

Five County MHA Community Needs Assessment Survey April 2011

1. Default Section

SURVEY INSTRUCTIONS: Five County Mental Health Authority needs your help to evaluate the availability and accessibility of mental health, developmental disability and substance abuse services for residents of Franklin, Granville, Halifax, Vance and Warren counties. This information is crucial to our planning and budgeting process. Please answer the questions below online, or complete a paper copy and return to Five County MHA by April 30th, 2011. If you have a paper copy, you may fax it to Attn: Shawanna Lugardo Fax #: (252) 431-3470 or mail to: Five County Mental Health Authority, Quality Management Department, 134 S. Garnett Street, Henderson, NC 27536. If you have a paper copy, please be sure to answer questions on both the front and back of each page.

To complete the survey online, enter the following address in your web browser:

<http://www.surveymonkey.com/s/fivecountycommunityneedssurvey>

1. Please indicate which choice or choices below best describe you or the organization you represent

- Advocacy or Self Help Organization
- Church/Religious Organization
- Consumer & Family Advisory Committee (CFAC)
- Law Enforcement/Criminal Justice
- Governmental Agency
- Behavioral Health Provider
- Healthcare Provider
- Juvenile Justice
- LME Staff or Area Board Member
- Business/Civic organization
- Schools
- Other (Please specify)

Other (please specify)

2. Please indicate the county or counties in which you live or work.

- Franklin
- Granville
- Halifax
- Vance
- Warren

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3. Please check below which services for ADULTS need to be more available in the counties with which you are familiar. The following abbreviations are used: MH = Mental Health; SA = Substance Abuse I/DD = Intellectual or Developmental Disabilities. You may choose up to 4 services for each county.

	Franklin	Granville	Halifax	Vance	Warren
Screening/Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MH Crisis Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SA Crisis/Detox Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MH Inpatient Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MH Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SA Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/DD Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MH/SA Intensive Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/DD Assistance with Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Evaluation and Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger Management classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MH/SA Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/DD Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SA Supervised Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MH Supervised Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/DD Supervised Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MH Independent Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SA Independent Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MH/SA Employment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/DD Employment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MH Day Treatment Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SA Intensive Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/DD Day Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/DD Caregiver Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardianship Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify Below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

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4. Which services for YOUTH and their families need to be more available in the counties with which you are familiar? The following abbreviations are used: MH = Mental Health SA= Substance Abuse I/DD = Intellectual or Developmental Disabilities. You may choose up to 4 services for each county.

	Franklin	Granville	Halifax	Vance	Warren
Screening/Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Crisis services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MH Inpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MH/SA Intensive In Home Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/DD Skill Development Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MH/SA Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/DD Day Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/DD Assistance with Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MH Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SA Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MH/SA Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/DD Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Evaluation and Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger Management classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/DD Caregiver Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/DD Crisis Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SA Education & Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MH Residential Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SA Residential Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialized Trauma Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify Below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

5. What are the major problems or barriers to obtaining services in our system? Please choose the top 3. We encourage your comments as well.

- Waiting times are too long
- People don't know what services are available
- People don't know how to obtain the services
- The services are too far away
- Lack of transportation
- The hours are not convenient
- People can't afford the services
- No childcare
- Transportation not available
- Stigma/embarrassment/fear
- People don't believe services will help
- The needed services are not available (Please specify)
- Other (Please specify)

Other (please specify)

6. What suggestions do you have for improving access to services in the Five County area? (Please be as specific as possible)

Five County MHA Community Needs Assessment Survey April 2011

7. If funding for services is reduced during the coming year, what strategies would you recommend for addressing funding reductions? (Choose no more than two)

- Reduce funding for all services across the board
- Reduce or eliminate funding for specific services
- Prioritize services to persons with most serious impairments
- Reduce the amount of service provided to each individual
- Choose providers based on quality or effectiveness of services
- Other (Please specify)

Comments/Recommendations

8. If you would like to receive the results of this survey, please enter your email address in the box below.

Thank you for your help in responding to this survey. Please press the "Done" button below to submit your survey online, or return the paper copy by April 30, 2011 to:

Five County MHA
Attn. Quality Management Department
134 S. Garnett Street
Henderson, NC 27536
Fax #: (252) 431-3470

Please call Jim Kinnan, Quality Management Director, at (252) 430-1330 if you have any questions.

Five County MHA Consumer and Family Needs Assessment Survey 2011

1. Five County Mental Health Consumer and Family Needs Assessment Survey 2011

In order to improve our system (services), Five County Mental Health Authority needs your help to identify the services you and your family need. You will not be asked to give your name, and we will only publish summary information to protect confidentiality. Please answer the questions below through the internet, or complete the paper copy and return it to the agency that works with you or to FCMHA by April 30th, 2011. If you have a paper copy, you may fax it to Attn: Shawanna Lugardo Fax #: (252) 431-3470 or mail to: Five County Mental Health Authority, Quality Management Department, 134 S. Garnett Street, Henderson, NC 27536.

