

## **ATTACHMENT 8: PROVIDER SURVEY SUPPORTING DOCUMENTS**

### **8.1 Introductory Lead Letter**

[Name]  
[Title]  
[Provider Name]  
[Address]

Dear [Name]:

The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services (HHS) ([www.samhsa.gov](http://www.samhsa.gov)), has funded an independent national evaluation of the State Youth Treatment (SYT) Program that is being implemented across the nation. RTI International (RTI), an independent non-profit research organization located in Research Triangle Park, NC, has been hired by SAMHSA to conduct this evaluation. As a member of the [Grantee's SYT Program] provider network, we invite your organization to participate in this evaluation by completing a Web-based survey about your organization's satisfaction and experience with the SYT Program.

The information collected from the provider survey will help SAMHSA understand how the SYT Program is doing and ways in which the program could be improved. Your organization's participation in this survey is entirely voluntary and your refusal to participate will have no impact on your involvement with the [Grantee's SYT Program].

The provider survey asks about your organization's satisfaction with the SYT Program and experience participating in the SYT Program. The survey covers your organization's background, client population and services provided, project implementation activities, sources of funding, resources used, and outside partnerships. On average, completing the survey should take about 1 hour. The survey is designed to be answered by one individual within your organization who is knowledgeable about your organization's participation in the [Grantee's SYT Program]; however, input from other organization staff is encouraged as needed.

Although the [Grantee's SYT Program] provided RTI with your organization's public contact information so that we could invite you to participate in the provider survey, only your organization's zip code, city, SYT Program, and State will be linked to the answers you provide in this survey. The individual(s) completing this survey will not be identified. Responses will not be shared with the [Grantee's SYT Program], the staff in your organization or others in the [Grantee's SYT Program] provider network. Your data will not be reported in a way that could identify you or your organization. Furthermore, your answers will only be reported in aggregate and your organization's individual responses will not be shared.

We hope that your organization will participate in this survey as your input is extremely valuable to the success of the SYT evaluation. If your organization does decide to participate, we ask that the survey be completed between [Date 1] and [Date 2]. The survey is designed to allow access at any time during this 2-week period to give you the ability to answer the questions at your own pace and in multiple sessions if desired. Please let us know if the chosen 2-week time frame is not convenient so that we may arrange a different data collection schedule. We can provide you with a paper-and-pencil version of this survey if you do not have reliable or secure internet access or if you would prefer to answer with the paper-and-pencil version.

If you have any questions or need assistance in completing this survey, please contact Carolina Holt at [cholt@rti.org](mailto:cholt@rti.org) or 919-316-3561. I greatly appreciate your time, consideration, and effort in completing this survey.

Sincerely,

[Evaluation/Survey Lead]

## 8.2 Web Instructions

### State Youth Treatment (SYT) Provider Survey Instructions

A few weeks ago, you received an email inviting your organization to participate in a national evaluation of the State Youth Treatment (SYT) Program that is being funded by the Substance Abuse and Mental Services Administration (SAMHSA). Your organization's participation involves the completion of a Web survey that collects information on your organization's satisfaction and experience with the SYT Program that is being implemented by [Grantee's SYT Program]. The following instructions describe how to access the survey.

#### Active Time for Survey Access

The Web survey is designed so individual(s) from your organization can access it at any time between [Date 1] and ending [Date 2] to give your designated respondent the ability to answer the questions at his/her own pace and in multiple sessions if desired. Please let us know if the chosen 2-week time frame is not feasible so that we can arrange a different data collection schedule.

#### Time to Complete

We estimate that the survey will take about 1 hour to complete.

#### Survey Areas

The provider survey asks about your organization's satisfaction with the SYT Program and experience participating in the SYT Program. The survey covers your organization's background, client population and services provided, project implementation activities, sources of funding and outside partnerships.

#### Accessing the Survey

To access the Web provider organization survey, please go to the website [Example URL: <https://youth.rti.org/>]. Log in to the survey by clicking on the "**Login**" button located in the upper right hand corner of the webpage. You will see a screen that requests your username and password which are provided below.

Username: #####

Password: Your password will be sent to you in a separate email to ensure the security of your account.

After entering your username and password click the "**Login**" button below and proceed to the first page, which provides information on your rights as participant. Please take a minute to read this information and, if you chose to participate, click "**I Agree**" and the survey will begin.

