

**Substance Abuse and Mental Health Services Administration**  
(SAMHSA)  
**Minority Fellowship Program**  
(MFP)

**Survey of CURRENT SAMHSA MFP Fellows**

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. The public reporting burden for this collection of information is estimated to average 25 minutes per fellow 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, Rockville, MD 20857.

---

# **SURVEY OF CURRENT SAMHSA MFP FELLOWS**

---

## **Informed Consent Form**

**Please review before beginning the survey.**

### Purpose of the Survey

The MayaTech Corporation is conducting this survey on behalf of the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship Program (MFP). MayaTech is the technical assistance provider for the MFP. As a part its requirements under the Government Performance and Results Modernization Act and Section 597 of the Public Health Service Act, SAMHSA has asked MayaTech 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 25 minutes to complete. The survey includes questions about your experiences in the MFP (e.g., participation in the various activities provided by your MFP sponsoring organization) and future plans beyond the MFP.

### Benefits of This Evaluation

You will be contributing to knowledge about and potential improvements to the SAMHSA-funded MFP for current and/or future fellows.

### 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. Only authorized persons on the research team will have access to individual-level data. SAMHSA and your MFP grantee organization will only have access to the aggregated data which will not bear your name or other identifying information. The primary purpose of this evaluation is to compile data that can be aggregated to collectively 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; and this withdrawal will in no way impact your current or future participation in the MFP or participation in any other SAMHSA-funded activities. 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 grantee organizations, and the public.

### Contact Information

If you have concerns or questions about this evaluation, please contact Suzanne Randolph Cunningham, PhD at [mfpc@mayatech.com](mailto:mfpc@mayatech.com) or (301) 587-1600.

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

---

**1) In which SAMHSA Minority Fellowship Program (MFP) are you participating?**

- MFP doctoral/M.D.: academic year began: \_\_\_\_\_ (then skip to Q3)
- MFP masters: academic year began: \_\_\_\_\_ (then skip to Q2)

**2) After completing your master's program, are you planning to pursue a doctoral degree?**

- Yes
- No

**3) In which MFP are you participating?**

- American Association for Marriage and Family Therapy (AAMFT)
- American Academy for Addiction Psychiatry (AAAP)
- American Nurses Association(ANA)
- American Psychiatric Association (APsychA)
- American Psychological Association (APA)
- Council on Social Work Education (CSWE)
- Interdisciplinary Minority Fellowship Program (IMFP))
- National Board for Certified Counselors (NBCC)—for NBCC and the Association for Addiction Professionals (formerly National Association for Alcohol and Drug Addictions Counselors) (NAADAC)
- Other (specify) [ text box]

**POSITION(S) FOR WHICH YOU ARE BEST PREPARED BASED ON AREA OF SPECIALIZATION**

**4) My specialization would best prepare me for positions such as those held by (check more than one if applicable):**

- Adult psychiatrists
- Child and adolescent psychiatrists
- Psychiatric nurse practitioners
- Psychologists
- Social workers
- Marriage and family therapists
- Substance use disorder/addictions counselors
- Mental health counselors
- School counselors
- Other: *Please specify* [text box]

**PERSONAL BACKGROUND QUESTIONS**

The next set of questions will help SAMHSA understand the variation in responses based on characteristics of MFP fellows.

**5) What do you consider yourself to be?**

- Male
- Female
- Transgender (Male to Female)
- Transgender (Female to Male)
- Two-Spirit
- Don't Know
- Other (*please specify*): **[text box]**
- Prefer not to answer

**6) Which of the following best represents how you think of yourself? (check all that apply)**

- Gay
- Lesbian
- Straight, that is not gay or lesbian (heterosexual)
- Bisexual
- Two-spirit
- I use a different term: (Please specify)\_\_\_\_\_
- I don't know
- Prefer not to answer

**7) Are you of Hispanic, Latino/a, or Spanish origin?\***

- Yes
- No
- Prefer not to answer

[IF YES] What ethnic group do you consider yourself? Please check all that apply.

