Clay County Joint Powers Collaborative
Chemical/Mental Health Survey: 2001

Forward

The Clay County Joint Powers Collaborative Chemical/Mental Health Survey was designed to determine the needs and gaps in services for children and youth with mental health and chemical health issues in Clay County, Minnesota.

Acknowledgments

Special thanks are extended to Cynthia Sillers and members of the Clay County Joint Powers Collaborative for their valuable input and guidance in the survey design.

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Executive Summary

A survey of service providers who administer chemical/mental health services to children and youth in Clay County, Minnesota, was conducted during the months of September and October of 2001. The final survey draft was printed and distributed from the office of Joint Powers Collaborative. A total of 164 surveys were returned for analysis.

Survey Results

Community

- Service providers indicated they believe the community is more aware of chemical health issues than mental health issues, however, providers rated the community's awareness of both chemical and mental health issues below average.

- Respondents suggested the community's chemical and mental health needs are not being met well. Approximately 80 percent said the acknowledgment of the community's chemical and mental health needs is, at best, average.

- Survey results indicated the community is less aware of the chemical health services than mental health services their organization provides. When asked about increasing the awareness, respondents suggested advertising, seminars, collaboration, and education.

- Respondents said the community is more supportive of mental health services than chemical health services. When asked for examples of community support, respondents said referrals.

- Service providers indicated collaboration with other organizations occurred more among mental health organizations than chemical health organizations. Respondents offered suggestions such as open communication, sharing of ideas, networking, and joint meetings and planning as effective ways to collaborate with other community organizations. Survey findings indicated collaboration could be improved by increasing communication and providing more information on what is available.

Provider Resources

- Service providers said resources were more adequate for mental health service organizations than chemical health service organizations, however, providers rated adequacy of resources below average for both.

- Survey results indicated funding priorities were more appropriate for mental health organizations than chemical health organizations. Nearly three-fourths of respondents said funding priorities for chemical health services were, at best, average.

- Respondents said resources for mental health issues were more sufficient than resources for chemical health, but respondents gave below average ratings to both.

- One-half of respondents said most people in the area could access chemical health services when needed, however, nearly 40 percent said most people could not afford the services.

- More than half of respondents said most people in the area are able to access mental health services when needed, however, nearly 46 percent indicated most people could not afford the services.

- Survey findings indicated the top three barriers to accessing both chemical and mental health services were financial, insurance, and an overloaded system. Respondents said that when financial resources are not available the clients get worse or relapse.

- Approximately 40 percent of respondents said there are between one and ten full-time staff working in their chemical health area. One-half of respondents said they had between one and ten full-time staff working in their mental health area.

- High ratings were given to both chemical and mental health areas when considering the advantages of sharing resources among service providers when training staff. Respondents indicated mental health, crisis intervention, chemical health, dual diagnosis, and cultural awareness/diversity programs should be provided as shared training experiences among service providers.

Networking Between Agencies

- The extent of collaboration among service providers in both chemical and mental health areas was rated highest in referrals, general collaboration, and general information sharing.

Clients

- Respondents rated the adequacy of services provided to clients who needed chemical/mental health services by their organization above average.

- Respondents suggested that by meeting staff needs the organization could improve service to clients in need of both chemical and mental health services.

- Service providers said that in 2000 they served higher proportions of clients with mental health needs than chemical health needs throughout all age groups.

- Approximately 68 percent of respondents said mental health services are reaching the appropriate clients compared to nearly 58 percent who said chemical health services were reaching appropriate clients.

- Approximately three-fourths of respondents said parents/guardians and educators/teachers were groups other than service providers that would benefit from chemical/mental health services education.

Demographics

- Approximately one-third of respondents indicated they worked in an educational organization. More than one-half of respondents said their organization provides referral services.

Recommendations

Improve overall awareness

Overall, service providers feel the community is not very aware of chemical health issues and even less aware of mental health issues. In addition, service providers perceive that the community is not very aware of chemical and mental health services that are provided by organizations. These perceptions exist even though service providers feel there is broad support by the community for their efforts. This suggests that attention should be given to community education and marketing efforts to increase exposure of residents to chemical and mental health issues affecting their community, and the services that are available. In addition, chemical and mental health providers may want to explore ways in which their organization can heighten community awareness. Suggestions by service providers indicate that effective approaches may include advertisements (e.g., public service announcements), seminars and training, and closer collaboration among providers.

There is an important window of opportunity open in the community to improve awareness of chemical and mental health issues. Two key initiatives are underway that can serve as vehicles or conduits for improvement. They are the Mayor's Task Force on Community Readiness and the United Way's Community Assessment. Both of these efforts involve key community policy makers and they are high-profile initiatives.

Address funding issues

There is general agreement among service providers that current funding of chemical and mental health services is inadequate. The magnitude of the concern is compelling; one in five providers indicate that funding for chemical health is not at all adequate and more than 14 percent perceive the same for mental health. This concern needs to be raised with community leaders. Given the high level of perceived community support for chemical and mental health efforts, pressure should be placed on the leadership to raise the visibility of this issue. As noted above, the initiatives by the Mayor's Task Force and United Way may offer an opportunity to advance this agenda.

A parallel effort also needs to be considered among providers, especially those offering chemical health services. The survey results indicate that, on average, service providers feel the funding priorities within their organization for chemical health are not appropriate and should be revisited. This suggests a need for administrators of facilities providing chemical health services to reevaluate their internal funding priorities. This would be accomplished most effectively through a collaborative exercise where all providers within that organization have input into the process. In addition, consideration needs to be given to exploring cost-sharing initiatives with other providers. There is wide support for collaboration and cost-sharing among providers. This may allow savings from cost-sharing to be redirected to critical need areas.

Improve resources for transitional living support

There is common agreement among providers that insufficient resources are available for transitional living, especially for those with chemical health issues. More than one in four providers indicated that resources for transitional living support for chemical health were not at all sufficient. Slightly more than 18 percent felt that way for mental health issues. The strong agreement among providers means this issue should be given high priority. Although the debate regarding location of transitional living facilities is a contentious issue, these data show compelling cause to make this issue a high priority for city and county officials.

Address issues of affordability

There needs to be more consideration given to issues of affordable chemical and mental health services. Data from the survey indicate the majority of providers agree that people can access chemical and mental health services, however, few can afford the services. The consequences of this imbalance are disturbing. Nearly 18 percent of the providers indicated that a likely consequence for those who cannot afford chemical or mental health services is a relapse or magnification of the problem. Another 15 percent of the providers felt the financial burden would have to be assumed by the county or other sources. It seems apparent, therefore, that it is in the best interest of the county to directly address the issue. Resources and energies should be given to explore creative alternatives for funding chemical and mental health services. A starting point is to document savings through collaboration. Data from the survey indicate providers perceive that above average collaboration is occurring in areas such as referrals, information sharing, and communications. However, there is a feeling that limited collaboration exists in financing and grant writing. Perhaps joint efforts to secure broad-based funding through inter-organization grant applications may be fruitful. Similarly, a more integrated service network may reduce costs by better addressing root causes. An integrated service network that includes parents/guardians, educators/teachers, and peers could provide a more holistic approach to addressing chemical and mental health issues.

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Introduction

Study Objectives

The purpose of this research was to gather information that could be used to determine the needs and gaps in services for children and youth with mental health and chemical health issues in Clay County, Minnesota, and to develop community-wide strategies for dealing with the gaps. The overarching goal of the study was to measure the community's awareness of chemical and mental health issues, and to determine how supportive the community is of the various organizations' efforts in servicing chemical and mental health needs. It is hoped that these data will assist decision makers in both understanding the community's perceptions of service needs and gaps, and to define strategies to assist in meeting service needs and eliminating service gaps.

Methodology

The survey was conducted in two stages. First, the survey instrument was constructed by members of the Joint Powers Collaborative along with staff from the North Dakota State Data Center. It consisted of 11 Likert scale items, two demographic questions, and 13 open-ended response opportunities. The survey was designed for respondents to rate various items, and then offer feedback regarding their ratings with open-ended questions.

Once the survey tool was finalized, staff at Joint Powers Collaborative printed copies of the surveys and delivered them to the various service organizations, including law enforcement, corrections, social services, education, physical health services, and mental health services. Approximately 498 surveys were distributed. A total of 164 completed surveys were returned to the Joint Powers Collaborative office. Staff from the North Dakota State Data Center collected the surveys for analysis.

Analysis

The analysis was conducted in two parts. First, frequency distributions were run for each question, with means being run on each Likert scale item. Similar items were grouped together and displayed in graphic form in the body of the report. Key findings were reported in bullet form at the top of each figure.

The second part of the analysis was the organization of open-ended responses by themes. The open-ended items are represented in tabular form in the body of the report. Key findings were reported in bullet form at the top of each table.

An executive summary highlights the overall findings by topic area of both figures and tables.

Survey Results

- Respondents indicated the community was more aware of chemical health issues than mental health issues, however, community awareness was below average for both chemical and mental health issues. Approximately 46 percent gave a low awareness rating for mental health issues (Figure 1, Appendix Table 1).

Figure 1. Community Awareness of Chemical/Mental Health Issues
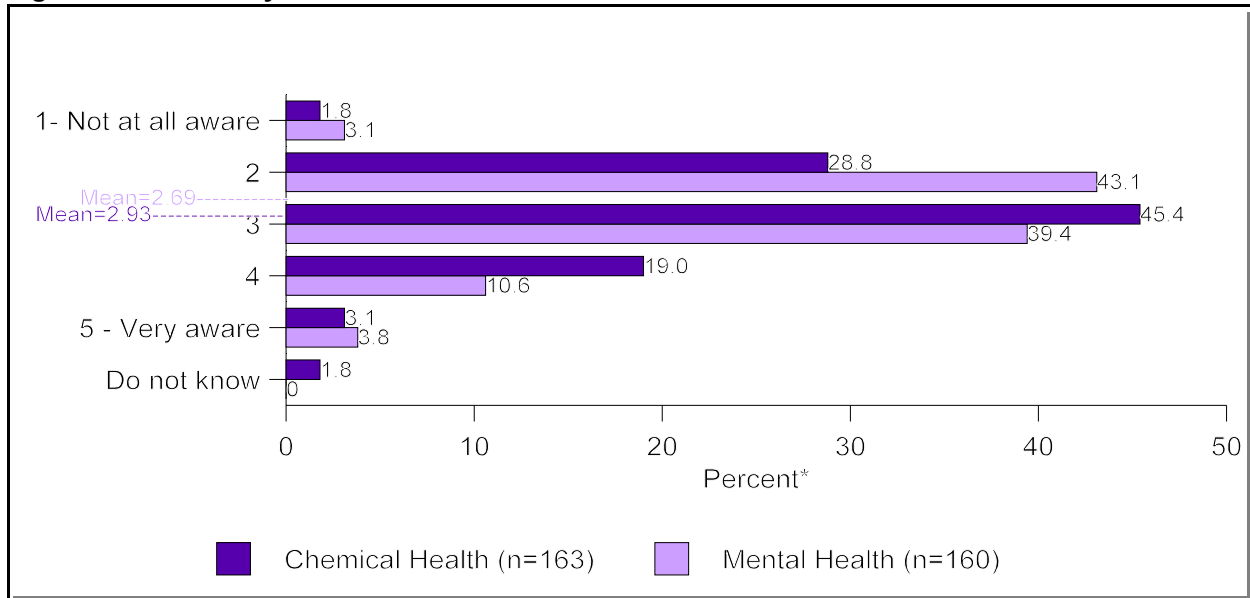
Percentages do not equal 100 due to rounding.

- More than one-third of respondents indicated the community's chemical and mental health needs are not being met well. Approximately 80 percent said the acknowledgment of the community's chemical and mental health needs is, at best, average (Figure 2, Appendix Table 2).

Figure 2. How Well Community Chemical/Mental Health Needs are Being Met
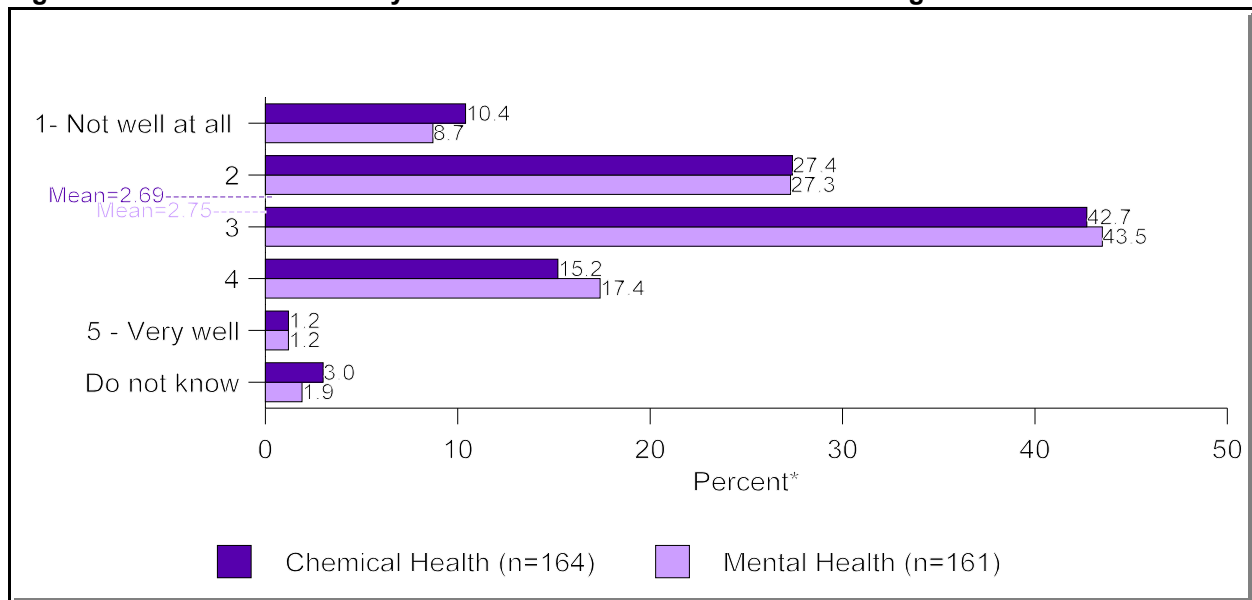
Percentages do not equal 100 due to rounding.

- Respondents said the community is less aware of the chemical health services than mental health services that are provided by their organization. Approximately 46 percent thought the community was, at most, slightly aware of the chemical health services their organization provides (Figure 3, Appendix Table 3).

Figure 3. Community Awareness of Chemical/Mental Health Services Provided by Organizations
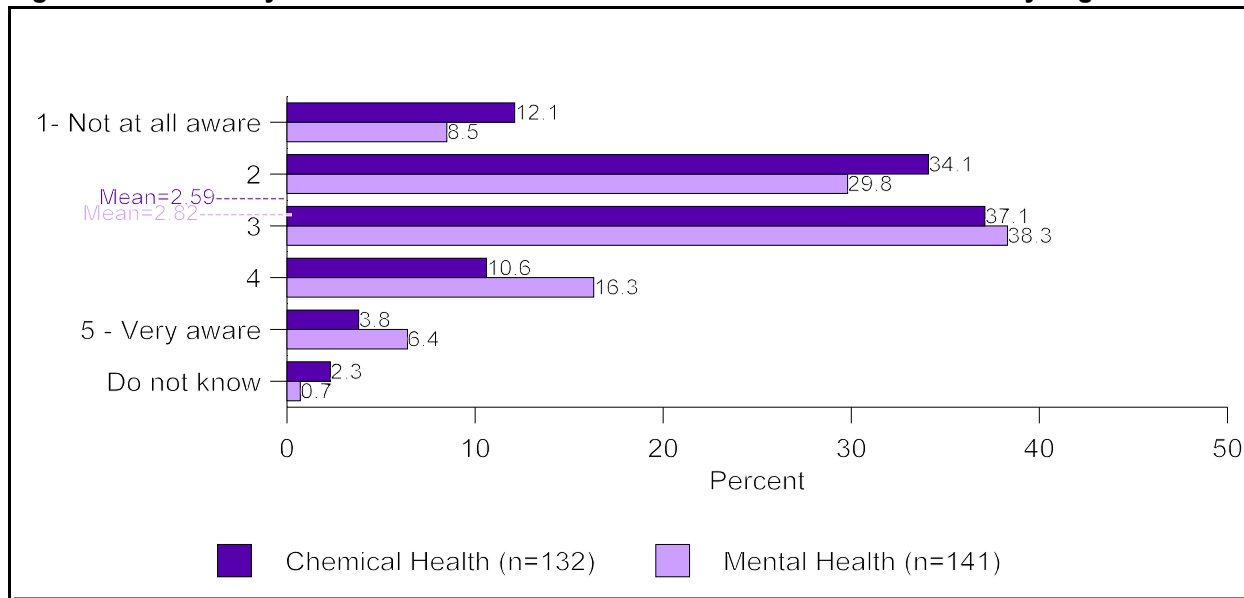
- Most responses suggested advertising as a way to increase community awareness, followed by seminars, collaboration, and education (Table 1).

