

ATTC Event Description Form

Please complete this form for each event implemented or sponsored by your ATTC.

Date: _____ **Location:** _____ **ATTC:** _____

Event Title: _____ **Event Code No.:** _____

Co-sponsors: _____

Total # of participants: _____ Total # of PREs collected: _____

of participants consenting to follow-up: _____ Total # of Follow-up surveys sent: _____

A> TAP 21. Check all the TAP 21 competency areas that apply to this event:

- | | |
|--|--|
| <input type="checkbox"/> 1 Transdisciplinary Foundations | <input type="checkbox"/> 2.5 Counseling |
| <input type="checkbox"/> 2.1 Clinical Evaluation | <input type="checkbox"/> 2.6 Client, Family & Community Education |
| <input type="checkbox"/> 2.2 Treatment Planning | <input type="checkbox"/> 2.7 Documentation |
| <input type="checkbox"/> 2.3 Referral | <input type="checkbox"/> 2.8 Professional and Ethical Responsibilities |
| <input type="checkbox"/> 2.4 Service Coordination | |

B1>SAMHSA Programs/Issues and other Special Topics. Is the event intended to focus on any of the following special topics? Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Co-occurring Disorders | <input type="checkbox"/> Substance Abuse Treatment Capacity |
| <input type="checkbox"/> Seclusion & Restraint | <input type="checkbox"/> Strategic Prevention Framework |
| <input type="checkbox"/> Children & Families | |
| <input type="checkbox"/> Mental Health Systems Transformation | <input type="checkbox"/> Suicide Prevention |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> HIV/AIDS/Hepatitis | <input type="checkbox"/> Criminal & Juvenile Justice |
| <input type="checkbox"/> Workforce Development | |

B2>SAMHSA Cross-Cutting Principles. Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Science to Services/Evidence-Based Practices | <input type="checkbox"/> Data for Performance Measurement & Management |
| <input type="checkbox"/> Collaboration w/ Public & Private Partners | <input type="checkbox"/> Reducing Stigma & Barriers to Service |
| <input type="checkbox"/> Cultural Competency/Eliminating Disparities | <input type="checkbox"/> Community & Faith-Based Approaches |
| <input type="checkbox"/> Trauma & Violence | <input type="checkbox"/> Financing Strategies/Cost-effectiveness |
| <input type="checkbox"/> Rural & Other Specific Settings | <input type="checkbox"/> Disaster Readiness & Response |

C> Contact Hours How many contact hours is this event? _____

NOTE: For academic credit-hour courses, multiply the number of credit hours assigned by 15 to calculate contact hours (e.g. 3 credit hours x 15 = 45 contact hours)

D> Is this a Training of Trainers (TOT) Event? ___ Yes ___ No

E> Event Format and Technology Characteristics

◆ Which of the following best describes the event?:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Instit./Conf. | <input type="checkbox"/> Univ./College Course | <input type="checkbox"/> Comm. Coll. Course |
| <input type="checkbox"/> Technical Assistance | <input type="checkbox"/> Meeting | | |

- ◆ Does the event occur in:
 - ___ a concentrated period (e.g. one or more consecutive days) or
 - ___ spread out over a length of time (e.g. a semester course)

- ◆ Technology Format: (Select one)
 - ___ Traditional Classroom Format
 - ___ Practicum/Internship Experience
 - ___ Distance Learning Format (Please specify):
 - ___ Ground Mail Format
 - ___ E-mail Format
 - ___ On-line/ Web-based Format
 - ___ Tele-video Format
 - ___ Other; Please indicate: _____

Publication Use. Please record the TIPs, TAPs and other publications you used in this event.

The publications I used in this event were:

TIP #	USE	TAP#	USE
1: State Methadone Tx Guidelines	<input type="checkbox"/>	1: Approaches in Treat. of Adolescent	<input type="checkbox"/>
2: Pregnant, SA Women	<input type="checkbox"/>	2: Medicaid Financing	<input type="checkbox"/>
3: Screen and Assess Adolescents	<input type="checkbox"/>	3: Need, Demand, and Problem Asses.	<input type="checkbox"/>
4: Guidelines for Adolescents	<input type="checkbox"/>	4: Coordination of ADM Services	<input type="checkbox"/>
5: Drug Exposed Infants	<input type="checkbox"/>	5: Self-Run, Self-Supported Houses	<input type="checkbox"/>
6: Screening Infectious Diseases	<input type="checkbox"/>	6: Empowering Families	<input type="checkbox"/>
7: Screening & Assess in CJ	<input type="checkbox"/>	7: Methadone	<input type="checkbox"/>
8: Intensive Outpatient Tx	<input type="checkbox"/>	8: Relapse Prevention	<input type="checkbox"/>
9: Coexisting MI and SA	<input type="checkbox"/>	9: Funding Resource Guide	<input type="checkbox"/>
10: Cocaine and Methadone	<input type="checkbox"/>	10: Rural Issues	<input type="checkbox"/>
11: Simple Screening for Outreach	<input type="checkbox"/>	11: Opportunities for Coordination	<input type="checkbox"/>
12: Intermediate Sanctions	<input type="checkbox"/>	12: Narcotic Treatment Programs	<input type="checkbox"/>
13: Patient Placement Criteria	<input type="checkbox"/>	13: Confidentiality	<input type="checkbox"/>
14: State Outcomes Monitoring	<input type="checkbox"/>	14: Siting D and A Treatment Prog.	<input type="checkbox"/>
15: HIV-Infected Abusers	<input type="checkbox"/>	15: Forecasting Cost in Managed Care	<input type="checkbox"/>
16: Trauma Patients	<input type="checkbox"/>	16: Purchasing Managed Care Svcs.	<input type="checkbox"/>
17: Adults in Criminal Justice Sys	<input type="checkbox"/>	17: Rural and Frontier Treatment	<input type="checkbox"/>
18: Tuberculosis Epidemic	<input type="checkbox"/>	18: Confidentiality Compliance	<input type="checkbox"/>
19: Detoxification	<input type="checkbox"/>	19: Relapse Prevention for Offenders	<input type="checkbox"/>
20: Opioid Substitution Therapy	<input type="checkbox"/>	20: Excellence to Rural and Frontier	<input type="checkbox"/>
21: Diversion for Juveniles	<input type="checkbox"/>	21: Addiction Couns Competencies	<input type="checkbox"/>
22: LAAM of Opiate Addictions	<input type="checkbox"/>	21A: Clinical Supervision Comps	<input type="checkbox"/>
23: Drug Courts	<input type="checkbox"/>	22: Contracting for Services	<input type="checkbox"/>
24: Primary Care Clinicians	<input type="checkbox"/>	23: Women Offenders	<input type="checkbox"/>
25: Domestic Violence	<input type="checkbox"/>	24: Welfare Reform & Confidentiality	<input type="checkbox"/>
26: Older Adults	<input type="checkbox"/>	25: Impact of SA Tx on Employment	<input type="checkbox"/>
27: Comprehensive Case Manage	<input type="checkbox"/>	26: ID SA among TANF-elig Families	<input type="checkbox"/>
28: Naltrexone	<input type="checkbox"/>	27: Linking A&D Svcs. w/ Ch Welfare	<input type="checkbox"/>
29: Phys & Cognitive Disabilities	<input type="checkbox"/>	28: NRADAN Awards for Excellence	<input type="checkbox"/>
30: Continuity of Offender Treat	<input type="checkbox"/>	29: State Admin Records for Perf. Mgt	<input type="checkbox"/>
31: Screening Adolescents	<input type="checkbox"/>	30: Buprenorphine for Nurses	<input type="checkbox"/>
32: Treatment of Adolescents	<input type="checkbox"/>	31: Implementing Change	<input type="checkbox"/>
33: Tx for Stimulant Use Disorders	<input type="checkbox"/>		
34: Brief Interventions & Therapies	<input type="checkbox"/>	Other Publications	USE
35: Enhancing Motivation	<input type="checkbox"/>	The Change Book	<input type="checkbox"/>
36: Child Abuse & Neglect Issues	<input type="checkbox"/>	Specify Other Titles:	<input type="checkbox"/>
37: SA Tx and HIV/AIDS	<input type="checkbox"/>		<input type="checkbox"/>
38: SA Tx and Vocational Svcs.	<input type="checkbox"/>		<input type="checkbox"/>
39: SA Tx and Family Therapy	<input type="checkbox"/>		<input type="checkbox"/>
40: Buprenorphine & Opioid Tx	<input type="checkbox"/>		
41: SA Tx: Group Therapy	<input type="checkbox"/>		
42: SA Tx for Co-occur. Disorders	<input type="checkbox"/>		
43: Med-assted Tx for Opioid Addic	<input type="checkbox"/>		
44: SA Tx in the CJ System	<input type="checkbox"/>		
45: Detox and SA Tx	<input type="checkbox"/>		
46: Admin Issues – Intensive Outpt.	<input type="checkbox"/>		
47: Clinical Issues – Intensive Outpt.	<input type="checkbox"/>		
48: Managing Depressive Symptom	<input type="checkbox"/>		
49: Inc. Alco. Pharm. Into Med Prac.	<input type="checkbox"/>		
50: Addressing Suicidal Th./Behav.	<input type="checkbox"/>		

Public reporting burden for this collection of information is estimated to average 15 minutes per response to complete the Contact Information Form and this questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information to the SAMHSA Reports Clearance Officer, Room 16-105, 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 OMB control number. The control number for this project is 0930-0216.