



### What Do You Think?

Congratulations on completing the Mental Health Diversion Program! Please help us understand whether the program was helpful and how we can make it better.

***You are not required to complete this survey. The only purpose is to evaluate and improve the program. Please do not identify yourself or include your name. This survey will not affect any charges against you.***

<b>1.</b>	<b>When I <i>started</i> the Mental Health Diversion Program:</b>	
	<input type="checkbox"/> I had a job.	<input type="checkbox"/> I did not have a job.
	<input type="checkbox"/> I had a home.	<input type="checkbox"/> I did not have a home.
	<input type="checkbox"/> I had Medicaid.	<input type="checkbox"/> I did not have Medicaid.
	<input type="checkbox"/> I had private health insurance.	<input type="checkbox"/> I did not have private health insurance.
	<input type="checkbox"/> I could financially support my family.	<input type="checkbox"/> I could not financially support my family.
	<input type="checkbox"/> I had an appointment set for mental health treatment or counseling.	<input type="checkbox"/> I did not have an appointment set for mental health treatment or counseling.
	<input type="checkbox"/> I was taking medication for my mental health.	<input type="checkbox"/> I was not taking medication for my mental health.
<b>2.</b>	<b>When I <i>finished</i> the Mental Health Diversion Program:</b>	
	<input type="checkbox"/> I had a job.	<input type="checkbox"/> I did not have a job.
	<input type="checkbox"/> I had a home.	<input type="checkbox"/> I did not have a home.
	<input type="checkbox"/> I had Medicaid.	<input type="checkbox"/> I did not have Medicaid.
	<input type="checkbox"/> I had private health insurance.	<input type="checkbox"/> I did not have private health insurance.
	<input type="checkbox"/> I could financially support my family.	<input type="checkbox"/> I could not financially support my family.
	<input type="checkbox"/> I had an appointment set for mental health treatment or counseling.	<input type="checkbox"/> I did not have an appointment set for mental health treatment or counseling.
	<input type="checkbox"/> I was taking medication for my mental health.	<input type="checkbox"/> I was not taking medication for my mental health.
<b>3.</b>	<input type="checkbox"/> The Mental Health Diversion Program <b>helped</b> me.	<input type="checkbox"/> The Mental Health Diversion Program <b>did not help</b> me.
<b>4.</b>	<b>One thing that helped me:</b> _____ _____	
<b>5.</b>	<b>I could have used more help with:</b> _____ _____	
<b>5.</b>	<b>One thing the program should do differently:</b> _____ _____	
<b>6.</b>	<b>If I had been in jail instead of in the Mental Health Diversion Program:</b> _____ _____	
<b>7.</b>	<b>Anything else you want to tell us?</b> _____ _____	