

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

Survey of ALUMNI 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 ALUMNI 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 former MFP Fellows (i.e., alumni and alumnae Fellows who are five years or less out from completion of their fellowship) 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 who meets this criterion.

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, various activities after you completed the MFP, and future plans beyond the MFP.

Benefits of This Evaluation

Your responses will contribute 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. 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, Ph.D. at mfpcc@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) What was the last year of your MFP fellowship?

2018-2019

2019-2020

2020-2021

2021-2022

2022-2023

2023-2024

2024-2025

2025-2026

2026-2027

2027-2028

2028-2029

2) In which SAMHSA Minority Fellowship Program (MFP) did you participate?

MFP doctoral/M.D. Fellows

MFP master's program Fellows

3) From which MFP did you receive a fellowship?

American Association for Marriage and Family Therapy (AAMFT)

American Academy of 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, American Psychological Association)

National Board for Certified Counselors (NBCC)

- Association for Addiction Professionals, formerly National Association for Alcohol and Drug Addictions Counselors (NAADAC), may have been administered by NBCC
- Other (Specify) [text box]

4) What is the highest degree, training, or specialty fellowship you obtained?

- Ph.D.
- D.S.W.
- Psy.D.
- D.N.
- Ed.D.
- D.MFT
- D. Min.
- D.CFT
- 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]

STATUS OF DEGREE/CERTIFICATE/TRAINING COMPLETION

5) Regarding the degree/certificate/training/specialty fellowship you were pursuing during the MFP fellowship, have you completed that degree/certificate/training/specialty fellowship?

NO

a. When do you expect to complete the degree/training program/specialty fellowship you were pursuing during the MFP?

DROP DOWN

- Never (skip to Q 7 Personal Background)
- Not sure (skip to Q7 Personal Background)
- 2024
- 2025
- 2026
- 2027
- 2028
- 2029
- 2030
- 2031
- 2032
- 2033
- 2034
- 2035

YES:

a. *Check all that apply if any of the following were completed during the MFP fellowship:*

- Degree
- Post-M.D. Psychiatric Residency Training
- Post-M.D. Psychiatric Specialty Fellowship

b. *When did you complete the requirements for the degree just indicated?*

- By the end of the MFP fellowship
- After the completion of my MFP award

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

6) *My specialization while in the MFP program best prepared me for a position in the following fields of behavioral health (check more than one if applicable):*

- General adult behavioral health
- Child and adolescent
- Forensics
- Neuropsychology/neuropsychiatry
- Addictions
- Consult-Liaison
- Geriatric
- Community mental health
- Marriage/couples
- Family
- Medically Ill
- Collaborative Care
- School-based behavioral health
- 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.

7) *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

8) *Which of the following best represents how you think of yourself?*

- 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

9) 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

10) 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.

11) 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

12) 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

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

- Yes
- No
- Prefer not to answer

EMPLOYMENT EXPERIENCES

The next set of questions is about your employment experiences since completion of your MFP fellowship. If you have not been employed, you will be skipped to the next section of the survey after responding “no.”

14) Have you been employed since completion of the MFP?

- I have not completed/did not complete the MFP (skip to Q19, Learning Opportunities)
- Yes, primarily full-time since completion of the MFP
- Yes, primarily part-time since completion of the MFP
- No, not employed since completion of MFP (skip to Q19, Learning Opportunities)

15) Since completion of your MFP, have you been employed in the public or private sector? (Select all that apply).

- Public sector: For how long (in years): __ __ (2 digits)
- Private sector: For how long (in years): __ __ (2 digits)

16) Since completion of your MFP, have you worked with underserved racially and ethnically minoritized populations?

- No
- Yes: For how long (in years): __ __ (2 digits)

17) Did your employment include providing services, teaching, clinical care, administration/policy development, or prevention to/for any of the following groups or in organizations that provide programs and services or develop policies to serve these groups? (Select all that apply.)

- Children and adolescents (up to and including age 15)
- Youth ages 16-25
- Individuals from underserved groups
- Individuals from racially and ethnically diverse backgrounds
- 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]

18) Location of Primary Employment. For your current employment, what is the state and primary zip code in which you primarily work or provide services? Zip codes are requested to better understand the extent to which Fellows are working 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 current employment located in four or more states?*

YES

NO

PROFESSIONAL DEVELOPMENT ACTIVITIES

The next set of questions is about professional development activities in which you may have participated since completion of your MFP.

