

# Montgomery County Community Support Program 2023 Assessment of Needs





# Montgomery County CSP 2023 Assessment of Needs

## Appendices A – F

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The Montgomery County Community Support Program (CSP) 2023 Assessment of Needs survey was conducted between January 13 and February 24, 2023. CSP is comprised of people who use mental health services, providers, family members, supporters and county staff and their mission is to improve mental health services in Montgomery County. The survey was widely distributed to reach those stakeholder groups. CSP, in partnership with the Office of Mental Health, conducts this survey to gather feedback for future planning of mental health services in Montgomery County.

The survey was available online, and paper and emailed versions were available. Two-thirds of surveys were completed online (n=214). The availability of paper surveys was important to allow all stakeholders to participate (n=105). We note that 2 individuals completed the demographic questions in the survey, but did not complete questions on supports to prioritize.

Appendix A – Demographics		All Responses N=319	
		n=311	
1.	How would you identify yourself? Individual with Lived Experience with Behavioral Health Concerns (Check all that apply)	165	53%
	Provider Staff	77	25%
	Family Member	119	38%
	Supporter	36	12%
	Other (please describe)	15	5%
Other: community member, person, married, Former county and provider employee , I have worked as a caseworker and mental health for the SMI population and I am now a patient, professional health care worker, Mom, N/A, Community health physician, Parent of child who utilized BHS services, Individual and caregiver , Correctional Officer at MCCF, Homeless lost everything, Montgomery County Staff, Trainer in Therapy			
		n=308	
2.	Gender:	Female	214 69%
		Male	88 28%
		Other	7 2%
Other: Male (transgender); Non-binary (3), Transgender dinosaur			
		n=302	
3.	Age:	Under 18	3 1%
		18-29	32 11%
		30-39	65 21%
		40-64	174 57%
		65 and over	30 10%
	Average Age	46	
	Median Age	45	
	Youngest	17	
	Oldest	87	

## Appendix B – Services

All Responses  
N=319

### SUBSIDIZED HOUSING:

All Responses  
N=309

Percent  
Positive

Rent subsidized housing for people in the mental / behavioral health system

n=305

4. Are these available in your community?	Yes	99	32%	32%
	Somewhat	136	44%	
	No	45	15%	
	Not Applicable	28	9%	

n=297

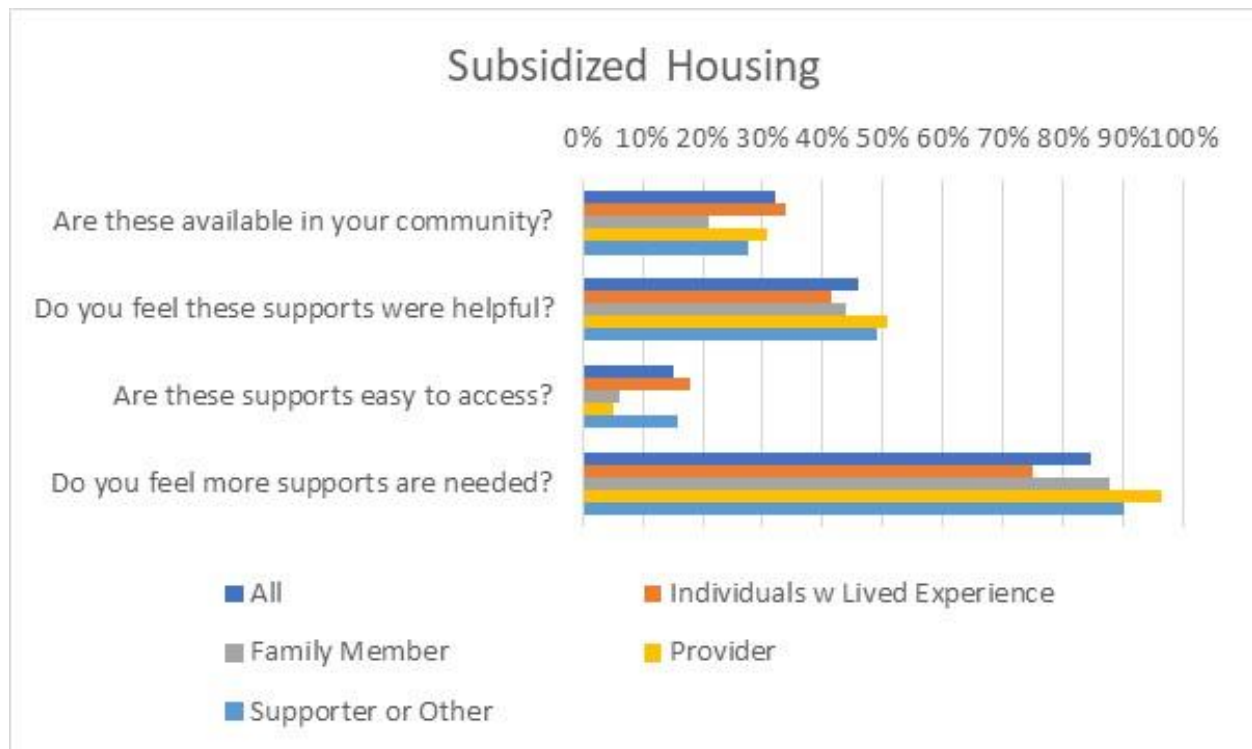
5. Do you feel these supports were helpful?	Yes	136	46%	46%
	Somewhat	69	23%	
	No	35	12%	
	Not Applicable	57	19%	

n=297

6. Are these supports easy to access?	Yes	45	15%	51%
	Somewhat	65	22%	
	No	151	51%	
	Not Applicable	36	12%	

n=297

7. Do you feel more supports are needed?	Yes	251	85%	
	Somewhat	13	4%	
	No	11	4%	
	Not Applicable	22	7%	



## SUBSIDIZED HOUSING:

n=80

### Comments:

- There is simply not enough of them. The waitlists are so long.
- The supports in place are utilized fairly.
- Not enough subsidized housing units for people with lived experience and are living on a fixed income.
- lack of landlords accepting vouchers and expensive rents.
- long waitlists and limited options, poor condition
- need more options
- Need A LOT more availability of subsidized housing so people do not have to wait 12-24 months.
- everybody living in poverty who is willing to help themselves and have morals should have access to section 8 housing. there should be an abundance of homeless shelters everywhere.
- living on county line rd. poses problems with trying to get housing in both counties (Montco and bucks) and trying to move closer to Penn foundation and clubhouse when Montco people can't apply to bucks housing.
- services exist but over complicated paperwork and requirements make utilization difficult.
- we need more subsidized housing.
- There are not many options in Montgomery County outside of Pottstown and Norristown
- As long as people are watching where this money is going. No one is helped when people receive services they aren't entitled to.
- This is a huge need
- It would be great to see free public housing and no more landlords that don't accept section 8
- I know there is support in this area for seniors. But I feel there should be something like it for those that are struggling with their mental/behavioral health.
- "This question is ridiculous considering the fact that many people have depression and other MH diagnosis because they don't have housing. Yes there is a housing authority and you can get a voucher or more accurately you can apply for one but you might be dead by the time you actually get the voucher.
- I lived in subsidized housing and it was horrible not just for me but for all the residents that live there. Some of my neighbors literally had their ceilings falling in, the buildings were never cleaned, ceilings are cracked and water comes in, squirrels have gotten into several people's apartments and that's just a start"
- The mental health field for those who need it is a nightmare. The providers are few and far between, it is difficult to find facilities who deal with mental health and also have experience with those with autism and other disabilities. It is frustrating as a parent of a special needs adult child to need these services and hands are tied in trying to help your child.
- Subsidized housing is desperately needed as it is almost nonexistent.
- More help for people on Medicare
- Need to improve information dissemination.
- Better education for providers on all these services so we can support people better.
- Not helpful because there aren't enough.
- Make them easily accessible.
- There's are no housing.
- Hell to the no.
- "I did not use Subsidized housing, therefore I cannot answer these questions.
- This is an important support that should be included for future development!"
- "I would like a cheaper mortgage.
- "No help for people with disabilities not on SSDI or SSI
- Who only make \$15,000 to \$20,000 a year in order to have a 1 bedroom 1 bathroom apartment in Montgomery county Pa you need to make \$41,000 a year
- United States Citizens
- No evictions
- No criminal record
- Clean background check
- No addictions
- No drugs No alcohol
- Have learning & mental illness
- No late payments
- You wouldn't even know I'm homeless if you met me yet I get treated like a 3rd class citizen
- I'm 100% Caucasian "
- They could be more efficient in getting the resources to the people who need them.
- There is a huge demand for housing and a very long wait list
- There are a few programs that currently exist but these resources are limited.
- The reason for answering No is because subsidized rent is helpful. However all too often when there is no case management attached people loose their housing all over again.
- A need is not always met when needed
- Intensive on-site, at home, wrap around services without barriers to acceptance are needed along with rental subsidies that are more permanent than 24 month programs.
- The only local public housing is Crest Manor and that is an extremely long waitlist.
- We do not have enough subsidized affordable housing. And wait lists don't help someone on SSI who can't afford rent at \$1,000 monthly or higher. I don't know what the real answer is, but if more supportive housing can be developed through Behavioral Health, IE: Group homes, Personal care Homes, etc., we can free up some subsidized housing for Seniors who are being evicted by landlords jacking up the rent.

- Very happy
- I work with individuals trying to access subsidized housing a lot. Waitlists are very long and not conducive to individuals being independent.
- A consumer of mental health in Montgomery County would not be able to navigate this system, no matter how savvy that person was with regard to technology or red tape. You really need a case manager or some kind of advocate to link you to these services and then see you through the process. I am watching several of my clients go through this process right now and it's very complicated.
- There is not enough subsidized housing resources for the level of need within the county. Often the clients that I work with are on wait lists anywhere from 2-4 years to obtain a subsidized apartment.
- waitlists are too long and have to do a "lottery" to even get on a waitlist.
- Affordable housing has always been a need in this area, especially for people involved in MH/Behavioral Health system. Since the pandemic there seems to be an increased need due to the cost of living and affordable housing. We really need to have this addressed especially since the waitlists have gotten much longer for subsidized housing. Thank you.
- more place to shelter the homeless.
- Yes, there is only limited vouchers for mental health housing. Most people in the system do not have the means to be able to support themselves in an independent environment. The security voucher from the county helps, but minimal. Most struggle with getting the 1st and last month together, especially if they are on the lower end of SSI
- Our residents desperately need subsidized housing that is easier to access.
- Housing within the community for mental health and low income are very difficult to come by. More resources for housing are very much needed.
- I do not know if this is available in my community.
- There is very limited access to subsidized housing the area. Individuals that have a fixed income struggle to find afford housing in the Norristown and surrounding areas.
- Support for Peers are available but some areas of support would useful in other areas such as higher care management
- There are many peers I have that are paying a "good price" for rent, but this does not leave them with money for necessary items. This peer has been in this same apartment for 12 plus years. For others, the waitlists are outrageous, over 3 years, so it feels like more is needed.
- PSH in the county needs to work on increasing the supportive access. Many of these programs essentially operate as a voucher and provide very little support.
- Individuals struggling with the causes of homeless should not have to navigate a system that is neither simple nor adequate to the task. This is where Wrap-Around Services need to be
- More affordable housing needed, especially to anticipate the aging-in-place needs in the coming years.
- There are waiting lists for rent subsidies and absolutely no affordable housing otherwise. People "graduate" from residential services but have no place affordable to go.
- need more Subsidized housings desperately.
- There are very long waitlists for subsidized housing and there is a need for more subsidized housing units.
- There are a lack of options and (as always) long waitlists for existing places.
- Subsidized housing is a great support once someone is able to access it. Availability and long waitlists make it a support that isn't available to most when they desperately need it.
- I believe that rent subsidized housing for people in the mental / behavioral health system is important, but I have worked in places that provide housing assistance without training to teach those individuals how to maintain the housing. There's the revolving door cycle. Individuals should not receive housing until the are deemed ready.
- Make supports widely known. Sometimes supports are there and those who need them have no idea they exist.
- "I live in Delaware County Pennsylvania USA
- Upper Darby Pennsylvania USA 19082"
- I believe we can always do better, to help anyone who needs it.
- There is gatekeeping for certain services and it appears that preference is given to non black citizens, maybe not deliberately, but whether it is deliberate or not it is a problem
- There is a tremendous need and not nearly enough subsidized housing options in this county.
- My daughter has been on the waiting list for subsidized housing (either a studio or 1 BR apartment) since 2016. Never got any farther than being on the waiting list.
- I am not aware of any programs like this.
- My son suffers from schizoaffective disorder, of which he is unaware. He has been admitted several times to PSYCHIATRIC HOSPITAL in TOWN. The last time he was there, they threatened to dismiss him without any place to go. Before, he lived in our home, but his illness became too much for my husband and me. He is currently in a residential program in Bucks County, which we are paying for out of our savings. The financial and cognitive tests for disability are so restrictive, that the government refuses to assist us. We feel lucky that he's not homeless or in jail as many individuals are. WE ARE SUBSIDIZING A BROKEN SYSTEM WITH NO RELIEF. THIS IS A DISGRACE.
- While I currently do not need living support, when I did, the process was difficult to navigate. Especially because I was applying due to a fire not caused by us. So while all this was going on and I was needed to be mindful and thoughtful and truthful and have all my documentation ready, I had just experienced a fire and was not given access to anything that might have been able to be saved. I was in shock/trauma.

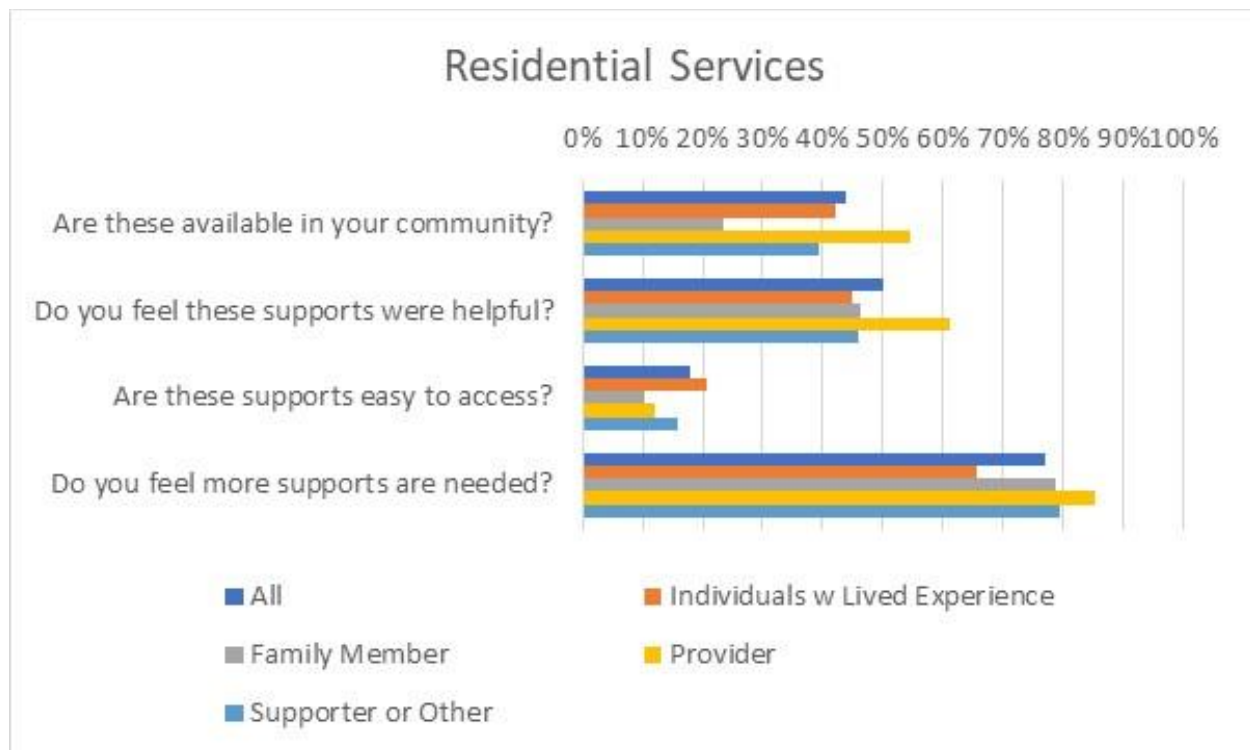


augmented by Care Managers with reasonable case loads and adequate facilities.

- I have been unable to find any help for my mental illness
- There is still a stigma when it comes to mental illness in Montgomery county. With all the new developments, this stigma stays in place as people 'move up' and don't want to have 'those places' in 'their' neighborhoods.
- All subsidized / assistance services are very hard to access and navigate
- Getting help in Montco is next to impossible. Getting help for a 12 year old boy is impossible at its worst.
- There is a 4 year waiting list.
- I work in a residential CRR and housing is a huge barrier to moving people on.
- I didn't realize this service existed.
- Section 8 and permanent housing needs to more accessible.
- There is very little housing for people with disabilities. It is all full
- There are Services that support people living independently for but the places are rented by slumlords who don't care for the property. Mice and bug infested in Pottstown!
- No accessibility to housing assistance for people able to live without needing help or for people to live individually with their family.



RESIDENTIAL SERVICES		All Responses N=307	Percent Positive	
Services that support people living independently				
		n=305		
8. Are these available in your community?	Yes	134	44%	44%
	Somewhat	100	33%	
	No	36	12%	
	Not Applicable	35	11%	
		n=298		
9. Do you feel these supports were helpful?	Yes	149	50%	50%
	Somewhat	58	19%	
	No	30	10%	
	Not Applicable	61	20%	
		n=298		
10. Are these supports easy to access?	Yes	53	18%	18%
	Somewhat	94	32%	
	No	105	35%	
	Not Applicable	46	15%	
		n=292		
11. Do you feel more supports are needed?	Yes	225	77%	
	Somewhat	22	8%	
	No	11	4%	
	Not Applicable	34	12%	





n=54

Comments:

- very helpful
- There is nothing in my township that helps individuals learn and feel supported to live independently. It is needed in every community.
- Public residential housing is something that would benefit Pottstown to help with the homeless problem.
- Pottstown area needs to support individuals better.
- excited about peer respite
- more options
- there should be an abundance of CRR's everywhere so that there are no more waiting list for people in need of living at a CRR.
- would be nice to have but I don't know if there's any such thing.
- Again concentrated to Pottstown and Norristown
- People that have limited abilities and income need help and the people that support them need help too.
- "These services are absolutely not easy to find. I have tried helping many people in the area and it's always extremely frustrating.
- The very first step in helping people with mental health problems should not be the hardest step, it's extremely discouraging. People seeking help often give up because of the because it's that difficult or the people who answer the phone are very discouraging. I could probably write a book on this alone. "
- This is another area of intense need for our adult children for me as an older parent. I lose a lot of sleep wondering where we can place our daughter now - a place where she will be happy, one that will meet her needs, we feel comfortable with and can rest easy as we age.
- More residential services are available than subsidized housing, but also desperately needed.
- I think that residential programs are extremely useful. I do think incorporating a trauma-informed approach would benefit participants and staff. More resources are always needed to accommodate the number of individuals in need.
- This is an even more difficult area to navigate than subsidized housing and the housing that is out there is not sufficient - more needs to be made available.
- There are never enough beds available at CRR's and SIL facilities to support the level of need for adults with serious mental health diagnoses. Often times people end up in other parts of the county from where they are familiar simply because a bed is available there.
- More house services and funds.
- There are a lot more young adults in the mental health community now, most with falling within the spectrum. Practically none have supports with autism and behaviors, and mental health workers are not trained in autism support. Having regular mobile supports for these individuals with partnering with staff could make a big difference with how we work with them and balance out their needs.
- I know that our organization has these services available but I do not know how easy to access they are.
- See comment for #1
- Montco needs their act together when it comes to mental health support. The closing of Norristown & other hospitals has put stress on the system. The individuals being served are of a higher acuity then would benefit. More EAC beds, Easier access to care, higher reimbursement for providers so more would be drawn to mental health and stay.
- Need more LTSR's and higher levels of care. CRR's are accessible but do not support structure needs.
- Long waiting periods as well as needing to be connected to social workers.
- Need help with in-home maintenance
- more funding is needed for staffing to support those living independently
- There are Services that support people living independently for low income, not mental health
- Need to improve information dissemination.
- Not enough.
- Not sure about this section
- Need more of them
- "I did not use residential services, therefore I cannot answer these questions.
- This is an important support that should be included for future development!"
- Anyone who makes less than \$40,000 a year needs help & support
- There needs to be another solution to the problem.
- I feel like these resources are helpful for many people. Unfortunately there is limited availability in the higher level of supports in residential care and we could benefit from more PCH residential programs or potentially an additional level of support between CRR and PCH.
- Who provides these services? If they are provided, the case management is poor.
- Creative Health Services is at the point of "we are not taking new clients" which does not help the Pottstown area, and wait times for Intake psych evals is ridiculous.
- Challenging duration related to application process and wait list.
- Waiting lists are years long for some residential services. We need more beds and more funding for these programs. Hiring issues, low wages need to be addressed.
- I don't use this service.
- There are a good amount of residential supports in the area, however I think there would be a benefit of more residential programs.
- existing places provide excellent support
- Make supports widely known. Sometimes supports are there and those who need them have no idea they exist.
- there is gatekeeping with community supports in that referrals must come from specific entities, and there seems to be less inclination for providers to be as forthcoming for citizens that are black, and male, and lgbtq
- My daughter has an ACT team to help her. The issue is they offer a lot of things for her but she won't take advantage of them.
- Hard to get mental health support for adult child.

- An additional SIL within the county would be helpful as well and creating a LOC for longer term residential that isn't a PCH
- I do not know if this is available in my community.
- There are many residential communities around, but we can always use more, especially when peers go on to more independent homes that end up being more detrimental to their mental health. However, good supports are able to support peers through these moments of unsavory experience.
- I have witnessed the Mobile Crisis Team deal with recalcitrant mentally ill individuals with little impact. The result is abandoning them to their illnesses and leaving someone behaviorally challenged in the community without supports or supervision. The perversity of the individual's rights subsuming their poorly comprehended need for care makes a mockery of a caring society.
- Please see above comments.
- They keep on charging more rent each year. I been scam doing covid. Identity fraud. My supports wish I could work more.
- We live on the western edge of Chester County. I believe that Chester County has very little support for the mentally ill. I have been told that its resources are less than in Montgomery County. There are WAITING LISTS JUST FOR HOUSING LET ALONE SUPPORTIVE SERVICES. For these services, and I believe the individual must be able to care for themselves and their dwelling. Our son is intelligent and can work, but he has "negative symptoms" which preclude his caring for himself or his property. We attempt to help him in these ways. The residence is costly because they attempt to do so as well. We are seeking a support structure that would accommodate him, and have not yet succeeded. His Anosognosia adds to the problem. It is recognized by the DSN-5 as a signing characteristic of his disorder, but the government and insurance don't acknowledge it.
- I know people in my community or who would like to live in my area who cannot because of inaccessibility issues. Mostly rental pricing.