To complete the survey online, enter the following address in your web browser:

<http://www.surveymonkey.com/s/fivecountyconsumerandfamily>

If you have a paper copy, please be sure to answer the questions on the front and back of each page.

1. Who are you completing this form for?

- Self
- Family member
- Friend

2. Where does the person(s) needing/receiving services live?

- Franklin County
- Halifax County
- Granville County
- Vance County
- Warren County

3. In what counties are services being received? (check all that apply)

- Franklin County
- Granville County
- Halifax County
- Vance County
- Warren County
- Other (Please explain)

Other (Please Explain)

Five County MHA Consumer and Family Needs Assessment Survey 2011

4. What are the ages of all person(s) receiving services?

(Check all that apply)

- 0-12
- 13-17
- 18-40
- 41-64
- 64 and above

5. What is the race or ethnic group of the person(s) receiving/needing services?

- Black/African American
- White/Caucasian
- Asian
- American Indian/Native American
- Hispanic/Latino
- More than one race
- Other

6. What is your opinion about how services fit your culture, values and special needs?

- Fits most of the time
- Fits some of the time
- Never fits

7. What services do you or your family member(s) receive?

(check all that apply)

- Adult Mental Health
- Child/Adolescent Mental Health
- Adult Developmental Disability
- Child/Adolescent Developmental Disability
- Adult Substance Abuse
- Child/Adolescent Substance Abuse

8. What services do you or your family member need?

(check all that apply)

- Adult Mental Health
- Child/Adolescent Mental Health
- Adult Developmental Disability
- Child/Adolescent Developmental Disability
- Adult Substance Abuse
- Child/Adolescent Substance Abuse

9. What general services are missing or in short supply?

(check all that apply)

- Crisis Services
- Counseling
- Providers who can prescribe medication
- Low cost housing
- Help finding the services I need
- Parenting classes
- Support groups for individuals and families
- Support groups for children or teens
- Support groups for adults
- Education for the public about mental illness
- Education for the public about substance abuse
- Education for the public about Developmental Disability
- Alcohol and drug prevention programs
- Foster care homes
- Supervised living
- Special services for adults over 65
- Employment Services
- Other (Please explain)

Other (Please Explain)

Five County MHA Consumer and Family Needs Assessment Survey 2011

10. Please rate the following services you or your family member may need:

	need this; waiting list too long	need this; times are inconvenient	need this; it isn't available	don't need this service	don't know what this service is
Mobile Crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Med. Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapy (group, family, individual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Service (PSR/Day Treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Support or service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and Drug Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education on MH/DD/SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster Care Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAP Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

11. What problems do you face when trying to get services?

(check all that apply)

- No childcare
- Don't have insurance
- Transportation
- Stigma/embarrassment/fear
- Legal problems
- Immigration problems
- Don't believe services will help
- Can't pay for services
- Have medical issues
- Don't know what services are available
- Don't know how to find services
- Other (Please Explain)

Please Explain or Comment

12. Are you able to get the services when you need them?

- Yes
- No
- Sometimes

13. What else can you tell us about service needs or service gaps?

14. If you would like to receive informational emails from FCMHA, please enter your email in the box below.

Five County Mandatory Provider Capacity Survey FY10-11

Default Section

SURVEY INSTRUCTIONS: This survey is mandatory for all providers with IPRS and/or Medicaid MOA's with Five County Mental Health Authority. Five County MHA needs your help in collecting information about your agency and the services you provide. This survey is designed for agency management to complete, and only one copy of this survey should be submitted for each agency. This information is essential to our Needs and Gaps Assessment and will be used in our planning and budgeting decisions for the next fiscal year.

Your information is essential to us in determining our service capacity for each specific service, as well as the geographic distribution of services throughout our service area. In answering these questions, please include all funding sources, not just IPRS. Please answer all questions that pertain to services your agency provides.

Please complete and submit the survey online through the link to SurveyMonkey you were provided by February 28, 2011. The first three questions must be answered in order to submit the survey. If you have not completed these questions when you click the "Submit" button, you will be redirected to the blank questions with error instructions in red above the questions. The same thing will happen if there are errors on other questions. For questions requiring a number, please enter only whole numbers and do not include decimals or percent signs. Please contact Jim Kinnan at (252) 430-3069 or jkinnan@fivecountymha.org if you are having difficulty completing the survey. If you have a paper copy of this survey, please fax it back to Jim Kinnan, Quality Management Director at Five County MHA by February 28. Fax #: (252) 431-3470.

Thank you for your participation in the survey and contributions to our system of care.

