
SURVEY OF ALUMNI 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 and Modernization Act, SAMHSA has asked DSG to survey the alumni 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 former 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 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 alumni 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 40 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) did you participate?
 - a. MFP traditional doctoral/M.D.
 - b. MFP addictions counselors
 - c. MFP transition-age youth

2. Which MFP organization administered the program you participated 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*): _____

3. Which of the following best describes your general area of specialization within your former 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?

4. What is your gender?
 - a. Male
 - b. Female
 - c. Other (*please specify*): _____

5. What is your current age? _____

6. 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): _____
7. Which of the following would best characterize the type of community in which you have professionally practiced? (If more than one, please select the one in which you have practiced the longest.)
- f. Urban
 - g. Suburban
 - h. Rural
 - i. Frontier area

Please answer BOTH question 8 about Hispanic origin and question 9 about race. For this survey, Hispanic origins are not races.

8. 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):

9. 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 activities during and since the MFP program?

10. 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*): _____

11. a. What university were you enrolled in as an MFP Fellow?

University or institution name: _____

b. What institution did you receive your post-doctorate or residency training?

University or institution name: _____

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

13. For how many years did you receive MFP funding? _____

14. Identify the years you received a Fellowship from the MFP.

- a. Year 1: _____
- b. Year 2: _____
- c. Year 3: _____

Check here if you did not complete the Minority Fellowship Program.

Can you please tell us a little bit about why you did not complete the Minority Fellowship Program? _____

15. What degree were you pursuing during your Fellowship?

- a. Doctorate
 - 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

16. In what year did you complete your advanced educational requirements, such as your Ph.D., your psychiatric residency training, or other? _____

Check here if you did not complete your advanced educational requirements.

Can you please tell us a little bit about why you did not complete your advanced educational requirements? _____

17. **We are interested in any mentoring you received from your MFP sponsoring organization.** Did you receive MFP-sponsored mentoring while you were in the MFP?
- a. Yes (*if yes, please answer questions 18 through 24*)
 - b. No (*if no, skip to question 25*)

18. From whom did you receive 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 19 through 24 pertain to mentoring provided by your MFP sponsoring organization. If you did not receive any MFP-sponsored mentoring, please skip to question 25.

19. How often did you receive MFP-sponsored mentoring?
- a. Daily

- b. Weekly
- c. Monthly
- d. Yearly
- e. As needed

20. On average, how many hours of MFP-sponsored mentoring did you receive each month?

21. What type of MFP-sponsored academic/professional mentoring did you receive? (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): _____

22. What topics did 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): _____ | |

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

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

24. How satisfied were you with the MFP-sponsored mentoring you 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 24. _____

25. Did you receive 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*): _____

26. How satisfied were you with the other mentoring you 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. Since you completed or left the MFP program, have you **provided** any kind of mentoring?

- a. Yes (*if yes, please answer questions 28 through 32*)
- b. No (*if no, skip to question 33*)

28. How often do/did you provide mentoring?

- a. Daily
- b. Weekly
- c. Monthly
- d. Yearly
- e. As needed

29. On average, how many hours of mentoring do/did you provide per month? _____

30. Whom do/did you mentor? *(Please select all that apply.)*
- a. Current MFP Fellow(s) *[if yes, how many?]*: _____
 - b. Students at my university
 - c. Community mentoring program, such as Big Brothers Big Sisters
 - d. Other *(please specify)*: _____
31. What type of mentoring do/did you provide? *(Please select all that apply)*
- a. General advice
 - b. Professional support
 - c. Personal support
 - d. Financial advice
 - e. Problem-solving advice
 - f. Collaboration
 - g. Skill building
 - h. Networking
 - i. References
 - j. Other *(please specify)*: _____
32. What topics do/did your mentoring primarily focus on? *(Please select all that apply.)*
- a. Working with 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)*: _____

Please tell us about your work history since leaving the MFP.

33. What was your primary type of employment setting **1 year** after completing the MFP?
(If you had more than one job, please check the one you held the longest. If you were still in school, please indicate that as well.)
- a. College or university
 - b. School setting (prekindergarten through 12)
 - c. Community-based center
 - d. Hospital or medical center
 - e. Research organization
 - f. Human services administration

