# Attachment 1: Technical Assistance Satisfaction Survey

OMB No. 0930-0197

Expiration Date: 03/31/14

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 0930-0197.  Public reporting burden for this collection of information is estimated to average 10 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 2-1057, Rockville, Maryland, 20857.

Dear Colleagues,

The Technical Assistance Partnership for Child and Family Mental Health (TA Partnership) would like to request your input about the effectiveness of the technical assistance (TA) activities we provide to you. Please take a few minutes to complete this survey and have your voice heard. You will have an opportunity to provide us with valuable feedback that will help us enhance the TA we provide. Importantly, you will have an opportunity to share your TA priorities for 2013. The form should only take a few minutes to complete and all responses will be anonymous unless you provide your contact information at the end of the survey. Your participation is voluntary.

1. **The system I represent and role can best be described as:**

*Please check as many as apply:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Description: http://www.surveymonkey.com/i/t.gifChild Welfare |  | | Cultural/Linguistic Competence Coordinator |  | | Early Childhood |  | | Description: http://www.surveymonkey.com/i/t.gifEducation/Special Education |  | | Description: http://www.surveymonkey.com/i/t.gifEvaluator/Researcher |  | | Health |  | | Description: http://www.surveymonkey.com/i/t.gifJuvenile Justice |  | | Lead Family Contact/Family |  | | Description: http://www.surveymonkey.com/i/t.gifMental Health |  | | Principal Investigator |  | | Project Director |  | | Social Marketing/Communications |  | | Substance Abuse |  | | Technical Assistance Coordinator |  | | Youth Engagement Specialist/Youth |  | | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | * Description: http://www.surveymonkey.com/i/t.gifDescription: http://www.surveymonkey.com/i/t.gif |  |
|  | | |

1. Are you part of a currently funded system of care with a 6-year cooperative agreement? *Note: if “no,” the survey will end. If “unsure,” survey will continue.*

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Unsure |  |

1. How long have you been accessing TA Partnership TA (e.g., conference calls, on-site TA, TA Partnership website, webinars)? (Please fill in)

|  |  |  |  |
| --- | --- | --- | --- |
| Years |  | Months |  |

1. **Rate your agreement with the following statements, thinking about all of the TA you received from the TA Partnership over the past year (in 2012)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Questions About the TA Partnership TA Overall** | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| TA requests were responded to in a timely manner |  |  |  |  |  |
| TA was delivered in a professional manner |  |  |  |  |  |
| The TA supported my community’s efforts to sustain our system of care |  |  |  |  |  |
| The TA supported my community’s efforts to develop a strategic plan |  |  |  |  |  |
| The TA has supported my community’s efforts to: |  | | | | |
| * Plan/implement wellness promotion and illness prevention activities (early intervention/prevention) |  |  |  |  |  |
| * Plan/implement culturally and linguistically competent care |  |  |  |  |  |
| * Plan/implement evidence-based care |  |  |  |  |  |
| * Plan/implement family-driven care |  |  |  |  |  |
| * Plan/implement youth-guided care |  |  |  |  |  |
| * Improve/increase interagency collaboration |  |  |  |  |  |
| * Plan/implement a trauma-informed approach to care |  |  |  |  |  |
| * Other – (specify)\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Overall, I was very satisfied with the TA I received |  |  |  |  |  |

1. What suggestions do you have for further improving our TA services/activities? (text box)

|  |
| --- |
|  |

1. **Please think about the TA content areas you accessed from the TA Partnership over the past year (in 2012). Please identify how much you have accessed each TA content area (e.g., through calls, on-site support, webinars, the TA Partnership website).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Content Area** | **None** | **A Little** | **Some** | **A Lot** |
| Child Welfare |  |  |  |  |
| Cultural and Linguistic Competence |  |  |  |  |
| Early Childhood |  |  |  |  |
| Education |  |  |  |  |
| Family Involvement |  |  |  |  |
| Finance |  |  |  |  |
| Juvenile Justice |  |  |  |  |
| Mental Health |  |  |  |  |
| Organizational Development and Implementation |  |  |  |  |
| Primary Care |  |  |  |  |
| Substance Abuse |  |  |  |  |
| Transition-age Youth |  |  |  |  |
| Youth Involvement |  |  |  |  |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

1. **Please think about the TA Partnership TA content area you accessed MOST over the past year (in 2012). Please select the corresponding content area from the list below and answer the questions that follow thinking about this TA content area only.**

|  |  |
| --- | --- |
| *Select one:* |  |
| Child Welfare |  |
| Cultural and Linguistic Competence |  |
| Early Childhood |  |
| Education |  |
| Family Involvement |  |
| Finance |  |
| Juvenile Justice |  |
| Mental Health |  |
| Organizational Development and Implementation |  |
| Primary Care |  |
| Substance Abuse |  |
| Transition-age Youth |  |
| Youth Involvement |  |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_ |  |

| **Questions About the Content Area You Selected** | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| --- | --- | --- | --- | --- | --- |
| TA requests were responded to in a timely manner |  |  |  |  |  |
| TA was delivered in a professional manner |  |  |  |  |  |
| The TA supported my community’s efforts to sustain our system of care |  |  |  |  |  |
| The TA supported my community’s efforts to develop a strategic plan |  |  |  |  |  |
| The TA supported my community’s efforts to implement large-scale system change (e.g., leadership, change management, strategic communication, policy change) |  |  |  |  |  |
| Overall, I was very satisfied with the TA I received |  |  |  |  |  |

|  |  |
| --- | --- |
| What suggestions do you have for further improving the TA services/activities for the content area you accessed MOST over the past year? |  |

