

Attachment 3: EBP Self-Assessment Part 1 & Part 2

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Substance Abuse and Mental Health Services Administration (SAMHSA)

National Evaluation of SAMHSA’s Homeless Programs

EBP Self-Assessment Part 1 – General Implementation Questions

Instructions

The cross-program evaluation team is interested in learning more about the primary evidence-based service practices (EBPs) being implemented by SSH/GBHI/CABHI program grantees. We know some grantee projects are implementing multiple EBPs. Primary EBPs are defined as those that are received by the largest number of consumers or clients served by the SSH/GBHI/CABHI project. During the grantee Project Director interview, information was collected on the primary EBPs being implemented in your site, as well as who is delivering and receiving these EBPs.

The cross-program evaluation team will be seeking to confirm the extent to which key components of certain EBPs¹ are being implemented, degree of implementation fidelity, and specific modifications that may have been made for use by local grantee programs. Information on practice-specific EBP implementation for these select EBPs will be collected from qualifying projects through a separate web-based self-assessment, and may also be explored and verified during key informant interviews and/or grantee site visits.

Here, we want to learn more generally about implementation of your site’s primary EBPs, and about factors that may serve as barriers or facilitators to implementation fidelity within grantee projects, such as readiness to implement the EBP, leadership, funding, training and supervision, quality improvement, and outcomes. Some of the questions are focused on the grantee agency and/or the overall grant project, and others are focused on the provider implementing the EBP, which may or may not be different from the grantee agency. Each SSH/GBHI/CABHI grantee project should have a key respondent which is typically the grantee Project Director or his/her appropriate designee (e.g., local site evaluator or other project staff familiar with EBP implementation at the site) or Program Manager/Supervisor at the provider agency implementing the primary EBP(s) complete the self-assessment. If needed, the key respondent may ask questions of staff familiar with the characteristics and implementation of your project’s EBP(s).

Primary EBP Information [PREPOULATED FROM PD INTERVIEW & VERIFIED]

Questions	Response Options						
	EBP	Proposed for implementation in grant application?	Status of implementation	% program participants that receive	Who provides (grantee or other agency); SAMHSA grant funds used	Where provided	If grant has ended, still implementing?
During the Project Director interview, the <u>primary</u> EBPs identified for this grantee program included:	1.						
	2.						
	3.						

¹ Defined as those primary EBPs that are program-level models being implemented in 14 or more sites for which a fidelity toolkit/scale exists.

Respondent Information

<p>Name/Title of Respondent #1: _____</p> <p>Primary Role in SAMHSA Grantee Project: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Project Director</p> <p><input type="checkbox"/> Project Coordinator</p> <p><input type="checkbox"/> Program Manager</p> <p><input type="checkbox"/> Local Evaluator</p> <p><input type="checkbox"/> Housing Provider</p> <p><input type="checkbox"/> Mental Health Counselor/Treatment Provider/Supervisor</p> <p><input type="checkbox"/> Substance Abuse Counselor/Treatment Provider/Supervisor</p> <p><input type="checkbox"/> Integrated Treatment (Mental Health & Substance Abuse) Counselor</p> <p><input type="checkbox"/> Trauma Specialist</p> <p><input type="checkbox"/> Case Manager</p> <p><input type="checkbox"/> Benefits Specialist</p> <p><input type="checkbox"/> Peer Specialist/Consumer</p> <p><input type="checkbox"/> Housing Specialist</p> <p><input type="checkbox"/> Vocational Specialist</p> <p><input type="checkbox"/> Educational Specialist</p> <p><input type="checkbox"/> Other: _____</p>	<p>Respondent Agency/Organization: _____</p> <p>Agency's Primary Role in SAMHSA Grantee Project: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Grantee agency</p> <p><input type="checkbox"/> Administrative/Project Coordination/Oversight</p> <p><input type="checkbox"/> Research/Evaluation</p> <p><input type="checkbox"/> Substance abuse treatment provider</p> <p><input type="checkbox"/> Mental health treatment provider</p> <p><input type="checkbox"/> Integrated treatment (Mental Health & Substance Abuse) provider</p> <p><input type="checkbox"/> Shelter</p> <p><input type="checkbox"/> Housing provider</p> <p><input type="checkbox"/> Case management provider</p> <p><input type="checkbox"/> Medical (primary/specialized) care provider</p> <p><input type="checkbox"/> Benefits assistance provider</p> <p><input type="checkbox"/> Education provider</p> <p><input type="checkbox"/> Employment or job training provider</p> <p><input type="checkbox"/> Veterans Administration (VA) services provider</p> <p><input type="checkbox"/> Justice/criminal justice services provider</p> <p><input type="checkbox"/> Child and family services provider</p> <p><input type="checkbox"/> Other: _____</p>
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Basic Program Information [PREPOPULATED FROM PD INTERVIEW & VERIFIED]

