



NORTH CENTRAL REGIONAL
MENTAL HEALTH BOARD, INC.

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Catchment Area Council

**Program Evaluation Report
2016-17**

Submitted To:
Hartford Foundation for Public Giving

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Spring 2017

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PROGRAM DESCRIPTION

OVERVIEW OF ORGANIZATION

North Central Regional Mental Health Board, Inc. is a non-profit organization committed to partnering with our communities to inform and influence local and state policy on mental health and addiction issues, and improve access to resources to promote healthy and inclusive communities. In 1975, when Connecticut decentralized its delivery of mental health services, the Regional Mental Health Boards were established to fill the gap for people discharged from mental hospitals and ensure that state funded mental health programs are evaluated by people who use those services. There are five Regional Mental Health Boards to represent the five mental health regions in Connecticut. Each region is made up of catchment areas, which are clusters of towns. Each catchment area has a Catchment Area Council (CAC). The Regional Mental Health Boards and their CACs were established to ensure that citizens from every town in Connecticut will be actively involved in determining and monitoring the kind of mental health services that will be provided in each catchment area by the Connecticut Department of Mental Health and Addiction Services (DMHAS).



CAC members discussing legislative advocacy

THE CATCHMENT AREA COUNCILS

A catchment area is a defined geographic area, based on population, that receives mental health services as a unit. The Catchment Area Council (CAC) is a citizen body and is the grassroots level of citizen involvement in planning for needed services. The role of the CAC is to study and evaluate existing mental health services in the catchment area and to make recommendations about the types of services that are needed. All findings are regularly reported to the Connecticut Department of Mental Health and Addiction Services (DMHAS).

There are 37 towns in Region IV served by the North Central Regional Mental Health Board. These towns are divided into six Catchment Area Councils (CACs). CACs comprise of service providers, community members, and appointed town representatives. By statute, all appointed town representatives are consumers (not employed as mental health professionals or by agencies offering mental health services). The town representatives are appointed by the first selectman, mayor, or governing official of the town. The town

representatives in each CAC select other consumers as well as providers (people employed to provide behavioral health services) to serve on the CACs. Each CAC has a regular meeting attendance of around 12-15 members. Our total CAC membership this year is 82.

The CACs and Boards seek members who have the experience to carry out the responsibilities and activities outlined. The CACs value consumer members who have experience with a behavioral health disorder themselves, their family members, and concerned citizens.



Our longtime staff and CAC member

From September to May, the Catchment Area Council (CAC) members are given an opportunity to organize or lead community grassroots efforts to address local mental health and addiction issues. The members are expected to participate in our annual Legislative Breakfast, to learn advocacy skills and call legislators on behalf of our communities, and to take an active role in determining mental health services in our region. Sometimes, members' concerns lead into year-long reviews and evaluations of a particular topic. Some issues CAC members have addressed

include supportive housing, outpatient services, and the system of crisis care, just to name a few. There is great diversity in the issues that members choose to pursue, but in all cases, members work together as a group, build and strengthen their networks in the community, and increase their confidence in their abilities to accomplish an objective that brings about change for their communities.

In addition to the leadership opportunities and the task of completing community advocacy during the legislative session, members benefit from spending time in the CAC to discuss issues particular to them. Many participants have reported these sessions as helpful in their pursuit of goals such as furthering their knowledge of the mental health system or getting the kind of peer support they need to work towards success.

Involvement in a CAC is the primary portal to being involved with our organization. A significant portion of our organization's resources (time and finances) are dedicated to meeting with, educating, and being informed by volunteer members of these groups. Our members are also a significant resource for our organization to accomplish its work.

We have recently completed a strategic planning process and clarified the mission and vision of our organization. We wish to make sure we are using our CAC meetings in a way that best accomplishes the purpose for which they were intended. We also wish to make sure we are adapting to the evolving needs of our stakeholders.

EVALUATION QUESTIONS & DATA COLLECTION

In thinking over the Catchment Area Councils (CACs), two questions arose:

- How and to what extent are the CACs achieving their purposes aligned with the mission of NCRMHB?
- How and to what extent are the CAC meetings addressing the needs of our volunteer members?