1. **The TA Partnership would like to better understand your individual TA priorities for 2013.**
2. **Thinking about your TA needs, how important is receiving TA Partnership support related to the following content areas.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Content Area** | Not Important | A little Important | Important | Very Important | Unsure/Not Applicable |
| Child Welfare |  |  |  |  |  |
| Cultural and Linguistic Competence |  |  |  |  |  |
| * African Heritage |  |  |  |  |  |
| * Asian American, Native Hawaiian, and Other Pacific Islander |  |  |  |  |  |
| * Latino/Hispanic |  |  |  |  |  |
| * Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Two-Spirit (LGBTQI2-S) |  |  |  |  |  |
| Early Childhood |  |  |  |  |  |
| Education |  |  |  |  |  |
| Family Involvement |  |  |  |  |  |
| Fatherhood |  |  |  |  |  |
| Finance |  |  |  |  |  |
| Juvenile Justice |  |  |  |  |  |
| Mental Health |  |  |  |  |  |
| Organizational Development and Implementation |  |  |  |  |  |
| Primary Care |  |  |  |  |  |
| Substance Abuse |  |  |  |  |  |
| Transition-age Youth |  |  |  |  |  |
| Youth Involvement |  |  |  |  |  |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

1. **Thinking about your TA needs, how important is receiving TA Partnership support related to the following cross-system themes/topics.**

| **Cross-System Theme/Topic** | Not Important | A little Important | Important | Very Important | Unsure/Not Applicable |
| --- | --- | --- | --- | --- | --- |
| Coordinating block grants and other health care reform efforts (e.g., Affordable Care Act) |  |  |  |  |  |
| Eliminating bias, stigma, and discrimination |  |  |  |  |  |
| Financing strategies across child-serving systems |  |  |  |  |  |
| Incorporating trauma-informed approaches to care |  |  |  |  |  |
| Integrating mental health and substance abuse services and systems |  |  |  |  |  |
| Integrating system of care outcome tracking with data management systems |  |  |  |  |  |
| Interagency collaboration |  |  |  |  |  |
| Sustainability |  |  |  |  |  |
| Wellness promotion and illness prevention |  |  |  |  |  |

|  |  |
| --- | --- |
| What other TA needs do you have, which you would like the TA Partnership to support over the coming year? |  |

1. **Which of the following TA delivery methods would be most helpful to you to support your high-priority TA needs over the coming year?**

| **Type of Technical Assistance** | Not Important | A little Important | Important | Very Important | Unsure/Not Applicable |
| --- | --- | --- | --- | --- | --- |
| **Monthly Community Calls—***Conference calls with community team and TA Partnership staff to identify/discuss TA needs, strengths, and strategies.* |  |  |  |  |  |
| **Mentoring and Coaching Support by TA Coordinator/Resource Specialist**—*Individualized support to individuals or teams as requested.* |  |  |  |  |  |
| **On-Site TA and consultation—***Community visits to support/problem-solve specific needs/challenges or provide training when sites request this and support travel costs.* |  |  |  |  |  |
| **National In-Person Trainings*—****TA Partnership summer on-site system of care trainings.* |  |  |  |  |  |
| **Communities of Practice*—****National conference calls and webinars focused on TA topics elicited from the field (e.g., family involvement, youth involvement, cultural and linguistic competence, child welfare, juvenile justice, etc.).* |  |  |  |  |  |
| **Cultural and Linguistic Competence Learning Communities—***Facilitated dialogue and problem-solving issues regarding particular populations (e.g., Latino, African American, LGBTQI2-S).* |  |  |  |  |  |
| **Medicaid Waivers Learning Community—***Community technical support in designing and implementing Medicaid section 1915(b) and (c) waivers.* |  |  |  |  |  |
| **Affinity Calls—***peer-to-peer learning and networking re: common roles, challenges, lessons learned (e.g., Project Directors/Principal Investigators, Youth Engagement Specialists)* |  |  |  |  |  |
| **Resources**—*Written resources developed by the TA Partnership.* |  |  |  |  |  |
| **Website—***TA Partnership website and content-related webpages.* |  |  |  |  |  |
| **TA Partnership Newsletter—***Bimonthly online system of care publication.* |  |  |  |  |  |
| **Other** (please specify)\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

Thank you… we value your feedback!