

Possible Ballot Initiative

Summary of Scope and Cost of Services

The primary cost is to make AB 34 services to adults available to everyone who meets the target population criteria. The original estimate was that we would eventually need to serve 50,000 people at an average cost of \$7000 per person. This is based upon an estimate of 50,000 homeless mentally ill. After a few years of experience an \$8000 estimate seems more realistic but the 50,000 # still looks accurate. We know that there are many others who are not homeless but are disabled as a result of mental illness. Those who are in county jails are already part of the target population. There are also thousands in state prison but those in prison have had such a high recidivism rate that few complete parole before being sent back to prison. New parole programs may change this. There are many others who live marginally on SSI or with family support. All together the overall target population is probably 100,000 but the number to serve at any time is not likely to exceed 50,000 due to several factors:

- 25% of the homeless are veterans and would receive services through veterans services
- Many would not seek services if they are not homeless because they are too settled into their current situation.
- Many would complete services and return to the work force. Once we served the longstanding backlog of people who have needed services for a long time the number of new cases would be much smaller.
- Prevention and education services would reduce the caseloads.

All services to children and the prevention and maintenance services to adults would represent very modest services to much larger populations. All of the services would be within the covered services for all forms of public and private insurance, so that only those without means and without insurance would be covered. A best guess is that this would affect 200,000 people annually at an average cost of \$500 per person or \$100 million total. This set of #s is a truly very rough guess.

Putting it together there would be \$500 million in additional state spending for mental health services. The AB 34 portion would probably leverage approximately \$300 million in federal SSI payments and \$200 million in federal Medicaid funds for a total \$1 billion in funding for services and support for clients.

This estimated \$1 billion will be spent mostly on services provided through the AB 34 program of outreach and integrated services. If that program were

expanded by \$1 Billion of combined state and federal funds the distribution of funds might be something like the following:

- approximately \$250 million would represent rent payments
- \$100 million, medication
- \$50 million, administrative costs
- \$150 million, psychiatrists (estimate 1,000 at \$150,000 per year)
- \$200 million, other health care professionals (estimate 3,000 at \$75,000 per year)
- \$100 million, other staff (estimate 3,000 at \$33,000 per year)
- \$100 million, facilities, supplies, operating costs and equipment for mental health service providers
- \$100 million, purchase of goods and services other than mental health treatment such as substance abuse services, vocational rehabilitation, food, clothing, transportation, etc.

Possible Funding Structure

(very rough first concept – to be discussed and developed)

- Adult services – four case-rates built around the existing statutory target population – While we have used the phrase severe mental illness for a ballot measure a simpler phrase such as “disabling mental illness” is suggested after the focus group discussions indicated confusion over the phrase severe. Disabling would mean the same thing as severe means in the current statute but we would present it primarily as unable to hold a job as a result of a mental illness.
- First two years full AB 34 services at current rates.
- Years beyond first two years, a reduced rate but still full range of AB 34 services.
- Maintenance for those who are successfully graduated from AB 34 levels of care – likely to be mostly covered by other insurance and limited to reports from periodic visits to a physician and an early warning system of potential relapses
- Prevention services– A very modest case rate for people who are at risk of becoming a member of the target population but have no insurance. (It is assumed that this level of care would be fully covered by insurance.) There would have to be co payments on a sliding fee scale based upon an ability to pay for those who could afford insurance but have not purchased it. There also should be educational efforts so that people recognize symptoms and seek treatment early in the onset of a potentially disabling mental illness.

- Maintenance of effort for state and county spending for existing mental health services (for eligibility for additional funding – similar to the county base rate funding from which EPSDT funding was developed).
- Protect the current AB 34 rates and require them to be adjusted by a CPI formula that reflects housing and labor costs for the area and for new counties not currently providing services, utilize a rate for another county with similar costs.
- Create partial rates for people who meet the target population but are already receiving limited (and inadequate) mental health services either through other insurance or Realignment funds.
- Would there be any incentives or requirements for restructuring of any existing services?
- How do we create incentives for counties to have more successful graduation rates, achieve recovery principles?
- Can there be a portion of money available as bonus incentive payments to reward significant improvement or best performances with a statewide committee to establish guidelines and criteria for the awards?
- Should there be a committee to establish baseline evidence-based best-practice guidelines?
- How do we establish appropriate evidence of qualification of meeting the target population?

