

2009 SMC Community-Involved Staff Survey

This survey is intended to be completed by CBC/Q's, Access Staff, Care Managers, Housing Coordinator, Prevention Coordinator, GAMHST, and any other SMC community-involved staff.

To the Respondent: You've been identified as a key person to help us understand the SMC treatment and service network. Your input is highly valued and appreciated.

Please email your completed surveys to: Scott Osondu, osondusco@smokymountaincenter.com. Thank you!!

Please check the county(ies) in or related to which you do your primary SMC related work:

All/Whole SMC Catchment

Based on your experience in and with the community, what additional services or supports are needed for the following groups? Please describe the service, the location needed for the service and any barriers you see to implementing this service.

Survey Item	Service Needed	County/ies Needed	Any Barriers to Implementation
Child/Adolescent Mental Health	Assessment & Treatment	Clay, Alexander, McDowell, Caldwell	Low population densities & remoteness of areas may deter investment by outside providers
	Providers of Basic/CC assessment	All	Interested Providers
	Whole array of services needs to be expanded: day program, substance abuse services & psychiatric time		Lack of resources in the west
	More choices in providers	Swain/Graham counties	
	In-Patient services		

APPENDIX E.5a

Survey Item	Service Needed	County/ies Needed	Any Barriers to Implementation
	Enhanced benefit/med mgmt	Northern/Central	Rural area/ money
	Enhanced/Basic	Alexander	
	CST, CS, therapists, clinicians	Haywood	Lack of providers
	assessments		Staffing needs; economic status
	Crisis group homes as an alternative to hospitalization	All	
	CSS providers	All	
	Intensive In-Home services	All in Southern Region	
	Hosp diversion & Crisis stabilztn	All in Southern Region	Lack of resources
	Level IV tx facilities	All in Southern Region	Funding
Adult Mental Health	Assessment & Treatment	Jackson, Haywood, Clay, Alexander, McDowell, Caldwell	Low population densities may deter investment by outside providers
	Providers of Basic/CC assessment	All	Lack of resources in the west
	PSR	Jackson	Rent on existing bldg is costly
	Enhanced/Basic	Alexander	Staffing needs; economic status
	IOP and Individual counseling	All	
	CSS providers	All	Lack of resources
	Assessments	Alexander, Macon, Clay	
	Community Support	All in Southern Region	Staff recruitment in far western counties
	Clinicians/Counselors w/ geriatric specialty	All in Southern Region	
	Housing, ACTT, more providers for counseling		Funding and staffing
	SA-IOP	Swain/Graham counties	Money
	In-Patient/Crisis		

APPENDIX E.5a

Survey Item	Service Needed	County/ies Needed	Any Barriers to Implementation
Child/Adolescent Substance Abuse	Assessment & Treatment	Southern & Central Counties	Relatively low demand in areas of low population density
	Providers of Basic/CC assessment;	All	Lack of resources in the west
	Full array of services	All	Funding and staffing
	Addictions Specialist for children	Swain/Graham counties	Money
	IOP/In-Patient/Family Education for providers to recognize addiction	All	Not enough providers/facilities Providers lack knowledge in the area of addictions and miss indicators
	In-patient/Out-patient programs	All	Lack of state funding
	Enhanced/Basic	All	Staffing needs, economic status
	SAIOPT	All	Lack of resources
	Counseling with specialty in working w/ children & adolescents	All	Recruitment of qualified providers
Adult Substance Abuse	Assessment & Treatment	Alexander	Low pop. density & remoteness
	Providers of Basic/CC assessment	All	Lack of resources in the west
	In-patient/Out-patient programs SAIOP Residential tx bed availability SAIOPT SA-IOP	All All Jackson, Cherokee, Graham	Lack of state funding Staffing needs; economic status Lack of resources Interested providers
Child/Adolescent Developmental Disabilities	Assessment	Graham, Clay, Ashe, Cherokee, Jackson, McDowell, Alexander, Alleghany; Avery	Low pop density & remoteness of areas may make it difficult to attract people with credentials needed for assessment

