

Conference Evaluation Form

Your perspective and voice about the conference is important to us. Please take a few minutes to complete this form.

In a scale of 1 to 5, what do you think about the following?	No!		So - so		Yes!
	1	2	3	4	5
1. Was the conference well organized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Were the topics relevant to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Were the speakers informative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Were the speakers prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Were the topics/materials presented understandable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Were the questions and discussions handled to your satisfaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Did the sessions start and end at convenient times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Was your registration handled smoothly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Was the conference worthwhile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Do you leave today feeling you have gained valuable insights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Would you recommend this conference to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Before the conference, how confident are you in your ability to:	Not at all	Somewhat	Moderately	Very	Extremely
	Confident	Confident	Confident	Confident	Confident
1. Promote competitive, integrated employment throughout the agency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Integrate employment services with behavioral health treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Cultivate collaboration between behavioral health staff and vocational rehabilitation staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Focus on skill building for the IPS Employment Specialists and the VR Counselors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Promote competitive, integrated employment throughout the agency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

After the conference, how confident are you in your ability to:	Not at all	Somewhat	Moderately	Very	Extremely
	Confident	Confident	Confident	Confident	Confident
1. Promote competitive, integrated employment throughout the agency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Integrate employment services with behavioral health treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Cultivate collaboration between behavioral health staff and vocational rehabilitation staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Focus on skill building for the IPS Employment Specialists and the VR Counselors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Promote competitive, integrated employment throughout the agency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share any additional comments:

OPTIONAL: Name: _____ Email: _____ Phone: _____

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Session Evaluation Form

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9:00 am – 10:15 am

OPENING GENERAL SESSION

1.25 CONTACT HOURS

WELCOME REMARKS

Ellyn Wilbur, MPA, Executive Director, Tennessee Association of Mental Health Organizations (TAMHO), Nashville, Tennessee

GENERAL SESSION:

THE STATE OF INDIVIDUAL PLACEMENT AND SUPPORT (IPS) IN TENNESSEE

Marie Williams, Commissioner, Tennessee Department of Mental Health and Substance Abuse Services, Nashville, Tennessee

Danielle Whitworth Barnes, Commissioner, Tennessee Department of Human Services, Nashville, Tennessee

Katie Lee, Director of Wellness and Employment, Division of Mental Health Services, Tennessee Department of Mental Health and Substance Abuse Services, Nashville, Tennessee

Gary R. Bond, Senior Research Associate, IPS Employment Center, Westat, Lebanon, New Hampshire

On a scale of 1 to 5, what do you think about the following?	No!		So - so		Yes!
	1	2	3	4	5
Was the session well organized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the topic relevant to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers informative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the topics/materials presented understandable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the questions and discussions handled to your satisfaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the session start and end at convenient times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the session worthwhile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you leave this session feeling you have gained valuable insights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you recommend this session to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

OPTIONAL: Name: _____ Email: _____ Phone: _____

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10:30 am – 11:30 am

BREAKOUT SESSION #1

1.0 CONTACT HOURS

SSA BENEFITS ACCESS AND PLANNING: A KEY COMPONENT FOR INCOME STABILITY

Jen Elder, MSc, National Policy and partnerships Coordinator, SAMHSA SOAR TA
Center, Policy Research Associates, Inc., Delmar, New York

On a scale of 1 to 5, what do you think about the following?	No! 1	2	So - so 3	4	Yes! 5
Was the session well organized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the topic relevant to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers informative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the topics/materials presented understandable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the questions and discussions handled to your satisfaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the session start and end at convenient times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the session worthwhile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you leave this session feeling you have gained valuable insights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you recommend this session to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

OPTIONAL: Name: _____ Email: _____ Phone: _____

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10:30 am – 11:30 am

BREAKOUT SESSION #2

1.0 CONTACT HOURS

WHAT HAS HAPPENED TO YOU? THE BASICS OF TRAUMA-INFORMED CARE

Dustin Keller, PhD, LPC-MHSP, Chief Strategic Officer, Camelot, Nashville, Tennessee

On a scale of 1 to 5, what do you think about the following?	No! 1	2	So - so 3	4	Yes! 5
Was the session well organized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the topic relevant to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers informative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the topics/materials presented understandable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the questions and discussions handled to your satisfaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the session start and end at convenient times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the session worthwhile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you leave this session feeling you have gained valuable insights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you recommend this session to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

OPTIONAL: Name: _____ Email: _____ Phone: _____

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11:40 am – 12:40 pm

IPS AWARDS LUNCHEON

0.5 CONTACT HOURS

STRENGTHENING AND CULTIVATING INDIVIDUAL PLACEMENT AND SUPPORT (IPS)

WELCOME

Matt Yancey, Assistant Commissioner, Division of Mental Health Services, Tennessee Department of Mental Health and Substance Abuse Services, Nashville, Tennessee

Cherrell Campbell-Street, Chief Officer, Programs and Services, Tennessee Department of Human Services, Nashville, Tennessee

GUEST SPEAKERS

Katie Lee, Director of Wellness and Employment, Division of Mental Health Services, Tennessee Department of Mental Health and Substance Abuse Services, Nashville, Tennessee

Ruth Brock, Program Supervisor for the Supported Employment Program, Division of Vocational Rehabilitation Services, Tennessee Department of Human Services, Nashville, Tennessee

