

WCCMHB - Public Participation Survey

The Winnebago County Community Mental Health Board (WCCMHB) wants to hear your thoughts and experiences on our community's mental health and substance use services in Winnebago County, Illinois. Your feedback will help us understand what's working well and what needs improvement.

Your responses will be anonymous and kept confidential. Please fill out the survey from your own perspective.

The survey will take approximately 3-5 minutes to complete. When finished, please select the "Submit" button to send your feedback.

01. I agree that I am a resident of Winnebago County, IL **Required**

We are only seeking feedback from residents of Winnebago County, IL, for this survey.

<input type="checkbox"/> Yes

02. ZIP Code

Maximum of 5 characters
<input type="text"/>

Perspective

03. Which of the following perspectives best represents you? Please fill out this survey from the perspective that you select. **Required**

Select all that apply
<input type="checkbox"/> Administrator of an agency providing mental health or substance use services
<input type="checkbox"/> Direct service staff working with clients at an agency providing mental health or substance use services
<input type="checkbox"/> Individual living with a mental illness or substance use disorder
<input type="checkbox"/> Family member/caregiver of an individual living with a mental illness or substance use disorder
<input type="checkbox"/> Community member

Mental Health Workers

Skip this section if

- you have not selected either "Administrator of an agency providing mental health or substance use services", or "Direct service staff working with clients at an agency providing mental health or substance use services" in question Which of the following perspectives best represents you? Please fill out this survey from the perspective that you select.

04. As a mental health worker, what services are easy for clients to access in Winnebago County? **Required**

Select all that apply
<input type="checkbox"/> Finding information about services, agencies, or organizations for services you need
<input type="checkbox"/> Reliable transportation to get to appointments
<input type="checkbox"/> Receiving psychiatric help or individual/group counseling
<input type="checkbox"/> Getting needed medication and education about medication
<input type="checkbox"/> Getting medical or dental services
<input type="checkbox"/> Having access to or knowing about crisis services (telephone services, walk-in services, residential services)
<input type="checkbox"/> Having safe housing (domestic violence shelters, homeless shelters, short-term housing, long-term housing)
<input type="checkbox"/> Assistance with income or bills
<input type="checkbox"/> Finding a group or program of people with similar experiences
<input type="checkbox"/> Having access to family assistance and education for mental health, counseling, or respite care
<input type="checkbox"/> Learning practical skills to live and be active in the community
<input type="checkbox"/> Learning job skills
<input type="checkbox"/> Receiving legal, advocacy, or protection services
<input type="checkbox"/> Receiving supportive, long-term case management for needed services
<input type="checkbox"/> None of the above

05. As a mental health worker, what do you think would increase access to mental health treatment in Winnebago County? **Required**

Select all that apply
<input type="checkbox"/> Less waiting times
<input type="checkbox"/> More providers

<input type="checkbox"/> More payment options
<input type="checkbox"/> Access and availability in my area
<input type="checkbox"/> More translation services
<input type="checkbox"/> Improve mobile service
<input type="checkbox"/> Better hours of service
<input type="checkbox"/> Other
<input type="text"/>

Mental Health Clients

Skip this section if

- you have not selected either "Individual living with a mental illness or substance use disorder", or "Family member/caregiver of an individual living with a mental illness or substance use disorder" in question Which of the following perspectives best represents you? Please fill out this survey from the perspective that you select.

06. In the past 12 months, which of the following services did you, or someone in your household, use? **Required**

Select all that apply
<input type="checkbox"/> Finding information about services, agencies, or organizations for services you need
<input type="checkbox"/> Reliable transportation to get to appointments
<input type="checkbox"/> Receiving psychiatric help or individual/group counseling
<input type="checkbox"/> Getting needed medication and education about medication
<input type="checkbox"/> Getting medical or dental services
<input type="checkbox"/> Having access to or knowing about crisis services (telephone services, walk-in services, residential services)
<input type="checkbox"/> Having safe housing (domestic violence shelters, homeless shelters, short-term housing, long-term housing)
<input type="checkbox"/> Assistance with income or bills
<input type="checkbox"/> Finding a group or program of people with similar experiences
<input type="checkbox"/> Having access to family assistance and education for mental health, counseling, or respite care
<input type="checkbox"/> Learning practical skills to live and be active in the community

