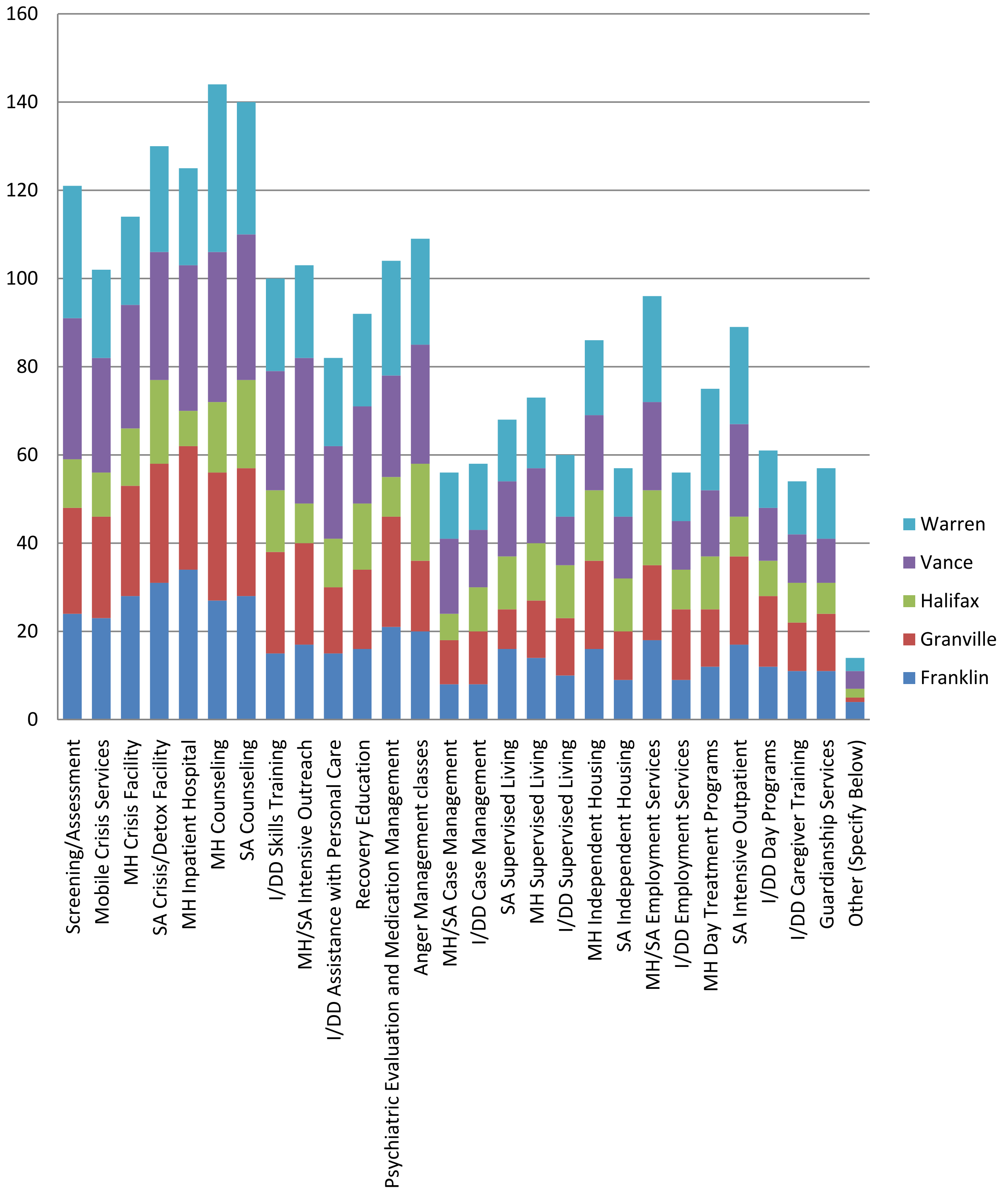
FIVE COUNTY MENTAL HEALTH AUTHORITY COMMUNITY NEEDS ASSESSMENT SUMMARY

APRIL 2011

Please indicate which choice or choices below best describe you or the organization you represent		
Answer Options	Response Percent	Response Count
Advocacy or Self Help Organization	9.4%	19
Church/Religious Organization	10.8%	22
Consumer & Family Advisory Committee (CFAC)	1.0%	2
Law Enforcement/Criminal Justice	5.9%	12
Governmental Agency	11.8%	24
Behavioral Health Provider	18.7%	38
Healthcare Provider	12.8%	26
Juvenile Justice	1.5%	3
LME Staff or Area Board Member	6.4%	13
Business/Civic organization	3.4%	7
Schools	11.3%	23
Other (Please specify)	13.8%	28