APPENDIX E.5a

Survey Item	Service Needed	County/ies Needed	Any Barriers to Implementation
	Providers of Basic/CC assessment	All	Lack of resources in the west
	More residential programs	All	Funding
	More DD services	Swain/Graham	
	DD Assessments	All	Staffing needs; economic status
	Establish TBI service definition & waiver;	All	Staffing needs; economic status
	Neuro-psychologists	All	economic status
Adult Developmental Disabilities	Assessment	Same as above	Same as above
Adult Developmental Disabilities	Providers of Basic/CC assessment	All	Lack of resources in the west
Adult Developmental Disabilities	More residential programs	All	Funding
	Additional resources for consumers developing dementia	Southern Region	Staffing needs; economic status
	Day Programs as an alternative to excessive use of 1:1 services	Southern Region	Staffing needs; economic status
	Enable TBI survivors from an adult injury to access CAP services	Southern Region	Staffing needs; economic status
	Establish TBI service definition And TBI waiver	Southern Region	Staffing needs; economic status
	DD assessments	Southern Region	Staffing needs; economic status

APPENDIX E.5a

In the counties you checked above in which you do your primary SMC related work, what do you see as:

Survey Item	SMC Provider Network Treatment Services	Other SMC Related Services
The biggest assets and successes related to:	<ul style="list-style-type: none"> - App. Community Services appears to provide excellent/reliable services in the southern region; - Adult SA tx is well covered by Mtn Youth Resources; - New River appears to provide good MH/SA services in the northern region; - New River has typically done a good job in meeting tx needs within state time frames - State Funds for Indigent population - Dedicated staff, including CBCs, CBQs, Drs - Appalachian Community Services - Developmental Disabilities - Willingness to work together; - Efforts to respond to consumer needs - RECs 	<ul style="list-style-type: none"> - Emergency services in southern region are exceptionally good. - The psychiatric services provided by the SMC psychiatric clinic have helped many people who would have not had a provider otherwise in the southern region - The SMC BHU appears to effectively provide an essential in-patient service that would not exist otherwise - Psych Clinic - CSS, Intensive In-Home and proposed day tx - Commitment of staff - BHU/ARU - Balsam Psy Clinic
The biggest challenges, failures, and barriers to:	<ul style="list-style-type: none"> - Lack of guidance from state - Tough financial times for NC MH care - Lack of providers & lack of supervision for clinicians, therefore poor/ineffective service delivery Also qualified SA staff - Individual counseling for consumers w/ dementia - Support groups for caregivers of both adults & children who have mental illness - Lack of therapists to meet demand - Unwillingness of some providers to accept state funds; lack of resources - Distances; 	<ul style="list-style-type: none"> - Old-school attitudes - Lack of Emergency Services resources - Lack of physicians in western-most counties - Family Resource Center closed in Graham County - It would appear to take a lot of resources that are currently unavailable to create enough facilities to serve the in-patient needs. The wait times for people to get into both detox and rehab program has been very long. While people await these

APPENDIX E.5a

	<ul style="list-style-type: none"> - Funding issues - SA-IOP, - Housing issues, - DUI assessment - Not enough providers - The current economic downturn will lead to some providers closing their doors, leaving fewer and fewer services 	<p>services, they can do a lot of damage to their bodies, families and social structures.</p>
<p>The biggest and most immediate unmet needs in:</p>	<ul style="list-style-type: none"> - MH/SA services in Alexander County - Crisis services in Alexander County - Adult MH services in Jackson County - DD psychological assessment in southern/central regions - Follow-up tx after assessment completed - More providers, services, med clinic time - Med Mngt in Graham/SA-IOP in Swain/Graham counties - Substance Abuse Residential placement facilities - Substance Abuse Services - CSS providers for adult consumers - Assessment appointments - Access to crisis services for geriatric consumers at risk of hospitalization 	<ul style="list-style-type: none"> - SA detox units - Physicians' services in western-most counties - Strengthened infrastructure - Emergency access to psychiatric consultation for geriatric consumers at risk of hospitalization

APPENDIX E.5a

Please check the county(ies) in or related to which you do your primary SMC related work:

Central Region: Alexander Caldwell McDowell

Based on your experience in and with the community, what additional services or supports are needed for the following groups?
Please describe the service, the location needed for the service and any barriers you see to implementing this service.

