



Santa Clara County Consumer Survey

In the questions below, “Provider” means: doctor, psychiatrist, psychologist, therapist, counselor, case manager, practitioner, or any professional that provides mental health services.

1. The following questions are about your experience in getting help:

Getting services	Not at all true	A little bit true	Mostly true	Very true	Not Applicable
I know where to <u>go</u> if I need mental health services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know who to <u>call</u> if I need mental health services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services are easy to get to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can get an appointment when I need one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have to sit in the waiting room too long.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. The following questions are about your experiences getting referred to other services:

Referrals	Not at all true	A little bit true	Mostly true	Very true	Not Applicable
Providers talk with me about services that might help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My different services fit together well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. The following questions are about your experiences talking with providers/staff:

Communication	Not at all true	A little bit true	Mostly true	Very true	Not Applicable
Front desk staff are friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front desk staff ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front desk staff are helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The provider discussed my rights with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I can talk about problems or complaints with my provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My provider answers my questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My provider accepts me for who I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My provider respects me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



4. The following questions are about cultural considerations in service delivery:

Cultural Considerations	Not at all true	A little bit true	Mostly true	Very true	Not Applicable
My provider understands my culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My provider is from my culture/looks like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services are available in my language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. The following questions are about your experiences with recovery:

Recovery and Collaboration	Not at all true	A little bit true	Mostly true	Very true	Not Applicable
My provider gives me choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My provider asks me what I think.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I choose what I get to work on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services meet my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services focus on my recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. LOGIC -- Were you asked if you wanted family to be part of your treatment?

- Yes → IF "YES": Go to question 6a.
- No → IF "NO": Skip to question #7.

6a. Please describe how your family is a part of your mental health care.

Family/Relationships	Not at all true	A little bit true	Mostly true	Very true	Not Applicable
My provider asks me who I want involved in my recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My provider includes people I've identified as important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providers have helped my family better support me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family members support my recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How true are the following statements?

Satisfaction	Not at all true	A little bit true	Mostly true	Very True	Not Applicable
My mental health team provides me with <u>whatever</u> type of help I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My mental health team provides as much help as I need <u>when</u> I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The mental health team acts professionally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm satisfied with my mental health services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



8. What are you most proud of because of mental health treatment?

- I have better relationships with my family and friends.
- I speak up more about what I need and want.
- I feel more confident in my recovery.
- I am able to be safe.
- I have better coping skills.
- I make better choices about my life and recovery.
- I have a job or go to school.
- I take more responsibility for my day-to-day life.
- I have a safe and comfortable place to live.
- I don't use drugs and alcohol anymore.
- I participate in my mental health services.
- I follow my treatment plan.

9. What is the greatest accomplishment of the mental health system?

- My mental health providers talk to each other.
- My mental health services coordinate with other services, like CPS or probation.
- Services are consumer and family driven.
- Services are provided by people who represent people being served.
- Services are focused on wellness, recovery, and hope.
- Services are helpful.
- I can get help from peers, people who have similar experiences.
- Service providers understand my needs.
- Services help me accomplish my goals.
- Services are easy to get to (e.g., easy to get appointments, good locations/times).
- Services are improving.
- I can get services in a crisis.

10. What are the greatest needs of the mental health system?

- There aren't enough services.
- We need different types of services.
- Service providers should talk to each other.
- Mental health providers should talk to other types of programs (e.g., legal, child welfare).
- Services should focus on what I think is important.
- Services should be provided by people who look like me.
- Services should be available in my preferred language.
- Services should be focused on wellness, recovery and hope.
- Service providers should go out into the community.
- Services should employ more peer support staff (i.e. people with similar experiences).
- Service providers do not understand my needs.
- Services and referrals aren't helpful.
- Services are hard to access (e.g., difficult to get appointments, inconvenient locations/hours).
- Services have gotten worse over time.



11. Is there anything else you would like to share about your experience?

Please write your comments in the box below:



Demographic Form

1. How are you related to the mental health consumer in your life?
 - Self
 - Parent
 - Partner
 - Child
 - Other Family Member
 - Friend
 - None of the Above
2. What is your stakeholder affiliation?
 - Community member
 - Government agency (City or County)
 - Government agency (State)
 - Community-based organization
 - Law Enforcement
 - Education agency
 - Social service agency
 - Veteran or Veterans Organizations
 - Provider of mental health services
 - Provider of alcohol and other drug services
 - Medical or health care organization
 - Other: _____
3. Please indicate your age range:
 - Under 16
 - 16-24
 - 25-59
 - 60 and older
4. What is your ethnicity?
 - Hispanic/Latino
 - Non-Hispanic/Latino
5. What is your race? (select all that apply)
 - White/Caucasian
 - African American/Black
 - Asian or Pacific Islander
 - American Indian/Native Alaskan
 - Multi-Race
 - Other: _____
6. In which part of Santa Clara County do you live?
 - Campbell
 - Cupertino
 - Gilroy
 - Los Altos
 - Milpitas
 - Monte Sereno
 - Morgan Hill
 - Mountain View
 - Palo Alto
 - San Jose
 - Santa Clara
 - Saratoga
 - Sunnyvale
 - Other: _____
7. Please indicate your gender:
 - Female
 - Male
 - Transmale/transman
 - Transfemale/transwoman
 - Intersex
 - Genderqueer
 - Prefer not to answer
 - Other: _____
8. Is English your preferred language?
 - Yes No
 - If "no," what is your preferred language?

Thank you for taking our survey!