In order to answer those questions, we developed surveys for CAC members, interviewed CAC members, organized focus groups for CAC chairs, and completed a review of records about CAC members (demographics, attendance, etc.).

SURVEYS

During the September meeting, the participants were provided a paper survey that combined both close-ended and open-ended questions. The participants were asked to rate their understanding of their role on the CACs, discuss the importance of CACs, and offer feedback on their level of comfort with voicing concerns at meetings. Additionally, participants were asked questions about NCRMHB and share some demographic information. There were 57 surveys returned after the September 2016 CAC meetings.

INTERVIEW QUESTIONS FOR CAC MEMBERS

After the surveys, CAC members shared their thoughts about their respective CACs in group discussions. The group discussion interview questions included reasons why people came to the CACs, why people continued coming to CACs, the role of peers, and how CAC members contribute to the meetings.

FOCUS GROUPS

We conducted a focus group with all of the Catchment Area Council Chairs. Questions included what led people to leadership at the CACs, what contributes to or prevents regular CAC participation, and how to better involve CAC members.

RECORD REVIEW

We reviewed attendance lists for September 2016 to March 2017, meeting minutes for six CACs over that time span, regional demographics, and member agreement forms. These records represent all listed CAC members.

KEY FINDINGS

WHO IS ON OUR CACS?

Our CACs are supposed to represent the communities in our region. As our towns have become more diverse, we are increasingly seeking ways to ensure that our CACs represent people in our communities. NCRMHB engages in an ongoing effort to inquire whether we have a diverse representation of community members in our membership.

When we compare NCRMHB demographics with those of Connecticut, we find that our organization reflects our communities in certain categories. In terms of age, NCRMHB members represent a range of life stages. We set a goal of over 10% young adult (age 19-34) membership, and we exceeded that goal at 22% representation. Our members are disproportionately middle-aged, with 42% of our membership in the age range of 51-65. But otherwise, our age groups are varied and adequately diverse.

In terms of gender, NCRMHB membership is disproportionately female. The CT state average is closer to 49% male, so **we need to recruit more male council members.**

We found that NCRMHB members represent all the major race and ethnicities across our state. Over 16% of our membership is Black, Latino, or Asian, which was close to our goal of 20% (see table 1). The percentage of Asian American and Latino members are disproportionately low compared to state demographics. NCRMHB should continue with our outreach efforts and focus on connecting with Asians and Latinos.

Table 1: Demographics	NCRMHB	CT State*
Age		
19-34	22%	25%
35-50	20%	25%
51-65	42%	29%
Over 65	16%	21%
Gender		
Male	29%	49%
Female	71%	51%
Race/Ethnicity		
African-American/Black	8%	10%
Asian/Pacific Islander	1%	4%
Caucasian	82%	77%
Hispanic/Latino	7%	13%
Other	1%	6%

*Source: National Center for Health Statistics. Prepared under a collaborative arrangement with the U.S. Census Bureau; released June 28, 2016. Available from: http://www.cdc.gov/nchs/nvss/bridged_race.htm

The number of members with college and graduate school degrees challenges stereotypes about people with mental health issues. About 44% of our membership holds **baccalaureate-level or advanced** degrees, and 50% has some university education beyond high school (see table 2). In comparison, according to the most recent U.S. Census Bureau report, about 38% of CT residents hold a Bachelor's degree or higher.

	CAC 15	CAC 16	CAC 17	CAC 18	CAC 19	CAC 23	Total	%
Table 2: Education & Life Experience								
Level of Education								
Some High School	0	0	0	0	1	0	1	1%
High School Graduate/GED	0	2	1	0	2	0	5	5%
Some College	1	1	4	2	2	0	6	6%
College Graduate	2	2	5	6	2	1	18	17%
Graduate School (advanced degree)	3	9	6	4	0	7	29	27%
Other	0	1	0	0	0	0	1	1%
Life Experience: Connection to Mission								
Person in Recovery	2	4	10	5	7	5	33	30%
Family Member	1	5	2	6	3	1	18	17%
Service Provider	4	5	3	3	2	5	51	47%
Other (resident/concerned citizen)	0	0	2	2	1	2	7	6%

When we examined members' life experience, we found a **balance between people in recovery, family members, and service providers**. There is about an even split when we combine people in recovery and family members, and compare them to service providers. Our goal was that 51% of those in attendance are people in recovery or family members of those who use services.



