OMB No 0930-XXXX

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**Substance Abuse and Mental Health Services Administration**

**Multi-Site Evaluation of the Safe Schools Healthy Students State Program**

**State Collaborator Informed Consent and Survey**

The U.S. Substance and Mental Health Services Administration is sponsoring a multi-site evaluation of the Safe Schools / Healthy Students (SS/HS) State Program in seven states. The Program funds participating states to disseminate and support planning and implementation of the SS/HS Framework for early childhood development, violence and substance abuse prevention, mental health services, and school safety in three select school districts in each state. The purpose of the multi-site evaluation is to gather and assess information on state and district implementation, collaboration and delivery of evidence-based services for children and youth.

The purpose of this survey is to learn from your experience as a participant in your state’s collaborative planning, guidance, and support of the program. The survey is part of the Multi-Site Evaluation which is designed to produce lessons that may help design and implement future SS/HS state programs, or strengthen existing programs. Existing evaluation and research has established the effectiveness of well implemented SS/HS programs. Your response to this survey will contribute to successful expansion of this proven program nationwide.

The SS/HS State Collaborator Survey asks for information about you and your agency/organization’s role in the collaboration, and your perceptions of how the collaboration functions.

Here are some things we want you to know about completing the survey:

* Completing this survey is completely voluntary.
* You may choose not to answer any question or to stop answering questions at any time, for any reason.
* Completing the survey will take approximately 30 minutes. You may stop and restart the survey. You can stop the survey by closing your internet browser. All of your responses to that point will be saved. To continue the survey, reenter your SHEDS username and password on the website to continue the survey where you left off.
* Any information that you provide will be kept strictly confidential. No one other than evaluation staff will know who you are and what answers you gave. Any reports from this survey will share results in group form. Your name will not be used in any reports produced from information collected by this survey, and no quotes will be used that will identify you individually.
* There will be no direct benefit to you from participating in this evaluation. There are no foreseeable risks associated with participation in this survey.
* A report that combines what is learned from all of the completed surveys will be sent to SAMHSA and be accessible to grantees. Grantees may share that report with others at their discretion.
* Any questions you have about the study can be answered at any time by Mary Spooner of ICF International at (404) 321-3211, or at Mary.Spooner@icfi.com.

**By completing and submitting the survey, you certify that you have read the above, that you understand its content, and that you freely agree to participate in this survey. Thank you in advance for your willingness to participate.**

|  |  |  |
| --- | --- | --- |
| |  | | --- | | I do not consent | | I consent | |

While state collaborations take different forms, we will use several standard terms to designate collaboration components about which we will ask.

* **Partnership** includes all persons who are part of the network of agencies, organizations, and individuals who are involved in the SS/HS State Program work. It is the most inclusive network of contributors.
* **Project** refers to the program primarily funded through the SS/HS State Program grant from the Substance Abuse and Mental Health Services Administration.
* **Members** refers to individual representatives and organizations that are on the State Management Team

***What is your role in the partnership? (check all that apply)***

* Member of the State Management Team
* Member of a state working or advisory committee
* SS/HS state program staff
* Collaborating state agency staff
* Representative of an LEA/district
* Representative of local collaborating public agency(ies)
* Representative of a non-governmental collaborating organization
* Youth representative
* Parent representative
* Evaluation representative
* Other consultant or contractor representative: please specify content area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Which sector does your agency or organization represent?***

* Education
* Juvenile Justice
* Law Enforcement
* Mental Health
* Other: Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***What is the name of the agency/organization you represent?***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Approximately what percentage of your work time do you spend on SS/HS matters?***