Please indicate the county or counties in which you live or work.		
Answer Options	Response Percent	Response Count
Franklin	38.7%	79
Granville	29.9%	61
Halifax	22.5%	46
Vance	50.5%	103
Warren	31.4%	64

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 = Subtance Abuse I/DD = Intellectual or Developmental Disabilities. You may choose up to 4 services for each county.						
Answer Options	Franklin	Granville	Halifax	Vance	Warren	Response Count
Screening/Assessment	24	24	11	32	30	80
Mobile Crisis Services	23	23	10	26	20	69
MH Crisis Facility	28	25	13	28	20	79
SA Crisis/Detox Facility	31	27	19	29	24	85
MH Inpatient Hospital	34	28	8	33	22	87
MH Counseling	27	29	16	34	38	84
SA Counseling	28	29	20	33	30	87
I/DD Skills Training	15	23	14	27	21	56
MH/SA Intensive Outreach	17	23	9	33	21	58
I/DD Assistance with Personal Care	15	15	11	21	20	43
Recovery Education	16	18	15	22	21	50
Psychiatric Evaluation and Medication Management	21	25	9	23	26	59
Anger Management classes	20	16	22	27	24	60
MH/SA Case Management	8	10	6	17	15	40
I/DD Case Management	8	12	10	13	15	32
SA Supervised Living	16	9	12	17	14	46
MH Supervised Living	14	13	13	17	16	46
I/DD Supervised Living	10	13	12	11	14	33
MH Independent Housing	16	20	16	17	17	44
SA Independent Housing	9	11	12	14	11	38
MH/SA Employment Services	18	17	17	20	24	49
I/DD Employment Services	9	16	9	11	11	35
MH Day Treatment Programs	12	13	12	15	23	44
SA Intensive Outpatient	17	20	9	21	22	45
I/DD Day Programs	12	16	8	12	13	31
I/DD Caregiver Training	11	11	9	11	12	30
Guardianship Services	11	13	7	10	16	27
Other (Specify Below)	4	1	2	4	3	9

