

Attachment 5: Summary of Revisions

1. Event Description Form (Attachment 1)

- a. Response choices for Question B1>SAMHSA Programs/Issues and other Special Topics have been revised as follows:

Co-occurring Disorders (*no change*)
Seclusion & Restraint (*no change*)
Children & Families (*no change*)
~~Mothers and Infants~~ DELETED
~~Adolescents~~ DELETED
Mental Health Systems Transformation (*no change*)
Homelessness (*no change*)
HIV/AIDS/Hepatitis (*no change*)
~~Clinical Supervision~~ DELETED
~~Racial/Ethnic Minorities~~ DELETED
Workforce Development ADDED
Substance Abuse Treatment Capacity (*no change*)
Strategic Prevention Framework (*no change*)
~~Disaster Readiness & Response~~ DELETED
~~Aging~~ CHANGED TO “Older Adults”
~~Criminal Justice~~ CHANGED TO “Criminal & Juvenile Justice”
~~Pharmacology~~ DELETED

- b. Response choices for Question B2>SAMHSA Cross-Cutting Principles have been RE-ORDERED and revised as follows:

Science to Services/Evidence-Based Practices (*no change*)
Collaboration w/ Public & Private Partners (*no change to wording*)
Cultural Competency/Eliminating Disparities (*no change to wording*)
Trauma & Violence (*no change to wording*)
Rural & Other Specific Settings (*no change to wording*)
~~Performance Measurement & Management~~ CHANGED TO “Data for Performance Measurement & Management”
~~Recovery: Reducing Stigma & Barriers to Service~~ CHANGED TO “Reducing Stigma & Barriers to Service”
~~Community & Faith-Based~~ CHANGED TO “Community & Faith-based Approaches”
~~Workforce Development~~ DELETED—
Financing Strategies/Cost-effectiveness (*no change to wording*)
Disaster Readiness & Response ADDED

c. Response choices for “Publication Use. Please record the TIPS, TAPs and other publications you used in this event” have been revised as follows:

TIPS ADDED at end of list:

- 45: Detox and SA Tx
- 46: Admin Issues – Intensive Outpt.
- 47: Clinical Issues – Intensive Outpt.
- 48: Managing Depressive Symptom
- 49: Inc. Alco. Pharm. Into Med Prac.
- 50: Addressing Suicidal Th./Behav.

TAPS ADDED at end of list:

- 28: NRADAN Awards for Excellence
- 29: State Admin Records for Perf. Mgt
- 30: Buprenorphine for Nurses
- 31: Implementing Change

Other Publications REVISED:

Untangling the Web – DELETED

2. Training Post Event Forms (Attachment 2-1)

a. Questions 20 - 24 will be deleted and replaced with the following (in blue):

20. Your gender: Female Male Transgender

21. Are you Hispanic or Latino/a? Yes No

22. What is your race? (*select one or more*):

- | | |
|--|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other (<i>please specify</i>) _____ |

23. What is the highest degree you have received (*select one*)?

- Some high school, but no diploma or equivalent
- High school diploma or equivalent
- Some college but no degree

- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree or equivalent
- Other (*please specify*): _____

24. What is your **primary** profession (*select one*)?

- | | | |
|--|--|---|
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Community health worker | |
| <input type="checkbox"/> Addictions professional | <input type="checkbox"/> Health educator | <input type="checkbox"/> Registered nurse |
| <input type="checkbox"/> Social worker | <input type="checkbox"/> Educator (post-secondary or continuing) | <input type="checkbox"/> Licensed practical nurse |
| <input type="checkbox"/> Recovery specialist | <input type="checkbox"/> Public or Business Administrator | <input type="checkbox"/> Advanced practice nurse |
| <input type="checkbox"/> Mental health professional | <input type="checkbox"/> Researcher | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Criminal justice/law enforcement professional | <input type="checkbox"/> Physician | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Disease intervention specialist/investigator | <input type="checkbox"/> Physician assistant | <input type="checkbox"/> Other dental professional |
| | | <input type="checkbox"/> Other (<i>please specify</i>)_____ |

