



California Network of Mental Health Clients

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MHSA Client Involvement Survey 2007

Overarching Question: Do clients/survivors have substantial and effective input into their local Mental Health Services Act planning and implementation process?

Background of Survey

The Department of Mental Health (DMH) strongly required involvement of clients in the planning process for Mental Health Services Act (MHSA). In its first Guiding Principle, “Consumer and Family Participation and Involvement”, the DMH mandates “[s]ignificant increases in the level of participation and involvement of clients and families in all aspects of the public mental health system, including but not limited to: planning, policy development, service delivery, and evaluation.” Likewise, the Mental Health Services Oversight and Accountability Commission (MHSOAC) has placed a high priority on the involvement of clients/survivors in the MHSA planning process and plans.

The California Network of Mental Health Clients (CNMHC) overarching recommendation regarding the implementation of the MHSA is “the essential involvement of consumers in every aspect of the implementation of the Mental Health Services Act, starting with its planning, moving on to its execution, then to the oversight and evaluation.”

The CNMHC conducted a client/survivor survey in late 2005/early 2006 intended to measure if clients throughout the State achieved optimal involvement in their local Community Services and Supports (CSS) planning processes. **If you are a client/survivor in California, whether you participated last time or not, please take a few minutes fill out this follow-up survey to measure if client involvement has changed over the last year.**

As the new MHSA components are rolled out – Innovation; Prevention and Early Intervention/ Reduction of Discrimination and Stigma; Workforce Education and Training; Information Technology and Capital Facilities – and the CSS programs are implemented and evaluated, it is essential that clients are meaningfully and maximally involved. This survey is also intended to measure that involvement.

We will share the results with the DMH and MHSOAC, and most importantly, with you, clients/survivors throughout the State. The CNMHC will evaluate the results to learn how we can best assist you in achieving your rightful place as major stakeholders and leaders in the planning, implementation and evaluation of MHSA programs.

MHSA Client Involvement Survey 2007

Gender: M / F / _____ Age: _____ Ethnicity: _____ County: _____

Housing status (check one): rent _____ own _____ homeless _____ board & care _____

SRO _____ residential program _____ other housing _____

Do you belong to one or more special population groups (such as LGBTQ, physically disabled, experience in the juvenile and/or criminal justice system, etc.)? Yes / No

If yes, which group(s) do you identify with? _____

1. Rate the degree that you or clients/survivors* of your county were involved in the Community Services and Supports (CSS) planning process.

Very good _____ Good _____ Fair _____ Poor _____

If less than very good, what were the barriers to involvement?

_____ Lack of sufficient outreach in appropriate venues

_____ Lack of outreach materials in different languages

_____ Lack of outreach to underserved and unserved populations

_____ Lack of accessible and friendly sites for meetings

_____ Lack of financial and other needed support for attendance

_____ Not enough Internet access to keep informed of upcoming events in a timely manner

_____ Other (please describe) _____

2. Rate the degree that your input or the input of clients/survivors in your county was effective in influencing the design and selection of the programs included in the County plan.

Very good _____ Good _____ Fair _____ Poor _____

If less than very good, what were the barriers to clients' influence on program design and selection?

_____ Lack of sufficient advocacy training/expertise

_____ Lack of sufficient training/education regarding the materials

_____ Lack of special training for people who speak languages other than English

_____ Lack of materials in different languages

_____ Technical language used was not people-friendly

_____ Lack of an organizing body for clients/survivors

_____ Lack of sufficient numbers of clients/survivors in attendance

_____ Tokenism of the views of clients/survivors

_____ Power of entrenched groups

_____ Other (please describe) _____

3. Rate the degree that your input or the input of clients/survivors in your county was sufficient to influence the final written County plan, to influence the translation of program idea into program description.

Very good ____ Good ____ Fair ____ Poor ____

If less than very good, what were the barriers to influencing the final written county plan?

____ Mental health staff/consultants for the CSS planning process, the writers of the programs,
____ lack of understanding of recovery and self-help principles.

____ Entrenched and traditional values of mental health bureaucracy

____ Allocation of funds not sufficient to support program

____ Few or no consumers involved in the writing of plans

____ Lack of time because of pressure of county to get the plan done

____ Other (please describe) _____

4. a. Rate the degree that you or clients/survivors of your county continue to be involved on an on-going basis in the implementation of your County's MHSA Community Services and Supports (CSS) plan or in the planning for the upcoming MHSA program components.

Very good ____ Good ____ Fair ____ Poor ____

In what ways (if any) has client involvement increased in your County MHSA process? In what ways (if any) has client involvement declined? Do clients in your County face any new or on-going barriers to effective involvement? If so, please describe. _____

b. Are you still involved in your County MHSA process? Yes ____ No ____

If no, are your reasons for not staying involved related to the process? Yes ____ No ____

If yes, please describe: _____

5. To what degree do your County's CSS programs **as implemented** represent your input or that of clients/survivors of your County in last year's planning process, as reflected in your County CSS Plan?

Very good ____ Good ____ Fair ____ Poor ____

If less than very good, what aspects of the programs' implementation have gone astray? _____

6. To what degree were you and other clients/survivors treated with respect when you participated in your County's CSS process?

Very good ____ Good ____ Fair ____ Poor ____

What aspects of the process did you feel were respectful? What aspects (if any) of the process did you find disrespectful? (You may use additional paper for this and other responses as needed.)

7. To what extent have your County's MHSA planning process and programs promoted concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination?

Very good _____ Good _____ Fair _____ Poor _____

Which key recovery concepts have they succeeded in promoting? Which recovery concepts have been left out? Please explain. _____

8. To what extent has your County initiated or expanded client-run/self-help programs through CSS funding?

Very good _____ Good _____ Fair _____ Poor _____

Describe any client-run/self-help programs that your County has funded through CSS. Did client-run programs face barriers to getting funded? Please explain. _____

9. To what extent do your County's MHSA programs reflect the cultural, ethnic, and racial diversity of local mental health consumers?

Very good _____ Good _____ Fair _____ Poor _____

Which programs (if any) in your County reflect diverse clients' needs? Which programs (if any) do not? Please explain. _____

10. What three things can the California Network of Mental Health Clients (CNMHC) do to assist you in having more effective influence in the implementation of your County's CSS programs and planning as the other components of the MHSA are developed?

* As people who receive or have received mental health services, we describe ourselves in many ways. "Client/survivor" is an attempt to capture differing ways of describing ourselves.

Please return this Survey to the CNMHC no later than **Friday, June 15, 2007** by mail, e-mail or fax:

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