



Denton County  
**MHMR Center**

Certified Community Behavioral  
Health Clinic (CCBHC)  
Needs Assessment 2023:  
Appendix

DENTON COUNTY MHMR CENTER  
*DENTON COUNTY, TEXAS*

May 2023

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## Appendix A: Denton County Needs Assessment Questions

**What is your Zip Code (if experiencing homelessness put 76201)?**

TEXT BOX

**What is your gender?**

Male  Female  Non-Binary  Transgender  Other

**What is your age?**

Under 18 years old  18-24  25-34  35-44  45-54  55-64  65 or older

**What is your race?**

American Indian  Asian  Black or African American  Caucasian  Hispanic or Latino  
 Native Hawaiian or Pacific Islander  Other

**What is your marital status?**

Single  Married  Widowed  Divorced  Separated

**What is your primary language?**

English  Spanish  Vietnamese  Chinese  German  French  Other

**What is your highest level of education?**

Some High School  GED  High School Diploma  Vocational Training  Some College  
 Associate's Degree  Bachelor's Degree  Master's Degree  PhD

**What is your most reliable transportation?**

Own/Lease a Car  Family or Friends  Public Transportation  Ride Share  
 Community Organizations  Other  I do not have access to reliable transportation

**Did you serve in the U.S. Military?**

Yes  No  Prefer not to answer

*If you are a U.S. Military veteran, are you receiving benefits from the VA?*

Yes  No  Prefer not to answer  N/A

*If you are a U.S. Military veteran, do you feel you are receiving adequate physical and mental health services?*

Yes  No  Prefer not to answer  N/A

**How many children do you have?**

0  1  2  3  4  5+

*If you have children, do you have any issues with childcare?*

Yes  No  Prefer not to answer  N/A

**What is your employment status (select all that apply)?**

Unemployed- Looking for work  Unemployed- Not looking for work  Disability  Student  
 Temporary Employment  Part Time Employment  Full Time Employment

*If you are unemployed, please select the reason you are not working at this time (select all that apply):*

- Caregiver or Stay at Home Parent
- Lack of childcare
- Lack of permanent address
- Lack of proper clothing
- Lack of skills/education
- Lack of transportation
- Lack of vital documents (state ID, social security card, birth certificate)
- Language barrier
- Layoff or Downsizing
- Mental health
- Substance use/ Addiction
- Physical health
- Domestic violence/ Sexual assault victim
- Criminal history
- Other

**Have you ever lost a job due to childcare?**

- Yes  No  Prefer not to answer  N/A

**Have you ever lost a job due to transportation issues?**

- Yes  No  Prefer not to answer

**What is your household combined annual income?**

- No Income  Less than \$20,000  \$20,000 to \$44,999  \$45,000 to \$139,999  \$140,000+

**What is your housing status?**

- Own  Rent  Staying with Friends or Family  Homeless of living at a shelter  Hotel/Motel  
 Nursing Home or Long-Term Care  Assisted Living  Group Home  Sober Living  Other

**Does your home need repair to be inhabitable?**

- Yes  No  Prefer not to answer  N/A

***If you have a residence, how many people live in your home?***

- 1  2  3  4  5  6  7  8+

**Do you have any issues paying your monthly bills?**

- Yes  No  Prefer not to answer  N/A

***If you do have issues paying monthly bills, what bills do you have issues paying each month (select all that apply)?***

- Mortgage or Rent  Car or Transportation  Food  Gasoline  Credit Cards  Utilities  
 Cable & Internet  Phone  Child Support  Private or Payday Loans  Student Loans  
 Medical Bills  Insurance (i.e. auto, medical, other)  Other

**Do you have health insurance for medical and/or mental health concerns?**

- Yes  No  Insurance only provides medical and does not cover mental health  
 Prefer not to answer

