



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

August 8<sup>th</sup>, 2019

Midwest School Mental Health Conference  
Des Moines, IA

Dear participant,

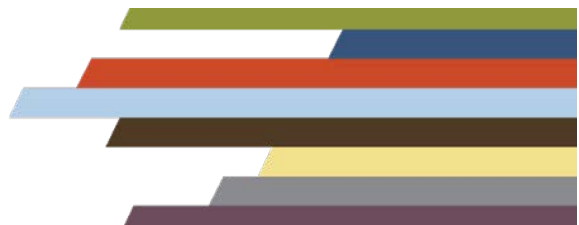
We appreciate spending time with you and hope the training was meaningful. Since we are a federally funded program, we are required to conduct a brief survey about your perspectives on the training. If you agree, we will also email you a follow up survey in 30 days.

Please note that the training is anonymous and you are not asked to give any personally identifying information. The survey will take between 5 and 10 minutes to complete. As you complete the survey, please replace "ATTC" with "MHTTC", and "substance abuse" and "addiction" with "mental illness"

Your feedback is very important to continued MHTTC programming. Thank you for taking the time to complete the survey.

Sincerely,

Mid-America Staff



## Addiction Technology Transfer Center (ATTC) Network Post-Event Form for Training

<b>Participants – Please Write Your Unique Personal Code Here as Follows:</b>			
<b>First Letter of Mother’s First Name:</b>		<b>First Letter of Mother’s Maiden Name:</b>	
<b>First Digit of Social Security Number:</b>		<b>Last Digit of Social Security Number:</b>	
<b>Office Use Only - ATTC Event Code:</b>			

PLEASE BASE YOUR ANSWER ON HOW YOU FEEL ABOUT THE SESSION NOW.	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>
1. How satisfied are you with the overall quality of this training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How satisfied are you with the quality of the instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How satisfied are you with the quality of the training materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Overall, how satisfied are you with your training experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE TRAINING.	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
5. The training class was well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The material presented in this class will be useful to me in dealing with substance abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The instructor was knowledgeable about the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The instructor was well prepared for the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The instructor was receptive to participant comments and questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am currently effective when working in this topic area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The training enhanced my skills in this topic area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The training was relevant to my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
13. I expect to use the information gained from this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I expect this training to benefit my clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. This training was relevant to substance abuse treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I would recommend this training to a colleague.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I have adequate knowledge in this training area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I possess the skills required in this topic area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<u>Very Useful</u>	<u>Useful</u>	<u>Neutral</u>	<u>Useless</u>	<u>Not Applicable</u>
19. How useful was the information you received from the instructor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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20. Your gender:     Female     Male     Transgender

21. Are you Hispanic or Latino/a?     Yes     No

22. What is your race? (*select one or more*):

- |  |  |
|--|--|
| <input type="checkbox"/> Alaska Native             | <input type="checkbox"/> Native Hawaiian                       |
| <input type="checkbox"/> American Indian           | <input type="checkbox"/> Other Pacific Islander                |
| <input type="checkbox"/> Asian                     | <input type="checkbox"/> White                                 |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other ( <i>please specify</i> ) _____ |

23. What is the highest degree you have received (*select one*)?

- Some high school, but no diploma or equivalent
  - High school diploma or equivalent
  - Some college but no degree
  - Associate's degree
  - Bachelor's degree
  - Master's degree
  - Doctoral degree or equivalent
  - Other (*please specify*): \_\_\_\_\_
- 

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24. What is your **primary** profession (*select one*)?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Counselor                                     | <input type="checkbox"/> Community health worker                 | <input type="checkbox"/> Registered nurse                     |
| <input type="checkbox"/> Addictions professional                       | <input type="checkbox"/> Health educator                         | <input type="checkbox"/> Licensed practical nurse             |
| <input type="checkbox"/> Social worker                                 | <input type="checkbox"/> Educator (post-secondary or continuing) | <input type="checkbox"/> Advanced practice nurse              |
| <input type="checkbox"/> Recovery specialist                           | <input type="checkbox"/> Public or Business Administrator        | <input type="checkbox"/> Pharmacist                           |
| <input type="checkbox"/> Mental health professional                    | <input type="checkbox"/> Researcher                              | <input type="checkbox"/> Dentist                              |
| <input type="checkbox"/> Criminal justice/law enforcement professional | <input type="checkbox"/> Physician                               | <input type="checkbox"/> Other dental professional            |
| <input type="checkbox"/> Disease intervention specialist/investigator  | <input type="checkbox"/> Physician assistant                     | <input type="checkbox"/> Other ( <i>please specify</i> )_____ |