Our Black faith & health advocacy partners

In terms of monthly CAC Meeting attendance, certain CACs retain membership better than others (see table 3). In particular, CAC 17 has the strongest monthly attendance while CAC 19 struggles the most with attendance and membership. Overall, more than 54% of members attend the CAC meetings regularly. Attendance spikes for special events like the Legislative Breakfast, when members turn out in strong numbers and bring their friends. This year, over 105 members and legislators attended our Legislator Breakfast.

Table 3: CAC Meeting Attendance	CAC 15	CAC 16	CAC 17	CAC 18	CAC 19	CAC 23	Total	% of CAC member attendance
CAC meeting attendance 2016-17								
September CAC Attendance	6	8	12	7	3	6	42	55%
October CAC Attendance	6	8	14	8	2	7	45	59%
November CAC Attendance	5	10	12	5	4	5	41	54%
January CAC Attendance	2	10	11	8	3	7	41	54%
February CAC Attendance	1	9	12	8	3	3	36	47%
March CAC Attendance	Legislative Breakfast!						85	112%
Average 2016-17 Attendance								
Average Member Attendance	4	9	12.2	7.2	3	5.6	41	54%
Total Number of Members	9	13	19	13	11	11	76	100%
Average % Member Attendance	44%	69%	64%	55%	27%	51%		54%

When we examined our members' level of involvement, we **found strong involvement in legislative advocacy**. We track this information by recording which CAC member will call which legislator, by gathering our members' testimonies for legislative hearings, by preparing members to testify, and by attending hearings with our members. In February, thirteen members signed up to testify at a public DMHAS hearing on behalf of NCRMHB. Additionally, sixteen members submitted written testimony for the public hearing. In March, all the CACs took an active role in calling legislators for our Legislative Breakfast. Additionally, over 100 people attended our Legislative Breakfast, which means a majority of our CAC members attended. **Approximately 20 legislators came to our Breakfast.** Legislators reported **their attendance was due to the calls they received from our CAC members**. In their RSVPs, many legislators mentioned specific members who called them, which convinced them to attend.



Our DMHAS Commissioner and Legislators

Our findings reflect strong member involvement in legislative advocacy with clear benefit reflected for individual members and the organization. Our goal for legislative advocacy was 30%, but we had over twice that amount with multiple levels of involvement between the Legislative Breakfast, calling legislators, submitting written testimony, and presenting public testimony on the DMHAS hearing day.

Some of our CAC members participate in our Review and Evaluation (R&E) Committee, which reviews and evaluates local mental health agencies. About 16% of CAC members

were actively involved in this year’s review on CT Valley Hospital. This means that these members either volunteered on the R&E Committee, or contributed conversation or feedback to inform the committee.

	CAC 15	CAC 16	CAC 17	CAC 18	CAC 19	CAC 23	Total	%
Table 4: Involvement								
Involvement								
Review & Evaluation	1	4	0	3	2	2	12	16%
Town Representation	37%	83%	70%	80%	43%	100%		69%

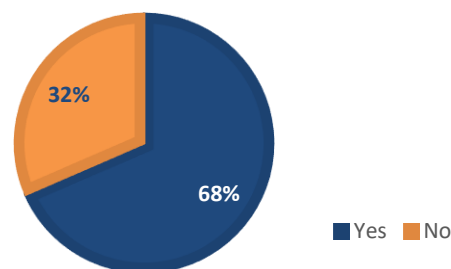
Over the course of this year, **about 69% of our towns were represented in our CACs. Our goal for town representation was 70%.** In the future, we would like to surpass our goal. CAC 15 had the lowest percentage of town representation at 37%. CAC 19 also needs improvement at 43%. CAC 23 was the strongest with 100% of town representation.

