

**ATTACHMENT A:**

**Survey of Current SAMHSA MFP Fellows**

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## SURVEY OF CURRENT SAMHSA MFP FELLOWS

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### 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.

#### Privacy

Your responses will be kept private. Any information that we learn 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](mailto: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 25 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. Did your practicum or internship include providing services to any of the following groups? *(Please select all that apply.)*
  - a. \_\_\_ Children and adolescents
  - b. \_\_\_ Transition age youth (ages 16-25)
  - c. \_\_\_ Individuals from racially and ethnically diverse backgrounds
  - d. \_\_\_ Individuals with substance abuse issues
  - e. \_\_\_ Individuals with a serious mental illness
  - f. \_\_\_ Individuals with serious emotional disturbance
  - g. \_\_\_ Low income or impoverished individuals
  - h. \_\_\_ Other (please describe): \_\_\_\_\_
  
4. In what zip code or city and state is (or was) your practicum or internship located? \_\_\_\_\_
  
5. How many hours did your practicum or internship require? \_\_\_\_\_
  
6. If you served clients under supervision as part of your practicum or internship, approximately how many individuals did you serve? \_\_\_\_\_
  
7. 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)*: \_\_\_\_\_
  
8. 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?**

9. What is your gender?
- a.  Male
  - b.  Female
  - c.  Other (please specify): \_\_\_\_\_

10. What is your current age? \_\_\_\_\_

11. 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): \_\_\_\_\_

12. 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 13 about Hispanic origin and question 14 about race. For this survey (as in the U.S. Census), Hispanic origins are not races.

13. Are you of Hispanic, Latino, or Spanish origin?
- a.  Yes
  - b.  No

14. Which of these groups describes you? (You may select more than one response)
- a.  American Indian or Alaska Native (American Indian includes North American, Central American, and South American Indians)

- b.  Asian (includes Asian Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese)
- c.  Black or African American
- d.  Native Hawaiian or Other Pacific Islander (Guamanian or Chamorro, Samoan)
- e.  White

15. List any language, other than English, in which you have at least minimum professional speaking proficiency (i.e., can participate effectively in most formal and informal conversations on practical and professional topics) \_\_\_\_\_

16. Do you have a disability or require accommodations to perform essential professional functions?
- a.  Yes
  - b.  No

**Could you please tell us about your MFP experiences?**

17. 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): \_\_\_\_\_

18. Did the availability of the MFP Fellowship influence your decision to apply for a master's degree program? (MFP-Y and MFP-AC fellows only)

- a.  Yes
- b.  No

19. Did the availability of the MFP Fellowship influence your choice of field or school? (choose all that apply)

- a.  Yes, the MFP fellowship program influenced my choice of field
- b.  Yes, the MFP fellowship program influenced my choice of school
- c.  No, the MFP fellowship program did not influence my choice of field or school

20. Please rate the importance of each of the following factors in your decision to apply for and enroll in the MFP: (MFP-Y and MFP-AC fellows only)

- a. Stipend:
  - i.  Very important
  - ii.  Important

- iii.  Somewhat important
  - iv.  Not important
- b. Opportunity to work with a mentor
- i.  Very important
  - ii.  Important
  - iii.  Somewhat important
  - iv.  Not important
- c. Training in the treatment of children and adolescents:
- i.  Very important
  - ii.  Important
  - iii.  Somewhat important
  - iv.  Not important
- d. Training in the treatment of transition age youth:
- i.  Very important
  - ii.  Important
  - iii.  Somewhat important
  - iv.  Not important
- e. Training in cultural competence:
- i.  Very important
  - ii.  Important
  - iii.  Somewhat important
  - iv.  Not important
- f. [for MFP-AC] Training in offering services related to addiction/substance abuse and recovery:
- i.  Very important
  - ii.  Important
  - iii.  Somewhat important
  - iv.  Not important
- g. Increased opportunities to work with individuals from racially and ethnically diverse populations:
- i.  Very important
  - ii.  Important
  - iii.  Somewhat important
  - iv.  Not important

- h. Enhanced education about the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS standards) and their impact on the delivery of care:
  - i. \_\_\_ Very important
  - ii. \_\_\_ Important
  - iii. \_\_\_ Somewhat important
  - iv. \_\_\_ Not important

21. What was the most important factor in your decision to pursue a master's degree? (MFP-Y and MFP-AC fellows only)

\_\_\_\_\_

22. After completing your master's program, are you planning to pursue a doctoral degree? (MFP-Y and MFP-AC fellows only)

- a. \_\_\_ Yes
- b. \_\_\_ No

23. 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: \_\_\_\_\_

24. How old were you when you first became an MFP Fellow? \_\_\_\_\_

25. What year are you in the MFP?

- a. \_\_\_ First
- b. \_\_\_ Second
- c. \_\_\_ Third
- d. \_\_\_ Other (please specify): \_\_\_\_\_

26. 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? \_\_\_\_\_

27. 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

28. As part of your program, what types of learning opportunities have you had that addressed the provision of services to children, adolescents, and/or transition age youth? (Please select all that apply.)

- a.  instructional/reading materials
- b.  observation of clinical encounters
- c.  didactic instruction (classroom or web based)
- d.  clinical experience with the population(s)
- e.  supervision of the clinical experience with the population(s)

29. As part of your program, what types of learning opportunities have you had that addressed working with individuals from racially and ethnically diverse backgrounds? (Please select all that apply.)

- a.  instructional/reading materials
- b.  observation of clinical encounters
- c.  didactic instruction (classroom or web based)
- d.  clinical experience with the population(s)
- e.  supervision of the clinical experience with the population(s)
- f.  education about the CLAS standards and their impact on the delivery of care
- g.  instruction in cultural competence and its impact on the delivery of care

30. 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): \_\_\_\_\_

**31. 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 32 through 38)

b.  No (if no, skip to question 39)

32. 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): \_\_\_\_\_

33. How often do you receive MFP-sponsored mentoring?

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

34. On average, how many hours of MFP-sponsored mentoring do you receive each month? \_\_

35. 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): \_\_\_\_\_

36. 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): _____              |                |

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

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

38. 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 38. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

39. 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*): \_\_\_\_\_

40. 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 40. \_\_\_\_\_

\_\_\_\_\_

41. As a Fellow, what would you most like to see improved in the SAMHSA MFP? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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