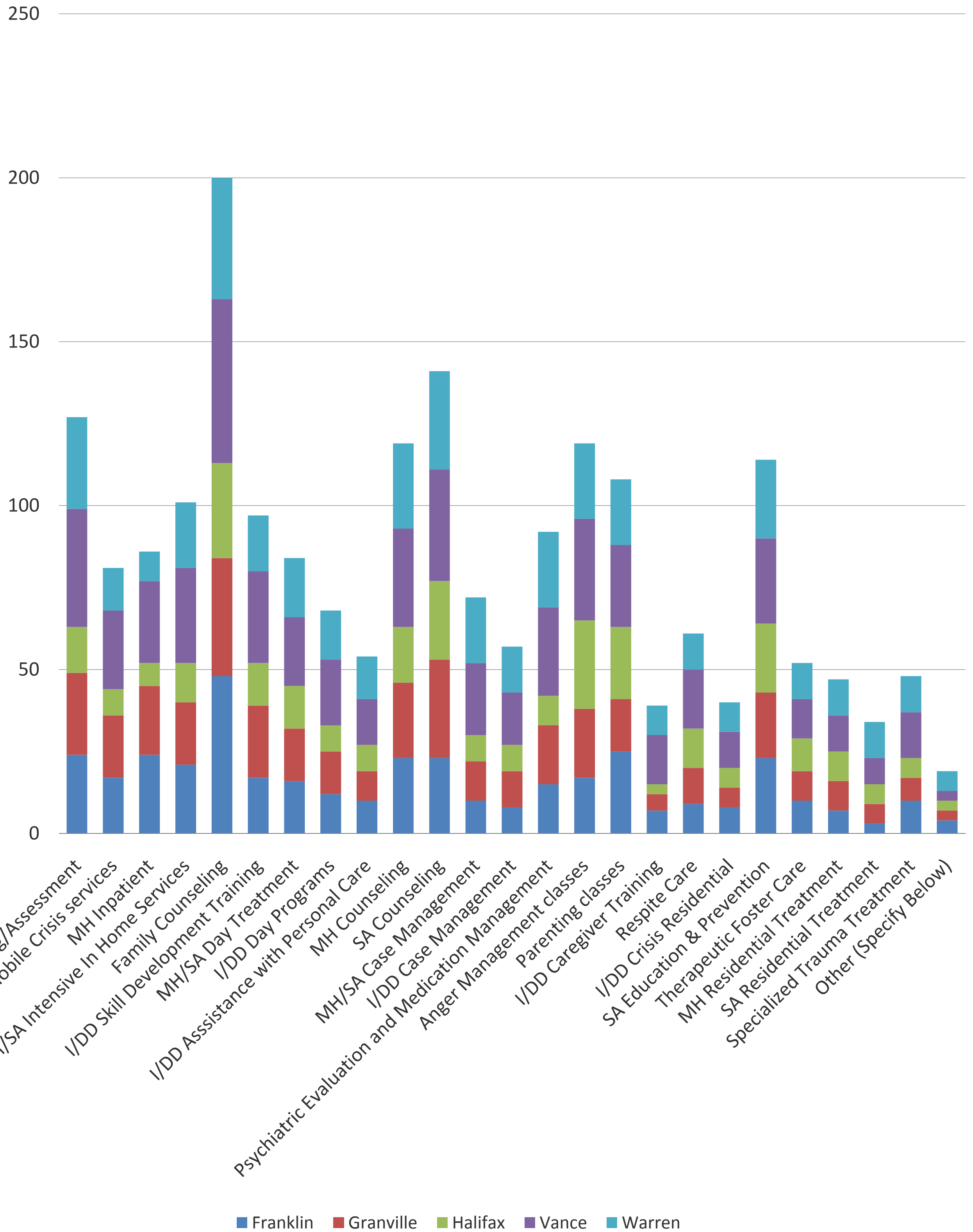

What Services Need to be More Available for Adults?
160
140
120
100
80
60
40
20
0
Warren
Vance
Halifax
Granville
Franklin
Screening/Assessment
Mobile Crisis Services
MH Crisis Facility
SA Crisis/Detox Facility
MH Inpatient Hospital
MH Counseling
SA Counseling
I/DD Skills Training
MH/SA Intensive Outreach
I/DD Assistance with Personal Care
Recovery Education
Psychiatric Evaluation and Medication Management
Anger Management classes
MH/SA Case Management
I/DD Case Management
SA Supervised Living
MH Supervised Living
I/DD Supervised Living
MH Independent Housing
SA Independent Housing
MH/SA Employment Services
I/DD Employment Services
MH Day Treatment Programs
SA Intensive Outpatient
I/DD Day Programs
I/DD Caregiver Training
Guardianship Services
Other (Specify Below)

What Services Need to be More Available for Adults?						
	Franklin Rank	Granville Rank	Halifax Rank	Vance Rank	Warren Rank	Overall Rank
SA Counseling	3	1	2	2	2	2
MH Counseling	5	1	5	1	1	2.6
SA Crisis/Detox Facility	2	4	3	6	5	4
Screening/Assessment	6	7	15	5	2	7
Anger Management classes	9	15	1	8	5	7.6
MH Crisis Facility	3	5	9	7	14	7.6
MH Inpatient Hospital	1	3	24	2	9	7.8
Psychiatric Evaluation and Medication Management	8	5	19	11	4	9.4
MH/SA Employment Services	10	14	4	15	5	9.6
I/DD Skills Training	16	8	8	8	11	10.2
MH/SA Intensive Outreach	11	8	19	2	11	10.2
Mobile Crisis Services	7	8	17	10	14	11.2
Recovery Education	13	13	7	12	11	11.2
MH Independent Housing	13	11	5	16	17	12.4
SA Intensive Outpatient	11	11	19	13	9	12.6
I/DD Assistance with Personal Care	16	18	15	13	14	15.2
MH Day Treatment Programs	19	19	11	20	8	15.4
MH Supervised Living	18	19	9	16	18	16
SA Supervised Living	13	27	11	16	22	17.8
I/DD Supervised Living	23	19	11	24	22	19.8
I/DD Day Programs	19	15	24	23	24	21
SA Independent Housing	24	24	11	21	26	21.2
I/DD Case Management	26	23	17	22	20	21.6
I/DD Employment Services	24	15	19	24	26	21.6
Guardianship Services	21	19	26	27	18	22.2
I/DD Caregiver Training	21	24	19	24	25	22.6
MH/SA Case Management	26	26	27	16	20	23
Other (Specify Below)	28	28	28	28	28	28

