

Attachment 1: Annual Webinar 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 8 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 8-1099, Rockville, Maryland, 20857.

Please provide us with your feedback on the TA Partnership's Webinars by answering the following questions. 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. Of the proposed Webinar content areas below, please identify those Webinars you would attend if the TA Partnership offered them (please check as many as apply):

<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Healthcare Reform	<input type="checkbox"/> Rural Issues
<input type="checkbox"/> Cultural Competence	<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Service Delivery Systems
<input type="checkbox"/> Education	<input type="checkbox"/> Linguistic Competence	<input type="checkbox"/> Staff Structure and Retention
<input type="checkbox"/> Education/Special Education	<input type="checkbox"/> Organizational Development	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Family Engagement	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Sustainable Funding
<input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Youth Engagement

2. Thinking back over the past 12 months, how many TA Partnership Webinars have you attended?

- None
- 1-3
- 4-6
- More than 6

The TA Partnership would like your feedback on how to make the Webinar experience more engaging and effective. Please identify your level of agreement with the following statements

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

3. The current Webinar format—presenter(s) with PowerPoint presentation(s)—meets my technical assistance needs.

4. The current Webinar format—presenter(s) with PowerPoint presentation(s)—is engaging.

5. The current Webinar format—presenter(s) with PowerPoint presentation(s)—matches my learning style.

6. I would like to hear more from former or current communities who would share “how-to” examples.

7. A more effective format for delivering technical assistance via a Webinar would be to structure Webinars with longer question and answer periods.

8. A more effective format for delivering technical assistance via a Webinar would be to have a panel of former and (or) current community presenters/facilitators.

9. The webcams make the presentation more engaging.

10. Conducting polls makes the presentation more engaging.

11. I would be willing to participate in a short-term (two months with 1 to 2 calls each month) workgroup to identify Webinar topics and identify presenters. (If so, please provide your name and contact info: _____)

12. If there is a colleague or other person you would like to recommend as a presenter, please share their name and the topic they could present on: _____

13. Please include your contact information if you would like to be contacted regarding your responses: _____

Attachment 2: Specific Webinar Survey

OMB No. 0930-0197

Expiration Date: 03/31/14

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[Title and date of webinar]

Please provide us with your feedback on today's Webinar by answering the questions below. 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. My role can best be described as (please check as many as apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> My role can best be described as (please check as many as apply): Advocate | <input type="checkbox"/> Federal Government | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Health | <input type="checkbox"/> Social Marketing/Communications |
| <input type="checkbox"/> Cultural/Linguistic Coordinator | <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Lead Family Contact | <input type="checkbox"/> Technical Assistance Coordinator |
| <input type="checkbox"/> Education/Special Education | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Youth/Young Person |
| <input type="checkbox"/> Evaluator/Researcher | <input type="checkbox"/> National Organization | <input type="checkbox"/> Youth Coordinator |
| <input type="checkbox"/> Family Member/Caregiver | <input type="checkbox"/> Principal Investigator/Project Director | |
| <input type="checkbox"/> Other (please specify) | | |

2. Overall, how would you rate the quality of this Webinar, such as the communication style of presenter(s) and the clarity of the Webinar content?

- Poor Fair Good Excellent

3. Overall, how knowledgeable about the Webinar's topic(s) were you prior to this call?

- Not Knowledgeable Somewhat Knowledgeable Very Knowledgeable

4. Will you directly apply the information in your system of care community role?

- No Maybe Yes

5. The information presented on the Webinar helped me learn about:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
[item depends on webinar content]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[item depends on webinar content]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[item depends on webinar content]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[item depends on webinar content]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Do you intend to share information from this Webinar with community stakeholders/partners?

- No Maybe Yes

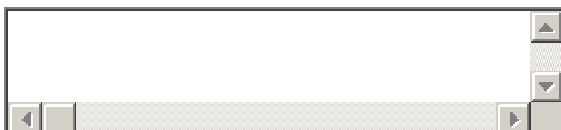
7. If you answered “Yes” to question 6., please describe the system of care community roles of the individuals with whom you might share the Webinar content.



