

Assertive Adolescent & Family Treatment (AAFT) Program

AAFT Implementation Survey

Clinical Supervisors &

Public reporting burden for this collection of information is estimated to average 45 minutes per response 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.

**Thank you for agreeing to participate in the
Program Evaluation for Assertive Adolescent & Family Treatment (AAFT) Program!**

This survey is being conducted by Advocates for Human Potential, Inc. (AHP). We are a research and consulting firm based in Sudbury, MA and Albany, NY. We're conducting this study as part of our contract to assist the Center for Substance Abuse Treatment (CSAT) in the national evaluation of the implementation of AAFT, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

At the end of each project year, we are asking program administrators, clinical, and research staff across the entire AAFT3 grantee cohort to provide information about their professional background as well as opinions/thoughts on a variety of topics, including substance abuse treatment. We are gathering data from many sources and believe it is important to collect information from many perspectives as well. As you complete this survey, PLEASE RESPOND TO THE QUESTIONS FROM YOUR OWN PERSPECTIVE—choosing an answer that best describes your experience or opinion.

Your responses to the survey will be kept in a private record. Your responses will come directly to AHP staff. Any reports generated as part of this evaluation will contain only aggregate responses (for example, “50% of the program staff had been working for this program for less than two years”).

If you have any questions, concerns or comments about the questionnaire or the study, please feel free to contact us by phone or email:

Dr. Terri Tobin
Evaluation Director
1-800-795-5486 x418
ttobin@ahpnet.com

Denise Lang
Research Associate
401-323-9678
dlang@ahpnet.com

Thank you again for your participation!

Section A

Respondent ID: Please provide your First, Middle, & Last initials, and the Month & Day of your birthday.

| _____ | (For example: ALA0415 |)

What is your primary role in the project (select one):

- Principal Investigator
- Project Director
- Clinical Supervisor
- Clinician/Counselor
- Researcher/Evaluator
- Data Manager
- Other, please specify _____

What is the highest degree that you have obtained?

- No high school diploma or equivalent
- High School Diploma or Equivalent
- Some college, but no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree or equivalent
- Other, please specify _____

What is your professional background? (check all that apply)

- Addictions Counseling
- Other Counseling
- Education
- Vocational Rehabilitation
- Criminal Justice
- Psychology
- Social Work/Human Services
- Physician Assistant
- Medicine: Primary Care
- Medicine: Psychiatry
- Medicine: Other
- Nurse
- Nurse Practitioner
- Administration
- None, unemployed
- None, student
- Other, please describe _____

Which licenses, credentials, or certificates do you currently hold? (check all that apply)

- ACDP/ACPS
- LMHC
- MD/DO
- None
- LCDP/LCDCS
- LSW/LCSW/LICSW
- LMFT
- Other, please describe _____

How many years of experience do you have in the substance use treatment field? _____

Do you have experience providing substance use treatment services to:

- Adolescents (ages 12-17) YES, # years _____ NO
- Transition Age Youth (TAY; ages 18-24) YES, # years _____ NO
- Families YES, # years _____ NO

Please list on what date you began working at your current agency (MONTH/YEAR): _____

Please list on what date you began working on this AAFT project (MONTH/YEAR): _____

Grantee experience

This grant may not be your first experience working with A-CRA/ACC, Chestnut Health Systems or research/evaluation. The following questions ask about your experiences with A-CRA/ACC, Chestnut Health Systems, data collection and research/evaluation projects.

Prior to this project, did you participate in a CSAT-funded adolescent project?

Yes

No (If NO, skip to next question)

IF YES, please indicate each type(s).

AAFT

EAT

YORP

TCE/
HIV

OJJDP

SCY

Other _____

DK

Please indicate what your level of A-CRA/ACC/GAIN certification was prior to working on this AAFT project. [check all that apply]:

I was a certified GAIN local trainer.

I was a certified GAIN administrator.

I was an A-CRA-certified clinical supervisor.

I was an A-CRA-certified clinician.

I was an ACC-certified clinical supervisor.

I was an ACC-certified clinician.

None of the above

Section C: Based on your experience, please rate the reactions to each of the components of this project. If you feel that the question does not apply to you or you do not know the answer, please mark “N/A” or “DK” (respectively).

Section D: The following questions ask about your experiences with the support provided for the AAFT grant from Chestnut Health Systems, CSAT and other outside sources. For each item, please indicate how helpful each support has been. Lastly, please add any comments or recommendations for improvement for each.