SURVEYS

The Catchment Area Council (CAC) is a grassroots level body of citizens focused on evaluating and studying current mental health services and making recommendations for services that are needed in that Catchment Area. Our six CACs (15, 16, 17, 18, 19, 23) were surveyed and asked to discuss their involvement in CAC (see table 5).

Table 5: CAC Survey Participation, n=57		
	Response Percent	Response Count
CAC 15	15%	8
CAC 16	19%	10
CAC 17	27%	14
CAC 18	10%	5
CAC 19	6%	3
CAC 23	23%	12

FIGURE 1: PERCENT WHO FEEL ACTIVELY INVOLVED IN NCRMHB ACTIVITIES



The majority of CAC members (68%) felt actively involved in NCRMHB activities (see figure 1). Our goal was that 30% CAC members feel actively involved in driving NCRMHB initiatives.

All our CAC members had different reasons for joining. One member explained she joined because **“I have tried to help clients access mental health services. It is frustrating because there is a shortage of resources and a multitude of barriers.”** Some found the

CAC meetings due to an ad in the newspapers while majorities were invited by someone they knew. CAC meetings appealed to the members because many either directly struggle with mental health concerns or they have a loved one or a family member who experiences mental health issues. Other CAC members represent a town or organization.

The reasons for continuing to attend CAC meetings were all very similar. Most CAC members had found a deep passion and commitment to the CACs' work. Another reason was to attain knowledge and information needed to advocate for themselves and others. Members said, "Keep excellent legislative updates coming."

Most people knew what their role was on the CAC (see table 6). However, one person suggested, "Try to avoid talking with a lot of acronyms. I'm not always able to keep up/know what they mean."

Table 6: What is your level of understanding about your role on the CAC? (Mark one answer) n=57		
Answer Options	Response Percent	Response Count
Low: I'm not sure what I'm supposed to be doing	14%	7
Medium: I know what I need to do	46 %	24
High: I know about my role and have specific skills or knowledge about the issues we work on	40%	21

Almost all (98%) of our CAC members felt comfortable voicing their concerns at CAC meetings (see table 7). Our goal was for 70% of CAC members to report they are willing to voice concerns. CAC members believed that they bring a voice to the meetings, as well as experience and the ability to advocate for the needs of themselves and others. One member shared, "It's a good feeling to know your voice does make a difference. We can and do help." Another member stated, "From my experience with the CAC 17, I feel honored to be a part of a moving voice."

Table 7: Are you comfortable voicing your concerns at CAC meetings? n=57		
Answer Options	Response Percent	Response Count
Yes	98%	55
No	2%	1

Table 8: How important are the CACs to you? n=57		
Answer Options	Response Percent	Response Count
Very Important	51%	27
Important	40%	21
Somewhat Important	7%	4
Not Important	0%	0

Members also believed that they all had valuable resources for other members. **Most members felt that CACs were *important* or *very important* to them** (see table 8).

CAC members agreed that CACs taught them about the public mental health system, help them voice concerns to decision makers, and help change state mental health policies (see table 9).

Table 9: How do the CACs affect you? (Mark all that apply) n=57		
Answer Options	Response Percent	Response Count
They help me voice my concerns to decision makers	84%	46
They teach me about the public mental health system	82%	45
They change state mental health policies	76%	42
They do not affect me	0%	0
Don't Know	4%	2
Other (please specify)		4

Moreover, CAC meetings give members a great opportunity to network. Members stated that the benefit to bringing new people to CAC meetings is that there is strength in numbers. One member asked, “Can we help people in recovery, one at a time?” CAC members said it is very important to make the connections to gain more support and develop the public’s general awareness.

Most (87%) members felt that CACs help solve behavioral health concerns (see table

Table 10: Do you think that the CACs help solve behavioral health (mental health and addiction) concerns? n=57		
Answer Options	Response Percent	Response Count
Yes	87%	47
No	4%	2
Don't Know	9%	5

10). CAC members know the work they are doing is *very important*: giving a voice to the underrepresented and advocating for improved services that are easier to navigate. CAC meetings also give the members a chance to have a sense of community that many of the members are missing elsewhere.

