

Assertive Adolescent & Family Treatment (AAFT) Program

AAFT Implementation Survey

Evaluators & Data Management

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:

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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):

- | | | |
|---|---|---|
| <input type="checkbox"/> Principal Investigator | <input type="checkbox"/> Clinician/Counselor | <input type="checkbox"/> Other, please describe _____ |
| <input type="checkbox"/> Project Director | <input type="checkbox"/> Researcher/Evaluator | |
| <input type="checkbox"/> Clinical Supervisor | <input type="checkbox"/> Data Manager | |

What is the highest degree that you have obtained?

- | | |
|---|--|
| <input type="checkbox"/> No high school diploma or equivalent | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High School Diploma or Equivalent | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Some college, but no degree | <input type="checkbox"/> Doctoral degree or equivalent |
| <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Other, please describe _____ |

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).

- | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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]:

- | | |
|--|--|
| <input type="checkbox"/> I was a certified GAIN <u>local trainer</u> . | <input type="checkbox"/> I was a certified GAIN <u>administrator</u> . |
| <input type="checkbox"/> I was an A-CRA-certified <u>clinical supervisor</u> . | <input type="checkbox"/> I was an A-CRA-certified <u>clinician</u> . |
| <input type="checkbox"/> I was an ACC-certified clinical supervisor. | <input type="checkbox"/> I was an ACC-certified <u>clinician</u> . |
| <input type="checkbox"/> None of the above | |

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 NO **IF "NO" — SKIP questions below, continue on next page**

| 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? |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--|---|
| 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? | Extreme ly | 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"/> | |
| Data manager training call | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Data manager manual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Responsiveness of Data Support team

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?**

Evaluator Listserv

Implementation calls/site visits to monitor/address
progress at grantee sites

Individualized coaching calls to address areas for
improvement (e.g., low recruitment/follow-up rates,
DSR uploads, increase TxSI completion, etc.)

Listserve Information

Technical assistance available through NIATx

Special topic calls (e.g., Cultural Responsiveness)

Monthly calls with CSAT project officer/Chestnut

Interactions with other grantees at meetings/calls

Initial/Annual Grantee Meetings

Section E: *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"/> |
| Turnover; significant loss of staff | <input type="checkbox"/> | <input type="checkbox"/> |
| SERVICE DELIVERY | YES | NO |
| Enrolling clients | <input type="checkbox"/> | <input type="checkbox"/> |
| Client retention | <input type="checkbox"/> | <input type="checkbox"/> |
| GRANT-RELATED ACTIVITIES | YES | NO |
| 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"/> |
| Other Grant requirements (e.g., certification, coaching calls, data management) | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other barriers not included above (specify): | <input type="checkbox"/> | <input type="checkbox"/> |

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

Section I: 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"/> |
| I do not have time to complete data collection in a standardized way | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I find structured interviews easy to use. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Research is an important part of my job. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel comfortable with structured data collection processes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have had adequate training in how to collect data in a standardized way. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When conducting a semi-structured interview, it is acceptable to deviate a little bit from the interview script. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am experienced in collecting data using computer-assisted interviewing techniques. | <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"/> |
| 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"/> |

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!

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