The link is:

<http://www.surveymonkey.com/s/fivecountyprovidercapacitysurvey>

*1. AGENCY NAME

*2. Contact Person

*3. Telephone Number

4. Email

5. Please indicate which disability groups your agency serves in the Five County area.

- Adult MH
- Child MH
- Adult DD
- Child DD
- Adult SA
- Child SA

Five County Mandatory Provider Capacity Survey FY10-11

6. Please check all counties in which you have an office or site

- Vance
- Halifax
- Granville
- Warren
- Franklin
- Other

Other (please specify)

7. Please indicate the number of Five County residents you are currently serving in each of the site based services listed below. Include all funding sources, not just IPRS. Please enter a numerical value for each service that you provide. If you don't provide any of these services you may skip this question.

Individual Counseling	<input type="text"/>
MH Group Counseling	<input type="text"/>
SA Group Counseling	<input type="text"/>
Med Management	<input type="text"/>
Day Treatment	<input type="text"/>
Psychosocial Rehab	<input type="text"/>
SAIOP	<input type="text"/>
ADVP	<input type="text"/>
Individual Supported Employment	<input type="text"/>
Group Supported Employment	<input type="text"/>
Long Term Supports	<input type="text"/>
Day Activity	<input type="text"/>
CAP (Site Based Services)	<input type="text"/>
MH Residential	<input type="text"/>
DD Residential	<input type="text"/>
SA Residential	<input type="text"/>

Five County Mandatory Provider Capacity Survey FY10-11

8. How many additional consumers can you serve in each service in the Five County catchment area based on current staffing levels?

Individual Counseling	<input type="text"/>
MH Group Counseling	<input type="text"/>
SA Group Counseling	<input type="text"/>
Med Management	<input type="text"/>
Day Treatment	<input type="text"/>
Psychosocial Rehab	<input type="text"/>
SAIOP	<input type="text"/>
ADVP	<input type="text"/>
Individual Supported Employment	<input type="text"/>
Group Supported Employment	<input type="text"/>
Long Term Supports	<input type="text"/>
Day Activity	<input type="text"/>
CAP (Site Based Services)	<input type="text"/>
MH Residential	<input type="text"/>
DD Residential	<input type="text"/>
SA Residential	<input type="text"/>

9. Please indicate in which counties your agency provides the following types of services

	Franklin	Granville	Halifax	Vance	Warren
Community Support Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive In Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACTT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MH/SA Targeted Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DD Targeted Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAP Community Based Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Five County Mandatory Provider Capacity Survey FY10-11

10. Please report the number of adults who are currently receiving Community Support Team from your agency in each county and the total.

Franklin	<input type="text"/>
Granville	<input type="text"/>
Halifax	<input type="text"/>
Vance	<input type="text"/>
Warren	<input type="text"/>
Total	<input type="text"/>

11. Please indicate the number of youth who are currently receiving Intensive In Home services from your agency in each county and the total.

Franklin	<input type="text"/>
Granville	<input type="text"/>
Halifax	<input type="text"/>
Vance	<input type="text"/>
Warren	<input type="text"/>
Total	<input type="text"/>

12. Please indicate the number of adults who are currently receiving Assertive Community Treatment Team (ACTT) services from your agency in each county and the total.

Franklin	<input type="text"/>
Granville	<input type="text"/>
Halifax	<input type="text"/>
Vance	<input type="text"/>
Warren	<input type="text"/>
Total	<input type="text"/>

13. Please indicate the number of individuals who are currently receiving Mental Health and/or Substance Abuse Targeted Case Management from your agency in each county and the total.

Franklin	<input type="text"/>
Granville	<input type="text"/>
Halifax	<input type="text"/>
Vance	<input type="text"/>
Warren	<input type="text"/>
Total	<input type="text"/>

Five County Mandatory Provider Capacity Survey FY10-11

14. Please indicate the number of individuals with Intellectual/Developmental Disabilities the are currently receiving Targeted Case Management from your agency in each county and the total.

Franklin	<input type="text"/>
Granville	<input type="text"/>
Halifax	<input type="text"/>
Vance	<input type="text"/>
Warren	<input type="text"/>
Total	<input type="text"/>

15. Please indicate the number of individuals who are currently receiving Developmental Therapy from your agency in each county and the total.

Franklin	<input type="text"/>
Granville	<input type="text"/>
Halifax	<input type="text"/>
Vance	<input type="text"/>
Warren	<input type="text"/>
Total	<input type="text"/>

16. Please indicate the number of individuals who are currently receiving Personal Assistance from your agency in each county and the total.

Franklin	<input type="text"/>
Granville	<input type="text"/>
Halifax	<input type="text"/>
Vance	<input type="text"/>
Warren	<input type="text"/>
Total	<input type="text"/>

17. Please indicate the number of individuals who are currently receiving CAP community based services from your agency in each county and the total.