Survey Item	Service Needed	County/ies Needed	Any Barriers to Implementation
Child/Adolescent Mental Health	Therapists	Alexander	Lack of residential services for adults w/ mental illness, particularly those who can be aggressive
	Child therapists	Alexander, McDowell, Caldwell	
	Residential	Alexander, McDowell, Caldwell	Lack of available psychiatrists
	Training for providers of community support		Lack of agencies who participate in IPRS
Adult Mental Health	Treatment providers/therapists		
	Community Support Teams		
Child/Adult Substance Abuse	Treatment providers/therapists	McDowell	Funding
	Intensive Outpatient		Funding
	More qualified providers w/ children	Caldwell	Some existing providers do not participate in IPRS
Adult Substance Abuse	Treatment providers/therapists	Alexander, McDowell, Caldwell	

APPENDIX E.5a

Survey Item	Service Needed	County/ies Needed	Any Barriers to Implementation
	Residential tx	Alexander, McDowell, Caldwell	Providers who would be willing to do this service
Child/Adult Developmental Disabilities	Service needs are being met by CS; not the best way	McDowell	Funding
	More community support for child DD consumers	McDowell	Funding
Adult Developmental Disabilities	Service needs are being met by CS; not the best way	Caldwell	Funding; limitations imposed by Division
	More CAP-MR/DD “slots’ or comparable service	Caldwell	Funding; limitations imposed by Division

In the counties you checked above in which you do your primary SMC related work, what do you see as:

Survey Item	SMC Provider Network Treatment Services	Other SMC Related Services
The biggest assets and successes related to:	<ul style="list-style-type: none"> - Providers work well together to get needs met - Finally hiring Qs at the New River RECs - Working closely with providers 	<ul style="list-style-type: none"> - Lack of funding to meet all needs of clients, particularly IPRS funds
The biggest challenges, failures, and barriers to:	<ul style="list-style-type: none"> - MH tx for children/adults; - NRBH cannot provide the services to all clients in a timely manner - Not having enough varied providers for the need 	
The biggest and most immediate unmet needs in:	<ul style="list-style-type: none"> - How to draw providers into this small county (Alexander) - MH/SA services are limited - Substance Abuse providers - Psychiatrist time - Adult Community Support team 	<ul style="list-style-type: none"> - Housing – not enough residential homes for adults with MH/SA - Not enough services for indigent clients - Transitional Housing – for clients moving from state hospital back to community - Crisis/respice beds – need crisis facility

APPENDIX E.5a

Please check the county(ies) in or related to which you do your primary SMC related work:

Northern Region: Alleghany Ashe Avery Watauga Wilkes

Based on your experience in and with the community, what additional services or supports are needed for the following groups? Please describe the service, the location needed for the service and any barriers you see to implementing this service.

Survey Item	Service Needed	County/ies Needed	Any Barriers to Implementation
Child/Adolescent Mental Health	Utilizing providers that are not getting referrals for SA due to JJTC getting those referrals	Wilkes	JJTC is supposed to cover all needs but while seems to work well for DJJ, it seems the services are not as available as they should be
	Groups Homes & Apartments	Watauga, Wilkes, Avery, Alleghany	MHA not creating new group home & apartment capacity at this time; Currently only 6 bed group home in Ashe, 6 unit apts in Ashe, 10 unit apts in Watauga, with a yr's waiting list 10 unit apt in Wilkes
	No inpatient crisis beds in region		
	Insufficient outpatient therapists	All	
Adult Mental Health	Additional therapist/treatment	Wilkes	Hard to get qualified people; Not a lucrative business
	Halfway Houses for Men, Women /Women & Children	Watauga, Wilkes, Ashe, Avery, Alleghany	Not a lucrative business; Lack of funding streams for operating expenses; Major service provider unable to own property, must lease year to year. Only halfway house in Watauga is 6 beds for men

APPENDIX E.5a

Survey Item	Service Needed	County/ies Needed	Any Barriers to Implementation
Adult Mental Health (cont'd)	More Inpatient Beds/ Insufficient outpatient therapists	ALL	
Child/Adult Substance Abuse	No Comments	No Comments	No Comments
Adult Substance Abuse	Recently a program closed in Wilkes	All	Identifying a willing provider
	Insufficient outpatient therapists	All	Identifying a willing provider
	Access to Suboxone Tx	All	Identifying a willing provider
Child/Adult Developmental Disabilities	Evidenced-based tx and intervention for specific diagnosis;	All	Providers need further training on the subject. Presently most providers indicate vague tx (prompting, gestures, etc) in their tx plans for all types of disabilities
	Behavior modification and psychologists to develop and follow behavior plan		Psychologists are reluctant in providing this service due to their uncertainty of the billing procedure of this service
Adult Developmental Disabilities	Evidenced-based tx and intervention for specific diagnosis;	All	Providers need further training on the subject. Presently most providers indicate vague tx (prompting, gestures, etc) in their tx plans for all types of disabilities
	Behavior modification and psychologists to develop and follow behavior plan		Psychologists are reluctant in providing this service due to their uncertainty of the billing procedure of this service

