

GOVERNMENT PERFORMANCE AND RESULTS ACT (GPRA)

Training and Technical Assistance (TTA) Tools Question-By-Question Guide

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Table of Contents

TTA Event Description Form Questions	3
TTA Post-Event Form Questions.....	5
TTA Follow-Up Form Questions.....	11

TTA Event Description Form Questions

The Training and Technical Assistance (TTA) Event Description Form is to be completed by grantee staff after an event has occurred. For a series of events on the same topic, grantees should consider the series as one event and administer the TTA tool at the end of the series. The TTA Event Description Form must be completed for each event implemented or sponsored by the grantee's program center. Grantees must enter all data in SPARS as close to the actual time of the event as possible. SAMHSA recommends entering data within 1 business day and no later than 7 business days after completing or receiving TTA forms.

Event Date

Date the event was conducted.

TTA Program

Training and Technical Assistance Program implementing or sponsoring the event.

Event Format

Type of event delivery modality. The response options are: Virtual, In-Person, Hybrid (Virtual and in-person); Other. If grantees select "Other", they can specify the delivery modality of the event.

Event Title

Title of the event.

Event Code

The event code is created by the grantee. The event code will assist the grantee to sort types of events by subject area or modality. It can be numeric, alphabet characters, or a combination of both.

Total number of participants

Number of participants attending the event when implemented (not listening to recorded sessions) or number of participants expected to attend the event if it is a required/ mandatory session. If the event is a self-paced online training, then this variable should be left unanswered.

How many contact hours is this event?

Number of hours that the event was conducted with participants.

Number of participants consenting to follow-up

The number of participants who consented to participate for follow-up data collection. Enter N/A for "Not applicable" if the event is less than 3 hours.

Event Type

Type of event session.

- **Presentation or Training.** Presentations may include the delivery of awareness, information/explanation related to an idea, a practice, or a new product to an audience delivered in person, virtual/webinar, private audience or in a major, local, or national conference. Trainings includes teaching a skill, knowledge, or experience for personal or professional development.
- **Meeting.** A meeting is the assembly of individuals or committees for discussion of a specific topic or planning.
- **Technical Assistance.** A technical assistance event is a series of activities designed to reach an outcome via sharing of information and expertise, skills training, transmission of knowledge, consulting services, or the transfer of technical guidance or data.

Event Primary Audience

Grantees select the primary audience the event was created for. This information is used for the purpose of SAMHSA reporting obligations. The primary audience response options are defined below. Grantees can select more than one primary audience for the event.

- **Professionals or organizations.** This audience includes practicing professional and paraprofessional healthcare providers, including substance use and mental health prevention, treatment, recovery, and peer support services, or staff of local, state, tribal, and other health care organizations; counselors; social workers; case managers; faith leaders; and criminal justice/law enforcement professionals.
- **Students or educators.** This audience includes faculty, administrators, supervisors, etc.
- **Community members.** This audience includes members of a community or consumers.
- **American Indian and Alaska Native Tribes.** This audience includes community members that identify as members of American Indian and Alaska Native Tribes.
- **Hispanic and Latino communities.** This audience includes Hispanic and Latino community residents.
- **Rural communities.** This audience includes rural residents or providers serving rural communities.

TTA Post-Event Form Questions

The Training and Technical Assistance (TTA) Post-Event Form contains a total of 16 questions. The Post-Event Form should be completed by participants immediately after attending an event. Grantees must enter all data in SPARS as close to the actual time of the event as possible. SAMHSA recommends entering data within 1 business day and no later than 7 business days after completing or receiving TTA forms.

Event Name

Title of the event. This should be the same event name listed in the Event Description Form.

Personal Code

The same participant identification system that is used for the Post-Event and Follow- Up Forms. The Personal Code is a 12-digit code that consists of:

- The last 3 digits of the participant's zip code
- The last 4 digits of the participant's phone number
- The last 2 digits of the participant's birth year
- The first 3 letters of the participant's preferred name

1. What do you consider yourself to be?

This question is meant to identify the participant's gender identity. The response options are:

- Male
- Female
- Transgender (Male to Female)
- Transgender (Female to Male)
- Gender non-conforming
- Other (please specify)
- Prefer not to answer

If the response "Other" is selected, the participant can specify an additional write-in response.