Table 1. Suggestions as to How Community Awareness of Organizations Could be Increased

Suggestions to Increasing Community Awareness	Responses	
	Number	Percent*
Advertising	62	52.5
Seminars/Increased services/Training	15	12.7
Collaboration	9	7.6
Education	7	5.9
Community activities	2	1.7
Referrals	2	1.7
Unknown	4	3.4
The agency doesn't provide this service	10	8.5
Other**	7	5.9
Total	118	99.9

*Percentages do not equal 100 due to rounding.
**See Appendix Table 4 for "Other" responses.

- Respondents indicated the community is more supportive of mental health services than chemical health services. Approximately 42 percent thought the community was supportive to very supportive of their organization's efforts in mental health (Figure 4, Appendix Table 5).

Figure 4. Community Support Toward Organization's Efforts in Chemical/Mental Health
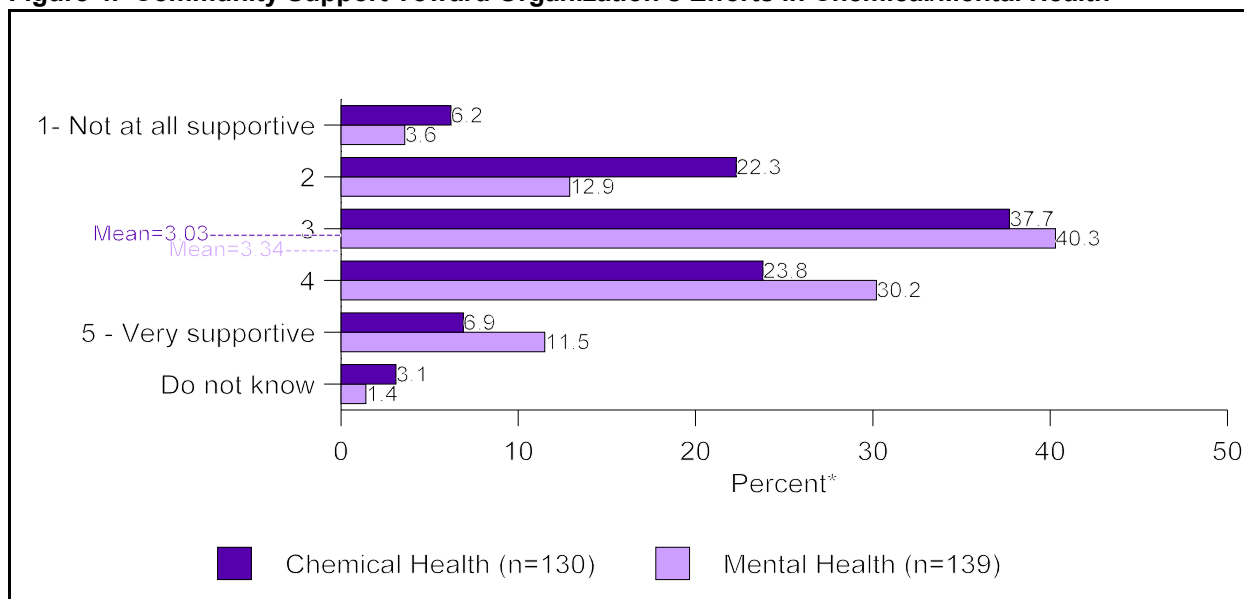
*Percentages do not equal 100 due to rounding.

- Respondents were asked to give examples of how the community is supportive of their organization's efforts in chemical and mental health. The most common response was referrals (20.7 percent) (Table 2).

Table 2. Examples of How the Community is Supportive of Organization's Efforts in Chemical/Mental Health

Examples of Community Support	Responses	
	Number	Percent*
Referrals	22	20.7
Collaboratives/Cooperation/Networking/Communication/Volunteers	14	13.2
Financial/Funding	9	8.5
Awareness, Acknowledgment, Availability, Use of services (in-patient, out-patient, D.A.R.E./G.R.E.A.T, REACH, A.A., Al-Anon, NA	19	17.9
Literature/Seminars/Health education/Training/Public speaking invitations	7	6.6
Parent/Family/Employer/Community support system/Concerned, very willing to help in any way possible/Interest in services	18	17.0
Do not know/Unsure	10	9.4
Other**	7	6.6
Total	106	99.9

*Percentages do not equal 100 due to rounding.
**See Appendix Table 6 for "Other" responses.

- Respondents were asked for their suggestions as to how the community could increase support for organizations. One-third of responses suggested increasing awareness and understanding. Financial support and advertising were also recommended (12.5 percent each) (Table 3).

Table 3. Suggestions as to How the Community Could Increase Support for Organizations

	Responses	
Suggestions for Increasing Community Support	**Number**	**Percent***
Increase awareness and understanding	32	33.7
Financial support	12	12.6
Advertising	12	12.6
Have better communication and collaboration	5	5.3
Have more programs/services available	4	4.2
The community is supportive	3	3.2
More facilities	2	2.1
Not applicable	5	5.3
Do not know	9	9.5
Other**	11	11.6
Total	95	100.1

*Percentages do not equal 100 due to rounding.
**See Appendix Table 7 for "Other" responses.

- Respondents said more collaboration with other organizations occurred among mental health organizations than chemical health organizations. Nearly two-thirds of respondents rated the mental health collaboration above average (Figure 5, Appendix Table 8).

Figure 5. Extent of Organization's Collaboration With Other Community Organizations in Providing Chemical/Mental Health Services
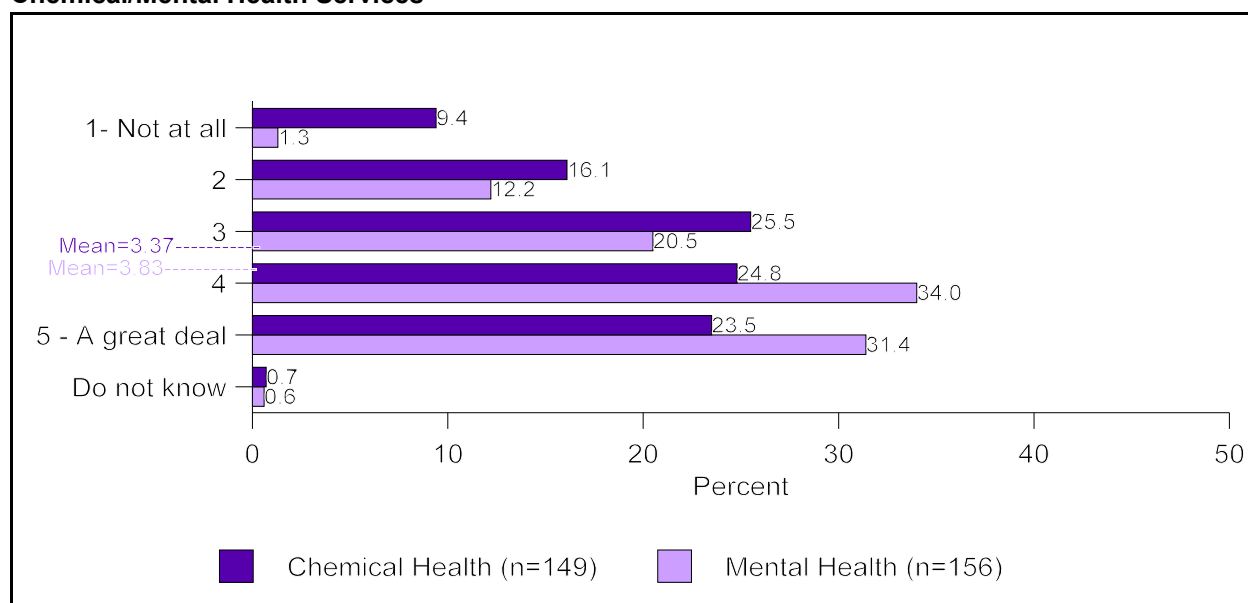
- Nearly one-third of the responses suggested open communication, sharing of ideas, networking, and joint meetings and planning as effective ways to collaborate with other community organizations providing chemical and mental health services (Table 4).

Table 4. Examples of Effective Ways to Collaborate With Other Community Organizations in Providing Chemical/Mental Health Services

Examples of Effective Ways to Collaborate	Responses	
	Number	Percent*
Open communication/Sharing of ideas/Networking/joint meetings and planning	41	33.3
Referrals	27	21.9
Training/Workshops/In-services	16	13.0
Wraparound process	14	11.4
Staffing/Contact people	6	4.9
Outreach/Go where people are	6	4.9
Already part of a collaborative/Pleased with progress in collaborative efforts	4	3.2
Other**	9	7.3
Total	123	99.9

*Percentages do not equal 100 due to rounding.
**See Appendix Table 9 for "Other" responses.

- Approximately 17 percent of responses said collaboration with other community organizations could be improved by increasing communication and providing more information on what is available, followed by a team approach, active participation, and joint planning (Table 5).

Table 5. Suggestions as to How Collaboration With Other Community Organizations Providing Chemical/Mental Health Services Could be Improved

Suggestions for Improving Collaboration	Responses	
	Number	Percent*
Increase communication/More information on what is available	14	17.7
Team approach/Active participation/Joint planning	11	13.9
Designated person to coordinate processes	6	7.6
Cross-training/Education	6	7.6
More time for staff	5	6.3
Wraparound	4	5.1
Referrals to appropriate organization	3	3.8
More services	3	3.8
Meetings/Committees	2	2.5
Collaboration is already in place	2	2.5
Do not know	6	7.6
Other**	17	21.5
Total	79	99.9

*Percentages may not equal 100 due to rounding.
**See Appendix Table 10 for "Other" responses.

- Respondents indicated financial resources within their organization were more adequate for mental health than chemical health services, however, ratings were below average for both. Nearly 20 percent said financial resources were not at all adequate for chemical health services (Figure 6, Appendix Table 11).

Figure 6. Adequacy of Financial Resources Within Organization for Chemical/Mental Health Services
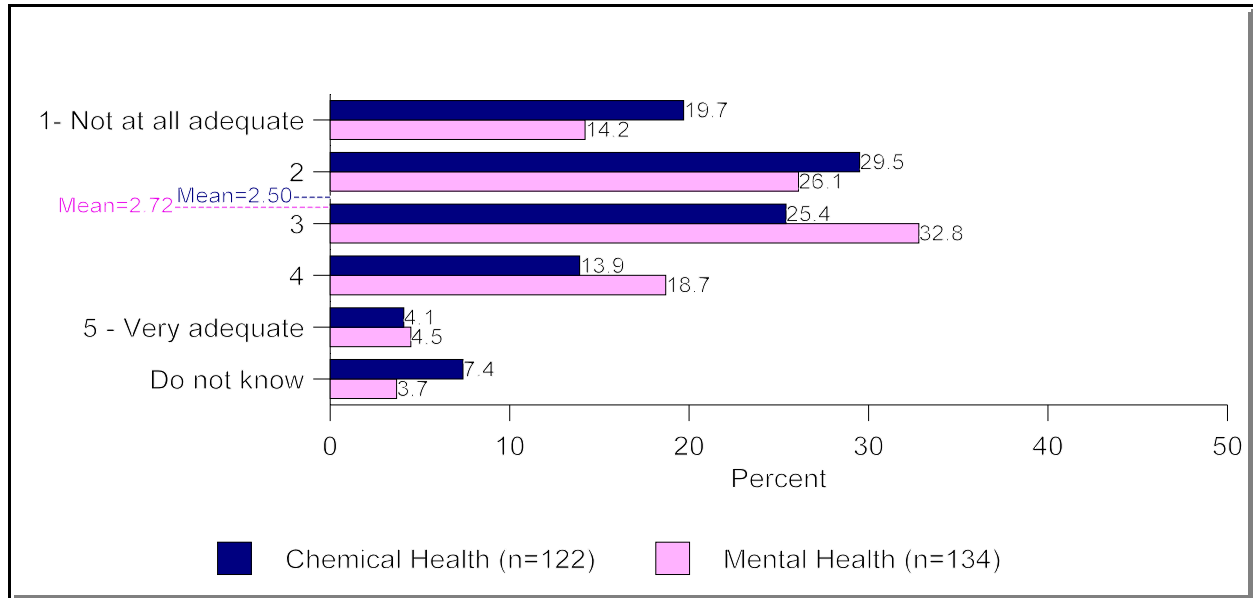
- Respondents said funding priorities within their organization were more appropriate for mental health than chemical health services. Approximately 71 percent said funding priorities for chemical health services were, at best, average (Figure 7, Appendix Table 12).

Figure 7. Appropriateness of Funding Priorities Within Organization for Chemical/Mental Health Services
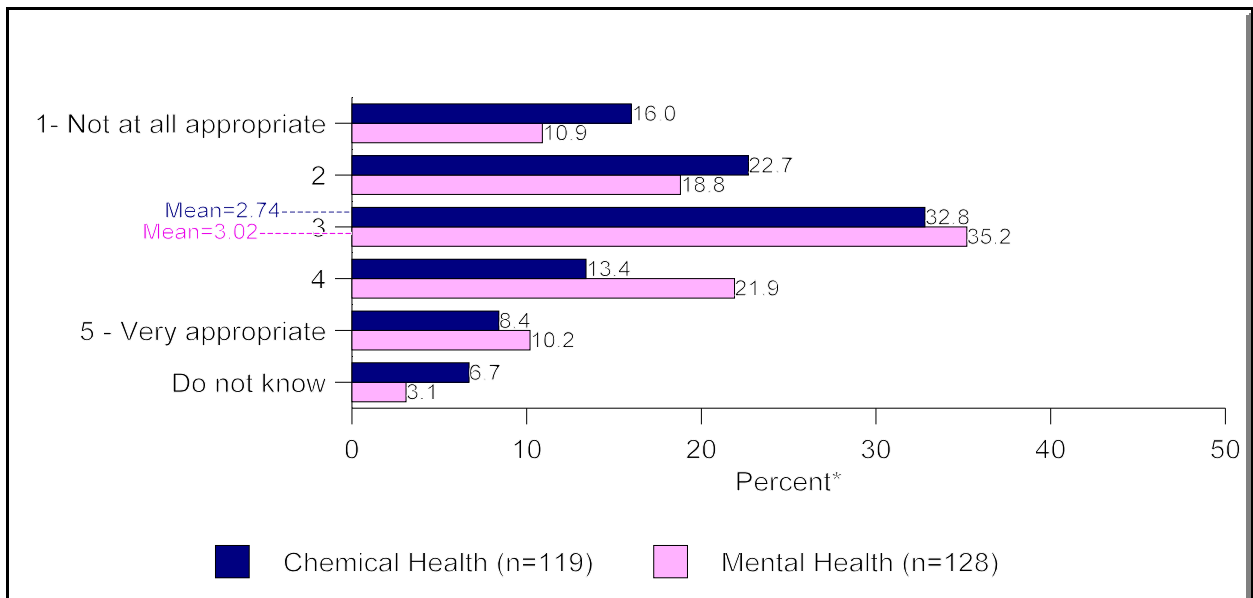
*Percentages do not equal 100 due to rounding.

- Approximately 23 percent of responses highlighted mental health services followed closely by all services as needing more financial resources than other suggested services. Nearly 18 percent of responses said chemical health needed more resources (Table 6).

Table 6. Suggestions as to Which Services Need More Resources

	Responses	
Suggestions of Services	**Number**	**Percent***
Mental health	21	23.1
All	20	22.0
Chemical health	16	17.6
Youth/student programs	5	5.5
Crisis services	2	2.2
Family based services	2	2.2
Agency doesn't provide this service	2	2.2
None	1	1.1
Do not know	5	5.5
Other**	17	18.7
Total	91	100.1

*Percentages do not equal 100 due to rounding.
**See Appendix Table 13 for "Other" responses.

- Although resources for mental health issues were more sufficient than resources for chemical health, respondents gave below average ratings to both. Approximately one-fourth of respondents said resources for chemical health were not at all sufficient (Figure 8, Appendix Table 14).

