

Community Needs Assessment Survey 2009

1. **Where do you receive services?** Gaston County Lincoln County Cleveland County
2. **Do you receive services for (check all that you receive)...**
 - Child mental health issues Adult development disabilities
 - Adult mental health issues Child substance abuse problems
 - Child development disabilities Adult substance abuse problems
3. **When you first entered services, did you find the 1-800 number service HELPFUL?** Yes No
4. **My service provider is courteous to me when I call or meet with them.** Yes No
5. **I would recommend my service provider to a friend or family member.** Yes No
6. **Do you understand Pathways' role in your services?** Yes No
7. **When you call the 1-800, is the person answering the phone COURTEOUS?** Yes No
8. **If you go to an office to receive services, is it convenient?** Yes No
9. **I was given information about my rights.** Yes No
10. **My service provider is sensitive to my cultural (race, religion, language, etc.) background.**
 Yes No
11. **Are you able to get to the services you and your family need related to a disability?**
 Yes No

If NO, what other services would you and your family need to assist with the disability?

- | | |
|---|--|
| <input type="radio"/> Peer support groups | <input type="radio"/> Substance abuse treatment |
| <input type="radio"/> Crisis services | <input type="radio"/> Sex offender treatment |
| <input type="radio"/> Prevention screening for other disabilities | <input type="radio"/> Elderly care |
| <input type="radio"/> Jail diversion | <input type="radio"/> School drop out prevention |
| <input type="radio"/> Alternative to hospitalization | <input type="radio"/> Cultural/second language knowledge |
| <input type="radio"/> Day programs | <input type="radio"/> Access through Pathways 1-800 |
| <input type="radio"/> Specialized teen years services | <input type="radio"/> Psychologists |
| <input type="radio"/> Caregiver support groups | <input type="radio"/> Psychiatrists |
| <input type="radio"/> Inability to pay co-pay/no insurance | <input type="radio"/> Diagnostic assessments |
| <input type="radio"/> Parent support groups | <input type="radio"/> Access to medication |
| <input type="radio"/> Halfway house | <input type="radio"/> Medication education |
| <input type="radio"/> Group homes | <input type="radio"/> After care services/follow up |
| <input type="radio"/> More treatment group times and locations | <input type="radio"/> Court system |
| <input type="radio"/> Interaction with your primary care doctor | <input type="radio"/> Advocacy groups |
| <input type="radio"/> Other health issues like diabetes, asthma | |



12. Would you know who to call about accessing any of these services you just checked?

Yes No

If NO, how would you like a list of resources related to disabilities? (Check all that apply.)

Internet Printed copies available at community locations
 Mail Printed copies available from your case manager/community support person

13. Besides the disability issue in your family, do you and your family have other needs?

Yes No

If YES, what else do you need to make your family successful? (Check all that you need.)

Financial/budgeting After school or weekend care
 Transportation Recreation
 Affordable housing Domestic violence prevention
 Job Spiritual
 Health care Prevention screening for diabetes, high blood pressure, etc.
 Dental care

14. Do you participate with a team as you talk about the services you or your family need?

Yes No

If YES, who are members of your team? (Check all that apply.)

Case manager Pastor
 Courts Neighbor
 Community support worker Department of Social Services
 Schools Guardian Ad Litem
 Grandparents/Relatives Advocacy group

15. I like the services I receive. Yes No

16. Services were available at times that were good for me. Yes No

17. I am getting better with the services I receive. Yes No

THANK YOU FOR ANSWERING ALL OF OUR QUESTIONS!