25. If you are a student, what is your **primary** field of study (*select one*)?

- |  |  |
|--|--|
| <input type="checkbox"/> Not a student                           | <input type="checkbox"/> Counseling                        |
| <input type="checkbox"/> Psychology                              | <input type="checkbox"/> Social Work                       |
| <input type="checkbox"/> Medicine                                | <input type="checkbox"/> Nursing                           |
| <input type="checkbox"/> Pharmacology                            | <input type="checkbox"/> Dentistry                         |
| <input type="checkbox"/> Basic, translational or applied science | <input type="checkbox"/> Criminal justice/law enforcement  |
| <input type="checkbox"/> Addiction                               | <input type="checkbox"/> Education                         |
| <input type="checkbox"/> Public health                           | <input type="checkbox"/> Public or business administration |
| <input type="checkbox"/> Other ( <i>please specify</i> )         |  |

26. In which discipline(s) are you currently licensed or certified (*select one or more*)?

- |  |   |
|--|---|
| <input type="checkbox"/> Not licensed or certified | <input type="checkbox"/> Addictions prevention, treatment or recovery |
| <input type="checkbox"/> Counseling                | <input type="checkbox"/> Psychology                                   |
| <input type="checkbox"/> Social Work               | <input type="checkbox"/> Medicine                                     |
| <input type="checkbox"/> Nursing                   | <input type="checkbox"/> Pharmacology                                 |
| <input type="checkbox"/> Dentistry                 | <input type="checkbox"/> Other ( <i>please specify</i> )_____         |

27. Which best describes your role at your current workplace (*select one*)?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Clinician / care provider/direct service provider | <input type="checkbox"/> Counselor                          | <input type="checkbox"/> Trainer / TA Provider                |
| <input type="checkbox"/> Clinical Supervisor                               | <input type="checkbox"/> Mental health therapist            | <input type="checkbox"/> Group Facilitator                    |
| <input type="checkbox"/> Recovery Specialist                               | <input type="checkbox"/> Parole/Probation/Re-Entry Support  | <input type="checkbox"/> Not currently employed               |
| <input type="checkbox"/> Manager / coordinator/administrator               | <input type="checkbox"/> Outreach staff                     | <input type="checkbox"/> Other ( <i>please specify</i> )_____ |
| <input type="checkbox"/> Client / patient educator                         | <input type="checkbox"/> Disease intervention/investigation |   |
| <input type="checkbox"/> Case manager                                      | <input type="checkbox"/> Resident / fellow                  |   |
| <input type="checkbox"/> Prevention case manager                           | <input type="checkbox"/> Teacher / faculty                  |   |

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28. Which best describes your **principal** employment setting (*select one*)?

- |  |   |
|--|---|
| <input type="checkbox"/> Community or Faith-based service organization (CBO/FBO) | <input type="checkbox"/> School/university-based health clinic  |
| <input type="checkbox"/> Government (federal, state or municipal)                | <input type="checkbox"/> Correctional facility                  |
| <input type="checkbox"/> State/local health department                           | <input type="checkbox"/> Probation/parole office                |
| <input type="checkbox"/> School/university (academic department)                 | <input type="checkbox"/> Local law enforcement department       |
| <input type="checkbox"/> Hospital/Hospital-affiliated clinic                     | <input type="checkbox"/> Military/VA                            |
| <input type="checkbox"/> HMO/managed care organization                           | <input type="checkbox"/> Tribal/Indian Health Service           |
| <input type="checkbox"/> Solo/group private practice                             | <input type="checkbox"/> Community health center                |
| <input type="checkbox"/> Addictions treatment program (inpatient)                | <input type="checkbox"/> Not currently employed                 |
| <input type="checkbox"/> Addictions treatment program (outpatient)               | <input type="checkbox"/> Other: ( <i>please specify</i> ) _____ |
| <input type="checkbox"/> Addictions treatment program (residential)              |   |
| <input type="checkbox"/> Recovery support program                                |   |

29. What is the zip code of your principal employment setting?

30. What about the training was most useful in supporting your work responsibilities?

31. How can the ATTC Network improve its training?

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<b>First Letter of Mother’s Maiden Name:</b>	
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<b>Last Digit of Social Security Number:</b>	

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**Thank you for completing our survey.**

*Return your survey to the Survey Administrator for your Session.*

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for completing this questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, 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 OMB control number. The control number for this project is 0930-0216.





MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Thank you for attending the **Mid-America MHTTC Midwest School Mental Health Conference on August 8<sup>th</sup>, 2019**. Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which **will provide information to SAMHSA, AND assist us in planning future meetings and programs**. Your feedback counts! We are required to get an 80% follow-up rate to have continued funding to provide training and services.

Please note that we are currently required to use surveys that refer to “substance abuse treatment” and the “ATTC Network.” When you see those terms, substitute “mental health treatment” and “MHTTC Network.”

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Part of our required evaluation is a 30-day follow-up survey. Are you willing to be contacted by email for this brief follow-up evaluation?

Yes     No

*If YES, please print your email address clearly.*

Email: \_\_\_\_\_

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