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Workforce Follow-Up Survey¹

Consent to Participate

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) is sponsoring a multi-site evaluation of the Advancing Wellness and Resilience in Education (AWARE) and Trauma-Informed Services in Schools (TISS) programs. AWARE provides funding to strengthen school-based mental health programs and build partnerships to ensure that students have access and are connected to appropriate and effective behavioral health services. The purpose of the TISS program is to increase student access to trauma support services and mental healthcare by developing innovative activities to link local school systems with local support and mental health systems, including those under the Indian Health Service.

This survey asks questions about how you have used what you learned in the [NAME OF TRAINING] in which you participated [X] months ago. This survey will take approximately 15 minutes to complete. Your participation in this survey is completely voluntary, and you can choose not to participate.

Your survey responses will remain confidential throughout the project and will only be shared in aggregate form without ever attributing specific responses to any individual respondent. Taking part in this survey will cause minimal risk. There are no direct benefits for you as a participant. However, it is hoped that through your participation, your community, including schools and community agencies, will be better able to provide mental health services for all students. Lessons learned in your state may also benefit SAMHSA programs in other parts of the country.

In appreciation of your participation, you will receive a \$20 gift card upon completion of the survey.

If you have questions about this initiative please contact the Project Director, Dr. Colleen Murray, at Colleen.Murray@icf.com. For questions regarding your rights related to survey participation, you can contact ICF's Institutional Review Board (IRB) at IRB@icf.com.

* Please **choose one of the options below** and click **“next”** to confirm:

- I have read the above information and I voluntarily agree to participate in this survey.
- I have read the above and I DO NOT wish to participate in this survey.

¹ Based on Impact of Training and Technical Assistance (IOTTA Follow Up).

Training Title: [Insert title of the training here]

Training Start Date: [Insert start date of the training here]

Training Objectives: [Insert objectives of the training here]

Pre-training mastery/competence: BEFORE the training took place, what was your level of mastery or competence with the information, tools, and/or skills described in the training objectives above?

Complete Beginner					Intermediate					Fully Expert
0	1	2	3	4	5	6	7	8	9	10

Current mastery/competence: How would you rate your current level of mastery or competence with the information, tools, and/or skills described in the training objectives above?

Complete Beginner					Intermediate					Fully Expert
0	1	2	3	4	5	6	7	8	9	10

Level of impact: What level of impact has this training (AND any follow up or practice that has occurred) contributed to in your work (or other context) since the time of the training?

None					Moderate					Profound/enduring
0	1	2	3	4	5	6	7	8	9	10

Type of impact: Since the training, how have the following aspects of your work changed?

	Large Negative Impact	Moderate Negative Impact	Small Negative Impact	No Impact	Small Positive Impact	Moderate Positive Impact	Large Positive Impact
Insert Learning Objective 1	↓	↓	↓	↓	↓	↓	↓
Insert Learning Objective 2	↓	↓	↓	↓	↓	↓	↓
Insert Learning Objective 3	↓	↓	↓	↓	↓	↓	↓
Insert Learning Objective 4	↓	↓	↓	↓	↓	↓	↓
Insert Learning Objective	↓	↓	↓	↓	↓	↓	↓

	Large Negative Impact	Moderate Negative Impact	Small Negative Impact	No Impact	Small Positive Impact	Moderate Positive Impact	Large Positive Impact
5							

Specific impact: Please briefly describe the main change that has occurred. **[Open-text field]**

Credibility of the trainer: Given your experiences since the training, to what extent do you now find the trainer credible in terms of being fully competent and having a high level of expertise relevant to helping trainees achieve the training objectives?

Not At All Credible					Reasonable Credibility					Unsurpassed Credibility
0	1	2	3	4	5	6	7	8	9	10

Drivers and barriers to integrating learning: How much do you agree with the following statements about various factors that may have impacted the degree to which you integrated the new information, tools and/or skills you learned from the training into your work?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I have had enough time to integrate the new information, tools, and/or skills I learned in training into my day-to-day work.	⋮	⋮	⋮	⋮	⋮
The new information, tools, and/or skills have not been useful to my day-to-day work.	⋮	⋮	⋮	⋮	⋮
My immediate supervisor meets with me regularly to coach me around the new information, tools, and/or skills I learned in training.	⋮	⋮	⋮	⋮	⋮
I have encountered administrative or technological barriers to	⋮	⋮	⋮	⋮	⋮

integrating the new information, tools, and/or skills into my work.					
My colleagues have negative opinions about the new information, tools, and/or skills I learned in the training.	↓	↓	↓	↓	↓
The students I work with have had positive responses to my integrating the new information, tools, and/or skills into my work.	↓	↓	↓	↓	↓
I have received additional training and/or coaching to further reinforce the new information, tools, and/or skills I learned in training.	↓	↓	↓	↓	↓

Enduring impact: If anything has changed about your practice as a result of the training and any additional training and/or coaching, how confident are you that you will be able to maintain the information, tools and/or skills in the coming months?

