

1. Introduction

Dear Colleague,

Baltimore Mental Health Systems (BMHS) is seeking input from you and other stakeholders regarding public mental health services in Baltimore City. As the City's local mental health authority, BMHS develops and submits a plan to the State each year in which it identifies unmet mental health service needs of Baltimore City residents. We will include the results of this survey in our assessment of need for public mental health services in Baltimore City.

Please take five minutes to complete this short survey, in which we ask you to identify up to three priority areas where mental health service needs are not being met. For each priority area, we ask you to identify both the underserved population and the type of service that is needed. While we provide checklists to enable you to complete the survey quickly, open text boxes are available for you to write in options not listed and provide more detail on selected items. Please do not limit yourself to the listed options.

Also, please distribute this survey to others in your organization who might be interested in sharing their perspective on the City's unmet mental health service needs.

You can either complete and submit the survey online, or complete and fax a hard copy to BMHS - Stakeholder Survey, fax # 410-837-2672.

The deadline for submission of the survey is Friday, November 23rd. If you have any questions about the survey, please contact Aparna Balakrishnan at 443-984-4031 or Aparna.Balakrishnan@baltimorecity.gov.

Thank you!

Jane Plapinger, MPH
President & CEO
Baltimore Mental Health Systems, Inc.

2. Your Affiliation

* 1. Which BEST describes your association with the public mental health system in Baltimore City?

Consumer

Family Member

Community-Based Provider of Mental Health Services

Hospital-Based Provider of Mental Health Services

Provider of Healthcare Services

Advocacy Organization

Government/Public Agency

Other (please specify)

3. First Service Priority: Please identify both population and service category...

* 1. POPULATION: Please make only one selection. If you select "other," please fill in the specific population in need. Use the open text box in part 3 of this service priority to further describe the selected population.

Young children (0-5)

School-aged children (6-17)

Transition-age youth (18-23)

Adults (24-64)

Older adults (65+)

Racial, ethnic, and linguistic minority groups

Individuals with co-occurring mental illness and substance use disorder

Individuals with co-occurring mental illness and developmental disability

Homeless individuals

Adults in the criminal justice system (pretrial through conviction)

Children/Adolescents in the juvenile justice system

Victims of trauma

War veterans

Other population (please specify)

* 2. SERVICE CATEGORY: Please make only one selection. If you select "other," please fill in the service category. Use the open text box in part 3 of this service priority to further describe the selected service category.

Outpatient treatment

Housing

Rehabilitation

Inpatient treatment

Crisis services

Other service (please specify)

3. Please use the text box below to further describe the population or service category selected above (optional). For example, you might select "homeless individuals" as the population and "housing" as the service category and explain in the text box that your service priority is transitional housing for women with children who have a co-occurring mental illness and substance use disorder.

4. Second Service Priority: Please identify both population and service category...

1. **POPULATION:** Please make only one selection. If you select "other," please fill in the specific population in need. Use the open text box in part 3 of this service priority to further describe the selected population.

- Young children (0-5)
- School-aged children (6-17)
- Transition-age youth (18-23)
- Adults (24-64)
- Older adults (65+)
- Racial, ethnic, and linguistic minority groups
- Individuals with co-occurring mental illness and substance use disorder
- Individuals with co-occurring mental illness and developmental disability
- Homeless individuals
- Adults in the criminal justice system (pretrial through conviction)
- Children/Adolescents in the juvenile justice system
- Victims of trauma
- War veterans
- Other population (please specify)

2. **SERVICE CATEGORY:** Please make only one selection. If you select "other," please fill in the service category. Use the open text box in part 3 of this service priority to further describe the selected service category.

- Outpatient treatment
- Housing
- Rehabilitation
- Inpatient treatment
- Crisis services
- Other service (please specify)

3. Please use the text box below to further describe the population or service category selected above (optional). For example, you might select "homeless individuals" as the population and "housing" as the service category and explain in the text box that your service priority is transitional housing for women with children who have a co-occurring mental illness and substance use disorder.

5. Third Service Priority: Please identify both population and service categor...

1. **POPULATION:** Please make only one selection. If you select "other," please fill in the specific population in need. Use the open text box in part 3 of this service priority to further describe the selected population.

Young children (0-5)

School-aged children (6-17)

Transition-age youth (18-23)

Adults (24-64)

Older Adults (65+)

Racial, ethnic, and linguistic minority groups

Individuals with co-occurring mental illness and substance use disorder

Individuals with co-occurring mental illness and developmental disability

Homeless individuals

Adults in the criminal justice system (pretrial through conviction)

Children/Adolescents in the juvenile justice system

Victims of trauma

War veterans

Other population (please specify)

2. **SERVICE CATEGORY:** Please make only one selection. If you select "other," please fill in the service category. Use the open text box in part 3 of this service priority to further describe the selected service category.

Outpatient treatment

Housing

Rehabilitation

Inpatient treatment

Crisis services

Other service (please specify)

3. Please use the text box below to further describe the population or service category selected above (optional). For example, you might select "homeless individuals" as the population and "housing" as the service category and explain in the text box that your service priority is transitional housing for women with children who have a co-occurring mental illness and substance use disorder.

6. Before you submit your survey...

1. Please tell us who you are (optional).

Name

Contact information

2. Please enter any additional comments about this survey or Baltimore City's public mental health system below (optional).