Have you had involvement with A-CRA/ACC, EBTx, and/or DSRs?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>IF "NO" — SKIP questions below, continue on next page</i>		
How helpful has it been in helping you implement the AAFT Program?	Extreme ly	Moderately	Slightly	Not at all	Not enough participation to rate this item	Any comments or recommendations for improvement?
A-CRA/ACC Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A-CRA/ACC certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A-CRA/ACC coaching calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A-CRA/ACC Training manual (e.g., refer back to procedures, certification process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A-CRA/ACC Materials (e.g., Happiness Scale, Functional Analysis worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EBTx website & DSRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EBTx Support team staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program reports (e.g., 13+weeks report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A-CRA/ACC team staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Have you had involvement with the GAIN, GAIN data, and/or ABS? YES NO **IF "NO" —SKIP questions below, continue on the next table**

How helpful has it been in helping you implement the AAFT Program?	Extremely	Moderately	Slightly	Not at all	Not enough participation to rate this item	Any comments or recommendations for improvement?
GAIN Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAIN certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAIN coaching calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAIN Training manual (e.g., intent of questions, certification process, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAIN Clinical Interpretation Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAIN Clinical Interpretation Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual-level reports (e.g., GRRS, PFR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ABS web-based system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reports (e.g. Site Profiles Report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAIN data (e.g., analytical files)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAIN Support team staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How helpful has it been in helping you implement the AAFT Program?	Extremely	Moderately	Slightly	Not at all	Not enough participation to rate this item	Any comments or recommendations for improvement?
Implementation calls/site visits to monitor/address progress at grantee sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individualized coaching calls to address areas for improvement (e.g., low recruitment/follow-up rates, DSR uploads, increase TxSI completion, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List Serve Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Technical assistance available through NIATx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special topic calls (e.g., Cultural Responsiveness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly calls with CSAT project officer/Chestnut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interactions with other grantees at meetings/ calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initial/Annual Grantee Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section E: To meet the needs of your target population, you may have felt the need to modify or adapt the A-CRA/ACC treatment model. Please tell us about any changes your program has made to the A-CRA/ACC model for this project.

Has your program made any modification/adaptations to the A-CRA/ACC treatment model?

YES (If YES, proceed to next question below)

NO (If NO, skip to next page)

Has well have these modifications worked for your program?

Extremely well

Quite well

Not too well

Not well at all

Section F: Based on your experience, please indicate if the issues listed below have been barriers to implementation at your site. Then, describe the strategies you have used to overcome the MOST CHALLENGING BARRIER at your site.

POSSIBLE BARRIERS	Was this a barrier to implementation at your site?	
	YES	NO
PROGRAM/ORGANIZATIONAL ISSUES		
Internal communication (e.g., program staff)	<input type="checkbox"/>	<input type="checkbox"/>
External communication (e.g., CSAT, Chestnut Health Systems)	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitudes (e.g., morale, enthusiasm, resistance)	<input type="checkbox"/>	<input type="checkbox"/>
Leadership/management attitudes	<input type="checkbox"/>	<input type="checkbox"/>
Recruiting clinical staff	<input type="checkbox"/>	<input type="checkbox"/>
Recruiting supervisory staff	<input type="checkbox"/>	<input type="checkbox"/>
Turnover; significant loss of staff	<input type="checkbox"/>	<input type="checkbox"/>
Budget issues	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE DELIVERY	YES	NO
Enrolling clients	<input type="checkbox"/>	<input type="checkbox"/>
Client engagement	<input type="checkbox"/>	<input type="checkbox"/>
Family engagement	<input type="checkbox"/>	<input type="checkbox"/>
Client retention	<input type="checkbox"/>	<input type="checkbox"/>
GRANT-RELATED ACTIVITIES	YES	NO
A-CRA/ACC training	<input type="checkbox"/>	<input type="checkbox"/>
GAIN training	<input type="checkbox"/>	<input type="checkbox"/>
Collecting GPRA data	<input type="checkbox"/>	<input type="checkbox"/>
Collecting GAIN data	<input type="checkbox"/>	<input type="checkbox"/>
Collecting follow-up data	<input type="checkbox"/>	<input type="checkbox"/>
Using ABS	<input type="checkbox"/>	<input type="checkbox"/>
Using the SAIS system for GPRA	<input type="checkbox"/>	<input type="checkbox"/>
Recording treatment sessions (DSRs) & using EBTx website	<input type="checkbox"/>	<input type="checkbox"/>
Other Grant requirements (e.g., certification, coaching calls, data management)	<input type="checkbox"/>	<input type="checkbox"/>
RESEARCH/EVALUATION ACTIVITIES	YES	NO
Working with the local evaluator	<input type="checkbox"/>	<input type="checkbox"/>
Use of data, monitoring, compliance reports (e.g., <i>Site Profile Data, follow-up/enrollment rates, 13+week reports</i>)	<input type="checkbox"/>	<input type="checkbox"/>

Any other barriers not included above (specify):

Please describe the strategies you have used to overcome the MOST CHALLENGING BARRIER at your site.