The CAC community represents trusted people with whom to share ideas, resources, and knowledge. A member affirmed, “I hope to continue learning and sharing.” Another member said CACs help us “understand the power of the people.” Many members asserted, “We need NCRMHB and the CACs to continue.”

CAC members wanted to be involved in more collaboration. One member explained, “Would like to see us more involved in participants who are receiving services in mental health and recovery housing and see what issues they are having.” Moreover, members wanted to share information to counteract mental health stigma in different communities.

INTERVIEW QUESTIONS FOR CAC MEMBERS

When asked, “what led you to coming to your first CAC meeting?” most CAC members said they wanted to serve as a representative from a particular town or organization. Some people represented clubhouse leadership, which means they are people in recovery who came to CACs because they are leaders at their local clubhouse (a social club located at a local mental health agency). Others came to CACs as a community representative for their towns. Many people mentioned they got an invitation from other CAC members, or found out about the CACs via a newspaper article or an ad. Some people shared that they came to CACs because they struggle with mental health issues or had a family member with mental health concerns, and they wanted help navigating the mental health system. A lot of people joined CACs to engage in advocacy.



Our CAC 23 Chair and staff

When asked, “what makes you continue to come to CAC meetings,” most members said it was their *passion for the work*. A lot of people also agreed that gaining information or knowledge was invaluable. Many people stated their interest in advocacy. Some people wanted to network. A few said they came to CAC meetings out of a sense of commitment.

When asked, “what do you think someone with lived experience (a peer) or their loved one brings to CACs?” a majority of members said *experience* or *insight*. Some said peers bring compassion, or a sense of what reality is like for people with mental health issues. Others said peers offered their voice and brought leadership.



Our CAC members discussing legislative advocacy

When asked, “what can you bring to the CAC meeting?” most people said *experience* or a *voice*. Some said they offered networking. A few said they could offer help with advocacy.

When asked, “what is the benefit of bringing others to the CAC meeting?” most people said *connection* or *support*. Others felt there was strength in numbers. Some people mentioned advocacy or awareness.

When asked, “why is the work of CAC important?” a majority said *advocacy*. People also said it was **important to have a voice from under-represented people**. Some members felt CACs offered information, resources, and knowledge. A few members valued CACs for its sense of community. And some people liked the experience of being in a CAC.

The **one activity people wanted to do more on CACs was to collaborate**.



Community partner Reverend Anderson, speaking at our Legislative Breakfast

CONCLUSIONS

SUMMARY OF KEY FINDINGS

The NCRMHB's Catchment Area Councils (CACs), now in our 43rd year, continues to provide needed evaluation, education, and advocacy opportunities for the North Central region of Connecticut. The participants are overall very passionate about the CAC's work and remain committed to our mission to serve as a voice for our communities. **Overall, the data indicates that the members are engaged, connecting with legislators and decision-makers, learning, and benefiting from the CACs.**

Additionally, members are getting opportunities to be more engaged in their communities. Most CAC members learn something about the mental health system and express an interest in continuing to participate at the CAC level. People learn about how to navigate the mental health system and appreciate opportunities to network with other people who work in the mental health field or who have direct experience with mental health on a personal or family level. This data showed that the NCRMHB creates a lasting impact for those who attend our meetings.



A CAC member hugs a NAMI-CT staff

Here are some highlighted findings:

- When we examined members' life experience, we found a balance between people in recovery, family members, and service providers.
- When we examined our members' level of involvement, we found strong involvement in legislative advocacy.
- Approximately 20 legislators came to our Breakfast. Legislators reported their attendance was due to the calls they received from our CAC members. In their RSVPs, many legislators mentioned specific members who called them, which convinced them to attend.
- About 69% of our towns were represented in our CACs. Our goal for town representation was 70%.
- All our CAC members had different reasons for joining. One member explained she joined because "I have tried to help clients access mental health services. It is frustrating because there is a shortage of resources and a multitude of barriers."
- The majority of CAC members (68%) felt actively involved in NCRMHB activities.
- Most people knew what their role was on the CAC.

