

<THE WEB SURVEY WILL BE PROGRAMMED TO PREFILL THE NAME OF THE TA PROVIDER'S ORGANIZATION AND THE APPROPRIATE FFY AND DATES AS INDICATED BY '<>' IN THE QUESTIONS.>

OMB No. 0930-0197, Exp. Date 01/31/2017

**Substance Abuse Mental Health Services Administration (SAMHSA)  
Center for Mental Health Services (CMHS)  
Government Performance Results Act (GPRA)**

**Survey of Satisfaction with CMHS Technical Assistance**

This survey is an annual CMHS GPRA data collection. It is intended to assess your satisfaction with the Technical Assistance (TA) **provided by <TA Provider's Organization Name>** to you and/or your grant staff **during Federal Fiscal Year (FFY) <20XX> <(dates of the corresponding year)>**. **Individual responses will be kept secret from CMHS staff and TA providers; results of the survey will only be presented in aggregate form so that individual responses cannot be identified.**

The survey will require no more than 10 minutes to complete.

For questions regarding this survey please contact the TRAC Help Desk at 1-888-219-0238 or [TRACHelp@Westat.com](mailto:TRACHelp@Westat.com).

For further information regarding CMHS go to: <http://beta.samhsa.gov/about-us/who-we-are/offices-centers/cmhs>.

<ONE QUESTION PER PAGE WILL BE SHOWN ON THE WEB SURVEY.>

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Public Burden Statement: 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 0930-0197. Public reporting burden for this collection of information is estimated to average .16 per respondent 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, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

**1. Did <TA Provider’s organization name> provide the following types of TA to you or your grant staff during Federal Fiscal Year (FFY) <’XX> <(dates of the corresponding year)>?**

	Yes	No	Don’t Know	Not Applicable
Regular, Ongoing Consultation/Discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customized TA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trainings, Webinars and Other Events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Annual or Semi-Annual Grantee Meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resource Materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information or Support Via the TA Provider’s Website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site Visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (SPECIFY) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2. Did you or your grant staff need or want any of the following types of TA during Federal Fiscal Year (FFY) <’XX> <(dates of the corresponding year)>?**

	Yes	No	Don’t Know	Not Applicable
Regular, Ongoing Consultation/Discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customized TA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trainings, Webinars and Other Events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Annual or Semi-Annual Grantee Meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resource Materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information or Support Via the TA Provider’s Website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site Visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (SPECIFY) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

< IF ‘YES’ IS NOT SELECTED FOR AT LEAST ONE TYPE IN #1, AFTER THE RESPONDENT ANSWERS #2, THE SURVEY WILL BE PROGRAMMED TO SKIP TO #11. >

< THE WEB SURVEY WILL BE PROGRAMMED TO PREFILL ONLY THE CATEGORIES THE RESPONDENTS INDICATED ‘YES’ TO IN #1 (TA THAT WAS PROVIDED). >

**3. Please indicate your level of agreement with the statement below for each of the following types of TA.**

**The TA provided by <TA Provider’s organization name> during FFY<’XX> < (dates of the corresponding year)> was useful to carrying out the grant successfully.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Regular, Ongoing Consultation/Discussion	<input type="radio"/>				
Customized TA	<input type="radio"/>				
Trainings, Webinars and Other Events	<input type="radio"/>				
Annual or Semi-Annual Grantee Meetings	<input type="radio"/>				
Resource Materials	<input type="radio"/>				
Information or Support Via the TA Provider’s Website	<input type="radio"/>				
Site Visits	<input type="radio"/>				
Other (SPECIFY)	<input type="radio"/>				

**4. (a.) Did <TA Provider’s organization name> provide TA in the following domains to you or your grant staff during FFY<’XX> < (dates of the corresponding year)>?**

	Yes	No	Don’t Know	Not Applicable
Decreasing Criminal Justice Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improving Access to Services or Service Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improving Client Perception of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improving Cost Effectiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improving Consumer Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing Consumer Social Supports/Social Connectedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing or Retaining Consumer Employment or Returning to/Staying in School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing Stability in Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing the Use of Evidence-Based Practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reducing Consumer Utilization of Psychiatric Hospitalization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(b.) Did <TA Provider’s organization name> provide TA on the following topics to you or your grant staff during FFY<'XX> < (dates of the corresponding year)>?**

	Yes	No	Don't Know	Not Applicable
Addressing Co-occurring Mental Health and Substance Use Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building and Maintaining Coalitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting Project Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing or Implementing Cultural Competence/Appropriateness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing or Implementing Communications and Social Marketing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing Sustainability Plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying/Selecting Best Practices Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementing Best Practices Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementing Sustainability Plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involving Consumer, Family, & Youth in Policy, Programs and Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making Services Consumer-, Family-, & Youth-Driven	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needs Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Project Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategic Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (SPECIFY) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