8. Did the video component of the presentation (seeing the presenters through video) make the presentation more engaging?

- Yes No I was not able to see the video component

9. Please describe any additional information you would have liked included in this Webinar. Please also share any suggestions for future Webinar topics. We would like to hear them!



Attachment 3: Cultural Competence Action Team 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 12 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 8-1099, Rockville, Maryland, 20857.

“Help Us Improve!”

The TA Partnership is committed to continually improving its work with systems of care (SOC) and supporting the cultural and linguistic competence (CLC) of systems of care. To do this, we need feedback from you. The Cultural Competence Action Team (CCAT) would appreciate your feedback on the following questions so that we can improve our service to you. Your responses will be anonymous (unless you identify yourself in open-ended questions) and your participation is voluntary.

The CCAT established the CLC Community of Practice (CLC COP), which is an affinity group based on similar roles or areas of interest in CLC. The CLC COP meets regularly by phone and includes five Learning Communities that meet separately: (1) African Heritage; (2) Asian American, Native Hawaiian, and Other Pacific Islander; (3) Fatherhood; (4) Latino; and (5) Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two-Spirit (LGBTQI2-S). This survey asks questions about the CLC COP and its services.

I) Individualized Cultural and Linguistic Competence Consultation/Technical Assistance

The following questions pertain to individualized CLC consultation/technical assistance (TA) provided by CCAT members to you or to your community. CCAT members include Ken Martinez, Larry Brown, Nadia Cayce-Gibson, Karen Francis, Becky Ornelas, Jeffrey Poirier, Janet Soohoo, and Amy Johnson.

1. Did you receive individualized TA from at least one of the CCAT members listed above at least once *during the previous six months*? (if no, Survey Monkey will skip questions 2 and 3)

- Yes No

2. Please rate your agreement with the following statements based on your experience *during the previous six months*. Please respond about your *general experience* if you have received TA from more than one CCAT member.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
My TA request(s) was responded to in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The TA was provided in a courteous manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was satisfied with the TA provided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The TA met my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. If you would like to share additional feedback about the individualized CLC TA you received, please share your comments here.



II) Cultural Linguistic Competence Community of Practice Calls and Webinars

1. Please select the CLC COP conference calls/webinars you participated in during the previous six months: (if none are checked, Survey Monkey will skip questions 2 and 3)

- March 11, 2010 - Fatherhood Call:** Fatherhood and Native American Culture
- March 17, 2010 - Asian American, Native Hawaiian, and Other Pacific Islander Learning Community Call:** Using Health Information Technology as a Tool to Eliminate Disparities
- April 1, 2010 - CLC Community of Practice Call:** Cultural and Linguistic Competence Implementation Guide Overview
- April 6, 2010 - CLC Coordinators Call**
- April 8, 2010 - Fatherhood Call:**
- April 15, 2010 - Latino Learning Community Call:** Working Effectively with the New Immigrant Latino Community in MeckCares System of Care
- April 20, 2010 - LGBTQI2-S Learning Community Call:** Assets-Based Approaches
- April 28, 2010 - African Heritage Learning Community Call:** Discussing the AHLC Action Plan and the Initiative for Boys of African Heritage
- May 11, 2010 - African Heritage Learning Community, Latino Learning Community, and Asian American, Native Hawaiian, and Other Pacific Islander Learning Community Joint Call:** Refugee Foster Children: Hope Rekindled, Lives Transformed
- May 13, 2010 - Fatherhood Call:** Fathers and their Involvement with the Child Welfare System
- May 21, 2010 - CLC Community of Practice Call:** Modifying Evidenced-Based Practice to Increase Cultural Competence
- June 1, 2010 - CLC Coordinators Call**
- June 10, 2010 - Fatherhood Call:** Expanding Our Capacity for Working with Teen Fathers: Beginning the Conversation