Section I: We would like to know about your program's needs.

Your program needs additional guidance in...	Agree Strongly	Agree	Uncertain	Disagree	Disagree Strongly
Assessing client needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matching needs with services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing program participation by clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measuring client performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing more effective group sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raising overall quality of counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using client assessments to guide clinical and program decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using client assessments to document program effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section J: The next section asks about staffing and staff time.

	Agree Strongly	Agree	Uncertain	Disagree	Disagree Strongly
There are enough counselors here to meet current client needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A larger support staff is needed to help meet program needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent staff turnover is a problem for this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselors here are able to spend enough time with clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support staff here have the skills they need to do their jobs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical staff here are well-trained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are under too many pressures to do your job effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff members often show signs of stress and strain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The heavy workload here reduces program effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff frustration is common here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section K: We would like to know more about your time management and flexibility.

	Agree Strongly	Agree	Uncertain	Disagree	Disagree Strongly
You consistently plan ahead and carry out your plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You usually accomplish whatever you set your mind on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are effective and confident in doing your job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have the skills needed to conduct effective individual counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are willing to try new ideas even if some staff members are reluctant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning and using new procedures are easy for you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are sometimes too cautious or slow to make changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are able to adapt quickly when you have to shift focus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You consistently plan ahead and carry out your plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section L: Communication is an important part of any organization. Please tell us about how information and ideas are communicated within your organization.

	<u>Agree Strongly</u>	<u>Agree</u>	<u>Uncertain</u>	<u>Disagree</u>	<u>Disagree Strongly</u>
Ideas and suggestions from staff get fair consideration by program management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The formal and informal communication channels here work very well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program staff are always kept well informed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More open discussions about program issues are needed here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff members always feel free to ask questions and express concerns in this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section M: Please rate how much you agree or disagree with the following statements.

	<u>Agree Strongly</u>	<u>Agree</u>	<u>Uncertain</u>	<u>Disagree</u>	<u>Disagree Strongly</u>
Novel treatment ideas by staff are discouraged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can change procedures here quickly to meet new conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You frequently hear good staff ideas for improving treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The general attitude here is to use new and changing technology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You encourage counselors to try new and different techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manuals make therapists more like technicians than caring human beings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a treatment manual makes a therapist think more about sticking to the manual than the needs of the individual client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment manuals are appropriate for research clients but not "real world" clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a treatment manual keeps therapists from using his or her intuition in responding to a client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following a treatment manual will enhance therapeutic outcomes by insuring that the treatment being used is supported by research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment manuals, if used appropriately, will enhance the average outcomes of clients treated in psychotherapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment manuals can help keep therapists on track during therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section N: These next questions ask about your opinions regarding substance abuse treatment.

	<u>Agree Strongly</u>	<u>Agree</u>	<u>Uncertain</u>	<u>Disagree</u>	<u>Disagree Strongly</u>
Addiction is really a disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12-step programs should be used more in substance abuse treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confrontational approaches should be used more in substance abuse treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovering counselors make the best therapists in substance abuse treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment services should routinely include the patient's family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging family members in treatment has a negative impact on the youth's outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family-based treatment is effective with substance-abusing youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section O: Please read each statement carefully and indicate how much you agree with each of the following statements related to your grantee site's experience with research and evaluation activities.

	<u>Agree Strongly</u>	<u>Agree</u>	<u>Uncertain</u>	<u>Disagree</u>	<u>Disagree Strongly</u>
Policies and procedures are in place to ensure integrity of data collected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff capacity is adequate to meet the demands of data collection efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our program regularly conducts surveys with consumers to identify program strengths and weaknesses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program staff use data to evaluate program services and consider opportunities for improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our agency relies on data to set goals and measure success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data collected is analyzed and used to evaluate/enhance program implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management shares data with staff about program effectiveness in meeting the needs of clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data are provided to/discussed with staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P

Section P. Sustainability:

Please tell us about any plans your program may have to sustain this program after CSAT funding has ended.

Are you currently engaged in any activities aimed toward sustainability of your program?

YES
(if YES, proceed to
next question)

NO
(if NO, skip to FINAL
THOUGHTS below)

If YES, please describe the activities.

What parts/components are likely to continue and why?

FINAL THOUGHTS

Given your experience implementing this project, what do you think you would have done differently if you could turn back the clock to the time when you first got involved with this grant?

Please tell us about your biggest success(es) with this project. This is your opportunity to brag about the work you are doing to help adolescents, transition-age youth, and their families. To what would you attribute the successes (e.g., strong staff, additional funding, morale...)?

Thank you for your time and contribution!

Please e-mail to ttobin@ahpnet.com
or FAX to (978) 443-4722, Attn: Terri Tobin