* 91 to 100%
* 51 to 90 %
* 26 to 50 %
* 11 to 25 %
* 6 to 10 %
* 5 % or less

***Please rate your level of agreement with the following statements:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Statement** | **Strongly Agree** | **Somewhat Agree** | **Neither Agree nor Disagree** | **Somewhat Disagree** | **Strongly Disagree** | **Insufficient familiarity/ knowledge to Respond** |
| The partnership is a valuable asset of the project |  |  |  |  |  |  |
| The project does not have the needed resources (facilities, in-kind, financial, and human) |  |  |  |  |  |  |
| The partnership has clear communication among members |  |  |  |  |  |  |
| One or more partners have not been participating effectively |  |  |  |  |  |  |
| The partners have changed policies, laws, and/or regulations to facilitate achieving the project’s goals |  |  |  |  |  |  |
| The members of the partnership share a common vision of what should be accomplished |  |  |  |  |  |  |
| The members of the partnership share a common vision of how the vision should be implemented |  |  |  |  |  |  |
| Members of the partnership do not feel connected with one another (e.g., there is no feeling of synergy) |  |  |  |  |  |  |
| The leadership facilitates and supports teambuilding by capitalizing on diversity |  |  |  |  |  |  |
| The leadership facilitates and supports teambuilding by capitalizing on individual, group, and organizational strengths |  |  |  |  |  |  |
| Partners have limited influence on the important decisions made by the partnership |  |  |  |  |  |  |
| The partners understand the community, including its people, cultures, values, and norms |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The partnership is not contributing significantly to your organization’s central mission and goals |  |  |  |  |  |  |
| The partnership is achieving its intended goals |  |  |  |  |  |  |
| The partners contribute resources (e.g., money, personnel, facilities) |  |  |  |  |  |  |
| The partners share responsibility for the project |  |  |  |  |  |  |
| There is a sense of excitement associated with the project |  |  |  |  |  |  |
| The organization is satisfied with the quality of collaboration among partners |  |  |  |  |  |  |
| The multiagency partnership has effective leadership |  |  |  |  |  |  |
| The partnership leaders are able to continually energize the members |  |  |  |  |  |  |
| The partnership leaders are able to mobilize members toward common goals |  |  |  |  |  |  |
| The partnership leaders make me feel welcome at meetings |  |  |  |  |  |  |
| The partnership leaders understand the values and culture of each partner agency |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Our partnership builds social time for members into meetings and events |  |  |  |  |  |  |
| Members participate in social activities outside formal meetings |  |  |  |  |  |  |
| All members are treated equally and with respect |  |  |  |  |  |  |
| Members are asked about their interests and needs |  |  |  |  |  |  |
| Member contributions are recognized |  |  |  |  |  |  |
| Successes are celebrated |  |  |  |  |  |  |
| Members actively participate in the decisionmaking process |  |  |  |  |  |  |
| Members feel free to speak their views without being criticized |  |  |  |  |  |  |
| I feel strongly committed to this partnership |  |  |  |  |  |  |
| The organizers stay with the effort even through the hard times to help the partnership overcome obstacles |  |  |  |  |  |  |
| The partnership has kept the demands on members simple and realistic |  |  |  |  |  |  |
| The partnership does not rely too heavily on any one member |  |  |  |  |  |  |
| The partnership has explored ways of securing continued financial support |  |  |  |  |  |  |
| As a result of this partnership, services/programs to address the identified need in the community have improved |  |  |  |  |  |  |
| As a result of this partnership, accessibility to services and programs has improved |  |  |  |  |  |  |
| As a result of this partnership, policies, rules, or laws have been changed to support a new, effective way of “doing business” |  |  |  |  |  |  |
| As a result of this partnership, people are better off in our community |  |  |  |  |  |  |

***Partners play different roles in a collaborative effort, bringing unique capacity, expertise, and resources. Using the following rating scale, describe the degree of contribution you have made or the organization you represent has made during the pas over the past year:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **No Contribution / role** | **Minor Contribution** | **Moderate Contribution** | **Significant Contribution** | **Leading Contribution** | **Insufficient famil-iarity/ knowledge to Respond** |
| **STRATEGIC PLANNING: e.g.,**  providing materials, writing assistance, decision input to the state comprehensive plan (preparation / revision/ application). |  |  |  |  |  |  |
| **ACTIVITY PLANNING:e.g.,**  Planning for specific tasks within the SS/HS state grant collaborative effort |  |  |  |  |  |  |
| **PROVIDING/ LEVERAGING FUNDING RESOURCES; e.g.,** Participating in providing specific funding for SS/HS collaborative tasks; collaborative budget requests; |  |  |  |  |  |  |
| **PROVIDING / LEVERAGING HUMAN RESOURCES: e.g.,** reallocating staff to participate in SS/HS tasks and activities; enabling local reallocation of staff to SS/HS tasks and activities |  |  |  |  |  |  |
| **PROVIDING / LEVERAGING INFORMATION RESOURCES:** e.g., providing passive informational resources (any media), participating in dissemination networks |  |  |  |  |  |  |
| **PROVIDING / LEVERAGING TRAINING / TA RESOURCES;** e.g., providing face-to-face or web-based training or TA to SS/HS related audiences; participating or providing support to SS/HS sub-grantee trainings |  |  |  |  |  |  |
| **MONITORING / ACCOUNTABILITY;** e.g., Evaluation activities, providing/ collecting monitoring or evaluation data; disseminating and making use of performance monitoring and evaluation data |  |  |  |  |  |  |