- Almost all (98%) of our CAC members felt comfortable voicing their concerns at CAC meetings. CAC members believed that they bring a voice to the meetings, as well as experience and the ability to advocate for the needs of themselves and others.
- Most members felt that CACs were *important* or *very important* to them.
- CAC members agreed that CACs taught them about the public mental health system, help them voice concerns to decision makers, and help change state mental health policies.
- CAC meetings give members a great opportunity to network. Members stated that the benefit to bringing new people to CAC meetings is that there is strength in numbers.
- Most (87%) members felt that CACs help solve behavioral health concerns.
- When asked why is the work of CAC important, a majority said advocacy. People also said it was important to have a voice from under represented people.
- The one activity people wanted to do more on CACs was to collaborate.



Story-telling workshop at our all-CAC meeting

RECOMMENDED ACTION STEPS

Based on the data collected, here are our identified action steps:

- 1) We will focus recruitment efforts on building up membership in areas where demographics are disproportionately low compared to the communities we represent.
 - a. For racial/ethnic representation, we need to focus on recruiting more Asians and Latinos. We found that our membership is comprised of 16% diverse racial representation, but our goal was 20%.
 - b. In terms of gender, NCRMHB membership is disproportionately female. The CT state average is closer to 49% male, so we need to recruit more male members to our councils.
 - c. Additionally, we will focus on recruiting membership from towns without consumer representation, or town representation with poor attendance and/or inactive involvement.
- 2) We will continue to survey members at the beginning and end of each fiscal year with some additional exploration regarding what has improved due to their efforts.
- 3) The core of the CACs will remain unchanged as we head into the next program cycle, yet certain alterations will be considered to make use of our feedback. Some next steps for consideration will be:
 - a. Simplify the tracking system for attendance, involvement and member demographics. What do we really want to know about our members?
 - b. Continue training initiatives focused on developing self and legislative advocacy skills. The Story-telling workshop was effective – let's organize more!
 - c. Provide support for member development; as representatives of their respective communities, members can help with recruitment.
 - d. Foster active member participation in focus groups and CAC meeting discussions. Promote member involvement in system improvement efforts.



Our Community Bridgers: Peer Supports

NEXT STEPS FOR EVALUATION

With the skills acquired through the Building Evaluation Capacity (BEC) program, we have expanded our evaluation toolkit. We will continue to evaluate the CACs, surveying the CAC members in the beginning and end of each year. Every year, we have new membership, create new annual goals, and address new issues. We want to assess what has been accomplished at the end of each year. We will also use BEC tools to improve and enhance our evaluation process in all our programs.

ISSUES FOR FURTHER CONSIDERATION

Legislative Advocacy: Our findings reflect strong member involvement in legislative advocacy with clear benefit reflected for individual members and the organization. Our goal for legislative advocacy was 30%, but we had over twice that amount with multiple levels of involvement between the Legislative Breakfast, calling legislators, submitting written testimony, and presenting public testimony on the DMHAS hearing day.



Our community member

When we examined our members' level of involvement, we **found strong involvement in legislative advocacy**. We track this information by recording which CAC member will call which legislator, by gathering our members' testimonies for legislative hearings, by preparing members to testify, and by attending hearings with our members. In February, 13 members signed up to testify at a public DMHAS hearing on behalf of NCRMHB. Additionally, 16 members submitted written testimony for the public hearing. In March, all the CACs took an active role in calling legislators for our Legislative Breakfast.

Additionally, over 100 people attended our Legislative Breakfast, which means a majority of our CAC members attended. **Approximately 20 legislators came to our Breakfast.** Legislators reported **their attendance was due to the calls they received from our CAC members**. In their RSVPs, many legislators mentioned specific members who called them, which convinced them to attend.