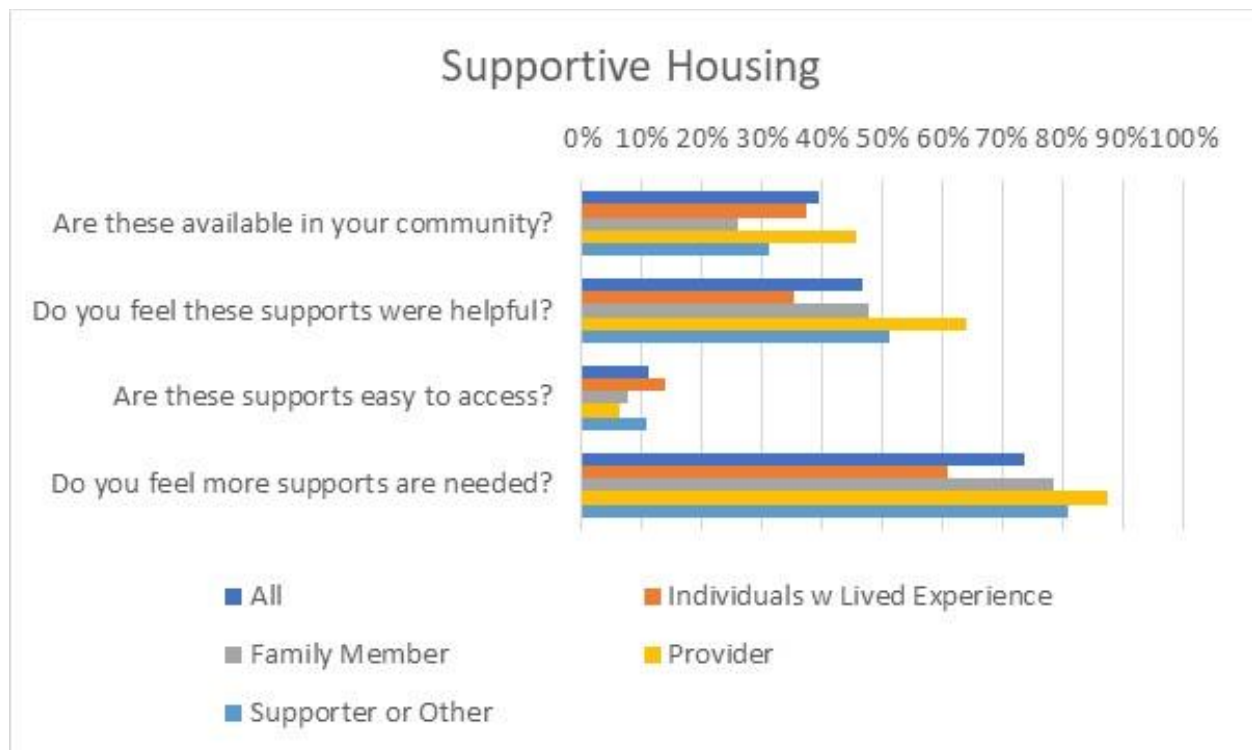
## SUPPORTIVE HOUSING

All Responses  
N=303

Percent  
Positive

Group living arrangements with supportive services that can be transitional or not

		n=299		
12. Are these available in your community?	Yes	118	39%	39%
	Somewhat	103	34%	
	No	37	12%	
	Not Applicable	41	14%	
		n=291		
13. Do you feel these supports were helpful?	Yes	136	47%	47%
	Somewhat	71	24%	
	No	16	6%	
	Not Applicable	68	23%	
		n=287		
14. Are these supports easy to access?	Yes	32	11%	11%
	Somewhat	103	36%	
	No	101	35%	
	Not Applicable	51	18%	
		n=291		
15. Do you feel more supports are needed?	Yes	214	74%	
	Somewhat	28	10%	
	No	11	4%	
	Not Applicable	38	13%	

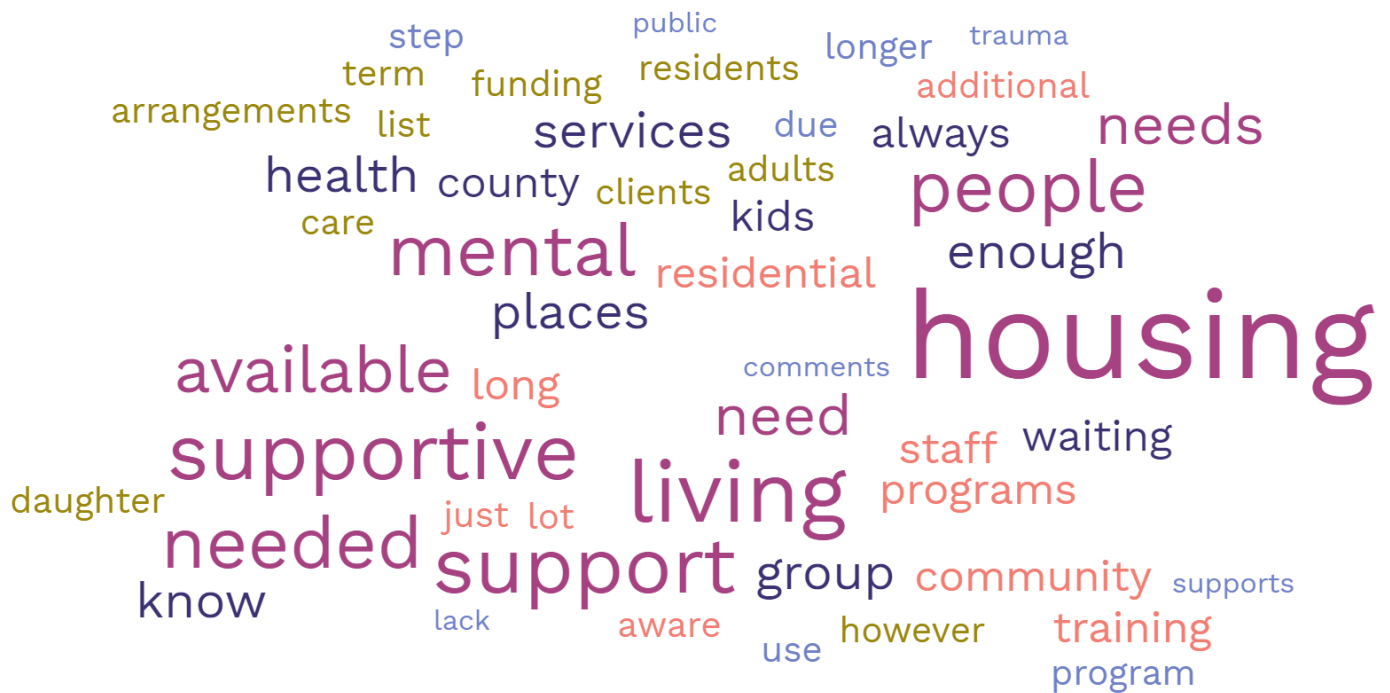


n=47

Comments:

- I don't know much about supportive housing settings in the county, just that they exist.
- lack of housing affordability
- Seems a lot of people are not aware of supportive housing. Additional advocacy is needed for the general public AND how to begin the process.
- there should be an abundance of group homes everywhere so that there are no waiting list for people in need of living in a group home.
- "There are no supports for kids with adoption trauma/developmental trauma that causes such deep emotional scars. My daughter needs to be in Florida for her to receive the care she needs and there is no funding to support us/her.
- A lot of resources for kids on the spectrum, kids with hearing or visual impairments and kids with learning disabilities, but unless the mental illness coincides with one of these, services especially in the Northern part of the county are nonexistent."
- Same as above
- The problem is these houses are not usually maintained and residents aren't always adequately supervised so neighbors don't want these houses in their neighborhood.
- Some communities restrict the development or operation of these supports, which makes it very difficult for providers to develop needed programs.
- I have no idea if this is available.
- I am looking at all options for our adult daughter and get more frustrated with time.
- Similarly, there is some supportive housing but not enough of it.
- More support is always needed for people who need assistance with performing the activities of everyday life beyond just having their food, clothing, and shelter provided. Many of my clients in group living arrangements with supportive services need help with things like writing a resume, opening and maintaining a bank account, balancing a checkbook, creating a budget and saving money, using public transportation, buying healthy food on SNAP. The list goes on.
- There are definitely not enough supportive housing services available to adults with serious mental health diagnoses, particularly for those adults who require long-term support and may not be able to transition to fully independent living.
- CRR's are available, however staff are not trained properly and treatment of clients is not always recovery focused. Also, facilities have bed bugs and other pests, and are extremely outdated and in unsafe areas of town.
- More supporters for other with mental health and addictions challenges.
- supportive housing is few in Montco. Having more independent living site for long term residents with mobile support could help with homelessness. Some due to baseline
- MCES is no longer a functional hospital.
- More RTF's and Medical LTSR's. MORE EAC's.
- If people are only safe while on medications you cannot place them into situations where they can refuse medications."
- could use more, how are they funded? do they pay rent?
- Long waiting periods as well as needing to be connected to social workers.
- more funding is needed for staffing to support clients in grouped housing
- these places were shut down
- More supportive housing is needed throughout the county.
- Not enough.
- "I did not use supportive housing, therefore I cannot answer these questions.
- This is an important support that should be included for future development!"
- "We need housing
- Apartments are \$1600 a month 1 bedroom "
- Easy to access as far as getting done what you need to get done.
- Again these programs are very limited within the community and may have long waiting lists.
- Not sure
- This is the number 1 program needed for people with long term mental issues
- There is clearly an inadequate number of these facilities and beds as step-down programs are underfunded and understaffed and poorly coordinated. Some thought needs to be given to developing a systematic and integrated set of programs that can be relied upon to support the progressive step-by-step recovery of these patients. If we can engineer systems to run sophisticated equipment why can we not engineer systems to respond to human needs for care and housing?
- "There are big gaps in services. Hospitalization to LTSR's is a HUGE step down to services. Then CRR is another HUGE step down.
- Supportive housing is a giant secret and it would be helpful to know how to connect people to this type of housing. I have to refer through Mental Health ACM's and I have no idea where these locations are or how a person gets in.
- Same as above. There are not enough living arrangements and we need more beds at this level in the community. Likewise, what happens after this stage? There is no place to go.
- don't use this service.
- The existing places provide good support, but would be nice to have additional places or expanded capacity
- There is a waitlist due to certain people living in these places for longer than what the model was designed for. not saying those folks should be kicked out, but that more domiciles are needed.

- can maintain for a while, or due to lack of income can not afford to find an apartment in the community
  - I work in a residential program so I know ours is available but I do not know more about how accessible they are. Our residential program needs more funding to increase wages and training for on-site staff. They are being asked to do the very hard work of supporting one of the most vulnerable populations, however, they do not have clinical degrees and are often paid less than individuals working at Amazon or grocery stores. Psychiatric rehabilitation training is not sufficient. We have staff who are billing psych rehab who have no clinical experience or training (they report to a manager who is psych rehab certified, however, they have no formal training themselves... even the manager has only had to take a several hour course. This is not enough). Staff are being asked to provide care well above their qualifications and this is not setting our residents up for success.
  - Just as housing more residential treatment housing is needed for mental health and drug & alcohol.
  - An additional SIL within the county would be helpful as well and creating a LOC for longer term residential that isn't a PCH
- I am aware of only a few group living arrangements. When my daughter was agreeable to living in them they were not taking any new people. Now she won't consider living in such an arrangement anymore.
  - Mental health needs to be a priority for easy access to what yelp is available.
  - See comments above.
  - I have believed for many years in more support for group living situations for adults with various mental and physical differences. It has been something I was aware of since childhood, as I watched two family friends age out of their schools. And to see how two other families handled or did not handle the same transitions and the effects on the family members.
  - I do not know if this is available in my community.
  - I don't think there are a lot of places available.
  - Always a waiting list and availability becomes scarce at the worst times.
  - See above
  - See above





ADVOCACY SERVICES		All Responses n=306	Percent Positive	
Peer Based		n=301		
16. Are these available in your community?	Yes	194	64%	64%
	Somewhat	70	23%	
	No	22	7%	
	Not Applicable	15	5%	
		n=300		
17. Do you feel these supports were helpful?	Yes	192	64%	64%
	Somewhat	51	17%	
	No	22	7%	
	Not Applicable	35	12%	
		n=301		
18. Are these supports easy to access?	Yes	111	37%	37%
	Somewhat	109	36%	
	No	56	19%	
	Not Applicable	25	8%	
		n=301		
19. Do you feel more supports are needed?	Yes	209	69%	
	Somewhat	47	16%	
	No	24	8%	
	Not Applicable	21	7%	



n=53

Comments:

- Not enough CPS's and support staff for the need. Waitlists are long
- no personal experience with this service
- There is too long of a wait list for individuals needing a peer and not enough staff, or the turn over is high. Pay them more, offer better benefits or something. Just when an individual establishes a rapport with a peer, they seem to quit.
- I am in training to become a CPS and will complete CPS training on 5/29/23. Everybody with a mental illness should have access to peer support groups and should have the opportunity to volunteer with NAMI and enroll in CPS training if they are interested in becoming a cps.
- peer support is incredibly helpful to me
- staff retention is a major issue due to low pay compared to most jobs in other fields.
- We have FamilyWorx which has been helpful, but they are limited in their resources to recommend, because the resources just don't exist in our community.
- Unsure. It seems like there is a lot of awareness but for my case it seems like I am focused on me right now. I know there are hotlines and people you can call.
- Peer supporters hold each other accountable as well as reach empathy.
- Based on the increase in OD in the Norristown area, more peer support services are needed. OMHSAS should assist providers with getting their programs up and running and offer free CPS certification trainings to increase the number of CPS available.
- They're absolutely should be advocacy services available for people so they know how to navigate. Many people don't know the first step in trying to get help
- This entire world of advocacy is a big secret and many of the people are not usually patient and understanding. As parents, we know that we have to follow rules to keep the benefits for our children and we are trying to do everything by the book, not trying to pull the wool over anyone's eyes. Sometimes, it seems like people try to even this journey even more difficult, Did I say before that this is frustrating????????????
- There are a good amount of CPS/CRS services.
- Very happy with my peer
- There is a great need for peer based support, specifically for those w/ a D&A diagnosis. Most organizations will only accept those with a SMI dx. BOTH need to be a priority given the barriers folks face while taking the road to recovery.
- At my agency we have Certified Peer Specialists, but we don't have enough of them and the waiting list for their services is overwhelmingly huge! The work they do is so important and people get frustrated and drop off the waiting list because it takes too long to get someone.
- CPS services are fantastic, however lack of staff leads to wait lists. More staff and higher pay is needed.
- This is one of the most important members of a Treatment team. Yet the poor quality of pay and position does not allow long term growth."
- In my opinion, peer advocacy services for ALL individuals, regardless of the severity of their diagnosis or their type of insurance, should be more readily available and better compensated for those providing the services. Many available peer services are highly regulated and do not allow for true implementation of peer values. In addition, peer service workers are underpaid.
- I can't drive, someone drives us.
- The local helpline just told me to call the cops when my kid was in crisis - seems like that's the way a lot of mentally ill people END UP DEAD.
- CIC and Hopeworx do a great job.
- More peer support is needed for adults and transition age youth.
- "I did not interpret this to mean 'Nami', I answered another section below for Nami.
- I did not use Advocacy Services, therefore I cannot answer these questions.
- This is an important support that should be included for future development!"
- There is a huge demand for these and a long wait list - more support in terms of staff is needed here
- PEER BASE SUPPORTS ARE DEVELOPING IN THE COMMUNITY...
- There doesn't seem to be any funding connected with advocacy, seems like a waste of time.
- Advocacy is great but we need real resources like more available housing bed options at every level of support. And rent subsidies that make it possible for us to move out when we are ready to move on.
- very helpful
- I know that there is advocacy support in the area and there may be a benefit to having more of these resources available.
- Waitlists can be long but support is excellent
- I am a cps and I received much of what I needed as a certified peer. I learned how to advocate for myself with trainings. I believe peer based advocacy services are vital to self care and building ones confidence and their abilities
- Peer based support for youth/teens and parents/caregivers of transition age youth
- More effective support is needed
- It seems that central is a conduit for peer services and advocacy and that other providers are not as well known. I am not impressed with the services provided by central. they are not respectful of dignity. people come out to you in the lobby and ask you what do you need and what is the problem. AFTER you have completed a battery of paperwork that contains that very information, IN FRONT OF OTHER PEOPLE



- most agency's have a limited amount of CPS's. Would like to see more peer services in organization that are residential staff. Especially within the young adult and psych rehab programs.
  - I know these are available and that some of our residents use them. I do not know how difficult or easy they are to access, or how helpful residents are finding them.
  - Lack of available Certified Peer Specialist to employ to provide service.
  - Within the facility I work at peer support is limited and has waiting lists. More of these type services are needed for these individuals.
  - I've been in the system with my daughter for 5 years and only just connected with Familyworx. We need to get the word out sooner to families - anyone with a child who has an IEP can benefit from this. It's too hard to find out what supports are available.
  - I believe that there should be more peer based support for the youth in the community.
  - Not familiar.
  - Never too much of a good thing.
  - Education advocates
  - NAMI, BucksMont CAN, and PHAN's Here for Us are all established advocacy organizations right now. Strong collaboration and avoidance of duplication of services is needed. We should not silo advocacy services.
  - need in person as well as online.
  - My daughter will not utilize these services. I do know they are available when I learned about them from NAMI.
  - There should be easy urgent care for mental health assessments.
  - There based on needs and judgement of support services
  - See comments above.
  - Not everyone who needs these services is aware of how simple it is to access them without feeling shame. When I meet people and encourage them to check out the NAMI MONTCO groups, that seems to be what their response is currently.
  - Many advocacy services offer assistance for people initially seeking help. I have been needing help for 6 years and have exhausted everything that I can possibly get. But I still need help.
  - See above
  - "A person who is in full recovery would rarely become a peer specialist because it does not pay.



## CO-OCCURRING SUPPORT

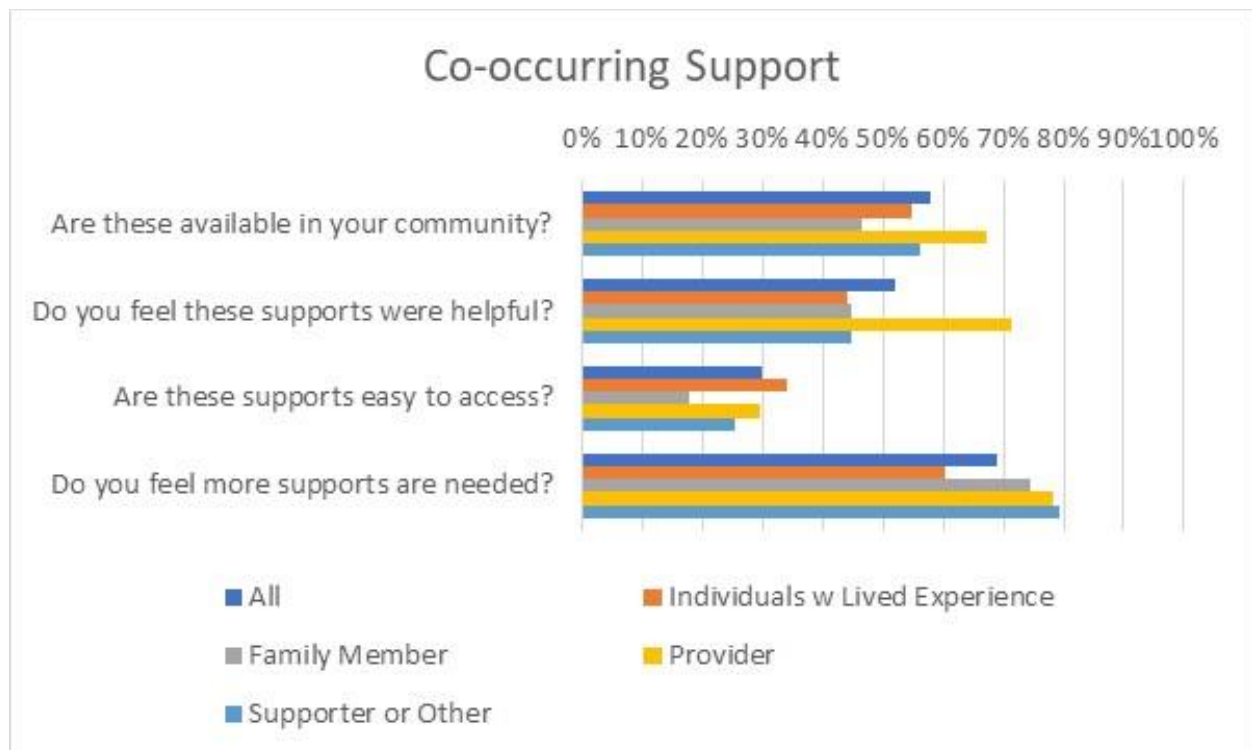
Services that support individuals with both mental/behavioral health and substance use (drug &

All Responses  
n=302

Percent  
Positive

n=300

20. Are these available in your community?	Yes	174	58%	58%
	Somewhat	55	18%	
	No	27	9%	
	Not Applicable	44	15%	
n=296				
21. Do you feel these supports were helpful?	Yes	154	52%	52%
	Somewhat	55	19%	
	No	25	8%	
	Not Applicable	62	21%	
n=296				
22. Are these supports easy to access?	Yes	89	30%	30%
	Somewhat	92	31%	
	No	66	22%	
	Not Applicable	49	17%	
n=269				
23. Do you feel more supports are needed?	Yes	205	69%	
	Somewhat	35	12%	
	No	15	5%	
	Not Applicable	43	14%	

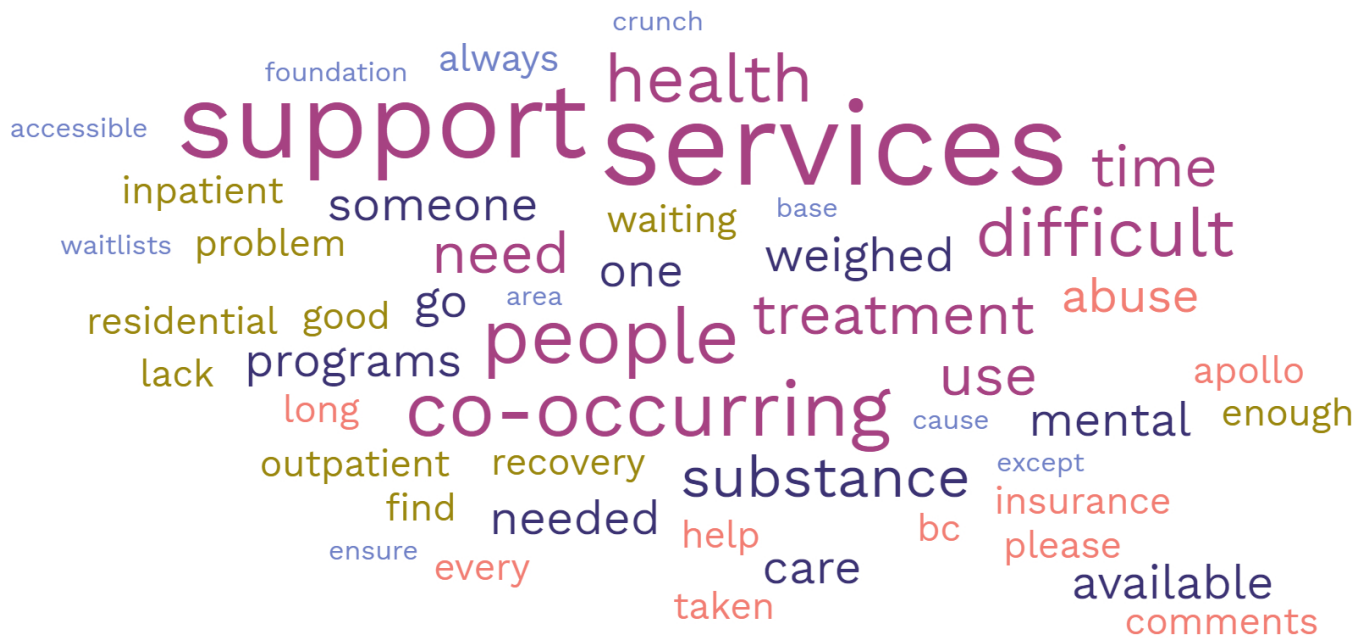


n=39

Comments:

- Long waitlists
- no alcoholism
- please ensure that you are not involved with nor connected to any George Soros entities of ProPublica, idealist cause, Q, crunch base, Apollo, datanyze , devex, foundation center. please ensure that you do not have Apollo workers, volunteers. please google your business apollo, 990, crunch base.
- Penn foundation and LVF
- significant waitlist for beds
- I do not have experience with this area.
- We need more accessible mental Health help and services. Most only take private insurance and cash! No one can afford this except the wealthy.
- My ex husband who did not live with me was able to have me 302ed bc I threatened to fight for custody of my daughter. The Public Defender told me to accept 3 days which I did. I ate every meal. I had 0 issues or problems other then the meds set off my IBS. I refused to drink Prune juice bc it is a trigger for my stomach. They tried to have me committed for 6 months as a result. I weighed 117lb at 5'3". A Dr I never saw said I was underweight and unable to take care of myself. The Public Defender did not point out the lie. I was not weighed when I got there. I was healthy and only had some high cholesterol. They weighed me after the hearing. I weighed the same. I reported everything to Victim Services after I was released. Now I can't get a job bc it shows up that I am a danger to myself and others.
- There aren't providers who have co-occurring programs. It is needed in Montco.
- I have taken several people to eagleville to get help and that is a nightmare. Again I have worked as a caseworker but I also care about addicts and when they say they're ready to go to rehab you have to act fast. Every time I have taken someone to eagleville it has been a true nightmare. I have sat with people for up to 12 hours. People who are entering rehab usually use a crap load of drugs prior to entering because they know it's their last time to party which is dangerous to start with because of overdose. The other problem with that is they don't want the patient who are sitting in the lobby to go outside for a cigarette and that is complete Insanity. I fully understand that smoking is bad for your health but this is not the time to lecture someone or restrict them to sit still in a chair for that long of a period especially when they're high is wearing off because they've sat there all day waiting for intake. And all the times that I have taken someone there to sit with them I have never seen a pleasant employee and that is 100% true
- A good amount of co-occurring support is available, but recovery support/case management services could do more to be available to folks.
- In residential it is difficult at times to get both treated together.
- Plus the counseling options all have unrealistic waitlists "
- See above
- "This is very difficult to treat and I think it is difficult to maintain skilled therapists in this field. The treatment is difficult because its hard to separate the issues and those working with the individuals receive excessive amounts of ""abusive treatment"" from patients that leads to burn out. The design of the programs does not allow practitioner enough recovery time to maintain positive care. The need to have ""billable hours"" is a terrible situation.
- NA and AA are easily accessible.
- There are long waits to obtain such services due to the lack of staffing related to lack of funding, and adequate pay.
- More COD Support inpatient.
- "I did not use Co-occurring Support services, therefore I cannot answer these questions.
- This is an important support that should be included for future development!"
- I have struggled to get my adolescent substance use treatment both outpatient and inpatient
- My husband has severe anxiety depression and he has been on a waiting list since September. This is ridiculous. Every place we called isn't taking new patients. Mental health treatment is severely hard to find and severely needed in our community.
- It was helpful, how to utilize the tools.
- The staff in these programs lack skills, training and oversight. They seem to cause more harm than good.
- don't need this service
- Co-occurring supportive services are always a vital part of the recovery process. These services will always be needed as people seek ways of self medicating.
- There doesn't seem to be a focus on the d&a component if someone enters the system through the mh component.
- The last time my daughter was hospitalized, they attempted to release her to one of these but no one would take her because she would not admit her drug use.
- Good luck finding an affordable place that accepts insurance.
- "Companies and agency's need to work on the consumers to help them to understand in what's going on in everyday situation.
- See comments above. I don't believe our son is using drugs or alcohol. But I'm not sure. It has been a problem in the past. Any support he could receive in this area would also be welcome.
- ALWAYS. They so often go hand in hand.
- I only work in mental health and am not aware of the substance abuse support available.
- Co-occurring support is very limited and more resources for these services are very much needed.
- I do not know if this is available in my community.

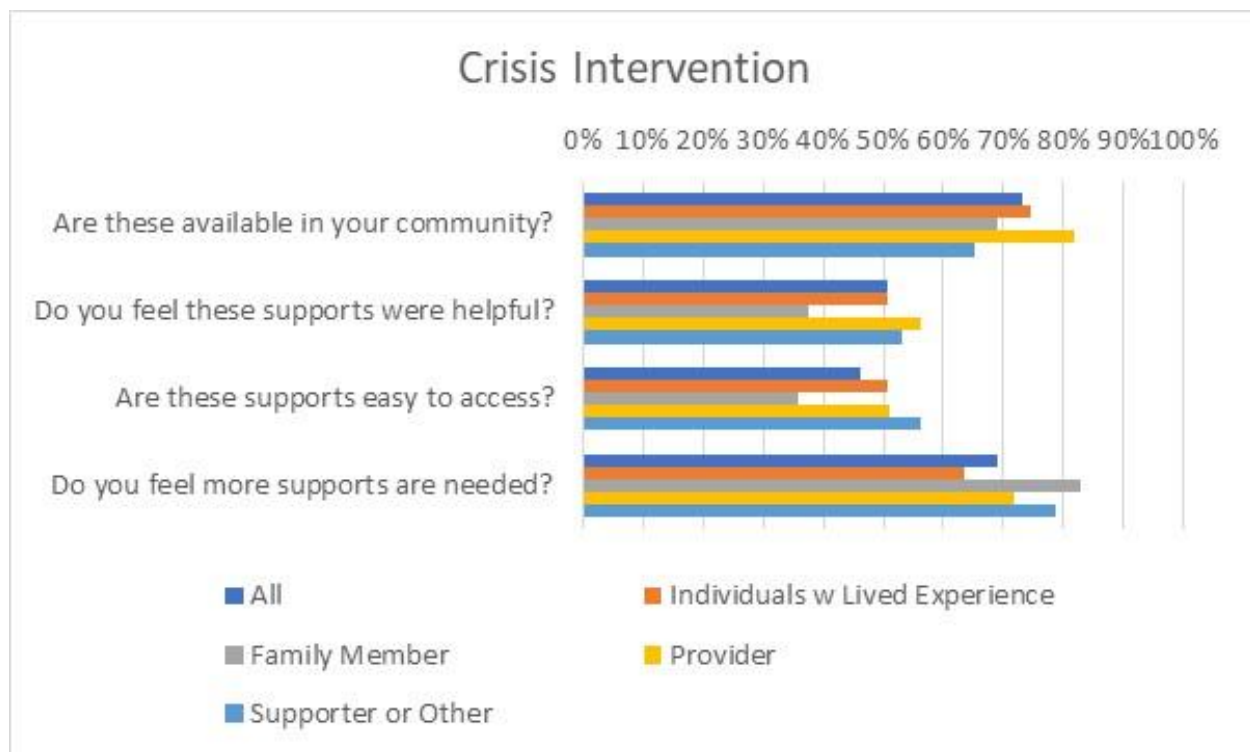
- While it seems like people with co-occurring disorders can get into inpatient treatment much more quickly and easily than people who are in need of mental health services alone, there are not enough outpatient residential programs for co-occurring support. As for outpatient therapy whether the person is in a residential program or not, there are huge waiting lists everywhere you go for a therapist because there aren't enough of us. My agency could use more therapists but doesn't have the money to hire them.
- Services are often too expensive for those that are not insured. Those with state insurance are very limited as to where they seek services.
- There are supports for adults struggling with substance abuse, however it is very difficult to find supports for youth struggling with substance abuse. It is also difficult to find support for the parents of youth dealing with substance abuse.
- See above comments
- People are still divided as to co-occurring in Montgomery county. With rampant drug stings and gun violations, no one is really addressing the problem except for those in health care.
- "See comment to previous question.