2. Are you Hispanic, Latino/a, or Spanish origin?

[IF YES] What ethnic group do you consider yourself? You may indicate more than one.

This question asks if the participant identifies as Hispanic, Latino/a, or of Spanish origin. The response options are Yes, No, and Prefer not to answer. If participants respond "Yes", they are also asked to specify the ethnic group(s) they identify with. The response options for ethnic groups are:

- Central American
- Cuban
- Dominican
- Mexican
- Puerto Rican
- South American
- Other (please specify)

- Prefer not to answer

Participants can select more than one ethnic group. If a participant belongs to an ethnic group that is not represented as an answer choice, the participant should select “Other” and write in the group in the space provided. If a participant responds “No” or “prefer not to answer,” they can continue to the next question.

3. What is your race? You may indicate more than one.

This question asks participants about the race categories they identify with. The response options are:

- Black or African American
- White
- American Indian
- Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Other (please specify)
- Prefer not to answer

Participants can choose multiple response options. Participants who select “Other” should specify the race category that they identify with in the write-in space provided. If a participant responds “prefer not to answer,” they can continue to the next question.

4. Do you think of yourself as...

This question asks participants about their sexual orientation. The response options are:

- Straight Or Heterosexual
- Homosexual (Gay Or Lesbian)
- Bisexual
- Queer, Pansexual, And/Or Questioning
- Asexual
- Other (please specify)
- Prefer not to answer

Participants who select “Other” should specify the sexual orientation category that they identify with in the write-in space provided. If a participant responds “prefer not to answer,” they can continue to the next question.

5. Please select the best category that describes your community (Select one or more):

This question is meant to identify the type of community setting that the participant is from. Participants can select multiple response options. The response options are defined as follows:

- **Metropolitan or Suburban Community.** Participant's community is located in a city or town.
- **Tribal Community.** Participant's community is any American Indian or Alaska Native tribe, band, pueblo, village, or community.
- **Rural or Frontier.** Participant lives in a sparsely populated areas that are geographically isolated from population centers and services, usually has few homes or other buildings, and not very many people.
- **Unknown.** Participant is unsure about how to categorize their community.
- **Other (Specify).** Participants have the option of adding a write-in response to identify their community.

6. What is the highest degree you have received? (Select one)

This question is meant to record the highest degree participants have received. Participants should select one response from the options below:

- **Less than 12th Grade.** Participants should choose this response if they never attended school or completed schooling prior to the 12th grade.
- **12th Grade/High School Diploma/Equivalent.** The participant completed the 12th grade, graduated from high school, or completed a general equivalence degree.
- **Vocational/Technical (Voc/Tech) Diploma.** The participant completed their vocational or technical training after high school.
- **Some College or University.** The participant completed less than 4 years of college or university coursework or completed some college coursework but did not graduate.
- **Bachelor's Degree (BA, BS).** The participant received their undergraduate degree.
- **Graduate Work/Graduate Degree.** The participant received a graduate degree or completed some graduate coursework. This includes participants who have a received a master, professional, or doctoral level degree.
- **Other (Please Specify).** The participant received a degree that is not listed. Participant specifies the highest degree they have received.
- **Prefer not to answer.** The participant preferred not to provide information about the highest degree they received.

7. What is your primary occupation/profession? (Select one)

This question asks participants to identify their primary occupation or profession. The response options are:

- Addictions Professional
- Psychiatrist
- Psychologist
- Counselor/therapist (all types)
- Social Worker
- Recovery coach
- Peer recovery specialist

- Prevention specialist
- Case manager/care coordinator
- Clinical supervisor
- Faith leader
- Community Health Worker/Educator/Health Educator
- Criminal Justice/Law Enforcement Professional
- Public or Business Administrator
- Researcher
- Physician
- Physician Assistant
- Pharmacist
- Nurse/Nurse Practitioner
- Advance Practice Registered Nurse
- Midwife
- Teacher/educator
- Dentist
- Student
 - Full-time _____
 - ii.Part-time (not working) _____
 - iii.Part-time (working)_____
- Business owner
- Rural worker or Farmer
- Family member/caregiver
- Retired
- Other (please specify)

Participants who select “Other” should specify the primary occupation/profession in the write-in space provided. Participants who are students may select if they are a full-time student, part-time student (not working), or a part-time student (working).

