other (please specify)

18. What services are you receiving at this time? (Please select all that apply)

- ☐ Alcohol & Other Drug Services
- ☐ Community Group
- ☐ Homeless Services
- ☐ Mental Health Services
- ☐ Vocational Rehabilitation
- ☐ No Service(s) Received

Other (please specify)

19. **COMMUNITY INPUT MEETING EVALUATION SECTION: Please tell us about your recent experience (If you did not attend a recent forum, please skip questions 19-22).**

What is your overall satisfaction with the MHSA Community Input Meeting today?

20. Please share any comments about **strengths** of today's MHSA Community Input Meeting.

21. Please share any comments about **areas for improving** today's MHSA Community Input Meeting.

22. For those who attended a recent Community Input Meeting, was it easy for you to understand the purpose of the forum?

- ☐ Mostly Yes
- ☐ Mostly No
- ☐ I did not attend a Community Input Meeting

23.

Thank you again for taking the time to provide your input on the County of Alameda's MHSA future plans. We appreciate you! To learn about more ways to get involved, please visit our website at <https://acmhsa.org/>

This area is for any additional comment you would like to give us.