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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 0930-0389.

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 1	Name:		
have ta enhanc anonyn	uestionnaire aims to gather your feedback regarding the actions you or your organization might aken as a result of participating in event. The information you provide will be used to be and improve future training events. Your answers will not be released to anyone and will remain mous. Your name will not be written on the questionnaire or be kept in any other records. All sees you provide for this study will remain confidential.		
inform view an	the results of the questionnaire are reported, you will not be identified by name or any other nation that could be used to infer your identity. Only SAMHSA and its grantee will have access to my data collected. Your participation is voluntary, and you may withdraw from completing this onnaire at any time you wish or skip any question you don't feel like answering.		
Your rentitled	refusal to participate will not result in any penalty or loss of benefits to which you are otherwise d.		
1.	Prior to participating in this event, I felt there was a need for me, my organization, and/o 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.		
	 Not Applicable – not professionally engaged 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.		
	0	Strongly Agree Agree Neutral Disagree	
		Strongly Disagree	
5.	I e	xpect to continue using the information from this event in the future.	
	0 0	Strongly Agree Agree Neutral Disagree Strongly Disagree	
6.	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)		
	0000000	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)	

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)			
	000000000000000	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)		
9.	<u>If y</u>	you are a student, how has this event impacted you? (CHECK ALL THAT APPLY)		
	00000	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)		
10.		you are a community member, from your observation, what has improved in your nmunity because of this event? (CHECK ALL THAT APPLY)		
	0	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)		

$\mathbf{O}_{\mathbf{I}}$	pen-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.