Questions	Response Options
<p>1. The target populations for this grantee program who is receiving this EBP includes: (Check all that apply)</p>	<p>EBP : _____</p> <p><input type="checkbox"/> Mental Disorders Only</p> <p><input type="checkbox"/> Substance Abuse/Dependence Only</p> <p><input type="checkbox"/> Co-Occurring Mental and Substance Use Disorders</p> <p><input type="checkbox"/> Veterans</p> <p><input type="checkbox"/> Youth (under 18 years old)</p> <p><input type="checkbox"/> Young adults (e.g., ages 18-21)</p> <p><input type="checkbox"/> Older adults (e.g., 55 and over)</p> <p><input type="checkbox"/> Immigrants</p> <p><input type="checkbox"/> Criminal justice (e.g., previously incarcerated, reentry/diversion or on probation/adjudication)</p> <p><input type="checkbox"/> Families</p> <p><input type="checkbox"/> Persons at risk or living with HIV/AIDS</p> <p><input type="checkbox"/> Chronic public inebriates</p> <p><input type="checkbox"/> Domestic violence victims</p> <p><input type="checkbox"/> Lesbian, gay, bisexual, transgender, questioning individuals and allies (LGBT/LGBTQA)</p> <p><input type="checkbox"/> Pregnant</p> <p><input type="checkbox"/> Developmentally or physically disabled</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> None of the above specifically targeted</p> <p>If not correct, explain: _____</p>
<p>2. The homeless populations that participate in this grantee program & therefore receive this EBP includes:</p>	<p><input type="checkbox"/> At Risk for Becoming Homeless</p> <p><input type="checkbox"/> Acute (first time) Homeless</p> <p><input type="checkbox"/> Episodically Homeless</p> <p><input type="checkbox"/> Chronically homeless</p> <p><input type="checkbox"/> Homeless, Not Specified</p> <p>If not correct, explain: _____</p>

EBP: _____

Readiness to Implement EBP

EBP:	
3. Why was this EBP selected by the grantee project? <i>(check all that apply)</i>	<input type="checkbox"/> Fit with population(s) served <input type="checkbox"/> Fit with overall organization philosophy <input type="checkbox"/> Already had the practice in place <input type="checkbox"/> Outcomes align with program goals <input type="checkbox"/> Required by SAMHSA grant <input type="checkbox"/> Other, specify: _____
4. How long has the provider agency been implementing this EBP?	<input type="checkbox"/> Haven't started implementing yet <input type="checkbox"/> Less than one year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-4 years <input type="checkbox"/> 5 or more years
5. Which of the following best describes the current stage of implementation of this EBP for program participants?	<input type="checkbox"/> Preparation (e.g., hiring staff, conducting initial training, creating new operation polices & procedures, developing/finalizing strategic implementation plan) <input type="checkbox"/> Early Implementation (e.g., referrals, screening & assessments occurring, services are underway) <input type="checkbox"/> Full Implementation (e.g., staff skillful in service delivery, new policies & procedures are routine, practice is fully integrated into agency/program) <input type="checkbox"/> Sustainability (e.g., sustainability plan developed & underway, continuous staff training & funding secured for future, outcomes used for program improvement) <input type="checkbox"/> Other, specify: _____
6. How is the priority the implementing agency places on this EBP demonstrated? <i>(check all that apply)</i>	<input type="checkbox"/> There is an agency plan to implement the EBP <input type="checkbox"/> Leadership frequently talks about the EBP <input type="checkbox"/> Recruitment/selection of staff to implement the EBP <input type="checkbox"/> Allocation of funding/other resources for the EBP <input type="checkbox"/> Other, specify _____