Ethnic Group

- Central American
- Cuban
- Dominican
- Mexican
- Puerto Rican
- South American
- Other

[IF YES] SPECIFY: **[text box]**

- Prefer not to answer

**8) What is your race? For this survey (as in the U.S. Census), Hispanic origins are not races. Check all that apply.\***

- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- Alaska Native
- American Indian
- White
- Multiracial
- Other (Please Specify) [ text box]
- Prefer not to answer

The following items will help us understand the immigrant status of our trainees and the extent to which we are diversifying our trainees to respond to the growing needs of immigrant families.

**9) Are you from an immigrant family?**

- NO
- YES
- Prefer not to answer

**a. Was either of your parents born outside of the U.S.?**

- YES, one parent
- YES, both parents
- NO, neither parent
- Prefer not to answer

**b. Was at least one of your grandparents born outside of the U.S.?**

- YES
- NO
- Prefer not to answer

**c. Were you born outside of the U.S.?**

- YES
- NO
- Prefer not to answer

**10) List any language(s), 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). Check all that apply.\***

- English only
- African-other than Amharic (please specify below)
- Amharic
- Chinese-Mandarin
- Chinese-Other
- French
- German
- Hindi
- Japanese

- Korean
- Kreyol
- Portuguese
- Russian
- Spanish
- Other language (*please specify*): [text box]
- Prefer not to answer

**11) Do you have a disability or require accommodations to perform essential professional functions?\***

- Yes
- No
- Prefer not to answer

**12) How did you first learn about the MFP?**

- Teacher
- Current Fellow
- Past Fellow
- Friend
- At a conference
- SAMHSA website
- Professional association website
- Social media site
- Other (*please specify*): [text box]\*

**13) What year are you in the MFP?**

- First
- Second
- Other (*please specify*): [text box]\*

**14) What degree or specialty program certificate/credential are you ultimately aiming to obtain during your participation with the MFP Fellowship?**

- None/not applicable
- Ph.D.
- D.S.W.
- Psy.D.
- D.N.
- Ed.D.
- D.MFT
- D.Min.
- DCFT
- M.S.
- M.A.
- M.S.W.
- M.P.H.
- M.Ed.
- M.D.

- Pursuing a psychiatric residency
- Pursuing psychiatric specialty fellowship
- Other (*please specify*): [text box]\*

**a. What year do you expect to graduate or complete your specialty training?\***

***DROP DOWN MENU***

Do not expect to graduate or complete specialty training

- 2024
- 2025
- 2026
- 2027
- 2028
- 2029
- 2030
- 2031
- 2032
- 2033
- 2034
- 2035

**PRACTICUM AND INTERNSHIP EXPERIENCES (If applicable)**

The next set of questions is about your participation in any practicum or internship experiences.

If you are not participating in an internship or practicum experience, you will be skipped to the next section of the survey after responding “no.”

***15) Are you participating in any practicum or internship as part of your current graduate program or the MFP?***

- Yes, practicum
- Yes, internship
- No (skip to next section, Professional Development Activities)

***16) Did your practicum or internship include providing services to or working for organizations/agencies that provide programs and services or develop policies to benefit any of the following groups? (Please select all that apply.)***

- Children and adolescents (up to and including age 15)
- Youth ages 16-25
- Individuals from racially and ethnically diverse backgrounds
- Individuals from underserved groups
- Individuals with substance use disorders
- Individuals with mental health disorders
- Individuals with co-occurring substance use disorders and mental disorders
- Low income or impoverished individuals
- Other (*please describe*): [text box]\*

## **LOCATION OF PRIMARY PRACTICUM/INTERNSHIP**

**17) Is your primary practicum/internship:**

**a. In multiple locations?**

YES

NO

**b. Via Telehealth?**

YES

NO

**18) Primary state and zip code in which your practicum or internship is located? Zip codes are requested to better understand the extent to which Fellows are placed in underserved areas.**