APPENDIX E.5a

In the counties you checked above in which you do your primary SMC related work, what do you see as:

Survey Item	SMC Provider Network Treatment Services	Other SMC Related Services
The biggest assets and successes related to:	<ul style="list-style-type: none"> - Ability to be out in the community and supportive to providers while being able to identify needs objectively in the community and an advocate for consumers - IRPS funding for Family Solutions Recovery House - Evergreen Transitional housing for Men in SA recovery - Community Collaboratives - Watauga Opportunities: Pilot Program for School-to-Work Initiative, Retirement Program 	<ul style="list-style-type: none"> - Revolving Loan for Stable Housing – Rental Deposit, Utility Deposit, First Month’s rent; - Emergency housing funds for 1-7 nights
The biggest challenges, failures, and barriers to:	<ul style="list-style-type: none"> - When there is more than one provider for a consumer and they are having difficulty agreeing to appropriate services for consumers - Lack of funding for sufficient operating expenses for housing program including staffing costs, rent utilities, maintenance, supplies - Bureaucratic Overkill by Raleigh and SMC - Transportation: Parents and providers not understanding service available 	<ul style="list-style-type: none"> - Consumers who are in the process of applying for disability; either approved but time delay or appeal for denial - Some consumers have need of more than one housing loan but only able to do one loan per active consumer
The biggest and most immediate unmet needs in:	<ul style="list-style-type: none"> - Substance Abuse Prevention/Treatment - Lack of enough housing capacity for persons with mental illness, substance abuse conditions - Insufficient outpatient therapists MH/SA - Respite Care 	<ul style="list-style-type: none"> - Some consumers have need of more than one housing loan but only able to do one loan per active consumer

APPENDIX E.5a

Please check the county(ies) in or related to which you do your primary SMC related work:

Southern Region: Cherokee Clay Graham Haywood Jackson Macon Swain

Based on your experience in and with the community, what additional services or supports are needed for the following groups?
Please describe the service, the location needed for the service and any barriers you see to implementing this service.

Survey Item	Service Needed	County/ies Needed	Any Barriers to Implementation
Child/Adolescent Mental Health	Individual counseling services	Haywood, Jax, Macon, Swain, Graham, Cherokee, Clay	Funding
	DV Batterer's Tx	All	Funding, fees, availability (Must be ordered by judge)
	CMH Level III for male/female	All	Funding; providers willing to do residential
	SA Residential	All	Funding; providers willing to do residential; Qualified staff/available providers
	Intensive In-Home services (hospital diversion)		Qualified staff/available providers Money
	Child Psychologist and Staff	Swain/Graham	
	More facilities such as Hawthorne Heights		
	Group/residential services		
Adult Mental Health	AMH group homes and other supportive living placements	Jackson, Macon, Swain, Clay, Cherokee,	Funding, providers willing to assume residential roles (that are not currently doing this), consumers with no income or benefits

APPENDIX E.5a

Survey Item	Service Needed	County/ies Needed	Any Barriers to Implementation
	DVIP	Graham, Haywood	Funding
	Intensive in-home services for families (strengthening families)		Contract issues
	Individual counseling, clinicians w/ geriatric specialties	All	
	Individual therapy and group therapy as an adjunct to REC programs	Southern region	
	Additional Clinicians	Swain/Graham	
Child/Adult Substance Abuse	CSA tx/inpatient	All	Funding and qualified Medicaid and State-funded providers It would be beneficial for each county to have SA programs to provide Stabilization Tx Educ. And Support through Recovery
	Residential	All	Funding and qualified Medicaid and State-funded providers It would be beneficial for each county to have SA programs to provide Stabilization Tx Educ. And Support through Recovery
	Individual/group therapy	Southern region	Funding and qualified Medicaid and State-funded providers It would be beneficial for each county to have SA programs to provide Stabilization Tx Educ. And Support through Recovery