Not at All Confident					Moderately Confident					Completely Confident
0	1	2	3	4	5	6	7	8	9	10

Overall worthwhileness: Looking back at the impact that the training has had in your work or other context, how useful, overall, was the training experience?

Not At All Useful					Average Usefulness					Unsurpassed Usefulness
0	1	2	3	4	5	6	7	8	9	10

Do you have any additional comments about the training? [Open-text field]

Referrals

In the past 3 months, have you encountered anyone displaying any mental health-related signs and symptoms?

Response options: YES NO

If no, skip to the next section.

If yes, how many people?

If you indicated at least one person, which of the following mental health-related signs and symptoms were displayed? (Mark all that apply.)

- | | | |
|---|-----|----|
| a. Physical signs, like significant changes in normal patterns or appearance? | YES | NO |
| b. Emotional symptoms, like depressed mood, irritability, excessive anxiety or worry? | YES | NO |
| c. Thinking problems, like self-blame, racing thoughts, or odd ideas? | YES | NO |
| d. Behavioral signs, like crying, withdrawal, aggression, phobias, excessive use of alcohol or drugs? | YES | NO |
| e. Thoughts of suicide or self-harm? | YES | NO |
| f. Experiencing or witnessing traumatic event(s) | YES | NO |
| g. Changes in normal behaviors that disrupt daily functioning in school, social settings, work, etc.? | YES | NO |
| h. Other (please specify): _____ | | |

In the past 3 months, have you referred anyone to services and/or supports?

Response options: YES NO

If no, skip to the next section.

If yes, how many people?

If you indicated at least one person, what type(s) of services and supports did you refer the person(s) to? (Mark all that apply.)

- | | | |
|--|-----|----|
| a. Mental health professional | YES | NO |
| b. Medical provider (e.g., family doctor, pediatrician, internist, etc.) | YES | NO |
| c. Community mental health agency providing mental health services | YES | NO |
| d. Private practice providing mental health counseling | YES | NO |
| e. National crisis hotline phone number | YES | NO |
| f. Local crisis hotline phone number | YES | NO |
| g. Local hospital (including emergency room) | YES | NO |
| h. Family member and/or close friend | YES | NO |

- | | | |
|---|-----|----|
| i. Community member, teacher, colleague, or other caring individual | YES | NO |
| j. Clergy (including church member, ministry, pastor, parish staff, etc.) | YES | NO |
| k. Local support group | YES | NO |
| l. Self-help information strategies (e.g., books, websites, yoga, meditation, etc.) | YES | NO |
| m. Other (please specify): _____ | | |

In the past 3 months, have you reached out to anyone who you believe has a mental health problem(s)?

Response options: YES NO

If no, end survey.

If yes, how many people?

If you indicated at least one person, in what way(s) did you reach out to them? (Mark all that apply.)

- | | | |
|---|-----|----|
| a. Brought up signs and symptoms that you recognize | YES | NO |
| b. Assessed the situation for the presence of a crisis | YES | NO |
| c. Spent time listening to someone without expressing your judgment | YES | NO |
| d. Helped someone to calm down | YES | NO |
| e. Called a crisis hotline or service for someone | YES | NO |
| f. Offered emotional support | YES | NO |
| g. Suggested options for getting help | YES | NO |
| h. Talked to someone about his/her suicidal thoughts | YES | NO |
| i. Encouraged someone to seek professional help | YES | NO |
| j. Encouraged someone to get other supports | YES | NO |
| k. Helped identify others who may be able to help the person | YES | NO |
| l. Engaged family members to help | YES | NO |
| m. Recommended self-help strategies | YES | NO |
| n. Gave someone information about his/her problem(s) | YES | NO |
| o. Gave someone information about local services | YES | NO |
| p. Made someone an appointment for services | YES | NO |
| q. Other (please specify): _____ | | |