CHILDREN'S SERVICES

The additional services would be provided to children who are suffering from a "disabling mental illness" (same meaning as seriously emotionally disturbed (SED) but easier for public to understand) but are not in special education or out of home placements, and have no insurance. (All public and private insurance includes full coverage for SED children.) The services would be limited in scope and parallel to what these type of children receive currently from counties if they are in enrolled in MediCal. There would be co payments on a sliding fee scale for those who could afford insurance but have not chosen to purchase it. How do we deal with children whose families are eligible for public insurance but are not enrolled?

- These would be two groups of children – prevention services to children at risk of special education or out of home placement and maintenance services for those who had been receiving that level of care but have been successfully discharged.

- How should such a payment scheme be structured? Fee for service like EPSDT? Capitation like MediCal consolidation and private sector carve outs? Case rates?
- Maintenance of effort requirement for state and county funding to protect all existing entitlements and all funding for current services.
- Should there be restructuring of current care? Are there gaps in the care available to children and families who have existing entitlements?
- This initiative may be an opportunity to make system improvements that would be difficult to get through the legislature due to cost or opposition from some government agencies. However, when we are developing a proposal which will cost several hundred million dollars system reforms that do not add significantly to the overall cost can also be accomplished if they address the needs of the target population and prevent others from becoming part of it.
- There need to be clear requirements for parental approval of the treatment plan.
- The maintenance program (and to a limited extent the children and adults prevention program) would primarily address transition age youth. We would need to recognize four different subgroups of transition age youth – those who have already been receiving services and are ages 16 to 18 – those already receiving services who are ages 18 to 25 – those who have not previously received services who enter the mental health system ages 16 to 18 – and those who have not previously received services entering the mental health system ages 18 to 25.

PHASE IN

The mental health system could not immediately serve this growth in caseloads. The measure would provide for specific increases in funding for programs for each of the first two or three years with the full entitlement beginning in the third or fourth year.

During the phase in period funding would also be allocated to programs that increase human resources and allow for the purchase or construction of facilities to create additional capacity.

PREVENTION AND EDUCATION

We know that most people do not seek treatment early in the onset of a mental illness. What can we do to change this and prevent people from having long periods of deteriorating mental health due to lack of treatment?

- The school health curriculum is required to be updated in 2006. We could specify that this must include mental health education age appropriate for all levels and that this be supplemented by ways to get information to parents and to higher education students.
- We could require additional education for primary care physicians.
- What else could we do?

HOW ARE WE GOING TO PAY FOR THIS?

Two choices:

1. Take it out of the general fund and work to produce an analysis that shows that most of the costs of services are offset by savings so that the net cost is a very modest one and it avoids this looking like significant ballot box budgeting. We can also reduce the impact by phasing this in over several years - which we would have to do anyway and include funds in the first few years for acquisition of facilities and funds to increase the # of available mental health professionals. There could be a trigger mechanism that conditions the program from growing until the state has eliminated its current deficit. We could say that until the deficit is resolved (or a specified time frame in which it would be reasonable to assume that it has) growth will be limited to savings from current services
2. Provide a tax revenue source to pay for the mental health services.

These alternatives will be tested thoroughly in public opinion polls and it is likely that several drafts with alternatives on these issues will be developed and kept as options until the last moment as this will probably be the last decision made. The tax source would need to be one that does not generate major funded opposition and would only need to cover the estimated net cost to the state. It may also have to allocate a portion of funds to schools under proposition 98. (that has to be researched)

***Fairbank,
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Maullin &
Associates***

*Opinion Research &
Public Policy Analysis*

TO: Mental Health Care Initiative Team

FROM: Paul Maslin and Ben Tulchin
Fairbank, Maslin, Maullin & Associates

DATE: March 17, 2003

RE: Statewide Survey Results

Survey Methodology: From March 5-10, 2003, Fairbank, Maslin, Maullin & Associates (FMM&A) conducted a statewide telephone survey of 800 voters in California who are likely to vote in the November 2004 general election. The margin of error for the entire sample is +/- 3.5 percent. The margin of error among subgroups within the sample will be higher.

