

Capacity Survey

For Providers of Mental Health, Developmental Disabilities, and Substance Abuse Services

February, 2009

1. Approximately what proportion of services does your agency provide to the following groups? Percent should add to 100%

- ___ % Adult Mental Health Consumers
 - ___ % Child/Adolescent Mental Health Consumers
 - ___ % Adult Substance Abuse Consumers
 - ___ % Child/Adolescent Substance Abuse Consumers
 - ___ % Adult Developmental Disabilities Consumers
 - ___ % Child/Adolescent Developmental Disabilities Consumers
- 100%**

2. Please circle the counties in which your agency provides services:

Alexander Alleghany Ashe Avery Caldwell Cherokee Clay Graham Haywood
Jackson Macon McDowell Swain Wautaga Wilkes

3. What additional services do you think are needed for Mental Health, Developmentally Disabled, and Substance Abuse consumers? Please state whether the need is for a new service or additional capacity for a service already offered.

4. What barriers are currently affecting your ability to serve consumers? (check all that apply)

___ lack of professional staff ___ lack of clerical staff ___ lack of financial resources

___ other barrier: _____

Suggested solution to barrier: _____

___ other barrier: _____

Suggested solution to barrier: _____

___ other barrier: _____

Suggested solution to barrier: _____

**5. What barriers affect the development of additional services by your agency or in your area?
(check all that apply)**

lack of professional staff lack of clerical staff lack of financial resources

other barrier: _____

Suggested solution to barrier: _____

other barrier: _____

Suggested solution to barrier: _____

other barrier: _____

Suggested solution to barrier: _____

If you would like us to follow up with you to let you know we have received your survey, and to give you responses to your feedback/concerns, please fill out the following contact information request:

Name: _____ **Email address:** _____

Agency: _____ **Role/Position in Agency:** _____