



Behavioral Health Survey for Consumers

The Crisis Steering Committee is tasked with providing recommendations to the Colorado Department of Human Services (CDHS) on how to improve and enhance the State's behavioral health crisis system. Behavioral health includes both mental health conditions and substance use disorder. The Committee hopes to identify system efficiencies that will improve response in all communities. The Committee will produce a report by June 30th outlining its recommendations for CDHS.

The Committee would like to solicit input from people who are using or have used the mental health and/or substance use system. **This survey will be open until Friday, May 25th.** This survey can be completed online at <https://www.surveymonkey.com/r/N8ZVBPQ>.

This survey is anonymous. Thank you for taking the time to share your experiences and suggestions.

Tell Us About Yourself

* 1. Choose one of the following to best describe

Proceed to Page 2:

- I am someone who has a mental health condition or substance use disorder.

Proceed to Question 26 on Page 9:

- I am the parent/guardian of someone who has a mental health condition and/or substance use disorder.
- I am the family member (other than parent/guardian) of someone who has a mental health condition and/or substance use disorder.
- I am the non-family caretaker of someone who has a mental health condition and/or substance use disorder.
- I am the friend of someone who has a mental health condition and/or substance use disorder.
- Other (please specify):

2. In what county do you live?

- Front Range (Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin, Jefferson)
- Northeast (Cheyenne, Elbert, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, Yuma)
- Southern (Alamosa, Baca, Bent, Chaffee, Conejos, Costillo, Crowley, Custer, El Paso, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Park, Prowers, Pueblo, Rio Grande, Saguache, Teller)
- Western Slope (Archuleta, Delta, Dolores, Garfield, Eagle, Grand, Gunnison, Hindsdale, Jackson, LaPlata, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, Summit)

Accessing Services (Direct Consumers)

3. Do you have a regular place you go when you want or need mental health or substance abuse services, such as therapy or medication?

- Yes, I have a regular place to go.
- No, I do not have a regular place to go.
- I do not know where to go to get help.

4. At what type of place do you usually receive mental health care or substance abuse services? (Check all that apply.)

- A doctor's office
- A general health clinic
- Mental Health Clinic or Mental Health Center
- Other (please specify)
- A hospital emergency department
- A VA (Veterans Affairs) clinic
- I don't know

5. During the last 12 months, since May 2017, have you used mental health or substance abuse services?(Check all that apply.)

- Yes, I have used mental health services.
- Yes, I have used substance abuse services.
- No, I have not used mental health or substance abuse services.
- I don't remember

6. During the last 12 months, what mental health or substance abuse services did you use? (Check all that apply.)

- I called a hotline to seek help for mental health and/or substance abuse services.
- A professional came and met me wherever I was, to provide support.
- I went to the emergency department of a hospital for mental health and/or substance abuse services.
- I visited a walk-in clinic.
- Other (please specify)
- I spoke with a peer.
- I was placed in short-term care, where I lived for up to 5 days.
- I was placed in long-term care, where I lived for 5-14 days.
- I live in supportive housing with services on-site.

7. For the mental health or substance abuse services that you did use, please share your experience.

	Very Negative	Negative	Neutral	Positive	Very Positive	N/A - Did not use this service
I called a hotline to seek help for mental health and/or substance abuse services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A professional came and met me where I was.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I went to the Emergency Department of a hospital for mental health and/or substance abuse services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I visited a walk-in clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spoke with a peer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was placed in short-term care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was placed in long-term care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I live in supportive housing with services on-site.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

8. Please tell us more about your negative experiences.

9. What can you tell us about your positive experiences?

10. In the last 12 months, since May 2017, have you tried to access mental health and/or substance abuse services but have been denied or turned away?

- Yes
- No
- I don't remember

11. Please describe the circumstances when you were denied services or turned away.

12. Upon using mental health and/or substance abuse services, was the wait time reasonable?

- Yes
- No
- I did not have to wait
- I don't remember
- Other (please specify)

13. Do you feel that you received an adequate level of care when you did receive mental health and/or substance abuse services?

- Yes
- No
- I don't remember
- I don't know

14. Please tell us about the level of care you received.

Prior Knowledge - Direct

* 15. Prior to this survey, did you know that there is a statewide number you can call and/or text to get free, confidential guidance and support?

- Yes
- No
- I don't remember

* 16. Prior to this survey, were you aware that there are 24/7/365 walk-in crisis services available that offer confidential, in-person support, assessment, information and referrals for persons facing mental health conditions and/or substance use disorders?

- Yes
- No
- I don't remember

Overall System - Direct

* 17. Are you aware that all of the services mentioned in this survey can be used for both mental health conditions and substance use disorders?

Yes

No

18. In the future, what is the best way for us to make sure you know about all of the mental health and/or substance abuse services available to you?

TV ads

Email

Radio ads

Text

Print (Local Newspaper)

Social Media (Facebook, Twitter, Snapchat)

Billboards

Call me

Mail (U.S. Post Office)

Digital or online media

Other (please specify)

19. What recommendations would you have to improve the overall mental health and/or substance abuse system in Colorado?

20. In the future, how can we make it easier for you to access mental health and/or substance abuse services?

21. Is there anything else you think we should know, or anything else that you want to share?

Please tell us a bit more about yourself.

* 22. To which gender identity do you most identify?

- Male Transgender Male
 Female Non-Binary
 Transgender Female I prefer not to say.

* 23. What is your age?

- Under 18 years old 51 - 70 years old
 18 - 30 years old 71 years or older
 31 - 50 years old

* 24. Are you, yourself, now covered by any form of health insurance?

- Yes
 No
 I don't know.

* 25. Which type of health insurance do you now have?

