

APPENDIX E.5b
SMC Community-Involved Staff Survey

This survey is intended to be completed by CBC/Q's, Access Staff, Care Managers, Housing Coordinator, Prevention Coordinator, GAMHST, and any other SMC community-involved staff.

To the Respondent: You've been identified as a key person to help us understand the SMC treatment and service network. Your input is highly valued and appreciated.

Please email your completed surveys to: Scott Osondu, osondusco@smokymountaincenter.com. Thank you!!

Please check the county(ies) in or related to which you do your primary SMC related work:

- All/Whole SMC Catchment*
 Alexander
 Alleghany
 Ashe
 Avery
 Caldwell
 Cherokee
 Clay
 Graham
 Haywood
 Jackson
 Macon
 McDowell
 Swain
 Watauga
 Wilkes
 None of the Above

Based on your experience in and with the community, 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 | | | |
| Child/Adol Developmental Disabilities | | | |
| Adult Developmental Disabilities | | | |

In the counties you checked above in which you do your primary SMC related work, what do you see as:

| | SMC Provider Network Treatment Services | Other SMC Related Services |
|--|---|----------------------------|
| The biggest assets and successes related to: | | |
| The biggest challenges, failures, and barriers to: | | |
| The biggest and most immediate unmet needs in: | | |