***If you do have insurance, who providers your health insurance?***

- Self  Employer  Government  Family Member  Other

**Do you receive mental health services and/or substance use services in Denton County, Texas?**

- Yes  No  Prefer not to answer

**Do you receive physical health services in Denton County, Texas?**

- Yes  No  Prefer not to answer

**Do you have a mental health diagnosis?**

- Yes  No  Prefer not to answer

**Do you have a substance use diagnosis?**

Yes  No  Prefer not to answer

**Do you have a physical health diagnosis?**

Yes  No  Prefer not to answer

**Does anyone in your household have a mental health diagnosis?**

Yes  No  Prefer not to answer

**Does anyone in your household have a substance use diagnosis?**

Yes  No  Prefer not to answer

**Does anyone in your household have a physical health diagnosis?**

Yes  No  Prefer not to answer

**Do you receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)?**

Yes  No  Prefer not to answer

**In the past year, have you accessed a food pantry or food assistance program?**

Yes  No  Prefer not to answer

**Do you have reliable access to a phone?**

Yes  No  Prefer not to answer

**Do you have reliable access to the internet?**

Yes  No  Prefer not to answer

**Do you feel that you benefit from health services provided by telehealth (i.e. video or phone)?**

Yes  No  Prefer not to answer  N/A

**What are your top health concerns in Denton County (select 3 answers)?**

Mental Health Treatment  Substance Use & Addiction Treatment  Tobacco Use  
 Physical Health Concerns  Overweight & Obesity  Crime & Violence  
 Physical Activity & Nutrition  HIV, Hepatitis, and Sexually Transmitted Diseases  
 Teen Pregnancy  Other

**What are the primary needs of your household (select all that apply)?**

Physical Health Care  Pediatric Health Care (child)  Prenatal Care  Dental Services  
 Health Education & Prevention  Nutrition & Exercise Programs  Services for the Elderly  
 Services for those living with disabilities  Crisis Services  Substance Use Services & Addiction  
 Transportation  Insurance & Funding  Smoking Cessation  Counseling  Support Groups  
 Mental Health Services  Prescription Assistance Programs

**What are barriers to receiving mental health & substance use services in Denton County (select all that apply)?**

Limited access or cannot get appointment  Lack of evening or weekend hours  
 Lack of insurance or funding  Inconsistent care/Different providers  Distance from facility  
 Lack of childcare  Lack of transportation to appointments  Poor quality care  
 Lack of access to telehealth capabilities (i.e video or phone)  Concerns about confidentiality

- Language barriers  Unsure of the resources or providers
- Access to vital documents (i.e. social security card, birth certificate, state ID)  Other

**What are your top education needs in Denton County (select up to 3)?**

- More parental involvement in education  Affordable education  Affordable childcare
- More accessible counseling to prepare students for tech school or college
- More certificate of degree programs offered locally  Affordable transportation
- Increasing community knowledge of available education resources  Other

**What are your top employment needs in Denton County (select up to 3)?**

- More job availability  Increased pay and benefits  More remote job options
- More job trainings programs  Affordable transportation  Affordable childcare
- Education and Support for Employment  Improved workforce readiness
- Increasing community knowledge of available employment resources
- Increased adult care during work hours  Other

**What are your top housing needs in Denton County (select up to 3)?**

- Rental Assistance Programs  Increased security/utility deposit programs
- More financial counseling resources for homeowners  Reduced energy cost
- More grants that make home ownership and home rehab affordable
- Programs that provide free home repair  More income-based housing for disabilities & seniors
- Community supports for homeless and homeless families  Other

**What are the top support services needs in Denton County (select up to 3)?**

- Child Support  Legal Services  Youth Services  Meal Programs  Transportation Services
- Life Skills Programs & Services  Disability Services  In-Home Services  Senior Centers
- Elderly Services & Support  Other

**How would you rate your knowledge of Denton County MHMR Center services?**

- No Knowledge of MHMR Services  Somewhat Knowledgeable  Neutral  Knowledgeable
- Extremely Knowledgeable

**I believe the following services are accessible in Denton County...**

*Outpatient mental health services.*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*Substance use treatment and addiction services.*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*Crisis services (for mental health).*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*Housing resources and assistance.*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*Inpatient psychiatric services.*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*Family support and education services.*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*Transportation services.*

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*Language assistance services.*