- **Full-time student.** Participants with 12 or more credit hours per week for undergraduate enrollment and 9 or more credit hours per week for graduate enrollment.
- **Part-time student (not working).** Participant is enrolled in school for anything less than full time and is not employed.
- **Part-time student (working).** Participant is enrolled in school for anything less than full time and is employed.

8. If you are a student, what is your primary field of study?

This question asks participants to identify their primary field of study. Participants who are students should answer this question. Participants may only select one option. The response options are:

- Not Applicable – not a student
- Addiction Medicine
- Counseling
- Criminal Justice/Law Enforcement
- Medicine (general or residency)

- Nursing (general or registered nurse)
- Nursing Practitioner
- Peer or Recovery Specialist
- Pharmacy
- Physician Assistant
- Prevention science
- Psychiatry
- Psychology
- Public Health (Master's or PhD)
- Recovery Coach
- Social Work
- Certification program
- Other (please specify)

Participants who select “Other” should specify the primary field of study in the write-in space provided. If a participant is not a student, they can mark “not applicable – not a student” and move on to question 9.

9. Which of the following best describes your principal employment setting?

This question aims to identify the setting of the participants place of primary employment or primary occupation/profession specified on question 7. Participants may only select one option.

The response options are:

- Not Applicable – not employed
- State/county/jurisdiction/territorial/tribal government
- Substance use disorder treatment program
- Substance use prevention program
- Community recovery support program
- Group home
- Transitional/supported living facility
- Mental health clinic or treatment program (Community mental health program)
- Community health/Community health coalition
- Community coalition
- Primary care
- Federally Qualified Health Centers (FQHC)
- Hospital
- State or private psychiatric hospital
- Aging Services Network
- Skilled nursing facility
- Criminal justice/corrections (court, prison, jail, prison/probation, TASC)
- Military/VA
- Higher education setting
- Elementary or secondary education setting
- Community-based organization (including faith-based organizations)
- Self-employed (any type of business)
- Farm or rural establishment

- Family-run or consumer-run organization
- Homecare
- Shelter
- Government
- Other (please specify)

Participants who select “Other” should specify the primary occupation/profession in the write-in space provided. If a participant is not employed, they can mark “not applicable – not employed.”

10. What is the Zip Code of your principal employment setting or school (if you are a student)?

Participants enter the 5-digit zip code of the location of their primary employment setting or school. Grantees can enter “00000” if they do not have a current employment or school zip code.

11. How satisfied were you with the overall quality of this event?

This question asks participants the degree of satisfaction they have regarding the event. Participants can rate their satisfaction on a scale with the following options: very satisfied, satisfied, neutral, dissatisfied, very dissatisfied.

12. I expect this event to benefit me and /or my community.

This question asks participants about the benefits of the event to themselves or to the community that they live or work in. Participants use the following responses: strongly agree, agree, neutral, disagree, strongly disagree.

13. I expect this event will improve my ability to work effectively.

This question asks if participants believe the event will help with their work in their primary profession. Participants who are a practicing healthcare provider, counselor, preventionist, social worker, educator, or work in the criminal justice/law enforcement field are required to answer this question. Participants use the following responses: strongly agree, agree, neutral, disagree, strongly disagree. Participants who are not a practicing healthcare provider, counselor, preventionist, social worker, educator, or work in the criminal justice/law enforcement field may mark “not applicable.”

14. I would recommend this event to a friend/colleague.

This question asks whether participants would recommend this event to a friend or colleague. Participants can answer Yes or No.

15. What about the event was most useful to you?

This open-ended question asks for participants to provide feedback about what they thought was useful about attending the event.