***Characterize your interactions with each of the partner sector representatives. Identify the number of agencies / organizations with which you interacted in each listed sector. Each specific agency should be counted for just one category.***

* *Rarely* worked or participated in SS/HS meetings with them (Monthly or less)
* *Occasionally* worked or participated in SS/HS meetings with them
* *Often* worked with them in task-focused meetings in addition to SS/HS meetings
* *Regularly* worked with them by exchanging data, information, or resources to plan for a specific piece of the SS/HS project
* *Regularly and extensively* worked with them to plan and implement across one or more major components of the SS/HS project

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **# of Agencies / Organbizations** | **Rarely** | **Occasionally** | **Often** | **Regularly** | **Regularly and Extensively** | **I Represent This Partner** | **Insufficient famil-iarity/ knowledge to Respond** |
| State educational agency (ies) |  |  |  |  |  |  |  |  |
| School district(s) |  |  |  |  |  |  |  |  |
| School(s) |  |  |  |  |  |  |  |  |
| State justice system agency(ies) |  |  |  |  |  |  |  |  |
| Local law enforcement |  |  |  |  |  |  |  |  |
| Local court systems |  |  |  |  |  |  |  |  |
| State mental health agency(ies) |  |  |  |  |  |  |  |  |
| Local mental health agency(ies) |  |  |  |  |  |  |  |  |
| State substance abuse agency(ies) |  |  |  |  |  |  |  |  |
| Local substance abuse agency(ies) |  |  |  |  |  |  |  |  |
| State family / child agency(ies) |  |  |  |  |  |  |  |  |
| Local family / child agency(ies) |  |  |  |  |  |  |  |  |
| State consultants / contractors (excluding SS/HS evaluator) |  |  |  |  |  |  |  |  |
| Local consultants / contractors |  |  |  |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |  |  |  |

**Please indicate the response that best indicates the relative emphasis that your SS/HS collaboration places on each of the following objectives:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **No emphasis/ Not Addressed** | **Minor Emphasis** | **Moderate Emphasis** | **Significant Emphasis** | **Priority Emphasis** | **Insufficient famil-iarity/ knowledge to Respond** |
| The use of evidence based practices |  |  |  |  |  |  |
| Reducing health disparities among youth |  |  |  |  |  |  |
| Integrating mental health services in schools |  |  |  |  |  |  |
| Cultural and linguistic inclusion |  |  |  |  |  |  |
| Involving families in their schools |  |  |  |  |  |  |
| Creating a more positive school climate |  |  |  |  |  |  |
| Promoting restorative school discipline policies (e.g., reduced suspension / expulsion |  |  |  |  |  |  |
| Increasing early childhood social / emotional development services and access |  |  |  |  |  |  |
| Involving community members / organizations in their schools |  |  |  |  |  |  |
| Preventing / reducing substance use among youth |  |  |  |  |  |  |
| Improving use of technology to advance SS/HS objectives |  |  |  |  |  |  |
| Reducing violent behavior in youth |  |  |  |  |  |  |
| Promoting positive youth development |  |  |  |  |  |  |
| Creating safe schools |  |  |  |  |  |  |
| Strengthening the communities capacity to achieve SS/HS goals |  |  |  |  |  |  |
| Increasing services and opportunities for high need populations |  |  |  |  |  |  |
| Sustaining SS/HS principles and strategies |  |  |  |  |  |  |
| Other specify: |  |  |  |  |  |  |

**Thank you for sharing your experiences with the SS/HS State Program!**