## CRISIS INTERVENTION

Services that provide support and treatment for individuals and their families who are experiencing a crisis or supports designed to help individuals avert a crisis. Examples include Mobile crisis, hotline, crisis residential services, etc.

		n=304		
24. Are these available in your community?	Yes	222	73%	73%
	Somewhat	47	15%	
	No	20	7%	
	Not Applicable	15	5%	
n=300				
25. Do you feel these supports were helpful?	Yes	152	51%	51%
	Somewhat	78	26%	
	No	37	12%	
	Not Applicable	33	11%	
n=300				
26. Are these supports easy to access?	Yes	139	46%	46%
	Somewhat	83	28%	
	No	58	19%	
	Not Applicable	20	7%	
n=298				
27. Do you feel more supports are needed?	Yes	206	69%	
	Somewhat	39	13%	
	No	31	10%	
	Not Applicable	22	7%	





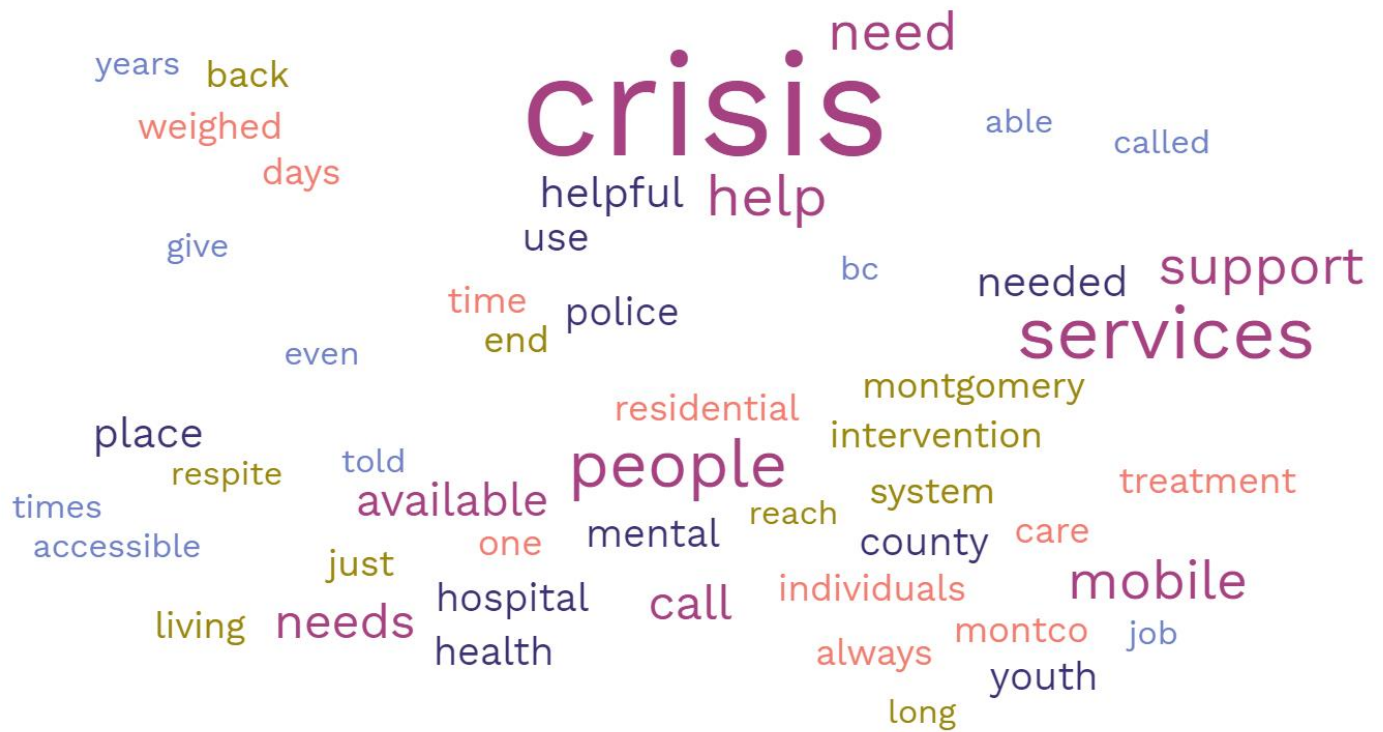
n=55

Comments:

- There really is only mobile crisis in Montco and the hotline numbers. Nothing in correspondence with police or emt's etc.
- takes too long to reach someone
- there should be an abundance of respite homes domestic shelters everywhere.
- there when needed
- supports can be helpful but have been inconsistent on availability
- more crisis hours overnight.
- There is no place for emergency respite or a holding place for kids who's behavior is the issue and the hospital is not the right place.
- I got connected to CHOC through crisis when I was staying in my car. Even while I was staying in my car, they came out and checked on me.
- There are not many places that are accessible and they aren't helpful. The horror stories are worse than the situation they come from. Wait times for beds are long and people give up.
- "Mercakay is exploiting people for profit.
- The county is always trying to place individuals into inappropriate lower levels of care. Individualized treatment is a great concept except when staffing ratio's are 1:6 it's hard to give 1:1 attention."
- there is no rapport with this support, and they are often referred to case management
- My ex husband who did not live with me was able to have me 302ed bc I threatened to fight for custody of my daughter. The Public Defender told me to accept 3 days which I did. I ate every meal. I had 0 issues or problems other then the meds set off my IBS. I refused to drink Prune juice bc it is a trigger for my stomach. They tried to have me committed for 6 months as a result. I weighed 117lb at 5'3". A Dr I never saw said I was underweight and unable to take care of myself. The Public Defender did not point out the lie. I was not weighed when I got there. I was healthy and only had some high cholesterol. They weighed me after the hearing. I weighed the same. I reported everything to Victim Services after I was released. Now I can't get a job bc it shows up that I am a danger to myself and others. "
- There needs to be better connections between emergency/crisis services and the providers who will be ultimately involved in caring for those in crisis. There are MANY breakdowns in the transition from one to the other.
- The first thing that needs to happen is they need thorough training. I myself have had to call the crisis line a few times. The first time I called was because I was sexually assaulted on Thanksgiving morning a few years ago and it sounds like I was talking to a 12-year-old kid who offered nothing to comfort me in fact she barely spoke at all and I felt like I was annoying her for ruining her Thanksgiving with my phone call.
- MontCo has strong crisis support services.
- More trained staff.
- We utilized mobile crisis late last year. While initially they were quite helpful and responsive, they said they would call back the next am to check on us and did not for several days which left us all feeling quite abandoned.
- same as above, more adequate pay, for staffing of these services.
- people are not treated long enough and released back to the streets. If they don't end up dead they end up back in rehab. Just a revolving door. They need to detox, get help to stay off drugs, education and help to stay alive. They should have the same benefits people have in prisons, medical and educational but include housing and job placement.
- The local helpline just told me to call the cops when my kid was in crisis - seems like that's the way a lot of mentally ill people END UP DEAD.
- Retention issues need to be addressed.
- Need pre crisis services, etc, "living room"
- I feel some of these enable people's negative behaviors.
- "I did not use crisis intervention, therefore I cannot answer these questions.
- This is an important support that should be included for future development!"
- MCEMS should be expanded and given more funding to support mental health inmates
- I work in the referral to inpatient services and there is not enough crisis services available that actually help
- "Homeless since May 14 2021
- Montgomery county family services couldn't help me I needed to move to a 1 bedroom & Montgomery county said they couldn't help me"
- I will say that it can be confusing that if you call 911 and need crisis intervention the police in Montco won't come out without mobile crisis and that can delay a response which can be dangerous.
- More support is needed- Would love to see the ability for a direct connection and ability to transport for mental health and D&A treatment
- Crisis always gives people a hard time or act like they don't want to come out and help
- Mobile crisis is selectively responsive. CRCs are the most helpful in a pinch.
- More options are needed such as peer respite
- aware of this service. and grateful, have not needed it
- Crisis Intervention services, will be at the top of my list. I experience over 12 years in the criminal justice system, because there was no services in place to see that my behavior was directly linked to my mental illness challenges.
- Movil crisis hurt me. Was no help. They admitted they over reacted but I suffered consequences
- More marketing of these services needs to take place to let people know they are available. Many people still

- More of these need to be available. It would be helpful for individuals to have other options besides hospitalization in crisis situations.
- I sometimes feel that Mobile Crisis doesn't take some situations as seriously as they should. I think they should be going out to people's physical locations in person to assess them more often than they do. But they are always available, and I have been told the hotlines are very accessible as well.
- There is a definite need for more crisis residential beds to support individuals who require additional support, but don't meet the criteria for an inpatient stay.
- Mobile Crisis does not always answer when called.
- Support needs to be done around more education with police in communities. Mobile crisis is very limited. There needs to be more than one mobile crisis to reach out to. When there are multiple people that need to be served the wait time on call back or not being able to come out and assess someone could have devastating effects
- Our residents call the crisis hotline or 911 when in need. They can get admitted to a hospital. I am not aware of the quality of care they receive when this happens.
- Not well advertised or explained. I was hesitant to use mobile crisis because I had a more severe definition of "crisis" in mind and didn't think it was something that would be appropriate to use. Once I tried it, I found it very accessible, but when I tell others about it, they are surprised and also very hesitant to use it. While providers (PROVIDER, PSYCHIATRIC HOSPITAL) will give you the number, in my experience they failed to explain how it can help, and what situations it is appropriate for.
- Crisis residential services should be more available in the community for both adults and youth. There is 1 partial program in the area for youth, however, they do not accept youth on the autism spectrum. More support for youth and their families on the autism spectrum would be a huge benefit to the community.
- Current mobile crisis system is not helpful. More hands on support and assistance with follow through is needed.
- The lack of funding to counties to affect the AOT law borders on the negligent, even criminal. We are watching the system offer band-aids that have little adhesive due to poorly conceived, written or administered laws. Without a responsive system that legally provides for treatment and without required treatment program funding at the State or commercial levels we, as a society, have abandoned those most in need. In 18th century England at least the mentally ill were housed in Bedlam-like programs.
- Crisis intervention personnel do not get paid enough and there needs to be more in Montgomery county. Put the money toward people not politicians.
- I have been living in a state of crisis for 6 years and have exhausted all of the help that crisis services provide. But I am still in crisis.
- automatically call the police (which they shouldn't) or building 50 (which they shouldn't).
- Crisis work should not be siloed to just behavioral health. There are also housing/homeless crises, senior protective services crises, children & youth crises.
- People are available on the phone when called. They have come out several times for my daughter in the past.
- if they are available most people experiencing a crisis do not know about them.
- A warmline I wouldn't mind having in Montgomery county.
- When our son had a crisis in 2021, we got help quickly. He wasn't resistant because he was scared. We were lucky. He wasn't aggressive. I work as a facilitator for NAMI and was aware of the ways to reach out to local government services. Not everyone has this information. The police who responded came with guns on their hips. I recognize that it's important for these young people to be able to care for themselves. My husband wept the entire time they were here. He cried: "Please don't kill my son!" It was stressful! I made it through but was hospitalized the next day due to vomiting from the stress. WE WERE LUCKY.
- I am a believer in using non gun related ways to take down any and nearly all perpetrators or suspects in a crime. I believe more mental health professionals on the job would end criminal standoffs more peacefully in most cases. I believe they use some non gun related means of controlling people, even mentally ill who are waving guns or knives at them, in some other countries. I also believe that a LARGE portion of the homeless population is struggling with mental health.
- There is only one location and Montco is HUGE. The crisis protocol is stupid. My son smashes his head on the wall who is 12 and special needs I already know what to do go to er and we are sitting ducks. Crisis at hospital only calls within a certain radius and turns down Magellan's help for a bed search my 12 yr old special needs is basically on suicide watch for 4 days with basically no one checking in on us. The hospital we were in doesn't have the proper training or security to handle a real crisis. We ended up leaving.
- "This is just a joke.
- It take days for a crisis team to show up. Residential services are accepting individuals that should be in state hospitals or RTF. Aggressive and violent patients should not be shopped to residential services that cannot protect themselves or the other residents living. It is NOT ok that physically attacking a peer results in the return and forces a VICTIM to live with their abuser/attacker.
- Finding staff is horrific, the pay is not meeting basic living wage so getting staff with any quality is terrible.





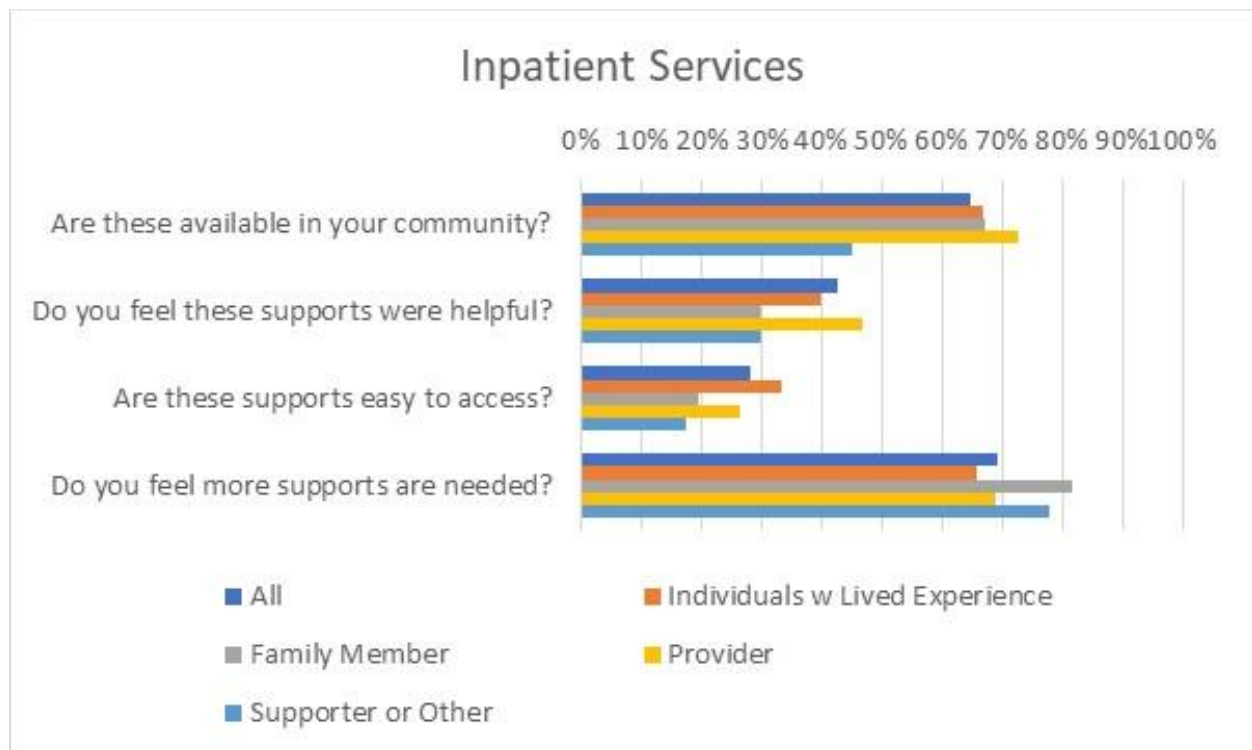
## INPATIENT SERVICES

All Responses  
n=302

Percent  
Positive

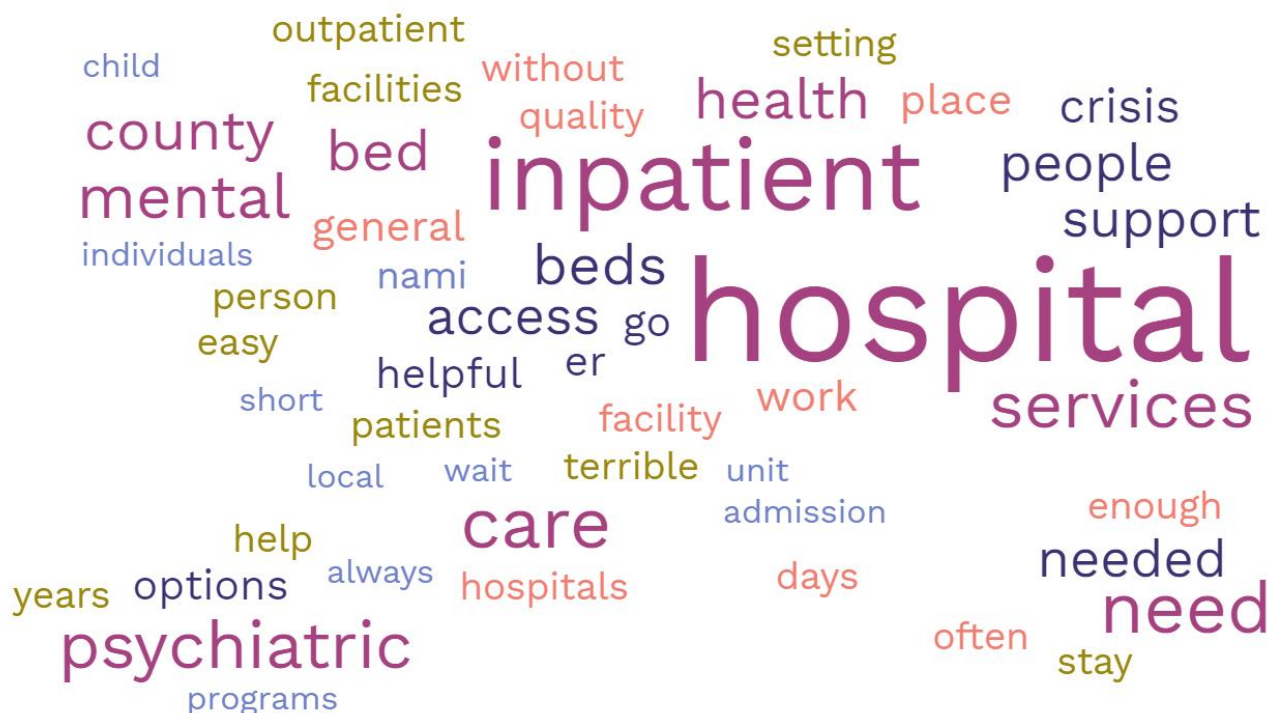
Services that are provided during a hospital stay

		n=301		
28. Are these available in your community?	Yes	195	65%	65%
	Somewhat	56	19%	
	No	30	10%	
	Not Applicable	20	7%	
		n=296		
29. Do you feel these supports were helpful?	Yes	126	43%	43%
	Somewhat	91	31%	
	No	41	14%	
	Not Applicable	38	13%	
		n=295		
30. Are these supports easy to access?	Yes	83	28%	28%
	Somewhat	95	32%	
	No	89	30%	
	Not Applicable	28	9%	
		n=293		
31. Do you feel more supports are needed?	Yes	203	69%	
	Somewhat	31	11%	
	No	30	10%	
	Not Applicable	29	10%	



	n=	54
<p>Comments:</p> <ul style="list-style-type: none"> <li>• long waitlists and more options needed</li> <li>• hospitals don't always support individuals after care.</li> <li>• When individuals go to the local ER for mental health reasons, I feel/ ask, how helpful is it really? What about an actual MH hospital specificity?</li> <li>• each hospital should have a mental health institution unit. the mental health care institution unit at grand view hospital was discontinued in 2020.</li> <li>• there when needed</li> <li>• more trauma informed/triggering with PTSD</li> <li>• Like pulling teeth to get in...</li> <li>• Having kids sit in an ER for days to wait for an inpatient bed is detrimental to the flow of the ER and the well-being of the child. There should be direct admission access points.</li> <li>• I went to GENERAL HOSPITAL in TOWN because it was the closest. I needed a safe place to be. I didn't participate much in the groups and programs, I just kept to myself.</li> <li>• Most are located in Philadelphia and are hard to access. Always short staffed and not helpful</li> <li>• Quality needs to be better. More children's inpatient needed</li> <li>• People without real mental crisis are being held at the county facility for no reason. I was not the only one it was happening to.</li> <li>• There are never enough beds available and the step down supports are not often in place. This leave people vulnerable.</li> <li>• "Again I will say that when somebody says they need help it should be taken seriously and the person should not have to wait hours and deal with rude techs, doctors, other employee</li> <li>• When I moved back to Pennsylvania several years ago I was appalled at the services available. In all my years as a caseworker I have seen nothing as bad as the services offered here. "</li> <li>• More variety of insurances need to be accepted at facilities.</li> <li>• I have "easy access" to these supports b/c they are part of the Care Coordination team here at my agency. So I can utilize them to make referrals/get connected when my clts are hospitalized. However, I think more clients need access to these while they are admitted.</li> <li>• I have personal experience with some of the local hospitals turning away clients who were actively suicidal because they didn't have room, rather than holding them and finding a hospital with a bed so they could be transported. When they are transported, it's usually to somewhere far away from the hospital where the person presents for assessment because there aren't enough inpatient units or hospitals around here (especially on the Main Line).</li> <li>• Many clients report bad experiences in facilities like PSYCHIATRIC HOSPITAL, GENERAL HOSPITAL, and other inpatient facilities. PSYCHIATRIC HOSPITAL and PSYCHIATRIC HOSPITAL are usually the "preferred options" for the people I support, however are further away from our facility and not always easy to access.</li> <li>• I am not aware of the quality of care in the inpatient setting</li> <li>• Actual therapy and social work in the inpatient setting would be nice. Our experience inpatient (and outpatient for that matter) at PSYCHIATRIC HOSPITAL did little or nothing to help our child. Nothing diagnostic was performed, and med management was minimal. There was absolutely no trauma therapy to help my child handle what had happened to her (hospitalization is traumatizing).</li> </ul>		<ul style="list-style-type: none"> <li>• short term- push people out</li> <li>• Inpatient stays are often too short and do not provide any type of therapy or support for family members. Discharge planning is also lacking</li> <li>• Staff trained that currently work.</li> <li>• "We utilized PSYCHIATRIC HOSPITAL inpatient and PHP which were helpful. But sort of left us lacking when it was over.</li> <li>• We tried services thru the light group twice, and we're not impressed with the intake evaluation the first time, and the PHP itself. "</li> <li>• There are no facilities in my immediate area. You need to go to Philadelphia which is extremely dangerous or travel 30 miles north past Oreland, PA.</li> <li>• most of the time there's no room</li> <li>• LESS THAN 24 HOUR STAY WAS ALL THAT WAS ALLOWED at GENERAL HOSPITAL, their justification was that "the hospital isn't for acute psychiatric care" was bullshit. They discharged someone in severe crisis, someone who wanted to stay and get help, without connecting him to adequate outpatient care.</li> <li>• Close gap post discharge with outpatient.</li> <li>• More options would be good.</li> <li>• "I did not use inpatient services, therefore I cannot answer these questions.</li> <li>• This is an important support that should be included for future development!"</li> <li>• I don't think we need more place, but we need better quality. There were beds open when I was there but the quality was not great.</li> <li>• 14-18 year olds should not have the ability and sole right to find and access mental health care.</li> <li>• Montgomery county is 2nd richest county in the state yet if you don't make 6 figures they don't want you its terrible</li> <li>• Rehab</li> <li>• Services needed were there for me.</li> <li>• Not enough support for housing issues, there's one program but the staff at the hospital act like they don't want to be bothered with doing the work to make it successful</li> <li>• Challenges with bed availability and process to obtain admission.</li> <li>• Since the pandemic it is now required for residents in MH crisis to "get cleared" by emergency rooms before going to be evaluated at an inpatient unit. This "clearance" can take hours or days. Then the inpatient units claim that person is no longer in need. It's a joke. PSYCHIATRIC HOSPITAL is a joke and provides terrible care. They are dangerous.</li> <li>• We have more than enough hospital beds. What we need are alternatives and options, not just more and more hospital beds.</li> <li>• found it helpful. wish there were more options.</li> <li>• There are multiple inpatient services in the area and they are easy to access, but at times have no open beds.</li> <li>• Again, I feel like bed availability and families/consumer's ability to get to hospitals for assessments is the barrier limiting the support it is the them</li> <li>• I recently learned of a Peer Respite in Massachusetts that have extremely positive results instead of inpatient Services. A place where people be in a home setting, and go through their "crisis" as I could say with dignity and at their own place.</li> <li>• Hospital services were better than having a crisis on the streets, but not helpful for planning for what happens after the hospital stay.</li> </ul>