Figure 8. Whether Resources for Transitional Living Support for Chemical/Mental Health Issues are Sufficient
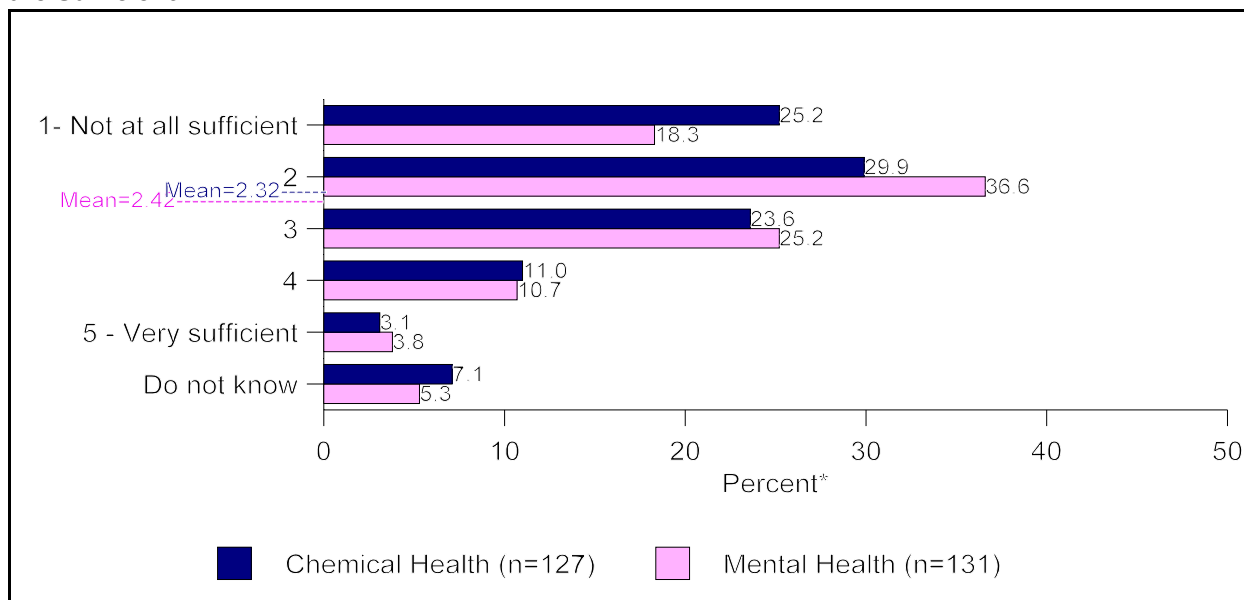
*Percentages do not equal 100 due to rounding.

- One-half of respondents said most people in the area could access chemical health services when needed, however, nearly 40 percent said most people could not afford the services (Figure 9, Appendix Table 15).

Figure 9. Whether Most People in the Area are Able to Access and Afford Chemical Health Services When Needed

Access (n=156)

- Do not know 29.5%
- Yes 50.0%
- No 20.5%

Afford (n=149)

- Yes 17.4%
- Do not know 43.0%
- No 39.6%
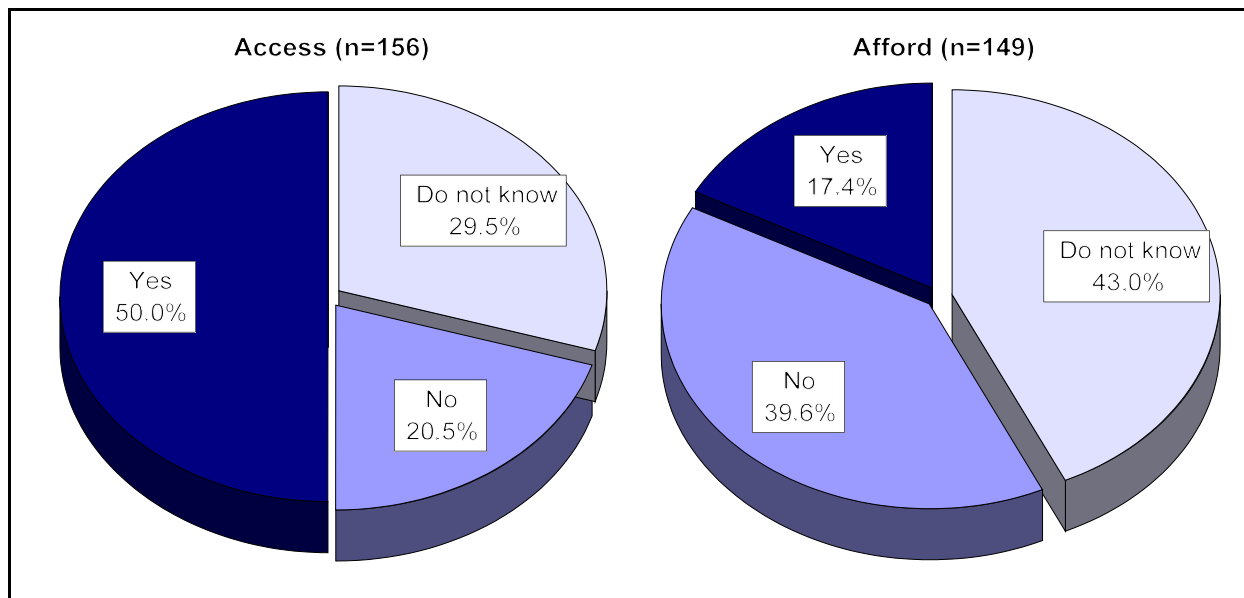
- More than 53 percent of respondents said most people in the area are able to access mental health services when needed, however, nearly 46 percent indicated most people could not afford the services (Figure 10, Appendix Table 16).

Figure 10. Whether Most People in the Area are Able to Access and Afford Mental Health Services When Needed

Access (n=157)

- Do not know 21.0%
- Yes 53.5%
- No 25.5%

Afford (n=146)

- Yes 25.3%
- Do not know 28.8%
- No 45.9%
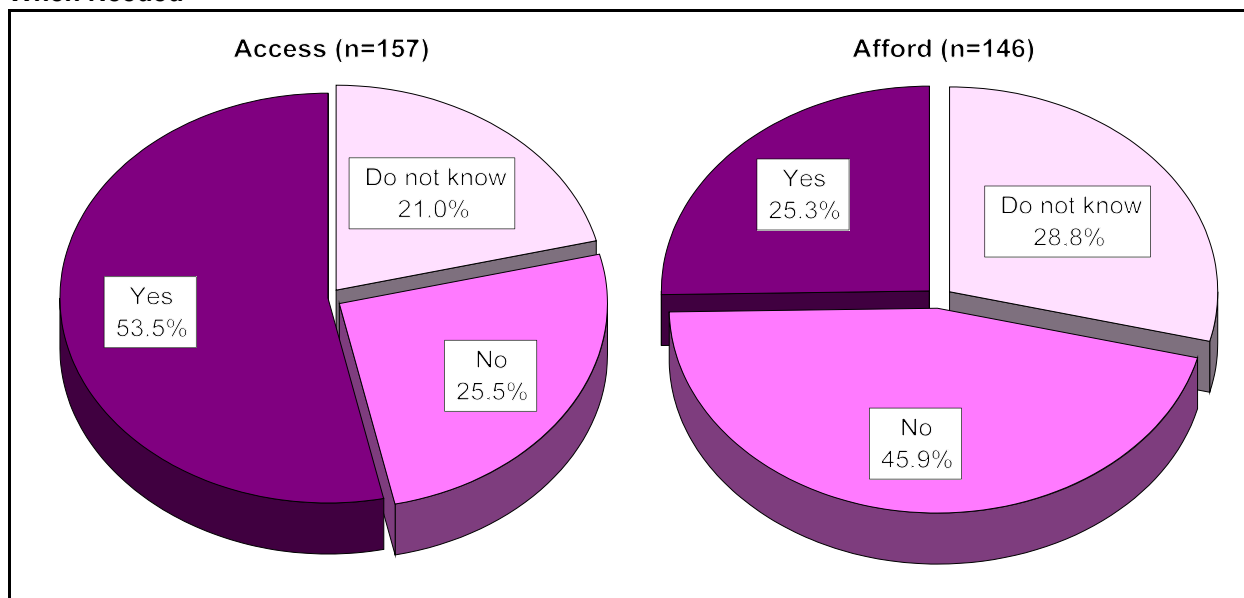
- Survey findings suggested the top three barriers to accessing chemical health services were financial, insurance, and an overloaded system. The top three barriers to accessing mental health services were financial, an overloaded system, and insurance (Figure 11, Appendix Table 17).

Figure 11. Barriers to Accessing Chemical/Mental Services
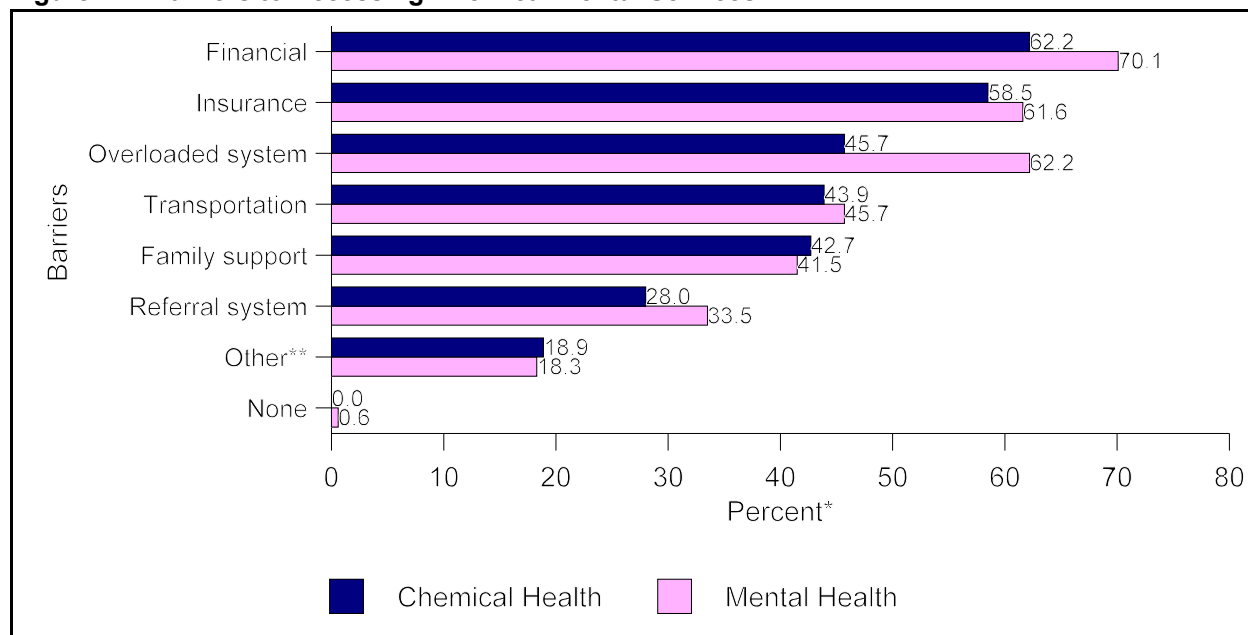
*Percentages do not equal 100 due to multiple responses.
**See Appendix Tables 18 and 19 for "Other" responses.

- Approximately 18 percent of suggested outcomes to clients, when financial resources are not available were that the clients get worse or relapse. Responses highlighted additional outcomes such as, the clients are referred, the county, insurance, or other funding pays, and clients fall through the cracks or are lost in the system (Table 7).

Table 7. Suggestions as to What Happens to the Client(s) When Financial Resources are Not Available for Chemical/Mental Health Services

Suggested Outcomes for Clients	Responses	
	Number	Percent*
Get worse/Relapse	17	17.9
Referral	15	15.8
County pays/Insurance/Other funding	14	14.7
Fall through the cracks/Lost in system	12	12.6
Not sure/Unknown	9	9.5
Sliding fees offered	8	8.4
Waiting List	3	3.1
Other**	17	17.9
Total	95	99.9

*Percentages do not equal 100 due to rounding.
**See Appendix Table 20 for "Other" responses.

- Nearly one-half of responses indicated that if barriers other than financial barriers are present, no services are provided to clients needing chemical/mental health services (Table 8).

Table 8. Suggestions as to What Happens to Clients When Barriers Other Than Financial Barriers to Chemical/Mental Health Services are Present

	Responses	
Suggested Outcomes to Clients	**Number**	**Percent***
No services are provided	55	47.8
Problems increase as a result	28	24.3
They get help elsewhere	11	9.6
They give up	5	4.3
They manage somehow	4	3.5
Do not know	9	7.8
Other**	3	2.6
Total	115	99.9

*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Depends on the situation and circumstances surrounding it", "Support for families", and "No service problems persist, become inter-generational".

- Approximately 40 percent of respondents said there are between one and ten full-time staff working in their chemical health area. Nearly 32 percent have that many part-time staff in their chemical health areas (Figure 12, Appendix Table 21).

Figure 12. Number of Full-Time and Part-Time Staff Working in Chemical Health Areas
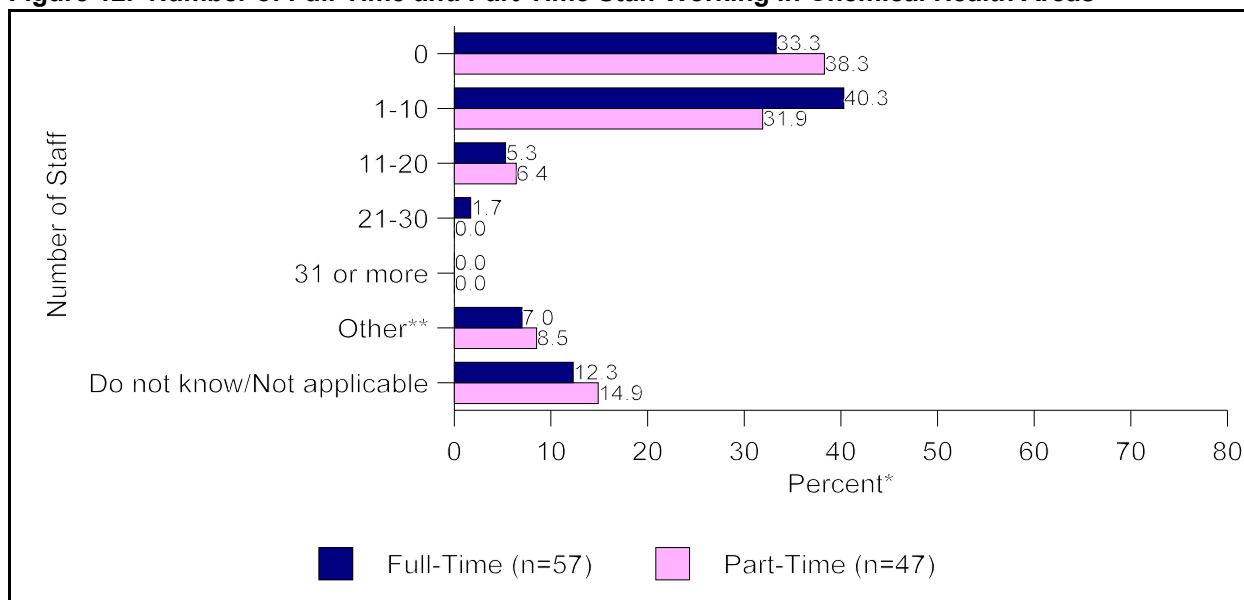
*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Yes and X".

- One-half of respondents said they had between one and ten full-time staff working in their mental health area while 61.8 percent had that many part-time staff in their mental health areas (Figure 13, Appendix Table 22).

Figure 13. Number of Full-Time and Part-Time Staff Working in Mental Health Areas
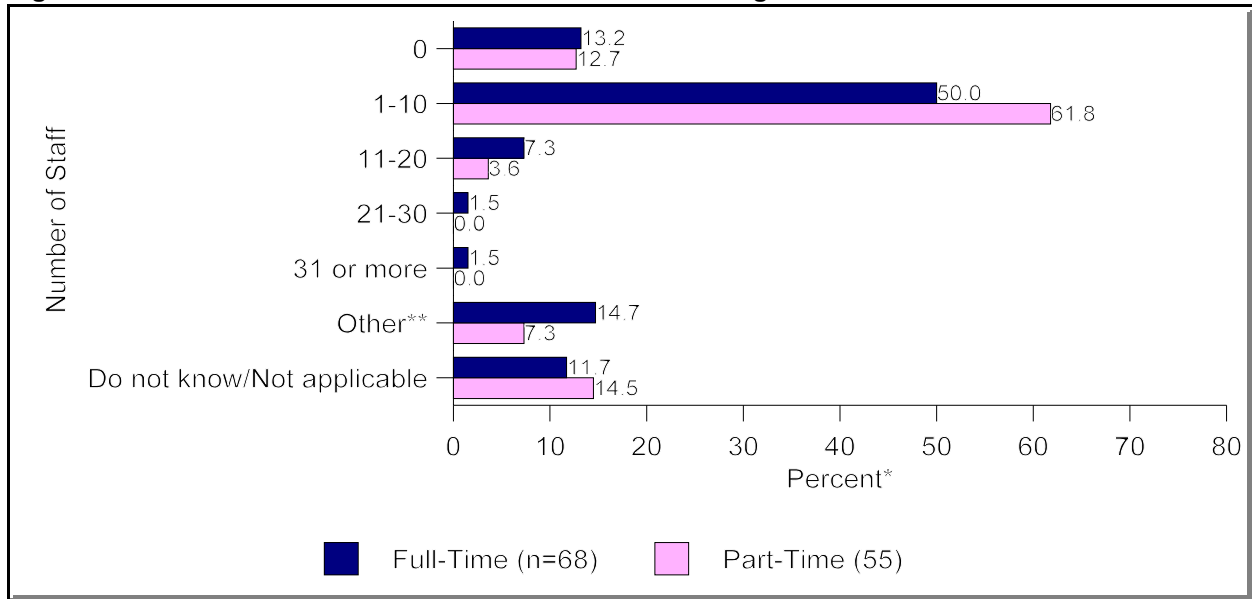
*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Many, Paras, and Yes".