**a. State 1** [drop down]

**b. Primary zip code-1** (5-digit)

**c. State 2** [drop down]

**d. Primary zip code-2** (5-digit)

**e. State 3** [drop down]

**f. Primary zip code-3** (5-digit)

**g. Is your practicum or internship located in four or more states?**

YES

NO

**h. Any other primary zip codes (5-digit) you would like to report?** [text box]

## **PROFESSIONAL DEVELOPMENT ACTIVITIES**

The next set of questions is about professional development activities in which you may have participated during the past MFP year.

**19) During your past year in the MFP, indicate how many times you have participated in/completed the following professional development activities? Record “0” (zero), if none.**

a. Number of submitted articles to a peer-reviewed journal [# text box, constrain all to 3 digits]

b. Number of submitted articles to a non-peer-reviewed journal [# text box]

c. Number of presentations made at a professional conference [# text box]

d. Number of books published [# text box]

e. Number of book reviews published [# text box]

f. Number of book chapters published [# text box]

- g. Number of grant proposals submitted [# text box]
- h. Number of grants funded [# text box]
- i. Number of advisory committees/councils/boards you served on [# text box]
- j. Number of lectures/didactics taught [# text box]

**20) Have any of the professional development activities above (i.e., articles, book reviews, presentations, grant proposals, etc.) been on topics related to minority issues in mental disorders and/or substance use disorders?**

- Yes: *How many?* [# text box]
- No

## **LEARNING OPPORTUNITIES**

**21) During the past MFP year, as part of your MFP-sponsored activities, please check the types of learning opportunities you had for each of the following topics.**

**a) Working with individuals or organizations/agencies that benefit individuals from racially and ethnically diverse backgrounds?**

*(Please select all that apply.)*

- Opportunities to learn via telehealth
- Observation of clinical encounters in-person
- Observation of clinical encounters via telehealth
- Clinical experience with the population(s)
- Education about the CLAS standards and their impact on the delivery of care
- Instruction in cultural humility/competence and its impact on the delivery of care
- Distance learning (virtual learning, web-based learning)
- Supervision of the clinical experience with the population(s)
- Developing or implementing programs or services to benefit the populations
- Developing policies or implementing advocacy initiatives to benefit the populations

**b) Working with individuals or in organizations/agencies that provide benefits to individuals with co-occurring mental disorders and substance use disorders? (Please select all that apply.)**

- Opportunities to learn via telehealth
- Observation of clinical encounters in-person
- Observation of clinical encounters via telehealth
- Clinical experience with the population(s)
- Education about the CLAS standards and their impact on the delivery of care
- Instruction in cultural humility/competence and its impact on the delivery of care
- Distance learning (virtual learning, web-based learning)
- Supervision of the clinical experience with the population(s)
- Developing or implementing programs or services to benefit the populations
- Developing policies or implementing advocacy initiatives to benefit the populations

## **MENTORING AND OTHER SUPPORT**

The next set of questions is about the mentoring you received during the past year while you were in the MFP (from the fellowship program or other sources).

**22) From whom have you received MFP-sponsored mentoring during the past MFP year? (Please check all that apply.)**

- MFP staff person(s)
- MFP Alumnae/Alumni
- MFP advisory committee member(s)
- Other (please specify): [text box]\*
- I have not received any MFP sponsored mentoring. (Skip to Q26 Beyond Fellowship)

**23) What type of MFP-sponsored academic/professional mentoring did you receive in the past MFP year? (Please check all that apply.)**

- I did not receive any MFP-sponsored academic/professional mentoring in the past MFP year. (Skip to Q26 Beyond Fellowship)
- General advice
- Professional development
- Problem-solving advice
- Collaboration
- Skills building
- Networking
- References
- Navigating the employment market
- Other (*please specify*): [text box]\*

**24) Did your MFP-sponsored academic/professional mentoring primarily focus on any of the following topics during the past MPF year?**

