

OMB No. 0930-0197

Expiration Date: 1/31/2017



Survey of Satisfaction with Grantee Data Technical Assistance (GDTA) Events

This survey is intended to assess your satisfaction with the [add name of Grantee Data Technical Assistance (GDTA) event here]. Individual responses will not be released to federal staff or individual TA providers. The results of the survey will only be presented in aggregate form so that individual responses cannot be identified.

The survey will require no more than six minutes to complete. Participation in the survey is entirely voluntary.

For questions regarding this survey, please contact the GDTA Evaluator, Dr. Steven T. Sullivan, by telephone at 301-385-6693 or by email at sts@cloudburstgroup.com.

For further information regarding GDTA activities, please go to: <http://gdta.samhsa.gov/>

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 6 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.

Section A

A1. Please print the [title/name] of the Grantee Data Technical Assistance (GDTA) event you participated in: [This section will be completed by project staff prior to administration whenever possible.]

A2. Which of the following best describes this GDTA event? [This section will be completed by project staff prior to administration whenever possible.]

- Online training, webinar, or other online event
- Site visit or other on-site technical assistance
- Long-term telephone/email consultation
- In-person conference presentation or workshop
- Annual or semi-annual Grantee Meeting presentation or workshop
- Other → **Please specify:** _____

A3. Please select the response that best indicates your opinion about the GDTA event.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/not applicable
a. The event was well organized.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I learned something valuable from participating in this event.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I expect to use the information I learned in this event.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The presenters and/or technical staff for this event were appropriate to the topic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The presenters and/or technical staff for this event were knowledgeable about the content area.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I plan to apply the material presented during this event in my work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The information provided was based on current research, best practices, and resources.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B

The next few questions ask about any products you may have received as part of the GDTA event. GDTA products include issue briefs, fact sheets, manuals, online training curricula, videos, and multimedia learning tools.

B1 Did you receive a product as part of the GDTA event?

- Yes
- No → **GO TO SECTION C ON THE NEXT PAGE** [Questions B1-B4 will be automatically eliminated for events with no GDTA products.]

B2. Please print the [name/title] of the product(s) that was/were used as part of the GDTA event:

Product A: _____

Product B: _____

Product C: _____

Product D: _____

B3. How satisfied are you with the quality of:

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know/not applicable
a. Product A.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Product B.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Product C.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Product D.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B4. Please indicate how strongly you agree with the following statement: I plan to share the product with others within my organization.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/not applicable
a. Product A.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Product B.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Product C.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Product D.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C

The next questions ask about your overall opinion about the GDTA event and preferences for future events.

- C1. Please select the response that best indicates your opinion about participating in the GDTA event.

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know/not applicable
a. How satisfied are you with the quality of the information/instruction/assistance you received during this event?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overall, how satisfied are you with the GDTA event?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C2. What topics would you like to see addressed in future GDTA events? (Select all that apply.)

- Approaches for gathering information and interviewing individuals who have co-occurring disorders
- Approaches for gathering information and interviewing in tribal communities
- Approaches for gathering information and interviewing veterans and their families
- Approaches for gathering information and interviewing youth and their families
- Approaches for gathering information and interviewing individuals who have a disability (e.g., TBI, autism, ADHD, dyslexia)
- Approaches for gathering information and interviewing persons from other vulnerable populations (e.g., foster care, public housing, minority populations)
- Collecting community-level data
- Collecting state-level data
- Collecting data on funding, other resources, and costs
- Approaches for collecting client-level data
- Approaches for collecting client data in medical settings
- Approaches to asking sensitive questions on topics such as PTSD, HIV status, non-consensual sex, domestic abuse, suicidal ideation, and reporting requirements for certain responses
- Conducting interviews with individuals involved in the criminal justice system
- Conducting interviews with individuals who are homeless
- Data entry
- Engaging or informing stakeholders, community partners, program staff, or potential clients/program participants with data
- Evaluation techniques and data for follow-up
- Interviewing techniques
- Leveraging data to support follow-up with clients/study participants, including tools and procedures
- Leveraging data to support follow-up with people who are transient/homeless
- Leveraging data to support follow-up with youth
- Human subjects committee or Institutional Review Board (IRB) approvals
- Informed consent
- Interpreting data findings

- Linking program data with other data sources [SAMHSA, CDC, Census, HUD, VA, other epidemiologic data, Geographical Information System (GIS), etc.], including negotiating for data sharing
 - Marketing or stakeholder communications for your program using data
 - Meeting intake and/or follow-up interview goals
 - Monitoring and improving program performance with data
 - Orientation to the grant's data requirements
 - Recruiting clients/study participants
 - Reporting findings
 - Using social media for improving program performance
 - Using social media to engage and remain in contact with clients
 - Selecting and utilizing the best approach for obtaining valid and consistent client-level data
 - Trauma-informed interviewing and techniques for collecting client data
 - Using data for program planning
 - Using data for program management (identifying successes and challenge areas, training opportunities, and opportunities for process change)
 - Other: Please describe.
-

Section D

The next few questions ask about your background and experience with SAMHSA program data.

D1. Which of the following categories best describes your role?

Mark all that apply.

- SAMHSA Center for Substance Abuse Prevention (CSAP) staff
- SAMHSA Center for Mental Health Services (CMHS) staff
- SAMHSA Center for Substance Abuse Treatment (CSAT) staff
- SAMHSA Center for Substance Abuse Prevention (CSAP) grantee
- SAMHSA Center for Mental Health Services (CMHS) grantee
- SAMHSA Center for Substance Abuse Treatment (CSAT) grantee
- Other → **Please specify:** _____

D1a. **Optional:** Please indicate which grant program(s) you oversee or are part of:

Thank you for participating in our survey!
We look forward to serving you at future GDTA events.
