
**Smoky Mountain Center
Community Stakeholder Survey
February, 2009**

The results of this survey will be used to assist the Smoky Mountain Center in understanding the current status of its service network and in developing future improvements and changes to that network. Your participation is entirely voluntary and confidential to be used only by the Smoky Mountain Center. Any information you share is greatly appreciated.

The following questions pertain to your/agency's involvement in any part of the Smoky Mountain Center catchment area, including the following counties: Alexander, Alleghany, Ashe, Avery, Caldwell, Cherokee, Clay, Graham, Haywood, Jackson, Macon, McDowell, Swain, Watauga and Wilkes.

1. What percentage of your agency's total consumer population, does each of the following groups comprise?

- _____ % Adults with primary Mental Health issues
- _____ % Children/Adolescents with primary Mental Health issues
- _____ % Adults with primary Substance Abuse issues
- _____ % Children/Adolescents with primary Substance Abuse issues
- _____ % Adults with primary Developmental Disability issues
- _____ % Children/Adolescents with primary Developmental Disability issues

2. Based on your/agency's experiences, how would you rate each aspect of the services described below? Please circle DK if you don't know or if you have no experience with that service.

	Mental Health	Substance Abuse	Developmental Disabilities
a. Availability of services:			
Child/Adolescent	DK Poor Fair Good Excellent	DK Poor Fair Good Excellent	DK Poor Fair Good Excellent
Adult	DK Poor Fair Good Excellent	DK Poor Fair Good Excellent	DK Poor Fair Good Excellent

Please add comments:

b. Choice of Providers:

Child/Adolescent

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

Adult

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

Please add comments:

c. Convenience of services:

Child/Adolescent

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

Adult

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

Please add comments:

d. Quality of Services:

Child/Adolescent

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

Adult

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

Please add comments:

**3. Based on your/agency's experiences and your interactions with others, what additional services or supports are needed for the following groups?
Please describe the service, the location needed for the service and any barriers you see to implementing this service.**

	Service Needed	County/ies Needed	Any Barriers to Implementation
Child/Adolescent Mental Health			

Adult Mental Health

Service Needed

County/ies Needed

Any Barriers to Implementation

Child/Adol Substance Abuse

Adult Substance Abuse

Child/Adol Developmental Disabilities

Adult Developmental Disabilities

4. If you have any other issues, suggestions, or comments, please list below.

So that we can better understand the context of your responses, please let us know:

Agency and Primary County of Location: _____ Role/Position in Agency: _____

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

Name: _____ Email address: _____

Please fax your survey to Scott Osondu at (828) 586-3965; or mail your survey to Scott Osondu, Smoky Mountain Center, 44 Bonnie Lane, Sylva, NC 28779; or email this to prsurveys@smokymountaincenter.com; or you may hand deliver to the Smoky Mountain Center or its staff who distributed this to you. Thank you!