

1. Tell us about yourself, are you....

- A person with mental illness that is/was a patient at FMHP
- A family member/friend of a person with a mental illness that is/was a patient at FMHP

2. Do you live in (or did prior to being admitted to FMHP)..

- Rural Minnesota
- Minneapolis or St Paul
- Suburb of the Twin Cities
- A major city in Greater MN (Duluth, Bemidji, St Cloud, Rochester, Mankato, Moorhead, Austin, Winona, Brainerd, Alexandria)
- None of the above

3. We know that your racial and ethnic identities are deeply personal. We are asking to learn more about how people from diverse identities experience the system. Please share the racial or ethnic identity of the person with a mental illness.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino or Spanish Origin
- Southwest Asian or North African
- Native Hawaiian or other Pacific Islander
- White
- Prefer not to answer
- Self-describe

4. What services did the person with a mental illness use prior to being committed as a person with a mental illness that is dangerous (MI&D)?

- Medication
- Therapy
- CADI Waiver (in-home)/PCA
- ARMHS (Adult Rehab Mental Health Services)
- Residential Treatment (IRTS)
- Inpatient Psychiatric Unit
- Mobile Mental Health Crisis Services
- Assertive Community Treatment (ACT)
- Clubhouse, Community Support Program
- First Episode of Psychosis Program
- Group Home
- Supportive Housing
- Other (please specify)

5. What services or help could have prevented you or your loved one from being committed as MI&D?

6. What barriers did you or your family member/friend face when trying to access treatment and services prior to being committed?

- Waiting Lists
- Insurance Wouldn't Cover
- Limited in-network providers
- No culturally specific providers
- Police wouldn't transport to hospital
- Other (please specify)

7. Please rate this sentence: You or your family member/friend received helpful information from the attorneys or county throughout the legal and commitment process.

- Strongly Agree
- Agree
- Neither Agree or Disagree
- Disagree
- Strongly Disagree

8. Please rate this sentence. You as a family member/friend were able to find information and resources about the mental health system that you needed prior to the commitment.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

9. Please rate your experience with you or your family member/friend receiving treatment at MSH.

- Excellent
- Good
- Fair
- Poor
- Very poor

10. For family members/friends: Do/Did you feel included in the treatment and care plans for your family member/friend?

- Yes
- No
- Sometimes

11. Please evaluate the length of stay at FMHP.

- Too short
- About the right length
- Too long

12. What barriers did you or your family member/friend face while trying to be discharged from FMHP?

13. What was your experience like with the special review board?

14. What services, supports, treatment did you or your family member/friend need in order to be discharged to the community from FMHP?

15. Throughout the commitment process and the treatment at FMHP how were you or your loved one treated?

- As a patient
- As a criminal
- Other (please specify)

16. Please share any other thoughts about your experience with the mental health system, commitment process, treatment at FMHP, and the discharge process.