EBP: _____

7. Does the implementing agency have a formal plan to guide implementation of this EBP?

- No
- Don't know
- Yes

If yes, which is true of the agency's plan? *(check all that apply)*

- It is a written document
- It is discussed at staff meetings or meetings devoted to the plan
- All project staff are fully aware of the plan
- It has specific short- and long-term objectives regarding EBP implementation
- It identifies strategies for stakeholder outreach/consensus building for the EBP
- It identifies sources of funding for the EBP
- It identifies training resources for EBP implementation
- It identifies strategies for EBP implementation and outcomes evaluation
- Other, specify _____

8. Is leadership within the implementing agency supportive of this EBP's implementation?

- Extremely supportive
- Somewhat supportive
- Not at all supportive

If supportive, at what leadership level(s) within the agency is this demonstrated? *(check all that apply)*

- Executive Management (e.g., agency executive director)
- Program Management
- Clinical/Front Line Supervisors
- Other, specify _____

If supportive, how is this demonstrated? *(check all that apply)*

- Leadership is actively involved in EBP implementation
- Barriers that impede implementation or effectiveness are addressed
- Support exists for coaching/ active supervision of staff directly implementing EBP
- Other, specify _____

EBP:	
9. Has a staff person at the implementing agency been assigned to lead implementation of the EBP?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , what percent of his/her time is dedicated to the EBP's implementation? <input type="checkbox"/> 100% <input type="checkbox"/> 76-99% <input type="checkbox"/> 51-75% <input type="checkbox"/> 25-50% <input type="checkbox"/> less than 25% If yes , which of the following is true? (<i>check all that apply</i>) <input type="checkbox"/> S/he has the necessary authority to lead implementation <input type="checkbox"/> S/he has adequate training/expertise in the EBP <input type="checkbox"/> S/he has a good relationship with staff directly implementing the EBP <input type="checkbox"/> His/her leadership of EBP implementation is perceived positively by others
10. Would you say the implementing agency's interest in this EBP is:	<input type="checkbox"/> Limited to this SAMHSA-funded grant program/project only <input type="checkbox"/> Extends beyond this program/project <input type="checkbox"/> Other, specify _____
11. Are there any explicit policies the implementing agency has that support implementation of this EBP?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , explain: _____
12. Are there any explicit policies the implementing agency has that serve as <u>barriers</u> to implementation of this EBP?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , explain: _____
13. Are there any state or local (e.g., mental health or substance abuse authority) regulations or policies that support implementation of this EBP?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , explain: _____
14. Are there any state or local regulations or policies that serve as <u>barriers</u> to implementation of this EBP?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , explain: _____

EBP: _____

15. Are there state or local standards that have to be followed in implementing the EBP? For example, some states have specific implementation guidelines related to staffing, fidelity checks, satisfaction surveys, etc.

- No
- Yes
- If yes, describe _____**
- If yes, how are these standards established and enforced?**
 - Contracting
 - Licensing
 - Other, specify _____
- If yes, which of the following consequences may occur for not meeting standards?**
 - Corrective action plan
 - Financial consequences
 - Other, specify _____

Funding

16. How is this EBP funded?
(check all that apply)

- Medicaid (fee-for-service, Waiver, etc.)
- State agency funding, specify: _____
- SAMHSA grant funds, specify: _____
- Other special grant funds, specify: _____
- Other, specify _____
- Don't know

17. How have start up or conversion costs associated with this EBP (e.g., lost productivity for training, hiring staff before clients enrolled, changing medical records and/or computer systems, etc.) been financed?