When you have finished with each question, click the "**Continue**" button at the bottom of the page. The website allows you to complete survey sections in any order. You can also return to a section at any time. We have included a tab at the top of each page (located on the survey toolbar) that can take you to an individual section. Use these to navigate to a different section of the survey. Additional instructions are provided throughout the

survey and you may contact Carolina Holt at [cholt@rti.org](mailto:cholt@rti.org) or 919-316-3561. This contact information is also provided within the survey.

When you have completed the survey, press the “**Submit**” button.

RTI and SAMHSA greatly appreciate your time, consideration, and effort in support of this survey and the SYT evaluation.

### **Account Password**

A few weeks ago, you received an email inviting your organization to participate in a national evaluation of the State Youth Treatment programs that is being funded by the Substance Abuse and Mental Services Administration (SAMHSA). Your organization’s participation involves the completion of a Web survey that collects information on your organization’s satisfaction and experience with the SYT program that is being implemented by [Grantee’s SYT Program].

**You already should have received a communication detailing how you can access the survey Web site and your login number. This communication provides you with your password:**

**Password: changeme**

When you or a designated individual from your organization first enter the survey, an automatic prompt will appear requesting that the password be changed. You may change your password manually at any time by clicking on your name as it appears in the upper right hand corner of the screen and following the password instructions. If you forget your password, please follow the “Forgot Password” directions on the Web site for your password to be emailed to you. Or you may contact RTI for additional assistance. RTI will not have access to any new passwords you create.

You may contact RTI at any time with questions at Carolina Holt at [cholt@rti.org](mailto:cholt@rti.org) or 919-316-3561. This contact information is also provided within the survey.

RTI and SAMHSA greatly appreciate your time, consideration, and effort in support of this survey and the SYT evaluation.

## 8.3 Respondent Rights Form

OMB No XXXX-XXXX  
Exp. Date XX/XX/XXXX

### Participate Rights in State Youth Treatment (SYT) Provider Survey

#### ***Introduction and Purpose***

RTI International (RTI), a private nonprofit research organization located in Research Triangle Park, NC, is conducting this survey as part of the Substance Abuse and Mental Services Administration (SAMHSA) - funded State Youth Treatment (SYT) national evaluation. Information collected with the Web-based provider survey will help document the client population and services provided, project implementation activities, sources of funding, resources used and outside partnerships for each SYT provider. Additionally, the survey will collect background information on SYT providers and satisfaction with the program.

#### ***Procedures***

As a SYT provider, you are being invited to complete the provider survey. The provider web survey asks that you provide information about your organization's characteristics, client population and services provided, project implementation activities, and sources of funding, resources used, and outside partnerships and satisfaction with the SYT Program. The average time required is about 1 hour.

#### ***Information about Privacy Confidentiality and Participation***

The information you provide in the provider survey will remain confidential. Your individual data will not be reported in a way that could identify you or your organization; only your program's ID, SYT Program, State, city and zip code will be included in the final provider survey dataset. The individual(s) completing the survey will not be identified. Responses will not be shared with the [Grantee's SYT Program], the staff in your organization or other SYT providers.

**Web survey:** Data provided via the Web survey is automatically downloaded after each question into a secure electronic database housed on a computer server located at RTI. RTI's systems for collecting, storing, and processing data are designed to maintain the confidentiality of study participants and minimize the disclosure of information.

**Mailed survey:** Completed paper-and-pencil surveys will be returned directly to RTI using a secure Federal Express mailer provided to your organization solely for this purpose. Completed survey forms will be securely stored and only accessed by selected RTI staff to ensure respondent confidentiality.

Completing the SYT provider survey is completely voluntary. You may skip any questions that you do not wish to answer, or you may choose not to respond to this survey at all. Your decision to respond to this survey will not affect your organization's participation in the [Grantee's SYT Program].

If you have any questions about this survey, you may contact Carolina Holt at [cholt@rti.org](mailto:cholt@rti.org) or 919-316-3561. If you have any questions about your rights as a study participant, you can call RTI International's Office of Research Protection at 1-800-###-####, ext. 2---- (a toll-free number).

