***SAMHSA’S Multiplier Surveys***

***Supporting Statement***

***Attachment B:***

***Online Survey Introductory Email***

***Online Survey Protocol***

***SAMHSA’s Multiplier Surveys***

***Online Survey Introductory Email***

Policy Research Associates, Inc. is conducting a study on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA) to learn what broader impacts programs may have and what happens to programs after Federal funding ends. SAMHSA wants to identify factors and characteristics associated with sustainability and grant impacts on local or state service delivery, systems change or infrastructure development. The findings of this study will inform the structure and implementation of future SAMHSA funding.

To do this, we are studying a number of SAMHSA-funded grants that have ended in the last several years. Please note that we are asking about programs where Federal funding ended by September 30, 2008, including any no-cost extensions. You have been identified by SAMHSA as a project director or other contact for the following program, which is included in our study:

[NAME OF GRANT] program,

Announcement Number

Award number

Dates of award

If you believe you have been selected in error or if you feel that you are not familiar enough with this program, please contact Margaret Lassiter at mlassiter@prainc.com so we may identify a more appropriate respondent.

The survey can be accessed here: [LINK TO SURVEY]. Please answer the survey questions with respect only to the grant identified above. All responses will be reported in the aggregate. Responding to this survey will not in any way affect applications for any current or future SAMHSA grants. We anticipate that this survey will take about 45 minutes to complete. Your participation is greatly appreciated. We would appreciate your response by [DATE DETERMINED AFTER OMB CLEARANCE].

Thank you very much for your participation. If you have any questions about this study, please contact the SAMHSA project officer for this study, Susan Becker, at sue.becker@samhsa.hhs.gov. If you have any questions about the survey instrument, please contact Margaret Lassiter at mlassiter@prainc.com.

**OMB Number: 0930-XXXX**

**Expiration Date: MM/DD/YYYY**

**SAMHSA Program Sustainability and Impact Questionnaire**

**Grantee On-Line Survey**

**Public Burden Statement**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB control number for this project is 0930-xxxx.  Public reporting burden for this collection of information is estimated to average 45 minutes per respondent per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

**Introduction**

Thank you for agreeing to complete this survey. Your responses will assist SAMHSA in understanding the broader impacts of their funded programs and what happens to individual projects after Federal funding ends. In particular, they are interested in post-grant impacts on local or state service delivery, systems change or infrastructure development.

Responses will be reported in the aggregate only. Responding to this survey will not in any way affect applications for any current or future SAMHSA grants.

**PLEASE NOTE: We are asking about grants that have ended by September 30, 2008,** including any no-cost extensions. Please respond only with respect to the specific grant program identified in the e-mail you received directing you to this survey. If you have any questions about responding to this survey, please contact Margaret Lassiter (mlassiter@prainc.com). Thank you for your time.

1. Please check the grant program below about which you are responding. **Refer to email you received about this survey.** CHECK ONLY ONE.