- June 24, 2010 - African Heritage Learning Community Call: "Good Hair" – The Image of Self that We Pass on to Our Children of African Heritage**
- August 3, 2010 - CLC Coordinators Call**
- August 12, 2010 - Fatherhood Call: Resiliency in Fatherhood: One Man’s Journey through Recovery**
- I have not participated in any CLC COP calls/webinars in the previous 6 months**

2. Please rate your agreement with the following statements based on your experience *during the previous six months*. Please respond about your *general experience* if you participated in more than one call/webinar during this period.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
The topics discussed provided information that has helped (or will help) me to infuse CLC within my SOC.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information provided was clear and understandable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The conference call(s)/webinar(s) provided valuable opportunities for peer learning and networking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenters were knowledgeable about the information they provided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenters engaged participants in discussions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The frequency of CLC COP conference calls/webinars meets my CLC needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The duration of CLC COP conference calls/webinars meets my CLC needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

III) Cultural and Linguistic Competence Community of Practice Resources

For each of the following CLC COP resources, please indicate the extent to which you agree with the following statement. Also, please include any comments you would like to share about these resources.

1. The resource supports my efforts to integrate and implement CLC in my community role.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	I Have Not Accessed This Resource
Cultural and Linguistic Competence Checklist for Communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cultural and Linguistic Competence Implementation Guide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A Cultural Competency Toolkit: Ten Grant Sites Share Lessons Learned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sample Cultural and Linguistic Competence Budget	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sample Cultural and Linguistic Competence Committee Description	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sample Cultural and Linguistic Competence Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sample Job Description for Cultural and Linguistic Competence Coordinators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A System of Care Team Guide to Implementing Cultural and Linguistic Competence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please share additional comments or suggestions for resources that you would like the CLC COP to provide.

IV) Cultural and Linguistic Competence Community of Practice Web Site

1. I have accessed the CLC COP Web site (<http://www.tapartnership.org/COP/CLC/>) at least once *during the previous six months*. (if no, Survey Monkey will skip questions 2 and 3)

- Yes No

2. Please rate:

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
The CLC COP Web site is easy to navigate — I easily find what I am looking for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The available material helps me to integrate and implement CLC in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

V) Cultural and Linguistic Competence Community of Practice Overall

1. Please share additional suggestions for improving any aspect of the CLC COP, including the Web site, Webinars, and resources.

2. Thinking about all the resources and supports the CLC COP provides, have these helped you to bring about positive change in any of the following areas? Please select all that apply.

- Continuous quality improvement/evaluation
- Culturally and linguistically competent care
- Effective collaboration and communication
- Family-driven care
- Governance
- Logic model development
- Service delivery
- Social marketing
- Start-up, relationship building
- Strategic planning and associated plans
- Sustainability and finance
- Workforce development
- Youth-guided care
- Other (please specify)

VI) Respondent Background Information

The following questions will help us contextualize the information you have provided.

1. Are you affiliated with a currently funded system of care?

- Yes No Unsure

2. What is your role? (will be asked only if respondent indicates “no” or “unsure” for question 1)

3. In which year did your SOC first receive CMHS funding through the Comprehensive Community Mental Health Services for Children and Their Families Program?

- 2003 or earlier (graduated) 2006 2009
 2004 2007
 2005 2008

4. How long have you been involved with your SOC?

- 3 months or less
 4 to 12 months
 more than 1 year, but less than 2 years
 2 years or more

5. I am a:

- | | |
|---|--|
| <input type="checkbox"/> Clinical Director | <input type="checkbox"/> Project Director or Principal Investigator |
| <input type="checkbox"/> Community Partner | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Cultural and Linguistic Competence Coordinator | <input type="checkbox"/> Social Marketing Coordinator |
| <input type="checkbox"/> Evaluator | <input type="checkbox"/> Technical Assistance Coordinator |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Lead Family Contact | <input type="checkbox"/> Youth Coordinator/Youth Engagement Specialist |
| <input type="checkbox"/> Other (please specify) | |