- Costs were covered within the implementing agency's own operating budget
- There was a discreet funding source that covered all costs (specify _____)
- There was a discreet funding source that covered some costs (specify _____)
- Don't know

18. Which of the following best describes the financing for this EBP?

- No components of service are reimbursable
- Some costs are reimbursable
- Most costs are reimbursable
- Service pays for itself (i.e. all costs covered adequately, or funding of covered components compensates for non-covered components)
- Service pays for itself and reimbursement rates are attractive relative to competing non-EBP services
- Don't know

EBP:	
19. Is there a plan to continue the EBP once SAMHSA grant funding has ended? (Or if grant funding has already ended has the practice continued?)	<input type="checkbox"/> Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No If no, why not? (check all that apply) <input type="checkbox"/> Plan not developed yet but intend to continue the EBP <input type="checkbox"/> Insufficient funding <input type="checkbox"/> Lack of support from partnering agencies <input type="checkbox"/> Too many barriers to implementation <input type="checkbox"/> Insufficient numbers of eligible participants <input type="checkbox"/> Model was not viewed as successful <input type="checkbox"/> Other, specify: _____
Hiring, Training & Supervision	
20. Did the implementing agency receive expert advice/consultation regarding strategies to support implementation of this EBP?	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes, initially only <input type="checkbox"/> Yes, initially & ongoing If yes, who received this consultation? (check all that apply) <input type="checkbox"/> Agency Administrators <input type="checkbox"/> Program Directors/Supervisors <input type="checkbox"/> Other, specify _____ If yes, who supported/funded this consultation? (check all that apply) <input type="checkbox"/> SAMHSA <input type="checkbox"/> Other, specify _____ If yes, who provided this consultation? Specify: _____
21. Did staff selection/recruitment include attention to ensuring staff have the pre-requisite skills and/or credentials required by this EBP?	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes
22. Was initial skills training provided to practitioners to support implementation of this EBP?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which of the following was true of this training? (check all that apply) <input type="checkbox"/> Trainer was an expert who is experienced or certified in the EBP <input type="checkbox"/> Training comprehensively addressed all elements of the EBP <input type="checkbox"/> Active learning strategies were used (e.g., role play, group work, feedback) <input type="checkbox"/> Teaching aides (e.g., worksheets, manuals, handouts) were used <input type="checkbox"/> A SAMHSA Took Kit was utilized or referenced as part of the training

EBP:	
23. Is ongoing or refresher training available for practitioners to reinforce application of this EBP & help staff deal with emerging practice issues?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how often is this made available? (check all that apply) <input type="checkbox"/> Monthly or more frequently <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Only as needed/requested
24. Which of the following training methods are used? (check all that apply)	<input type="checkbox"/> Computer assisted training <input type="checkbox"/> In-person training workshops <input type="checkbox"/> Staff provided with training materials to “self-teach” <input type="checkbox"/> Staff observe/shadow experienced staff person(s) <input type="checkbox"/> Other, specify _____
25. Does all staff implementing this EBP receive the same training?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , explain: _____
26. Do all practitioners delivering this EBP receive ongoing supervision and oversight?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , which of the following is true? (check all that apply) <input type="checkbox"/> Practitioners receive structured face-to-face supervision on a weekly basis <input type="checkbox"/> Practitioners receive supervision but less than weekly (specify: _____) <input type="checkbox"/> Supervision is provided by a practitioner experienced in this EBP <input type="checkbox"/> Supervision includes observation of EBP implementation, coaching & feedback <input type="checkbox"/> Supervision is provided but is not specific to the practice <input type="checkbox"/> Other, specify _____
27. Is there support/buy-in for implementation of this EBP among practitioners?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , which of the following is true? (check all that apply) <input type="checkbox"/> Practitioners voice support for the EBP <input type="checkbox"/> Practitioners can describe how they’ve used the EBP <input type="checkbox"/> Practitioners can describe how the approach benefits/helps clients <input type="checkbox"/> Other, specify _____