Key: MH = Mental Health SA = Substance Abuse
I/DD = Intellectual/Developmental Disabilities

What Other Services for Adults Need to be More Available?
Personal Assistance
Abstinence to drug/alcohol availability
Sex Offender Services
Sex Offender
Systemic Entry point for all services
PM Companionship/Sitter Services for the elderly for so family member can work and/or attend classes in Warren County
Psychiatric Evaluation and Medication Management: providers that really provide service not just take the funds.
SA comprehensive assessments
While ADVP services provide vocational training to people with disabilities, there needs to be a broader array of services that are "outside the box". More flexible funding that would allow existing programs to expand and offer arts and other therapeutic activities would be ideal. People are more productive when they are fully engaged with diverse programming that builds creative strengths and fosters self expression. Funding that would enable programs to replicate state of the art programs such as "The Enrichment Center" in Winston-Salem would benefit the entire community, as these efforts focus on inclusion and significant community integration through the arts. Skills built can also be transferred effectively for vocational purposes, as many art activities involve fine and gross motor movement, and to some degree development of an artistic 'routine'.
Based on what I have seen, the overall availability of Adult SA services is insufficient to meet the need.
Need more agencies providing IPRS funded Day Activity services in all counties;
Opportunities for referrals for families in need of emergency assistance in all areas of mental/living Services......ie fires, incorrigible children, illnesses, aged assistance, in home care & more
I found in my own life when looking for MH services it was very hard to find someone that was accepting new patients/ that took my insurance/ or were within a 30mile radius. I finally found something through my work.
Transportation!!!!!!!!!! Additionally I believe that it is important to have groups (outpatient therapy) for women that are being battered.
Public Transportation
We average 4 involuntary commitments per week with the average time spent watching these persons at MPMC being one to two days per patient.
There are not enough MH and/or SA programs available to keep family members from going to magistrate office obtaining commitment papers. This process ties up law enforcement and drains overtime budgets.
Not sure what is available.
We are outside of the catchment area that serve individuals from the five county mha area
I don't know anything about needs in Franklin, Granville, Halifax counties so I didn't answer.
AFL Services
There is not a single area listed above that does not need improvement in Granville County.

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.						
Answer Options	Franklin	Granville	Halifax	Vance	Warren	Response Count
Screening/Assessment	24	25	14	36	28	76
Mobile Crisis services	17	19	8	24	13	58
MH Inpatient	24	21	7	25	9	67
MH/SA Intensive In Home Services	21	19	12	29	20	67
Family Counseling	48	36	29	50	37	109
I/DD Skill Development Training	17	22	13	28	17	51
MH/SA Day Treatment	16	16	13	21	18	61
I/DD Day Programs	12	13	8	20	15	45
I/DD Asssistance with Personal Care	10	9	8	14	13	38
MH Counseling	23	23	17	30	26	63
SA Counseling	23	30	24	34	30	74
MH/SA Case Management	10	12	8	22	20	41
I/DD Case Management	8	11	8	16	14	32
Psychiatric Evaluation and Medication Management	15	18	9	27	23	55
Anger Management classes	17	21	27	31	23	70
Parenting classes	25	16	22	25	20	63
I/DD Caregiver Training	7	5	3	15	9	32
Respite Care	9	11	12	18	11	36
I/DD Crisis Residential	8	6	6	11	9	22
SA Education & Prevention	23	20	21	26	24	51
Therapeutic Foster Care	10	9	10	12	11	31
MH Residential Treatment	7	9	9	11	11	27
SA Residential Treatment	3	6	6	8	11	24
Specialized Trauma Treatment	10	7	6	14	11	22
Other (Specify Below)	4	3	3	3	6	7



