

# Meeting Evaluation Form (Exit)



## Invitational Meeting for Unfunded Applicants:

### 1998 Comprehensive Community Mental Health Services for Children and their Families

Child, Adolescent, and Family Branch

Center for Mental Health Services

Substance Abuse and Mental Health Services Administration

1. My role can best be described as:

- |  |  |
|--|--|
| <input type="checkbox"/> National level planner/administrator/policy maker | <input type="checkbox"/> State level planner/administrator |
| <input type="checkbox"/> Community level planner/administrator             | <input type="checkbox"/> Service Provider                  |
| <input type="checkbox"/> Parent/Caregiver of youth with special needs      | <input type="checkbox"/> Advocate                          |
| <input type="checkbox"/> Researcher/Academician                            | <input type="checkbox"/> Other _____                       |

2. The primary area in which I work can best be described as:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Child Welfare       | <input type="checkbox"/> Juvenile Justice   | <input type="checkbox"/> Mental Health   | <input type="checkbox"/> Health             |
| <input type="checkbox"/> Education           | <input type="checkbox"/> Family Involvement | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Early Intervention |
| <input type="checkbox"/> Integrated Services | <input type="checkbox"/> Other _____        |  |   |

### As a result of this meeting, please describe your level of skills and knowledge:

- |   | Low |   |   |   | High |
|---|-----|---|---|---|------|
| 3. My knowledge about key components for planning and implementing a system of care .....                   | 1   | 2 | 3 | 4 | 5    |
| 4. My ability to assess gaps in our current system/services and identify areas for further development..... | 1   | 2 | 3 | 4 | 5    |
| 5. My knowledge of field-based examples .....   | 1   | 2 | 3 | 4 | 5    |
| 6. My knowledge of resources, experts, and materials .....  | 1   | 2 | 3 | 4 | 5    |
| 7. My problem-solving ability in addressing the following issue areas:                                      |     |   |   |   |      |
| Cultural competence .....   | 1   | 2 | 3 | 4 | 5    |
| Family involvement .....  | 1   | 2 | 3 | 4 | 5    |
| Interagency collaboration .....   | 1   | 2 | 3 | 4 | 5    |
| Comprehensive service array and delivery .....  | 1   | 2 | 3 | 4 | 5    |

### As a result of this meeting, please describe your site's capacity:

- |  | Low |   |   |   | High |
|--|-----|---|---|---|------|
| 8. Our site's capacity to effectively plan and implement a system of care for children, adolescents, and their families is ..... | 1   | 2 | 3 | 4 | 5    |

### Please give us feedback about the meeting arrangements:

- |  | Not True |   |   |   | Very True |    |
|--|----------|---|---|---|-----------|----|
| 9. The Networking Reception(Thursday night) was worthwhile .....                                 | 1        | 2 | 3 | 4 | 5         | NA |
| 10. The Topical Lunch Groups (Friday afternoon) were worthwhile .....                            | 1        | 2 | 3 | 4 | 5         | NA |
| 11. The Individualized Tech. Assistance sessions were worthwhile .....                           | 1        | 2 | 3 | 4 | 5         |    |
| 12. The hotel, meeting rooms, and food were acceptable .....                                     | 1        | 2 | 3 | 4 | 5         |    |
| 13. What aspect(s) of the meeting did you find most helpful? (please use back side if necessary) |          |   |   |   |           |    |

14. What aspect(s) of the meeting would you do differently?

Site: \_\_\_\_\_

**THANK YOU!**