Form Approved

OMB NO. 0930-0389

Exp. Date 05/31/2025

**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 0930-0389.

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This questionnaire aims to gather your feedback regarding the actions you or your organization might have taken as a result of participating in \_\_\_\_\_\_\_\_\_\_\_ event. The information you provide will be used to enhance and improve future training events. Your answers will not be released to anyone and will remain anonymous. Your name will not be written on the questionnaire or be kept in any other records. All responses you provide for this study will remain confidential.

When the results of the questionnaire are reported, you will not be identified by name or any other information that could be used to infer your identity. Only SAMHSA and its grantee will have access to view any data collected. Your participation is voluntary, and you may withdraw from completing this questionnaire at any time you wish or skip any question you don’t feel like answering.

Your refusal to participate will not result in any penalty or loss of benefits to which you are otherwise entitled.

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

1. 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

1. The information from this event has benefited me professionally.

 Not Applicable – not professionally engaged

 Strongly Agree

 Agree

 Neutral

 Disagree

 Strongly Disagree

1. 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

1. I expect to continue using the information from this event in the future.

 Strongly Agree

 Agree

 Neutral

 Disagree

 Strongly Disagree

1. I have shared the information gained from this event with my family, community, or colleagues.

 Yes

 No

1. 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 (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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)

 I am not a health care provider

 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

 Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Not applicable – not a student

 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 (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you are a community member, from your observation, what has improved in your community because of this event? (CHECK ALL THAT APPLY)

 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 (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Open-ended questions**:

1. What, if any, barriers exist to applying the information presented at this event? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What about the event was most useful to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How could this event be improved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for completing our survey.**