

Assertive Adolescent & Family Treatment (AAFT) Program

AAFT Implementation Survey

Principal Investigators

Public reporting burden for this collection of information is estimated to average 45 minutes per response per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

**Thank you for agreeing to participate in the
Program Evaluation for Assertive Adolescent & Family Treatment (AAFT) Program!**

This survey is being conducted by Advocates for Human Potential, Inc. (AHP). We are a research and consulting firm based in Sudbury, MA and Albany, NY. We're conducting this study as part of our contract to assist the Center for Substance Abuse Treatment (CSAT) in the national evaluation of the implementation of AAFT, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

At the end of each project year, we are asking program administrators, clinical, and research staff across the entire AAFT3 grantee cohort to provide information about their professional background as well as opinions/thoughts on a variety of topics, including substance abuse treatment. We are gathering data from many sources and believe it is important to collect information from many perspectives as well. As you complete this survey, PLEASE RESPOND TO THE QUESTIONS FROM YOUR OWN PERSPECTIVE—choosing an answer that best describes your experience or opinion.

Your responses to the survey will be kept in a private record. Your responses will come directly to AHP staff. Any reports generated as part of this evaluation will contain only aggregate responses (for example, "50% of the program staff had been working for this program for less than two years").

If you have any questions, concerns or comments about the questionnaire or the study, please feel free to contact us by phone or email:

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Thank you again for your participation!

Section A

Respondent ID: Please provide your First, Middle, & Last initials, and the Month & Day of your birthday.
| _____ | (For example: ALA0415 |)

What is your primary role in the project? (select one)

- | | | |
|-------------------------------------------------|-----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Principal Investigator | <input type="checkbox"/> Clinician/Counselor | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Project Director | <input type="checkbox"/> Researcher/Evaluator | |
| <input type="checkbox"/> Clinical Supervisor | <input type="checkbox"/> Data Manager | |

What is the highest degree that you have obtained?

- | | |
|---------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> No high school diploma or equivalent | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High School Diploma or Equivalent | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Some college, but no degree | <input type="checkbox"/> Doctoral degree or equivalent |
| <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Other, please specify _____ |

What is your professional background? (check all that apply)

- | | | |
|----------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Addictions Counseling | <input type="checkbox"/> Social Work/Human Services | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Other Counseling | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Education | <input type="checkbox"/> Medicine: Primary Care | <input type="checkbox"/> None, unemployed |
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Medicine: Psychiatry | <input type="checkbox"/> None, student |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Medicine: Other | <input type="checkbox"/> Other, please describe _____ |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Nurse | |

Which licenses, credentials, or certificates do you currently hold? (check all that apply)

- | | | | |
|-------------------------------------|-----------------------------------------|--------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ACDP/ACPS | <input type="checkbox"/> LMHC | <input type="checkbox"/> MD/DO | <input type="checkbox"/> None |
| <input type="checkbox"/> LCDP/LCDCS | <input type="checkbox"/> LSW/LCSW/LICSW | <input type="checkbox"/> LMFT | <input type="checkbox"/> Other, please describe _____ |

How many years of experience do you have in the substance use treatment field? _____

Do you have experience providing substance use treatment services to:

- | | | |
|----------------------------------------|---------------------------------------------|-----------------------------|
| Adolescents (ages 12-17) | <input type="checkbox"/> YES, # years _____ | <input type="checkbox"/> NO |
| Transition Age Youth (TAY; ages 18-24) | <input type="checkbox"/> YES, # years _____ | <input type="checkbox"/> NO |
| Families | <input type="checkbox"/> YES, # years _____ | <input type="checkbox"/> NO |

Please list on what date you began working at your current agency (MONTH/YEAR): _____

Please list on what date you began working on this AAFT project (MONTH/YEAR): _____

Please tell us a bit about how this AAFT program is structured at your site:

Who, at your agency, is collecting the following data (check all that apply):

GAIN-I (Baseline interview)	<input type="checkbox"/> Clinical staff	<input type="checkbox"/> Research/evaluation staff
GAIN M-90 (Follow-up interviews)	<input type="checkbox"/> Clinical staff	<input type="checkbox"/> Research/evaluation staff
Treatment Satisfaction Index (TxSI)	<input type="checkbox"/> Clinical staff	<input type="checkbox"/> Research/evaluation staff

Who is serving as the data manager for your site?