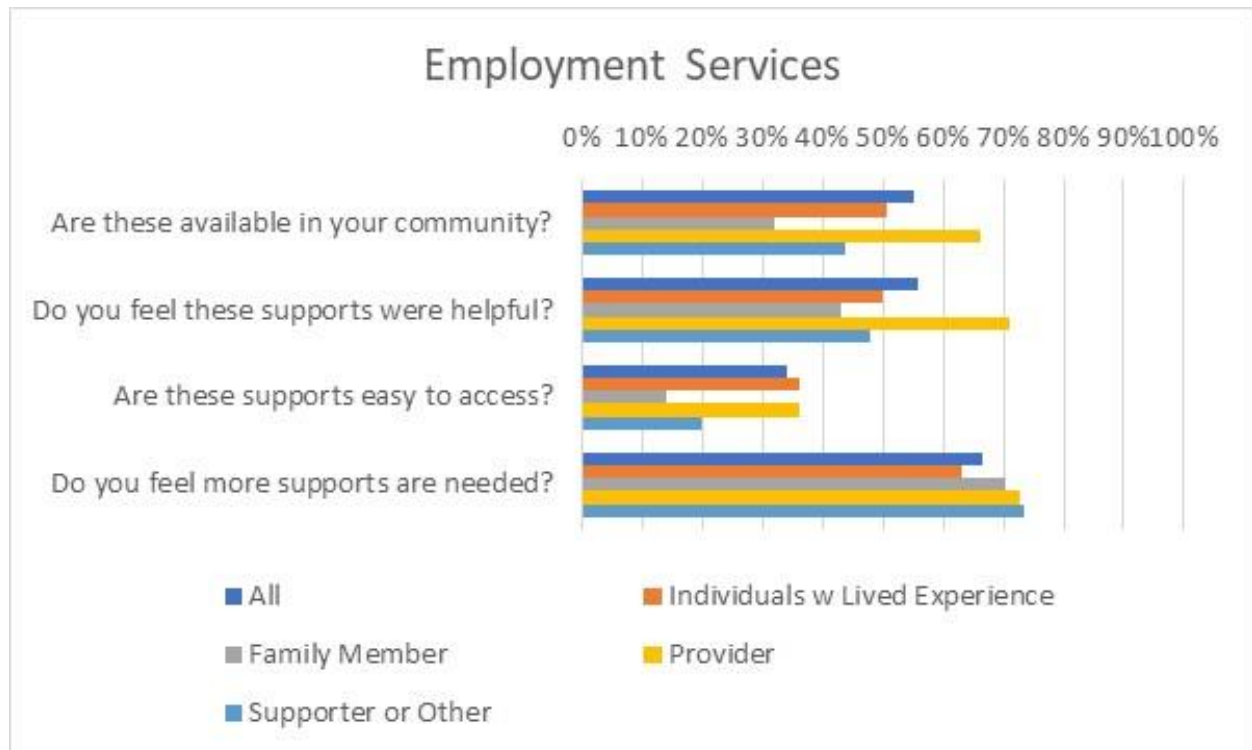
- PSYCHIATRIC HOSPITAL does not provide needed support or make admission easy. Communication is also terrible.
- We need more people who have taken trainings on crisis intervention. We get carer fatigue, so we need to rotate schedules every so often.
- Chronic mental health patients and addicted patients need a long term program that provides stable living conditions as well as a structured counseling like PROGRAM in Berks County. This gives them over a year to change their habits and not keep getting admitted and discharged for a week to a month in a facility over and over.
- State/County plans to initiate closure of mental health inpatient beds over the past forty years have failed to keep the promise of converting the savings to community outpatient programs and residential programs. The monies have been diverted elsewhere and now at least 1/3 of those housed in prisons are said to have serious mental health issues. Patients with acute episodes are kept waiting in local hospital EDs for mental health hospital beds for days rather than hours. What is mind-bending is that many families' have a member or friend who suffer such periods of illness and either out of shame or ignorance lapse into dismay, discouragement or dejection. Even more depressing is the rapid discharge of patients from inpatient care before they are stabilized on new combinations of medication and without adequate treatment planning for the step-down process. In the pressured turnover of beds the patient often leaves without a commitment to the next level of care.
- Very difficult due to insurances running the show for length of stay.
- There is a systemic bed shortage and the care received while in-patient does not adequately prepare you for life outside of the hospital. So basically you are setting yourself up to be hospitalized again very soon,
- more awareness is what is needed.
- Inpatient is terrible everywhere. They don't treat people with respect and kindness. Thankfully it's been some time for me. Hopefully, never again.
- "We read this week that NAMI has begun to work more fully in Chester County. The article said that NAMI believes it's important because of the loss of GENERAL HOSPITAL. That is a horrible understatement! I work as a NAMI facilitator in Pottstown, Montgomery County because that was the only resource we had after my son was hospitalized almost ten years ago. Fortunately, We learned about NAMI from the hospital, but there was none in Chester County.
- All the services in the areas must be stressed because of GENERAL HOSPITAL's closure. My son was admitted there in 2021. We were told to expect a 24-hour wait to get a bed. He was transferred. We got lucky. The ambulance charged him ( us) over \$1,000 to take him to PSYCHIATRIC HOSPITAL. We are clinging to his residential facility, grateful that they are helping. I talk to individuals regularly who aren't so lucky. WE ARE SUBSIDIZING A BROKEN SYSTEM WITH NO RELIEF, AND MANY BACKS TURNED."
- The whole you must go to the er first must be dropped. I've done this so many times I should be able to call and inquire about a bed talk to the social worker tell them what's going on and go on from there. Cut out the middle man.
- These supports are poorly funded via BH-MCO. This entire process needs to be changed and insurance should have to pay for services. A person cannot be ignored medically while receiving psychiatric treatment.
- Takes 3 to 21 days in er to find bed



## EMPLOYMENT

Services within the mental / behavioral health system that support an individual's goal around employment, including Career Counseling, Supported Employment and Psych Rehabilitation services.

n=298				
32. Are these available in your community?	Yes	164	55%	55%
	Somewhat	78	26%	
	No	28	9%	
	Not Applicable	28	9%	
n=296				
33. Do you feel these supports were helpful?	Yes	165	56%	56%
	Somewhat	57	19%	
	No	25	8%	
	Not Applicable	49	17%	
n=295				
34. Are these supports easy to access?	Yes	100	34%	34%
	Somewhat	86	29%	
	No	77	26%	
	Not Applicable	32	11%	
n=296				
35. Do you feel more supports are needed?	Yes	197	67%	
	Somewhat	40	14%	
	No	26	9%	
	Not Applicable	33	11%	





n=49

Comments:

- long waitlists, no support in this direct town, must go outside of town to get them
- career counseling is hugely beneficial and more resources should be given.
- I feel the general public does not know this service exists.
- OVR should also team up with each mental health care dual diagnosis and addiction treatment provider and every counseling provider and every coaching provider.
- looking forward to beginning soon
- more psych rehab services in upper Montco.
- I know it's available but I haven't utilized it. The program I am in now can help me with that when I am ready.
- I do not know but yes, they would be helpful.
- Better quality
- You are left with a record that is accessible that says you are a threat to others that prohibit you from getting jobs or volunteering in the community.
- There seems to be a need for more mental health employees in our area. Many providers do not have the staff to provide the needed services. And providers need access to free/reduced cost training for their employees so that they are properly trained. Waitlists are too long.
- I have found that all supports my daughter receives through the Adult Autism Waiver have been excellent to support her with employment. Her case manager is awesome and has been so helpful with her experience and knowledge, a true blessing for my daughter.
- Helpful from CPS/CRS services but more is needed.
- My agency is very good at supporting our clients' goals around employment and we have an excellent career counseling CPS, but we only have one and we need more! It would be helpful if the county did a better job of advertising the job of a CPS, what it entails and how to be trained. As it is, people usually learn about it while they are still in services because the training courses are advertised there. That's not enough - there are a lot of people out there with lived experience who would be great peer supports.
- The Career Centers are amazing
- OVR is really hard to get residential residents into. Mostly due to them needing an autism or intellectual need. Mental health also has a need
- We desperately need career supports. I have attempted to register our residents for OVR supports. The process takes over a year because it is understaffed and the staff who do work there are overloaded (and likely also underpaid) and often do not respond to emails. You need to follow up consistently to get anywhere, but it isn't anyone's job to do this, so our residents don't end up receiving job support. I believe there is job support available on waivers but it is very unclear how to access it.
- More employers willing to hire those with mental illness or drug and alcohol issues would be greatly needed.
- great services
- I would really appreciate a career seminar &/or a designated career coach
- You have to be connected to welfare services in order to access.
- Depending on which agency you utilize, it is staffed with the most unpleasant people who are not paid well enough and don't provide the necessary support for individuals
- It is probably my lack of awareness.
- Not Familiar with these services
- "I did not use employment services, therefore I cannot answer these questions.
- This is an important support that should be included for future development!"
- Hell NAMI of Montgomery county pa couldn't even help me with housing or my mental illness
- some people need more than weekly support
- There are agencies that address the goal of employment, career counseling, supported employment, and Psych Rehabilitation. However, these services exist in many different agencies not just in the Mental and behavioral health system. In order to really service the clients there needs to be a true collaboration not just referrals made to the agencies that could meet the goals of the client.
- People with mental health issues don't need to worry about work, these employers often set them off. Need more support with SSI and housing assistance
- We only have one person for employment and education in the "Career Center". There really needs to be more.
- Job coaching is helpful.
- I use OVR.
- Would be so great to have a licensed and accredited Clubhouse in Montgomery County!
- "Employment services are great as all as the mental and behavioral health challenges are being addressed. I believe it would be like a domino effect.
- Once one domino is addressed, i.e.; mental health challenge, substances challenge, education, employment, housing, than all the dominos will fall in place right afterwards"
- There does not seem to be a commitment to getting folks working. My family member signed on for support through OUTPATIENT PROVIDER, and he found a job without their help, because they were not responsive once he was signed on, and then when he notified them that he was employed they did not nothing to support his continued employment and effective communication with the employer, such as advocating that he not work hours in excess of what is permitted by social security.
- I am not familiar with how available these services are as my daughter has not been able or willing to attempt to volunteer or try to work even a few hours.
- people should be able to be assessed then helped where needed.
- Our society claims to be capitalistic. Yet that is reserved for the rich. Where is the support for starting a business when the

- I do not know if this is available in my community.
  - Jobs should be more willing to accept employers who struggle with mental and behavioral issues. Supporting adult and youth with ways to apply for jobs, job interviewing and transportation would where more support is needed in the community. Along with supporting individuals once they are hired, communicating with the employer regarding needs of individuals.
  - After decades of work in the field I have never seen a successfully run step-down or Wrap-Around program provide for a period of a sheltered workshop or even occupational therapy to allow the patient time for personal re-integration and re-establish confidence and skills to resume their previous life-style. This is an essential element of a recovery program and more often than not it is not addressed.
  - These career services are instrumental to offering needed support to a population who struggles.
  - I have a high school student who has been interested in getting a job. It was challenging to get connected with OVR and then getting her evaluated took forever. We are still waiting for the report. It would be nice to have better access to employment support.
  - Systemic staffing shortage with high turnover and little pay. Very "green" young people cycle their way through which does not provide quality care for patients.
  - "These services are competitive and do not support individuals with a desire to work and poor social/work skills. More services for individuals that cannot work in competitive employment.
  - corporate world is too brutal for you and you'd rather do something helpful for people anyway?
  - It's hard to find employers with the consumers space and needs.
  - " Currently, we provide our son with an old car to drive himself to work because the residential facility, for which we pay \$12,000 a month, that's \$144, 000 a year! Nonetheless, The residential program doesn't have the resources to drive him there. We had expected this service when he got the job. We decided it was worth it to help him keep this job despite the failure of the residential facility. We are not sure he can keep it long-term because of these breakdowns. Again, WE ARE SUBSIDIZING A BROKEN SYSTEM WITH MANY BACKS TURNED.
  - Because of his age, 40 years old, we don't believe we can even claim a tax deduction for this outlay."
  - I am no longer working. I do not know what is or is not supported by peoples' employer insurances.
  - This is another area where I could tell many stories but the one that I will say is about someone that is near and dear to me that went through rehab at INPATIENT ADDICTION TREATMENT CENTER which is an excellent rehab. After leaving INPATIENT ADDICTION TREATMENT CENTER they were supposed to go to ADDICTION TREATMENT CENTER for IOP. The person that I took there was willing to do all the work and they were very serious about staying clean. The problem is the person was prescribed by a physician medical marijuana and the counselor immediately discharged him. That is a recipe for disaster. First of all medical marijuana has been proven to help with this and not only that but someone can come in and attend the program if they are prescribed Percocet, Dilaudid, morphine etc luckily he did not give up and remains clean to this day. That is unacceptable and highly disappointing





## EDUCATION

All Responses  
n=298

Percent  
Positive

Services within the mental / behavioral health system that support an individual's goal around education (GED, certification programs, BA), including Supported Education and Psych Rehabilitation services.

n=297

36. Are these available in your community?	Yes	147	49%	49%
	Somewhat	83	28%	
	No	27	9%	
	Not Applicable	40	13%	

n=289

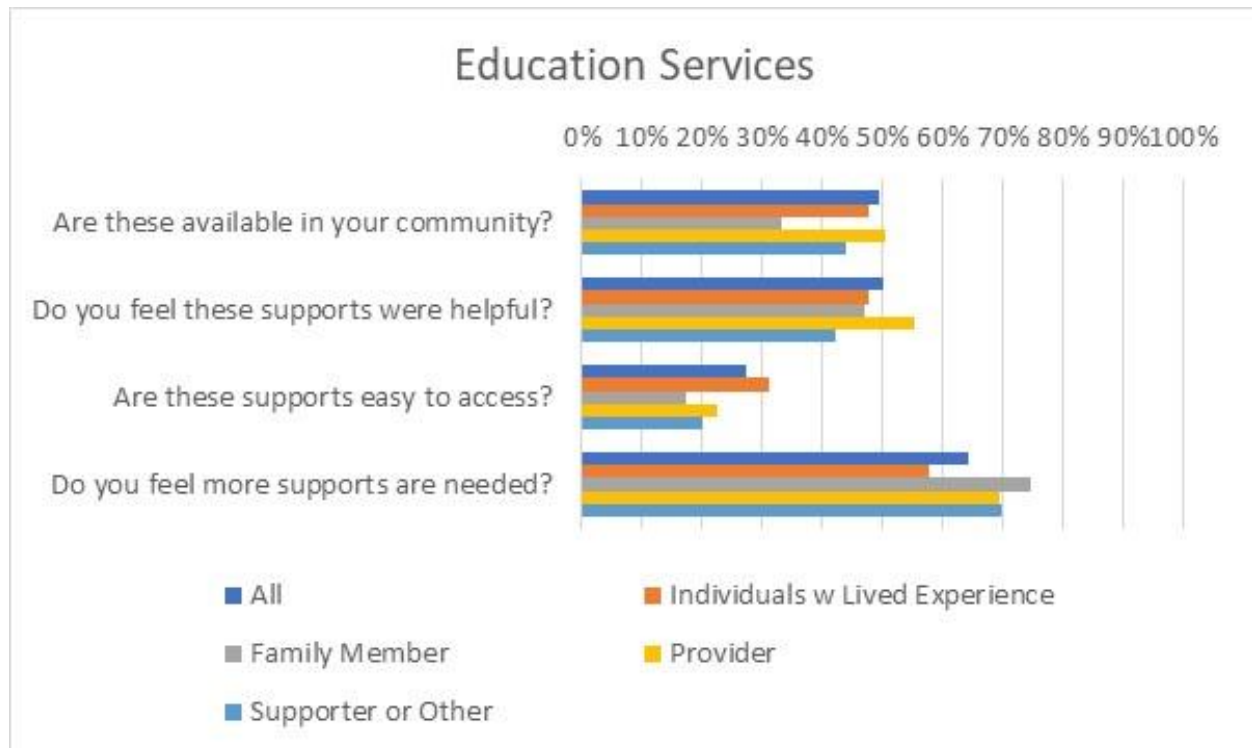
37. Do you feel these supports were helpful?	Yes	145	50%	50%
	Somewhat	66	23%	
	No	16	6%	
	Not Applicable	62	21%	

n=287

38. Are these supports easy to access?	Yes	78	27%	27%
	Somewhat	103	36%	
	No	66	23%	
	Not Applicable	40	14%	

n=286

39. Do you feel more supports are needed?	Yes	184	64%	
	Somewhat	34	12%	
	No	28	10%	
	Not Applicable	40	14%	



n=30

Comments:

- Montco community college is helpful in this regard
- Unsure to what extent this service is provided in the county
- need more county funded GED classes with virtual option
- need more support for GED classes and testing.
- Additional advocacy is needed for the general population to have awareness, like the POWER program. I tell people about it and they have not ever heard of it.
- every teenager and young adult who is struggling with grade school attendance and who dropped out of school should be able to enroll or re enroll in homeschooling and earn their GED up to age 21.
- IPR and peer support especially helpful
- more wide variety
- Souderton SD took over a year to do a 504, and another year for an IEP eval. The IEP was ridiculously weak on supports and when an alternative placement was requested we had to waive FAPE to get it. Now school and home recommending alternative placement and the SD wants us to continue on a waiver of FAPE!
- I know it's something that's there.
- I don't believe there are educational services at some of these places bc they are short stay facilities.
- There are not enough programs.
- I am not aware of any educational programs but I may have seen a sign once or twice in the last 20 years about GED but nothing further than that
- My daughter was fortunate in that the college (Strayer University) took her High School IEP and worked with that as well as providing her with a 1:1 professor teaching her as well as providing her with a tutor and a lot of much needed support.
- Good support from CPS/CRS but more programs would be beneficial.
- I don't know a lot about this, admittedly - my agency offers this kind of service. But I know that I have a client who is struggling to figure out the process of getting his GED and has been for a very long time.
- There are programs within the community but it is hard to get the adaptive supports needed for them to take tests in this area. Some of the classes that specialize in a field do not have special service to support someone with ID needs.
- We had a resident who wanted to get their GED very badly. They were set up with a GED learning program, which took months for them to get into. Once they were in, the quality of the program did not seem high, as there was no clear path for them to take the GED. They ended up leaving our program before taking it, even though they were working at it for a significant amount of time.
- I do not know if this is available in my community. If these are things that could benefit/assist parents with creating appropriate and helpful IEPs for school age kids, this would be very valuable.
- The CPS certification is great, however, it is not offered a lot.
- Montco does offer a great college educational course to prepare individuals for college that are undecided if college is right for them."
- Literacy Council does not get back to peers who are illiterate.
- With better comprehensive recovery planning and more individualized treatments this would be a wonderful intervention. Education about their emotional difficulties, their on-going treatments and preparing them to re-enter the work force with new or enhanced skills would create a more consolidated launching and predict a greater likelihood of success.
- My daughter is interested in attending MontCo, but she cannot get connected with the school. Every attempt has been thwarted by some I'll defined reasons as to my she can't register for classes or connect with the office of disability.
- I did not use this service
- Have worked with a lot of people with no GED, have never supported anyone with getting their GED
- If such programs exist, we were never told about them.
- "I did not use education services, therefore I cannot answer these questions.
- This is an important support that should be included for future development!"
- Need classes that would help with learning disabilities get degrees
- needs to be more available to public
- not using this service.
- See above
- Once a person completes a program such as Power, there should be other avenues / options to explore.
- need in person not online.
- I am not aware of these services
- People with mental health problems have a hard time outreaching for services.
- OVR needs to have a better understanding in what the consumer trying to do from the consumer.
- I believe these courses might be available. My son has a "Masters", but he can't utilize it because of his disability. For years he made sandwiches at a local grocery store. He's demoralized and has tried to take his life many times. Does he look to drugs and alcohol to ease his pain? Probably! Is it suitable for his condition? No. But what being would not seek relief? WE ARE TRYING TO KEEP HIM ALIVE. WE WANT MORE HELP! WE ARE SUBSIDIZING A BROKEN SYSTEM WITH MANY BACKS TURNED!
- "You failed to include the response, ""I do not know"""
- I do not know anything about what I think you are asking, but I also am not certain I fully understand the question."
- 64 year old husband is severely dyslexic, 19 year old daughter is ADHD and sensory integration dysfunction. Where are

· "I am unaware of any GED or certification programs in the area.

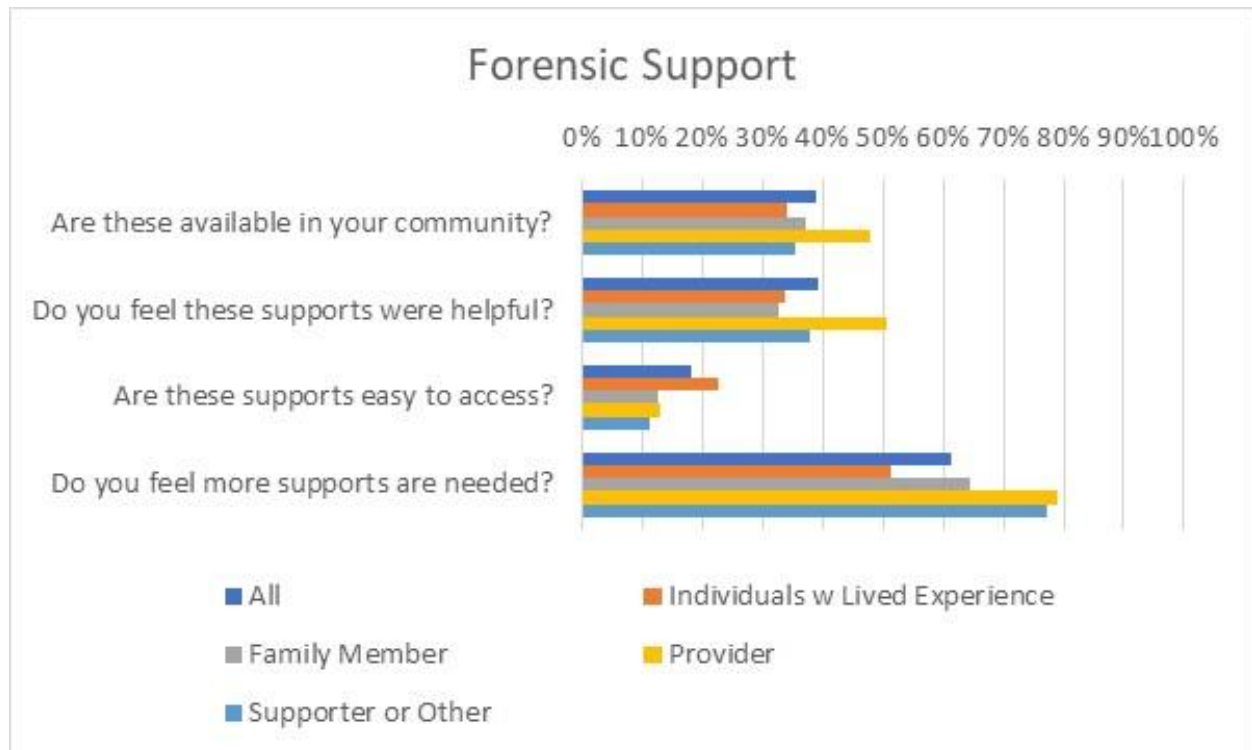
groups/Drs., etc. to help them and family members manage and learn how to live with these issues? How about affordable elder care/housing? Affordable meaning \$500-1000/ mo. Rent with the same facilities and beauty as the multi- thousands of dollars/mo. senior living places in their home towns?



## FORENSIC SUPPORT

Supports and services designed to meet the specific needs of individuals with mental / behavioral health and criminal justice issues, including diversion, incarceration, re-entry, and probation/parole.

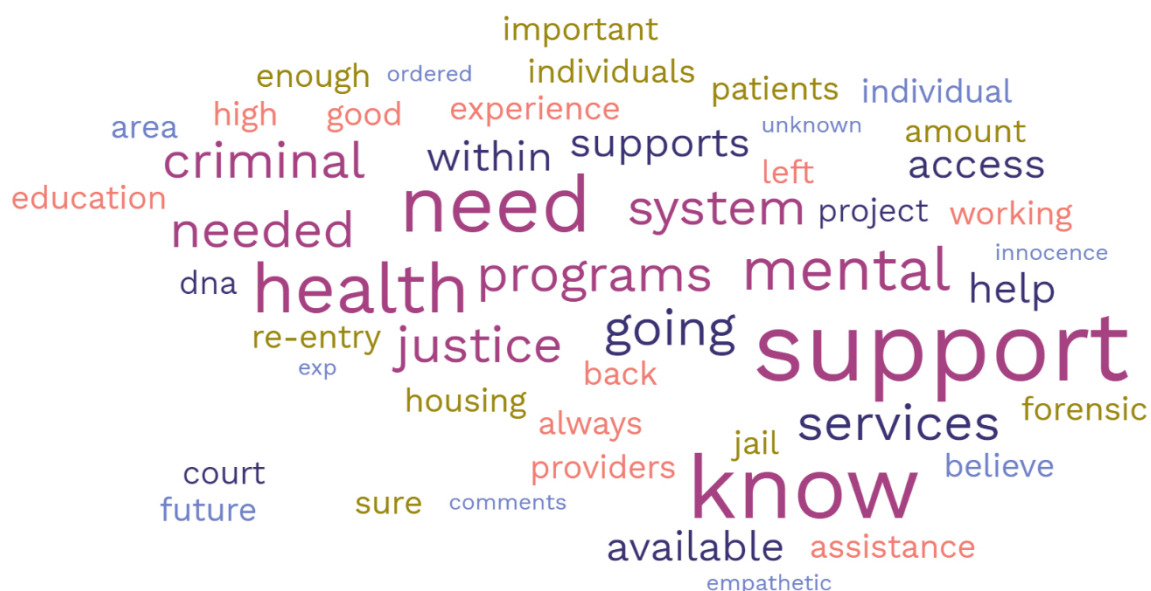
n=294				
40. Are these available in your community?	Yes	114	39%	39%
	Somewhat	75	26%	
	No	31	11%	
	Not Applicable	74	25%	
n=286				
41. Do you feel these supports were helpful?	Yes	112	39%	39%
	Somewhat	56	20%	
	No	32	11%	
	Not Applicable	86	30%	
n=285				
42. Are these supports easy to access?	Yes	52	18%	18%
	Somewhat	86	30%	
	No	68	24%	
	Not Applicable	79	28%	
n=287				
43. Do you feel more supports are needed?	Yes	176	61%	
	Somewhat	28	10%	
	No	15	5%	
	Not Applicable	68	24%	



n=32

Comments:

- There is no empathetic support, only court ordered
- unknown/no exp with this
- the innocence project and their affiliates including the DNA centered Marshall project abuse and fasily the criminal justice system cut 50 DNA testing forensics associates foundation are the ethical counterpart entities.
- no assistance for people with MH who need support with crimes caused against them to support them getting what they deserve rewarded back to them i.e. property damage
- DEFINITELY need more trauma informed!!!
- I know that's there. I have experience with the criminal justice system and had a terrible experience. I didn't have access to anything, and asking for help made things more dangerous.
- Most places that do have some education are sub par. Low staffed and no resources. Education is not good or supportive.
- I was 302ed and was left to fend for myself.
- More providers and programs are needed.
- I am unaware of these services but since the recidivism rate is so high I'm going to say it's not working. Proper planning is always essential so the person is not left to figure it out on their own so since they don't know where they're going to go, how they're going to eat etc they usually end up going right back to jail
- Not sure
- I may not know of other agency's for this. I know of only one. Having more forensic support to access can help with more young adults to hopefully break a cycle
- Within the criminal justice system mental health assistance is very limited. The amount of individuals working within the mental health and drug and alcohol field within the criminal justice system is minuet to compared to the amount of patients who need their services.
- I do not know if this is available in my community.
- THANK-FULLY WE HAVE NOT EXPERIENCED JAIL. Too many individuals are jailed for their illnesses. Not enough get good support during and after incarceration. I understand that traditional services were suspended during COVID. We need to give better support. THIS IS A DISGRACE.
- If the County recognizes the need for more mental health beds then there should exist a Mental Health hearing officer who can oversee the transfer of emotionally ill patients from prisons to those mental health programs. This seems to have a precedent in the current Diversion Court in Montgomery.
- I have not used this service
- Not very knowledgeable on accessing these supports or how much are available.
- HIGH NEED!!
- All the housing for re-entry are always full.
- "I did not use Forensic Support, therefore I cannot answer these questions.
- This is an important support that should be included for future development!"
- not sure
- Help is needed in this area. More housing support is needed.
- Parolees are discharged from prison with significant challenges. There need to be more specific prison-to-MH-support-Residentials offered. "Regular" residential programs are not equipped.
- not needed
- I believe this is VERY IMPORTANT
- These services were utilized as part of her ACT team
- Again, I do not know
- If this is available, I don't know about it. These kinds of supports are crucial to the future success of ex-offenders. Believe it or not, 99% of them want to be productive members of society and contribute to their communities. They just don't know how to access those opportunities.
- Supports only seem to kick in AFTER an arrest, where it would be much more beneficial if it were in place as way way to circumvent encounters with the law. enforced participation in behavioral health programs are tricky. Providers owe first loyalty to the individual, and when they are reporting certain information to probation it does not lend to the individual feeling comfortable enough to freely express everything in a therapy session.
- A huge area for improvement.
- I think there needs to be more focus on re-entry.