- g. Private practice
 - h. Mental health program
 - i. Substance abuse program
 - j. Co-occurring mental health and substance abuse program
 - k. Association/foundation
 - l. Business/consulting
 - m. Still in school
 - n. Criminal justice setting (courts/penal system)
 - o. Other (*please specify*): _____
34. What was your position type?
- a. Direct service
 - b. Executive management
 - c. Supervision/management
 - d. Administrative
 - e. Teaching
 - f. Research
 - g. Consulting
 - h. Policy analyst/policy advisor
 - i. Other (*please specify*): _____
35. Was your first job at a public or private organization?
- a. Public
 - b. Private, for profit
 - c. Private, nonprofit
36. Whom did the organization serve?
- a. Primarily minority populations
 - b. Primarily nonminority (white)
 - c. Mixed (minority/nonminority)
37. Was your employment in any of the following?
- a. Mental health/psychiatric services (*check all that apply*)
 - b. Substance abuse and addictions
 - c. Youth counseling/youth behavioral health services
38. What was your primary type of employment setting **5 years** after being in the Fellowship program? (*If you had more than one job, please check the one you held the longest. If you were still in school, please indicate that as well.*)
- a. College or university
 - b. School setting (prekindergarten through 12)

- c. Community-based center
 - d. Hospital or medical center
 - e. Research organization
 - f. Human services administration
 - g. Private practice
 - h. Mental health program
 - i. Substance abuse program
 - j. Co-occurring mental health and substance abuse
 - k. Association/foundation
 - l. Business/consulting
 - m. Still in school
 - n. Criminal justice setting (courts/penal system)
 - o. Other (*please specify*): _____
39. What was your position type?
- a. Direct service
 - b. Executive management
 - c. Supervision/management
 - d. Administrative
 - e. Teaching
 - f. Research
 - g. Consulting
 - h. Policy analyst/policy advisor
 - i. Other (*please specify*): _____
40. Was this job at a public or private organization?
- a. Public
 - b. Private, for profit
 - c. Private, nonprofit
41. Whom did the organization serve?
- a. Primarily minority populations
 - b. Primarily nonminority (white)
 - c. Mixed (minority/nonminority)
42. Was your employment in any of the following (*please select all that apply*):
- a. Mental health /psychiatric services
 - b. Substance abuse and addictions services
 - c. Youth counseling/youth behavioral health services

43. Since completing your Fellowship, which of the following have you done?
(Please select all that apply.)
- a. Taught at a largely minority institution (including but not limited to Historically Black Colleges and Universities)
 - b. Taught at a nonminority university
 - c. Provided community-based clinical services in minority communities
 - d. Provided clinical services to minorities in other settings
 - e. Administered human service programs in minority communities
 - f. Held a clinical position in a hospital or medical institution serving large minority populations
 - g. Worked on federal policies for ethnic and racial minorities in mental health and/or substance abuse
 - h. Worked on state policies for ethnic and racial minorities in mental health and/or substance abuse
 - i. Worked on local community policies for ethnic and racial minorities in mental health and/or substance abuse
 - j. Had articles published in peer-reviewed publications about mental health and/or substance abuse issues that affect ethnic and racial minorities
 - k. Researched mental health and substance abuse issues with a focus on the experiences of ethnic and racial minorities
 - l. Engaged in other types of service to minority communities (please specify):

44. Since completing your MFP Fellowship, 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
- a. 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
- b. 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
- c. Received any honors or citations?
 - i. Yes (if yes, please name) _____
(If yes, how many honors or citations have you received?) _____
 - ii. No
- d. Received any licenses or certificates?
 - i. Yes (if yes, please describe) _____
(If yes, how many licenses or certificates have you received?) _____
 - ii. No
- e. Other (please specify): _____

45. Since being in the Fellowship program, have you served on any advisory committees?

- a. Yes (if yes, how many?) _____
- b. No

46. Have you sat on the boards of any community-based organizations primarily serving minority populations?

- a. Yes (if yes, how many?) _____
- b. No

If yes, please indicate whether this organization/these organizations focused on (please select all that apply)...

- a. Mental health

- b. Substance abuse
- c. Transition-aged youth
- d. Other (please specify): _____

How many years (total) have you sat on this board/these boards? _____

Did you take on any of the following leadership roles?

- a. President
- b. Vice president
- c. Chair or co-chair
- d. Secretary
- e. Other (please specify): _____

47. Since leaving the MFP as a Fellow, have you made other contributions to the fields of minority mental health and substance abuse treatment that you would like to share?

So that we may learn additional information about your contributions to the field, without linking your identity to this survey, please email (or send a hardcopy) of your current résumé to

**Tom Vischi, Project Director
SAMHSA MFP Data Tracking and Evaluation Project
Development Services Group, Inc.
7315 Wisconsin Avenue, Suite 800E
Bethesda, MD 20814
tvischi@dsgonline.com**

48. In what ways do you believe the MFP helped you realize your professional accomplishments?

49. What suggestions (if any) do you have for enhancing the SAMHSA MFP? _____

50. Is there anything else that you would like to tell us about your experience with the MFP, both while you were an MFP Fellow and afterward? _____

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