Internal staff (agency/program staff/clinicians)

External evaluator (research/evaluation staff)

Please indicate which of the following evidence-based treatment models are currently being used throughout your agency's programs. (check all that apply)

<input type="checkbox"/> Adolescent-Community Reinforcement Approach /Assertive Continuing Care (A-CRA/ACC)— <i>only check if have used prior to this grant</i>	<input type="checkbox"/> Motivational Enhancement Therapy (MET)
<input type="checkbox"/> Brief Strategic Family Therapy (BSFT)	<input type="checkbox"/> Motivational Interviewing (MI)
<input type="checkbox"/> Cognitive Behavioral Therapy (CBT)	<input type="checkbox"/> Multidimensional Family Therapy (MDFT)
<input type="checkbox"/> Dialectical Behavior Therapy (DBT)	<input type="checkbox"/> Multi-systemic Therapy (MST) for juvenile offenders
<input type="checkbox"/> Family Behavior Therapy (FBT)	<input type="checkbox"/> Relapse Prevention Therapy (RPT)
<input type="checkbox"/> Family Support Network (FSN)	<input type="checkbox"/> Seeking Safety
<input type="checkbox"/> MET/CBT5 (or MET/CBT12)	<input type="checkbox"/> The Seven Challenges
	<input type="checkbox"/> Other, please specify:

Grantee experience

This grant may not be your first experience working with A-CRA/ACC, Chestnut Health Systems or research/evaluation. The following questions ask about your experiences with A-CRA/ACC, Chestnut Health Systems, data collection and research/evaluation projects.

Prior to this project, did you participate in a CSAT-funded adolescent project? Yes No (If NO, skip to next question)

IF YES, please indicate each type(s).

<input type="checkbox"/> AAFT	<input type="checkbox"/> EAT	<input type="checkbox"/> YORP	<input type="checkbox"/> TCE/HIV	<input type="checkbox"/> OJJDP	<input type="checkbox"/> SCY	<input type="checkbox"/> Other _____	<input type="checkbox"/> DK
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Please indicate what your level of A-CRA/ACC/GAIN certification was prior to working on this AAFT project. [check all that apply]:

<input type="checkbox"/> I was a certified GAIN <u>local trainer</u> .	<input type="checkbox"/> I was a certified GAIN <u>administrator</u> .
<input type="checkbox"/> I was an A-CRA-certified <u>clinical supervisor</u> .	<input type="checkbox"/> I was an A-CRA-certified <u>clinician</u> .
<input type="checkbox"/> I was an ACC-certified <u>clinical supervisor</u> .	<input type="checkbox"/> I was an ACC-certified <u>clinician</u> .
<input type="checkbox"/> None of the above	

Section B: Please indicate...

1) How great a change is it/has it been for your organization to adopt/establish (e.g., change agency policies, program procedures, paperwork) each of the listed components of the AAFT project?

2) How well do each of these components work within your organization (e.g., how well do they “fit” with your organization)?

	1) How great a change is it/has it been for your organization to adopt/establish each component listed below?				2) How well do each of these components work within your organization (e.g., how well do they “fit” with your organization)?			
	Great change	Moderate change	Slight change	No change	Fits extremely well	Fits moderately	Fits a little	Not a fit
A-CRA approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACC approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAIN assessment at Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment Satisfaction Index (TxSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EBTx website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using ABS web-based system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracking for follow-up interviews (e.g., contacting clients after discharge from program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up interviews (3, 6, 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data management activities (e.g., monthly data submission to CHS, responding to GAIN Edits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAIN certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAIN Clinical Interpretation Certification (GCIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACRA/ACC certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring & compliance reports (e.g., follow-up rates, enrollment rates, DSRs, 13+week reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C: Based on your experience, please rate the reactions to each of the components of this project. If you feel that the question does not apply to you or you do not know the answer, please mark “N/A” or “DK” (respectively).