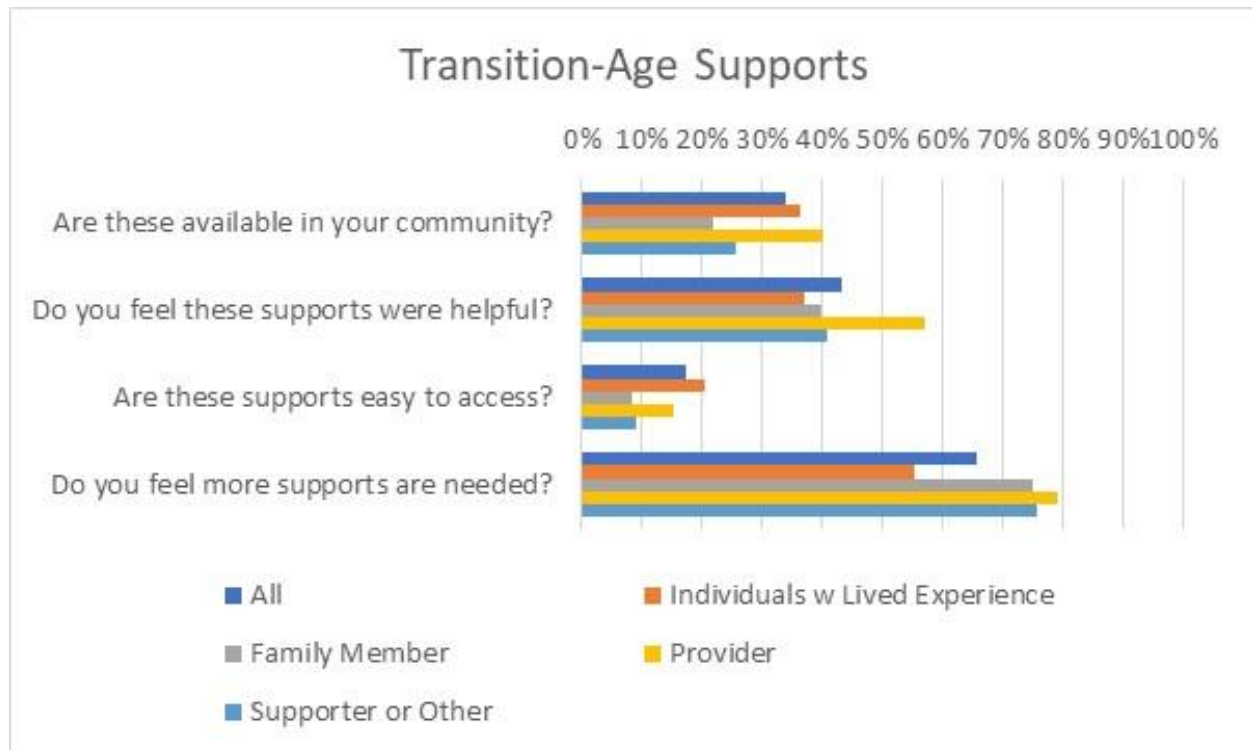




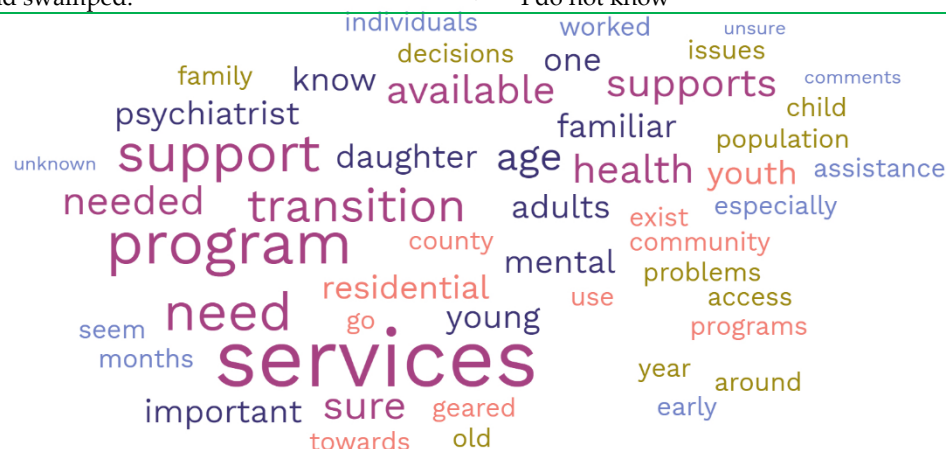
## TRANSITION-AGE SUPPORTS

Supports and services designed to meet the specific needs of individuals age 14 to 30, including those who are moving from Children's Behavioral Health Services to Adult Mental Health Services

			n=287	
44. Are these available in your community?	Yes	97	34%	34%
	Somewhat	83	29%	
	No	39	14%	
	Not Applicable	68	24%	
			n=277	
45. Do you feel these supports were helpful?	Yes	120	43%	43%
	Somewhat	50	18%	
	No	24	9%	
	Not Applicable	83	30%	
			n=275	
46. Are these supports easy to access?	Yes	48	17%	17%
	Somewhat	76	28%	
	No	79	29%	
	Not Applicable	72	26%	
			n=277	
47. Do you feel more supports are needed?	Yes	182	66%	
	Somewhat	16	6%	
	No	16	6%	
	Not Applicable	63	23%	



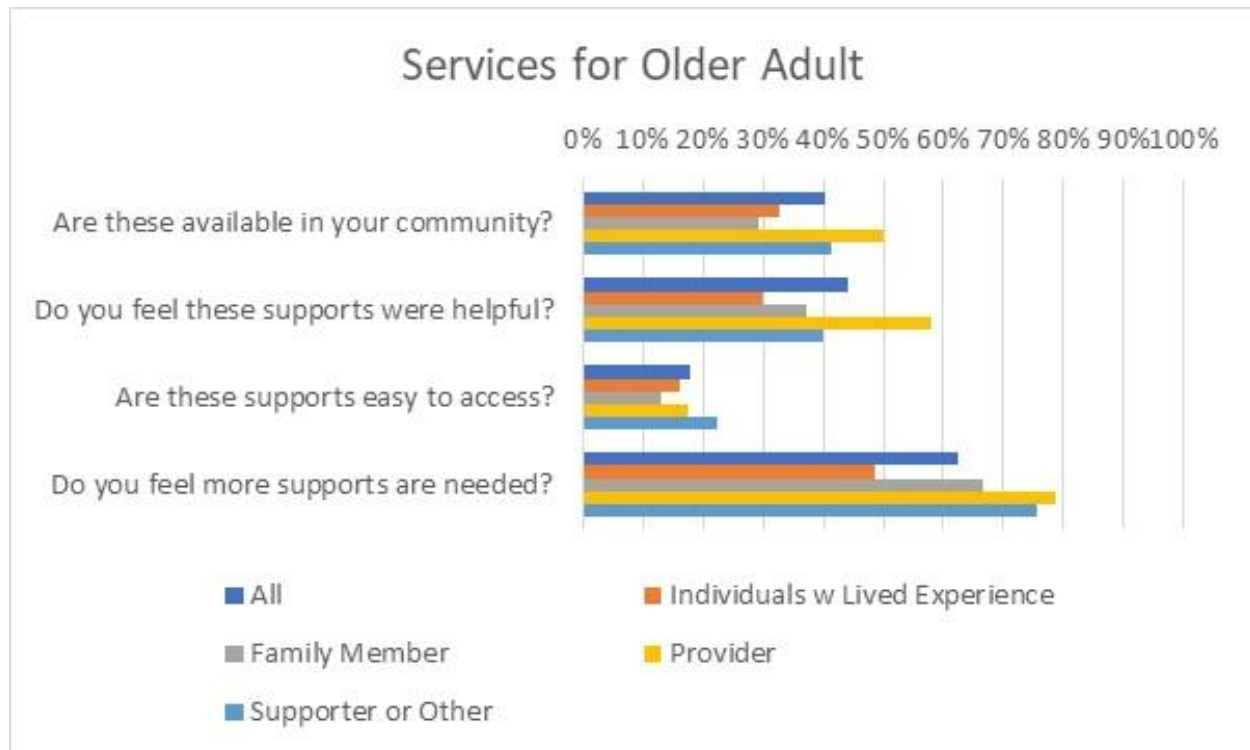
		n=38
Comments:		
· unsure	·	Hard to access because you have to go through the child welfare system.
· unknown/ no exp with this.	·	I have a family member who is 19 and in need of services and has been on a waiting list. Very frustrating
· I do not know much about these services if they exist	·	depends on the therapist.
· More providers and programs are needed.	·	This is exactly what my son needed, and there nothing remotely like this available. We made over 100 phone calls trying connect him with an adult psychiatrist, it took 22 MONTHS to get him his first appointment with a doctor who could get him on the right medication. In the end, he only was able to see a psychiatrist because I worked for 2 months to get him into occupational therapy, and the director of that program worked on his behalf to get him in to see the psychiatrist.
· I have no idea about the services	·	More support is needed around providing the assistance with eligibility requirements as apart of the program, and ways to keep them in the program if they get into legal trouble.
· I am not familiar with this as my daughter was beyond need transition supports.	·	Not familiar with these services.
· Not my area of expertise.	·	"I did not use Transition-Age Supports, therefore I cannot answer these questions.
· I'm sure there are services available but I'm not familiar with them	·	This is an important support that should be included for future development!"
· Not Sure	·	There are limited resources for individuals' in this age range especially in regards to residential support and feel like we could benefit from additional residential options.
· more and more young adults are emerging in the mental health field. a lot are being released from CYS with no where to go, or supports. Agency are minimal	·	Not Sure
· Montgomery County needs an early-intervention psychosis program. This is available in Philadelphia and Delaware County but not in Mont Co. We could also use more day programming that is geared towards young adults and run by trained clinical staff.	·	Not sure who provides these services but youth support in Montco doesnt seem to exist. There's valley youth house, but they seem to small to address the issues.
· I do not know if this is available in my community.	·	Access depending on program capacities and availability. Important time of transition and opportunity to build skills and establish independent living.
· There are very few programs geared specifically towards young adults. There is YALE, but no other services in community that really target that population.	·	DIre need for transitional housing, especially for late-teen/early 20's. We also need LGBTQA residential services for this population!!
· Aging out of one set of systems into another is a cultural transition that requires special attention to support resilience and prevent relapses to earlier problems. It seems best done by those that have a familiarity with age-appropriate issues that can only be compounded by mental health problems.	·	to old
· My daughter has blended case management, but accessing peer supports and other services has been virtually impossible.	·	Support for parents/caregivers of transition age youth is also needed.
· I have not used this service	·	Central Behavioral Health TIP's program only accepted assistance insurance individuals. "
· 14 year olds are not responsible enough to make decisions on their own mental health!!!	·	Of course. Research shows that early intervention is important.
· 14 year old mentally incompetent children should not be capable to make decisions	·	I do not know
· HIGH NEED!		
· I see transition age services as one of the highest areas of need.		
· I have no experience with this as my daughter was diagnosed around age 30		
· "There is only one program - Child and Family Focus' TAY - they are terrific and swamped.		



## SERVICES FOR OLDER ADULTS

Supports and services designed to meet the specific mental and behavioral health needs of individuals age 60 and over, including those with a history of support and those newly entering the system

n=287				
48. Are these available in your community?	Yes	116	40%	40%
	Somewhat	77	27%	
	No	21	7%	
	Not Applicable	73	25%	
n=279				
49. Do you feel these supports were helpful?	Yes	123	44%	44%
	Somewhat	50	18%	
	No	15	5%	
	Not Applicable	91	33%	
n=279				
50. Are these supports easy to access?	Yes	50	18%	18%
	Somewhat	87	31%	
	No	64	23%	
	Not Applicable	78	28%	
n=280				
51. Do you feel more supports are needed?	Yes	175	63%	
	Somewhat	29	10%	
	No	8	3%	
	Not Applicable	68	24%	



n=39

Comments:

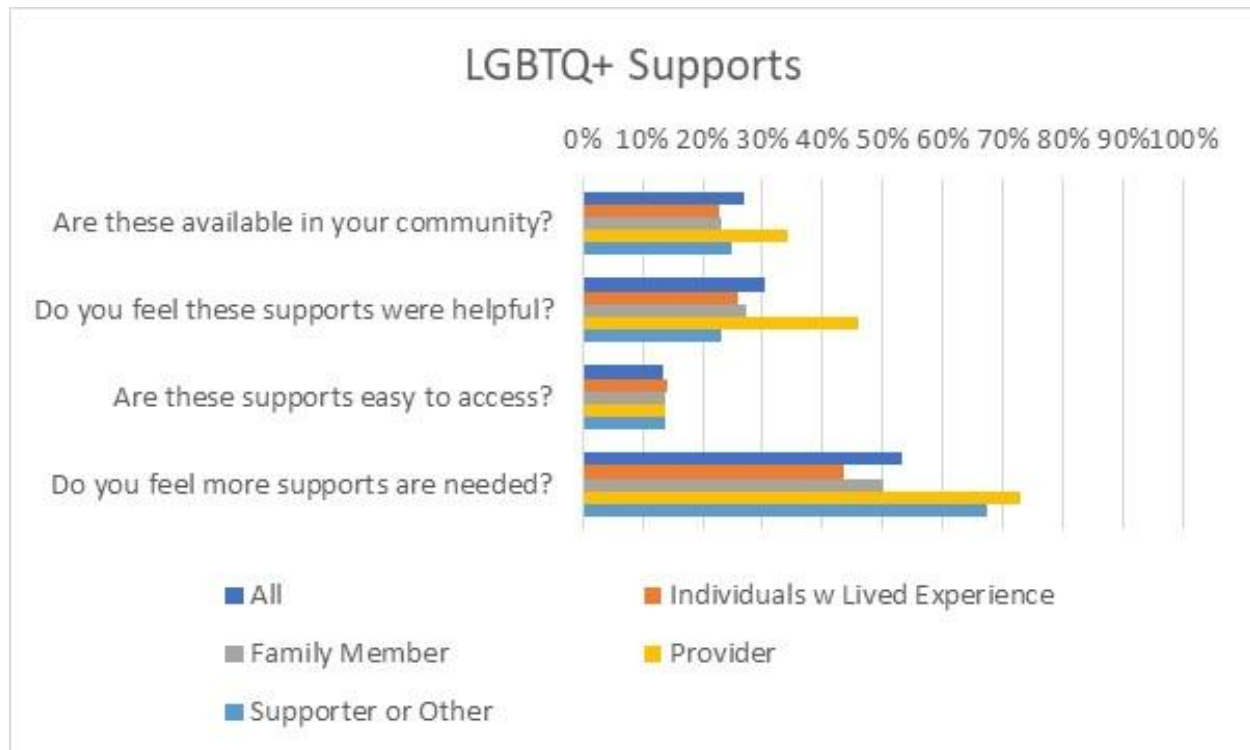
- need more support
  - need more people trained in this
  - there should be mental health services at every nursing home and every home service provider. all mask mandates need to end!
  - Older adults with behavioral health issues need somewhere safe to be. They usually end up homeless or in jail for hurting someone. We need to bring back state hospitals.
  - Not enough support for older adults who are unsafe in their home due to mental and physical health causes
  - It's very expensive
  - See earlier comment box
  - More providers and programs are needed.
  - Definitely need to do better in this area. Elderly and disabled people should not have to fight so hard to live it only makes them sicker both mentally and physically
  - I am not familiar with this as my daughter is only 41 - we shall soon find out but I hope that services improve in the near future.
  - More transit support for older adults is necessary, as well as technology training so folks can access telemedicine.
  - very few personal care for older people with mental health.
  - most nursing homes do not want to take them until they are at end of life. most have no where to go.
  - N/A- I am not aware of the supports for older adults.
  - I do not know if this is available in my community.
  - "There should be more services provided for the elderly in the community such as easy/affordable(free) transportation to and from doctors appointments, shopping, outings.
  - There should be services for the elderly to speak with others, games, community events/building that will provide them transportation as well. "
  - There is a huge gap when an individual with MH diagnosis needs nursing home care or greater support.
  - Much more support and focus is needed in this area. We are seeing increasing older adults in the human services system and not the resources to support them.
  - With our aging population there should be programs developed that help those diminished or struggling with aging.
  - I live in a predominantly senior community. We have community supports automatically because there is a high senior population in my area. NAMI has a chapter that meets in person nearby. I will always say more supports are needed as long as I feel there are those whose needs are unmet.
  - reaching older ages. More money needs to be spent here as this is the population who have already contributed so much.
  - I have not used this service
  - This is a terrible situation. As people age there is ONE nursing home for these patients..South mountain. 2-3 year waiting list. If the individual states "no" during any one of the evaluation or interviews their spot is lost. Peoples needs are NOT being met. This should be a HIGH priority in PA. Babyboomer patients are going to be dumped at the hospitals.
  - Need older adult warm line at night
  - Housing for just women (Single).
  - I do not know the services available other than the case management I used for my mother when she needed care.
  - No support, nowhere to turn for guidance for the family of an elderly person with dementia symptoms.
  - I say 50 & over not 60 we need services earlier who can wait that long not sure
  - The adult supports are easy to access but obtaining and keeping th supports are very difficult to receive...
  - More senior housing is needed, and services to maintain seniors in their homes so they are not homeless, more support with abuse and neglect is needed, more food delivery support
  - Aging population, anticipate significant need for wholistic behavioral health care, housing and transportation to support this population in the community.
  - We need more beds available to MH older adults. This population gets stuck, because regular NH do NOT want residents with MH issues.
  - to young
  - There is gatekeeping here too, disguised as assessment. I have experienced nothing but suspicion and lack of support when attempting to get help for elderly family members. Because I am black and male, I suppose it is assumed that my involvement cannot be from a genuine place, but instead must be some attempt at a money grab. So, I had my eighty year old aunt contact aging and adult on her own, and they were not helpful to her either. So you can only get help if you are destitute. If you have been lucky enough to buy a home, you need to sell it or hand it over to the government if you want help.
  - all support programs were closed due to Covid.
  - I have no knowledge of these services and my daughter is not that age
  - WE happen to fall in this age group. We are frightened by the burden we must carry. We need relief.



## LGBTQ+ SUPPORTS

Supports and services designed to meet the specific mental and behavioral health needs of individuals who identify as LGBTQ+ and their families

n=281				
52. Are these available in your community?	Yes	76	27%	27%
	Somewhat	70	25%	
	No	43	15%	
	Not Applicable	92	33%	
n=274				
53. Do you feel these supports were helpful?	Yes	83	30%	30%
	Somewhat	50	18%	
	No	15	5%	
	Not Applicable	126	46%	
n=275				
54. Are these supports easy to access?	Yes	37	13%	13%
	Somewhat	67	24%	
	No	67	24%	
	Not Applicable	104	38%	
n=273				
55. Do you feel more supports are needed?	Yes	145	53%	
	Somewhat	28	10%	
	No	12	4%	
	Not Applicable	88	32%	





		n=3c
Comments:		
· need more help	·	I am not familiar with what programs exist for supporting the LBGTQ+ community but it is vital that everyone feels
· not aware of services specific to this.		validated or at least finds help as they work through their
· jed foundation benefits every LBGTQ+ individual and every LBGTQ+ individual should have access to the jed foundation, save foundation.		gender issues. These are often young persons with a high risk of impulsive self-destructive acts and need guidance to avoid
· need more help		harming themselves or others.
· I feel they are very supported in our area.	·	Love is love and people should ALL have increased health care.
· Non existent and very needed	·	I have not used this service
· Our Twp. does a good job making sure fairness and justice if needed.	·	More supports are needed for engagement, socialization, support, and housing especially.
· More providers and programs are needed.	·	I did not use LBGTQ+ supports, therefore I cannot answer these questions.
· More supports are needed all the way around.	·	This is an important support that should be included for future development!"
· This is always a good area for improvement.	·	Definitely help for ALL
· Given the wealth that I see being thrown around the Main Line constantly, I'm appalled at how few supports there are for LBGTQ+ individuals and their families. I know it's common	·	This population is underserved and in danger and needs more support
· throughout the country, but it shouldn't be common in an area	·	This is an area that is neglected. Everyone claims to be LGBT friendly but there's no real services offered, no drop in centers, no programs that are close to where people really live that are LGBT. You either need to go to Philly or work with a provider who is virtual.
· that's drowning in money and is so close to a city that has an area that's actually known as the Gayborhood. Teens are having to go into Philadelphia to find peers and support.	·	LGTBQ services are like Supportive housing – no one knows it's there!
· In montco LGBT area where support in clubhouses are found are outside of the range of where most lgbt+ residents can be found. There is little support or places to gather in the norristown area. If they are not able to travel to Phila or	·	Need residential programs geared specifically to this population. Especially for those transitioning.
· Hatfield the only connection is through zoom and not able to gain that personal in person connection of attending events or	·	Not aware of any support for this community
· just something simple like game night.	·	don't use this services
· Many of our young adults are LBGTQ but there doesn't seem to be a clear way for them to get involved in LGBT community in Mont Co for young adults.	·	If there are supports in this area, I am unaware of them. I know of a person that requested a gay therapist and was told that the provider knew nothing about very elemental cultural elements related to making lgbtq identified people feel more comfortable in a potentially hostile treatment setting.
· I do not know if this is available in my community.	·	I know there is a NAMI group for this category but I don't know anything about it nor would I have a need for it
· Much more support needed in this area. Philly has lots, but very few in our county.	·	
· I do not know. I hope so	·	



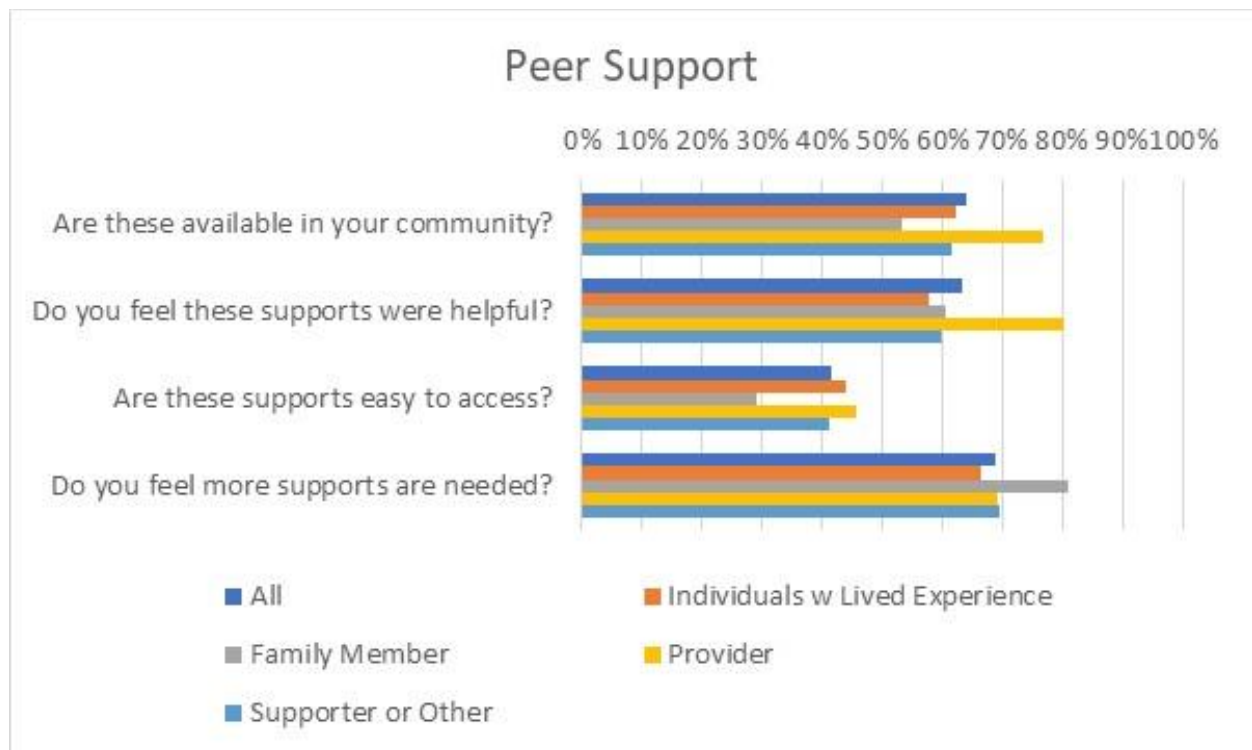
## PEER SUPPORT

All Responses  
n=289

Percent  
Positive

This includes peer support across the lifespan, and both individual and family peer support

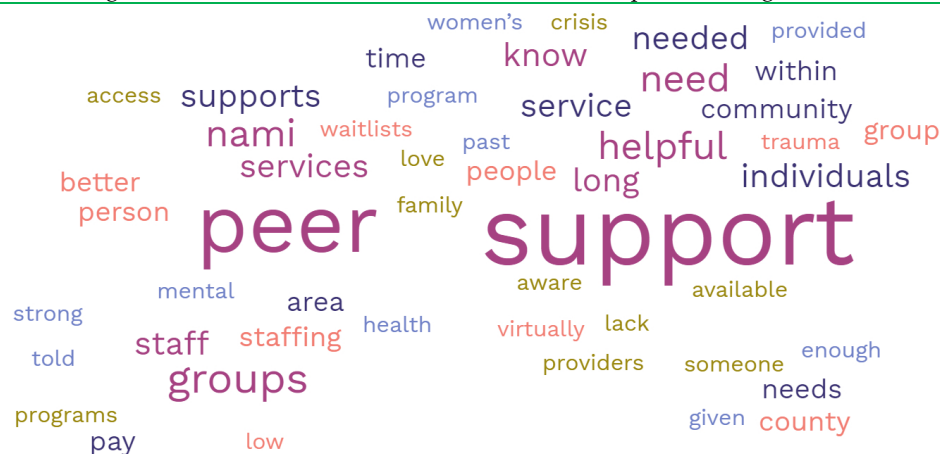
		n=287		
56. Are these available in your community?	Yes	184	64%	64%
	Somewhat	62	22%	
	No	23	8%	
	Not Applicable	18	6%	
n=281				
57. Do you feel these supports were helpful?	Yes	178	63%	63%
	Somewhat	46	16%	
	No	21	7%	
	Not Applicable	36	13%	
n=284				
58. Are these supports easy to access?	Yes	118	42%	42%
	Somewhat	92	32%	
	No	50	18%	
	Not Applicable	24	8%	
n=282				
59. Do you feel more supports are needed?	Yes	194	69%	
	Somewhat	37	13%	
	No	28	10%	
	Not Applicable	23	8%	



n=43

Comments:

- long waitlists
- staff returning has been low due to low pay.
- happy with it
- the world needs more peer support.
- Support groups for adolescents are virtually nonexistent.
- Adoption trauma support groups for parents are few and far between and there is no funding.
- I haven't used these services but I know they are there.
- No I'm the area I could speak of but would be helpful
- More providers and programs are needed.
- I am not aware of these services.
- We are having a hard time finding peer support in the community for my daughter. It is very much needed and if it is out there, it is another big secret from those who need it.
- We should keep the amount of peer support as it is, no more or less.
- There is often a wait list within my agency for Peer Support as the need for Peer Support services exceeds the number of staff available.
- Lack of staff leads to waitlists
- Lack of Certified Peers to employ for the service. Staffing issues exist.
- I would love to know what kind of supports/groups are available for kids.
- There should be peer support for children.
- Meaningful role models of re-integration and success.
- Again access is virtually impossible.
- I have been living in a state of crisis for 6 years. I have yet to find a peer adequately able to help my situation
- We have a family mentor that has helped tremendously!
- "Good resource to connect individuals to the community
- high turn over in this department "
- The ability to receive non-judgmental, intentional peer support services from someone who has had a similar experience can be one of the most beneficial non-clinical supports for a whole range of individuals throughout the lifespan.
- Need more staffing. A great way to improve hiring odds is to increase pay.
- Better organization was necessary. It's been a long time since I've utilized Montgomery county. Bucks county NAMI is much better organized. CiC is fine though.
- Graduating from a program needs to have a better understanding.
- We pay for this service on our own because we value it so highly. Society should also. It's a miracle that we don't have more disruption and crime, given the conditions.
- The waiting period to get a Peer support is very long.
- More supports are needed and before they past the point of no return.
- Support groups for higher functioning individuals.
- "I interpreted this to be 'Nami'.
- I was told about Nami by my mental health provider in July 2022. I wish I had know that it existed a long time ago. The Peer support of Nami has been a game changer for me personally.
- The Covid lockdown was so mentally destroying especially with the federal government (previous president) trying to at first IGNORE, and then sabotage the data.
- I live alone, and the total isolation was killing me by my only go to as eating the wrong foods (fattening, not healthy)."
- Please offer more in-person support groups outside of Lansdale.
- We could really use a support system in and around Royersford area. I'd love to see a mid-life (40s-50s) weekly women's meetup group. Anxiety/depression, etc is as much of a crisis in this age group as it is in teens. We don't discuss the connection between mental health and women's aging enough.
- public needs to be more aware of programs
- Hopeworx is the only program that peer support is provided to my knowledge. More education is needed if this is offered in the county.
- There is a shortage of CPS
- Access challenges related to staffing and training opportunities.
- very helpful. need more of this service
- STRONG BELIEVER IN THIS SERVICE
- Also would like to see more supports for peer workers
- Not enough Peer Support people. When someone is no longer employed, individuals are not only not notified, but are not provided with a replacement Peer Support Staff. As an aside, people are not given the option of at least two providers from which to choose within a geographical area. If you are within Central's geolocation - you are told you do not have a choice for another.
- need in person not just online.
- NAMI family groups were helpful in the past for me
- Coaching would be very helpful.
- I do not know about my physical community. I am not involved yet with the local group that is only meeting in person. I won't meet in person yet. Right now I am a regular at two meetings I have been attending for over a year. They are online only. The people who come regularly are strong, brave, and admirable for all they do to move forward. It has been very helpful for me this last year or so as I have dealt with severe trauma and am moving out of that phase of things.