- A plan through my employer or spouse's employer
 A plan I purchased myself
 Medicare
 Medicaid
 I don't know

****End of Survey****

Thank you for taking the time to complete this survey. You can find additional information about the Behavioral Health Crisis System in Colorado, as well as how to access services, at www.coloradocrisisservices.org.

**Return the completed survey to the person who gave it to you, or mail it to:
SHG Advisors
PO Box 9055
Denver, CO 80209**

* 26. In what county does the person with mental health condition(s) live?

- Front Range (Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin, Jefferson)
- Northeast (Cheyenne, Elbert, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, Yuma)
- Southern (Alamosa, Baca, Bent, Chaffee, Conejos, Costillo, Crowley, Custer, El Paso, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Park, Prowers, Pueblo, Rio Grande, Saguache, Teller)
- Western Slope (Archuleta, Delta, Dolores, Garfield, Eagle, Grand, Gunnison, Hindsdale, Jackson, LaPlata, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, Summit)

Accessing Services (Loved Ones)

27. Does your loved one have a regular place you go when s/he wants or needs mental health or substance abuse services, such as therapy or medication?

- Yes, s/he has a regular place to go.
- No, s/he does not have a regular place to go.
- I do not know if s/he goes to a place to access services.

28. At what type of place does your loved one usually receive mental health care or substance abuse services? (Check all that apply.)

- A doctor's office
- A general health clinic
- Mental Health Clinic or Mental Health Center
- Other (please specify)
- A hospital emergency department
- A VA (Veterans Affairs) clinic
- I don't know

29. During the last 12 months, since May 2017, has your loved one used mental health or substance abuse services? (Check all that apply.)

- Yes, s/he has accessed mental health services.
- Yes, s/he has accessed substance abuse services.
- No, s/he has not accessed services mental health or substance abuse services.
- I don't know.

30. During the last 12 months, what mental health or substance abuse services did your loved one access? (Check all that apply.)

- S/he called a hotline to seek help for mental health and/or substance abuse services.
- A professional came and met him/her wherever s/he was, to provide support.
- S/he went to the emergency department of a hospital for mental health and/or substance abuse services.
- S/he visited a walk-in clinic.
- Other (please specify)
- S/he spoke with a peer.
- S/he was placed in short-term care, where s/he lived for up to 5 days.
- S/he was placed in long-term care, where s/he lived for 5-14 days.
- S/he lives in supportive housing with services on-site.

31. For the mental health or substance abuse services that your loved one did access, please share his/her experience.

	Very Negative	Negative	Neutral	Positive	Very Positive	N/A - Did not use this service
S/he called a hotline to seek help for mental health and/or substance abuse services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A professional came and met him/her where s/he was.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S/he went to the Emergency Department of a hospital for mental health and/or substance abuse services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S/he visited a walk-in clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S/he spoke with a peer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S/he was placed in short-term care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S/he was placed in long-term care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S/he lives in supportive housing with services on-site.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

32. Please tell us more about his/her negative experiences.

33. What can you tell us about his/her positive experiences?

34. In the last 12 months, since May 2017, has your loved one tried to access mental health and/or substance abuse services but been denied or turned away?

- Yes
- No
- I don't remember
- I don't know

35. Please describe the circumstances when s/he was denied services or turned away.

36. Upon using mental health and/or substance abuse services, was the wait time reasonable?

- Yes
- No
- S/he did not have to wait
- I don't remember
- Other (please specify)

37. Do you feel that your loved one received an adequate level of care when s/he did receive mental health and/or substance abuse services?

- Yes
- No
- I don't remember
- I don't know

38. Please tell us about the level of care your loved one received.

Prior Knowledge - Loved One

* 39. Prior to this survey, did you know that there is a statewide number you or your loved one can call and/or text to get free, confidential guidance and support?

- Yes
- No
- I don't remember

* 40. Prior to this survey, were you aware that there are 24/7/365 walk-in crisis services available that offer confidential, in-person support, assessment, information and referrals for persons facing mental health conditions and/or substance use disorders?

- Yes
- No
- I don't remember

Overall System - Loved One

* 41. Are you aware that all of the services mentioned in this survey can be used for both mental health conditions and substance use disorders?

Yes

No

42. In the future, what is the best way for us to make sure you and your loved one know about all of the mental health and/or substance abuse services available?

TV ads

Email

Radio ads

Text

Print (Local Newspaper)

Social Media (Facebook, Twitter, Snapchat)

Billboards

Call me

Mail (U.S. Post Office)

Digital or online media

Other (please specify)

43. What recommendations would you have to improve the overall mental health and/or substance abuse system in Colorado?

44. In the future, how can we make it easier for your loved one to access mental health and/or substance abuse services?

45. Is there anything else you think we should know, or anything else that you want to share?

Please tell us a bit more about your loved one.

* 46. To which gender identity does your loved one most identify?

- | | |
|--|--|
| <input type="radio"/> Male | <input type="radio"/> Transgender Male |
| <input type="radio"/> Female | <input type="radio"/> Non-Binary |
| <input type="radio"/> Transgender Female | <input type="radio"/> Prefer not to say. |

* 47. What is your loved one's age?

- | | |
|--|---|
| <input type="radio"/> Under 18 years old | <input type="radio"/> 51 - 70 years old |
| <input type="radio"/> 18 - 30 years old | <input type="radio"/> 71 years or older |
| <input type="radio"/> 31 - 50 years old | |

* 48. Is your loved one covered by any form of health insurance?

- Yes
- No
- I don't know.

* 49. Which type of health insurance does your loved one now have?

- A plan through my employer or spouse's employer
- A plan I purchased myself
- Medicare
- Medicaid
- I don't know

****End of Survey****

Thank you for taking the time to complete this survey. You can find additional information about the Behavioral Health Crisis System in Colorado, as well as how to access services, at www.coloradocrisisservices.org.

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