<input type="checkbox"/> Learning job skills
<input type="checkbox"/> Receiving legal, advocacy, or protection services
<input type="checkbox"/> Receiving supportive, long-term case management for needed services
<input type="checkbox"/> None of the above

07. In the past 12 months, which of the following services did you, or someone in your household, need but could not receive? **Required**

Select all that apply
<input type="checkbox"/> Finding information about services, agencies, or organizations for services you need
<input type="checkbox"/> Reliable transportation to get to appointments
<input type="checkbox"/> Receiving psychiatric help or individual/group counseling
<input type="checkbox"/> Getting needed medication and education about medication
<input type="checkbox"/> Getting medical or dental services
<input type="checkbox"/> Having access to or knowing about crisis services (telephone services, walk-in services, residential services)
<input type="checkbox"/> Having safe housing (domestic violence shelters, homeless shelters, short-term housing, long-term housing)
<input type="checkbox"/> Assistance with income or bills
<input type="checkbox"/> Finding a group or program of people with similar experiences
<input type="checkbox"/> Having access to family assistance and education for mental health, counseling, or respite care
<input type="checkbox"/> Learning practical skills to live and be active in the community
<input type="checkbox"/> Learning job skills
<input type="checkbox"/> Receiving legal, advocacy, or protection services
<input type="checkbox"/> Receiving supportive, long-term case management for needed services
<input type="checkbox"/> None of the above

08. What would have helped you, or someone in your household, receive these services? **Required**

Select all that apply
<input type="checkbox"/> Less waiting times
<input type="checkbox"/> More providers

<input type="checkbox"/> More payment options
<input type="checkbox"/> Access and availability in my area
<input type="checkbox"/> More translation services
<input type="checkbox"/> Improve mobile service
<input type="checkbox"/> Better hours of service
<input type="checkbox"/> Other
<input style="width: 100%; height: 20px;" type="text"/>

Community Member

Skip this section if

- you have not selected either "Community member" in question Which of the following perspectives best represents you? Please fill out this survey from the perspective that you select.

09. Would you like to learn more about any of the following types of services?

Select all that apply
<input type="checkbox"/> Finding information about services, agencies, or organizations for services you need
<input type="checkbox"/> Reliable transportation to get to appointments
<input type="checkbox"/> Receiving psychiatric help or individual/group counseling
<input type="checkbox"/> Getting needed medication and education about medication
<input type="checkbox"/> Getting medical or dental services
<input type="checkbox"/> Having access to or knowing about crisis services (telephone services, walk-in services, residential services)
<input type="checkbox"/> Having safe housing (domestic violence shelters, homeless shelters, short-term housing, long-term housing)
<input type="checkbox"/> Assistance with income or bills
<input type="checkbox"/> Finding a group or program of people with similar experiences
<input type="checkbox"/> Having access to family assistance and education for mental health, counseling, or respite care
<input type="checkbox"/> Learning practical skills to live and be active in the community
<input type="checkbox"/> Learning job skills

<input type="checkbox"/> Receiving legal, advocacy, or protection services
<input type="checkbox"/> Receiving supportive, long-term case management for needed services

10. If you have any feedback, comments, or concerns, please write them in the box below.

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Resident Awareness

11. Are you aware of the Winnebago County Community Mental Health Board (WCCMHB)?

Select one answer only
<input type="radio"/> Yes
<input type="radio"/> No

12. When were you first aware?

Select one answer only
<input type="radio"/> Within the last year
<input type="radio"/> Within the past 3 years
<input type="radio"/> Over 3 years

13. Did your awareness change over the past year?

Select one answer only
<input type="radio"/> Yes, I am more knowledgeable now.
<input type="radio"/> No, my awareness stayed the same.
<input type="radio"/> No, I know less now.
<input type="radio"/> Not sure

14. Are you aware of any WCCMHB Funded Programs?

Select one answer only

Yes

No

15. Would you like to provide more feedback?

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