25. If you are a student, what is your **primary** field of study (*select one*)?

- | | |
|--|--|
| <input type="checkbox"/> Not a student | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Dentistry |
| <input type="checkbox"/> Basic, translational or applied science | <input type="checkbox"/> Criminal justice/law enforcement |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Education |
| <input type="checkbox"/> Public health | <input type="checkbox"/> Public or business administration |
| <input type="checkbox"/> Other (<i>please specify</i>) | |

26. In which discipline(s) are you currently licensed or certified (*select one or more*)?

- | | |
|--|---|
| <input type="checkbox"/> Not licensed or certified | <input type="checkbox"/> Addictions prevention, treatment or recovery |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Other (please specify)_____ |

27. Which best describes your role at your current workplace (*select one*)?

- | | | |
|--|---|---|
| <input type="checkbox"/> Clinician / care provider/direct service provider | <input type="checkbox"/> Counselor | <input type="checkbox"/> Trainer / TA Provider |
| <input type="checkbox"/> Clinical Supervisor | <input type="checkbox"/> Mental health therapist | <input type="checkbox"/> Group Facilitator |
| <input type="checkbox"/> Recovery Specialist | <input type="checkbox"/> Parole/Probation/Re-Entry Support | <input type="checkbox"/> Not currently employed |
| <input type="checkbox"/> Manager / coordinator/administrator | <input type="checkbox"/> Outreach staff | <input type="checkbox"/> Other (<i>please specify</i>)_____ |
| <input type="checkbox"/> Client / patient educator | <input type="checkbox"/> Disease intervention/investigation | |
| <input type="checkbox"/> Case manager | <input type="checkbox"/> Resident / fellow | |
| <input type="checkbox"/> Prevention case manager | <input type="checkbox"/> Teacher / faculty | |

28. Which best describes your **principal** employment setting (*select one*)?

- | | |
|--|--|
| <input type="checkbox"/> Community or Faith-based service organization (CBO/FBO) | <input type="checkbox"/> School/university-based health clinic |
| <input type="checkbox"/> Government (federal, state or municipal) | <input type="checkbox"/> Correctional facility |
| <input type="checkbox"/> State/local health department | <input type="checkbox"/> Probation/parole office |
| <input type="checkbox"/> School/university (academic department) | <input type="checkbox"/> Local law enforcement department |
| <input type="checkbox"/> Hospital/Hospital-affiliated clinic | <input type="checkbox"/> Military/VA |
| <input type="checkbox"/> HMO/managed care organization | <input type="checkbox"/> Tribal/Indian Health Service |
| <input type="checkbox"/> Solo/group private practice | <input type="checkbox"/> Community health center |
| <input type="checkbox"/> Addictions treatment program (inpatient) | <input type="checkbox"/> Not currently employed |

- Addictions treatment program (outpatient) Other: (please specify) _____
- Addictions treatment program (residential)
- Recovery support program

29. What is the zipcode of your principal employment setting? □□□□□

b. The open-ended questions which did not have numbers in the OLD form, will now be numbered 30 & 31 in the new form. The wording of these questions will not change.

3. Meeting Post Event Form (Attachment 2-2)

a. Questions 12 – 16 will be deleted and replaced with the following:

12. Your gender: Female Male Transgender

13. Are you Hispanic or Latino/a? Yes No

14. What is your race? (select one or more):

- American Indian Native Hawaiian
- Alaska Native Other Pacific Islander
- Asian White
- Black or African American Other (please specify) _____

15. What is the highest degree you have received (select one)?

- Some high school, but no diploma or equivalent
- High school diploma or equivalent
- Some college but no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree or equivalent
- Other (please specify): _____

