

Thank you for taking time to complete this survey. **Please complete the survey even if your family does not have a member with a behavioral health challenge (mental health, substance abuse, or intellectual/developmental disability). All responses are anonymous.** Your responses will be combined with those of others to help identify the community supports available and what we are missing.

**Part I. Family Challenges**

1. Does a **member of your local household** (check all that apply)

<b>PUT AN "X" in the appropriate age boxes.</b>	<b>Child</b>	<b>Teen</b>	<b>Young Adult</b>	<b>Middle Age</b>	<b>Senior (60+)</b>
get overly stressed out					
become easily annoyed or angry					
find it difficult to be student, spouse, parent, employee, etc.					
get so angry that you cannot talk to them					
bully or threaten other people					
do not want to get up and out of bed each day					
use drugs or alcohol to not take responsibility for their life					
misuse their or other person's medications					
use illegal drugs					
feel sad and lonely					
have trouble falling or staying asleep (not because of noise)					
are often afraid					
become upset about the past					
trouble remembering things from the past					
trouble remembering current things					
do not feel they have a purpose in life					
feel nervous, anxious, on edge, or worrying about different things					
are jumpy or easily startled					
intentionally hurt himself/herself					
have considered suicide					
has anxiety and/or depression					
has substance use disorder					
has an intellectual/developmental disability					
has a mental illness					
Other _____					

2. This survey helps us assess our community's ability to provide supports, services and care from childhood through adulthood for people and their families with **behavioral health challenges including anger, depression, and anxiety as well as all other mental illnesses such as bipolar and schizophrenia. Also, it can be a substance abuse problem, a developmental or intellectual disability, autism, etc.**

<b>Do you agree or not agree?</b>	<b>Yes</b>	<b>No</b>	<b>Do Not Know</b>
Do you believe there is a stigma associated with mental illness in our community?			
Is the community aware of challenges persons with behavioral health disorders face?			
Is the community aware of programs for prevention and treatment?			
Do you believe that behavioral health treatments and services work?			

3. **Assume a member of your local household has a behavioral health challenge** and needs to access the following supports and programs in Winnebago County. Are the services available in Winnebago County and do you know how to access these services? Behavioral health includes mental health, substance abuse, and intellectual/developmental disabilities.

<b>Behavioral Health Services</b>	<b>Yes, Winnebago County has and I know how to access</b>	<b>Yes, Winnebago County has but I do not know how to access</b>	<b>Winnebago County does not have</b>	<b>Do not know</b>
find out how serious the behavioral health issue is				
access to care during a crisis				
get into treatment				
find treatment or rehabilitation coordinated across several providers				
find residential care				
assistance with medication management				
assistance with personal care				
find a job coach for individual help				
find employment assistance				
find transportation you cannot provide				
find adult day care for person				
find peer support/support groups				
assistance with home visiting				
find transitional or recovery housing				
find permanent supportive housing				
find independent living for person				

4. Are you aware of the 2-1-1 system?    Yes                      No

Has a **member of your local household** contacted the 2-1-1 system?    Yes    No

5. Has a **member of your local household** (check all that apply):

- sought mental health, substance, or intellectual/developmental disability services and found help
- sought mental health, substance, or intellectual/developmental disability services but could not find help
- was put on a wait list for treatment or services
- were able to find services for a mental health, substance, or intellectual/developmental disability
- found services at the level of care needed
- found rehabilitation services
- had insurance that paid for the services for the length of time they were needed
- used support groups like NAMI
- used substance support groups like AA, AL-Anon, NA
- None of the above apply (*SKIP TO PART III – All others proceed to PART II*)

**Part II. Satisfaction with Services**

6. If a **member of your local household** sought help for a mental health, substance abuse, or intellectual/developmental disability, were you satisfied with the services in Winnebago County? (check all that apply)

Were you satisfied with the program or service?	Does not Apply	Were you satisfied with the program or service?									
		Child		Teen		Young Adult		Middle Age		Senior (60+)	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
able to find services											
finding out how serious it is											
access to care during a crisis											
getting into treatment											
treatment or rehabilitation coordinated across several providers											
residential care											
assistance with medication management											
assistance with personal care											
job coach for individual help											
employment assistance											
transportation you cannot provide											
adult day care for person											
peer support/support groups											
assistance with home visiting											
transitional or recovery housing											
permanent supportive housing											
independent living for person											

7. Have you ever cancelled an appointment for services for a **member of your local household**? (check all that apply)

- Person did not have enough energy or feel well enough to go
- Insurance would not cover the costs
- Co-pay or deductible was too high
- Had the financial resources but did not want to spend the money
- Did not have the financial resources to pay
- No transportation to the appointment
- Did not want others to know that our household had this problem
- Time conflict with something else needed to do
- Did not feel that person still needed to go to the appointment
- Other reasons? Please describe \_\_\_\_\_

**Part III. About You**

8. Male  Female

9. Age:  Under 18  19 to 29  30 to 44  45 to 59  60 to 79  80+

10. Where do you live?  Winnebago County  Boone County  Other. Which city or county? \_\_\_\_\_

11. Do you have health insurance coverage?  
 Medicaid or government subsidized  
 Medicare  
 Medicare and supplemental  
 Employer provided  
 Self-purchased  
 Uninsured (skip to question 12)  
 Do not know (skip to question 12)
12. Do you know how to use your insurance to get behavioral healthcare?  
 Yes, I have used the insurance     Yes, but have not used it for behavioral healthcare     No
13. Do you feel you have the financial resources needed to cover the cost of behavioral health care if needed?  
 Yes     No     Not sure
14. What language do you speak most often at home?  
 English     Spanish     Other \_\_\_\_\_

<b>Part 4. Last Thoughts</b>
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15. Is there anything else you think we should know?

When you are finished, please turn in the survey in **one** of the following ways:

- (1) Use the collection box at the location at which you are completing the survey.
- (2) Turn in the survey at the Reception Area of  
 Winnebago County Health Department at 401 Division Street, Rockford, IL  
 Winnebago County Health Department at 555 North Court Street, Rockford, IL  
 Winnebago County Offices at 404 W. Elm Street, Rockford, IL
- (3) Mail to  
 Winnebago County Health Department  
 ATTN: MHAC  
 401 Division Street  
 P.O. Box 4009  
 Rockford, IL 61110
- (4) Scan and send to [MHAC@wchd.org](mailto:MHAC@wchd.org)

Thank you!