EBP:	
Fidelity/Outcomes Monitoring & Performance Improvement	
28. Are all clients screened to determine whether they qualify for receiving this EBP using standardized tools or admission criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? (check all that apply) <input type="checkbox"/> All clients receive the intervention <input type="checkbox"/> No standardized tool or admission criteria available <input type="checkbox"/> Other, specify _____
29. To date, how many clients participated in this EBP during the grant period?	_____
30. How many clients were eligible to participate during the grant period?	_____
31. How is fidelity to this EBP monitored? (check all that apply)	<input type="checkbox"/> Regular use of a standardized fidelity tool/checklist, specify: _____ <input type="checkbox"/> Direct observation <input type="checkbox"/> Document review <input type="checkbox"/> Focus groups or interviews with program participants <input type="checkbox"/> Key informant interviews <input type="checkbox"/> Tape/video recorded sessions/groups <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> We do not monitor fidelity to this EBP (Skip 32 – 37)
32. How often is fidelity data collected/assessed for this EBP?	<input type="checkbox"/> Ongoing <input type="checkbox"/> Every six months <input type="checkbox"/> Annually <input type="checkbox"/> Other, specify: _____
33. Who conducts fidelity assessments for this EBP? (check all that apply)	<input type="checkbox"/> Staff internal to provider agency <input type="checkbox"/> Staff external to provider agency <input type="checkbox"/> Grant program evaluator <input type="checkbox"/> Consultant <input type="checkbox"/> Other, specify: _____
34. When was the last fidelity assessment done and what were the results?	Date conducted: _____ Measure Used: _____ Score/results: _____
35. To what degree have the core components of this EBP been implemented to fidelity so far?	<input type="checkbox"/> Low – Less than 50% of components implemented to fidelity <input type="checkbox"/> Moderate 50-80% of components implemented to fidelity <input type="checkbox"/> High – 81-100% of components implemented to fidelity

EBP: _____	
36. If this EBP has been implemented with moderate to low fidelity so far, why?	<input type="checkbox"/> NA – Implemented with high fidelity <input type="checkbox"/> All components planned but not yet fully implemented <input type="checkbox"/> Some components were purposefully modified If modified , describe how and why (e.g., why certain components were not implemented or revised or new components added) _____
37. Which of the following is true regarding the use of fidelity performance data? (check all that apply)	<input type="checkbox"/> Data is shared with program staff <input type="checkbox"/> Data is shared with internal advisory groups, board members, etc. <input type="checkbox"/> Data is shared publicly via the web, agency annual reports, etc. <input type="checkbox"/> Data is used for quality improvement <input type="checkbox"/> Implementation adjustments have been made based on fidelity data
38. Are there any plans to maintain fidelity to this practice beyond the grant period?	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes If yes , describe _____
39. Are outcome data (e.g. changes in client functioning, access to treatment, housing/homeless status) related to this EBP collected?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how are these data used? (check all that apply) <input type="checkbox"/> Don't know <input type="checkbox"/> Data are shared with practitioners to help them track/monitor client progress. <input type="checkbox"/> Data are shared with agency leadership to help inform implementation of the EBP. <input type="checkbox"/> Data are shared with stakeholders to solicit support (e.g. additional funding/ resources) for EBP implementation. <input type="checkbox"/> Other, specify: _____
Overall Barriers/Facilitators	

EBP: _____

40. Overall, what factors have served as barriers to implementation of this EBP during this project (i.e. have hindered successful implementation)?
(check all that apply)

