

Dear Carlos Graham,

Thank you for the opportunity to review the proposed new event forms and included questions. The Centers of Excellence on LGBTQ+ Behavioral Health Equity, Behavioral Health Disparities in Aging, African American Behavioral Health, and The Family Center of Excellence Technical Assistance Center reviewed the documents together and are sending our combined feedback. Our primary focus was on equity and social justice as it applies to all of our audiences. Our proposed edits below were also informed by the feedback of numerous presenters and learners in our educational events that, over our tenure, have asked for more inclusive surveying and representation. We appreciate your full consideration of our suggested revisions.

Feedback on the TTA Event Description Form

1. Under “Event Type,” please specify more explicitly the difference between a “Presentation” and “Training?” For example, does a training result in a certification or accreditation or does a training imply a certain amount of hours? How would you describe the difference between a presentation and training on the same topic?
2. Under “Event Primary Audience,” please add “peer support services” to the list of “Healthcare providers” so it reads “...*mental health treatment, recovery, and peer support services*...” *This statement should stay consistent on all forms, attachments 1-3.*
3. Under Primary Audience, please change “Health Care Providers or Organizations” to “Professionals.”
 - As above, add “peer support services” to the this bullet so it reads “...*mental health treatment, recovery, and peer support services*”
 - Primary audience does not include key learners, including other professionals not generally characterized in the list provided. Please include:
 - Case manager/care coordinator
 - Manager/supervisor of social service organization
 - Faith-based organization or faith leader

Feedback on the Training and Technical Assistance (TTA) GPRA Post-event Form- (GPRA-PEF)

1. Please change the “Gender” question to:
 - 1) What is your gender?
 - a. Man
 - b. Woman
 - c. Transgender Man
 - d. Transgender Woman
 - e. Nonbinary
 - f. Another Gender: _____

g. Prefer Not to Answer

Explanation: The term “female to male” and “male to female” is very medicalized and about sex characteristics rather than gender. These phrases also presume that the person was one gender and decided to change to another as opposed to always being their defined gender.

The term “gender nonconforming” presumes there is something to conform to. This term is outdated most people shy away from using it. Lastly, “transgender” is not technically a gender identity, so the option to select “transgender” as an identity is not a valid selection. Transgender is not a noun as the other genders are. “Transgender” must be used as an adjective to gender: “a transgender man” or “transgender woman” is most appropriate.

2. For the question about race, please consider adding additional race categories and inserting logic into the question on race. It can feel invalidating that certain race categories are given specific ethnicities when others are not. Please consider revising the question to read (with logic in red):

- 1) Which best describes your race?
 - a. Black or African American
 - b. White or European American
 - c. Asian
 - a. Chinese
 - b. Filipino
 - c. Japanese
 - d. Korean
 - e. Vietnamese
 - f. Arab
 - g. Another not listed:
 - d. Pacific Islander
 - a. Native Hawaiian
 - b. Guamanian
 - c. Chamorro
 - d. Samoan
 - e. Another not listed:
 - e. Native American or Alaska Native

3. Consider changing the wording for the sexual orientation question to read:

- 1) What is your sexual orientation?
 - a. Straight
 - b. Gay or Lesbian
 - c. Bisexual

- d. Pansexual
- e. Queer
- f. Questioning
- g. Another not listed:
- h. Prefer not to answer:

Explanation: Item “d” as it currently is written combines three identities that mean different things to different people. It is best to separate them out. Further, “refused” as an item of selection replies non-compliance when people may just be safe guarding their private information.

- 4. Under “Please select the best category that describes your community,” please consider changing the term “urban” to “metropolitan.”

Explanation: “Urban” is a term that is plagued with racial stereotypes and has been historically used as coded language to describe areas with a high population of Black or African American people.

- 5. Under “What is the highest degree you have received,” please remove “but no degree” after “some college” and add “Professional Certification” as an option.

Explanation: “Some college” is sufficient for data collection purposes since the option to select degrees proceeds it. The “but no college” part of the answer may make people feel as if their amount of college is not sufficient. Further, by adding “Professional Certification” as an option, we can acknowledge the importance of a range of other types of education.

- 6. Under “What is your primary occupation/profession,” please include “Faith Leader” as an option.

- 7. Under “What is your primary occupation/profession,”
 - Please remove the “I am” from “I am a family member/caregiver” and “I am retired” so that it is consistent with the other options and does not marginalize this group of people.
 - Primary audience does not include key learners, including other professionals not generally characterized in the list provided. Please include:
 - Case manager/care coordinator
 - Manager/supervisor of social service organization
 - Faith leader

- 8. Under “What is your principal employment setting,” please add “Family-run or consumer-run organization.”

Explanation: A Consumer or Family-run organization has strong values based on the directed needs of consumer, clients and families caring for loved ones based upon lived

experience of the organization’s leadership that includes the board of directors and the CEO. These organizations are dedicated to promoting culturally respectful responsive care. The standards are intended to exist within an overall framework of the organization that is mission-driven and aligned with the organizational peer-driven values.

Conversely, community organizations are driven by the mission set by their board of directors to work within the community on many various issues that do not have to be driven by the needs determined by those who access services for themselves or for loved ones.

Including consumer or family-run organizations will give policy makers, SAMHSA and grantee evaluators pertinent information on the reach of events that include peer decision makers at the highest level. Informing consumer or family-run organizations on the most relevant evidence-based practices will support consumers of mental health and substance use services at all levels. This factor will in turn strengthen all funded programs. To see evidence on these types of organizations and to learn about their standards and importance, read [Leadership and Characteristics of Nonprofit Mental Health Peer-Run Organizations Nationwide](#).

9. Under “What is your principal employment setting,”
 - Please spell out FQHC
 - Please add “Aging Services Network”
 - Please change “select one” to “check all that apply,” as many people have multiple employment settings.

Training and Technical Assistance (TTA) GPRA Follow-Up Form (GPRA-FU)

1. Under “Unique Identifying Instructions,” please specify what MM/DD the user needs to enter. Is this a birth date, the date of the event, the date of the survey?