Which Services for Youth Need to be More Available?
250
200
150
100
50
0
Screening/Assessment
Mobile Crisis services
MH Inpatient
MH/SA Intensive In Home Services
Family Counseling
I/DD Skill Development Training
MH/SA Day Treatment
I/DD Day Programs
I/DD Asssistance with Personal Care
MH Counseling
SA Counseling
MH/SA Case Management
I/DD Case Management
Psychiatric Evaluation and Medication Management
Anger Management classes
Parenting classes
I/DD Caregiver Training
Respite Care
I/DD Crisis Residential
SA Education & Prevention
Therapeutic Foster Care
MH Residential Treatment
SA Residential Treatment
Specialized Trauma Treatment
Other (Specify Below)
Franklin
Granville
Halifax
Vance
Warren

Which Services Need to be More Available to Youth and Their Families?

Service	Franklin Rank	Granville Rank	Halifax Rank	Vance Rank	Warren Rank	Overall Average Rank
Family Counseling	1	2	1	1	1	1.2
Anger Management classes	9	1	2	4	6	4.4
MH Counseling	4	9	6	5	4	5.6
SA Counseling	4	18	3	3	2	6
Screening/Assessment	3	22	7	2	3	7.4
Parenting classes	2	16	4	10	8	8
I/DD Skill Development Training	9	8	8	7	12	8.8
SA Education & Prevention	4	21	5	9	5	8.8
MH/SA Intensive In Home Services	8	14	10	6	8	9.2
MH/SA Day Treatment	12	12	8	14	11	11.4
Psychiatric Evaluation and Medication Management	13	18	13	8	6	11.6
I/DD Day Programs	14	6	15	15	13	12.6
MH/SA Case Management	15	12	15	13	8	12.6
MH Inpatient	3	9	20	10	22	12.8
Mobile Crisis services	9	15	15	12	15	13.2
I/DD Assistance with Personal Care	15	3	15	19	15	13.4
I/DD Case Management	20	5	15	17	14	14.2
Respite Care	19	18	10	16	17	16
MH Residential Treatment	22	11	13	22	17	17
I/DD Caregiver Training	22	4	24	18	22	18
Therapeutic Foster Care	15	25	12	21	17	18
I/DD Crisis Residential	20	6	21	22	22	18.2
Specialized Trauma Treatment	15	24	21	19	17	19.2
SA Residential Treatment	25	22	21	24	17	21.8
Other (Specify Below)	24	16	24	25	25	22.8

Key: MH = Mental Health SA = Substance Abuse
I/DD = Intellectual/Developmental Disabilities

Other Services for Youth That Need to be More Available?
Individual Staffing
transition and pre-employment services
All of these services need to be accessible as families and children are in crisis. We need to work together to make it happen
Personally don't work with this area
Psych testing
There is not a particularly strong vehicle to link students exiting the school system with case management or other services. Particularly for students with mild MR who qualify for almost zero services, there needs to be a day program alternative to serve people so they do not fall through the cracks. There also needs to be more opportunities for self advocacy groups to form in each county. There is no organized effort at this time. NC Disability Alliance actually has funds to assist in five NC Counties to build Self Advocacy efforts and one of the those counties includes Franklin County. But the money is not being accessed--and therefore may be lost.
Would suggest separating out SA, particularly for IIH. There are many IIH services but very few that have expertise to work with SA Child.
Definitely need residential and residential/ crisis services for children with IDD.
There is a problem with survey" some of the acronyms used.....are not clear as to what they mean.........ie...I/DD SA not clear on what these are...can only guess???
Not sure what is available
N/A We only serve adults 18 and up
It is hard to choose only 4. I'm not totally aware of what is already available.
Same as above.
MH service at a level in between therapy and IIH

Service Barriers Comments
Copays for services for people already struggling financially is ridiculous.
The intake process is to complex and difficult for the persons who are trying to utilize the services.
Personal Assistance Ineligible for requested services
CAP MR/DD waiting list is too long and consumers are in need of CAP MR/DD services
SA, Out Pt. Psychiatric
Services are limited, too far away or not covered by healthchoice.
Weekends and evening hours are very necessary
For homeless individuals or very low income families that they cannot afford transportation
Sex offender and non-offending services
Entities providing services are threatened and concerned of cuts, however this may just weed out the weak services. It is time we all worked together to help the childr3en and families and develop a cohesive spirit from the heart and not just on the surface providing band aids instead of healing the wounds of the past then moving forward to the future.
Inadequately trained "professionals"
Since contracting began there is a "scrambled" or disjointed result with services and often it appears younger case managers in particular do not know about or even try to plug clients in to some available resources
Many providers are not reliable. Too much turnover of staff.