|  |  |
| --- | --- |
| **Center for Mental Health Services** | **Center for Substance Abuse Prevention con’t** |
| * Alternatives to Restraint & Seclusion (RFA: SM 04-007; funding ended 2007)
 | * Methamphetamine, Ecstasy, Inhalants and/or Other Club Drugs (RFA: SP 03-007; funding ended 2004)
 |
| * Child Mental Health Initiative (CMHI) (RFA: SM 02-002; funding ended 2008)
 | * Methamphetamine, Ecstasy, Inhalants and/or Other Club Drugs (RFA: SP 04-004; funding ended 2007)
 |
| * Targeted Capacity Expansion Grants for Jail Diversion (RFA: SM 02-010; funding ended 2005)
 | * Minority Substance Abuse & HIV Prevention (RFA: SP 02-005 (Cohort 3), funding ended 2005)
 |
| * Targeted Capacity Expansion Grants for Jail Diversion (RFA: SM 05-011; funding ended 2008)
 | * Minority Substance Abuse & HIV Prevention (RFA: SP 03-005 (Cohort 4), funding ended 2008)
 |
| * Targeted Capacity Expansion Grants for Older Adults
 | * Minority Substance Abuse & HIV Prevention (RFA: SP 03-005 (Cohort 5), funding ended 2008)
 |
| **Center for Substance Abuse Prevention** | **Center for Substance Abuse Treatment** |
| * Drug Free Community (RFA: SP-06-003; funding ended 2008)
 | * Access to Recovery (ATR) (RFA: TI 04-009; funding ended 2007)
 |
| * CSAP State Incentive Grant (RFA: SP 01-002; funding ended 2004)
 | * Recovery Community Services Program (RCSP) (RFA: TI 02-002, funding ended 2008)
 |
| * CSAP State Incentive Grant (RFA: SP 02-003; funding ended 2005)
 | * Recovery Community Services Program (RCSP) (RFA: TI 03-005 (II); funding ended 2007)
 |
| * CSAP State Incentive Grant (RFA: SP 03-004; funding ended 2006)
 | * Recovery Community Services Program (RCSP)(RFA: TI 04-008(III); funding ended 2008)
 |
| * Methamphetamine, Ecstasy, Inhalants and/or Other Club Drugs (RFA: SP 02-001; funding ended 2003)
 | * Screening, Brief Intervention, Referral & Treatment (SBIRT) (RFA: TI 03-009; funding ended 2008)
 |
| * Methamphetamine, Ecstasy, Inhalants and/or Other Club Drugs (RFA: SP 02-002; funding ended 2003)
 | * Strengthening Treatment Access & Retention (STAR) (RFA: TI 03-006; funding ended 2006)
 |
| * Methamphetamine, Ecstasy, Inhalants and/or Other Club Drugs (RFA: SP 03-006; funding ended 2006)
 |  |

**If you were not the director for one of the programs listed above, or if you are not familiar with the program identified in the e-mail directing you to this survey, please stop here and contact Margaret Lassiter at mlassiter@prainc.com.**

**Project Intent and Design**

1. What was the impetus for applying for this grant? (Check all that apply.)
* Fund a new program for intended population
* Expand an existing program for intended population
* Restructure agency to better serve intended population
* Respond to community concern about given issue
* Better serve intended population
	+ Other. Please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Who championed this effort? (Check all that apply.)
	* Advocacy group(s)
	* State agency
	* Community-based organizations
	* Community leaders
	* Clients/consumers
	* Family members
	* Other. Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What was the intended population(s) to be served by your grant? (Check all that apply.)
* People involved with the criminal justice system
* People who use/abuse substances
* Older adults
* Children with mental illness
* Minorities. Please identify the specific minority group(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Those with HIV and co-occurring substance use
* Specific age group(s). Please specify \_\_\_\_\_\_\_\_\_\_\_\_
	+ Other. Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Had your organization ever received a SAMSHA grant before?
* Yes
* No
* Don’t know
1. If yes, from what Center(s)? (Check all that apply.)
* Center for Mental Health Services (CMHS)
* Center for Substance Abuse Prevention (CSAP)
* Center for Substance Abuse Treatment (CSAT)
* Don’t know
1. Some SAMHSA grants do not fund direct services to individuals. Instead, their focus is on infrastructure development, meaning service delivery or systems change. Did this grant fund…? [Check one.]
* Service delivery to individuals only
* Services or systems change only
* Both
* Don’t know

### Project Implementation

1. Was the project implemented as planned?
* Yes
* Pretty much
* No
* Don’t know
1. What challenges did the project face? (Check all that apply.)
* Staff issues (turnover, needed more, not available)
* Services (needed to be changed, needed more/less, ineffective)
* Difficulties implementing computer systems, reporting systems, etc.
* Delays in awarding subcontracts
* Difficulties coordinating with related agencies/organizations
* Lack of community support
* No challenges were encountered
	+ Other. Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. What modifications did you make to address project challenges? (Check all that apply.)
* Changed population(s) or geographic area served
* Changed types or models of service(s) delivered or infrastructure activities implemented
* Altered the number of participants
* Modified staff structure (added more/changed roles)
* Sought involvement of other community agencies
* Chose different subcontractors
* Other. Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No modifications were made
1. Did the grant provide for a specific planning period?
* Yes
* No (Go to Q. 13)
* Don’t know (Go to Q. 14)
1. To what extent do you think the planning component contributed to sustainability and impacts of the project?
* A lot
* Somewhat
* A little or not at all
* Don’t know (Go to Q. 14)
1. If no planning was done, to what extent do you think a planning component would have been helpful in assuring sustainability and impact of the project?
* A lot
* Some
* A little or not at all
* Don’t know
1. What types of technical assistance were available to you from SAMHSA? (Check all that apply.) Which of these did you actually use or receive? (Check all that apply.)

