

# Bergen County Children’s Interagency Coordinating Council (CIACC) Annual Needs Assessment 2008

We appreciate the time you are giving us to answer this questionnaire. We are interested in your help and feedback on what is and/or is not working within the behavioral health care system for children and adolescents in Bergen County.

We would like to ask your opinion about what **does** and/or **does not work** in the children’s behavioral health system. **Please print legibly.**

1. What gaps or barriers do you see in the system of behavioral care services for children and teenagers?

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2. What do you see as being effective (e.g. access to a psychiatrist for evaluation, more communication among agencies working with these children and teens)?

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**Please answer either 3 or 4.**

3. If you are a parent or guardian what do you see as having been helpful to your child?

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4. If you are a clinician, case manager, or administrator what has been helpful for your clients?

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The following categories refer to the range of problems in children who are being treated in the behavioral health care system. The types of behaviors range from mild to severe. Please see the information below for examples of different types of problem behaviors among children and teenagers.

<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
Parent-child conflict, school difficulties (e.g. school suspension/school detention).	No school attendance for past several weeks, run away for brief periods of time, experimenting with marijuana and/or alcohol.	Alcohol/drug abuse which requires treatment, psychiatric hospitalization, one or more residential treatments.

How would you categorize the behavior of the children you work with? (Circle one or more that apply)

a) Mild

b) Moderate

c) Severe

**(Continued on next page)**

**Background Information**

Q1: I am a:  Male  Female

Q2. Please check only one (1) of the following three choices:

I am a parent, caregiver or guardian. My child is  years old.  
**If you checked this item, stop here.**

I am a clinician, social worker, administrator, or manager  
**If you checked this item, please continue to Question #3**

Other. \_\_\_\_\_:Please list details of why you are  
Title  
participating: \_\_\_\_\_  
\_\_\_\_\_ **If you checked this item, please continue to Question #3**

Q3. I work for a:

School

Mental Health Center

DCBHS or other State Agency (DYFS, DDD, ect.)

Other: \_\_\_\_\_  
Specify Employer

Q4. I work directly with clients/students/families  Yes  No

Q5. What is the age range of the children you and your agency serve?  
eg: 4-6 yrs, 6-9 yrs \_\_\_\_\_

Q6. How long have you worked in the area of children’s behavioral health services?  
\_\_\_\_\_

***Thank you for your participation!***

**Please return by January 15, 2008 by mail, fax, or email to:**

**Bergen County Department of Health Services  
Office of Behavioral Health**

**c/o Alice McMechen, CIACC Coordinator**

**327 E. Ridgewood Ave.**

**Paramus, NJ 07652**

**Fax # (201) 634-3002**

**Email: amcmechen@co.bergen.nj.us**

**Telephone: (201) 634-2756**

CIACC meets the second Tuesday of each month from 9-11 a.m., at the above address.

All meetings are open to the Public.