Affordable respite care in the home. For example, having someone to come in maybe one weekend a month to care for elderly to relieve family member instead of family member not being able to go anywhere or do anything on the weekend because there are no services to covering weekend needs.
People sometimes assume that if their family member has mild i/dd they qualify for no services. This is not the case for vocational services. There also needs to be more education early on about the array of services, and Supported Employment specifically.
One of the major problems is the barriers that the state has put on the small mental health agencies, where the best one on one work was being done, to become a CABHA which makes it impossible for the small agencies to make it and now all of the care given in the mental health system will be given in mass production instead of the one on one connections with the consumers that small mental health agencies are known for.
Need to expand capacity for Outpatient MH services (to include med management and case management as well as therapy). Same for Outpatient SA services.
funding for group living moderate for the adult mr/dd pop
No show rate for initial assessment is very high. Consumers really need to be seen more quickly, perhaps, within two days. The more time between the initial call and scheduled assessment, the greater chance that the consumer will no-show.
There are not a lot of services in the county. The county is very big and some people are not able to get to the provider to receive services. It is also a strain for the providers to travel to work with them and still have enough time in the day to work with other people.
There is not IPRS funding for direct services for people who have Mild Mental Retardation; if the person does not have CAP funding or their families are not able to devote the time or have the ability, then these individuals can be left with no support for skill development. Also, some families who have IPRS funding are not able to attend the ADVP due to no available transportation from the provider agency, and not being able to afford the KARTS van.
There needs to be more monies for the availability of services...also turnover with staff/funding.... a continuing problem...... ....
Because there are so few providers in the area it seems many are not accepting new patients, or you can't get them to call you back. That gets very discouraging.
Reminder calls for client appointments.
More bed space for mental commitments. These people do not need to be in the hall way of Granville Medical Center for 3 to 5 days. Your staff shows a lack of compassion. It is a shame when Law Enforcement shows more compassion then mental health providers!!
Many don't care to get services, they would rather get a check
Inadequate substance abuse services and facilities, especially for women, in Warren County
There are no facilities for persons being entered into the system under involuntary commitment papers.
Families feel that the only solution to Acute MH problems is Involuntary Commitments. I feel that families need to be educated in the alternative ways of gaining
There are too many people who abuse the system, such as illegals. Part of the problem is that they are draining the healthcare system.
I know my friend's son in Warren County had to go to Holly Hill in Raleigh for treatment several times, and this made a real hardship for the mother. I think he had to be evaluated in Henderson. Nothing was local.
From a law enforcement point of view, while crisis services for individuals facing voluntary or involuntary commitment processes has been looked at and addressed with regard to CIT and other interests by Mental Health, the system is still broken. Waiting periods at hospitals still exceed what is even somewhat acceptable and decisions sometimes relative to release of patients evaluated sometimes baffles the mind.
Psychiatric services and counseling for Latinos is a big need, traveling is hard and hours are not convenient,

Five County MHA Community Needs Assessment Survey April 2011

What suggestions do you have for improving access to services in the Five County area?