Adolescent/TAY reactions to...	Always positive	Mostly positive	Mostly negative	Always negative	N/A	DK
A-CRA sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACC sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of digital recorders for DSRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAIN interviews (Baseline/Intake)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up interviews (3, 6, 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracking for follow-up interviews (e.g., contacting clients after discharge from program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family reactions to...	Always positive	Mostly positive	Mostly negative	Always negative	N/A	DK
A-CRA sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACC sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of digital recorders for DSRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAIN interviews (Baseline/Intake)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up interviews (3, 6, 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracking for follow-up interviews (e.g., contacting clients after discharge from program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician reactions to...	Always positive	Mostly positive	Mostly negative	Always negative	N/A	DK
A-CRA sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACC sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of EBTx website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of digital recorders for DSRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAIN interviews (Baseline/Intake)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up interviews (3, 6, 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using ABS web-based system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracking for follow-up interviews (e.g., contacting clients after discharge from program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The use of monitoring & compliance reports (e.g., follow-up rates, enrollment rates, DSRs, 13+week reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Project leadership (e.g., project director, supervisor) reactions to...	Always positive	Mostly positive	Mostly negative	Always negative	N/A	DK
A-CRA sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACC sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of EBTx website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of digital recorders for DSRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAIN interviews (Baseline/Intake)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up interviews (3, 6, 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using ABS web-based system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracking for follow-up interviews (e.g., contacting clients after discharge from program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The use of monitoring & compliance reports (e.g., follow-up rates, enrollment rates, DSRs, 13+week reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluator/Data Manager reactions to...	Always positive	Mostly positive	Mostly negative	Always negative	N/A	DK
Use of EBTx website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of digital recorders for DSRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAIN interviews (Baseline/Intake)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up interviews (3, 6, 12 month s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using ABS web-based system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracking for follow-up interviews (e.g., contacting clients after discharge from program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The use of monitoring & compliance reports (e.g., follow-up rates, enrollment rates, DSRs, 13+week reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section D: The following questions ask about your experiences with the support provided for the AAFT grant **from Chestnut Health Systems, CSAT and other outside sources**. For each item, please indicate how helpful each support has been. Lastly, please add any comments or recommendations for improvement for each.

Have you had involvement with A-CRA/ACC, EBTx, and/or DSRs?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>IF "NO" —SKIP questions below, continue on next page</i>		
How helpful has it been in helping you implement the AAFT Program?	Extreme ly	Moderately	Slightly	Not at all	Not enough participation to rate this item	Any comments or recommendations for improvement?
A-CRA/ACC Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A-CRA/ACC certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A-CRA/ACC coaching calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A-CRA/ACC Training manual (e.g., refer back to procedures, certification process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A-CRA/ACC Materials (e.g., Happiness Scale, Functional Analysis worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EBTx website & DSRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EBTx Support team staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program reports (e.g., 13+weeks report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A-CRA/ACC team staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Have you had involvement with the GAIN, GAIN data, and/or ABS? YES NO **IF "NO" — SKIP questions below, continue on the next table**

How helpful has it been in helping you implement the AAFT Program?	Extreme ly	Moderately	Slightly	Not at all	Not enough participation to rate this item	Any comments or recommendations for improvement?
GAIN Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAIN certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAIN coaching calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAIN Training manual (e.g., intent of questions, certification process, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAIN Clinical Interpretation Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAIN Clinical Interpretation Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual-level reports (e.g., GRRS, PFR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ABS web-based system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reports (e.g. Site Profiles Report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAIN data (e.g., analytical files)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAIN Support team staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How helpful has it been in helping you implement the AAFT Program?	Extreme ly	Moderately	Slightly	Not at all	Not enough participation to rate this item	Any comments or recommendations for improvement?
Implementation calls/site visits to monitor/address progress at grantee sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individualized coaching calls to address areas for improvement (e.g., low recruitment/follow-up rates, DSR uploads, increase TxSI completion, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List Serve Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Technical assistance available through NIATx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special topic calls (e.g., Cultural Responsiveness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly calls with CSAT project officer/Chestnut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interactions with other grantees at meetings/ calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initial/Annual Grantee Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section E: To meet the needs of your target population, you may have felt the need to modify or adapt the A-CRA/ACC treatment model. Please tell us about any changes your program has made to the A-CRA/ACC model for this project.

Has your program made any modification/adaptations to the A-CRA/ACC treatment model?

YES (If YES, proceed to next question below)

NO (If NO, skip to next page)

Has well have these modifications worked for your program?

Extremely well

Quite well

Not too well

Not well at all

Section F: Based on your experience, please indicate if the issues listed below have been barriers to implementation at your site. Then, describe the strategies you have used to overcome the MOST CHALLENGING BARRIER at your site.

