



MHSA Three-Year Program & Expenditure Plan 2017-2020: Parents with Minor Children Stakeholder Survey

Introduction

Welcome to the MHSA Parents with Minor Children Stakeholder Survey! The purpose of this survey is to hear from you about the mental health needs and services in Yolo County. The information you provide will help the Yolo County’s Department Health & Human Services improve its services in order to meet the needs of its community members. All of the answers you provide will be confidential and the survey will take about 5 minutes to complete. **We appreciate you taking the time to share your experience with us!**

*(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 mental health help for your child:

Obtaining Services	Not at all true	A little bit true	Mostly true	Very true	The Situation Does Not Apply
I know where to go if my child needs to access mental health services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can schedule appointments for my child that works with my schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services are in an accessible location for my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child’s mental health provider connects my child to other services so he or she can get better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When my child is experiencing a crisis, it is easy to get help for him or her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. The following questions are about your experiences with receiving mental health help:

Receiving Services	Not at all true	A little bit true	Mostly true	Very true	The Situation Does Not Apply
Providers care about the well-being of my child and my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providers consider my culture and language needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providers involve me in my child’s recovery process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. The following questions are about your experiences with mental health recovery:

Recovery and Outcomes	Not at all true	A little bit true	Mostly true	Very true	The Situation Does Not Apply
Services are available that meet my child’s needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The services that my child is receiving is improving their mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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4. Where do you go to get help for your child? – *select multiple*
- Therapist/Family Therapist
 - Faith-based Center
 - Community-Based Organization
 - School Counselor
 - Hospital
 - Emergency Room
 - Other _____
5. We are interested in knowing about the barriers your child has experienced when trying to seek help. Which of the following statements about your child are true? – *select multiple*
- It took too long to be seen after my child needed help/had crisis
 - The hours of services do not match with my schedule
 - The appointments are always filled
 - They tried to get help but there were not enough services available
 - The services are not provided in my language
 - The location is inconvenient for me
 - Other _____
6. What services do you think you/your family needs the most? – *select multiple*
- Medication
 - Therapy
 - Case management
 - School Support
 - Peer Mentor
 - Income assistance
 - Housing assistance
 - Food support
 - Other _____



Demographic Form

1. Do you identify yourself as a consumer or a family member of a consumer of mental health services?
 - No
 - Consumer
 - Family Member
2. What is your stakeholder affiliation?
 - Government agency, City or County
 - Government agency, State
 - Community-based organization
 - Law Enforcement
 - Education agency
 - Social service agency
 - Veterans 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 Yolo County do you live?
 - Brooks
 - Capay
 - Clarksburg
 - Conaway
 - Davis
 - Dunnigan
 - El Macero
 - Esparto
 - Guinda
 - Knights Landing
 - Madison
 - Monument Hills
 - Plainfield
 - Rumsey
 - West Sacramento
 - Winters
 - Woodland
 - Yolo
 - Zamora
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 you answered "no," what is your preferred language? _____

Thank you for taking our survey!