16. What is your **primary** profession (*select one*)?

- | | | |
|--|--|---|
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Community health worker | |
| <input type="checkbox"/> Addictions professional | <input type="checkbox"/> Health educator | <input type="checkbox"/> Registered nurse |
| <input type="checkbox"/> Social worker | <input type="checkbox"/> Educator (post-secondary or continuing) | <input type="checkbox"/> Licensed practical nurse |
| <input type="checkbox"/> Recovery specialist | <input type="checkbox"/> Public or Business Administrator | <input type="checkbox"/> Advanced practice nurse |
| <input type="checkbox"/> Mental health professional | <input type="checkbox"/> Researcher | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Criminal justice/law enforcement professional | <input type="checkbox"/> Physician | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Disease intervention specialist/investigator | <input type="checkbox"/> Physician assistant | <input type="checkbox"/> Other dental professional |
| | | <input type="checkbox"/> Other (<i>please specify</i>)_____ |

17. If you are a student, what is your **primary** field of study (*select one*)?

- | | |
|--|--|
| <input type="checkbox"/> Not a student | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Dentistry |
| <input type="checkbox"/> Basic, translational or applied science | <input type="checkbox"/> Criminal justice/law enforcement |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Education |
| <input type="checkbox"/> Public health | <input type="checkbox"/> Public or business administration |
| <input type="checkbox"/> Other (please specify) | |

18. In which discipline(s) are you currently licensed or certified (*select one or more*)?

- | | |
|--|---|
| <input type="checkbox"/> Not licensed or certified | <input type="checkbox"/> Addictions prevention, treatment or recovery |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Other (please specify)_____ |

19. Which best describes your role at your current workplace (*select one*)?

- Clinician / care provider/direct service provider
- Clinical Supervisor
- Recovery Specialist
- Manager / coordinator/administrator
- Client / patient educator
- Case manager
- Prevention case manager
- Counselor
- Mental health therapist
- Parole/Probation/Re-Entry Support
- Outreach staff
- Disease intervention/investigation
- Resident / fellow
- Teacher / faculty
- Trainer / TA Provider
- Group Facilitator
- Not currently employed
- Other (*please specify*) _____

20. Which best describes your **principal** employment setting (*select one*)?

- Community or Faith-based service organization (CBO/FBO)
- Government (federal, state or municipal)
- State/local health department
- School/university (academic department)
- Hospital/Hospital-affiliated clinic
- HMO/managed care organization
- Solo/group private practice
- Addictions treatment program (inpatient)
- Addictions treatment program (outpatient)
- Addictions treatment program (residential)
- Recovery support program
- School/university-based health clinic
- Correctional facility
- Probation/parole office
- Local law enforcement department
- Military/VA
- Tribal/Indian Health Service
- Community health center
- Not currently employed
- Other: (*please specify*) _____

21. What is the zipcode of your principal employment setting? □□□□□

b. The open-ended questions which did not have numbers in the OLD form, will now be numbered 22 & 23 in the new form. The wording of these questions will not change.

a. Questions 18 - 22 will be deleted and replaced with the following:

18. Your gender: Female Male Transgender

19. Are you Hispanic or Latino/a? Yes No

20. What is your race? (*select one or more*):

- American Indian Native Hawaiian
 Alaska Native Other Pacific Islander
 Asian White
 Black or African American Other (*please specify*) _____

21. What is the highest degree you have received (*select one*)?

- Some high school, but no diploma or equivalent
 High school diploma or equivalent
 Some college but no degree
 Associate's degree
 Bachelor's degree
 Master's degree
 Doctoral degree or equivalent
 Other (*please specify*): _____