- Approximately 34 percent of respondents said they had between one and ten full-time staff working in their chemical/mental health areas (Figure 14, Appendix Table 23).

Figure 14. Number of Full-Time and Part-Time Staff Working in Both Chemical/Mental Health Areas
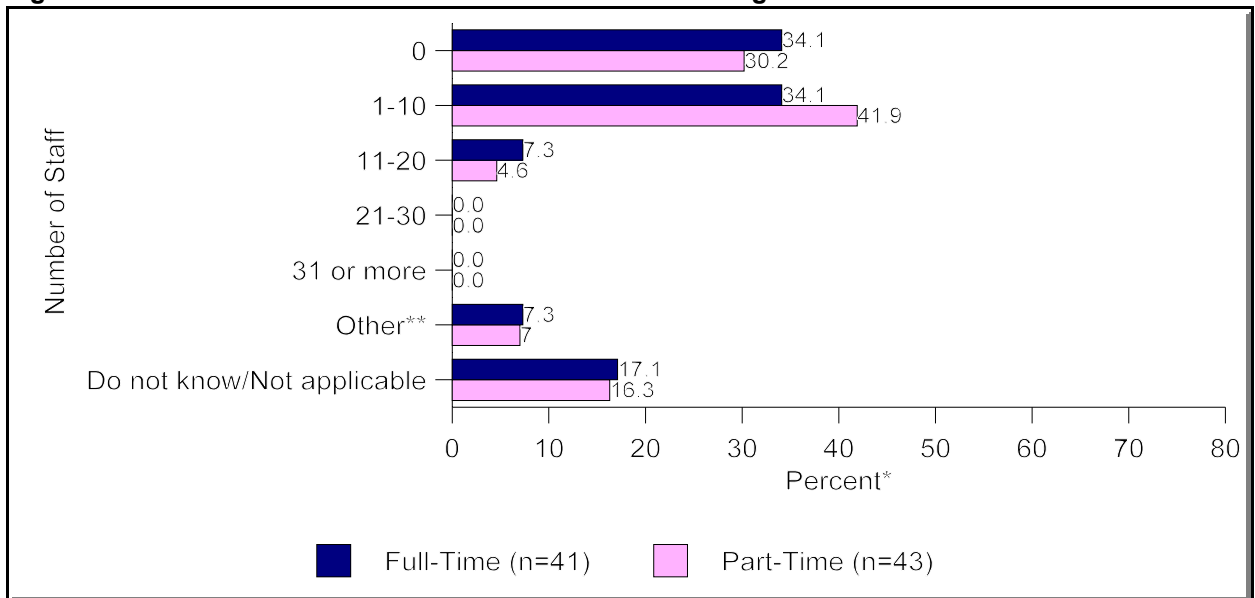
*Percentages do not equal 100 due to rounding.
**"Other" category is comprised of "Yes".

- Respondents gave a high rating to both chemical and mental health areas when considering the advantages of sharing resources among service providers while training staff. Approximately 45 percent each said the sharing of resources was very beneficial for training both chemical and mental health staff (Figure 15, Appendix Table 24).

Figure 15. Whether Sharing of Resources Among Service Providers for Training Chemical/Mental Health Staff is Beneficial
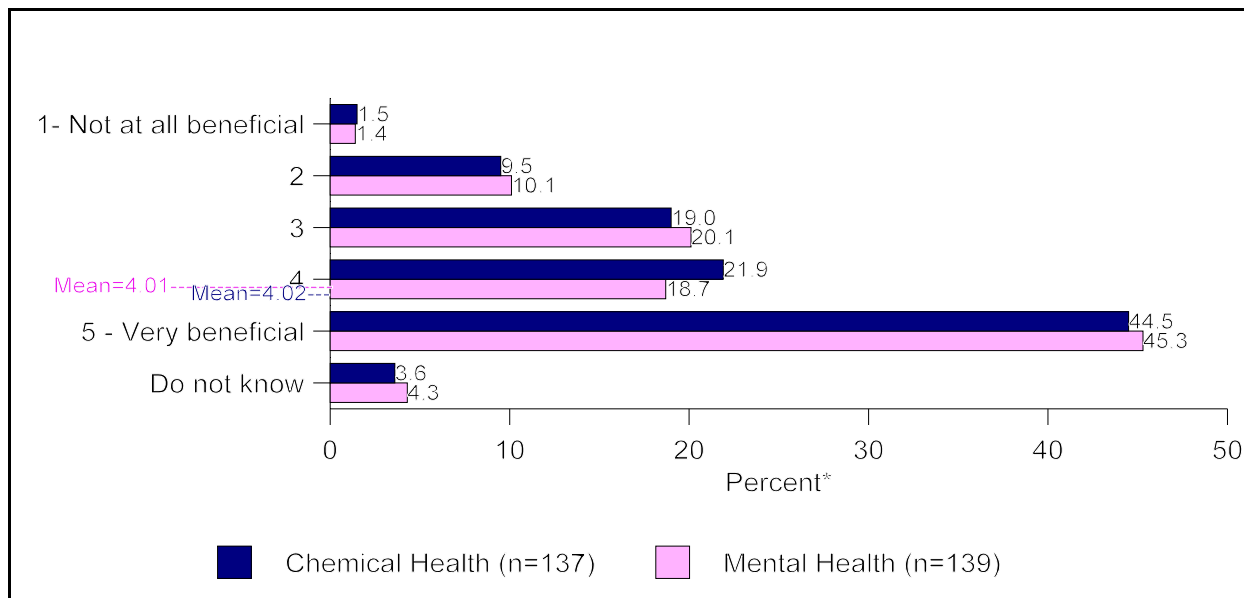
*Percentages do not equal 100 due to rounding

- The majority of responses indicated mental health, crisis intervention, chemical health, dual diagnosis, and cultural awareness/diversity programs should be provided as shared-training experiences among service providers (78.7 percent, 75.0 percent, 70.7 percent, 69.5 percent, and 62.2 percent, respectively) (Figure 16, Appendix Table 25).

Figure 16. Programs That Should be Provided as a Shared-Training Experience Among Service Providers
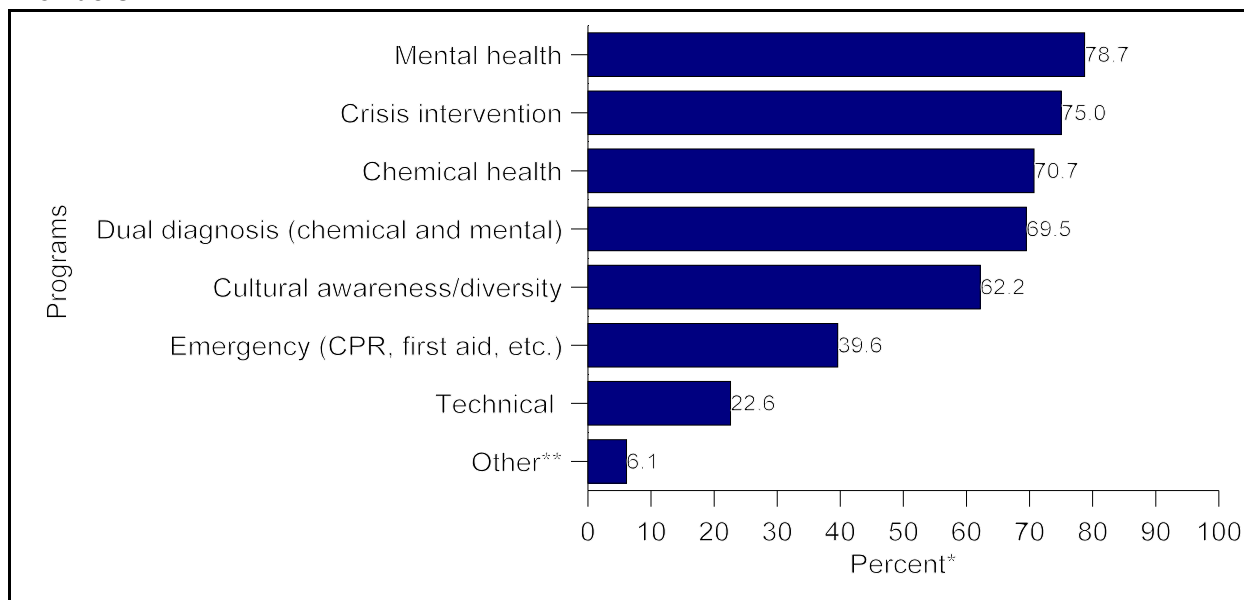
*Percentages do not equal 100 due to multiple responses.
**See Appendix Table 26 for "Other" responses.

- Respondents rated the extent of collaboration among service providers in both chemical and mental health areas highest in referrals, general collaboration, and general information sharing. The extent of collaboration among service providers was much lower in the areas of grant application development and financial resource sharing (Figure 17, Appendix Tables 27 and 28).

Figure 17. Extent That Organization Collaborates With Other Service Providers in Chemical/Mental Health Service Areas
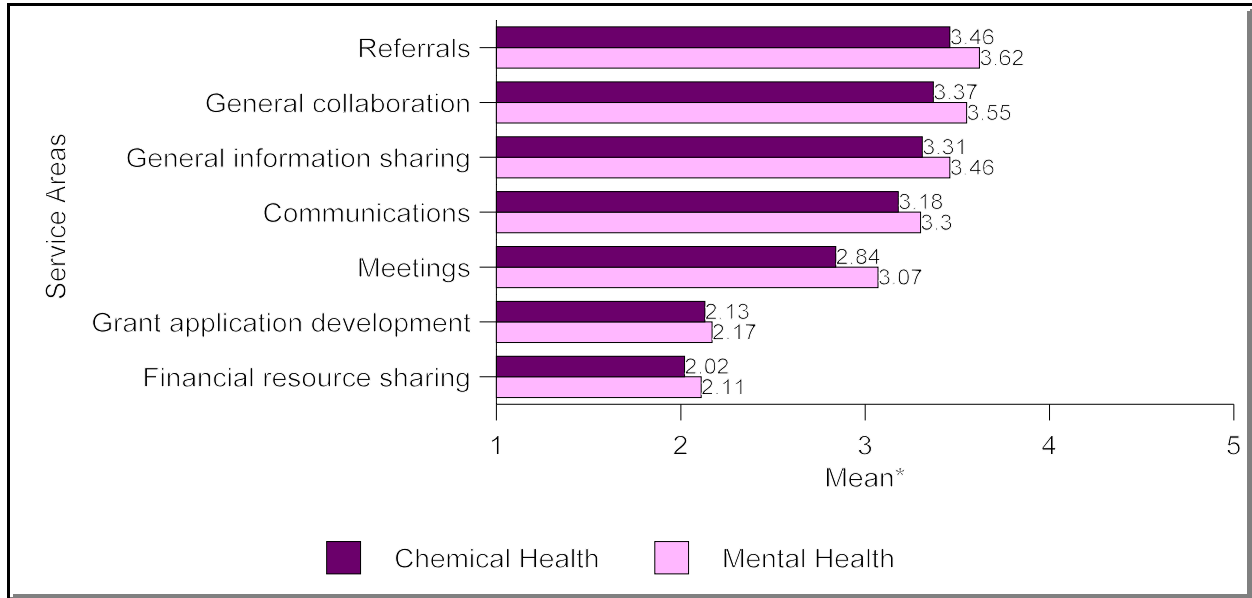
*Mean was based on a one to five scale, with one being "not at all" and five being "a great deal". "Do not know" was excluded from the mean.

- Respondents rated the adequacy of services their organization provides to clients who need chemical/mental health services above average. Nearly 41 percent gave a high rating to the adequacy of their organization's services (Figure 18, Appendix Table 29).

Figure 18. Adequacy of Services Organization Provides to Clients in Need of Chemical/Mental Health Services
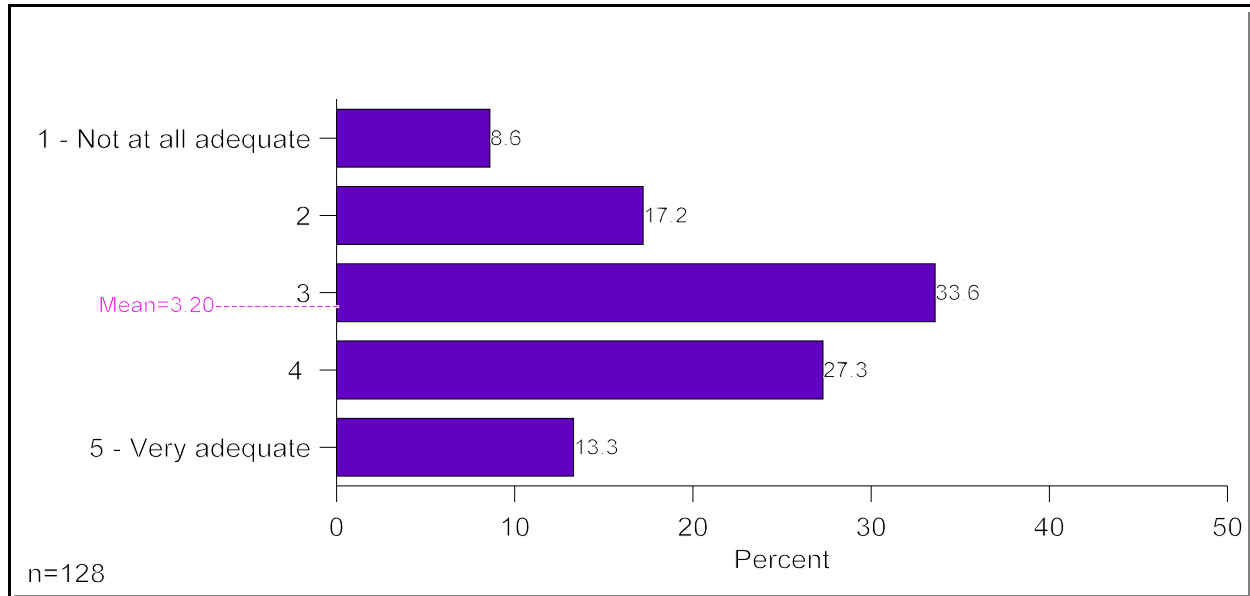
- Approximately 23 percent of responses suggested that by meeting staff needs the organization could improve service to clients in need of chemical health services. Nearly 15 percent suggested the organization expand services, and 12.6 percent said informing others on the services that were provided would improve service (Table 9).

Table 9. Suggestions as to How Respondent's Organization Could Improve on How it Provides Services to Clients in Need of Chemical Health Services

	Responses	
Suggested Service Improvements	**Number**	**Percent***
Meet staff needs	22	23.2
Expand services that are provided	14	14.7
Inform others on what services are available	12	12.6
Increase access to resources	9	9.5
The agency doesn't provide this service	8	8.4
Have better communication and collaboration	5	5.3
Increase access to programs	2	2.1
Not applicable	5	5.3
Do not know	7	7.4
Other**	11	11.6
Total	95	100.1

*Percentages do not equal 100 due to rounding.
**See Appendix Table 30 for "Other" responses.

- Approximately 28 percent of responses suggested that by meeting staff needs the organization could improve service to clients in need of mental health services. Nearly 13 percent suggested the organization both expand services and inform others on the services that are available (Table 10).

Table 10. Suggestions as to How Respondent's Organization Could Improve on How it Provides Services to Clients in Need of Mental Health Services

Suggested Improvements to Services	Responses	
	Number	**Percent***
Meet staff needs	24	27.9
Expand services that are provided	11	12.8
Inform others on what services are available	11	12.8
Increase access to resources	10	11.6
Have better collaboration and communication	10	11.6
The agency doesn't provide this service	7	8.1
Do not know	7	8.1
Access for lower income clients	3	3.5
Quicker access to services	3	3.5
Total	86	99.9

*Percentages do not equal 100 due to rounding.

- Survey findings indicate that in 2000 more clients with mental health needs were served than chemical health needs throughout all age groups. (Figure 19, Appendix Tables 31-36). Caution should be used when interpreting these data due to the small number of responses.

