

Care Coordination Program Services Survey

Background Information

Please tell us about yourself without sharing your name. This anonymous and confidential information is very important to help ensure that services meet your needs. Please put an X in the box of your choice or fill in the blanks that best answer the following questions.

Demographic Information		
1. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	2. Age: _____	3. County of Residence: _____
4. Primary Racial/Ethnic Background:	<input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Black (Non-Hispanic) <input type="checkbox"/> Other or dual (specify) _____	<input type="checkbox"/> Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Latino/Hispanic (Any) <input type="checkbox"/> Pacific Islander
5. Primary Language:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign Language <input type="checkbox"/> Chinese <input type="checkbox"/> Other (please specify) _____	

Service Information
6. Please rate the overall helpfulness of the services listed below that you used in the past year. Put an X in a box in the column that matches the level of helpfulness for each service type. If you did not use a particular service, put an X in the "Does Not Apply" box.

Service	Very Helpful	Sometimes Helpful	Not Helpful	Does Not Apply
Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Psychiatric Rehabilitation Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational/educational services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assertive Community Treatment (ACT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing Day Treatment (CDT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Coordination/Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-help/Peer Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Service (Please describe below) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Of the services that you identified above that you used in the past year, CHOOSE ONE that you consider your primary service provider and write it below (this should not be your Care Coordination/Case Management service).

My Primary Service Provider is: _____

The next part of this survey is divided into two sections. The first section (questions 7-29) is about your experiences with your Primary Service Provider (the one you wrote in above). The second section (questions 30-48) will repeat many of the same questions but will be about your experiences with your Care Coordinator. Please answer both sections.

Primary Service Provider

For each statement that applies to your experience with your Primary Service Provider, indicate how much you agree or disagree by placing an X in one of the boxes. For statements that do not apply to your experience, place an X in the “Does Not Apply” box.

<i>Please rate the ease and convenience of getting mental health services at your Primary Service Provider during the PAST YEAR.</i>						
		Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
7.	I was given helpful information about my service options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I was given helpful information about self-help and peer support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	It was easy to get services when I needed them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	It was easy to get to the places where my primary services were provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I was satisfied with the range of services available to me from my primary service provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	My primary service provider helped me to get medical services when I needed them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Please rate how mental health services at your Primary Service Provider were provided and how responsive they were to you during the PAST YEAR.</i>						
		Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
13.	I am carefully listened to by my service provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Staff was sensitive to issues related to my culture, race, gender, sexual orientation and/or religion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	The staff believe that I can grow, change and recover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I received helpful information from staff about my medication and any side effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I received helpful information about my diagnosis and treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	I was treated with respect by my primary service provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
19.	My primary service provider offered me choices in my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	My primary service provider and I were able to communicate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	My dreams, interests, preferences and strengths were clearly acknowledged and used to drive activities, services and supports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate how helpful mental health services at your **Primary Service Provider** have been for you during the PAST YEAR.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
22.	Services have been helpful in my ability to deal with daily problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Services have been helpful in my ability to manage in a crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Services have been helpful for my involvement in work or school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Medications I have received have been helpful in reducing symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Services have been helpful in relationships with others who are close to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	I was able to gain the skills to accomplish my goals through the activities, support and services provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Please comment about what aspects of services were particularly good or helpful from your Primary Service Provider:

29. What suggestions would you make to improve services by your Primary Service Provider?

Care Coordinator

This set of statements should be thought about as they relate to your Care Coordinator. For each statement that applies to your experience, indicate how much you agree or disagree by placing an X in one of the boxes. For statements that do not apply to your experience, place an X in the “Does Not Apply” box.

<i>Please rate the ease and convenience of getting mental health services through your <u>Care Coordinator</u> during the PAST YEAR.</i>						
		Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
30.	I was given helpful information about my service options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	It was easy to get in touch with my Care Coordinator when I needed them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	It was easy to get to the places where I met with my Care Coordinator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	I was satisfied with the range of services suggested by my Care Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	My Care Coordinator helped me to get medical services when I needed them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Please rate how care coordination services were provided and how responsive your <u>Care Coordinator</u> was to you during the PAST YEAR.</i>						
		Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
35.	I am carefully listened to by my Care Coordinator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	My Care Coordinator was sensitive to issues related to my culture, race, gender, sexual orientation and/or religion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	My Care Coordinator believes that I can grow, change and recover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	I was treated with respect by my Care Coordinator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	My Care Coordinator and I were able to communicate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	My dreams, interests, preferences and strengths were clearly acknowledged and used to drive activities, services and supports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Please rate how helpful care coordination services have been for you during the PAST YEAR.</i>						
		Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
41.	My care coordinator has been helpful in my ability to deal with daily problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	My care coordinator has been helpful in my ability to manage in a crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.	My care coordinator has been helpful in getting me connected to self-help and peer support groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	My care coordinator has been helpful for my involvement in work or school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.	My care coordinator has been helpful in relationships with others who are close to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.	I was able to gain the skills to accomplish my goals through the activities, support and services provided by my care coordinator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. Please comment about what aspects of services were particularly good or helpful from your Care Coordinator?

48. What suggestions would you make to improve services by your Care Coordinator?

Individual Service Planning

This last set of statements should be thought about as they relate to your experience with your Individual Service Plan (ISP). For each statement that applies to your experience, indicate how much you agree or disagree by placing an X in one of the boxes.

		Strongly Agree	Agree	Disagree	Strongly Disagree
49.	I like using the Quality of Life Assessment form (QOL).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50.	The QOL was helpful in developing my Individualized Service Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51.	I like using the Individualized Service Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52.	My Individualized Service Plan reflects my plans for recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53.	My Individualized Service Plan reflects my strengths as well as needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54.	I feel free to choose or reject services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55.	I have a Crisis Prevention Plan that is helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.	Self-help and Peer Support Groups were available and included in my Individualized Service Plan when I needed them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57.	I was satisfied with the range of services available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please print any additional general comments you may have in the box below:

Thank you for completing this survey!
Please return the survey in the envelope provided.