Based on the statewide survey that Fairbank, Maslin, Maullin & Associates recently conducted, the prospects for an initiative to provide comprehensive services to people with a disabling mental illness are encouraging. In spite of an extraordinarily difficult political environment with a budget crisis and with voters expressing little desire to support new programs that require new funding, a solid majority of voters supports a proposed mental health care initiative. Furthermore, support stands up to messages opposed to it and cost arguments against it. While cost for such a measure is a concern, voters indicate they are willing to make a commitment to help those who are severely mentally ill.

General Mood and Issue Environment. Without a doubt, the current mood of the California electorate is as negative as it has been in over a decade. Currently, two-thirds of voters (68%) believe the state is heading in the wrong direction and only out of five votes (21%) feel more optimistic and say things are on the right track. These negative numbers rival the mood during the depths of the energy crisis two years ago, when the state was facing rolling blackouts and spiking energy prices, and, prior to that, the recession of the early 1990s.

The issue that is driving this mood is the budget crisis. This issue has captured voters' attention, as it currently ranks as their top concern. When asked in an open-ended format, a plurality (29%) cites the budget as the most serious problem currently facing the state. The budget is also impacting other issues, as much of the concern for the number two issue – education – derives from funding cuts.

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When read a list of issues, the budget once again dominates, with more than half the electorate (53%) indicating it is an extremely serious problem and an additional third (33%) say it is very serious. No other issue comes close to matching that intensity. Conversely, mental health care does not register as serious a concern for voters.

Slightly less than half of voters (47%) feel “the cost and availability of mental health care” is an extremely or very serious problem. Voters express more concern for the “seriously mentally ill not getting the medical treatment they need,” as three out of five (59%) indicate this is a serious problem. General health care registers higher on voters’ issue priorities, as seven out of ten (70%) respond that it is an extremely or very serious problem.

The Vote for the Initiative. Regardless of how it was worded or when it was asked in the survey, voters offer support for providing help to people with serious mental illness. The survey first asked voters how they felt about the general concept, and the response was overwhelming as three-quarters (74%) support providing mental health services to adults and children who suffer from a disabling mental illness, with a plurality (42%) *strongly* in favor of it. An equal minority of 13 percent was opposed as was undecided.

When presented a potential ballot title and summary along with a fiscal impact statement for an initiative that would provide comprehensive mental health care services to children and adults who suffer from a disabling mental illness, nearly two-thirds of voters (63%) support such a measure with a quarter (25%) opposed and one-in-nine (11%) remaining undecided. At the outset, three out of ten voters (30%) say they would definitely vote yes on this measure if the election were held today compared to 12 percent who would definitely vote no. This is a decent ratio, though the figure for definite yes is a little low to ensure a win at the ballot box.

After voters hear more information about the measure, support increases. Once voters are presented with positive arguments, support rises to 71 percent, with 37 percent *definitely* supporting it, and opposition drops to one out of five (21%). Even after negative arguments, the yes vote remains solid as two-thirds (67%) of voters support it compared to one out of four (26%) who oppose it and only seven percent are undecided. Interestingly, support increases slightly after voters are asked a few questions about the cost of and funding for the initiative, as 69 percent say they would vote yes and 25 percent say no.

Votes for the Initiative

	Initial Vote	Vote After Pos. Msgs.	Vote After Neg. Msgs.	Final Vote
Total Yes	63%	71%	67%	69%
Definitely Yes	30%	37%	37%	41%
Total No	25%	21%	26%	25%
Definitely No	12%	11%	13%	15%
Undecided	11%	7%	7%	6%

Specifics of the Initiative. The primary motivator for why voters support this measure in such large numbers is because they want to help people who are mentally ill and who are not receiving adequate care. Specifically, voters want to help children, as half the electorate indicates providing seriously mentally ill children should be a top priority for the measure and an additional 39 percent say it should be a high priority. This tracked the findings from the focus groups, which also found children to be a major reason to pass the initiative.

Voters support the idea of providing comprehensive mental health services, though they have priorities for the services covered by such a program. The electorate is most interested in providing **mental health treatment** and **general medical care** to the people covered by this proposal. Other services are perceived as beneficial but not as essential.

Positive Messages. Proponents of the mental health care initiative have an array of messages from which to choose as voters found many of them convincing. Nevertheless, one message stood out above all the others as the most convincing – *taking care of mentally ill children*. The second most convincing argument in favor of the measure noted that the state has neglected people with mental illness and that it is now time to make a commitment to helping them. Practically all the other positive messages tested well, with nearly four out of five voters finding them very or somewhat convincing, but they did not register quite as highly in terms of standing out as the *most* convincing reason to support the measure.