Figure 19. Clients Receiving Chemical/Mental Health Services in 2000 by Age Group
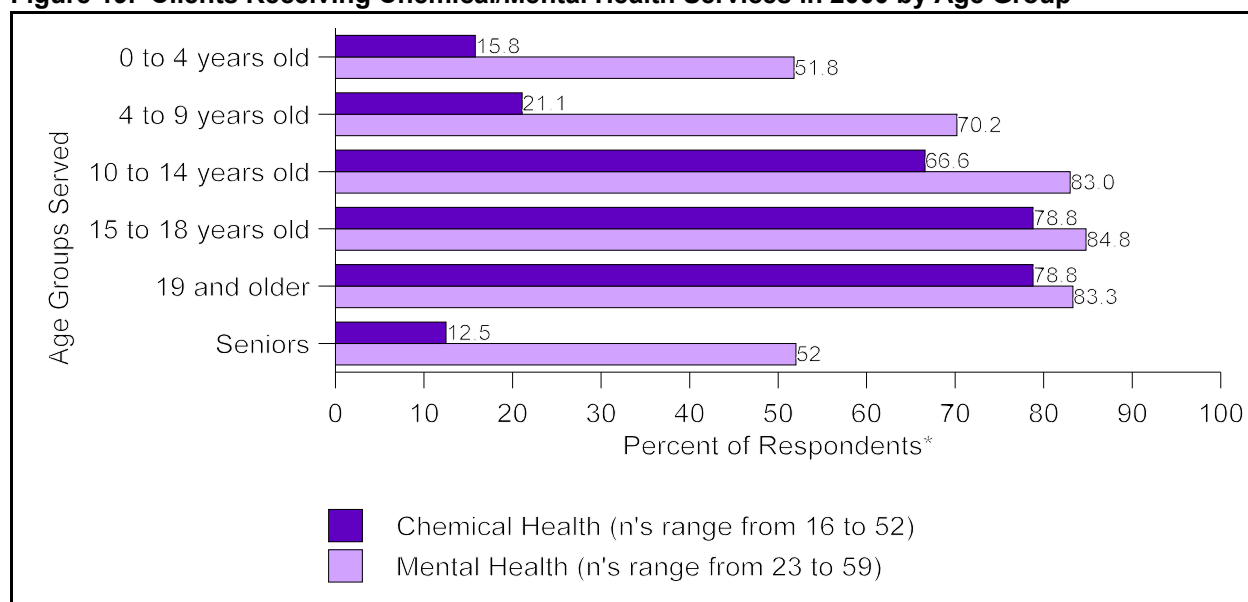
*Percentages are a compilation of respondents who indicated they served clients in these groups.

- There were larger proportions of respondents who said they served male and female clients needing mental health services than chemical health services (Figure 20, Appendix Tables 37 and 38).

Figure 20. Clients Receiving Chemical/Mental Health Services in 2000 by Gender
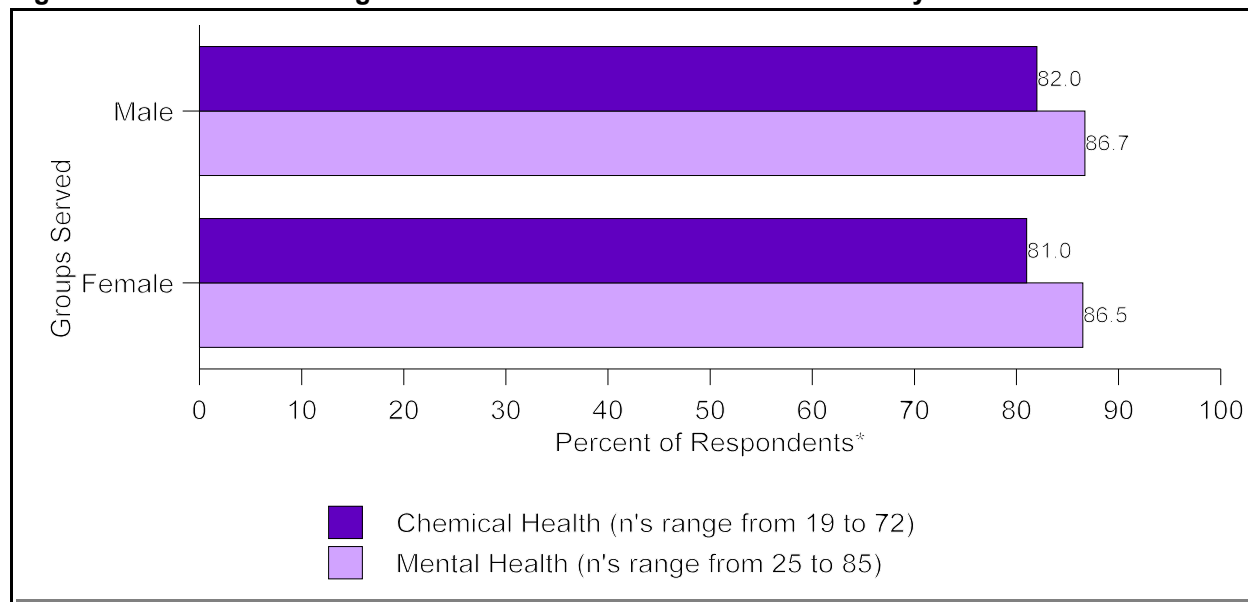
*Percentages are a compilation of respondents who indicated they served clients in these groups.

- The largest proportions of respondents said clients receiving chemical and mental health services were mostly White, Hispanic/Latino, and Native American (Figure 21, Appendix Tables 39-43). See Appendix Table 44 for responses to other clients who received chemical and mental health services in 2000.

Figure 21. Clients Receiving Chemical/Mental Health Services in 2000 by Race
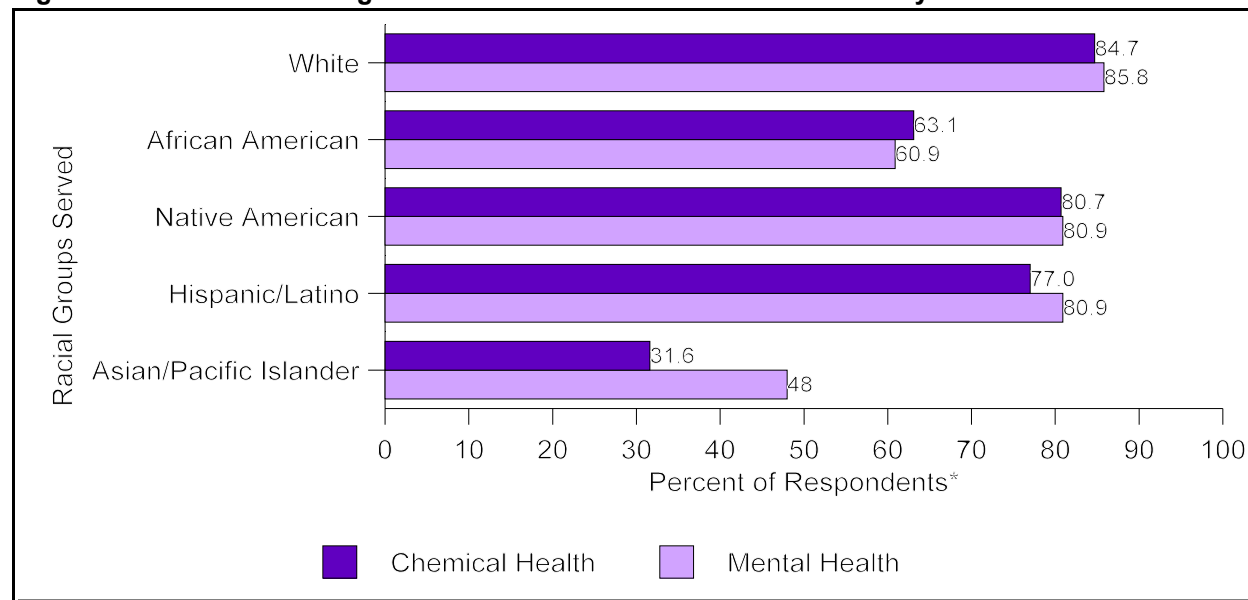
*Percentages are a compilation of respondents who indicated they served clients in these groups.

- The largest proportions of responses highlighting areas needing additional services were all categories (age, gender, and race), children under 18/students, and ethnic groups (17.1 percent, and 15.7 percent, and 15.7 percent, respectively) (Table 11).

Table 11. Age, Gender, or Racial Categories in Need of Additional Chemical/Mental Health Services

	Responses	
Categories in Need of Additional Services	**Number**	**Percent***
All	12	17.1
Children (under 18)/Students	11	15.7
Ethnic groups	11	15.7
Parents	4	5.7
Do not know/Unknown	15	21.4
None	4	5.7
Other**	13	18.6
Total	70	99.9

*Percentages do not equal 100 due to rounding.
**See Appendix Table 45 for "Other" responses.

- The largest proportions of responses suggesting the types of services needed were chemical/mental health services/counseling, easy access/on-site psychiatrists, counselors, groups, and services for youth (19.7 percent, 17.1 percent, and 10.5 percent, respectively) (Table 12).

Table 12. Types of Services That are Needed

	Responses	
Needed Services	**Number**	**Percent***
Chemical/Mental health services/Counseling	15	19.7
Easy access/On-site psychiatrists, counselors, groups	13	17.1
Services for youth	8	10.5
Education/Awareness/School involvement	7	9.2
In-patient services	5	6.6
Transitional housing	4	5.3
Services for different cultures	3	3.9
Women's services	2	2.6
Do not know	6	7.9
Other**	13	17.1
Total	76	99.9

*Percentages do not equal 100 due to rounding.
**See Appendix Table 46 for "Other" responses.

- Approximately 68 percent of respondents said mental health services provided by their organizations are reaching the appropriate clients compared to 57.5 percent who said chemical health services are reaching the appropriate clients. In contrast, nearly one-third said services provided by chemical health organizations are not reaching the appropriate clients (Figure 22, Appendix Table 47).

Figure 22. Whether Chemical/Mental Health Services Provided by Organization are Reaching the Appropriate Clients

Chemical Health (n=106)
- Sometimes 5.7%
- Do not know 4.7%
- Yes 57.5%
- No 32.1%

Mental Health (n=126)
- Sometimes 4.0%
- Do not know 4.0%
- Yes 68.2%
- No 23.8%
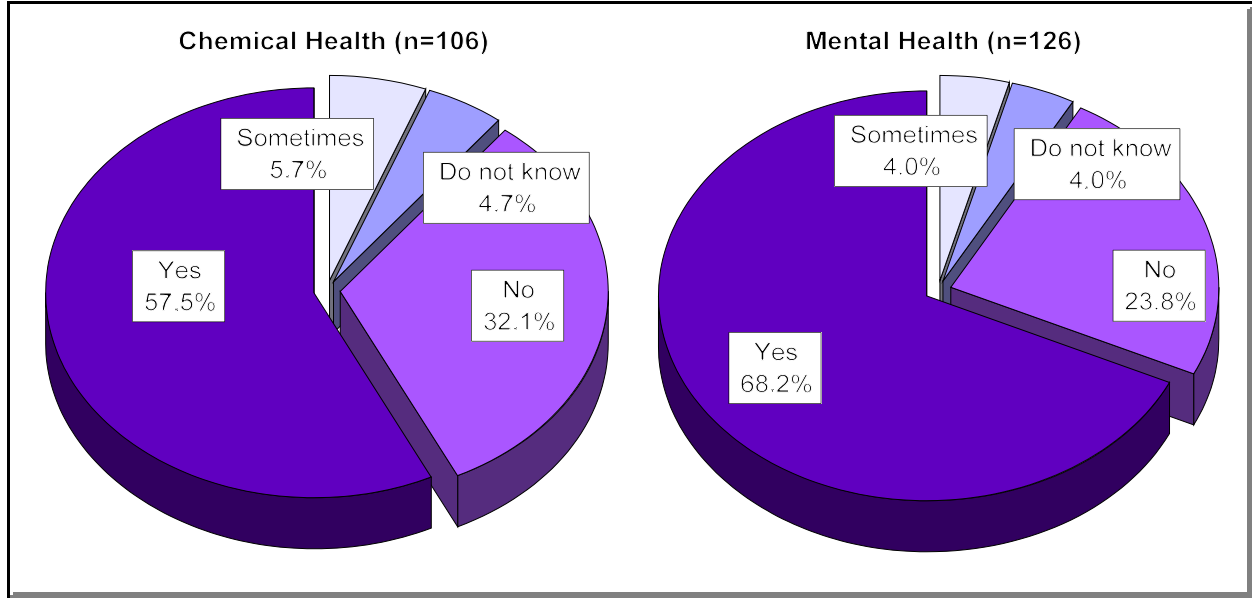
- Approximately three-fourths of respondents said parents/guardians and educators/teachers were groups other than service providers that would benefit from chemical/mental health services education (Figure 23, Appendix Table 48).

Figure 23. Groups Other Than Service Providers That Would Benefit From Chemical/Mental Health Services Education

Groups	Percent*
Parents/Guardians	78.7
Educators/Teachers	74.4
Extended family	55.5
Peers	50.6
Clergy	34.8
Other	6.7
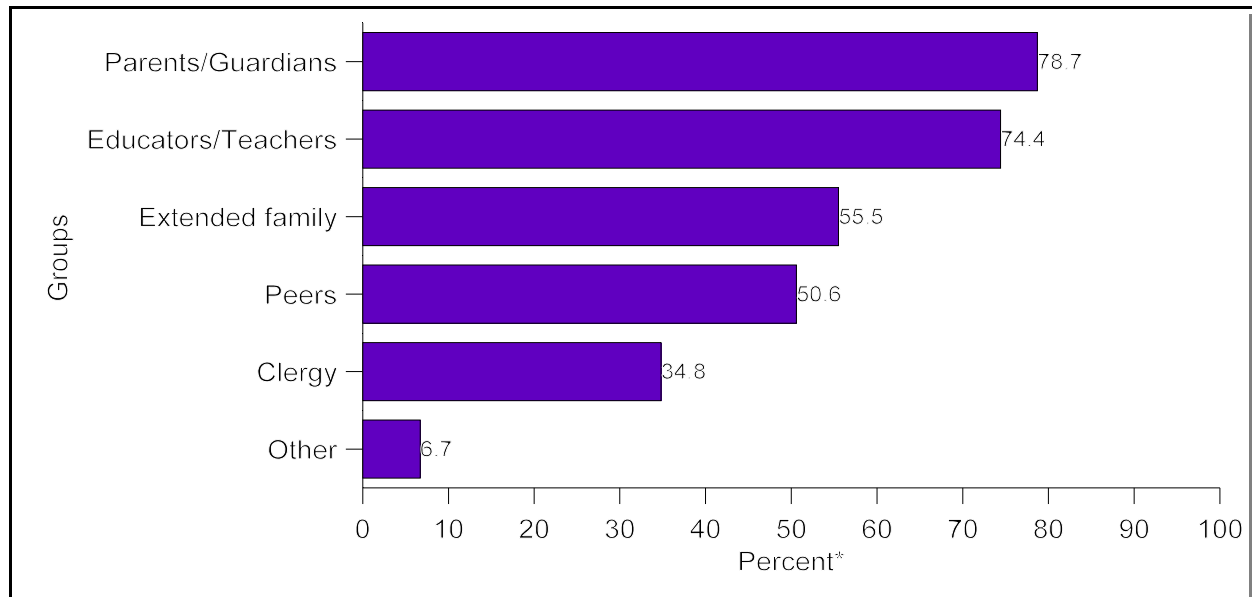
*Percentages do not equal 100 due to multiple responses.

Demographics

- The largest proportion of respondents indicated they worked in an educational organization (33.8 percent) followed by 16.2 percent who worked in a mental health organization (Figure 24, Appendix Table 49).