On a scale of 1 to 5, what do you think about the following?	No!		So - so		Yes!
	1	2	3	4	5
Was the session well organized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the topic relevant to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers informative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the topics/materials presented understandable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the questions and discussions handled to your satisfaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the session start and end at convenient times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the session worthwhile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you leave this session feeling you have gained valuable insights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you recommend this session to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

OPTIONAL: Name: _____ Email: _____ Phone: _____

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12:45 pm — 1:45 pm

BREAKOUT SESSION #3

1.0 CONTACT HOURS

THE IMPACT OF IPS THROUGHOUT AN AGENCY

FACILITATOR

Katie Lee, Director of Wellness and Employment, Division of Mental Health Services, Tennessee Department of Mental Health and Substance Abuse Services, Nashville, Tennessee

PANELISTS

Brian Buuck, Chief Executive Officer, Ridgeview Behavioral Health, Oak Ridge, Tennessee

Barbara Quinn, BA, CPRP, President/CEO, Park Center, Nashville, Tennessee

Pat Taylor, MSSW, Program Manager, Pathways Behavioral Health Services, Jackson, Tennessee

On a scale of 1 to 5, what do you think about the following?	No! 1	2	So - so 3	4	Yes! 5
Was the session well organized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the topic relevant to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers informative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the topics/materials presented understandable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the questions and discussions handled to your satisfaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the session start and end at convenient times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the session worthwhile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you leave this session feeling you have gained valuable insights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you recommend this session to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

OPTIONAL: Name: _____ Email: _____ Phone: _____

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12:45 pm — 1:45 pm

BREAKOUT SESSION #4

1.0 CONTACT HOURS

INTRODUCTION TO CO-OCCURRING DISORDERS

Vickie Harden, PhD, LAPSW, Senior Vice President of Grants and Business Development, Volunteer Behavioral Health Care System, Murfreesboro, Tennessee

On a scale of 1 to 5, what do you think about the following?	No! 1	2	So - so 3	4	Yes! 5
Was the session well organized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the topic relevant to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers informative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the topics/materials presented understandable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the questions and discussions handled to your satisfaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the session start and end at convenient times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the session worthwhile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you leave this session feeling you have gained valuable insights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you recommend this session to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

OPTIONAL: Name: _____ Email: _____ Phone: _____

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2:00 pm — 3:00 pm

BREAKOUT SESSION #5

1.0 CONTACT HOURS

SUPPORTED EMPLOYMENT AND SUPPORTED EDUCATION: SYMBIOTIC SERVICES

Amy Banko, MS, CPRP, Team Leader, Bridgeway Rehabilitation Services, Elizabeth, New Jersey

On a scale of 1 to 5, what do you think about the following?	No! 1	2	So - so 3	4	Yes! 5
Was the session well organized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the topic relevant to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers informative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the topics/materials presented understandable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the questions and discussions handled to your satisfaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the session start and end at convenient times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the session worthwhile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you leave this session feeling you have gained valuable insights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you recommend this session to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

OPTIONAL: Name: _____ Email: _____ Phone: _____

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2:00 pm – 3:00 pm

BREAKOUT SESSION #6

1.0 CONTACT HOURS

IPS AND HOMELESSNESS

Gary R. Bond, Senior Research Associate, IPS Employment Center,
Westat, Lebanon, New Hampshire

On a scale of 1 to 5, what do you think about the following?	No! 1	2	So - so 3	4	Yes! 5
Was the session well organized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the topic relevant to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers informative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the topics/materials presented understandable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the questions and discussions handled to your satisfaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the session start and end at convenient times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the session worthwhile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you leave this session feeling you have gained valuable insights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you recommend this session to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

OPTIONAL: Name: _____ Email: _____ Phone: _____

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3:15 pm – 4:30 pm

CLOSING GENERAL SESSION

1.0 CONTACT HOURS

IPS AND HOMELESSNESS

MODERATOR: Nichole Phillips, BS, CPRP, IPS Trainer, Park Center, Nashville, Tennessee

FIDELITY POINT FACILITATORS

STAFFING: Mark Liverman, EdS, Director of Supported Employment, Park Center, Nashville, Tennessee

ORGANIZATION: Cristi Blalock, Employment Services Team Leader, Frontier Health, Johnson City, Tennessee

SERVICES: Marie Maxie, IPS SE Supervisor, Pathways Behavioral Health Services, Jackson, Tennessee

Conference Closing Remarks

Katie Lee, Director of Wellness and Employment, Division of Mental Health Services, Tennessee Department of Mental Health and Substance Abuse Services, Nashville, Tennessee

Ruth Brock, Program Supervisor for the Supported Employment Program, Division of Vocational Rehabilitation Services, Tennessee Department of Human Services, Nashville, Tennessee

On a scale of 1 to 5, what do you think about the following?	No! 1	2	So - so 3	4	Yes! 5
Was the session well organized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the topic relevant to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers informative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the speakers prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the topics/materials presented understandable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the questions and discussions handled to your satisfaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the session start and end at convenient times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the session worthwhile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you leave this session feeling you have gained valuable insights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you recommend this session to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

OPTIONAL: Name: _____ Email: _____ Phone: _____

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