< THE WEB SURVEY WILL BE PROGRAMMED TO PREFILL ONLY THE CATEGORIES THE RESPONDENTS INDICATED ‘YES’ TO IN #4A (TA THAT WAS PROVIDED.) >

**5. (a.) Please indicate your level of agreement with the statement below for each of the following domains of TA.**

**The TA provided by <TA Provider’s organization name> during FFY<’XX> < (dates of the corresponding year)> was useful to carrying out the grant successfully.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Decreasing Criminal Justice Involvement	<input type="radio"/>				
Improving Access to Services or Service Capacity	<input type="radio"/>				
Improving Client Perception of Care	<input type="radio"/>				
Improving Cost Effectiveness	<input type="radio"/>				
Improving Consumer Functioning	<input type="radio"/>				
Increasing Consumer Social Supports/Social Connectedness	<input type="radio"/>				
Increasing or Retaining Consumer Employment or Returning to/Staying in School	<input type="radio"/>				
Increasing Stability in Housing	<input type="radio"/>				
Increasing the Use of Evidence-Based Practices	<input type="radio"/>				
Reducing Consumer Utilization of Psychiatric Hospitalization	<input type="radio"/>				

< THE WEB SURVEY WILL BE PROGRAMMED TO PREFILL ONLY THE CATEGORIES THE RESPONDENTS INDICATED ‘YES’ TO IN #4B (TA THAT WAS PROVIDED.) >

**(b.) Please indicate your level of agreement with the statement below for each of the following subjects of TA.**

**The TA provided by <TA Provider’s organization name> during FFY<’XX> < (dates of the corresponding year)> was useful to carrying out the grant successfully.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Addressing Co-occurring Mental Health and Substance Use Disorders	<input type="radio"/>				
Building and Maintaining Coalitions	<input type="radio"/>				
Conducting Project Evaluation	<input type="radio"/>				
Developing or Implementing Cultural Competence/Appropriateness	<input type="radio"/>				
Developing or Implementing Communications and Social Marketing	<input type="radio"/>				
Developing Sustainability Plans	<input type="radio"/>				
Financing	<input type="radio"/>				
Identifying/Selecting Best Practices Programs	<input type="radio"/>				
Implementing Best Practices Programs	<input type="radio"/>				
Implementing Sustainability Plans	<input type="radio"/>				
Involving Consumer, Family, & Youth in Policy, Programs and Evaluation	<input type="radio"/>				
Making Services Consumer-, Family-, & Youth-Driven	<input type="radio"/>				
Needs Assessment	<input type="radio"/>				
Project Management	<input type="radio"/>				
Strategic Planning	<input type="radio"/>				
Workforce Development	<input type="radio"/>				
Other (SPECIFY)	<input type="radio"/>				

**6. Did <TA Provider’s organization name> perform the following activities during FFY<’XX> < (dates of the corresponding year)>?**

	Yes	No	Don’t Know	Not Applicable
Asked you what TA you needed prior to providing TA to your grant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Designated a specific person to work with your grant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**7. Please indicate your level of agreement with the following statements.**

**During FFY<’XX> < (dates of the corresponding year)>. <TA Provider’s organization name> always...**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Understood my project’s goals and objectives.	<input type="radio"/>				
Understood the culture and/or unique needs of the population served by my project.	<input type="radio"/>				
Fostered a trusting, reciprocal relationship.	<input type="radio"/>				
Used productive two-way communication.	<input type="radio"/>				
Demonstrated a positive attitude in delivering TA.	<input type="radio"/>				
Provided a process for ongoing planning, feedback, and discussion.	<input type="radio"/>				
Provided services in a timely manner.	<input type="radio"/>				

**8. Please indicate your level of agreement with the following statements.**

**During FFY<'XX> < (dates of the corresponding year)>, <TA Provider's organization name> always...**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Helped enhance the ability of my project to perform the grant.	<input type="radio"/>				
Applied research based knowledge and content, best practices, and resources.	<input type="radio"/>				
Provided targeted information, services, and resources based on my project's objectives.	<input type="radio"/>				
Made sure that project staff understood what needed to be achieved this year.	<input type="radio"/>				
Promoted consumer/family or youth involvement within my project.	<input type="radio"/>				
Helped my project to develop a grantee network.	<input type="radio"/>				

**9. Please indicate your level of agreement with the following statements.**

**The TA provided by <TA Provider's organization name> during FFY<'XX> < (dates of the corresponding year)> enabled our grant staff to...**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Gain additional knowledge.	<input type="radio"/>				
Gain additional skills.	<input type="radio"/>				
Apply newly acquired knowledge.	<input type="radio"/>				
Apply newly acquired skills.	<input type="radio"/>				
Achieve positive programmatic outcomes.	<input type="radio"/>				

**10. Please list any other TA types or subjects received by you or your grant staff that are not listed in this survey.**

**11. Please list other TA types or subjects for which you would like to receive TA.**

**12. Additional comments:**