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*By responding to the provider organization survey, you indicate that you understand the conditions described above and consent to participate in this survey.*

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*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 XXXX-XXXX. Public reporting burden for this collection of information is estimated to average 1 hour 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, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.*

## 8.4 Model Web follow-up

[Name]  
[Title]  
[Provider Name]  
[Address]

Dear [Name]:

[Number] weeks ago, you received an email inviting your organization to participate in a national evaluation of the State Youth Treatment Planning Program that is being conducted by RTI International (RTI), a nonprofit research organization located in Research Triangle Park, NC, and funded by the Substance Abuse and Mental Services Administration (SAMHSA). Your organization's participation involves the completion of a Web survey that collects information on your organization's satisfaction and experience with the SYT Program that is being implemented by [Grantee's SYT Program].

We hope that your organization will participate in this survey as your input is extremely valuable to the success of the SYT evaluation. The information you provide is private. Responses will not be shared with the [Grantee's SYT Program], the staff in your organization, or others in the [Grantee's SYT Program] provider network.

If your survey has been completed and submitted back to RTI, please accept our sincere thanks. Your input is very important in helping SAMHSA understand how the SYT Program is doing and ways in which the program might be improved.

If your survey has not been completed and you wish to participate, we ask that you complete the survey by the end of next week. If you need assistance in accessing the survey or have any questions please feel free to contact Carolina Holt at [cholt@rti.org](mailto:cholt@rti.org) or 919-316-3561. I have enclosed a copy of your log-in information in case you did not receive the original. This document will guide you in how to access the Web survey. If you would prefer to complete a paper version of the survey, please contact me at the information below.

I greatly appreciate your time and effort in completing this survey.

Thank you very much for your help.

Sincerely,

[Evaluation/Survey Lead]

## **8.5 Mail Survey Instructions**

### **Provider Mail Survey Instructions**

A few weeks ago, you received an email or letter inviting your organization to participate in a national evaluation of the State Youth Treatment (SYT) Program that is being funded by the Substance Abuse and Mental Services Administration (SAMHSA). Your organization's participation involves the completion of a paper-and-pencil survey that collects information on your organization's satisfaction and experience with the SYT Program that is being implemented by [Grantee's SYT Program]. The following information provides details on completing the enclosed survey.

#### **When to Complete the Survey**

If your organization decides to participate, please complete and mail the survey to RTI between [Date 1] and [Date 2]. Please let us know if the chosen 2-week time frame is not feasible so that we can arrange a different data collection schedule.

#### **Time to Complete**

We estimate that the survey will take about 1 hour to complete.

#### **Survey Areas**

The provider survey asks about your organization's satisfaction with the SYT Program and experience participating in the SYT Program. The survey covers your organization's background, client population and services provided, project implementation activities, sources of funding, resources used, and outside partnerships.

#### **Instructions**

In this packet there are two documents: a list of your rights if you choose to participate in the survey and the provider survey form. The informed consent reviews your rights as a participant in this survey. Please review this information and, if you choose to participate, you may begin the survey. By participating in the survey, it is assumed you have reviewed and understand the informed consent form.

Please follow the instructions printed on the survey form and you may contact Carolina Holt at [cholt@rti.org](mailto:cholt@rti.org) or 919-316-3561. Please return your completed survey directly to RTI in the Federal Express envelope provided.

RTI and SAMHSA greatly appreciate your time, consideration, and effort in support of this survey and the SYT evaluation.



## 8.6 Model Mail follow-up

### **We'd like to hear from you**

About [Number] weeks ago you requested the State Youth Treatment (SYT) evaluation's provider survey be mailed to you at this address. We at RTI International (RTI) mailed a provider survey packet as requested, but we have not yet received your completed survey. The provider survey is a critical part of an independent national evaluation of the SYT Program and the information it collects will help us to better understand the experiences of provider organizations participating in the SYT Program.

If you would like to participate, we ask that you complete the mail survey and return to RTI by [Date]. If you have already completed and mailed your survey to RTI, both RTI and the Substance Abuse and Mental Health Services Administration want to thank you for taking the time to answer our questions.

If you have changed your address, need an additional copy of the survey packet or have questions regarding the survey, please contact Carolina Holt at [cholt@rti.org](mailto:cholt@rti.org) or 919-316-3561

**Thank you!**