In fact, a message that emphasized prevention resonated with voters, and when respondents were asked if this measure would be a form of prevention or, instead, result in never-ending treatment and spend a lot of money on a few people, voters said it would be preventative by a greater than two-to-one margin (61% to 25%).

Negative Messages. The survey tested several arguments against the initiative. The theme that raised the most doubts was cost. Voters found convincing the message that mentioned the state's current budget deficit and said we simply can't afford this measure right now. Voters also agreed with concerns that this could result in open-ended costs and that this may not be the highest priority right now compared to other issues such as schools and health care. Nevertheless, these negative arguments dissuaded few voters from voting yes on the initiative.

Messengers. The poll tested a series of people and organizations that may weigh in on this measure. Proponents have many potential allies that voters find believable on this subject. *Nurses, doctors, the California Mental Health Association, and community mental health agencies* rank highest, though there are many other groups that have a lot of credibility as well.

Potential spokespeople against the measure do not garner nearly the same level of respect. The best hope for them is Citizens Commission on Human Rights, where half of voters (56%) find believable though only 22 percent find *very* believable. Tax groups received mixed reviews, and the Church of Scientology has little credibility on this topic.

Funding the Initiative. The fact that two-thirds of voters support this measure knowing its cost and after hearing arguments against it that focus on the cost provides evidence that voters support the measure based on principle and that it is strong enough to overcome the concerns about its price tag, in spite of the budget crisis and the poor economy. There is no doubt some voters are concerned about the measure's cost. However, just as many voters say they would be more likely to support the measure because of its potential savings, even if it has a net cost of a couple of hundred million dollars a year, as say they would vote against the initiative because of its price tag.

Voters are divided over whether to fund this measure through the general fund or to raise taxes, as they lean slightly to favoring the general fund. However, when asked for specific funding mechanisms, a tax on millionaires proved the most popular proposal with nearly three out of four voters (72%) in favor or it to only one fourth (26%) opposed. In contrast, slightly more people oppose using the general fund than support it when it is tested on its own (48% oppose to 44% support). As mentioned previously, support the measure actually increases as does the intensity of support when voters are asked to vote again on the initiative after they are asked the series of questions about funding and raising taxes, which suggests the cost and the prospect of raising taxes to fund this measure is by no means a prohibitive threat to the prospects of this initiative.

**MENTAL HEALTH CARE INITIATIVE
CALIFORNIA STATEWIDE
JOB #220-1456 WT
N=800**

1. As you may know, each election there are several statewide initiatives that appear on the ballot. I would like to read you a description of one initiative that may appear on next year's ballot. This initiative would provide mental health services for adults and children who suffer from a disabling mental illness, that is an adult who is unable to work and a child who cannot function in school. Based on this description, would you be inclined to support or oppose this initiative? **(IF SUPPORT/OPPOSE, ASK:)** Would you strongly or somewhat **(SUPPORT/OPPOSE)** it?

Strongly support ----- 42%
Somewhat support ----- 32%
Somewhat oppose ----- 7%
Strongly oppose ----- 6%
(DON'T KNOW/NA) ----- 13%

2. Now I am going to read you the possible title and summary of this initiative. It is entitled, "The Children and Adult Mental Health Care and Prevention Initiative." It might read as follows:

- Provide statewide comprehensive mental health care services to children and adults who suffer from a disabling mental illness.
- Services include but are not limited to medical treatment of mental illness, temporary housing, and job training.
- Services are limited to patients who are not covered by insurance and/or who have no reasonable ability to pay.
- Fiscal impact: Increased state costs of at least 200 million dollars in the first year, increasing to 500 million dollars annually beginning in 2008.
- Significant direct savings to the state; potentially hundreds of millions of dollars annually.

Would you vote yes in favor of this initiative or no to oppose it? **(IF YES/NO ASK):** Is that definitely **(YES/NO)** or just probably **(YES/NO)**? **(IF UNDECIDED, ASK:)** Well, do you lean towards voting yes or no?