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

**Is there anything we have not asked about that you feel is important?**

TEXT BOX

## Appendix B: Denton County MHMR Center Individuals Served Specific Questions

**Do you have a primary care provider (PCP) for your physical health needs?**

Yes  No  Prefer not to answer

**30. If you have a physical health provider, when was your most recent visit with your physical care provider (PCP)?**

With the last 6 months  One year ago  Two years ago  Over three years ago

**How long have you received services at Denton County MHMR Center?**

Less than a year  1-4 years  5-9 years  10-14 years  15-19 years  20+ years

**How long does it take you to commute to an MHMR office?**

Less than 10 minutes  10-20 minutes  20-30 minutes  30-40 minutes  40+ minutes

**Would you refer a friend or family member to receive services at Denton County MHMR Center?**

Yes  No  Prefer not to answer

**Please scale the following statements...**

*I believe that language assistance services are accessible when at Denton County MHMR.*

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*I think my cultural background is taken into consideration while receiving services at Denton County MHMR.*

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*The process for completing an intake into Denton County MHMR services was easy.*

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*I feel heard while meeting with my prescriber.*

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*I feel heard while meeting with my case manager.*

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*Denton County MHMR has services that meet my needs.*

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree



## Appendix C: Denton County MHMR Staff Specific Questions

**How long have you worked at Denton County MHMR Center?**

- Less than a year  1-4 years  5-9 years  10-14 years  15-19 years  20+ years

**What department do you currently work in?**

- Adult Behavioral Health Services  Child & Adolescent Behavioral Health Services  
 Substance Use Services  Crisis Services (MCOT, Psych Triage, CRU, Compass)  
 Clinic Services (Providers, Nursing, Clinic Staff)  IDD Provider Services  Guardians  
 Quality Management & Utilization Management  IDD Direct Staff  IDD Authority  
 Special Projects (Housing Programs, Employment, LOSS Team, TCOOMMI, Grant Staff)  
 Support Services (IT, Front Desk, Fiscal, Maintenance, Contracts)  
 Management & Executive Management

**How many positions have you held during your employment at Denton County MHMR Center?**

- 1  2  3  4  5+

**Have you ever left your employment at Denton County MHMR Center and then chose to return?**

- Yes  No  Prefer not to answer

**How long does it take you to commute to the office?**

- Less than 10 minutes  10-20 minutes  20-30 minutes  30-40 minutes  40-50 minutes  
 50+ minutes

**Would you refer a friend or family member to work at Denton County MHMR Center?**

- Yes  No  Prefer not to answer

**Please scale the following questions...**

*Do you believe staff shortages are impacting Denton County MHMR services?*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*Do you believe staff shortages are impacting your desire to remain employed at Denton County MHMR?*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*Do you believe your direct management (program manager and/or director) supports you?*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*Do you believe the Executive Management Team supports you?*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*Do you feel comfortable discussing concerns with your direct supervisor?*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*Do you feel that Human Resources trainings and on-the-job training prepared you to complete your job tasks?*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

*Do you feel that your work is recognized by your direct management?*

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

**Describe how staff shortages has impacted Denton County MHMR services, clients, and your employment...**

TEXT BOX

**What would you recommend to improve staff retention?**

TEXT BOX

**What would you recommend to improve teamwork?**

TEXT BOX

**What would you recommend to improve client care?**

TEXT BOX

**What would you recommend to improve communication within the organization?**

TEXT BOX

**What would you recommend to improve training?**

TEXT BOX

**What would you recommend to improve support from management?**

TEXT BOX

**What are the reasons that you have remained working for Denton County MHMR Center?**

- Team Environment  Potential for Career Advancement  Flexible Schedule  Benefits
- Compensation  Executive Leadership is Supportive  Direct Management is Supportive
- Professional Development Opportunities  Other

**What motivates you to perform your job and work with our clients?**

TEXT BOX

## Appendix D: Denton County MHMR Community Partner Specific Questions

**What is your office Zip Code?**

TEXT BOX

**Is your organization a non-profit?**

Yes  No  Prefer not to answer

**Please briefly describe your current position in your agency...**

TEXT BOX

**What feedback do you have about Denton County MHMR services?**

TEXT BOX

**What ideas do you have on how Denton County MHMR can better serve our individuals and the community?**

TEXT BOX

**If needed, would you refer a family or friend to Denton County MHMR services?**

Yes  No  Prefer not to answer

**If NO, please consider leaving a comment below about the reason you would not refer a family member or friend.**

TEXT BOX