Have a mobile unit that is in each county once a week.
Establish walk in times for consumers to utilize who have missed an appointment, need medications, or are in need of services and are non compliant by history.
Need to educate parents about MH/SA services. Then provide transportation to and from services. It should be mandatory for all 1st time parents to take parenting classes before taking home babies. Parents that are chronic drug abusers need to be separated from drugs not their children. There are serious lack of resources that will house families or chronic drug abusers. I have several ideas for programs that should be implemented. People in Halifax County are poor. Copays eat up their monies and whatever extra pennies they can earn. There are not resources that can pay for prescriptions if clients have no money. I'm not talking about people who misuse the system, I'm talking about those that actually need services and additional help.
Make the intake process simple and easy as possible.
Providers willingness to provide transportation (nonbillable) to treatment,
Improved collaboration and coordination among providers in the care of each individual
Case management services are needed to be sure that all families in need have information about available services. Case managers provide support and referrals to families in need. Case managers are often the only source of information for families. Often it is overwhelming for people to hear news that is unexpected and sometimes devastating. Case managers are there to help sort through this information and provide support and guidance to families, to help them get going in the "right direction". No matter what the barrier, most of the time, case managers know of some sort of assistance that is available to help families to get their needs met. One of the most common complaints that I hear is that people feel like they are being judged for going to DSS to apply for assistance. No matter the program, many people say they would rather go without than to go to DSS. With the number of people who are applying for Unemployment now, more people who have never needed assistance from DSS are having to apply. These people are not doing so to take advantage of the system. However, this is the attitude they feel that they are getting from the workers at DSS. I feel that some sort of training may be needed for those workers to be able to treat applicants for services with dignity and respect. They will be much more likely to be compliant and to return those behaviors. All agencies should be sure that they refer to other similar resources or agencies. For example, if someone comes into DSS to apply for MPW and the worker feels that they will qualify for food stamps, that should be offered to the person while they are there and can apply. Transportation is often a barrier so as many resources should be obtained as possible in one trip. When a person applies for Medicaid, that worker could refer them to the local Health Department for services provided there (WIC, prenatal care, family planning care, well child care, etc...). Local agencies should be working together to serve the community and take care of our citizens. This should not be looked at as a competition but a joint effort!!
Are you kidding? We need to start from scratch.
more advertisements of providers and services offered; improve service time for the consumers on the waiting list
More outreach to doctor's offices transportation money, services for non-documented
We need mental health back in our (5) County. The old mental health system.
Connect with similar services that are offered in larger counties due to people relocating here with issues and concerns that affect our counties

Providing agencies with funding for providing transportation.
Need services for undocumented citizens. Difficult to access CBC. People in the community are not aware of services. Providers take too long to get back with clients.
Outreach to schools.
There is gap in services from ages 3 to 5.   Not many counselors/providers will treat/evaluate kids under 4 years old.
To provide an outreach program that is recognized by the citizens of the county. Provide information on flyers and post in the common areas of the town. Also, provide informative tidbits of what is available regularly by radio and/or newspaper. The most important objective is to get the information out.
More marketing of the various programs and services to the residents in the Five County area
Reform our thinking and make a paradigm shift
Put the system back together in each county or at least a clinic in each county a couple of days a week
More advertisement of services through public agencies, healthcare providers, schools, etc
Support from Five County needs to be equally distributed between all of the five counties.
Someone needs to do a better job with outreach. Too many Consumers don't know how to access help. The Day Treatment services program needs to be reworked and made available again in this area. The process for providing Day Treatment Services now is too complicated with no guaranteed outcome.
Due to budget cuts, I strongly suggest faith based counseling & support groups as options for most of these medical challenges such as Celebrate Recovery in Wise, NC and River of Life Recovery in Henderson, NC, both of which have a proven record of behavioral, physical, emotional, mental and spiritual changes taking place in participants addressing issues of anger, physical pain, depression, SA, stress, family problems, finances, and many more.
Find new providers
personal responsibility
Offer more classes in Franklin County
Perhaps assist with organizing a few "mental health fairs" in each county - start with just local CABHA agencies and then could expand it to other non-CABHA's. That may be a way of reaching more of the community and educating them on what's available.
THE PRESENT SYSTEM SEEMS TO BE WORKING. HOWEVER, THERE IS ALWAYS ROOM FOR IMPROVMENTS, IE, COST PER SERVICE.
Be a prototype for using biodegradable fuel in KARTS vehicles. Market services as green--from transportation to the actual method of service delivery. Buy a fleet of smart cars. Convert lighting to more energy efficient bulbs. Remove the stigma of disability by encouraging self disclosure. Confidentiality becomes a veil behind passive discrimination--when people are viewed as being 'broken' under a medical model based on 'medical necessity.' Educate the community. People have gifts and they need to use them--or they will lose them.
Limit the CABHA requirements for rural areas.
be more fiscally conservative
Acquiring funding to provide some transportation to individuals who have made a commitment to treatment services. Develop and present community outreach programs that will inform individuals of the services available including how these services can help them and how to obtain them.
transportation assistance/ more timely intervention