Figure 24. Type of Organization Where Respondent Works

n=142
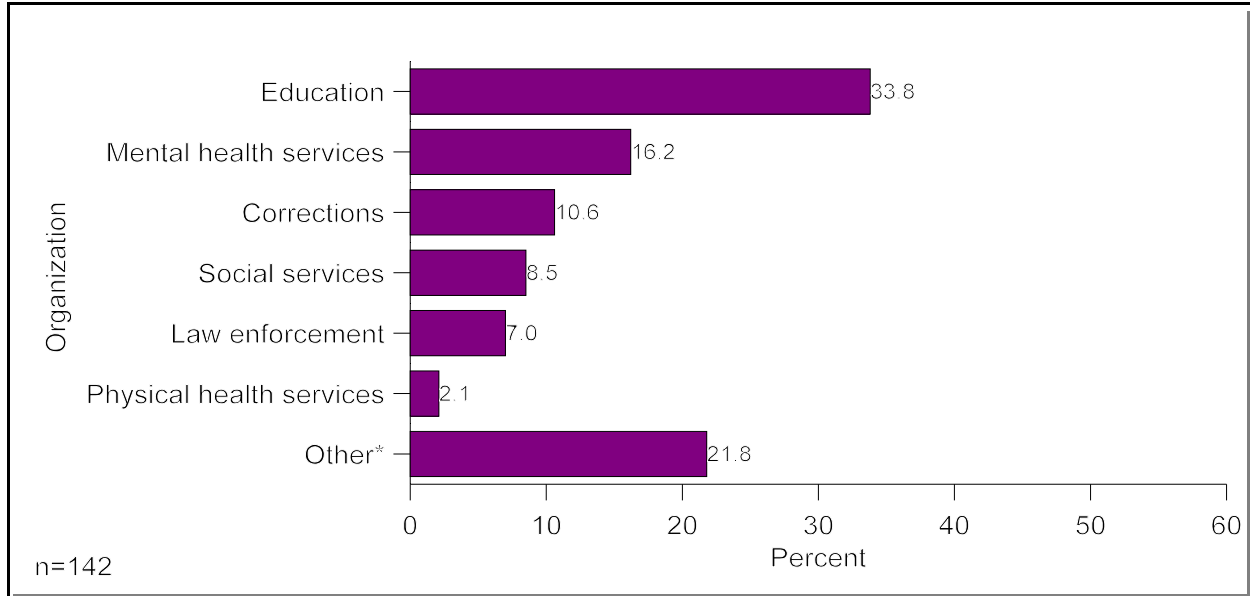
*See Appendix Table 50 for "Other" responses.

- More than one-half of respondents said their organization provides referral services while approximately 38 percent provided mental health services (Figure 25, Appendix Table 51).

Figure 25. Type of Services Organization Provides
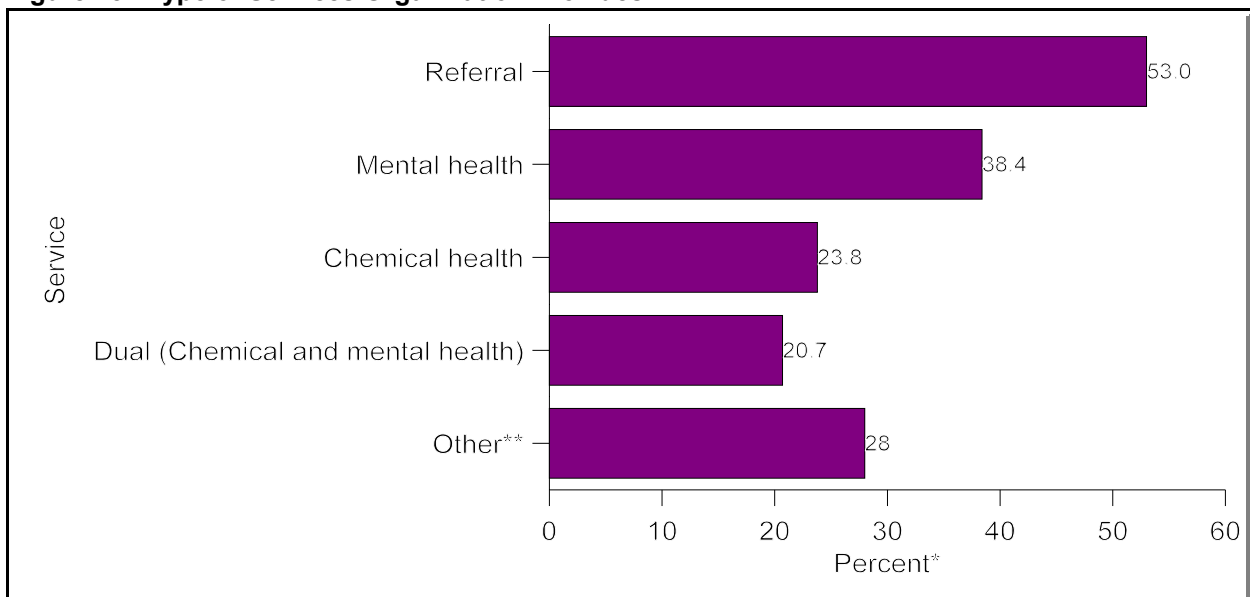
*Percentages do not equal 100 due to multiple responses.
**See Appendix Table 52 for "Other" responses.

Appendix Tables

Appendix Table 1. Community Awareness of Chemical/Mental Health Issues

	Respondents			
	Chemical Health (Mean=2.93)		Mental Health (Mean=2.69)	
Response	Number**	Percent*	Number**	Percent
1 - Not at all aware	3	1.8	5	3.1
2	47	28.8	69	43.1
3	74	45.4	63	39.4
4	31	19.0	17	10.6
5 - Very aware	5	3.1	6	3.8
Do not know (excluded from mean)	3	1.8	0	0.0
Total	163	99.9	160	100.0

*Percentages do not equal 100 due to rounding.
**Numbers exclude one missing response for Chemical Health and four missing responses for Mental Health.

Appendix Table 2. How Well Community Chemical/Mental Health Needs are Being Met

	Respondents			
	Chemical Health (Mean=2.69)		Mental Health (Mean=2.75)	
Response	Number	Percent*	Number**	Percent
1 - Not well at all	17	10.4	14	8.7
2	45	27.4	44	27.3
3	70	42.7	70	43.5
4	25	15.2	28	17.4
5 - Very well	2	1.2	2	1.2
Do not know (excluded from mean)	5	3.0	3	1.9
Total	164	99.9	161	100.0

*Percentages do not equal 100 due to rounding.
**Numbers exclude three missing responses for Mental Health.

Appendix Table 3. Community Awareness of Chemical/Mental Health Services Provided by Organizations

Response	Respondents			
	Chemical Health (Mean=2.59)		Mental Health (Mean=2.82)	
	Number*	Percent	Number*	Percent
1 - Not at all aware	16	12.1	12	8.5
2	45	34.1	42	29.8
3	49	37.1	54	38.3
4	14	10.6	23	16.3
5 - Very aware	5	3.8	9	6.4
Do not know (excluded from mean)	3	2.3	1	0.7
Total	132	100.0	141	100.0

*Numbers exclude 32 missing responses for Chemical Health and 23 missing responses for Mental Health.

Appendix Table 4. "Other" Suggestions as to How Community Awareness of Organizations Could be Increased

Suggestions for Increasing Community Awareness	Number of Responses
Not necessary as the individuals that need to know of the school's services are aware/community is aware	2
MHSI provides very little as far as financial support-referrals and interpreters are provided if needed. They are aware but it seems this is about accessability and affordability; the uninsured are the ones that fall through the cracks.	1
Discussed in Home Room/Gen Ed Staff being aware of the signs the students may show regarding chemical & mental health concerns.	1
Administrative support and sanction	1
There are advantages and disadvantages to community awareness. I feel the only people who need to be aware are the people serving the population who needs services	1
Hiring culturally competent providers	1
Total	7

Appendix Table 5. Community Support Toward Organization's Efforts in Chemical/Mental Health

	Respondents			
	Chemical Health (Mean=3.03)		Mental Health (Mean=3.34)	
Response	Number**	Percent	Number**	Percent*
1 - Not at all supportive	8	6.2	5	3.6
2	29	22.3	18	12.9
3	49	37.7	56	40.3
4	31	23.8	42	30.2
5 - Very supportive	9	6.9	16	11.5
Do not know (excluded from mean)	4	3.1	2	1.4
Total	130	100.0	139	99.9

*Percentages do not equal 100 due to rounding.
**Numbers exclude 34 missing responses for Chemical Health and 25 missing responses for Mental Health.

Appendix Table 6. "Other" Examples of How the Community is Supportive of Organization's Efforts in Chemical/Mental Health

Examples of Community Support	Number of Responses
The city of Fargo is in the process of developing supportive housing for those suffering with chronic alcoholism	1
Verbal comments	1
The children's Mental Health Collaborative and Mayor's Task Force are currently asking the right questions	1
No one objects to chemical health services. Mental Health Services (EBD) are not widely supported.	1
We have more mental health resources for young people, although use of chemicals in pre-adolescents is not addressed well enough.	1
I deal with a team of professionals from Clay County Soc. Services, Probation Officials, Therapeutic Educators, etc. who attempt to service students with chemical/mental health issues.	1
None	1
Total	7

Appendix Table 7. "Other" Suggestions as to How the Community Could Increase Support for Organizations

Suggestions for Increasing Community Support	Number of Responses
These needs are PRIVATE & don't believe it needs to be more public!	1
Physicians, psych, that participate on the committee-include in-home observations	1
Hire more people-better to serve as management	1
Don't provide these services	1
Need more students evaluated and to seek help	1
Speakers, lyceums that really are meaningful and NOT cheesy, booths in our commons	1
As a school, we are working to get a local cable access channel to tour our mission-this is in conjunction with the city's efforts	1
Continued town meeting discussions, probation officers, high schools	1
Positive feedback + acknowledgment of the importance of supportive services.	
Be including in all options for treatment	1
Clearing house/Resource book published by county & made available for agencies,	1
More involvement from all people of the community	1
Total	11

Appendix Table 8. Extent of Organization's Collaboration With Other Community Organizations in Providing Chemical/Mental Health Services

	Respondents			
	Chemical Health (Mean=3.37)		Mental Health (Mean=3.83)	
Response	Number*	Percent	Number*	Percent
1 - Not at all	14	9.4	2	1.3
2	24	16.1	19	12.2
3	38	25.5	32	20.5
4	37	24.8	53	34.0
5 - A great deal	35	23.5	49	31.4
Do not know (excluded from mean)	1	0.7	1	0.6
Total	149	100.0	156	100.0

*Numbers do not include 15 missing responses for Chemical Health and 8 missing responses for Mental Health.

Appendix Table 9. "Other" Examples of Effective Ways to Collaborate With Other Organizations in Providing Chemical/Mental Health Services

Ways to Collaborate	Number of Responses
Churches and school work together in time of crisis	1
Offer a greater selection of outpatient CD treatment facilities in FM area.	1
Through our evaluation and transitional services programming we will be able to assess and communicate to all service providers to insure there are no gaps in service	1
I don't see a problem when it comes to collaborating-problem is providing free mental health care for non insured bilingual staff	1
Don't offer CD or mental health services	1
Work at social services	1
Med reviews at school with MD nurse and other service providers from the	1
As mentioned: Head Start; Village Family LSS, and Catholic Family and Public Health programs	1
As the courts attorney's office we are in the middle of all commitments and usually gather info from all different organizations	1
Total	9

Appendix Table 10. "Other" Suggestions as to How Collaboration With Other Community Organizations Providing Chemical/Mental Health Services Could be Improved

Suggestions for Improving Collaboration	Number of Responses
There is a professional in the community who is diagnosing children with autism without talking to educators working with children, then telling families only applied behavioral analysis will cure their child. "Without it they will fail in school" the parents are told. Parents are also told that all other educational and therapeutic programs need to be discontinued and they do all the "in-home" programming. This appears to be a serious ethical violation as Minnesota social service funds go to finance this program.	1
We can only work with families we know about if the family or other agency does not indicate a need we can't help	1
I think we have a good choice of services in our community	1
Regular visits in school	1
Affordable providers, providers prepared to help participants manage MH/CD issues and maintenance	1
We may have more "different" organizations than necessary	1
Personal contact with staff	1
We need to be made aware of the standards set for successful work in a specific part of the collaborative.	1
Everyone would be aware of warning signs & signals that need to be reported to the correct officials.	1
Scheduling times is very difficult.	1
Let me know who is willing to do presentations to adolescents	1
Easier for students to be tested and referred	1
Continue with on-going programs	1
Have programs come to the school to offer help/guidance	1
Have the coordinators of health services attend our home visitor meetings as speakers or attendees	1
Perhaps greater follow through in a few instances would be the greatest means to achieve this	1
By outside agencies contacting school support service-taking the initiative	1
Total	17

Appendix Table 11. Adequacy of Financial Resources Within Organization for Chemical/Mental Health Services

	Respondents			
	Chemical Health (Mean=2.50)		Mental Health (Mean=2.72)	
Response	Number*	Percent	Number*	Percent
1 - Not at all adequate	24	19.7	19	14.2
2	36	29.5	35	26.1
3	31	25.4	44	32.8
4	17	13.9	25	18.7
5 - Very adequate	5	4.1	6	4.5
Do not know (excluded from mean)	9	7.4	5	3.7
Total	122	100.0	134	100.0

*Numbers exclude 42 missing responses for Chemical Health and 30 missing responses for Mental Health.

Appendix Table 12. Appropriateness of Funding Priorities Within Organization for Chemical/Mental Health Services

	Respondents			
	Chemical Health (Mean=2.74)		Mental Health (Mean=3.02)	
Response	Number**	Percent	Number**	Percent*
1 - Not at all appropriate	19	16.0	14	10.9
2	27	22.7	24	18.8
3	39	32.8	45	35.2
4	16	13.4	28	21.9
5 - Very appropriate	10	8.4	13	10.2
Do not know (excluded from mean)	8	6.7	4	3.1
Total	119	100.0	128	100.1

*Percentages do not equal 100 due to rounding.
**Numbers exclude 45 missing responses for Chemical Health and 36 missing responses for Mental Health.

Appendix Table 13. "Other" Suggestions as to Which Services Need More Resources

Suggestions of Services Needing More Resources	Number of Responses
Supportive housing, dual diagnosed staff experience & collaboration-(can't treat only one at a time)	1
SAP	1
Supportive services	1
Homeless outreach	1
Transportation, housing, safety, prevention/intervention	1
Uninsured	1
The PMAP insurance plans are not effective to meet the needs for CD or MH. We are unable to use consolidated funding if a person is on PMAP	1
Transportation, respite, drug screens, need adolescent half-way house.	1
Evaluation services, aftercare services, groups (anger management, etc.)	1
We have adequate resources	1
Adult education	1
Lakeland/CCSS for additional services	1
Rent, deposits, utilities, hook up fees, in home services and supports	1
We need more resources for educating and helping parents. I believe there is a huge gap in the area	1
In-patient In this area. Group home for girls.	1
Juvenile detox	1
Some of our funding for another full time staff member	1
Total	17

Appendix Table 14. Whether Resources for Transitional Living Support for Chemical/Mental Health Issues are Sufficient

	Respondents			
	Chemical Health (Mean=2.32)		Mental Health (Mean=2.42)	
Response	Number**	Percent*	Number**	Percent*
1 - Not at all sufficient	32	25.2	24	18.3
2	38	29.9	48	36.6
3	30	23.6	33	25.2
4	14	11.0	14	10.7
5 - Very sufficient	4	3.1	5	3.8
Do not know (excluded from mean)	9	7.1	7	5.3
Total	127	99.9	131	99.9

*Percentages do not equal 100 due to rounding.
**Numbers exclude 37 missing responses for Chemical Health and 33 missing responses for Mental Health.
Appendix Table 15. Whether Most People in the Area are Able to Access and Afford Chemical Health

Services When Needed

Response	Respondents			
	Access		Afford	
	Number*	Percent	Number*	Percent
Yes	78	50.0	26	17.4
No	32	20.5	59	39.6
Do not know (excluded from mean)	46	29.5	64	43.0
Total	156	100.0	149	100.0

*Numbers do not include 8 missing responses for Chemical Health and 15 missing responses for Mental Health.

Appendix Table 16. Whether Most People in the Area are Able to Access and Afford Mental Health Services When Needed

Response	Respondents			
	Access		Afford	
	Number*	Percent	Number*	Percent
Yes	84	53.5	37	25.3
No	40	25.5	67	45.9
Do not know	33	21.0	42	28.8
Total	157	100.0	146	100.0

*Numbers exclude 7 missing responses for Chemical Health and 18 missing responses for Mental Health.

Appendix Table 17. Barriers to Accessing Chemical/Mental Health Services

Barriers	Respondents			
	Chemical Health		Mental Health	
	Number	Percent*	Number	Percent*
Referral system	46	28.0	55	33.5
Overloaded system	75	45.7	102	62.2
Family support	70	42.7	68	41.5
Transportation	72	43.9	75	45.7
Financial	102	62.2	115	70.1
Insurance	96	58.5	101	61.6
None	0	0.0	1	0.6
Other	31	18.9	30	18.3

*Percentages do not equal 100 due to multiple responses.

Appendix Table 18. "Other" Barriers to Accessing Chemical Health Services

Chemical Health Barriers	Responses	
	Number*	Percent
Lack of services/lack of consistency	10	31.2
Denial/self-motivation/lack follow-through	9	28.1
Not identified/fall through cracks	3	9.4
Language/culture	3	9.4
Not aware of services/lack of information	3	9.4
Do not know	4	12.5
Total	32	100.0

*One respondent had multiple responses.