19) Since the end of your MFP fellowship, 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/talks made at a professional conference and/or meetings[# 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 served on [# text box]
- j. Number of lectures/didactics taught [# text box]
- k. Number of LOCAL professional membership organizations to which you have belonged [# text box]
- l. Number of times served as a leader of a committee or as an elected officer of a LOCAL professional organization [# text box]
- m. Number of STATE professional membership organizations to which you have belonged [# text box]
- n. Number of times served as a leader of a committee or as an elected officer of a STATE professional organization [# text box]
- o. Number of NATIONAL professional membership organizations to which you have belonged [# text box]
- p. Number of times served as a leader of a committee or as an elected officer of a NATIONAL professional organization [# text box]
- q. Number of times you have participated in advocacy initiatives to benefit underserved populations

20) Have any of the professional development activities above (i.e., articles, book reviews, presentations, grant proposals, memberships, leadership positions, etc.) been related to mental disorders and/or substance use disorders for underserved racially and ethnically minoritized populations?

Yes: *What approximate percentage?*

Yes - 25%

Yes - 50%

Yes - 75%

Yes - 100%

No

21) Did you hold a leadership or faculty position in your organization (choose more than one, if relevant):

Supervisor

Clinical director

Medical director

CEO

Executive Director

COO

Other C-Suite title (specify): [text box]

Health Officer/ Health Commissioner

Policy analyst

Training director

Assistant Professor

Associate Professor

Professor

Distinguished Professor

Chair

Vice Chair

Primary/Principal Investigator

Dean

Provost

President

Chancellor

Vice President/Sr. Vice President

Other (specify): [text box]

APPLICATION OF MFP PROFESSIONAL LEARNING OPPORTUNITIES

22) During the MFP, you may have participated in various activities and learning opportunities to enhance your knowledge and skills in providing behavioral health services to racially and ethnically diverse populations. In the past year, please check the types of experiences or opportunities you had in which you were able to apply something you learned from your MFP experience.:

a) Working with individuals or in an organization/agency that benefits individuals from racially and ethnically diverse backgrounds? (Please select all that apply.)

No activities or learning opportunities

One or more activities or learning opportunities:

Opportunities to practice via telehealth or provide services or expertise virtually

Clinical experience with the population(s)

Application of the CLAS standards and their impact on the delivery of care, policy development or analysis, or implementation of programs and services

- Application of cultural humility/competence and its impact on the delivery of care, policy development or analysis, or implementation of programs and services
- Use of distance learning (virtual learning, web-based learning)
- Supervision of clinical experiences with the population(s)
- Supervision of policy-related activities
- Decision-making role related to systems-level changes to benefit the populations

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

- No activities or learning opportunities
- One or more activities or learning opportunities:
 - Opportunities to practice via telehealth or provide services or expertise virtually
 - Clinical experience with the population(s)
 - Application of the CLAS standards and their impact on the delivery of care, policy development or analysis, or implementation of programs and services
 - Application of cultural humility/competence and its impact on the delivery of care, policy development or analysis, or implementation of programs and services
 - Use of distance learning (virtual learning, web-based learning)
 - Supervision of clinical experiences with the population(s)
 - Supervision of policy-related activities
 - Decision-making role related to systems-level changes to benefit the populations

MENTORING AND OTHER SUPPORT

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

23) While in the MFP, did you receive MFP–sponsored academic/professional mentoring primarily focused on any of the following topics? (Please select all that apply.)

- Mental health disorders
- Substance use disorders
- Underserved populations
- Health disparities
- Urban populations
- Rural populations
- Tribal populations
- Telehealth
- Professional development
- Promising practices in your field of study
- None of the above (skip to Q25 Professional Goal Area)

24) How satisfied have you been with the MFP–sponsored mentoring you received during the MFP in terms of preparing you to be a behavioral health professional beyond the MFP?

- Very satisfied
- Satisfied

- Uncertain
- Dissatisfied
- Very dissatisfied

Please elaborate on your response here. [text box]

PROFESSIONAL GOAL AREA

25) During the MFP, I was pursuing training for a professional career primarily in:

- Clinical Care
- Research
- Administration/Policy Development
- Teaching
- Prevention
- Other: *Please specify* [text box]

26) My current position is primarily in:

- Clinical Care
- Research
- Administration/Policy Development
- Teaching
- Prevention
- Other: *Please specify* [text box]

27) In my professional career, I primarily focused on the area(s) of: (check all that apply)