POSSIBLE BARRIERS	Was this a barrier to implementation at your site?	
	YES	NO
PROGRAM/ORGANIZATIONAL ISSUES		
Internal communication (e.g., program staff)	<input type="checkbox"/>	<input type="checkbox"/>
External communication (e.g., CSAT, Chestnut Health Systems)	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitudes (e.g., morale, enthusiasm, resistance)	<input type="checkbox"/>	<input type="checkbox"/>
Leadership/management attitudes	<input type="checkbox"/>	<input type="checkbox"/>
Recruiting clinical staff	<input type="checkbox"/>	<input type="checkbox"/>
Recruiting supervisory staff	<input type="checkbox"/>	<input type="checkbox"/>
Turnover; significant loss of staff	<input type="checkbox"/>	<input type="checkbox"/>
Budget issues	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE DELIVERY	YES	NO
Enrolling clients	<input type="checkbox"/>	<input type="checkbox"/>
Client engagement	<input type="checkbox"/>	<input type="checkbox"/>
Family engagement	<input type="checkbox"/>	<input type="checkbox"/>
Client retention	<input type="checkbox"/>	<input type="checkbox"/>
GRANT-RELATED ACTIVITIES	YES	NO
A-CRA/ACC training	<input type="checkbox"/>	<input type="checkbox"/>
GAIN training	<input type="checkbox"/>	<input type="checkbox"/>
Collecting GPRA data	<input type="checkbox"/>	<input type="checkbox"/>
Collecting GAIN data	<input type="checkbox"/>	<input type="checkbox"/>
Collecting follow-up data	<input type="checkbox"/>	<input type="checkbox"/>
Using ABS	<input type="checkbox"/>	<input type="checkbox"/>
Using the SAIS system for GPRA	<input type="checkbox"/>	<input type="checkbox"/>
Recording treatment sessions (DSRs) & using EBTx website	<input type="checkbox"/>	<input type="checkbox"/>
Other Grant requirements (e.g., certification, coaching calls, data management)	<input type="checkbox"/>	<input type="checkbox"/>
RESEARCH/EVALUATION ACTIVITIES	YES	NO
Working with the local evaluator	<input type="checkbox"/>	<input type="checkbox"/>
Use of data, monitoring, compliance reports (e.g., <i>Site Profile Data, follow-up/enrollment rates, 13+week reports</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Any other barriers not included above (specify):	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the strategies you have used to overcome the MOST CHALLENGING BARRIER at your site.

Section G: Staff turnover is common in this field. Please tell us about any staff turnover and effects it may have had or is having on your program.

During the last project year, did the project hire new...			If YES, how would you rate the overall effect of this change on the grant program?			
Program Manager(s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Positive	<input type="checkbox"/> Neutral	<input type="checkbox"/> Negative	<input type="checkbox"/> Don't know
Clinical Supervisor(s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Positive	<input type="checkbox"/> Neutral	<input type="checkbox"/> Negative	<input type="checkbox"/> Don't know
Clinician(s)/direct care staff	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Positive	<input type="checkbox"/> Neutral	<input type="checkbox"/> Negative	<input type="checkbox"/> Don't know
Evaluator(s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Positive	<input type="checkbox"/> Neutral	<input type="checkbox"/> Negative	<input type="checkbox"/> Don't know
Data manager(s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Positive	<input type="checkbox"/> Neutral	<input type="checkbox"/> Negative	<input type="checkbox"/> Don't know

Section H: To better understand barriers adolescents and families may have experienced when starting treatment prior to the AAFT grant, please tell us about the barriers adolescents and family may have encountered prior to starting the AAFT grant and after implementation of the AAFT grant.

	Barrier for adolescents/families <u>before</u> the grant?				Barrier for adolescents/families <u>now</u> ?			
	An extreme barrier	Very much a barrier	A slight barrier	Not a barrier at all	An extreme barrier	Very much a barrier	A slight barrier	Not a barrier at all
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need for mental health treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood safety (e.g., home visits, gang turf)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance/cost of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family issues (e.g., lack of family involvement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language/cultural issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment resistance (e.g., low readiness for change, not understanding substance abuse disorders/treatment, stigma, shame)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section O: Please read each statement carefully and check the answer that you feel best characterizes your agency’s experience with research and evaluation activities.

	<u>Very True</u>	<u>Somewhat True</u>	<u>Slightly True</u>	<u>Not True</u>
Policies and procedures are in place to ensure integrity of data collected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff capacity is adequate to meet the demands of data collection efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our program regularly conducts surveys with consumers to identify program strengths and weaknesses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program staff use data to evaluate program services and consider opportunities for improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our agency relies on data to set goals and measure success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data collected is analyzed and used to evaluate/enhance program implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management shares data with staff about program effectiveness in meeting the needs of clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data are provided to/discussed with staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section P. Sustainability:

Please tell us about any plans your program may have to sustain this program after CSAT funding has ended.

Are you currently engaged in any activities aimed toward sustainability of your program?

YES (if YES, proceed to next question)

NO (if NO, skip to FINAL THOUGHTS below)

If YES, please describe the activities.

What parts/components are likely to continue and why?

FINAL THOUGHTS

Given your experience implementing this project, what do you think you would have done differently if you could turn back the clock to the time when you first got involved with this grant?

Please tell us about your biggest success(es) with this project. This is your opportunity to brag about the work you are doing to help adolescents, transition-age youth, and their families. To what would you attribute the successes (e.g., strong staff, additional funding, morale...)?

Thank you for your time and contribution!

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