Definitely yes ----- 30%
Probably yes ----- 27%
Undecided, lean yes ----- 6%
Undecided, lean no ----- 2%
Probably no ----- 11%
Definitely no ----- 12%
(DON'T KNOW/NA) ----- 11%

3. Can you tell me why you would vote **(YES/NO)** on this initiative? **(OPEN-END, DO NOT READ RESPONSES, RECORD RESPONSES BELOW)**

a. Yes

People need help/treatment ----- 36%
They have been abused/ignored ----- 9%
Need better programs/important/needed ----- 13%
Saves hundreds of millions/stop future problems ----- 11%

Good way to spend money/good idea	5%
Mental disabled need housing and training/	11%
Allow them to function in society	5%
Knows someone who suffers	4%
Help people without insurance	3%
Need more information	2%
No answer	0%
Misc,	0%
Don't know/refused	0%

b. No

Costs too much	19%
Waste of money/too many programs	20%
Bad economy/bad budget	22%
Have enough money/moneywon't be spent right	12%
Too selective/not clear enough	10%
Against taxes/don't want to pay any more taxes	8%
Need more information	5%
No answer	1%
Misc,	1%
Don't know/refused	1%

4. Next I'm going to read you some services that the initiative might provide to those suffering from a disabling mental illness. For each one, please tell me if you think that service should be a top priority for this initiative to provide, a high but not a top priority, a medium priority, or a low priority.

	<u>TOP</u> <u>PRIORITY</u>	<u>HIGH</u> <u>PRIORITY</u>	<u>MEDIUM</u> <u>PRIORITY</u>	<u>LOW</u> <u>PRIORITY</u>	<u>(DK/</u> <u>NA)</u>
(ROTATE)					
<input type="checkbox"/> a. Housing assistance	23%	33%	31%	10%	3%
<input type="checkbox"/> b. General medical care	30%	41%	21%	7%	1%
<input type="checkbox"/> c. Drug and alcohol addiction treatment	22%	40%	22%	13%	3%
<input type="checkbox"/> d. Mental health treatment	31%	41%	19%	7%	2%
<input type="checkbox"/> e. Job training	25%	39%	27%	8%	1%
<input type="checkbox"/> f. Prescription drugs	25%	39%	25%	9%	2%
<input type="checkbox"/> g. Money management skills	18%	32%	32%	17%	2%
<input type="checkbox"/> h. Getting people off the streets	30%	36%	22%	9%	3%

5. The initiative that has been discussed could include many different groups of people. I am going to read you some people who might be included and for each, please tell me if you think that group should be a top priority for this initiative to include, a high but not a top priority, a medium priority, or a low priority.

	<u>TOP</u> <u>PRIORITY</u>	<u>HIGH</u> <u>PRIORITY</u>	<u>MEDIUM</u> <u>PRIORITY</u>	<u>LOW</u> <u>PRIORITY</u>	<u>(DK/</u> <u>NA)</u>
(ROTATE)					
<input type="checkbox"/> a. People with a severe drug or alcohol addiction	19%	32%	30%	17%	2%
<input type="checkbox"/> b. People with depression	19%	32%	35%	13%	2%
(SPLIT SAMPLE A)					
<input type="checkbox"/> c. Homeless people	25%	33%	31%	9%	2%
<input type="checkbox"/> d. Seriously mentally ill children	50%	39%	6%	3%	1%
<input type="checkbox"/> e. Anyone who suffers from a disabling mental illness	33%	35%	23%	7%	2%
(SPLIT SAMPLE B)					
<input type="checkbox"/> f. Homeless people who are mentally ill	37%	38%	16%	6%	2%
<input type="checkbox"/> g. Seriously mentally ill adults	40%	40%	13%	5%	2%

6. . . Anyone who is severely mentally ill 40% 37% 15% 6% 2%

7. Let me discuss the costs of this initiative in a little more detail. According to the legislative analyst, it would cost about 200 million dollars to set up this proposal statewide. Annual costs would increase over time to about 500 million dollars a year by 2008. From this description, would the cost of this measure make you more or less likely to vote for the initiative, or would it make no difference to you? (IF MORE/LESS LIKELY, ASK:) Would you be much (MORE/LESS) likely or just somewhat (MORE/LESS) likely?

