

**BERGEN COUNTY CHILDREN'S INTERAGENCY COORDINATING COMMITTEE
(CIACC)**

**Services for Emotionally/Behaviorally-Challenged Children
2007 Needs Assessment Report
Gaps and Barriers Survey**

The Children's Interagency Coordinating Council (CIACC) is charged with advising County and State government how best to improve the overall system of care for children involved with mental health services. We are currently seeking to identify gaps in services and/or obstacles to obtaining services. The results of this survey will help guide County and State organizations to direct resources toward filling gaps and eliminating barriers.

Please take a few minutes to share your experience below and relay them to us by **November 30, 2006**. There is space for additional comments or explanations on page 2 or add a page, as needed. We thank you in advance for your willingness to assist us in this effort to create a seamless system of care for all Bergen County children and their families.

1. Please indicate which group you represent.

Parent/Family/Caregiver Youth CMO YCM Mental Health Provider (Agency)
 Mental Health Provider (Private Pract.) DYFS Education Faith Based Organization
 Substance Abuse Service Provider Juvenile Justice Family Court Detention Center
 Social Service Provider (please specify) _____
 Other (please specify) _____

2. What gaps have you identified in the continuum of care for families and children in Bergen County? Please rank your top five (1, 2, 3, 4, 5).

<input type="checkbox"/> Information and Referral	<input type="checkbox"/> Aging-In Services (Independent Living/ Transitional Living; Vocational Training, etc.)
<input type="checkbox"/> Case Management	<input type="checkbox"/> Crisis Services
<input type="checkbox"/> Services for children 0-5 years	<input type="checkbox"/> Physical Health Services/Dental
<input type="checkbox"/> Daycare	<input type="checkbox"/> Substance Abuse (Outpatient)
<input type="checkbox"/> After School Programming	<input type="checkbox"/> Substance Abuse (Inpatient)
<input type="checkbox"/> Summer Camps	<input type="checkbox"/> Mentally Ill Chemically Addicted (MICA/ Dual Diagnosis)
<input type="checkbox"/> In-Home Services	<input type="checkbox"/> Mentally Ill Developmentally Delayed (Dual Diagnosis)
<input type="checkbox"/> Psychiatric Evaluation Services	<input type="checkbox"/> Children whose parents have a serious mental illness and/or substance abuse issues
<input type="checkbox"/> Psychiatric Medication Monitoring	<input type="checkbox"/> General Assistance Program
<input type="checkbox"/> Psychiatric Partial Care	<input type="checkbox"/> Emergency Financial Assistance
<input type="checkbox"/> Outpatient – Mental Health	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Behavioral Assistance	<input type="checkbox"/> Family Violence
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Parenting Skills Training
<input type="checkbox"/> Specialized therapy (<input type="checkbox"/> firesetter, <input type="checkbox"/> sex offender, <input type="checkbox"/> self inflicted injury behavior, <input type="checkbox"/> eating disorders, <input type="checkbox"/> physical victimization <input type="checkbox"/> sexual victimization, <input type="checkbox"/> creative arts therapy (i.e. play and art therapy)	<input type="checkbox"/> Children with incarcerated parents
<input type="checkbox"/> Out of Home Placement Resources	<input type="checkbox"/> Alternatives to incarceration
	<input type="checkbox"/> Incarcerated youth

- _____ Respite
- _____ Family Support/ Advocacy
- _____ Services for non-English speaking families
- _____ Legal Services
- _____ Access to services for undocumented children
- _____ Other (please specify) _____
- _____
- _____

3. What obstacles have you and/or your consumers experienced in trying to obtain services? Please rank your top three (1, 2, 3).

- _____ Transportation
- _____ Waiting list
- _____ Cost
- _____ Language/ Culture
- _____ Hours of operation
- _____ Geographic proximity
- _____ Did not qualify for services
- _____ Confidentiality (Access to Confidential Information – across providers)
- _____ Lacked information on available services
- _____ Lack of child care
- _____ Other (please specify) _____
- _____
- _____

4. Additional Comments: _____

Please return by November 30, 2006 by mail, fax, or email to:
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Office of Behavioral Health
c/o Alice McMechen, CIACC Coordinator
327 E. Ridgewood Ave.
Paramus, NJ 07652
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