
SURVEY OF CURRENT SAMHSA MFP FELLOWS

Informed Consent Form

Please review before beginning the survey.

Purpose of the Survey

This survey is being conducted by Development Services Group, Inc. (DSG), on behalf of the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship Program (MFP). DSG is the technical assistance provider for the MFP. As a part its requirements under the Government Performance and Results Modernization Act, SAMHSA has asked DSG to survey the current MFP Fellows to determine whether the MFP's goals, objectives, and outcomes are being achieved. You have been selected for this evaluation because you are a current MFP Fellow.

What Will Be Done

You are being asked to respond to a survey that will take about 20 minutes to complete. The survey includes questions about your experiences in the MFP (from recruitment into the program through your participation in the various activities provided by your MFP sponsoring organization).

Benefits of This Evaluation

You will be contributing to knowledge about the SAMHSA-funded MFP.

Risks or Discomforts

No risks or discomforts are anticipated from taking part in this survey. If you feel uncomfortable with a question, you can skip that question or withdraw from the survey altogether without any consequences to you.

Confidentiality

Your responses will be kept completely confidential. Any information that we learn about you will be protected against release to unauthorized persons. The primary purpose of this evaluation is to compile data that can be aggregated to characterize current MFP Fellows, their accomplishments, and the impacts of the MFP on their educations and their careers.

Decision to Quit at Any Time

Your participation is voluntary; you are free to withdraw your participation from this evaluation at any time. If you do not wish to continue, you can simply leave this website. You may also choose to skip any questions you do not wish to answer.

How the Findings Will Be Used

The aggregated results of this survey will be reported to SAMHSA, the Office of Management and Budget (OMB), Congress, MFP grantees, and the public.

Contact Information

If you have concerns or questions about this evaluation, please contact Marcia Cohen at mcohen@dsgonline.com or at 301.951.0056.

By beginning the survey, you acknowledge that you have read this information and agree to participate in this research, with the knowledge that you are free to withdraw your participation at any time.

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 0930-0304. The public reporting burden for this collection of information is estimated to average 20 minutes per client 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, One Choke Cherry Road, Room 2-1057, Rockville, MD 20857.

1. In which SAMHSA Minority Fellowship Program (MFP) are you participating?
 - a. MFP traditional doctoral/M.D.
 - b. MFP addictions counselors
 - c. MFP transition-age youth

2. Are you participating in any practicum or internship as part of your current graduate program? *(Check as many as apply.)*
 - a. Yes , practicum *(if yes, please answer question 3)*
 - b. Yes, internship *(if yes, please answer question 3)*
 - c. No *(if no, skip to question 4)*

3. What population(s) are you serving in your practicum or internship? *(Please specify.)* _____

4. Which MFP organization administers the program you are participating in?
 - a. American Association for Marriage and Family Therapy
 - b. American Nurses Association
 - c. American Psychiatric Association
 - d. American Psychological Association
 - e. Council on Social Work Education
 - f. International Certification and Reciprocity Consortium
 - g. National Association for Alcoholism and Drug Abuse Counselors
 - h. National Board for Certified Counselors
 - i. Other *(please specify):* _____

5. Which of the following best describes your general area of specialization within your current graduate/residency training program?
 - a. Mental health
 - b. Substance abuse (prevention, treatment, recovery)
 - c. Co-occurring disorders (mental illness and substance abuse)
 - d. Disparities (health, behavioral health)
 - e. Transition-age youth (behavioral health services)
 - f. Other *(please specify):* _____

Could you please tell us a little about your background?

6. What is your gender?
- a. Male
 - b. Female
 - c. Other (*please specify*): _____
7. What is your current age? _____
8. What is your marital status?
- a. Never been married
 - b. Married
 - c. Cohabiting
 - d. Long-term partnership
 - e. Separated
 - f. Divorced
 - g. Widowed
 - h. Other (*please specify*): _____
9. Which of the following would best characterize the type of community in which you grew up? (*If more than one, please select the one that was most influential.*)
- a. Urban
 - b. Suburban
 - c. Rural
 - d. Frontier area

Please answer BOTH question 10 about Hispanic origin and question 11 about race. For this survey (as in the U.S. Census), Hispanic origins are not races.

10. Are you of Hispanic, Latino, or Spanish origin?
- a. No, not of Hispanic, Latino, or Spanish origin
 - b. Yes, Mexican, Mexican American, Chicano
 - c. Yes, Puerto Rican
 - d. Yes, Cuban
 - e. Yes, another Hispanic, Latino, or Spanish origin (*please specify, for example, Argentine, Salvadorian, Dominican, Spaniard*):

11. What is your race?
- a. White
 - b. Black, African American, or Negro

- c. American Indian or Alaska Native (please specify name of enrolled or principal tribe): _____
- d. Asian Indian
- e. Chinese
- f. Filipina/Filipino
- g. Japanese
- h. Korean
- i. Vietnamese
- j. Native Hawaiian
- k. Guamanian or Chamorro
- l. Samoan
- m. Other Pacific Islander (please specify, for example, Fijian, Tongan):

- n. Other Asian (please specify, for example, Hmong, Lao, Thai, Pakistani, Cambodian): _____
- o. Some other race (please specify): _____

Could you please tell us about your MFP experiences?

12. How did you learn about the Minority Fellowship Program?

- a. Teacher
- b. Current Fellow
- c. Past Fellow
- d. Friend
- e. At a conference
- f. SAMHSA website
- g. Professional association website
- h. Other (please specify): _____

13. a. What university are you enrolled in as an MFP Fellow?

University or institution name: _____

b. What institution are you receiving your current post-doctorate or residency training?