16. How could this event be improved?

This open-ended question asks for feedback from the participant on how the event could be improved.

TTA Follow-Up Form Questions

The Training and Technical Assistance (TTA) Follow-Up Form contains a total of 13 questions. The Follow-Up Form should be completed by participants 60 days after the completion of the event or event series. Completed follow-up forms should be entered into SPARS no later than 120 days after the event. SAMHSA recommends entering data within 1 business day and no later than 7 business days after completing or receiving TTA forms.

Event Name

Title of the event. This should be the same event name listed in the Event Description Form and Post-Event Form.

Personal Code

The Personal Code is used to help identify participants. The Personal Code for a participant on the Follow-up Event Form should be the same Personal Code from the Post-Event Form.

The Personal Code is a 12-digit code that consists of:

- The last 3 digits of the participant's zip code
- The last 4 digits of the participant's phone number
- The last 2 digits of the participant's birth year
- The first 3 letters of the participant's preferred name

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.

This question asks participants if prior to the event, there was a need for themselves, their organization, and/or community to make a change related to the event topic. Participants use the following responses: 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.

This question asks participants if the event was beneficial to themselves, their family, and/or community. Participants use the following responses: strongly agree, agree, neutral, disagree, strongly disagree.

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

This question asks participants if they believe that the information presented from the event benefited them professionally. Participants use the following responses: strongly agree, agree, neutral, disagree, strongly disagree. If a participant is not employed, they can mark "not applicable – not professionally engaged."

4. I have used the information gained from this event to make changes in my practice or to help my family and/or community.

This question asks participants if they believe that the information gained from the event has been used to make changes at their practice or help their family and/or community. Participants use the following responses: strongly agree, agree, neutral, disagree, strongly disagree.

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

This question asks if participants believe they will continue to use information presented at the event in the future. Participants use the following responses: strongly agree, agree, neutral, disagree, strongly disagree.

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

This question asks participants if they have shared information from the event with their family, community, or colleagues. Participants can answer yes or no to this question.

7. What about the event was most useful in supporting your work responsibilities or your role in your community?

This question asks participants what aspects of the event participants found to be the most useful for their work responsibilities or for their role in their community. Participants can select from the following options:

- 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 (please specify)

Participants may select multiple responses to this question. Participants can also use the “Other, specify” option to write-in their own response.

8. If you are a healthcare provider, what has improved in your organization/practice because of this event.

This question should only be answered by participants that are healthcare providers. Participants can select from the following options:

- Not applicable – not a healthcare 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 (please specify)

Participants who are not healthcare providers should answer “Not applicable – not a healthcare provider.” Healthcare providers include professional and paraprofessional healthcare providers, including prevention, addiction and mental health treatment and recovery services from states, local, tribal, or healthcare organizations. This question asks participants what has improved at the participants organization or practice because of the event. Participants may select more than one response option. Participants can also use the “Other, specify” option to write-in their own response.

9. If you are a student, how has this event impacted you?

This question should only be answered by participants that are currently students. Participants can select from the following options:

- 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 (please specify)

Participants who are not students should answer “Not applicable – not a student.” This question asks participants how they have been impacted by the event. Participants may select more than one response option. Participants can also use the “Other, specify” option to write-in their own response.

10. If you are a community member, from your observation, what has improved in your community because of this event.

This question should only be answered by participants who attended the event as a community member. Participants can select from the following options:

- Not applicable – not a community member
- 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 (please specify)

Participants who are not community members should answer “Not applicable – not a community member.” This question is meant to determine how communities have improved since the event. Participants may select more than one response option. Participants can also use the “Other, specify” option to write-in their own response.

11. What, if any, barriers exist to applying the information presented at this event?

This open-ended question asks participants to record any barriers that have made it difficult to apply the information presented at the event.

12. What about the event was most useful to you?

This open-ended question asks for feedback from participants about what they found to be the most useful aspects of the event.

13. How could this event be improved?

This open-ended question asks for feedback from participants on how the event could be improved in the future.