

COMMUNITY SUPPORT PROGRAM OF MONTGOMERY COUNTY
Assessment of Needs Survey 2024/2025

Thank you for taking the time to fill out the CSP Assessment of Needs Survey 2025. CSP is comprised of people **who use mental health services, providers, family members, supporters and county staff** and their mission is to improve mental health services in Montgomery County. By filling out this survey you will enable the CSP, in partnership with the Office of Mental Health, to better voice your thoughts and concerns for future planning. We value everything you have to say and appreciate your input and insight regarding the **mental health services** that are currently being provided to individuals. Please answer all six (6) questions below.

1. How would you identify yourself? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Individual with Lived Experience with Behavioral Health Concerns | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Provider Staff | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Supporter | |

2. What is your Gender:

- ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to answer ☐ Other: _____

3. What is your Age Group:

- | | | | |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 18-24 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 65+ | |

4. Which of the following 16 supports would you like the county to prioritize for future development?

Please **choose your TOP 5 Priorities**. Place a check in the box next to your Top Priorities (**CHOOSE ONLY 5**).

- | | |
|---|---|
| <p><input type="checkbox"/> 1. Housing: Mental health-related rent subsidized housing, and services/resources to maintain housing, for people in the mental health system.</p> <p><input type="checkbox"/> 2. Residential Services: Services that support people living independently.</p> <p><input type="checkbox"/> 3. Advocacy Services: Learning how to speak up/navigate effectively for yourself, as an individual with mental health challenges.</p> <p><input type="checkbox"/> 4. Co-occurring Support: Services that support individuals with both mental health and substance use (drug & alcohol).</p> <p><input type="checkbox"/> 5. Crisis Services: Services that provide support and treatment for individuals and their families who are experiencing a crisis or support designed to help individuals avert a crisis. Examples include Mobile crisis, hotline, crisis residential services.</p> <p><input type="checkbox"/> 6. Hospital (Psychiatric Inpatient) Services: Services that are provided during a mental health hospital stay.</p> <p><input type="checkbox"/> 7. Employment/Education: Services within the mental health system, that support an individual's goal around employment/education Support with skills and maintaining gainful employment, SPECIFICALLY for individuals with mental health challenges.</p> <p><input type="checkbox"/> 8. Support for Caregivers: Services that support caregivers of people with mental health challenges, who experience trauma/mental health challenges of their own.</p> <p><input type="checkbox"/> 9. Forensic/Justice-Related Support: Supports/services designed to meet needs of individuals with mental health and criminal justice involvement.</p> | <p><input type="checkbox"/> 10. Transition-Age Supports: Supports and services designed to meet the specific needs of individuals age 14 to 30, transitioning from the Children's Mental Health system.</p> <p><input type="checkbox"/> 11. Services for Older Adults: Supports and services designed to meet the specific mental and behavioral health needs of individuals aged 60 and over.</p> <p><input type="checkbox"/> 12. LGBTQ+ supports: Supports and services designed to meet the specific mental and behavioral health needs of individuals who identify as LGBTQ+ and their families.</p> <p><input type="checkbox"/> 13. Peer Support: This includes a person in mental health recovery supporting others with mental health challenges. The services include ages 14+ (both individual and family peer support).</p> <p><input type="checkbox"/> 14. Therapy/Treatment: Outpatient services (evaluation, diagnosis, and clinical treatment).</p> <p><input type="checkbox"/> 15. Recovery Coaching / Case Management: This includes Administrative Case Management Services (ACM). ACM is a short-term service available at the Community Behavioral Health Centers located across the County. ACM provides assistance to link individuals, families, and youth to Medical Assistance and other services/supports.</p> <p><input type="checkbox"/> 16. Wellness Tools and Prevention: Intended to maximize the growth of hope, knowledge, skills and supports so that each person moves forward in their recovery. Examples include mutual aid groups, warm line, all natural supports, yoga, meditation, and spirituality.</p> |
|---|---|

COMMUNITY SUPPORT PROGRAM OF MONTGOMERY COUNTY
Assessment of Needs Survey 2024/2025

5. Please answer the following questions ONLY For your top 5 priority services. Fill in the name of each priority service on the line provided with #1 being your top priority and so forth.

Priority 1: _____

	Yes	Somewhat	No	Not Applicable
Are these available in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel these supports were helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are these supports easy to access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel more supports are needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Priority 2: _____

	Yes	Somewhat	No	Not Applicable
Are these available in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel these supports were helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are these supports easy to access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel more supports are needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Priority 3: _____

	Yes	Somewhat	No	Not Applicable
Are these available in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel these supports were helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are these supports easy to access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel more supports are needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Priority 4: _____

	Yes	Somewhat	No	Not Applicable
Are these available in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel these supports were helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are these supports easy to access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel more supports are needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Priority 5: _____

	Yes	Somewhat	No	Not Applicable
Are these available in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel these supports were helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are these supports easy to access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel more supports are needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you have any comments?

7. What is another support that would improve the quality of life for individuals with mental health challenges/concerns?

Please return the completed survey to Penny Johnson via fax: 610-270-9155; email: pjohnson@hopeworxinc.org

Mail to: HopeWorx, Inc. 1210 Stanbridge Street, Suite 600, Norristown, PA 19401

For additional comments on any of the above questions, please feel free to add another sheet to the back of this page. Thank you for your input! For more information about our CSP committee, please visit our website at www.montcopacsp.org.