Available Received/Used

❒ ❒ SAMHSA-sponsored technical assistance center

❒ ❒ Evaluation technical assistance

❒ ❒ Formal evidence-based practice (EBP) training or materials

❒ ❒ On-site visit(s) with GPO or expert consultants

❒ ❒ Phone consultation

❒ ❒ Contact (phone or in-person) with other grantees

❒ ❒ SAMHSA-sponsored website

❒ ❒ SAMHSA-sponsored listserv

❒ ❒ Other. Please describe.

❒ ❒ None (Go to Q. 16)

**Project Impact**

1. How important was the technical assistance (TA) you received to the impact of your project?
* Very important
* Somewhat important
* Not at all important
* Don’t know
1. Was an evaluation of the project conducted during the grant period?
* Yes
* No (Go to Q. 19)
* Don’t know (Go to Q. 19)
1. Was it a…
* Formative or process evaluation?
* Outcome evaluation?
* Both
	+ Don’t know
1. To what extent did the evaluation results contribute to the impact of the project?
* A lot
* Some
* A little or not at all
	+ Don’t know
1. To what extent did GPRA or NOMS measures contribute to the impact of the project?
* A lot
* Some
* A little or not at all
* Don’t know
1. What systemic or other impacts resulted from this project? (Check all that apply.)
* State policy changes
* Local policy changes
* Other programs started statewide
* Expanded geographic service area
* Changes in other agency programs that serve same population
* Increased use of evidence-based practices
* Improved collaboration among community agencies
* Planning groups established
* Other. Please describe

**Project Sustainability**

1. Was the project continued after Federal funding ended?
* Yes, pretty much as originally funded
* Yes, in part
* No (go to Q. 25)
* Don’t know (go to end of survey)
1. What types of changes were made? (Check all that apply.)
* Population served
* Services delivered
* Program design
* Agency delivering services
* Staffing
* Other. Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No changes were made
1. After Federal funding ended how was the project funded? (Check all that apply.)
* State agency
* Local agency
* Medicaid
* Private
* Blended
* Other. Please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. How important were the following to the project’s continuation? (Indicate whether each is very, somewhat or not at all important. Then rank the top 3 for importance to project continuation.)

|  |  |  |
| --- | --- | --- |
| **Importance**(Check one) |  |  |
| **Very** | **Some-what** | **Not at All** | **Rank** |  |
|  |  |  |  | Planning process |
|  |  |  |  | Availability of on-going EBP training or materials |
|  |  |  |  | Administrative or fiscal technical assistance |
|  |  |  |  | Evaluation technical assistance |
|  |  |  |  | Evaluation findings or outcomes |
|  |  |  |  | Fit into mission of organization |
|  |  |  |  | Served intended population more effectively |
|  |  |  |  | Having widespread community support |
|  |  |  |  | Having a champion |
|  |  |  |  | Other. Please describe. |

1. How important were the following factors to the project’s discontinuation? Please indicate which was the most important. (Indicate whether each is very, somewhat or not at all important. Then rank the most importance to the project’s discontinuation.)

|  |  |  |
| --- | --- | --- |
| **Importance**(Check one) |  |  |
| **Very** | **Some-what** | **Not at All** | **Rank** |  |
|  |  |  |  | Lack of leadership |
|  |  |  |  | Problem was not significant in the community |
|  |  |  |  | Staff turnover |
|  |  |  |  | People busy with other tasks |
|  |  |  |  | Not a priority |
|  |  |  |  | Additional funding wasn’t found |
|  |  |  |  | Another agency is providing services to the intended population |
|  |  |  |  | The program is being continued in a reduced/more targeted form |
|  |  |  |  | Other. Please describe. |

**Conclusion**

Thank you for completing this survey.