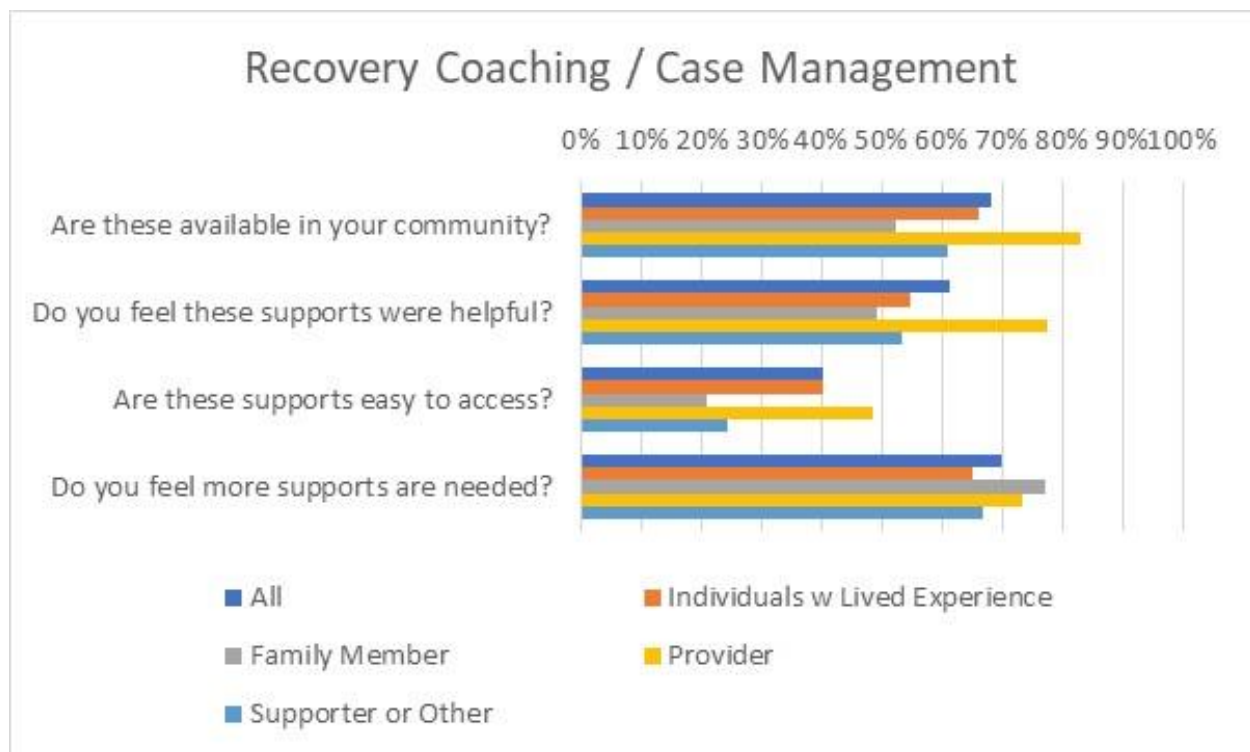
## RECOVERY COACHING / CASE MANAGEMENT

All Responses  
n=292

Percent  
Positive

This includes Administrative Case Management Services (ACM) ACM is a short-term service available at the Community Behavioral Health Centers located across the County. ACM provides assistance to link individuals, families and youth to Medical Assistance and other services and supports.

		n=291		
60. Are these available in your community?	Yes	198	68%	68%
	Somewhat	51	18%	
	No	19	7%	
	Not Applicable	23	8%	
		n=286		
61. Do you feel these supports were helpful?	Yes	175	61%	61%
	Somewhat	46	16%	
	No	22	8%	
	Not Applicable	43	15%	
		n=284		
62. Are these supports easy to access?	Yes	114	40%	40%
	Somewhat	87	31%	
	No	52	18%	
	Not Applicable	31	11%	
		n=284		
63. Do you feel more supports are needed?	Yes	199	70%	70%
	Somewhat	36	13%	
	No	20	7%	
	Not Applicable	29	10%	

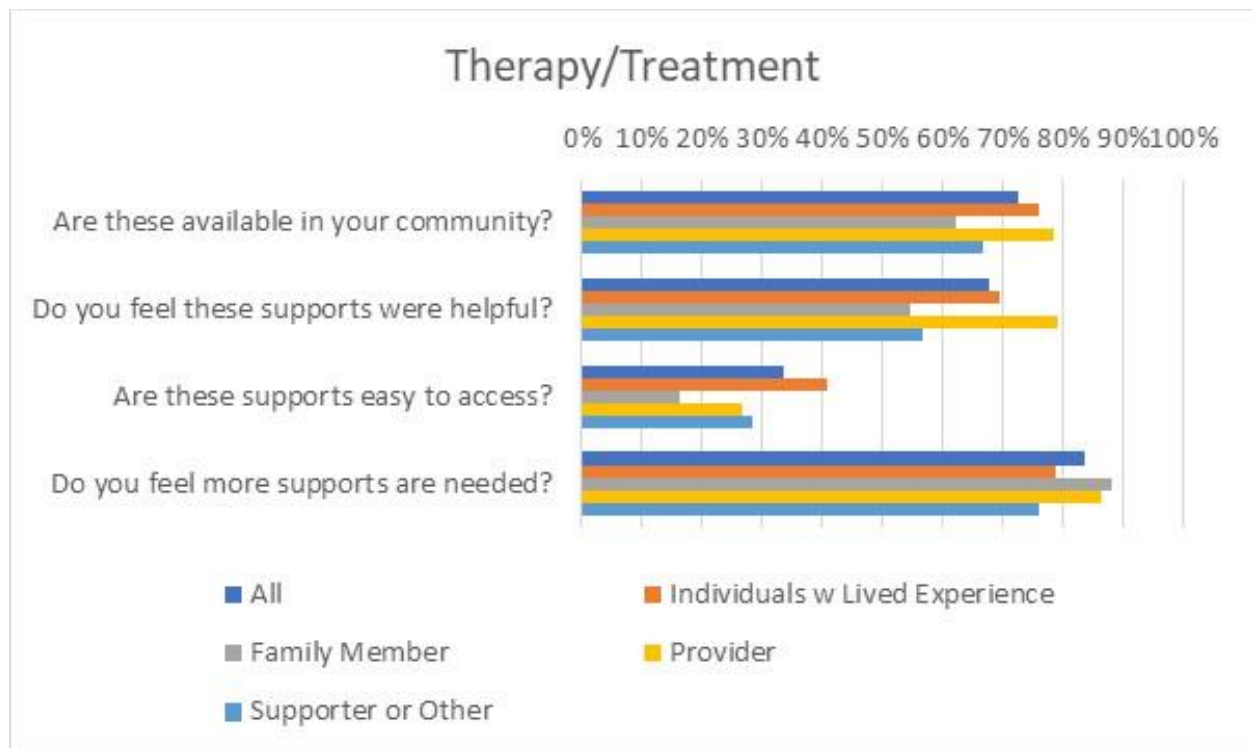


n=42	
Comments:	
· no one wants to help people with MH who need help with people that property damage against them and to get their reward for what they did to them. when people with MH have harder time than neurotypical people do and less money so need that help to recover their property.	· The only agency that has availability is Indian Creek. The services are fair at best and there is little respect for the family's values and beliefs.
· I have a case manager who helps with housing and one through CTI, they both try to be helpful. I don't utilize them as much as I should.	· These supports are good for people beginning the process. There is very little available for people who need sustained assistance
· I feel in this area it is extremely hard to navigate the system unless you are a user of it regularly.	· high turn over
· I am unaware of supports for families with ADHD and dyslexia in our area. Everything from recognizing the signs, testing, and supports.	· Case Managers are massively underpaid due to provided resources, not provider intent.
· I honestly don't know if these services are available but they definitely should be and they should be easy to access. They should be a part of all discharge planning whether the person is being discharged from a mental health facility or a drug rehab or jail.	· Need more staffing. A great way to improve hiring odds is to increase pay.
· I guess these services are out there but I was lucky to find the right people at the right time, many guardian angels in our life who I will ever be thankful to.	· If these programs actually exist, nobody, especially not Abington Useless Hospital, tells patients about them.
· This is an area for improvement, we need to have more access for insurance/benefits navigation especially.	· "I did not use Recovery Coaching / Case Management, therefore I cannot answer these questions.
· We have all of these at my agency, but again, the waitlist is hideously long.	· This is an important support that should be included for future development!"
· staff are overworked, however providing great services	· Wow never heard of these services
· As am ACM Case Manager we are always in need of more supports for our families/individuals especially since COL and rent has increased drastically.	· There are so many clients in need of these supports and more staffing is needed to meet their needs
· organizations are limited. once someone is on the list it could take months for them to be assigned to one	· public needs to be more aware of programs
· Our residents need someone whose job it is to connect them to government services (i.e. waivers, OVR, rep payees, SSI, etc.), however, while our residents have case managers it doesn't seem that they are able to effectively connect them with supports. Case managers need to be extremely well trained and likely paid more as this is a challenging job. It does not seem that our case managers are very aware of the services our residents need or how to effectively get them these services. As a result, our residents do not get them.	· These services are known to exist but are not well managed and the case managers lack skills and so do their managers.
· I do not know if this is available in my community.	· There is a shortage of ACMS and Recovery Coaches.
· "Case Management is helpful. They do a lot of work, and are not paid nearly as much as they are worth.	· There just aren't enough staff and it can take 1 to 2 weeks for ACM's to reach out to a person who has been referred. The intake process can be so long that it can take forever for a person to actually get a recovery coach.
· Due to the lack of money they are paid, the struggle with changing case manager is difficult. "	· Critical supports to building connections and addressing SDOH. ACM increases access due to freedom to implement supports without strict programmatic guidelines.
· Too much turn over/lack of consistency	· Way too much staff turnover. Pay these people more. Or hire better people.
· Currently there are no RCS in the area and the area is in dire need of support with RCS.	· needs to be more of this service. there is a high turnover, so some kind of incentive or something to help with staff turnover...
· There is a total Recovery Coach lack. We need to be able to have more RC's so that they can have a more manageable caseloads. Them having 20 or 30 peers? That is not right, that's why they are not staying.	· this service has been very helpful
· waitlists	· This is part of what her ACT team does
· This is an important area to increase. ACM's cover so many bases.	· I was never able to get set up with a case worker. Thankfully I managed without it.
	· They need to learn what there doing and staying on top of paperwork.
	· I know individuals who have been promised these supports but do not receive them.
	· I have NO idea if recovery coaching is available at a reasonable fee. That would be a great idea for me, personally, I think, if they cover the area I need to currently work on. I figured that since I do all private care and am not on medical assistance I would not qualify for many of these types of services. But man, do I need some really specialized coaching!!
	· These are the most challenging positions since there is often fear and resistance from those they serve. With smaller case loads based on those at highest risk of mentally disturbed behavior these positions are critical to good follow-up care through the relationships they cultivate.





THERAPY/TREATMENT		All Responses n=299	Percent Positive	
Outpatient services (evaluation, diagnosis, and clinical treatment) provided by mental health professionals,				
n=298				
64. Are these available in your community?	Yes	216	72%	72%
	Somewhat	63	21%	
	No	13	4%	
	Not Applicable	6	2%	
n=292				
65. Do you feel these supports were helpful?	Yes	198	68%	68%
	Somewhat	55	19%	
	No	21	7%	
	Not Applicable	18	6%	
n=293				
66. Are these supports easy to access?	Yes	98	33%	33%
	Somewhat	80	27%	
	No	109	37%	
	Not Applicable	6	2%	
n=292				
67. Do you feel more supports are needed?	Yes	244	84%	
	Somewhat	24	8%	
	No	17	6%	
	Not Applicable	7	2%	



n=74	
Comments:	
<ul style="list-style-type: none"> <li>long waitlists and high costs</li> <li>long waitlist to see psychiatrist</li> <li>wait list</li> <li>A LOT more therapist are needed. The general public, thinks they want to talk to a therapist then.....oh, you can get put on a wait list, THEN, it may still be months until you get assigned a therapist. Meanwhile, what and how is the person supposed to cope, it's not like they "planned" a depressed episode, or anxiety attack, and then three months it's over. They need help now, when they make that phone call.</li> <li>everybody who currently takes psychiatric medications with problematic side effects should be informed about all of the possible side effects of the medications that they take and they should be asked if they want to take a safe beneficial effective medication with out problematic side effects like caplyta for there mood stabilizer, antipsychotic medicine.</li> <li>Penn foundation and LVF</li> <li>waitlist are overwhelmingly long</li> <li>more therapist for Medicare clients</li> <li>In the northern part of MONTCO there are few therapists that specialize in trauma or attachment. Those that do, don't take insurance. It is difficult to find professionals that take insurance and will work with the diagnosis. In the past we have had to wait over 6 months for wrap around services and then the team that was assigned to us practiced fraudulent billing.</li> <li>I have seen my therapist for many years. She has been so helpful.</li> <li>Again, unless you pay cash or have a great insurance company, they're are no resources for the regular working middle to low income family.</li> <li>Especially medicare</li> <li>PROVIDER is falsely having people committed against their will to turn a profit from Insurance companies.</li> <li>QUALIFIED gender specific therapists are difficult to access. Attitudes of therapists often off putting.</li> <li>Our family has gone thru and still does, he'll, trying to raise our daughter and dealing with husbands dyslexia. We are unaware of local support systems for these issues and if there are ANY supports they are extremely costly or inappropriate.</li> <li>More providers and programs are needed. The waitlists are very long which causes people to ultimately have more challenges and require higher levels of care.</li> <li>Again it is not easy to find someone who has openings and is easily acceptable. I have a potential battle going with Medicare now for coverage in an IP or IOP placement for much needed treatment for my daughter.</li> <li>Waitlists are too long</li> <li>There are plenty of agencies but there still aren't enough therapists to go around, and agencies like mine that depend on county funding can't hire more therapists to make up for it. Our waitlist is in the hundreds and we have more and more people coming to us for intakes every day, just to be put on a waitlist. There aren't enough therapists available who take Medicaid and Medicare (we do), so the county needs to take that into consideration because the individuals who have those forms of insurance are often the most in need of counseling.</li> </ul>	<ul style="list-style-type: none"> <li>we need more access to mental health professionals"</li> <li>Long wait lists and high turnover with staff</li> <li>waiting lists, most things are virtual, there are barriers to in person services</li> <li>The rates available to pay therapists working in public health are insufficient. Not due to the rates themselves entirely though: the cost of providing public behavioral healthcare are absurdly out of proportion. Lower the bureaucrat burdens on providers and more money becomes available to pay therapists. Or increase rates dramatically.</li> <li>Need more staffing. A great way to improve hiring odds is to increase pay.</li> <li>The wait time at PROVIDER and PROVIDER are too long, and there are not enough options for uninsured patients.</li> <li>Very difficult to access any outpatient mental health services for a 13 year old in a timely manner. In person, forget it.</li> <li>If public entities are serious about improving access to mental health services, GET MAGELLAN OUT OF THE SYSTEM. Magellan's policy is to deny care, break their own posted regulations, and then lie about the denial when you appeal to the PA state insurance board (or whatever it is called). They offered tons of drug rehab programs in our area, and keep pushing those, but my son doesn't have a drug problem, he has no history of substance abuse of any type. He has serious mental illness, for that there were no services THAT MAGELLAN WOULD COVER in our area - when we found a local place my son could walk to, Magellan refused to cover it, his care cost me over \$4,000.</li> <li>Very helpful</li> <li>Long wait time, hard to access a therapist and high therapist turnover.</li> <li>There are only 2 local that I'm aware of.</li> <li>I have had these services as much as my insurance at the time would allow. On my own I would have been clueless as to what was available before I found out about Nami.</li> <li>There needs to be options. There should be no need to schedule an intake and wait 6 months to meet for an intake and then wait 3 more weeks</li> <li>Psychologists are private pay, creating income based inequities.</li> <li>Need better quality</li> <li>Wait lists are 6 months or more with many not accepting new clients and no one accepting medical assistance</li> <li>My children have been on waitlists for outpatient therapy and it has been very difficult to find services covered under insurance.</li> <li>"No one has \$\$ for therapy or medication</li> <li>Thank God for Medicaid &amp; SNAP</li> <li>It would be great if Montgomery county would accept housing vouchers</li> <li>Believe it or not</li> <li>Not everyone is bad that are poor</li> <li>Have strict rules in place..I know I could pass every one "</li> <li>We need more staffing to meet the needs of the community and the long wait-list.</li> <li>More providers are needed that will take MA</li> <li>public needs to be more aware of programs</li> <li>Wait listed all the time, gets discharged for stupid or personal issues, my therapist always quit</li> </ul>

There is currently a wait list within my agency to access an individual therapist. From what I understand there is a general lack of availability outpatient therapists across the county. staff are overworked, however providing great services again organizations are limited. once they apply get put on waitlist and months before one is assigned. There is a long waitlist for therapy. Mental health department in the facility I work has a waiting list. More outpatient mental health workers are needed. Education costs is a big factor with the limited amount of workers that are needed. Pay within the field is another deterrent from achieving the much needed staff. Access is easy depending on insurance More supports and providers that accept medicare would be crucial. There should be groups for youth after school not consistent... waitlists Often they need to be in housing that is stable along with the therapy. While the patients are not always aware or cooperative regarding their issues, the system as it presently exists is one that creates too many barriers and thwarts those seeking a warm handoff. Most obstructive are the scheduling details and interview paperwork that seem to be preliminary to allowing any kind of a therapeutic relationship. The role of "understanding" is lost in the business of care delivery. I have been trying to access these services for our family with no success. "Have not been able to get an outpatient psychiatrist for 14 yr old boy for over 2 years because they've all been booked for years, even after a 5 1/2 week stay at Brooke Glen. Primary care has been prescribing psychiatric meds for major depression because we can't find a psychiatrist " There is a 6 month wait list to find a child psychiatrist. I work in the field and had to pull strings to get access. I eventually gave up trying to use services I had no personal connection with and worked with a Psychiatrist that I worked with in the past.

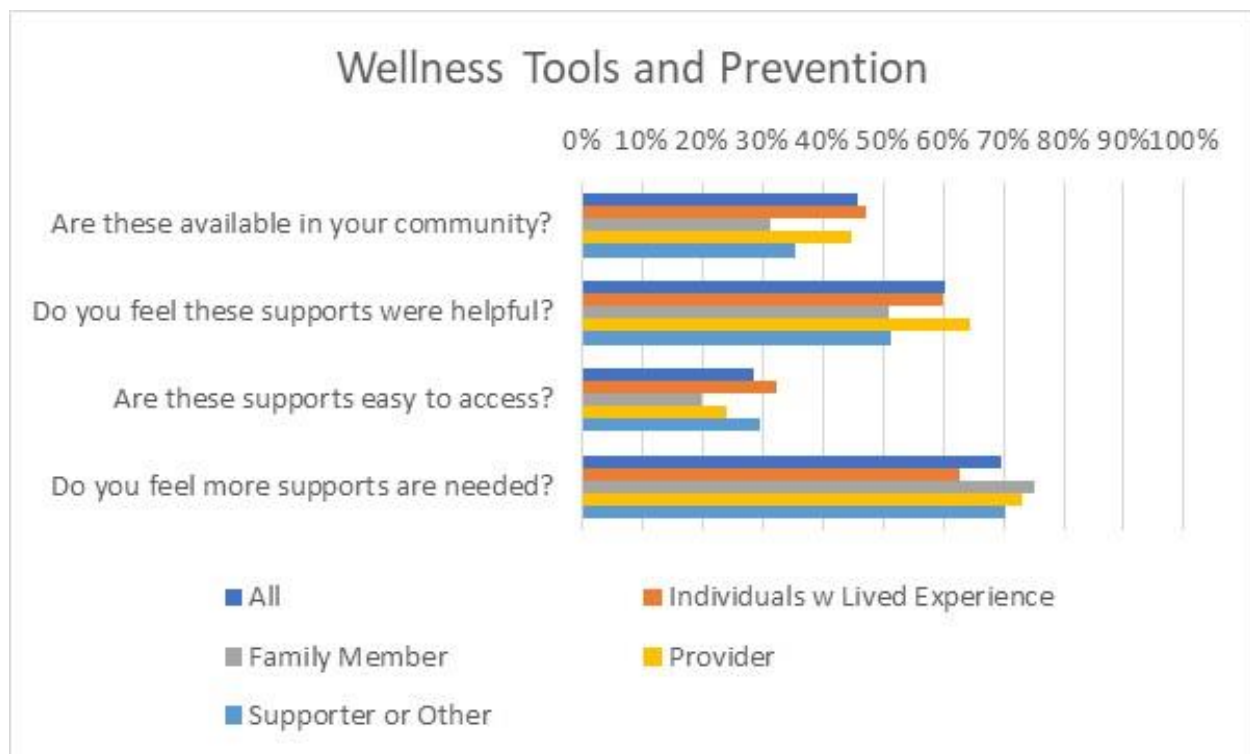
We only have one psychiatrist at out office at Central in Abington. again, The intake eval process can be so lengthy and that is not helpful to anyone. Access to therapy - impact of private practices on workforce. Waitlists for therapy is a nightmare. People wait months of psychiatric appointments. Awful. Need a more diverse group for the people we serve waitlist from what I seen are bad. Not easy to access due to access I've waiting lists and lack of providers taking on new patients Gatekeeping. Rapid staff turnover leads this area to be weak. I know someone that receives med management from a private practice, he is in need of therapy, but Central will not provide it since he gets med management elsewhere. My daughter does not receive the therapy she needs. Minimal time meeting with psychiatrist for med monitoring only. many phone calls are made to mental health professionals who say they are not taking new patients or they do not accept your insurance. very difficult to find the correct help. Very difficult to get good therapy on Medicare. I travel to Bucks county now for adequate support Transportation gets pricy. To where you want to go. More would seek these services if they didn't feel STIGMA attached to their problems. END STIGMA! "local mental clinic closed Systemic staffing shortage with a long waitlist. There is nothing available to help people while on the waitlist. This leads to more frequent hospitalizations (when beds are available) and clients are more severe by the time the help is staffed. The wait list is outrageous Available to get into but hard to get connected with supports due to long waitlists. Our waitlist alone is 300+ and over a year long. This is a huge barrier to many in need Again, insurance dictates how much.



