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**Smoky Mountain Center  
Board of Directors Survey  
March, 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 involvement in the Smoky Mountain Center catchment area only.*

**1. Which region of the Smoky Mountain Center catchment do you primarily represent? Circle one:**

**Central Region**

**Northern Region**

**Southern Region**

**2. Based on your experience in the region you primarily represent, 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 experience in the region you primarily represent 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

Child/Adol Substance Abuse

Adult Substance Abuse

**Service Needed**

**County/ies Needed**

**Any Barriers to Implementation**

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:

Primary County of SMC Involvement: \_\_\_\_\_

*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](mailto:prsurveys@smokymountaincenter.com); or you may hand deliver to the Smoky Mountain Center or its staff who distributed this to you. Thank you!*