- |   |     |    |
|---|-----|----|
| <input type="checkbox"/> Mental health disorders                    | Yes | No |
| <input type="checkbox"/> Substance use disorders                    | Yes | No |
| <input type="checkbox"/> Underserved population                     | Yes | No |
| <input type="checkbox"/> Health disparities                         | Yes | No |
| <input type="checkbox"/> Social Determinants of Health              | Yes | No |
| <input type="checkbox"/> Urban populations                          | Yes | No |
| <input type="checkbox"/> Rural populations                          | Yes | No |
| <input type="checkbox"/> Tribal populations                         | Yes | No |
| <input type="checkbox"/> Telehealth                                 | Yes | No |
| <input type="checkbox"/> Professional development                   | Yes | No |
| <input type="checkbox"/> Promising practices in your field of study | Yes | No |
| <input type="checkbox"/> Career preparedness                        | Yes | No |

**25) How satisfied have you been with the MFP-sponsored mentoring you received in the past MFP year? Please provide additional information on your reasons for satisfaction or dissatisfaction.**

- Very satisfied
- Satisfied

- Uncertain
- Dissatisfied
- Very dissatisfied

Please specify reasons for satisfaction or dissatisfaction: [TEXT BOX]

### **BEYOND THE FELLOWSHIP PROGRAM & CAREER PREPAREDNESS**

**26) Professional Goal Area: My professional goals beyond the fellowship are to pursue a career in (check all that apply):**

- Clinical Care
- Research
- Administration/Policy Development
- Teaching
- Prevention and Public Health
- Other (*please specify*) [TEXT BOX]

**27) Focus of Career Intentions: In my career, I aim to focus in the area(s) of (check all that apply):**

- Cultural diversity and competence
- Children, youth, and young adults
- Implementation Science
- Research

***Please briefly describe:*** [ text box]

- Addictions and addiction counseling
- LGBTQAI+ populations
- Women's health
- Men's health
- Trauma-informed care
- Health disparities
- Working with underserved populations
- Substance use disorders
- Mental health disorders
- Co-occurring disorders
- Transition-age youth (ages 16-24 years old)
- Other (*please specify*) [TEXT BOX]

**28) Preferred Setting: My preferred setting in which to provide teaching, services, care, research, administrative/policy development or prevention is in a/an (select one or up to three):**

- Community based clinical practice
- Community-based health center
- Other community-based organization (non-profit)
- Policy-related or policy analysis organization
- National non-profit
- Hospitals
- K-12 schools
- Colleges and/or universities
- Academic institution of higher education

- Federal government
- Local government
- State government
- Research institute
- Private practice
- For-profit large business
- Other for-profit companies
- For-profit consulting firms
- Rural
- Urban
- Suburban
- Other setting (specify) [TEXT BOX]

**29) *In your career, what mode of practice/professional setting do you prefer:***

- Telehealth/virtual
- In-person
- Combination of in-person and telehealth/virtual
- Not applicable

**30) *If you are in your last year of training, how prepared do you feel to practice in under-resourced racial and ethnic minority communities?***

- Not prepared at all
- A little prepared
- Somewhat prepared
- Very prepared
- Fully prepared
- Not applicable

**31) *What would help the MFP to increase your career preparedness and readiness to serve in under-resourced racial and ethnic minority communities? Your responses will assist us in improving the webinar training series offered through the MFP Coordinating Center. (Check all that are relevant).***

- More training on topics related to cultural competence and humility
- More training on topics related to specialized needs of this population
- More exposure to research findings relevant to these populations
- More training on policy issues relevant to these populations
- More training on working in or managing in systems that serve this population
- Other (*please specify*) [TEXT BOX]
- Not applicable

**YOUR SUGGESTION FOR IMPROVING THE MFP**

**32) *As a Fellow, what would you most like to see improved in the SAMHSA MFP?* [text box]**

---

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

**SUBMIT**