## WELLNESS TOOLS AND PREVENTION

Intended to maximize the growth of hope, knowledge, skills and supports so that each person moves forward in their recovery. Examples include: mutual aid groups, warm line, any natural support, yoga, tai chi, meditation, and spirituality.

n=288				
68. Are these available in your community?	Yes	132	46%	46%
	Somewhat	88	31%	
	No	46	16%	
	Not Applicable	22	8%	
n=281				
69. Do you feel these supports were helpful?	Yes	169	60%	46%
	Somewhat	48	17%	
	No	13	5%	
	Not Applicable	51	18%	
n=282				
70. Are these supports easy to access?	Yes	80	28%	28%
	Somewhat	90	32%	
	No	80	28%	
	Not Applicable	32	11%	
n=284				
71. Do you feel more supports are needed?	Yes	198	70%	70%
	Somewhat	34	12%	
	No	25	9%	
	Not Applicable	27	10%	





n=49	
Comments:	
· would love to see better access to yoga and meditation.	· Not available. They have been in the past in short bursts but COVID destroyed these community based services. There should be some priority given to get these type of services started again.
· easier access to LGBTQIA+ resources for individuals in nonaccepting households or resources for parents with LGBTQIA+ children	· Everything was closed due to COVID still no yoga or calming classes for people with mental health issues only seniors in our area
· I see theses services offered at my local library, but again, how much of the general public is aware of this? Maybe provide this at community mental health locations. Or have that "be therapy", move and meditate or walk and talk...	· Lower Merion counseling offered a yoga class at some point led by Sam Sperling and it was very beneficial in supporting emotional regulation trough the practice of mindful movement. It would be great to see something like that offered again.
· I don't know many opportunities for this and it would be nice to have and do.	· Needs to be introduced in our schools and employers
· need more in western montco.	· This feel-good garbage is taking money away from mental healthcare for those with serious mental illness. Time to cut the pork, and instead develop resources so the seriously mentally ill can actually get the care they need.
· I don't have any experience with these.	· More education in wellness is always needed.
· Again, these are only for the well insured or wealthy and aren't offered to the average person.	· More low cost or even free to access wellness tools is needed.
· Only as they apply to the person's issues and preferences.	· "I only know of the wellness tools available from my insurance provider.
· More providers and programs are needed.	· I have not checked out what Nami has available ."
· I got more support as needing all the way around. Discharge planning is extremely important so the person that is being discharged is not dumped out with no clue of what to do.	· Physicians are quick to prescribe instead of utilizing wellness tools/techniques.
· People need to have a main case worker to help navigate the system that would lead to people not giving up as easily	· More in and around Royersford please
· More free supports that are more widely advertised would be beneficial.	· Affordability is an issue
· Transportation can be difficult	· "Free classes again nobody has \$\$
· Many programs are accesible via zoom and that can be a barrier	· I feel there are lots of supports but motivation to utilize them is a concern.
· This is one area where my section of Montco is excelling. However, things like yoga and Pilates are becoming so pricey that they're out of reach for those with fewer resources.	· I think that we could always benefit from more community resources that are available at limited or no costs due to the limited income that a number of individuals have.
· Supports within the system are more plentiful than natural supports for many of the individuals that I work with.	· public needs to be more aware of programs
· Developing community connections beyond the mental health system continues to be a struggle for many individuals with serious mental health diagnoses.	· Can't afford to pay the fees for these programs but would like more offered
· Need to bring back the wrap groups in the county or offer more in diverse areas of the county	· Continue building mutual aid and natural supports to increase social connectedness and decrease loneliness and isolation. Empowering with tools to support one's own wellness.
· If we are going to offer these the individuals offering them need to be well compensated and trained.	· STRONG SUPPORTER AND BELIEVER IN THESE TOOLS
· I do not know if this is available in my community.	· Same comment, Covid stopped in person.
· There are groups in the area, however they are not affordable or during hours of the work day which prevents youth from attending	· There are things offered but without transportation and internet they are difficult to access.
· Would love to see more options like yoga, tai chi, meditation, etc	· My goal is to help people with meditation, but it's a long road. It's easier to find these supports in the Buddhist communities.
· Great components of complimentary approaches but not clear where these are offered as part of a recovery program.	· Montgomery county needs a warm line.
· More supports in this area is needed and more information needs to be global.	· I HAVE FOUND HELP FROM MCHVN. THANK YOU SO MUCH FOR ALL YOU ARE DOING! 🙏
· It would be great to have these services but I am not aware that they exist in	· Wellness TOOLS, just like mental wellness or wholeness or balance, or whatever you feel most comfortable saying, are only as good as the application. In other words, you can provide tools freely to anyone. Those who have had the tools provided are then responsible to continue to use them.
· People need access to childcare to be able to attend these events	
· They are not accessible	



## Appendix C – Other Supports

All Responses

N=319

n=156

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

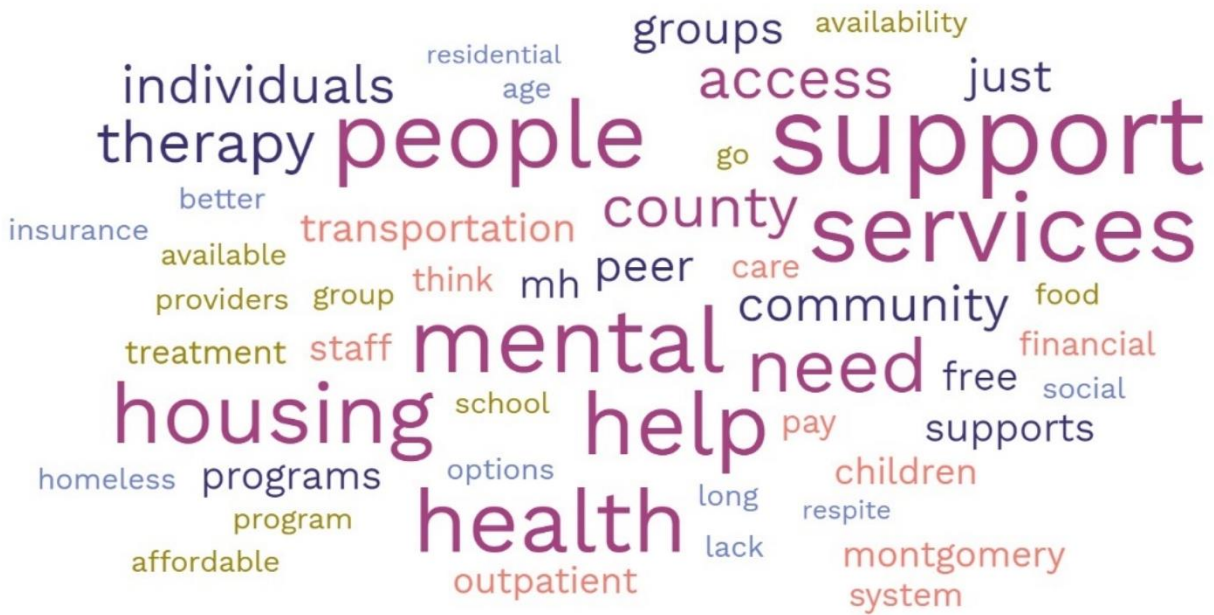
Comments:

- alternative to hospitalizations, such as a peer respite and more groups offered in the community for free
- encouraging to help individuals with severe anxiety or need a support animal to get out in the community.
- more security
- in safer neighborhoods
- cant think of one
- exercise program. program for individuals to meet discuss weight related issues and exercise together
- more mental health days off at the works in all industries at every level of employment.
- more information for residential programs for older adults
- telephone services for individuals with mental or behavioral health challenges discounts
- other agencies such as PROVIDER and PROVIDER.
- library so I can learn how to read and I write. more time with recovery coach and peer support.
- space to speak freely.
- would love to see more services for just providing an opportunity to socialize. so many people I support just need more friends and a healthy, safe place to meet people.
- I would just keep the warm line and keep the job and peer support as well to help.
- none at this moment
- easier access to supports
- access to group more availability
- none that I can think of
- there should be more access to free food.
- there should be more support schools for students who feel unsafe. there should be mire security to protect students from bullying, violence and even inappropriate researching on the internet. there should be more support with managing the corrupt behaviors in the school setting.
- more community groups would benefit.
- Continue with the opportunity for audio teletherapy sessions.
- As a provider, I have numerous clients that can not access video, or who just are more comfortable with audio. Once they are required to attend in person or video they are beginning to not show up, even for video, I just had 2 individuals do this to me today, not appear for video.
- need people to help people with MH who need to go against people who damage their property because no one wants to help people with MH who need their help.
- staffing retention is major issue across all providers mostly related to low pay/benefits
- female psychiatrist that are more available
- helping families with MH/SUD with more affordable housing.
- Keeping whole families intact.
- van services for people that don't drive that need to get out.
- a program comparable to wellspring clubhouse (part of PROVIDER) supportive transportation services (improvement of TRANSPORTATION AGENCY)
- Something other than IOP for residents to structure time.
- Clubhouse model, hands on would be good
- increased psychiatry services
- The biases displayed in the creation of this survey are remarkable. The availability of outpatient therapy is the very foundation of the behavioral health system. Yet, questions about access and availability are buried in favor of "specialty" services that are both costly AND ineffective due to the lack of resources applied to outpatient therapy. Those specialty services become effected when they are able to leverage outpatient treatment, not replace it as currently designed by the Montgomery county "system."
- Mandatory therapy honestly I believe DBT therapy phenomenal and works with many mental disorders
- Summer camp support, legal support, friends and groups support for people isolated like me and children, sports fee support, easy mental health/therapy- all providers have long waiting list
- More thorough look into previous diagnosis or lack there of.
- More mental health long term options for adolescents!
- Group goal setting workshops, sponsored outings with peers in recovery to help foster community
- Another support would be their in regards to the elderly community connecting to a social worker who can help connect them with proper treatment centers when they are aging.
- Food security - so many people are struggling as the cost of food has drastically increased. No one should have to choose between food and paying bills!
- I would appreciate more help navigating the MA system to find all of the benefits to help my son with his MH / SA diagnosis.
- Gym membership. More housing options. Financial literacy classes.
- More shelters.
- Housing and homeless services, case management , lack of CPS support. Most services are there but not known about, outreach is needed.
- Affordability
- There need to be a massive increase in services available for children and adolescents starting in schools and outpatient/ inpatient treatment options. There is a mental health crisis in adolescents in Norristown and Montgomery county.
- Better monitoring of treatment providers. They are barely doing acceptable therapeutic work.
- I feel the services provided by NAMI bucks are very much better than in Montgomery county
- PA allows children who are 14 years old with behavioral issues and diagnoses to deny their own treatment.
- There are extremely limited supports for both mental health therapy and psychiatry for both children and adults.
- Finding homes for the homeless along Markley street and near train station. Many homeless have mental illness too

<ul style="list-style-type: none"> <li>Those with autism and mental health diagnosis need more support transitioning to adulthood.</li> <li>greater access to well defined services.</li> <li>Respite for parents/caregivers. Also extended age summer camps/daycare is needed. Just because a child reaches age 12 physically, doesn't mean that their functional age is anywhere near that. There is no place for these kids during school breaks. The Boys and Girls clubs no longer are open to kids over 12 and it is a huge concern.</li> <li>Family/ friends/</li> <li>More training for the care givers and better pay</li> <li>Medication help; help with the system. More low income programs that make people work.</li> <li>Transportation</li> <li>County employed instead of a private company. Payment for the county mental health facility to accept what Insurance companies pay and not charge people extra. I had the best insurance policy available and still have 2k bill from it.</li> <li>More free and widespread public transportation, more awareness campaigns on mental health symptoms and ways to access care. Cheaper care too for therapy</li> <li>In-home visits by mental health professionals to assist family with the mental health needs of the individual.</li> <li>Free services to ALL including undocumented individuals and children. Free services available in our schools.</li> <li>A place with experts who can teach, mentor help build confidences for free. And in good, decent, neighborhoods and facilities.</li> <li>More medication management providers that accept a variety of insurances and private pay.</li> <li>Day programs where people could go, easier ways for people to get to their doctor's appointments especially those who are disabled and clear discharge planning</li> <li>It appears that all bases have been covered above</li> <li>More mutual aid groups, more housing, more therapy supports.</li> <li>Housing</li> <li>Improve case manager's pay so more qualified people can stay in this field</li> <li>Meet up groups or social engagements that gave an outlet /space to explore a hobby that was safe</li> <li>Additional county funding for those who do not have insurance or who cannot afford services.</li> <li>This survey covered areas thoroughly.</li> <li>More crisis response centers.</li> <li>"volunteer opportunities</li> <li>affordable housing</li> <li>improved technology access"</li> <li>Transportation</li> <li>More qualified professionals for after-school programs, partnerships with agencies to host these programs including transportation options, and age or developmentally specific social skills and MH groups.</li> <li>Overall supports in working with the social determinants of health, housing, food, transportation, medical.</li> <li>Peer Support groups, more community events for the MH community</li> </ul>	<ul style="list-style-type: none"> <li>Financial burdens on single mothers with disability</li> <li>Requiring psychiatrists licensed in MontCo to accept a certain percentage of patients with insurance instead of limiting access to mental healthcare to those with \$\$\$\$\$\$ who can pay out of pocket.</li> <li>Gratitude Group ( finding ways to stay grateful despite problematic situations.)</li> <li>Finding the right kind of career goal via one's academic and vocational curriculum.</li> <li>Publicly sponsored wellness education events.</li> <li>Support for individuals navigating all the different housing programs, especially individuals with mental health challenges because so many individuals do not understand their role or the overall process.</li> <li>More emphasis on health and wellness as well as self care.</li> <li>Instead of Hedwig House or jail get them the help they need.</li> <li>Peer respite or crisis residential</li> <li>Send some more people who are educated to support and help our people</li> <li>Money</li> <li>That we don't get judge, but to help and I mean really help.</li> <li>More housing for the homeless and mental health.</li> <li>A place to go for the homeless</li> <li>Affordable housing availability, more partnership with homeowners and real estate companies.</li> <li>Not sure</li> <li>"Free app/online wellness tool resources.</li> <li>Confidential family member support."</li> <li>Therapy Dog Handler Program Implementation for the Montgomery County Correctional Facility to benefit the inmate and staff as well as close proximity to the 911 telecommunicator center and coroners building.</li> <li>(Walkthroughs/visits/public events, funerals, deaths, critical incidents) This should be a county employee/Correctional Officer who is the dog handler. Try program for a year.</li> <li>Gather feedback. Raise dog from a puppy. Add the K9 to the existing MCCF unit which has 3 drug detection dogs. Cumru township police just got a therapy dog. First in berks county.</li> <li>Montgomery county needs to think outside the box like other counties. There are plenty of organizations/corporations that would eat this idea up or possibly private donors if approved.</li> <li>Typical k9 is 20k+.. .therapy k9 is much cheaper to train.</li> <li>Officer can take home the pup every day unlike the other prison k9s who don't even go home. Mental health of employees need to be paramount as staff are leaving all depts at record rates. "The Hardest Prison To Escape Is In Your Mind"</li> <li>In person connection outside of the Lansdale office. This is too far for many in the County.</li> <li>Need more providers for mental health, wait times in the emergency rooms are long and we are not replacement for outpatient services that are not available</li> <li>Help with financial and legal</li> <li>"We need affordable housing 1 bedroom apartments for \$1100 or less</li> <li>CPS</li> </ul>
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- More Financial support for community services.
- I think it would be beneficial for Montgomery County to have more outpatient group support.
- Working in mental health is both challenging and valuable. However, our country does not seem to value paying mental health services a fair wage. When the people running our services are so underpaid, it will be reflected in the quality of services our clients receive. Additionally, staff should need higher-level qualifications to work with individuals with significant mental health conditions. A high school diploma is not sufficient. We need educated clinical staff who are able to support these individuals in the manner they deserve.
- More access to housing and supports within the community as a whole. Homelessness is a major factor within many communities these days.
- I think there are plenty of supports as there is and am unsure if there are any others that would be beneficial at this time.
- Self care supports, easy access to educational support
- Occupational Therapy, Job Coaches
- Furniture and household goods for people moving into housing. They are often moving in with nothing and struggle to afford household items. Only a blow up mattress is provided by HRCs. Philadelphia has multiple resources for this but Mont Co only has Hopeworx which cannot provide everything needed.
- Trail Guides -- would help to get out in the community
- Activity engagement such as field trips.
- Building and services that provide wrap around services.
- Support for preschool age children with behavioral differences not associated with Autism.
- As mentioned above- long term housing and therapy.
- I believe that fundamental to allowing care delivery is residential stability. If the County truly intends to create comprehensive Wrap-Around therapeutic steps it must ensure housing stability at the level required by each patient.
- An agency/individuals specific to navigating the insurance quagmire that mystifies and fails so many people.
- Education if possible
- Better support in the public school system.
- Legal counseling and/or referrals to people who can help in this area
- Availability and affordability of outpatient therapy, access to trauma informed therapists
- Places to go and be. I've never been but patients talk about hanging out at the cluster. They are just being accepted in a public space.
- Mental health urgent cares
- System interventions between 14 and 18
- Group homes with making sure they have heat and ax
- THE END OF STIGMA.
- Routine checkup Assessments
- I have to give this more thought.
- Encouraging people to take personal responsibility for working on changing their thinking. De-emphasize medications as magic. They're not.
- Have rich Montgomery county residents help out and adopt an adult who is struggling can not be on drugs/ alcohol or any addictions weekly testing "
- More school based mental health, not just for the obvious strugglers. Also training teens to recognize red flags in peers and tell someone.
- Just more info needed for those on the street to help them find out about housing options for them besides outreach centers.
- People need to do their job, they prioritize things but they need to get it together for those who need it. The funding is there but the process it takes, people think it's BS. They need answers.
- "Minister the truth to others"
- More recovery meetings, AA
- Education and peer engaged assistance. Peer advocates don't work with participants closely enough. Their clients are more supervision for community outreach peer support.
- Day programs
- Quick access to information via handbooks, literature and written information for handouts and for staff
- Transportation- Septa ride free card?
- Peer support
- Supportive housing and MH treatment
- Support groups for parents of children with brain injuries and support groups for those with PTSD.
- Good solid case management willing to get there hands dirty helping people with details like making phone calls for housing, and doing applications because they become unfocused, anxious, etc. when faced with homelessness.
- More Psych Rehab model based services and more MH housing for Senior Citizens/Elderly.
- Get COLA for staff or fund programs better.
- Budgeting and life skills
- consistent support/supporters (less turn around in services), less waitlists- quicker connection with individuals who want/need support
- More hands on housing help; this is an impossible situation.
- Financial housing assistance and legal representation
- Crisis alternatives, including anything that is an option to inpatient hospitalization like peer respite
- financial counseling
- Residential house
- Supports for families and caregivers of people living with mental illness including psychoeducational training and support groups
- all covered
- lack of staff, lack of funding/resources
- Service to call without concern of someone knocking on your door no matter what you say.
- Social engagement events
- In person help.
- follow up support, life coaching,
- Affordable housing, easier access to services without long wait lists, services that take more insurances





## Appendix D – Service Priorities

All Responses  
N=319

Respondents were asked to identify the top services the county should prioritize in its budget. Respondents could select one of two options to note their priorities. The first option, completed by 78% of respondents, allowed them to check the services which were most important to them. The second option, completed by 61% of respondents, allowed them to rank services which were applicable to them. A number of respondents, 39%, elected to prioritize services using both methods.

		n=250	78%
73. Check the services most important to you.	Therapy/Treatment	151	47%
	Subsidized Housing	122	38%
	Supportive Housing	122	38%
	Wellness Tools and Prevention	110	34%
	Crisis Intervention.	109	34%
	Employment	109	34%
	Residential Services	108	34%
	Peer support	104	33%
	Recovery coaching / Case management	102	32%
	Education	99	31%
	Advocacy Services (Peer Based)	91	29%
	Inpatient Services	89	28%
	Transition-Age Supports	79	25%
	Co-occurring Support	72	23%
	Services for Older Adults	72	23%
	LGBTQ+ supports	70	22%
	Forensic Support	46	14%

Respondents could choose more than one priority, all with equal priority.

Percentage is number identifying a service as a percentage of all survey respondents.

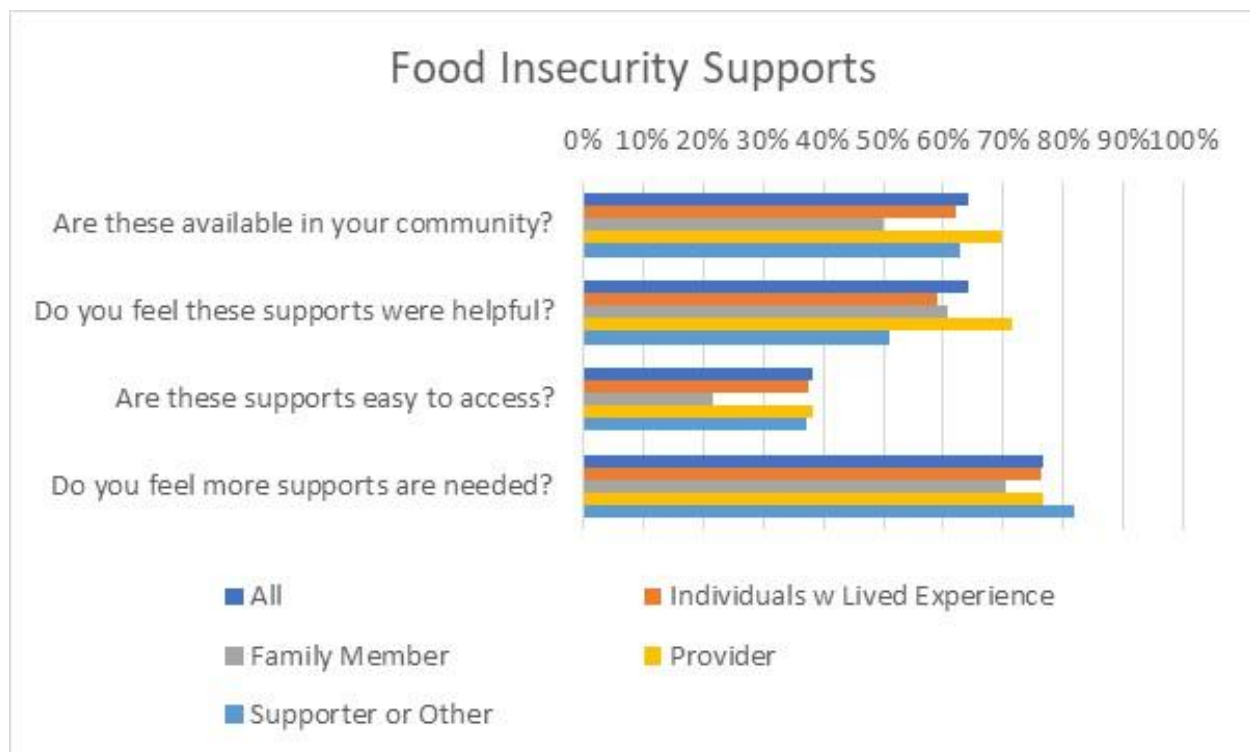
		n=193	61%
74. Rank the services with 1 being the highest priority. Skip any services which are <i>Not Applicable</i> to you.	Weighted Average		Ranking
	Subsidized Housing	4.60	1
	Supportive Housing	5.35	2
	Residential Services	5.85	3
	Crisis Intervention.	6.07	4
	Therapy/Treatment	7.34	5
	Inpatient Services	7.60	6
	Co-occurring Support	7.82	7
	Advocacy Services (Peer Based)	8.37	8
	Employment	8.48	9
	Peer support	9.42	10
	Education	9.55	11
	Transition-Age Supports	9.83	12
	Recovery coaching / Case management	9.94	13
	Services for Older Adults	10.14	14
	Forensic Support	11.02	15
	Wellness Tools and Prevention	11.28	16
	LGBTQ+ supports	11.37	17

Percentage is weighted average of respondent ranking excluding *Not Applicable*.

## Appendix E - Optional Questions

The Montgomery County Community Support Program was interested in hearing community feedback on services or supports in three areas related to Social Determinants of Health – Food Insecurity Supports, Affordable Housing, and Access to Transportation. These services or supports may not included in the county Mental Health budget, but may be funded through other county departments or sources. These final three questions were optional.

FOOD INSECURITY SUPPORTS		All Responses n=278		Percent Positive
		n=275		
1. Are these available in your community?	Yes	176	64%	64%
	Somewhat	74	27%	
	No	12	4%	
	Not Applicable	13	5%	
		n=271		
2. Do you feel these supports were helpful?	Yes	174	64%	64%
	Somewhat	47	17%	
	No	12	4%	
	Not Applicable	38	14%	
		n=271		
3. Are these supports easy to access?	Yes	104	38%	38%
	Somewhat	88	32%	
	No	53	20%	
	Not Applicable	26	10%	
		n=271		
4. Do you feel more supports are needed?	Yes	208	77%	
	Somewhat	24	9%	
	No	18	7%	
	Not Applicable	21	8%	

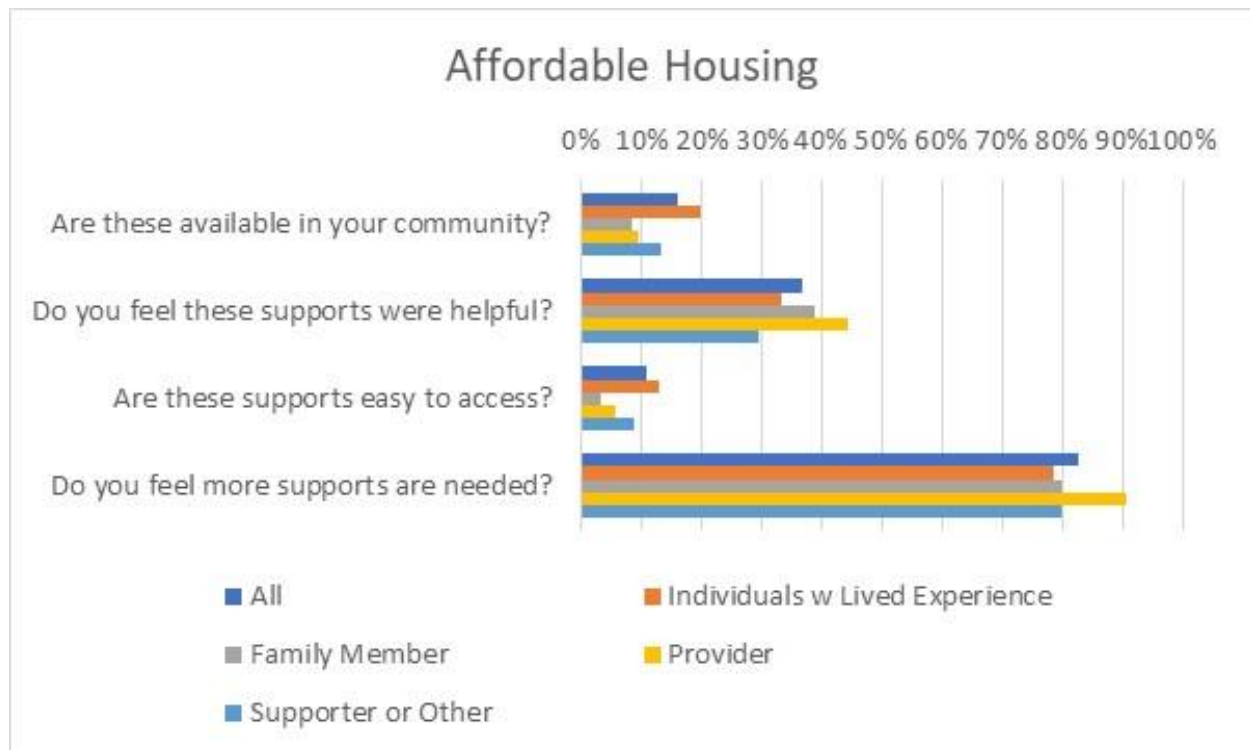


n=38	
Comments:	
· not accessible to everyone	· I don't even know what most of those 1 through 17 are
· The amount of food given out in pottstown is overwhelming which leading to duplication of services.	· Some food banks require identification which makes undocumented residents fear asking for resources and some have specific hours which are not accessible to certain residents based on work schedules or transportation constraints.
· clusters needs to have more healthy food choices better times for individuals to pick up food who work.	· Food assistance is about to skyrocket in importance when SNAP benefits are cut next month
· welfare and clusters all night	· Need to be able to eat everyday.
· needs help	· More accessible
· would like to see healthier food options	· I know that Manna on Main street exists. I have not used this support.
· challenges to get to the food banks and access the services if you don't have car.	· "Help with getting people on Medicaid & SNAP immediately at intake
· transportation is major barrier	· Than just need a place to live
· manna is great	· Boxble Community little houses cost \$50,000
· I get a food delivery at the CHOC shelter from Philabundance each week. I am grateful but sometimes I don't even know what I am eating.	· Mandatory Accept housing vouchers
· If the first time in 53 years I needed health insurance. I could not afford to buy it and medical assistance made it so hard and I felt ashamed.	· With strict rules
· Decrease stigma and increase availability	· No smoking no drinking
· Food mfrs need to donate and keep food banks supported	· No pets
· Norristown is a food desert. Outside of 1 grocery store, people have to travel to purchase food.	· No addictions
· The hours don't allow people that work to make it to the programs	· No criminal record
· More supports are definitely needed especially for people with young children. Helping people be able to get the items they need to care for their child is very important and it's also very important to get the child in school if possible why you asking me this	· Clean background check
· More availability and advertising is needed.	· Weekly testing
· I do not have enough direct experience w/ these resources to comment	· I would qualify "
· I have not had to access them myself, but I hear nothing but horror stories about how much effort it takes to find and access food insecurity supports.	· Street services serving community.
· Pottstown local government is closing down the food banks at local churches. Supplying food for the homeless will have the churches fined.	· It should be posted more on how to get these services.
· There are limited food supports in the Western part of the county and the resources don't have fresh meats. They are mostly non-perishable items except in the summer there are fresh vegetables.	· It is hard for the community to remember what days they can go, what times they can go, & who is open when. Also it would be great if there was a food insecurity van that would deliver or take folks to the food bank.
· I do not know if this is available in my community.	· income guides limit some familys and individuals from receiving help when needed
· More supports needed for elderly/disabled individuals unable to go to food banks. Delivery services.	· Need a 24/7 hour food pantry
· Peers complain about food being old, moldy, or otherwise.	· There seems to be access to pantries, fresh produce options, and community meals.
· Hunger is a non-starter!	· food is too expensive. and now that my emergency food stamps are ending. it's going to be really tough.
· With the prices of everything going up, this NEEDS to be addressed.	· There are privately run food pantries that help individuals a lot, and we need more of them
· Someday my child will need be supports and currently we only have one multi-unit in our area that helps with food and housing It's worrisome because my teenager is 16 and I'm not sure who will help them if something ever happens to me	· Lunches and dinners served at churches are helpful.
	· I have a car but sometimes I can't drive. I am not aware of transportation options available to me.
	· WE ARE LUCKY.
	· I donate to support local people with food insecurity using my local supermarket points.
	· Food insecurity is real and it is impacting so many. Food costs have gone up drastically and many are struggling. There are food pantries and programs but often the available times make it hard for people to get there because they have limited options for pick up.
	· Food banks are very helpful but not all of them are easy to access for people with limited transportation means. Plus each food back has a 1x per month limit