APPENDIX E.5a

Survey Item	Service Needed	County/ies Needed	Any Barriers to Implementation
	Inpatient SA tx		Funding and qualified Medicaid and State-funded providers It would be beneficial for each county to have SA programs to provide Stabilization Tx Educ. And Support through Recovery
Adult Substance Abuse	Need more Medicaid and sliding scale out patient svcs	Haywood	Lack of providers, credentialing, long waiting list
	DWI tx	Haywood	Lack of providers, credentialing, long waiting list
	SAIOP; Detox	Jackson, Swain	Money, Providers
	Individual and group therapy as an adjunct to REC	Southern region	
	SAIOP and In-Patient/Residential Tx in addition to SA clinicians	Swain/Graham	
Child/Adult Developmental Disabilities	1:1 DT,PA, CAP-MR/DD	Far West	Qualified staff
	Respite care for families	Southern region	Funding
Adult Developmental Disabilities	Adult DD residential group homes	All	Some providers are downsizing or closing group homes due to financial issues
	Respite care for families	Southern region	Funding and providers

APPENDIX E.5a

In the counties you checked above in which you do your primary SMC related work, what do you see as:

Survey Item	SMC Provider Network Treatment Services	Other SMC Related Services
<p>The biggest assets and successes related to:</p>	<ul style="list-style-type: none"> - Some improvement in working with DSS - New local BHU, Balsam Center, new mobile crisis unit - The RECs have been a good resource for those in recovery. I have heard many good things about the classes from some of my Shelter Plus Care participants - Providers and SMC work well together in coordination of linking clients. Recently, in Swain Co., Meridian has been very instrumental in including SMC in CBC team meeting. Appalachian is always cooperative in both counties in accommodating referred clients. - Diversity of some providers in serving several different populations/age groups - The communication between providers and SMC related services - REC programs, walk in med clinics - Good relationship and trust built between CB team and providers, community and stakeholders 	<ul style="list-style-type: none"> - Many agencies are working on mixed groups - Care Coordination has made a big difference in outcomes for hospital discharges. - The Shelter Plus Care program has successfully housed many homeless SMC consumers, allowing them to focus on their recovery goals and needs - LME/CBC & CBQ Collaboration with county agencies and service providers for resources and information - Quick response by co-workers to challenging issues; - Confidence in co-workers' abilities to assist w/ variety of issues pertaining to consumer care coordination in timely manner.
<p>The biggest challenges, failures, and barriers to:</p>	<ul style="list-style-type: none"> - Overcoming the "reorganization of mental health" – has left many gaps, no true counseling services that are available to all - Not enough providers - The REC is not enough services for some, 	<ul style="list-style-type: none"> - Finding placements for consumers who have no income, no employment, and no SSI/SSDI benefits or Medicaid. This makes discharge planning and housing placement extremely difficult

APPENDIX E.5a

	<p>particularly those who are homeless and need a more intensive level of service, such as CS;</p> <ul style="list-style-type: none"> - ACTT has been extremely limited state funded slots and there are far more consumers with this need than slots available - Securing and maintaining provider base that can be sustained - Individuals needing services for the older population - REC program limitations, some in-county tx provider agencies that do not collaborate with each other, state funding issues for tx outside of REC - Not enough psychiatrists - Both Swain and Graham still remain uncertain about how to handle crisis that previously were sent to the Balsam Center. There are continuous barriers between DSS and schools, especially in Swain County - Lack of trained, credentialed staff to implement needed services - Lack of trust between providers and LME; - Perceived lack of communication and dissemination of information 	<ul style="list-style-type: none"> - Contract negotiations are very cumbersome and frustrating - Statewide funding cuts to child service agencies that increase service provision needs on a provider tx network that is also being limited by funding - Same, including stakeholders & community
<p>The biggest and most immediate unmet needs in:</p>	<ul style="list-style-type: none"> - Need for more Medicaid providers and need for more sliding scale counseling of all types - State funded ACTT and CS - AMH group homes and supportive living placements - ASA halfway houses and supportive living 	<ul style="list-style-type: none"> - Funding for housing placements

APPENDIX E.5a

	<p>placements</p> <ul style="list-style-type: none">- Community resources<ul style="list-style-type: none">o Qualified SA tx providers outside of SAIOPT and the funding to support themo Mental health and SA tx. Outside of REC programso In-county collaboration- Clear and concise directions given to schools regarding Crisis Stabilization and placement for these individuals.- Graham and Swain Counties could benefit from drip in centers as they “used to be” to handle crisis and expedited routine of care.- Being able to keep children/adolescents closer to home county when seeking residential placement- Lack of information and direction from LME regarding Macon County REC; perception that LME isn’t helping to facilitate a smooth transition to REC services;- Providers do not feel supported- Provider availability, eg. No BUI slots for assessments and even when providers are called directly for assessment times, wait times are outside of standard	
--	---	--