

**Instrument 1: National Center on Substance Abuse and Child Welfare’s (NCSACW) Training and Technical Assistance (TTA) Satisfaction Surveys**

Respondents will be informed that their participation is completely voluntary and that their information will be kept private, and their responses will not be associated with individual names. They will be informed that the surveys are intended to gather feedback from NCSACW TTA users as to their satisfaction with the training and/or technical assistance received from NCSACW staff, and that information will be used to improve the work and resources of the NCSACW. The following information will also be added to each survey: 1) estimated time to complete the survey (time will vary by identified level of training and/or technical assistance, but will not exceed 5 minutes) 2) contact information should respondent have questions about the survey which will read *For questions regarding this survey, please contact the NCSACW TTA Evaluator, Dr. Katie Bhatta, by telephone at (714) 505-3525 or by email at kbhatta@cffutures.org*, and 3) the link to the NCSACW website for further information on activities. Each survey will also display the following Paperwork Reduction Act Statement:

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to gather feedback from National Center on Substance Abuse and Child Welfare Training and Technical Assistance users as to their satisfaction with the training and/or technical assistance received from NCSACW staff. Feedback will be used to improve future training events as well as make modifications to NCSACW content to better meet user needs. Public reporting burden for this collection of information is estimated to average between 2-5 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is 05/31/2027. If you have any comments on this collection of information, please contact Surina Amin, ACF Child Welfare Program Specialist, Surina.Amin@acf.hhs.gov.

This document includes the universe of potential questions (i.e., not all questions will be asked on every survey). Questions will be selected based on level of TTA, the content of the TTA, and the audience.

Table 1 outlines the TTA levels, the survey items per level, and the estimated time for completion.

*Table 1. Estimated Time Burden by TTA Level*

|  |  |  |
| --- | --- | --- |
| Training and Technical Assistance Level  | Items on the Survey | Anticipated time for Survey Completion by Response |
| Standard TTA - Delivery of standard TTA materials (including resources, publications, and/or referrals) | 2 required items from the satisfaction items | 2 minutes |
| Customized TTA - Extensive customization of standard TTA packages, product development, and/or brief consultation | Up to 6 items | 3 minutes  |
| Event Based TTA - Extensive development of customized materials and a variety of in-person, virtual, or hybrid trainings or consultations | Up to 14 items + up to 4 product specific items if a product is focus of training event | 5 minutes |

The items below are proposed as part of the surveys. Items will be selected depending on the level of effort, as well as the specific event or topic.

**Demographic Items**

Select the system that best represents where you work:

* Child Welfare
* Domestic Violence/Intimate Partner Violence
* Early Childhood Development (home visiting programs, Head Start, Early Head Start)
* Family Treatment Court or Family Drug Court
* Health Services (medical)
* Housing Provider
* Indian Tribe/Tribal Consortium
* Juvenile Court/Dependency Court
* Mental Health Treatment
* Other Court System
* Other Social Services
* Public Health/Maternal Child Health
* Substance Use Disorder Treatment
* Tribal Social Services Department
* University/Education (college, post-grad)
* Other (Specify):

Do you currently provide direct services to clients?

* Yes
* No

Are you affiliated with a grant program funded by ACF?

* Yes
* No

Are you affiliated with a grant program funded by SAMHSA?

* Yes
* No

**Satisfaction Items**

Overall, I was satisfied with the [TA/TTA/event] provided.

The information and/or resources I received through the [TA/TTA/event] will be helpful in my work.

The NCSACW staff and/or consultants were knowledgeable regarding [the topic area].

The NCSACW staff and/or consultants were responsive to my request.

The [Event] was useful for my work.

The [Event] was well organized.

The NCSACW staff were effective at facilitating [Event].

The NCSACW staff were responsive to participant comments and questions.

The information and/or resources I received [from/through] [Event] will be helpful in my work.

Likert Scale Responses:

Strongly Disagree

Disagree

Neither agree nor disagree

Agree

Strongly Agree

Other options:

Not applicable

**Knowledge Items**

The information shared during [the Event] increased my knowledge [in/about Topic Area].

The information shared during [the Event] will help strengthen collaboration.

The information delivered will help us overcome [planning/implementation/operational] challenges.

Likert Scale Responses:

Strongly Disagree

Disagree

Neither agree nor disagree

Agree

Strongly Agree

Other options:

Not applicable

**Other Items**

The [Event] content increased my knowledge regarding issues of disproportionality and disparity.

The [Event] content included strategies to [identify/examine/reduce] issues of disproportionality and disparity [in/about Topic Area].

The NCSACW staff demonstrated expertise/competence when discussing child welfare as it related to [Topic Area].

The NCSACW staff demonstrated expertise/competence when discussing substance use as it related to [Topic Area].

Likert Scale Responses:

Strongly Disagree

Disagree

Neither agree nor disagree

Agree

Strongly Agree

Other options:

Not applicable

I plan to apply the information from this [Event] in the following ways (please select all that apply):

* Inform the development of a new policy
* Inform the modification/revision of an existing policy
* Strengthen my collaboration
* Develop a specific collaborative relationship (one organization/system)
* Develop a new collaborative (many organizations/systems)
* Provide information to colleagues or staff from my agency who were not able to attend today
* My own professional development
* Unsure - I don’t yet know how I can apply this information
* Other (please describe):

**Open-ended items**

How can the NCSACW improve [TA/TTA/Communities of Practice/Peer Exchanges/Convenings] in the future?

What part of [the Event] was most useful in increasing your knowledge regarding [the Topic Area]?

What part of [the Event] will be most useful in supporting your collaborative practice?

What aspects of [the Event] were most useful for your work?

What additional technical assistance would be helpful after [the Event]?

**Product Specific Questions**

The [Product] shared during [the Event] will be helpful in my work.

I can apply the information from [Product] directly to my current project.

The [Product] expands my knowledge regarding [Topic Area].

The [Product] includes current information related to [Topic Area].

The information in the [Product] is presented clearly.

Likert Scale Responses:

Strongly Disagree

Disagree

Neither agree nor disagree

Agree

Strongly Agree