- Cultural diversity, humility and competence
- Children, youth, and young adults
- Implementation science
- Research
- Please describe:* TEXT BOX (256-character limit)
- Substance use disorders
- Addictions counseling
- LGBTQIA+ populations
- Women's health
- Men's health
- Trauma-informed care
- Health disparities
- Working with underserved populations
- Urban populations
- Rural populations
- Telehealth
- Mental health disorders
- Co-occurring disorders

- Transition-age youth (ages 16-24 years old)
- Other: *Please specify*: TEXT BOX

EMPLOYMENT OR SERVICE SETTING

28) The setting in which I provide teaching, services, clinical care, research, administration/policy development, and/or prevention is in a/an:

- I do not provide teaching, services, clinical care, research, administration/policy development, or prevention
- Community based clinical practice
- Community-based health center
- Other community-based organization (non-profits)
- Policy-related or policy analysis organization National non-profit
- Hospitals
- Other healthcare
- K-12 schools
- Infant, toddler, pre-K
- 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: *Please specify* [text box]

29) The mode of your current practice/professional work is:

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

CAREER PREPAREDNESS

30) How prepared do you feel to practice, provide services or clinical care, teach, do administration/policy development, or prevention in under-resourced racial and ethnic minority communities?

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

Fully prepared

31) What would help the MFP to increase your career preparedness and readiness to serve in under-resourced racial and ethnic minority communities? (Please check all that are relevant).

- More training in or webinars on cultural competence and humility
- More training in or webinars on specialized needs of this population
-
- More exposure to research, policy, or clinical needs relevant to/for these populations
- Other: **Please specify** [TEXT BOX]

32) What challenges are you experiencing in your current professional setting? (Please check all that apply).

- Lacking clinical knowledge
- Lacking early career mentorship
- Difficult fit with patient or service population
- Difficult fit with co-workers or managers
- Experiencing burn out due to long work hours and difficulty of job
- Lacking consultation and peer support
- No challenges
- Other: **Please specify** (text box)

33) Do you plan to change practice/professional settings after you complete the 2-year requirement for MFP? Please explain.

Yes:

Reason: (Text box)

What type of practice/professional setting do you plan to move to?

No

Reason: (text box)

INTENTIONS TO STAY IN BEHAVIORAL HEALTH FIELD

The following questions ask about your intentions to stay in the behavioral health field. Using the scales provided, indicate how often you think about leaving and the likelihood that you would leave.

34) Do you consider your current job/practice/training as in the behavioral health field?

No: **Which field are you in?** TEXT BOX (then skip to Q39)

Yes (ANSWER INTENTIONS 1 and 2 below)

35. INTENTIONS-1	1 – Never	2 – A few times a year or less	3 – Once a month or less	4 – A few times a month	5 – Once a week	6 – A few times a week	7 – Every day
a. How often do you think	•	•	•	•	•	•	•

about leaving your job/training program?							
b. How often do you think about leaving for another job/training program in the field?	•	•	•	•	•	•	•

36. INTENTIONS-2	1 – Extremely unlikely	2 – Very unlikely	3 – Somewhat unlikely	4 – Neutral/ Unsure	5 – Somewhat likely	6 – Very likely	7 – Extremely likely
a. How likely is it that you will search for a job in the same primary role—e.g., clinical care, practice, teaching, research, prevention, administration/policy development?	•	•	•	•	•	•	•
b. How likely is it that you will leave the behavioral health field within the next year?	•	•	•	•	•	•	•

37) If you are considering leaving the behavioral health field, what is/are the primary driver(s)?

38) What changes are needed that would convince you to stay? [Limit characters to 450]

YOUR SUGGESTION FOR IMPROVING THE MFP

39) As an Alumni Fellow, what one thing would you most like to see improved in the SAMHSA MFP that would support Fellows beyond the program? [Limit characters to 450]

40) As an Alumni Fellow, would you be interested in mentoring a Current MFP Fellow or a Fellow who recently completed their MFP?

[] YES, I am interested in mentoring an MFP Fellow: Thank you for taking time to share your thoughts. Clicking the link below will confidentially submit your survey responses and exit you to a link that takes you to the MFP Coordinating Center. At that external link, you can provide your contact information for receipt of additional information about serving as a mentor. Your survey responses will not be linked to this external link. If you prefer, you can simply email us at mfpmentors@mayatech.com after you submit your survey below. Again, at the external link, neither your name nor email will be linked to your survey responses. [LINK TO SUBMIT SURVEY THEN EXIT OUT TO INDICATE MENTORING INTEREST]

[] NO, I am NOT interested in mentoring an MFP Fellow.

We appreciate you taking the time to share your thoughts with us!

SUBMIT