



SUTTER-YUBA MENTAL HEALTH SERVICES

1965 Live Oak Boulevard
P. O. Box 1520
Yuba City, CA 95992



Tom Sherry, MFT
Assistant Director of Human Services
Director of Mental Health

Administration Service
(530) 822-7200
FAX (530) 822-7108

MHSA-Prevention and Early Intervention Community Survey

The Mental Health Services Act (MHSA), approved by voters in 2004 as Proposition 63, is launching its Prevention and Early Intervention (PEI) program. We want to know what you think about services to be offered and groups of people to be helped by mental illness prevention and early intervention programs in Sutter and Yuba Counties. With your assistance, we can better plan for the needs of our community.

The prevention element of the PEI program is meant to reduce risk factors or stressors to prevent the initial onset of a mental health problem as well as promote and support the well-being of "at risk" individuals under challenging life circumstances in order to reduce the suffering associated with mental health problems.

The early intervention element of the PEI program is designed to prevent a mental health problem from getting worse. These programs are directed toward people for whom a short-duration (<1 year), relatively low-intensity intervention is appropriate to measurably improve mental health problems, avoid the need for more extensive mental health treatment or services, or prevent a mental health problem from getting worse.

For more information about the MHSA PEI program, please visit
http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/default.asp

Thank you in advance for taking a few minutes to complete the following Community Survey questionnaire. If you have any questions or would like printed copies of the questionnaire, please contact Sutter-Yuba Mental Health Services, at (530) 822-7200 or toll free at 1-888-933-3800.

The information you provide is confidential and anonymous.

•SERVING THE SUTTER-YUBA COMMUNITY SINCE 1969•

Adult Day Treatment: 822-7200
Adult Outpatient Services: 822-7200
Children's System of Care: 822-7478

TTY-CRS 1-800-735-2929

Inpatient Services: 822-7209
Youth Services: 822-7513
Business Office: 822-7208
Substance Abuse: 822-7200

Sutter-Yuba Mental Health Services MHSA-Prevention and Early Intervention (PEI) Community Survey

Your opinion is important, and we want to know what you think about services to be offered and groups of people to be helped by mental illness prevention and early intervention programs in Sutter and Yuba Counties. Please help us by answering the following questions. The information you provide is confidential and anonymous

1. Please rate the following groups to indicate which ones you think have the greatest need for mental illness prevention and early intervention services in Sutter and Yuba Counties. **(Select one score per item below)**

A. People who start to show serious signs of mental illness:

Very Low Need Low Need Moderate Need High Need Very High Need

B. Children/youth in stressed families, at high risk for mental illness:

Very Low Need Low Need Moderate Need High Need Very High Need

C. Children/youth at risk for failing or dropping out of school

Very Low Need Low Need Moderate Need High Need Very High Need

D. People at risk of being arrested or put in jail.

Very Low Need Low Need Moderate Need High Need Very High Need

E. People facing trauma (e.g., loss of loved one, home, and/or employment; isolation; repeated abuse, domestic violence, refugees)

Very Low Need Low Need Moderate Need High Need Very High Need

F. People who often do not get the mental health services they need (e.g., based on race, culture, language, age, gender lifestyle, or beliefs):

Very Low Need Low Need Moderate Need High Need Very High Need

G. People with family history of mental health problems and/or use of addictive substances.

Very Low Need Low Need Moderate Need High Need Very High Need

H. People who have attempted or might attempt suicide.

Very Low Need Low Need Moderate Need High Need Very High Need

2. Other priority group(s) needing mental illness prevention and early intervention services. Please specify group(s) and level of need:

3. Please select three of the following community issues that you think are most important for mental illness prevention and early intervention in Sutter and Yuba Counties. **(Select three)**

- | | |
|---|--|
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Community/domestic violence |
| <input type="checkbox"/> Arrest and detention in jail | <input type="checkbox"/> Removal of children from their homes/families |
| <input type="checkbox"/> School failure or dropout | <input type="checkbox"/> Number of undetected mental health problems |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Stigma/discrimination related to mental health problems |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Problems facing military veterans and their families |
| <input type="checkbox"/> Prolonged suffering/trauma | <input type="checkbox"/> Other, please specify: |

4. There are enough existing mental illness prevention and early intervention resources and services in Sutter and Yuba Counties. **(Select one)**

- | | | | | |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| Strongly
Agree | Somewhat
Agree | Neither Agree Nor
Disagree | Somewhat
Disagree | Strongly
Disagree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. There is enough information available about how to find and access existing mental illness prevention and early intervention services in Sutter and Yuba Counties. **(Select one)**

- | | | | | |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| Strongly
Agree | Somewhat
Agree | Neither Agree Nor
Disagree | Somewhat
Disagree | Strongly
Disagree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Please select three of the following settings that you think would be the most effective for identifying Sutter and Yuba Counties' residents with a need for mental illness prevention and early intervention services **(Select three)**

- | | |
|--|---|
| <input type="checkbox"/> Doctor's offices or clinics | <input type="checkbox"/> Workplaces (e.g., Employee Assistance Programs) |
| <input type="checkbox"/> Health Care Settings (e.g., hospitals, nursing homes) | <input type="checkbox"/> Unemployment/employment centers |
| <input type="checkbox"/> Schools (e.g., public, private, trade) | <input type="checkbox"/> In-home (e.g., postal carriers, utility workers, emergency responders, family) |
| <input type="checkbox"/> Faith-based organizations | <input type="checkbox"/> Community organizations (e.g., community centers, family resource centers) |
| <input type="checkbox"/> Law Enforcement (e.g., jails, courts, probation) | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Social Services (e.g., WIC Program, Cal WORKS) | |

7. What are the two best approaches for addressing mental illness prevention and early intervention in Sutter and Yuba Counties? **(Select two)**

<input type="checkbox"/> Provide early and periodic screening, diagnosis, and treatment for mental illness (at primary health care, school/college, pre-school, child care, and workplace settings)	<input type="checkbox"/> Train educators, law enforcement, emergency responders, doctors, nurses, and nursing home staff on early recognition and response to mental illness
<input type="checkbox"/> Provide education and support services for parents, grandparents, and caregiver's at community centers, churches, and other community settings.	<input type="checkbox"/> Work-based program (e.g., Employee Assistance Programs, Workplace Health Promotion Programs)
<input type="checkbox"/> Provide resource and referral information (at primary health care, school/college, pre-school, child care, nursing home, and workplace settings)	<input type="checkbox"/> Other, please specify:

8. The following information about you will help us understand in what ways different people have different experiences and opinions. The information you provide will remain confidential and anonymous.

- Age:** 15 years and under
 16 years – 25 years
 26 years – 59 years
 60 years and older

- Gender:** Male
 Female
 Other

Your Home Zip Code:

Your Annual Household Income:

Your Race/ Ethnicity?

- American Indian / Native American
 Asian (Please specify):
 Black / African American
 Hispanic / Latino
 Pacific Islander
 White / Caucasian
 Other, please specify:

Which of the following group(s) apply to you?

- Client /Consumer Medical Provider
 Family Member Sutter-Yuba Mental Health (SYMHS) Staff
 Caregiver Community Based Provider / Network Provider
 CPS / Social Services Faith Based Organizations
 Education or Teacher Business/Community Member
 Law Enforcement
 Other, please specify:

9. Do you have any additional comments: