

Family Member Survey

Age of Family Member _____

1. If your family member were to experience a behavioral health crisis at this time and wanted assistance, what would you do?
2. Do you know how to access crisis services in your area?
3. Which crisis services have been provided to your family member?
 Calls to 1-888-568-1112
 Mobile Crisis outreach services
 Crisis evaluation services in an office location or the emergency room
 Crisis Residential Service
4. Name the most important thing that has been helpful (and not helpful) about crisis services in your region.

Helpful:

Not Helpful:
5. If you, and/or your family member were in charge, what is the most important action you would take to improve crisis services?
6. Again, if you, and/or your family member were in charge, what would you NOT do that is being done now?
7. On a scale of 1- 7 (with 1 being awful, worse than nothing, and 7 being great, wouldn't change a thing) how do you feel about the **quality** of crisis services in your region?
8. On a scale of 1- 7 (with 1 being awful, worse than nothing, and 7 being great, wouldn't change a thing) how do you feel about the **availability** of crisis services in your region?
9. What advice would you give to another family (who might experience crisis) who had just moved into this region and knew nothing about what help might be available.
10. In your experience with crisis services, has information from family members been respectfully accepted and acted upon?

11. If your family member had a crisis within the last year, did they or did they not get the help they needed?

Yes _____

No _____

12. What location for meeting with crisis providers works best for your family member?

Emergency room _____

Home _____

Community Agency _____

Other _____ please give example

13. Has confidentially caused problems with you **giving** information to crisis providers about your family member?

14. Has the crisis provider assisted your family in the development of an effective crisis plan?

15. Has the crisis provider coordinated care with other community-based services, such as your family member's therapist, case manager, or psychiatrist?

16. Has involvement with crisis services helped to prevent your family member from hospitalization and/or incarceration?

OPTIONAL:

Crisis Provider in your area: _____

County: _____

Please return completed survey to:

NAMI Maine
Attn: Tammy – Survey
1 Bangor St.
Augusta, ME 04330

To complete the survey online go to: namimaine.org

All identifying information will be removed from email responses.