Review and Evaluation (R&E) Activities: We did not set a goal, but got 16% active CAC member involvement in R&E, which serves as a good benchmark for future years. To increase R&E involvement, we will explore mechanisms to increase member involvement. CAC members can be more integrated into the R&E process as partners in the systemic and service improvement efforts. First, we will consider coordinating more review-oriented discussions in CAC meetings to engage members in direct evaluation efforts of behavioral health services in the region. Additionally, we will consider adding a training initiative

focused on developing members' quality monitoring and evaluation skills. We might consider using BEC skills to evaluate our review and evaluation process.

We believe that involvement in CACs for a long time is beneficial to our members, and that we can find support in our data. We will take time to explore how those long-term CAC members benefit from and contribute to our programs.

EVALUATION INSTRUMENTS

Interview Questions for CAC Members:

1. What led to you coming to your first CAC meeting?
2. What makes you continue coming to CAC meetings?
3. What do you think someone with lived experience or their loved one brings to the CAC?
4. What can you bring to the CAC Meeting?
5. What is the benefit of bringing others to the CAC meeting?

Interview Questions for Co-Chair/Executive Director

1. What led you to co-chairing the CAC meeting?
2. What do you think contributes to regular CAC participation?
3. What do you think is a barrier to CAC participation?
4. What do you think CAC members can do to impact CAC attendance, recruitment, and involvement in CAC discussions and initiatives?
5. What can NCRMHB members do to impact CAC attendance, recruitment and involvement in CAC discussions and initiatives?

Catchment Area Council (CAC) PRE-SURVEY

1. How long have you volunteered on the CACs: _____ years, _____ months
2. What is your level of understanding about your role on the CAC? (Mark one box)
 - ☐ Low: I'm not sure what I'm supposed to be doing
 - ☐ Medium: I know what I need to do
 - ☐ High: I know about my role and have specific skills or knowledge about the issues we work on
3. Why is the work of CACs important?
4. Do you think that the CACs help solve behavioral health (mental health/addiction) concerns?
 - ☐ Yes
 - ☐ No
 - ☐ Don't know
5. Are you comfortable voicing your concerns at CAC meetings?
 - ☐ Yes
 - ☐ No
6. How important are the CACs to you?
 - ☐ Not important
 - ☐ Somewhat important
 - ☐ Important
 - ☐ Very important
 - ☐ Don't know/No opinion
7. How do the CACs affect you? (Mark all that apply)
 - ☐ They do not affect me
 - ☐ They teach me about the public mental health system
 - ☐ They help me voice my concerns to decision makers
 - ☐ They change state mental health policies
 - ☐ Don't know
 - ☐ Other: _____
8. Which would you like to do in the CACs? (Mark one box for each)

Not a priority	Definitely a priority	
<input type="checkbox"/>	<input type="checkbox"/>	Make a difference in mental health advocacy
<input type="checkbox"/>	<input type="checkbox"/>	Learn how to get health care after crisis
<input type="checkbox"/>	<input type="checkbox"/>	Connect with other people in recovery
<input type="checkbox"/>	<input type="checkbox"/>	Improve my ability to help people in recovery
<input type="checkbox"/>	<input type="checkbox"/>	Help review and evaluate state funded programs
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
9. What do you know about the North Central Regional Mental Health Board (NCRMHB)?
 - ☐ Nothing
 - ☐ A little
 - ☐ A lot
10. Do you feel actively involved in Regional Mental Health Board (NCRMHB) activities?
 - ☐ Yes
 - ☐ No
11. How important are behavioral health (mental health and addiction) issues for you?
 - ☐ Not important
 - ☐ Somewhat important
 - ☐ Important
 - ☐ Very important
 - ☐ Don't know/No opinion
12. Rate your comfort level of using behavioral health (mental health and addiction) services:
 - ☐ Low: I'm not sure how to use behavioral health services
 - ☐ Medium: I know what I need to do for myself or to help others
 - ☐ High: I know about my role and have specific skills or knowledge about behavioral health services

13. What is your knowledge of the CLAS Standards (Culturally & Linguistically Appropriate Services)?

- ☐ None ☐ A little ☐ A lot

14. Did you know you have the right to get a free language interpreter from your doctor if needed?

- ☐ Yes ☐ No

15. Optional comments: Anything else you'd like to share?

PERSONAL INFORMATION (ALL QUESTIONS ARE OPTIONAL!)