Appendix Table 19. "Other" Barriers to Accessing Mental Health Services

Mental Health Barriers	Responses	
	Number**	Percent*
Lack of services/too few psychiatrists/lack of consistency	12	38.7
Getting information to people/lack of awareness	5	16.1
Denial/self-motivation/lack follow-through	4	12.9
Language/culture	3	9.7
Not identified	3	9.7
FERPA	1	3.2
They are able to get services free of charge	1	3.2
Do not know	2	6.4
Total	31	99.9

*Percentages do not equal 100 due to rounding.
**One respondent had multiple responses.

Appendix Table 20. "Other" Suggestions as to What Happens to the Client(s) When Financial Resources are Not Available for Chemical/Mental Health Services

Suggested Outcomes for Clients	Number of Responses
It takes longer to access services	1
They come to early childhood special education and want children enrolled when problem is with the family and parenting.	1
If it's a case of mental health and if there is a language barrier they are not willing to go and most have no insurance and do not qualify for med. asst.	1
They disappear for awhile	1
Parents usually work to go around barriers and let legal authorities provide Rule 25 services	1
Shelters, street	1
They may have less options but there are still community meetings available	1
Perhaps end up at social services or end up in juvenile detention/corrections system. Also become chronic "behavioral problems" in school-detention etc.	1
They struggle along as best they can	1
Mental health, they do the best they can	1
Nothing, they continue on the path they had	1
In our program services are still provided, however, it makes the service providers budget become more imbalanced	1
Unable to pay for meds. Unable to pay for transportation to access health services and other quality of life activities to enhance MH	1
They flounder until landing in jail	1
They struggle more to stay in school, school counselors do more therapy than they can or the students don't receive enough support. Grades suffer and difficult behavior increases	1
They are worked out as well as can be.	1
Juvenile detox	1
Total	17

Appendix Table 21. Number of Full-Time and Part-Time Staff Working in Chemical Health Areas

| Number of Staff | Respondents | | | |
| | Full-Time | | Part-Time | |
	Number	Percent*	Number	Percent
0	19	33.3	18	38.3
1-10	23	40.3	15	31.9
11-20	3	5.3	3	6.4
21-30	1	1.7	0	0.0
31 or more	0	0.0	0	0.0
Other**	4	7.0	4	8.5
Do not know/Not applicable/Not sure	7	12.3	7	14.9
Total	57	99.9	47	100.0

*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Yes and X".

Appendix Table 22. Number of Full-Time and Part-Time Staff Working in Mental Health Areas

| Number of Staff | Respondents | | | |
| | Full-Time | | Part-Time | |
	Number	Percent*	Number	Percent*
0	9	13.2	7	12.7
1-10	34	50.0	34	61.8
11-20	5	7.3	2	3.6
21-30	1	1.5	0	0.0
31 or more	1	1.5	0	0.0
Other**	10	14.7	4	7.3
Do not know/Not applicable/Not sure	8	11.7	8	14.5
Total	68	99.9	55	99.9

*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Many, Paras, and Yes".

Appendix Table 23. Number of Full-Time and Part-Time Staff Working in Both Chemical and Mental Health Areas

	Respondents			
	Full-Time		Part-Time	
Number of Staff	**Number**	**Percent***	**Number**	**Percent**
0	14	34.1	13	30.2
1-10	14	34.1	18	41.9
11-20	3	7.3	2	4.6
21-30	0	0.0	0	0.0
31 or more	0	0.0	0	0.0
Other**	3	7.3	3	7.0
Do not know/Not applicable/Not sure	7	17.1	7	16.3
Total	41	99.9	43	100.0

*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Yes".

Appendix Table 24. Whether Sharing of Resources Among Service Providers for Training Chemical/Mental Health Staff is Beneficial

	Respondents			
	Chemical Health (Mean=4.02)		Mental Health (Mean=4.01)	
Response	**Number****	**Percent**	**Number****	**Percent***
1 - Not at all beneficial	2	1.5	2	1.4
2	13	9.5	14	10.1
3	26	19.0	28	20.1
4	30	21.9	26	18.7
5 - Very beneficial	61	44.5	63	45.3
Do not know	5	3.6	6	4.3
Total	137	100.0	139	99.9

*Percentages do not equal 100 due to rounding.
**Numbers exclude 27 missing responses for Chemical Health and 25 missing responses for Mental Health.

Appendix Table 25. Programs That Should be Provided as a Shared-Training Experience Among Service Providers

Programs	Respondents	
	Number	Percent*
Technical programs	37	22.6
Emergency programs (CPR, first aid, etc.)	65	39.6
Crisis intervention programs	123	75.0
Cultural awareness/diversity training programs	102	62.2
Mental health programs	129	78.7
Chemical health programs	116	70.7
Dual diagnosis programs (chemical and mental health)	114	69.5
Other	10	6.1

*Percentages do not equal 100 due to multiple responses.

Appendix Table 26. "Other" Programs That Should be Provided as a Shared-Training Experience Among Service Providers

Programs	Number of Responses
Works homeless clients	1
Transitional services program	1
Child care options/CEP options	1
Behavioral development of young children	1
Evaluation of system	1
Training for lay people to identify needs	1
At home addictions-where you can go for assistance	1
Separate training for providers who work with children	1
Physical restraining techniques	1
No response	1
Total	10

Appendix Table 27. Extent That Organization Collaborates With Other Service Providers in Chemical Health Area

Area	Mean*	Not at all (1)		(2)		(3)		(4)		A great deal (5)		Do Not Know	
		N	%	N	%	N	%	N	%	N	%	N	%
General collaboration (N=139)	3.37	11	7.9	23	16.5	32	23.0	38	27.3	28	20.1	7	5.0
General information sharing (N=141)	3.31	13	9.2	24	17.0	32	22.7	38	27.0	27	19.1	7	5.0
Grant application development (N=129)	2.13	59	45.7	17	13.2	23	17.8	14	10.9	8	6.2	8	6.2
Financial resource sharing (N=132)	2.02	60	45.5	23	17.4	23	17.4	14	10.6	4	3.0	8	6.1
Meetings (N=137)	2.84	23	16.8	32	23.4	29	21.2	33	24.1	12	8.8	8	5.8
Communications (N=138)	3.18	14	10.1	24	17.4	34	24.6	40	29.0	18	13.0	8	5.8
Referrals (N=142)	3.46	12	8.5	19	13.4	33	23.2	35	24.6	35	24.6	8	5.6

*"Do not know" was excluded from the mean.

Appendix Table 28. Extent That Organization Collaborates With Other Service Providers in Mental Health Area

Area	Mean*	Not at all (1)		(2)		(3)		(4)		A great deal (5)		Do Not Know	
		N	%	N	%	N	%	N	%	N	%	N	%
General collaboration (N=149)	3.55	5	3.4	22	14.8	36	24.2	51	34.2	30	20.1	5	3.4
General information sharing (N=148)	3.46	7	4.7	27	18.2	31	20.9	48	32.4	29	19.6	6	4.1
Grant application development (N=139)	2.17	58	41.7	27	19.4	22	15.8	16	11.5	9	6.5	7	5.0
Financial resource sharing (N=140)	2.11	57	40.7	27	19.3	29	20.7	14	10.0	5	3.6	8	5.7
Meetings (N=146)	3.07	15	10.3	31	21.2	37	25.3	41	28.1	15	10.3	7	4.8
Communications (N=146)	3.30	7	4.8	27	18.5	41	28.1	45	30.8	19	13.0	7	4.8
Referrals (N=148)	3.62	8	5.4	17	11.5	34	23.0	45	30.4	38	25.7	6	4.1

*"Do not know" was excluded from the mean.

Appendix Table 29. Adequacy of Services the Respondent's Organization Provides to Clients in Need of Chemical/Mental Health Services

Response	Respondents (Mean=3.20)	
	Number*	Percent
1 - Not at all adequate	11	8.6
2	22	17.2
3	43	33.6
4	35	27.3
5 - Very adequate	17	13.3
Do not know	0	0.0
Total	128	100.0

*Number excludes 36 missing responses.

Appendix Table 30. "Other" Suggestions as to How Respondent's Organization Could Improve on How it Provides Services to Clients in Need of Chemical Health Services

Suggestions for Improving Client Services	Number of Responses
Survey clients for suggestions recommendations. To date feedback indicates satisfaction with services provided-always open for ideas and suggestions	1
What our staff provides now its adequate given the budget	1
Demand more responsibility from clients for their treatment programs/plans	1
Avoid duplication of services, assure referrals are appropriate and thorough assessment done.	1
Continue building trusting relationships with students, educating (prevention) and supporting/choice-making	1
To provide help	1
We could concentrate more-it is not our primary mission, however	1
We need to have treatment centers that accommodate lower income family needs and value systems	1
If you find a drug problem, notify family services-refer to a treatment meant for proper addiction. Not AA for prescription drug addiction.	1
Better defined and enforced boundaries for violations as well as better programs on school grounds	1
CD treatment, aftercare	1
Total	11

Appendix Table 31. Number of Clients Ages 0 to 4 Who Received Chemical/Mental Health Services in 2000

Number of Clients (Ages 0 to 4)	Respondents			
	Chemical Health		Mental Health	
	Number	Percent	Number	Percent*
0	6	31.6	5	18.5
1 to 5	1	5.3	4	14.8
6 to 10	0	0.0	3	11.1
11 to 15	0	0.0	1	3.7
More than 15	0	0.0	0	0.0
Other**	2	10.5	6	22.2
Do not know/Not applicable	10	52.6	8	29.6
Total	19	100.0	27	99.9

*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Yes, 4%, and Many".

Appendix Table 32. Number of Clients Ages 4 to 9 Who Received Chemical/Mental Health Services in 2000

Number of Clients (Ages 4 to 9)	Respondents			
	Chemical Health		Mental Health	
	Number	Percent	Number	Percent*
0	5	26.3	3	8.1
1 to 5	1	5.3	7	18.9
6 to 10	0	0.0	3	8.1
11 to 15	0	0.0	2	5.4
More than 15	0	0.0	4	10.8
Other**	3	15.8	10	27.0
Do not know/Not applicable	10	52.6	8	21.6
Total	19	100.0	37	99.9

*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Yes, 4 %, 10%, and Many".

Appendix Table 33. Number of Clients Ages 10 to 14 Who Received Chemical/Mental Health Services in 2000

	Respondents			
	Chemical Health		Mental Health	
Number of Clients (Ages 10 to 14)	**Number**	**Percent***	**Number**	**Percent**
0	1	3.0	1	1.9
1 to 5	4	12.1	10	18.9
6 to 10	6	18.2	4	7.5
11 to 15	1	3.0	3	5.7
More than 15	1	3.0	7	13.2
Other**	10	30.3	20	37.7
Do not know/Not applicable	10	30.3	8	15.1
Total	33	99.9	53	100.0

*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Yes, 00%, 4%, 10%, 50%, 100%, and Many".

Appendix Table 34. Number of Clients Ages 15 to 18 Who Received Chemical/Mental Health Services in 2000

	Respondents			
	Chemical Health		Mental Health	
Number of Clients (Ages 15 to 18)	**Number**	**Percent***	**Number**	**Percent***
0	1	1.9	1	1.7
1 to 10	13	25.0	16	27.1
11 to 20	3	5.8	5	8.5
21 to 30	2	3.8	0	0.0
More than 30	5	9.6	4	6.8
Other**	18	34.6	25	42.4
Do not know/Not applicable	10	19.2	8	13.6
Total	52	99.9	59	100.1

*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Yes, 4%, 5%, 40%, 50%, 90%, 100%, Half, Many, and All".

Appendix Table 35. Number of Clients Ages 19 Years and Older Who Received Chemical/Mental Health Services in 2000

Number of Clients (Ages 19 Years and Older)	Respondents			
	Chemical Health		Mental Health	
	Number	Percent*	Number	Percent*
0	1	1.9	1	1.8
1 to 10	8	15.4	9	16.7
11 to 20	5	9.6	4	7.4
21 to 30	0	0.0	1	1.8
More than 30	5	9.6	6	11.1
Other**	23	44.2	25	46.3
Do not know/Not applicable	10	19.2	8	14.8
Total	52	99.9	54	99.9

*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Yes, 2%, 10%, 20%, 30%, 40%, 50%, 90%, 95%, 100%, Half, Most, Many, and All".

Appendix Table 36. Number of Clients Who Were Seniors Who Received Chemical/Mental Health Services in 2000

Number of Clients (Seniors)	Respondents			
	Chemical Health		Mental Health	
	Number	Percent	Number	Percent*
0	4	25.0	3	13.0
1 to 5	2	12.5	3	13.0
6 to 10	0	0.0	1	4.3
11 to 15	0	0.0	1	4.3
More than 15	0	0.0	0	0.0
Other**	0	0.0	7	30.4
Do not know/Not applicable	10	62.5	8	34.8
Total	16	100.0	23	99.8

*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Yes, 4%, 5%, 10%, and Many".

Appendix Table 37. Number of Clients Who Were Male Who Received Chemical/Mental Health Services in 2000

	Respondents			
	Chemical Health		Mental Health	
Number of Clients (Male)	Number	Percent*	Number	Percent*
0	1	1.5	0	0.0
1 to 10	14	20.9	19	23.0
11 to 20	7	10.4	9	10.8
21 to 30	2	3.0	6	7.2
More than 30	10	14.9	8	9.6
Other**	22	32.8	30	36.1
Do not know/Not sure	11	16.4	11	13.2
Total	67	99.9	83	99.9

*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Yes, 12%, 30%, 50%, 60%, 70%, 75%, 80%, 90%, 100%, Less, Split, and More".

Appendix Table 38. Number of Clients Who Were Female Who Received Chemical/Mental Health Services in 2000

	Respondents			
	Chemical Health		Mental Health	
Number of Clients (Female)	Number	Percent*	Number	Percent*
0	3	4.3	0	0.0
1 to 10	23	33.3	23	28.0
11 to 20	1	1.4	7	8.5
21 to 30	3	4.3	2	2.4
More than 30	7	10.1	8	9.8
Other**	22	31.9	31	37.8
Do not know/Not sure	10	14.5	11	13.4
Total	69	99.8	82	99.9

*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Yes, 10%, 20%, 25%, 30%, 40%, 50%, 70%, 88%, 100%, Many, Less, More, and Split".

Appendix Table 39. Number of Clients Who Were White Who Received Chemical/Mental Health Services in 2000

Number of Clients (White)	Respondents			
	Chemical Health		Mental Health	
	Number	Percent	Number	Percent*
0	0	0.0	0	0.0
1 to 10	14	19.4	17	20.0
11 to 20	5	6.9	9	10.6
21 to 30	3	4.2	2	2.3
More than 30	10	13.9	9	10.6
Other**	29	40.3	36	42.3
Do not know/Not sure	11	15.3	12	14.1
Total	72	100.0	85	99.9

*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Yes, 5%, 45%, 50%, 60%, 80%, 83%, 90%, 97%, 98%, 100%, Many, and Most".

Appendix Table 40. Number of Clients Who Were African American Who Received Chemical/Mental Health Services in 2000

Number of Clients (African American)	Respondents			
	Chemical Health		Mental Health	
	Number	Percent*	Number	Percent
0	3	7.9	6	13.0
1 to 10	10	26.3	11	23.9
11 to 20	3	7.9	1	2.2
21 to 30	0	0.0	0	0.0
More than 30	0	0.0	0	0.0
Other**	11	28.9	16	34.8
Do not know/Not sure	11	28.9	12	26.1
Total	38	99.9	46	100.0

*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Yes, 1%, 2%, and 5%".

Appendix Table 41. Number of Clients Who Were Native American Who Received Chemical/Mental Health Services in 2000

Number of Clients (Native American)	Respondents			
	Chemical Health		Mental Health	
	Number	Percent	Number	Percent*
0	0	0.0	0	0.0
1 to 10	17	29.8	20	31.7
11 to 20	3	5.3	1	1.6
21 to 30	2	3.5	1	1.6
More than 30	3	5.3	1	1.6
Other**	21	36.8	28	44.4
Do not know/Not sure	11	19.3	12	19.0
Total	57	100.0	63	99.9

*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Yes, 1%, 2%, 5%, 10%, 37%, 50%, and 2nd".

Appendix Table 42. Number of Clients Who Were Hispanic/Latino Who Received Chemical/Mental Health Services in 2000

Number of Clients (Hispanic/Latino)	Respondents			
	Chemical Health		Mental Health	
	Number	Percent	Number	Percent9
0	1	1.9	0	0.0
1 to 10	16	30.8	21	33.3
11 to 20	4	7.7	4	6.3
21 to 30	3	5.8	2	3.2
More than 30	1	1.9	0	0.0
Other**	16	30.8	24	38.1
Do not know/Not sure	11	21.1	12	19.0
Total	52	100.0	63	99.9

*Percentages do not equal 100 due to rounding.
**"Other" comprised of "Yes, 2%, 5%, 7%, 20%, 85%, and Few".