Much more likely-----6%
 Somewhat more likely-----5%
 Somewhat less likely-----16%
 Much less likely-----21%
 Makes no difference-----47%
 (DON'T KNOW/NA)-----6%

8. Now let me tell you a little more about the potential cost of this measure. The legislative analyst also estimates that this program will result in significant savings. For example, there would be fewer emergency room visits by mentally ill patients and fewer days spent in jail. These and other savings will total a few hundred million dollars a year. As a result, the estimated annual cost on average for this program would be about 200 million dollars. Having heard this description, would the cost of this measure make you more or less likely to vote for the initiative, or would it make no difference to you? (IF MORE/LESS LIKELY, ASK:) Would you be much (MORE/LESS) likely or just somewhat (MORE/LESS) likely?

Much more likely-----18%
 Somewhat more likely-----20%
 Somewhat less likely-----7%
 Much less likely-----10%
 Makes no difference-----41%
 (DON'T KNOW/NA)-----5%

9. I am going to read you two proposals that have been made to pay for this initiative. Regardless of how you are planning on voting for the initiative, after I read you both statements, please tell me which you would prefer. (READ AND ROTATE)

Use the state treasury, that is the general fund, to pay for this initiative, which would require making cuts to other programs.-----44%

OR

Raise taxes to pay for this initiative.-----33%

(BOTH)-----3%
 (NEITHER)-----15%
 (DK/NA)-----5%

10. Next I'm going to read you some different ways this initiative could be funded. For each one, please tell me if you support or oppose that proposal as a means to fund this initiative. (IF SUPPORT/OPOSE, ASK: Is that strongly SUPPORT/OPOSE or just somewhat?)

(ROTATE)	<u>STR.</u>	<u>S.W.</u>	<u>SW</u>	<u>STR.</u>	<u>(DK/NA)</u>
	<u>SUPP.</u>	<u>SUPP.</u>	<u>OPP.</u>	<u>OPP.</u>	
<input type="checkbox"/> a. Increase the state sales tax by one tenth of one percent, or point one percent-----	23%	28%	10%	36%	2%
<input type="checkbox"/> b. Use the state's general fund-----	17%	27%	16%	32%	7%

(SPLIT SAMPLE A)

Raise the state income tax only for those who make more than a million dollars a year 55% 17% 8%
18% 2%

11. From the list you just heard, which source of funding do you find MOST acceptable? (DO NOT READ-OPEN END)

a. Sales tax----- 24%
b. General fund----- 16%
SSA: c. Raise income tax on millionaires----- 26%
SSB: d. Raise income tax on millionaires----- 22%
(ALL) ----- 1%
(NONE) ----- 9%
(DON'T KNOW/NA)----- 2%

12. Sometimes during a survey such as this, people may change their minds. Let me ask you one last time. If the election were held today, would you vote yes in favor of or no to oppose the "The Children and Adult Mental Health Care and Prevention Initiative?" (IF YES/NO ASK): Is that definitely (YES/NO) or just probably (YES/NO)? (IF UNDECIDED, ASK:) Well, do you lean towards voting yes or no?

Definitely yes ----- 41%
Probably yes ----- 23%
Undecided, lean yes ----- 5%
Undecided, lean no ----- 3%
Probably no ----- 7%
Definitely no ----- 15%
(DON'T KNOW/NA)----- 6%

13. Have you or has someone you know suffered from a serious mental illness?

Self ----- 2%
Know someone ----- 42%
No ----- 53%
(DON'T READ) DK/NA/REFUSED ----- 1%

14. How would you describe yourself politically: Are you liberal, moderate, or conservative? (IF LIBERAL/CONSERVATIVE ASK: "Is that very liberal/conservative or just somewhat?")

Very liberal ----- 12%
Somewhat liberal ----- 14%
Moderate ----- 37%
Somewhat conservative ----- 17%
Very conservative ----- 15%
(DON'T READ) DK/NA/REFUSED ----- 6%

15. Generally speaking, do you think of yourself as a Democrat, a Republican, or what? (IF "DEMOCRAT" OR "REPUBLICAN", ASK:) Would you call yourself a strong Democrat/Republican or a not very strong Democrat/Republican? (IF "INDEPENDENT" IS VOLUNTEERED, ASK:) Well, do you think of yourself as closer to the Democratic or Republican party?

Strong Democrat----- 26%
Not strong Democrat----- 11%
Independent/Democrat----- 7%
Independent ----- 14%
Independent/Republican ----- 6%
Not strong Republican----- 10%
Strong Republican----- 19%
(DON'T KNOW/NA)----- 6%