16. Which of the following best describes your level of education?

- ☐ Some High School
☐ High School Graduate/GED or general equivalency degree
☐ Some College
☐ College Graduate
☐ Graduate School (advanced degree)
☐ Other: _____

17. Age: _____

18. Gender:

- ☐ Female
☐ Male
☐ Other: _____

19. I identify as a:

- ☐ Person in Recovery ☐ Service Provider
☐ Family member ☐ Other: _____

20. Your Ethnic, Racial, Cultural Background:

- | | |
|--|--|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaska Native) |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other: _____ |

Catchment Area Council (CAC) POST-SURVEY

1. What effect, if any, has the CAC had upon the following?

	Increased	No Change	Decreased
Your understanding of the state-funded behavioral health system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your understanding of other people's ideas and beliefs about behavioral health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to discuss behavioral health issues openly and honestly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to communicate more effectively with people who may have different beliefs about behavioral health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAC MEETINGS

2. The CAC Meetings were easy to understand.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Don't know/No opinion

3. The CAC Meetings provided useful information about mental health services.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Don't know/No opinion

4. The CAC Meetings helped me understand how to advocate for mental health & addiction issues.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Don't know/No opinion

5. The CAC Meetings could be improved if...

☐ They are shorter ☐ The language was easier ☐ More guest speakers
☐ Other: _____ ☐ More discussions

6. Describe what you liked least about the CAC Meetings? (Mark one)

☐ It was too long ☐ It did not feel relevant to my interests
☐ Not enough information ☐ I couldn't understand what was going on
☐ Too much information ☐ Other: _____

7. Overall, I would rate the CAC Meetings as...

☐ Not important ☐ Somewhat important ☐ Important ☐ Very important ☐ Don't know/No opinion

8. Describe what you liked most about the CAC Meetings?

☐ Meeting new people ☐ Sharing my voice
☐ Learning about the system ☐ Taking action
☐ Helping my community ☐ Other: _____

9. What would you do to improve the CAC Meetings?

COMPARISON SURVEY

10. What is your level of understanding about your role on the CAC? (Mark one box)

- ☐ Low: I'm not sure what I'm supposed to be doing
- ☐ Medium: I know what I need to do
- ☐ High: I know about my role and have specific skills or knowledge about the issues we work on

11. Why is the work of CACs important?

12. Do you think that the CACs help solve behavioral health concerns?

- ☐ Yes
- ☐ No
- ☐ Don't know

13. Are you comfortable voicing your concerns at CAC meetings?

- ☐ Yes
- ☐ No

14. How important are the CACs to you?

- ☐ Not important
- ☐ Somewhat important
- ☐ Important
- ☐ Very important
- ☐ Don't know/No opinion

15. How do the CACs affect you? (Mark all that apply)

- ☐ They do not affect me
- ☐ They teach me about the public mental health system
- ☐ They help me voice my concerns to decision makers
- ☐ They change mental health policies
- ☐ Don't know
- ☐ Other: _____

16. What do you know about the North Central Regional Mental Health Board (NCRMHB)?

- ☐ Nothing
- ☐ A little
- ☐ A lot

17. Do you feel actively involved in Regional Mental Health Board (NCRMHB) activities?

- ☐ Yes
- ☐ No

18. How important are behavioral health (mental health and addiction) issues for you?

- ☐ Not important
- ☐ Somewhat important
- ☐ Important
- ☐ Very important
- ☐ Don't know/No opinion

19. Rate your comfort level of using behavioral health (mental health and addiction) services:

- ☐ Low: I'm not sure how to use behavioral health services
- ☐ Medium: I know what I need to do for myself or to help others
- ☐ High: I know about my role and have specific skills or knowledge about behavioral health services

20. What is your knowledge of the CLAS Standards (Culturally and Linguistically Appropriate Services)?

- ☐ None
- ☐ A little
- ☐ A lot

21. Did you know you have the right to get a free language interpreter from your doctor if needed?

- ☐ Yes
- ☐ No