

Form Approved
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Training and Technical Assistance (TTA) GPRA Follow-up Form (GPRA-FU)

Public reporting burden for this collection of information is estimated to average 10 minutes to complete this questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57A, 5600 Fishers Lane, Rockville, MD 20857. 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 Office of Management and Budget (OMB) control number. The control number for this project is 0930-xxxx.

Protocol for New GPRA Process

The Training and Technical Assistance programs are SAMHSA programs funded with the intent to support community and professional development. A uniform data collection tool will be used by all TTA grantees.

GPRA Follow-up Form (GPRA-FU): (aka the 60-day follow-up)

- This form will collect follow-up data for events lasting at least 3 hours (or more) in length.
- This form will collect information on application and usefulness of the information gained during the TTA event.

GPRA Follow-up Form (GPRA-FU)

Event Name: _____

Please print clearly in the boxes below using blue or black ink. Print only one number or letter in each square. Uppercase letters only. **Provide the last 3 digits of your personal zipcode; last 4 digits of your phone number; 2 digit birth year; first 3 letters of preferred name.**

Personal Code (please use uppercase letters): Ex. 734036172BRI

Provide unique identifying instructions (12 characters)

____ _
LAST 3 ZIPCODE LAST 4 DIGITS PH NO. BIRTH YR FIRST 3 PREFERRED NAME

1. Prior to participating in this event, I felt there was a need for me, my organization, and/or my community to make a change related to the topic of the event.
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree

2. The information from this event has benefited or met a need for me, my family and/or community.
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree

3. The information from this event has benefited me professionally.
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree

4. I have used the information gained from this event to make changes in my practice or to help my family and/or my community.
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree

5. I expect to continue using the information from this event in the future.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
6. I have shared the information gained from this event with my family, community, or colleagues.
- ☐ Yes
 - ☐ No
7. What about the event was most useful in supporting your work responsibilities or your role in your community? (CHECK ALL THAT APPLY)
- ☐ Handouts and resources
 - ☐ Online resources
 - ☐ General information acquired
 - ☐ New ideas to help my community
 - ☐ New ideas to help my practice/patients/consumers
 - ☐ Networking/interaction with trainers/leaders and participants
 - ☐ Learning new modalities/interventions to improve life in my community
 - ☐ Learning new modalities/interventions to improve my practice
 - ☐ Learning how to be more empathic with community members or patients/consumers
 - ☐ Better understanding of the content of the event
 - ☐ Better understanding of patients/consumers' needs
 - ☐ Learning the importance of making ongoing improvements to my practice
 - ☐ Other: _____
8. If you are a **healthcare provider** (*professional and paraprofessional healthcare providers, including prevention, addiction and mental health treatment and recovery services from states, local, tribal, or healthcare organizations etc.*), what has improved in your organization/practice because of this event? (CHECK ALL THAT APPLY)
- ☐ Improved communication/interaction with patients/consumers/participants/key stakeholders
 - ☐ Improved communication with staff
 - ☐ Improved leadership/management style
 - ☐ Increased awareness of patients/consumers/participants/key stakeholders' needs
 - ☐ Better application of culturally responsive practices
 - ☐ Adopted new practices/interventions
 - ☐ Improved implementation of existing practices/interventions
 - ☐ Implemented telehealth
 - ☐ Expanded access to underserved populations
 - ☐ Improved collection and/or use of assessment and/or evaluation data
 - ☐ Adapted programs, policies, practices, or other interventions to meet local culture
 - ☐ Improved community readiness and/or increased community mobilization
 - ☐ No change

☐ Another _____

9. If you are a student, how has this event impacted you? (CHECK ALL THAT APPLY)

- ☐ Improved my understanding of the subject
- ☐ Inspired me to learn more about the subject
- ☐ Prepared me to better serve patients/consumers/participants/key stakeholders
- ☐ Helped me to choose a specialty area
- ☐ It did not
- ☐ Other _____

10. If you are a community member, from your observation, what has improved in your community because of this event?

- ☐ Better understanding of substance use disorders and/or mental illness
- ☐ Better understanding of effective behavioral health interventions
- ☐ Increased implementation of prevention programs
- ☐ Better communication with family or community members
- ☐ Increased awareness of community members' needs
- ☐ Increased community action/group action/collective advocacy
- ☐ Enhanced community dialogue or increased accessibility to support groups
- ☐ Decreased stigma toward people with substance use disorders or mental illness
- ☐ Collective sense of wellbeing
- ☐ No change
- ☐ Other _____

Open-ended questions:

11. What, if any, barriers exist to applying the information presented at this event?

12. What about the event was most useful to you?

13. How could this event be improved?

Thank you for completing our survey.