Believe the LME needs to do more outreach and collaborative work with other regulatory agencies. In other words, I would like to see more real partnering and active involvement within the community. For example, it would be helpful to have LME representation at all JCPC meetings. Unfortunately, there continues to be confusion regarding the referral process and funding, in particular. More aggressive follow-up/outreach to those individuals who do not follow through with treatment. Assertive Engagement--I believe in the long run this service will be helpful in bringing consumers needing services into treatment. Access is one thing, but there must be monies available to pay for the services.
Implementing a transportation system to get people into the providers. Have more providers capable of providing various services.
Identifying an avenue to obtain monies for more services...or soliciting some churches /organizations to pool monies to offer services....sometimes families can help each other....ie as in teen-agers with children...they can be taught to get together- babysit for each other in order to attend school....but that means that alternative educational opportunities/adult ed. have to be made available....
You need more qualified practitioners in the area.
More female clinicians.
More beds for mental commitments and more compassion from your staff.
More inpatient beds with follow up.
Providing services within the school system. With transportation being such an issue, having varied services available in house would be helpful.
transportation and community resources are lacking especially in the school systems
Need more capacity for SA assessments.
People without Medicaid are not able to afford programs to help their children. The counties will soon experience the loss of Eckerds Camps that helped with treatment. The cost are too much for the people that need help.
Provide more reliable transportation. More visual materials in different offices or locations in communities. More workshops for the community on these subjects.
Update the Five County News Letter more often to reflect the implementations.
Public Forms
Simply getting the word out about what services are available!
Have Services in the County Waiting is too long for law enforcement at the hospital need a mental Hospital in the county
More beds and treatment for persons being submitted for involuntary commitment.
Please address the substance abuse problem in Vance County.
The quality of the services provided should be assessed in some way. Consumers with Medicaid have access to many services, but many times, there is no improvement or change in behavior because the services provided are not the proper services or are not quality services. Consumers without Medicaid have a hard time accessing services that they can afford and still, the services are not always quality services. Some type of checks and balances system needs to be in place with all of the service providers that can really ensure that these consumers are getting quality services that actually fit their needs.

Somebody needs to tell the Magistrates to stop rubber stamping involuntary commandments. More than half of the of the people needing services don't meet the requirements for IVC. They need to contact the CIT's first.
Reinstate satellite clinics in Scotland Neck and possibly Warrenton for at least 2 days a month for medication management and evaluation by an MD or Nurse practitioner.
Substance Abuse is the biggest need within the five county area etc, prescription medication and illegal drugs.
Better screening, with more effective treatment. Who is going to pay for these services?
more rapid access to services to enhance Rx participation and avoid more serious issues
Make more opportunities available. More advertising of what is available. Wasn't there a website started? I don't know where it is. I don't think you can do much about transportation.
Have gotten numerous calls for state funded services we provide in other counties, would suggest LME be more open to adding new state funded services to providers that have state contacts.
Get crisis intervention services under control. Find solutions for long term (sometimes days) of waiting in hospital emergency rooms for space. Get crisis intervention personnel to the hospitals for evaluation in much more a timely manner. Get the magistrates and the courts on board. Frankly, the Mental Health System in NC has been broken for some time and still is. Our state should be ashamed, regardless of the budget woes.
Hiring, and obtaining more Latinos in the field of SA/MH.
Try to recruit qualified staff with salary enticement, have a community center with all services provided

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

Answer Options	Response Percent	Response Count
Waiting times are too long	38.4%	78
People don't know what services are available	44.3%	90
People don't know how to obtain the services	39.4%	80
The services are too far away	33.5%	68
Lack of transportation	56.2%	114
The hours are not convenient	12.3%	25
People can't afford the services	26.6%	54
No childcare	11.8%	24
Transportation not available	33.5%	68
Stigma/embarrassment/fear	18.2%	37
People don't believe services will help	14.8%	30
The needed services are not available (Please specify)	14.3%	29
Other (Please specify)	4.4%	9
Other (please specify)		34

If funding for services is reduced during the coming year, what strategies would you recommend for addressing funding reductions? (Choose no more than two)		
Answer Options	Response Percent	Response Count
Reduce funding for all services across the board	15.5%	31
Reduce or eliminate funding for specific services	19.5%	39
Prioritize services to persons with most serious impairments	47.0%	94
Reduce the amount of service provided to each individual	7.5%	15
Chose providers based on quality or effectiveness of services	54.5%	109
Other (Please specify)	4.0%	8