

**Plumas County  
Adult Survey**

Plumas County is working to improve services in our community. Please tell us which issues concern you. Check the one box that best represents how you feel about each topic. Please answer the questions based on your personal experiences. If you work for an agency or governmental entity, please answer the questions based on what you perceive to be the needs in our community.

***Adult Issues***

<i>Adult</i>	<b>Not an Issue</b>	<b>Small Issue</b>	<b>Medium Issue</b>	<b>Large Issue</b>
Sadness or depression	0	1	2	3
Suicide	0	1	2	3
Anxiety	0	1	2	3
Anger Management	0	1	2	3
Stigma	0	1	2	3
Local sober living resources	0	1	2	3
Safe housing	0	1	2	3
Homelessness	0	1	2	3
Living independently in community	0	1	2	3
Assistance with daily activities	0	1	2	3
Assistance managing medications	0	1	2	3
Employment	0	1	2	3
Education/training	0	1	2	3
Veterans' issues	0	1	2	3
Physical health problems	0	1	2	3
Emergency Room visits	0	1	2	3
Access to psychiatric medication services	0	1	2	3
Hospitalizations	0	1	2	3
Chronic pain	0	1	2	3
Self-care (personal care)	0	1	2	3
Household chores (shopping, laundry, cooking)	0	1	2	3
Money management	0	1	2	3
Involved with police	0	1	2	3
Using drugs	0	1	2	3
Using alcohol	0	1	2	3

**Adult Issues (continued)**

Gang involvement	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Parenting	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Family relationships	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Domestic violence	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Participating in social activities	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Positive social supports	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Help getting benefits and services	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Transportation	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Services are available in Spanish	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Other:	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>

**Any additional concerns:**

***Please tell us a little about yourself:***

<b>Area that you live in:</b>		<b>Race/Ethnicity:</b>
<input type="checkbox"/> Quincy <input type="checkbox"/> Portola <input type="checkbox"/> Chester <input type="checkbox"/> Greenville		<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other:
<b>Age Group:</b>	<b>Gender:</b>	
<input type="checkbox"/> 16-25 <input type="checkbox"/> 26-40 <input type="checkbox"/> 41-59 <input type="checkbox"/> 60+	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	

**1. Which Mental Health services have you used in the past year?** *(Please check all that apply.)*

- |  |  |
|--|--|
| <input type="checkbox"/> Mental Health Counseling                                    | <input type="checkbox"/> Case Management Services    |
| <input type="checkbox"/> Crisis Services   | <input type="checkbox"/> Drop-In Center/Sierra House |
| <input type="checkbox"/> Medications/Telepsychiatry                                  | <input type="checkbox"/> Other <i>(Specify):</i>     |
| <input type="checkbox"/> I have not used any mental health services in the past year |  |

**2. Which of the following best describes your role in the community?** *(Please check all that apply.)*

- |   |  |
|---|--|
| <input type="checkbox"/> Client/consumer                              | <input type="checkbox"/> Mental Health staff     |
| <input type="checkbox"/> Family member of a client/consumer           | <input type="checkbox"/> Community member        |
| <input type="checkbox"/> Allied agency staff <i>(specify agency):</i> | <input type="checkbox"/> Other <i>(Specify):</i> |

Please return your completed survey by **October 10, 2014** to:  
 MHSA - Plumas County Mental Health, 270 County Hospital Rd. #109, Quincy, CA 95971  
**Fax to:** (530) 231-5663      **E-mail to:** dataspecialist1@gmail.com  
 Questions? Please call us: (530) 283-6307

***Thank you for your participation!***