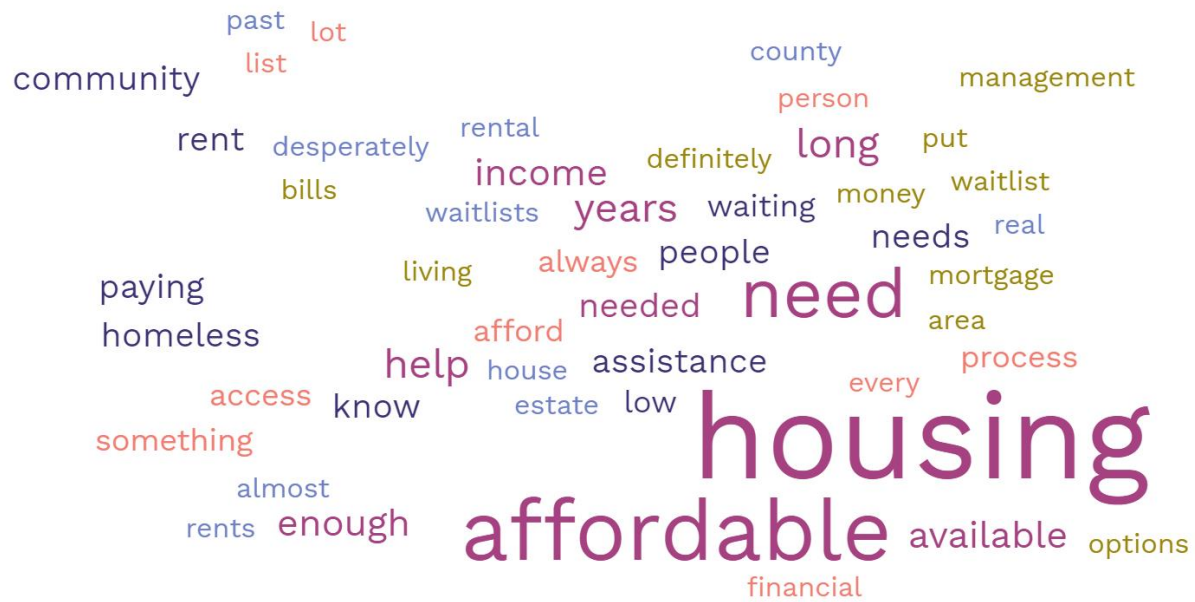




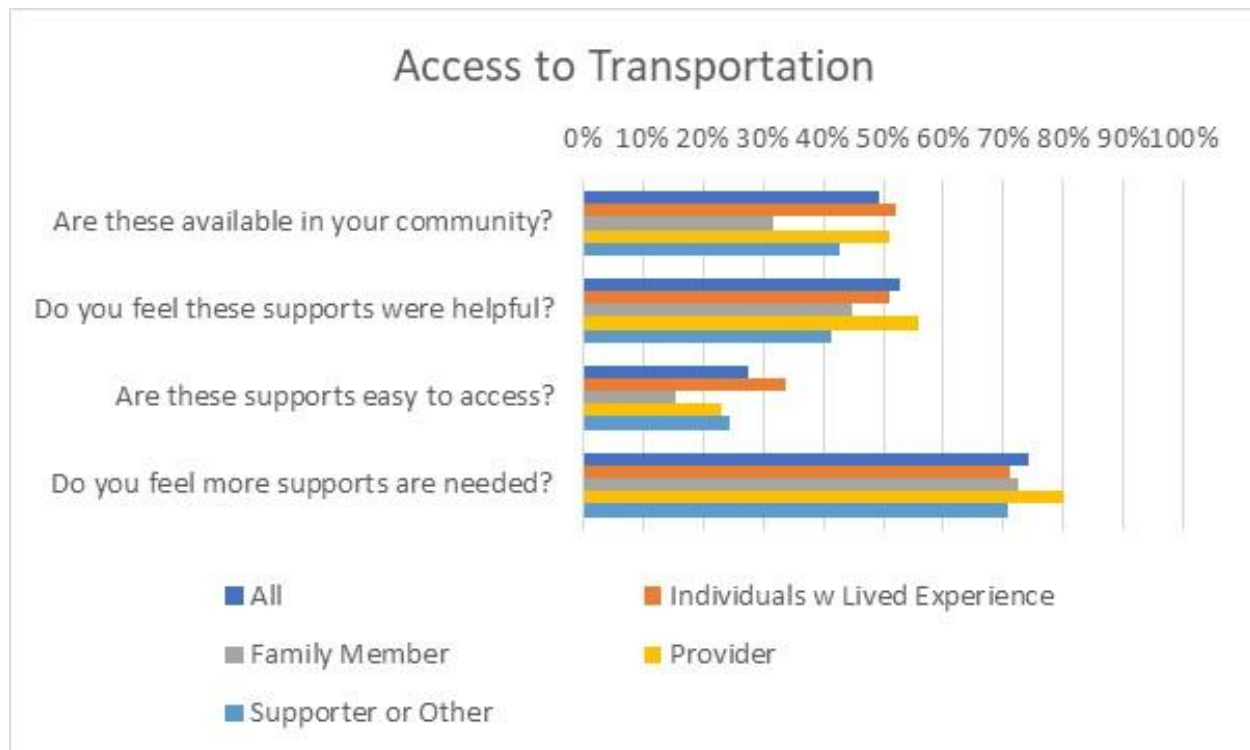
AFFORDABLE HOUSING		All Responses n=281	Percent Positive	
		n=278		
5. Are these available in your community?	Yes	45	16%	16%
	Somewhat	96	35%	
	No	110	40%	
	Not Applicable	27	10%	
		n=275		
6. Do you feel these supports were helpful?	Yes	101	37%	37%
	Somewhat	48	17%	
	No	58	21%	
	Not Applicable	68	25%	
		n=276		
7. Are these supports easy to access?	Yes	30	11%	11%
	Somewhat	38	14%	
	No	174	63%	
	Not Applicable	34	12%	
		n=275		
8. Do you feel more supports are needed?	Yes	227	83%	
	Somewhat	13	5%	
	No	11	4%	
	Not Applicable	24	9%	



n=49	
Comments:	
· need more help with services	· There should be a road-map or algorithm for those needing assistance. The brochures I have seen are somewhat confusing with paragraphs of facts and conditions that seem to overlap and preclude one another.
· affordable housing is difficult now.	· Bottom line is to HELP people be sufficient in their own ways.
· need more housing for older adults	· The amount of paperwork, waiting periods and red tape to navigate is overwhelming
· i need affordable housing and the waiting list is horrible	· I don't know how anyone can afford to rent in today's market.
· need public housing	· Prices are astronomical and there are definitely not many affordable options. Housing assistance has a long wait list and not enough units to help the many who need it.
· A LOT more, additional affordable housing is ABSOLUTELY needed!	· Confused why not on the budget.
· every low income person should have access to affordable housing and have access to financial assistance and money management and wealth management groups. the YWCA and YMCA need help paying for bills can provide financial assistance.	· Tiny house communities
· huge housing need years long waitlist	· "It's a shame how long has your housing voucher program been closed
· definitely need more there's a long waitlist	· Need accentives that landlords get extra \$\$ for accepting housing vouchers
· this! Lack of affordable safe housing.	· Real estate agents gets \$\$ for housing voucher clients
· their needs to be more support.	· We need mandatory acceptance of housing vouchers like NY, NJ, CA"
· There are few options in the areas I would like to be in, such as Pennsburg, Souderton, Telford, etc.	· Need more info distributed.
· There is not affordable housing in our area for the typical working family making \$18-\$20rh!	· There needs to be more contact with the homeless community on low income housing and affordable. It needs to be made easier to contact these places and getting us this kind of help.
· Cost of housing is ridiculously expensive	· It exists but the supply is so far from the need that it feels like it doesn't exist.
· We've always been self employed. Now we are in our 60's and can't afford to retire because all these years of paying taxes and hacking out a living, always paying bills every month with excellent credit and we weren't able to put money aside for retirement. We spent 30 years never missing or paying late, our mortgage and we may have to do a take back mortgage on the house we PAID in full for. It's unfair and makes us sick.	· Usually more available in more populated neighborhoods.
· There are not enough homes available for people.	· Housing is a main priority
· There is almost none available, desperately needed.	· Subsidized affordable housing has waiting lists of 2 to 5 years! That's not accessible.
· Waitlists are extremely long leaving folks w/out an option	· Affordable, dignified housing is limited.
· Where I live, which is in the part of Delaware County that shares a border with Montgomery County, I have experienced the rental process and I know what the process of buying a home is like through watching friends and loved ones trying to find something they can afford. My community used to be known for being affordable and now you can't even touch the real estate here if you don't have cash to put down or make an offer without an inspection or something crazy like that. The rental payments are insane. I went through the process of looking for an apartment twice in the past two years and finding something affordable was almost impossible.	· There is NOT affordable housing in this area. MH patients cannot secure jobs that allow for astronomical rents. (Often run by slum lords.) Roommate matching is an attempt to help, but it's not enough.
· Rents have gone up dramatically in the past couple of years, limiting access to affordable housing that isn't through Section 8 or subsidized.	· People cannot maintain mental wellness if they are homeless, at risk of homelessness, struggle to pay for adequate housing. Affordable housing is a a basic mental health need! desperately need more
· Affordable housing is always a need! I am a coordinator for a housing program and there are more needs than there are affordable housing.	· Affordable housing is not easily accessible.
· they are in the community. very few, long waitlists, not easy to get into one. In residential not enough time for person to stay to be eligible to actually move into. Most will gain a place that is not affordable and struggle with no security, end up homeless and the cycle start again.	· Living on the streets should not be a requirement for consideration of housing. Our homeless shelter deficiency is terrifyingly insufficient. People are dying out here.
	· With only SSI as her income, no landlord will rent to her due to rent to income ratio. She can only rent a room.
	· Fuck Hud.
	· WE ARE SUPPORTING A BROKEN SYSTEM WITH MANY BACKS TURNED.
	· I do not know what is available. I have a secured housing situation at this moment.
	· There is not enough affordable housing for low income peers.
	· A lot more of this is needed
	· Housing is very limited and a much needed resource.
	· I do not know if this is available in my community.

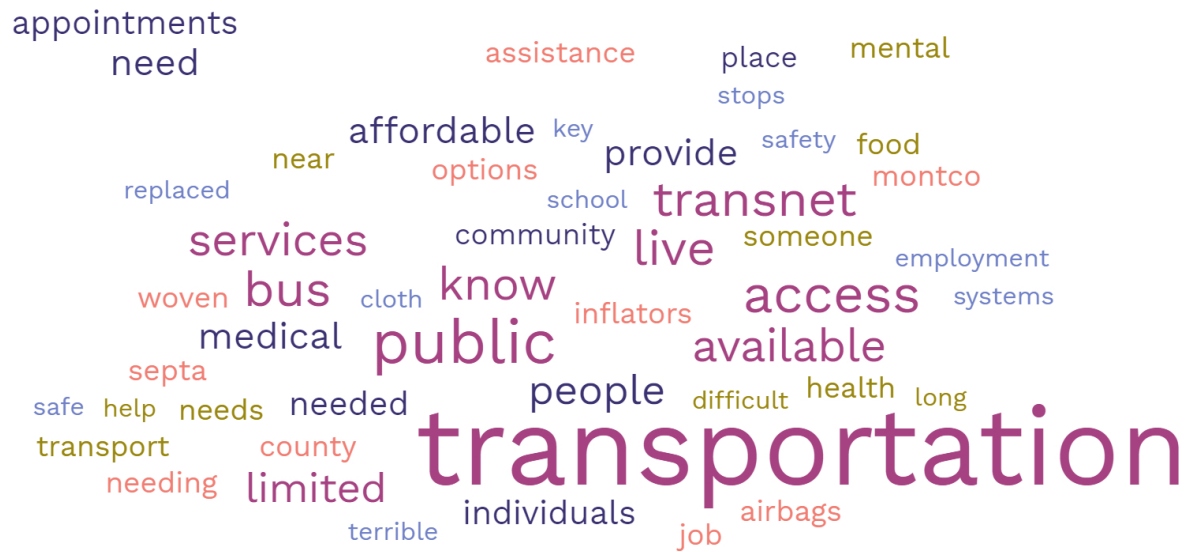


ACCESS TO TRANSPORTATION		All Responses n=274	Percent Positive	
		n=272		
9. Are these available in your community?	Yes	134	49%	49%
	Somewhat	94	35%	
	No	29	11%	
	Not Applicable	15	6%	
		n=269		
10. Do you feel these supports were helpful?	Yes	142	53%	53%
	Somewhat	59	22%	
	No	28	10%	
	Not Applicable	40	15%	
		n=268		
11. Are these supports easy to access?	Yes	74	28%	28%
	Somewhat	92	34%	
	No	80	30%	
	Not Applicable	22	8%	
		n=265		
12. Do you feel more supports are needed?	Yes	197	74%	
	Somewhat	25	9%	
	No	21	8%	
	Not Applicable	22	8%	



n=48	
Comments:	
· too rural	· Public transportation is not readily available and accessible in my area
· bus and transportation are horrible	· Train line to norristown from pottstown desperately needed
· how can we help more individuals obtain a drivers license	· I am fortunate to live near plenty of access to public transportation. I don't know how costly it is or know much about low-cost options.
· acquiring disability bus is a long and difficult process.	· Someone else drives me.
· more affordable	· Bus service in most of MontCo is useless. It is faster for my son to walk 2 miles each way to his job than take the bus, and the closest bus still drops him off a full mile from his employer. For someone who can not drive, MontCo is a terrible place to live.
· I have and know of numerous individuals without transportation. Access to getting to appointment is a problem.	· Low cost transportation is needed
· each public transportation company should be funded to provide transportation to and from each place of vocational school, community college, and each place of employment in addition to and from medical assistance, each public transportation vehicle under any recall must be fixed and must be replaced with genuine woven cloth airbags and safe inflators, ensuring that both the auto TRW TAKATA, JOYSON safety systems and key safety systems non woven nappy plastic airbags and there dangerous inflators are replaced with woven cloth airbags and safe inflators.	· Some sections of the county don't have access to transportation.
· Transnet services have continued to be reduced transportation is huge barrier	· Contract or use Uber or Lyft services instead of Transnet
· late to appointments often so more staff	· Transportation is key to care. I travel >2 hours on public transport each way to access mental health resources.
· more public transportation.	· "I make too much money to qualify for
· I haven't used these services but I know there are some.	· Any assistance but am struggling to provide due to excessive cost increases and housing rent increases"
· Busses are hard to get to because the stops are so far apart in Montgomery county.	· Need more info about transportation distributed.
· It's terrible that you need a working car to get around and access basic services like healthcare, job, groceries, education etc	· Not available in all areas
· And affordable to elderly. But first define AFFORDABLE.	· There is a gap for under 60 disabled people who don't have transport. Not everyone qualifies for Transnet and that's the gap. MAT is covered but if someone needs to get to a part time job, or groceries they are stuck.
· I feel this is important to have more affordable public transportation available. I see my daughter eventually needing to use it instead of driving.	· Limited public transport. Long wait times and limited access for MATP and shared rides that are difficult to manage for chronically ill individuals.
· Desperately needed, especially for those with physical disabilities and who are older.	· Only part of the county has easy access to public transportation. Transnet is helpful but very limited in availability, and lacks convenience. What about offering subsidized or free ride share programs, like vouchers for Uber or Lyft. People need transportation to get to work, school, food shopping / food pantries, medical and mental health appointments. It's great to have all those needed things and supports available, but people can't take advantage of them if they can't get to them.
· One of my clients has difficulty accessing our services b/c of her SMI. The transit service she uses only services Delco so she can not take it to in person therapy appointments. She is currently working with her case manager to apply for a Septa program that helps folks with learning disabilities. I wish Montco had additional options to support her so that she could get to therapy	· The announcement from OMHSAS that mental health workers can provide transportation will provide some help, and is a good start."
· IF and only if you live near a SEPTA bus stop or the Route 100 line or regional rail, then transportation is a breeze. I can walk to two Route 100 stops from my house, just a few blocks away, and be in Center City via the El in 15 minutes once the train comes.	· I live near no public transportation really.
· Access to public transportation the community where I live and work is limited. Buses don't run on Sundays. Transnet eligibility is limited to people with Medical Assistance and who don't live along bus routes.	· Transnet is not dependable
· I do not know if this is available in my community.	· There is transportation to medical appointments only. A discount for Septa bus like the physically disabled people get would be helpful.
· There needs to be cheaper alternatives, where peer's rides are maybe taken out of the insurance, not at the peer's own expense. For peers that actually pay a \$600 rent and only have \$300 left, needing to buy food and cleaning supplies every month but needing to pay even 4 dollars one way and then \$4 back, that eats up at the \$300 that is left.	· i don't know if these supports are available.
· uncertain but also essential to provide access to the system	· I am not aware of anything suitable available to me.
· Not an exact science and again, insurance dictates who pays what.	· Transnet needs improvement more.
	· We live in the country. Individuals who live rurally have few options for transportation.
	· I do not know. I have a car and am able to drive when I need or want to
	· Need more affordable transportation. This is the biggest obstacle to employment/probation visits/ medical visits to people with limited or no income.
	· Transnet has provided some services but there are sometimes unreliable.





## Appendix F – Survey Tool



### COMMUNITY SUPPORT PROGRAM OF MONTGOMERY COUNTY Assessment of Needs Survey 2022/2023

Thank you for taking the time to fill out the CSP Assessment of Needs Survey 2022/2023. CSP is comprised of people who use mental or behavioral health services, providers, family members, supporters and county staff and their mission is to improve mental and behavioral health services in Montgomery County. By filling out this survey you will enable the CSP, in partnership with the Office of Mental Health, to better voice your thoughts and concerns for future planning. We value everything you have to say and appreciate your input and insight regarding the mental or behavioral health services that are currently being provided to individuals.

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

- ☐ Individual with Lived Experience with Behavioral Health Concerns ☐ Family Member  
☐ Provider Staff ☐ Supporter ☐ Other: \_\_\_\_\_

What is your: Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Which of the following supports would you like the County to prioritize for future development? Please check all that apply. All of these supports listed below are important to the county.

**Subsidized Housing:** Rent subsidized housing for people in the mental / behavioral health system

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

Do you have any comments about this service? \_\_\_\_\_

**Residential Services:** Services that support people living independently

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

Do you have any comments about this service? \_\_\_\_\_

**Supportive Housing:** Group living arrangements with supportive services that can be transitional or not

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

Do you have any comments about this service? \_\_\_\_\_

**Advocacy Services:** Peer Based

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

Do you have any comments about this service? \_\_\_\_\_

**Co-occurring Support:** Services that support individuals with both mental/behavioral health and substance use (drug & alcohol) issues.

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

Do you have any comments about this service? \_\_\_\_\_



## COMMUNITY SUPPORT PROGRAM OF MONTGOMERY COUNTY

### Assessment of Needs Survey 2022/2023

**Crisis Intervention:** Services that provide support and treatment for individuals and their families who are experiencing a crisis or supports designed to help individuals avert a crisis. Examples include Mobile crisis, hotline, crisis residential services, etc.

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

Do you have any comments about this service? \_\_\_\_\_

**Inpatient Services:** Services that are provided during a hospital stay

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

Do you have any comments about this service? \_\_\_\_\_

**Employment:** Services within the mental / behavioral health system that support an individual's goal around employment, including Career Counseling, Supported Employment and Psych Rehabilitation services.

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

Do you have any comments about this service? \_\_\_\_\_

**Education:** Services within the mental / behavioral health system that support an individual's goal around education (GED, certification programs, BA), including Supported Education and Psych Rehabilitation services.

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

Do you have any comments about this service? \_\_\_\_\_

**Forensic Support:** Supports and services designed to meet the specific needs of individuals with mental / behavioral health and criminal justice issues, including diversion, incarceration, re-entry, and probation/parole.

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

Do you have any comments about this service? \_\_\_\_\_

**Transition-Age Supports:** Supports and services designed to meet the specific needs of individuals age 14 to 30, including those who are moving from Children's Mental / Behavioral Health Services to Adult Mental / Behavioral Health Services

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

Do you have any comments about this service? \_\_\_\_\_



## COMMUNITY SUPPORT PROGRAM OF MONTGOMERY COUNTY

### Assessment of Needs Survey 2022/2023

**Services for Older Adults:** Supports and services designed to meet the specific mental and behavioral health needs of individuals age 60 and over, including those with a history of support and those newly entering the system

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

Do you have any comments about this service? \_\_\_\_\_

**LGBTQ+ supports:** Supports and services designed to meet the specific mental and behavioral health needs of individuals who identify as LGBTQ+ and their families

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

Do you have any comments about this service? \_\_\_\_\_

**Peer Support:** This includes peer support across the lifespan, and both individual and family peer support

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

Do you have any comments about this service? \_\_\_\_\_

**Recovery Coaching / Case Management:** This includes Administrative Case Management Services (ACM). ACM is a short-term service available at the Community Behavioral Health Centers located across the County. ACM provides assistance to link individuals, families and youth to Medical Assistance and other services and supports.

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

Do you have any comments about this service? \_\_\_\_\_

**Therapy/Treatment:** Outpatient services (evaluation, diagnosis, and clinical treatment) provided by mental or behavioral health professionals, generally within a clinic setting. May include individual, group, family therapy, visits with a psychiatrist for medication monitoring, Trauma Therapy and Intensive Outpatient Program (IOP).

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

Do you have any comments about this service? \_\_\_\_\_

**Wellness Tools and Prevention:** Intended to maximize the growth of hope, knowledge, skills and supports so that each person moves forward in their recovery. Examples include: mutual aid groups, warm line, any natural support, yoga, tai chi, meditation, and spirituality.

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

Do you have any comments about this service? \_\_\_\_\_



**COMMUNITY SUPPORT PROGRAM OF MONTGOMERY COUNTY**  
**Assessment of Needs Survey 2022/2023**

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

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Of all the services listed previously, which are most important to you?

All of these services and supports listed are important to the county. From a funding perspective, which are the top services the county should prioritize in its budget?

**Instructions for this section:** Please complete this section using either:

Option 1 – put a check mark in the box next to the services which are most important to you; or

Option 2 – rank all services from 1 to 17 by putting a number in the box next to the services with 1 being your highest priority and 17 being your lowest priority. Feel free to skip any services which are *Not Applicable* to you.

<u>Priority</u>	<u>Service</u>
<input type="checkbox"/>	Residential Services
<input type="checkbox"/>	Supportive Housing
<input type="checkbox"/>	Advocacy Services (Peer Based)
<input type="checkbox"/>	Co-occurring Support
<input type="checkbox"/>	Crisis Intervention.
<input type="checkbox"/>	Inpatient Services
<input type="checkbox"/>	Employment
<input type="checkbox"/>	Education
<input type="checkbox"/>	Forensic Support
<input type="checkbox"/>	Transition-Age Supports
<input type="checkbox"/>	Services for Older Adults
<input type="checkbox"/>	LGBTQ+ supports
<input type="checkbox"/>	Peer support
<input type="checkbox"/>	Recovery coaching / Case management
<input type="checkbox"/>	Transportation supports
<input type="checkbox"/>	Therapy/Treatment
<input type="checkbox"/>	Wellness Tools and Prevention





## COMMUNITY SUPPORT PROGRAM OF MONTGOMERY COUNTY

### Assessment of Needs Survey 2022/2023

The final three questions are optional, and ask about services or supports which are not included in the county Mental Health budget. The *Montgomery County Community Support Program* is interested in hearing your feedback on these areas:

#### Food Insecurity Supports

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

#### Affordable Housing

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

#### Access to Transportation

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

Please return the completed survey to Penny Johnson via fax: 610-270-9155; email: [pjohnson@hopeworxinc.org](mailto:pjohnson@hopeworxinc.org); or mail to:

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

For additional comments on any of the above questions, please feel free to add another sheet to the back of this page. Thank you for your input!

For more information about our CSP committee, please visit our website at [www.montcopacsp.org](http://www.montcopacsp.org).