Appendix Table 43. Number of Clients Who Were Asian/Pacific Islander Who Received Chemical/Mental Health Services in 2000

Number of Clients (Asian/Pacific Islander)	Respondents			
	Chemical Health		Mental Health	
	Number	Percent	Number	Percent
0	2	10.5	1	4.0
1 to 10	3	15.8	5	20.0
11 to 20	1	5.3	0	0.0
21 to 30	0	0.0	0	0.0
More than 30	0	0.0	0	0.0
Other*	2	10.5	7	28.0
Do not know/Not sure	11	57.9	12	48.0
Total	19	100.0	25	100.0

*"Other" comprised of "Yes, 1% and 0.1%".

Appendix Table 44. "Other" Clients Who Received Chemical/Mental Health Services in 2000

Clients	Number of Responses
Chemical Health Clients	
Impossible to keep track of the different types of activity	1
Unknown	1
Mental Health Clients	
Kurdish	3
Impossible to keep track of the different types of activity	1
Unknown	1

Appendix Table 45. "Other" Age, Gender, or Ethnic Categories in Need of Additional Chemical/Mental Health Services in 2000.

Categories of Clients in Need of Additional Services	Number of Responses
Women	1
All categories-in patient services	1
While I don't have numbers of customers across our programs: MFIP, FSET, WIA, and dislocated workers benefit from service- counseling in conjunction with employment planning	1
Better c/m and f/u of clients	1
Rape and abuse needs to be more visible, lots of staff and students are unaware that someone is at MHS to talk to	1
Outpatient and inpatient. Collaboration with schools and county	1
Missing	1
16 and 16b (ages and ethnicity)	1
Homeless	1
Criminal history, tardy, skip or no attendance, parent supervision- none, minimal. etc.	1
Funding for such services appears to be more of a problem for our adult clientele, more so for our juvenile clients, than adults	1
Full-time restitution, availability with adequate after care	1
Mental health needs subsidizing-like chemical health & gambling addiction dollars	1
Total	13

Appendix Table 46. "Other" Types of Services That are Needed

Needed Services	Number of Responses*
Transportation	1
Financial assistance, personal counseling	1
Other options for CD treatment in Moorhead; more psychiatrists; help with transportation	1
Maintain the quality of our existing services	1
Better c/m and f/u of clients	1
Many potential clients don't get services because they are not ready	1
Long term treatment for alcohol	1
All for those in need	1
Respite Care is needed for these families with young children. Drop in day care would be nice for then on the days they feel they need it for their health	1
Parenting services!	1
Youth-CD Youth & Adult-anger management	1
FAS-FAE screening chemical evaluations	1
Total	12

*One missing response.

Appendix Table 47. Whether Chemical/Mental Health Services Provided by Organization are Reaching the Appropriate Clients

	Respondents			
	Chemical Health		Mental Health	
Response	Number**	Percent	Number**	Percent*
Yes	61	57.5	86	68.3
No	34	32.1	30	23.8
Sometimes	6	5.7	5	4.0
Do not know	5	4.7	5	4.0
Total	106	100.0	126	100.1

*Percentages do not equal 100 due to rounding.
**Numbers exclude 58 missing responses for Chemical Health and 38 missing responses for Mental Health.

Appendix Table 48. Groups Other Than Service Providers That Would Benefit From Chemical/Mental Health Services Education

Groups	Respondents	
	Number	Percent*
Parents/guardians	129	78.7
Extended family	91	55.5
Educators/teachers	122	74.4
Peers	83	50.6
Clergy	57	34.8
Other:	11	6.7
Law enforcement/probation officers	2	
Everyone	2	
School boards	1	
Doctors	1	
Day care providers	1	
Adolescents/children	1	
Any person	1	
No response	2	

*Percentages do not equal 100 due to multiple responses.

Appendix Table 49. Type of Organization Where Respondent Works

Organization	Respondents	
	Number*	Percent
Law enforcement	10	7.0
Corrections	15	10.6
Social services	12	8.5
Education	48	33.8
Physical health services	3	2.1
Mental health services	23	16.2
Other	31	21.8
Total	142	100.0

*Number excludes 22 missing responses.

Appendix Table 50. "Other" Types of Organizations Where Respondent Works

Types of Organizations	Response Number**	Percent*
Advocacy/Crime victim services	6	15.8
Employment and training	5	13.2
Healthcare	6	15.8
Education (school/university)	5	13.2
Public defense	3	7.9
Vocational Services	2	5.3
Other	11	28.9
Non-profit	1	
Collaborative	1	
Transitional services	1	
IL Center	1	
Developmentally disabled	1	
Prosecutor	1	
Shelter care	1	
Juvenile detention/shelter care	1	
Community based	1	
Community based youth service agency	1	
Developmental assets for all youth	1	

*Percentages do not equal 100 due to rounding.
**There were seven additional responses to the question.

Appendix Table 51. Type of Services Organization Provides

Type of Services	Respondents	
	Number**	Percent*
Chemical health	39	23.8
Mental health	63	38.4
Dual (Chemical and mental health)	34	20.7
Referral	87	53.0
Other	46	28.0

*Percentages do not equal 100 due to multiple responses.
**Two respondents checked "other" but did not specify.

Appendix Table 52. "Other" Types of Services Organization Provides

Types of Services	Response	
	Number	Percent*
Special education/developmentally delayed	8	18.2
Variety of services	6	13.6
Employment and training	4	9.1
Healthcare	4	9.1
Legal services	4	9.1
Vocational	2	4.5
Victim advocacy	2	4.5
Independent living skills/supported living	4	9.1
Other:	10	22.7
Educational	1	
Work together when needed	1	
EAP	1	
Social services/human services	1	
Special service options for eligible students limited counseling services	1	
Behavioral and transitional services	1	
Home visits for parents and child development to families of 0 to 5 years	1	
Behavior management, chemical awareness	1	
Coordinate positive activities for youth	1	
Asset-building activities for youth	1	

*Percentages do not equal 100 due to rounding.

Additional Comments

I am considering special education, school psychologist, and school social worker as being the providers of mental health services in our organization.
I believe that we do a good job despite the lack of resources. I can't believe how much more effective we are with 650 (our 01-02 enrollment) compared to our previous enroll of almost 800! Numbers do affect service quality.
I have limited knowledge of chemical/mental health services, is this for adults or students
Thanks for taking the time to work on this important issue
Community is a group or class having common interests. Being part of this community serving adolescents with chemical dependency needs it is imperative that the referral sources work together and get these individuals the help they need.
Often the services are available but not easily accessed. Our numbers are so high we aren't able to do justice to all of our students BUT the needs are there
Foster care, FGDM, Case Management, In-Home Therapy
We "shelter" the youth while awaiting placements or for a consequence per the court-as well as while youth undergo evaluations
The survey was too time consuming. Should have been more condensed.
Asset building
I am not as well versed on services for chemical and mental health but am aware of the need for this community. Comment to 5: Families referred to our programs for youth activities.
Survey needs to be more general- yes or no- need a third choice like sometimes, etc.
We do provide these service but contract with Lakeland.
As someone new to the community, I am not able to answer many of these question- limits opportunities so far to work with other organizations
I had a difficult time filling this out. Not sure how our organization does these things and how I fit in this!
Vocational
More
In general, there is not enough communication among professionals regarding: what is available; how referrals are to be made, and what segment options are available. None of us need another meeting, but perhaps a half day conference one per year could help.
We are an educational program which refers chemical/mental health clients to other agencies.
This survey is way too long and does not apply well to our preschool special education program.
Survey was a little too long, it took at least 20 minutes to fill out.
I think accessibility and affordability is a big barrier to migrants in this area plus language barrier there is a lot of need for mental health services but then many who need these services do not feel comfortable speaking to someone who does not speak Spanish. Mental health counseling and education should include extended families.
This is a difficult survey to fill out when our organization is not directly involved with offering these services. I know there was a task force through ND, Fargo Cass Public Health has tried to address this. I hope this is linked to that work.
I think it is time for the schools to start talking about providing mental health services and greatly increase chemical and mental health service

School should follow up on students with addictions. Make sure they are in court, it's results and follow treatments assigned.

Save the kids first!

Mental health providers can only do so much if the problems at home aren't being addressed. The parents that need the services the most are the ones who don't want or don't think they need the services. When a child lives in a home that promotes instability, abuse and poor self esteem, services for the family should be mandated by law, not voluntary.

We work hard at our agency to work with the different referral sources that are connected to our clients. It is a collaborative effort, the more people work together for the cause of "quality treatment" for adolescents and their families the better. It takes a lot of time and effort to provide a good program for adolescents. The family, school, P.O., and medical community are all involved. Making proper referrals is equally important. Consult with resources and refer if needed.

Basically, the system is not set up to be of assistance to homeless individuals- also a more holistic-cooperative effort for dual diagnosis individuals

Survey Instrument

Clay County Joint Powers Chemical/Mental Health Survey
Please answer all the questions "from your perspective".

Community:
Note: For this section, the term "community" is fairly broad and is meant to encompass all of Clay County.

1.   How aware is the community of chemical/mental health issues?

Chemical health	**Mental health**
1 Not at all aware	1 Not at all aware
2	2
3	3
4	4
5 Very aware	5 Very aware

2.   How well are the chemical/mental health needs of the community being met?

Chemical health	**Mental health**
1 Not well at all	1 Not well at all
2	2
3	3
4	4
5 Very well	5 Very well

3.   How aware is the community of the chemical/mental health services your organization provides?

Chemical health	**Mental health**
1 Not at all aware	1 Not at all aware
2	2
3	3
4	4
5 Very aware	5 Very aware

3a.   How could community awareness of your organization be increased?
_____
_____
_____

4.   How supportive is the community of your organization's efforts in chemical/mental health?

Chemical health	**Mental health**
1 Not at all supportive	1 Not at all supportive
2	2
3	3
4	4
5 Very supportive	5 Very supportive

4a.   Please offer examples of the ways in which the community is supportive of your efforts in chemical/mental health:_____
_____
_____

4b.   How could community support for your organization be increased?
_____
_____
_____

5.   To what extent does your organization collaborate (e.g. referrals, communication, wrap-around, etc.) with other community organizations (schools, churches, etc.) in providing chemical/mental health services?

     Chemical health   **Mental health**
     1 Not at all   1 Not at all
     2   2
     3   3
     4   4
     5 A great deal   5 A great deal

5a.   Please offer examples of effective ways to collaborate with other community organizations in providing chemical/mental health services:

    _____
    _____
    _____

5b.   How could collaboration, with other community organizations, be improved in providing chemical/mental health services?_____

    _____
    _____

Provider Resources:

6.   How adequate are the financial resources, within your organization, for chemical/mental health related services?

     Chemical health   **Mental health**
     1 Not at all adequate   1 Not at all adequate
     2   2
     3   3
     4   4
     5 Very adequate   5 Very adequate

7.   How appropriate are the funding priorities, within your organization, for chemical/mental health services?

     Chemical health   **Mental health**
     1 Not at all appropriate   1 Not at all appropriate
     2   2
     3   3
     4   4
     5 Very appropriate   5 Very appropriate

7a.   Which services need more resources?_____

    _____
    _____

8.   Are the resources for transitional living support (i.e., relapse prevention, aftercare, etc.) for chemical/mental health issues sufficient?

     Chemical health   **Mental health**
     1 Not at all sufficient   1 Not at all sufficient
     2   2
     3   3
     4   4
     5 Very sufficient   5 Very sufficient

9.   Are most people in the area able to access, and afford, chemical/mental health services when needed?

Chemical health

Access		**Afford**	
1	Yes	1	Yes
2	No	2	No
3	Do not know	3	Do not know

Mental health

Access		**Afford**	
1	Yes	1	Yes
2	No	2	No
3	Do not know	3	Do not know

9a.   What are the barriers to accessing chemical/mental health services?
       (Check all that apply)

Chemical health
__Referral system
__Overloaded system
__Family support
__Transportation
__Financial
__Insurance
__None
__Other_____

Mental health
__Referral system
__Overloaded system
__Family support
__Transportation
__Financial
__Insurance
__None
__Other_____

10.   When financial resources are not available for chemical/mental health services what happens to the client(s)?

_____
_____
_____

10a.   What happens to clients if other barriers to chemical/mental health services are present?

_____
_____
_____

11.   How many staff in your organization are working in the area of chemical/mental health?

Chemical health	**Mental health**	**Both chemical and mental health**
_____Full-time	_____Full-time	_____Full-time
_____Part-time	_____Part-time	_____Part-time

12.   How beneficial is the "sharing of resources" among service providers for training chemical/mental health staff?

Chemical health
1 Not at all beneficial
2
3
4
5 Very beneficial

Mental health
1 Not at all beneficial
2
3
4
5 Very beneficial

13.   Which of the following training programs should be provided as a shared-training experience among the various service providers? (Check all that apply)

___Technical programs
___Emergency programs (CPR, First Aid, etc.)
___Crisis Intervention programs
___Cultural Awareness/Diversity Training programs
___Mental health programs
___Chemical health programs
___Dual diagnoses programs (chemical and mental health)
___Other_____

14.　To what extent does your organization collaborate with other service providers in the area of chemical/mental health services? (Please rate interaction in the following areas:)

Chemical health
General collaboration　　　　　　　　　(Not at all) 1　2　3　4　5 (A great deal)
General information sharing　　　　　　(Not at all) 1　2　3　4　5 (A great deal)
Grant application development　　　　　(Not at all) 1　2　3　4　5 (A great deal)
Financial resource sharing　　　(Not at all) 1　2　3　4　5 (A great deal)
Meetings　　　　　　　　　　　　　　　(Not at all) 1　2　3　4　5 (A great deal)
Communications　　　　　　　　　　　(Not at all) 1　2　3　4　5 (A great deal)
Referrals　　　　　　　　　　　　　　　(Not at all) 1　2　3　4　5 (A great deal)

Mental health
General collaboration　　　　　　　　　(Not at all) 1　2　3　4　5 (A great deal)
General information sharing　　　　　　(Not at all) 1　2　3　4　5 (A great deal)
Grant application development　　　　　(Not at all) 1　2　3　4　5 (A great deal)
Financial resource sharing　　　(Not at all) 1　2　3　4　5 (A great deal)
Meetings　　　　　　　　　　　　　　　(Not at all) 1　2　3　4　5 (A great deal)
Communications　　　　　　　　　　　(Not at all) 1　2　3　4　5 (A great deal)
Referrals　　　　　　　　　　　　　　　(Not at all) 1　2　3　4　5 (A great deal)

Clients:

15.　How would you rate the adequacy of the service your organization provides to clients in need of chemical/mental health services?

(Not at all adequate) 1　　　2　　　3　　　4　　　5 (Very adequate)

15a.　How could your organization improve on how it provides services to clients in need of chemical/mental health services?

Chemical health:_____

_____

_____

Mental health:_____

_____

_____

16.　Approximately, how many of your clients who received chemical/mental health services in 2000 were in the following categories?

Chemical health	**Mental health**
___ages 0-4	___ages 0-4
___ages 4-9	___ages 4-9
___ages 10-14	___ages 10-14
___ages 15-18	___ages 15-18
___ages 19+	___ages 19+
___Senior citizens	___Senior citizens

16a.　___Male　　　　　　　　　　___Male
　　　___Female　　　　　　　　___Female

16b.　___White　　　　　　　　　___White
　　　___African American　　　___African American
　　　___Native American　　　　___Native American
　　　___Hispanic/Latino　　　　___Hispanic/Latino
　　　___Asian/Pacific Islander　___Asian/Pacific Islander
　　　___Other_____　　　___Other_____

17.   Which categories (Questions 16, 16a, or 16b), if any, are in need of additional chemical/mental health services?_____
_____
_____

17a. What kind(s) of service(s) is/are needed?_____
_____
_____

18.   Do you think the chemical/mental health services provided by your organization are reaching the appropriate clients?

Chemical health   **Mental health**
1   Yes   1   Yes
2   No   2   No

18a. In addition to the clients who receive services/education, what other groups would benefit from chemical/mental health services/education? (Please check all that apply.)
___Parents/Guardians
___Extended family
___Educators/teachers
___Peers
___Clergy
___Other_____

19.   In what type of organization do you work?

__Law enforcement
__Corrections
__Social services
__Education
__Physical health services
__Mental health services
__Other (please identify)_____

20.   What type of service(s) does your organization provide?

__Chemical health
__Mental health
__Dual (Chemical and mental health)
__Referral
__Other (please explain)

Additional comments:_____
_____
_____
_____
_____