Franklin	<input type="text"/>
Granville	<input type="text"/>
Halifax	<input type="text"/>
Vance	<input type="text"/>
Warren	<input type="text"/>
Total	<input type="text"/>

Five County Mandatory Provider Capacity Survey FY10-11

18. How many additional consumers can you serve in each service in the Five County catchment area based on current staffing levels?

Community Support Team	<input type="text"/>
Intensive In Home	<input type="text"/>
ACTT	<input type="text"/>
MH/SA Targeted Case Management	<input type="text"/>
DD Targeted Case Management	<input type="text"/>
Developmental Therapy	<input type="text"/>
Personal Assistance	<input type="text"/>
CAP Community Based Services	<input type="text"/>

19. Would your agency be willing to volunteer staff to participate on our local disaster response team?

- Yes
 No

If yes, how many?

20. Please report the number of current staff in each of the listed categories who serve consumers in the Five County catchment area. Please enter only whole numbers.

Physicians	<input type="text"/>
Qualified Professionals (Licensed)	<input type="text"/>
Qualified Professionals (Non licensed)	<input type="text"/>
Associate Professionals	<input type="text"/>
Paraprofessionals	<input type="text"/>
Peer Support Specialists	<input type="text"/>
Administrative/Support Staff	<input type="text"/>

Five County Mandatory Provider Capacity Survey FY10-11

21. Please indicate the number of staff serving individuals in the Five County service area with fluency in languages other than standard English using the dropdown boxes.

	M.D.	Other Licensed Staff	Other Qualified Professionals	Associate/Paraprofessionals	Other Staff
Spanish	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
American Sign Language	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please specify)	<input type="text"/>				

22. Please estimate the percentage of your staff working in the Five County area that fit into the following racial/ethnic categories. Please enter only whole numbers and do not include the percent sign.

White/Caucasian	<input type="text"/>
Hispanic/Latino	<input type="text"/>
Black/African-American	<input type="text"/>
American Indian	<input type="text"/>
Asian American	<input type="text"/>
Pacific Islander	<input type="text"/>
Alaska Native	<input type="text"/>
Multi-Racial	<input type="text"/>
Other	<input type="text"/>

23. Please estimate the percentage of your Five County consumers who fit into the following racial/ethnic categories. Please enter only whole numbers and do not include the percent sign.

White/Caucasian	<input type="text"/>
Hispanic/Latino	<input type="text"/>
Black/African-American	<input type="text"/>
American Indian	<input type="text"/>
Asian American	<input type="text"/>
Pacific Islander	<input type="text"/>
Alaska Native	<input type="text"/>
Multi-Racial	<input type="text"/>
Other	<input type="text"/>

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24. Please indicate whether your agency has services tailored for populations with unique cultural or demographic diversities.

- No
- Yes (Specify what populations are served)

If yes, please explain

25. Please indicate which evidence based practices your agency offers in the Five County Area. Due to technical difficulties you will only be able to choose one county for each evidence-based practice. If you offer the practices in more than one county, please choose the county in which you serve the largest number of persons.

	Franklin	Granville	Halifax	Vance	Warren
Assertive Community Treatment (ACTT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi-Systemic Therapy (MST)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrated Dual Disorder Treatment (IDDT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Management & Recovery (WMR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Psychoeducation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supported Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Recovery Action Plan (WRAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive Behavioral Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma Focused Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dialectical Behavior Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Prevention (Specify Below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Prevention (Specify Below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivational Interviewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seven Challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify Below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide additional details

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26. Please indicate which Evidence Based Practices your agency plans to add prior to July 1, 2011 by county.

	Franklin	Granville	Halifax	Vance	Warren
Assertive Community Treatment (ACTT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Systemic Therapy (MST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated Dual Disorder Treatment (IDDT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellness Management & Recovery (WMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Psychoeducation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supported Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellness Recovery Action Plan (WRAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Behavioral Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma Focused Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dialectical Behavior Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Prevention (Specify Below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Prevention (Specify Below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivational Interviewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seven Challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify Below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional details

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27. Please indicate any services you are planning to add or expand prior to July 1, 2011, including the county or counties where they will be offered.

28. Is there any other information you would like to share about your agency?

Thank you for your help in responding to this survey. Please press the "Submit" button below to submit your survey online by February 28, 2011. When you press this button you should be redirected to the Five County MHA homepage. If the survey remains on the screen after you press the submit button, you probably have one or more errors that need to be corrected. The questions with errors will have red instructions above them. If this happens please correct the errors then press the submit button again. If you have a paper copy of this survey, please fax it back to Jim Kinnan, Quality Management Director at Five County MHA by February 28. Fax #: (252) 431-3470.