22. What is your **primary** profession (*select one*)?

- | | | |
|--|--|--|
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Community health worker | |
| <input type="checkbox"/> Addictions professional | <input type="checkbox"/> Health educator | <input type="checkbox"/> Registered nurse |
| <input type="checkbox"/> Social worker | <input type="checkbox"/> Educator (post-secondary or continuing) | <input type="checkbox"/> Licensed practical nurse |
| <input type="checkbox"/> Recovery specialist | <input type="checkbox"/> Public or Business Administrator | <input type="checkbox"/> Advanced practice nurse |
| <input type="checkbox"/> Mental health professional | <input type="checkbox"/> Researcher | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Criminal justice/law enforcement professional | <input type="checkbox"/> Physician | <input type="checkbox"/> Dentist |
| | | <input type="checkbox"/> Other dental professional |

- Disease intervention specialist/investigator

 Physician assistant

 Other (*please specify*)_____

23. If you are a student, what is your **primary** field of study (*select one*)?

- | | |
|--|--|
| <input type="checkbox"/> Not a student | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Dentistry |
| <input type="checkbox"/> Basic, translational or applied science | <input type="checkbox"/> Criminal justice/law enforcement |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Education |
| <input type="checkbox"/> Public health | <input type="checkbox"/> Public or business administration |
| <input type="checkbox"/> Other (please specify) | |

24. In which discipline(s) are you currently licensed or certified (*select one or more*)?

- | | |
|--|---|
| <input type="checkbox"/> Not licensed or certified | <input type="checkbox"/> Addictions prevention, treatment or recovery |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Other (please specify)_____ |

25. **Which best describes your role at your current workplace (*select one*)?**

- | | | |
|--|---|---|
| <input type="checkbox"/> Clinician / care provider/direct service provider | <input type="checkbox"/> Counselor | <input type="checkbox"/> Trainer / TA Provider |
| <input type="checkbox"/> Clinical Supervisor | <input type="checkbox"/> Mental health therapist | <input type="checkbox"/> Group Facilitator |
| <input type="checkbox"/> Recovery Specialist | <input type="checkbox"/> Parole/Probation/Re-Entry Support | <input type="checkbox"/> Not currently employed |
| <input type="checkbox"/> Manager / coordinator/administrator | <input type="checkbox"/> Outreach staff | <input type="checkbox"/> Other (<i>please specify</i>)_____ |
| <input type="checkbox"/> Client / patient educator | <input type="checkbox"/> Disease intervention/investigation | |
| <input type="checkbox"/> Case manager | <input type="checkbox"/> Resident / fellow | |

- Prevention case manager Teacher / faculty

26. Which best describes your **principal** employment setting (*select one*)?

- | | |
|--|---|
| <input type="checkbox"/> Community or Faith-based service organization (CBO/FBO) | <input type="checkbox"/> School/university-based health clinic |
| <input type="checkbox"/> Government (federal, state or municipal) | <input type="checkbox"/> Correctional facility |
| <input type="checkbox"/> State/local health department | <input type="checkbox"/> Probation/parole office |
| <input type="checkbox"/> School/university (academic department) | <input type="checkbox"/> Local law enforcement department |
| <input type="checkbox"/> Hospital/Hospital-affiliated clinic | <input type="checkbox"/> Military/VA |
| <input type="checkbox"/> HMO/managed care organization | <input type="checkbox"/> Tribal/Indian Health Service |
| <input type="checkbox"/> Solo/group private practice | <input type="checkbox"/> Community health center |
| <input type="checkbox"/> Addictions treatment program (inpatient) | <input type="checkbox"/> Not currently employed |
| <input type="checkbox"/> Addictions treatment program (outpatient) | <input type="checkbox"/> Other: (<i>please specify</i>) _____ |
| <input type="checkbox"/> Addictions treatment program (residential) | |
| <input type="checkbox"/> Recovery support program | |

27. What is the zipcode of your principal employment setting?

b. The open-ended questions numbered 23 & 24 in the OLD form will now be numbered 28 & 29 in the new form. The wording of these questions will not change.

5. Training Follow-Up Form – NO changes on any follow-up forms