University or institution name: _____

14. How old were you when you first became an MFP Fellow? _____

15. What year are you in the MFP?

- a. First
- b. Second
- c. Third

d. Other (please specify): _____

16. In what year do you expect to graduate (if you are pursuing a degree)? _____

For those not pursuing a degree: In what year do you expect to complete your advanced training? _____

17. What degree are you seeking during your Fellowship?

a. Doctorate (please specify)

- i. Ph.D.
- ii. DSW
- iii. Psy.D.
- iv. DNP
- v. Ed.D.
- vi. DMFT
- vii. D.Min.
- viii. DCFT

b. M.D.

c. Master's level

- i. M.S.
- ii. M.A.
- iii. MSW
- iv. MPH
- v. M.Ed.

d. Certificate (please specify): _____

e. Other (please specify): _____

f. None

18. During the time you have been a Minority Fellow, in which of the following professional development activities have you participated?

a. Submitted one or more articles to a peer-reviewed journal

- i. Yes (if yes, how many?) _____
(If yes, was the article on minority-related issues in mental health and/or substance abuse? ____ Yes ____ No)
- ii. No

b. Submitted one or more articles to a non-peer-reviewed journal

- i. Yes (if yes, how many?) _____
(If yes, was the article on minority-related issues in mental health and/or substance abuse? ____ Yes ____ No)
- ii. No

c. Given a presentation at a professional conference

- i. Yes (if yes, how many?) _____
(If yes, was the presentation on minority-related issues in mental health and/or substance abuse? Yes No)
- ii. No
- d. Published a book
 - i. Yes (if yes, how many?) _____
(If yes, was the book on minority-related issues in mental health and/or substance abuse? Yes No)
 - ii. No
- e. Published a book review
 - i. Yes (if yes, how many?) _____
(If yes, was the book review on minority-related issues in mental health and/or substance abuse? Yes No)
 - ii. No
- f. Published a book chapter
 - i. Yes (if yes, how many?) _____
(If yes, was the book chapter on minority-related issues in mental health and/or substance abuse? Yes No)
 - ii. No
- g. Submitted a grant proposal
 - i. Yes (if yes, how many?) _____
(If yes, was the grant proposal on minority-related issues in mental health and/or substance abuse? Yes No)
 - ii. No
- h. Received any honors or citations?
 - i. Yes (if yes, please describe) _____

(If yes, how many honors or citations have you received?) _____
 - ii. No
- i. Received any licenses or certificates?
 - i. Yes (if yes, please describe) _____
(If yes, how many licenses or certificates have you received?) _____
 - ii. No
- j. Other (please specify): _____

19. We are interested in any mentoring you receive from your MFP sponsoring organization.

Have you received MFP-sponsored mentoring while you have been in the MFP?

- a. Yes (if yes, please answer questions 20 through 26)
- b. No (if no, skip to question 27)

20. From whom have you received MFP-sponsored mentoring? *(Please check all that apply.)*
- a. MFP staff person(s)
 - b. MFP alumna, alumnae, alumnus, alumni
 - c. MFP advisory committee member(s)
 - d. Other *(please specify)*: _____

Questions 21 through 26 pertain to mentoring provided by your MFP sponsoring organization. If you did not receive any MFP-sponsored mentoring, please skip to question 27.

21. How often do you receive MFP-sponsored mentoring?
- a. Daily
 - b. Weekly
 - c. Monthly
 - d. Yearly
 - e. As needed

22. On average, how many hours of MFP-sponsored mentoring do you receive each month? __

23. What type of MFP-sponsored academic/professional mentoring have you received?
(Please check all that apply)
- a. General advice
 - b. Professional support
 - c. Problem-solving advice
 - d. Collaboration
 - e. Skill building
 - f. Networking
 - g. References
 - h. Other *(please specify)*: _____

24. What topics does your MFP-sponsored mentoring primarily focus on?
(Please select all that apply and rank the top five topics of primary interest)

- | | <u>Ranking</u> |
|---|----------------|
| a. Underserved populations | _____ |
| b. Health disparities | _____ |
| c. Urban populations | _____ |
| d. Rural populations | _____ |
| e. Telehealth | _____ |
| f. Professional development | _____ |
| g. Promising practices in your field of study | _____ |
| h. Substance abuse | _____ |
| i. Mental health | _____ |

- j. Transition-age youth _____
- k. Other (please specify): _____

25. What type of other MFP-sponsored support have you received?

- a. _____ Personal/social support
- b. _____ Financial advice
- c. _____ Other

26. How satisfied have you been with the MFP-sponsored mentoring you have received?

- a. _____ Very satisfied
- b. _____ Satisfied
- c. _____ Uncertain
- d. _____ Dissatisfied
- e. _____ Very dissatisfied

Please provide additional information on your reasons for satisfaction or dissatisfaction as reported in question 26. _____

27. Are you receiving mentoring from any other source(s) outside the MFP?

(Please select all that apply)

- a. _____ Advisor from your doctoral or graduate program
- b. _____ Professional at your institution (not an advisor)
- c. _____ Colleague or peer
- d. _____ Organizations outside your institution (specify): _____
- e. _____ Other (please specify): _____

28. How satisfied have you been with the other mentoring you have received?

- a. _____ Very satisfied
- b. _____ Satisfied
- c. _____ Uncertain
- d. _____ Dissatisfied
- e. _____ Very dissatisfied

Please provide additional information on your reasons for satisfaction or dissatisfaction as reported in question 28. _____

29. As a Fellow, what would you most like to see improved in the SAMHSA MFP? _____

30. Is there anything else that you would like to tell us about your experience with the SAMHSA MFP? _____

**Thank you for participating in this survey.
We appreciate your taking the time to share your thoughts with
us!**