- Lack of clear strategic plan for implementing the EBP
- Inadequate financing for the EBP
- Limited staff time/staff resources for EBP implementation
- Lack of on-going training, supervision, and consultation on the EBP
- Lack of positive practitioner attitudes toward the EBP
- Lack of prior experience with this EBP
- Lack of prior experience with other EBPs
- State or local policy/regulations
- Grantee or partner agency policies or practices
- Lack of support for implementation from key leaders at grantee or partner agency
- Lack of support for implementation from key external stakeholders
- Other, specify _____
- Other, specify _____
- None

41. Overall, what factors have served as facilitators to implementation of this EBP during this project (i.e. have helped with successful implementation)?
(check all that apply)

- Clear strategic plan for implementing the EBP
- Adequate financing for the EBP
- Adequate allocation of staff time/staff resources for EBP implementation
- Access to on-going training, supervision, and consultation on the EBP
- Positive practitioner attitudes toward the EBP
- Prior experience with this EBP
- Prior experience with other EBPs
- Supportive state or local policy/regulations
- Supportive grantee or partner agency policies or practices
- Support for implementation from key leaders at grantee or partner agency
- Support for implementation from key external stakeholders
- Other, specify _____
- Other, specify _____
- None

[Repeat same questions for up to 2 more primary EBPs identified through the Project Director (PD) Interview]**

Substance Abuse and Mental Health Services Administration (SAMHSA)

National Evaluation of SAMHSA's Homeless Programs

EBP Self-Assessment Part 2 – Practice Specific Questions

Instructions

The cross-program evaluation team is interested in learning more about the primary evidence-based service practices (EBPs) being implemented by SSH/GBHI/CABHI program grantees. We know some grantee projects are implementing multiple EBPs. Primary EBPs are defined as those that are received by the largest number of consumers or clients served by the SSH/GBHI/CABHI project. During the grantee Project Director interview, information was collected on the primary EBPs being implemented in your site, as well as who is delivering and receiving these EBPs.

Through a separate web-based self-assessment, data is being collected from all grantees about general implementation of their site's primary EBPs, and factors that may serve as barriers or facilitators to implementation fidelity within grantee projects, such as readiness to implement the EBP, leadership, funding, training and supervision, quality improvement, and outcomes.

Here, we are interested in confirming the extent to which key components of certain EBPs² are being implemented, degree of implementation fidelity, and specific modifications that may have been made for use by local grantee programs. This self-assessment should only be responded to by SSH/GBHI/CABHI grantees that identified one or more (up to 3) of the selected EBPs as their primary EBP(s) being implemented. Grantees meeting this criteria should have a key respondent which is typically the grantee Project Director or his/her appropriate designee (e.g., local site evaluator or other project staff familiar with EBP implementation at the site) or Program Manager/Supervisor at the provider agency implementing the primary EBP(s) complete the self-assessment. If needed, the key respondent may ask questions of staff familiar with the characteristics and implementation of your project's EBP(s).

Practice-specific EBP implementation may also be explored and verified during key informant interviews and/or grantee site visits.

² Defined as those primary EBPs that are program-level models being implemented in 14 or more sites for which a fidelity toolkit/scale exists.

Basic Grantee/Program Information [PREPOPULATED FROM PD INTERVIEW & VERIFIED]

Questions	Response Options						
During the Project Director interview, the <u>primary</u> EBPs identified for this grantee program included:	EBP	Proposed for implementation in grant application?	Status of implementation	% program participants that receive	Who provides (grantee or other agency); SAMHSA grant funds used	Where provided	If grant has ended, still implementing?
	1.						
	2.						
	3.						

Respondent Information

<p>Name/Title of Respondent #1: _____</p> <p>Primary Role in SAMHSA Grantee Project: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Project Director</p> <p><input type="checkbox"/> Project Coordinator</p> <p><input type="checkbox"/> Program Manager</p> <p><input type="checkbox"/> Local Evaluator</p> <p><input type="checkbox"/> Housing Provider</p> <p><input type="checkbox"/> Mental Health Counselor/Treatment Provider/Supervisor</p> <p><input type="checkbox"/> Substance Abuse Counselor/Treatment Provider/Supervisor</p> <p><input type="checkbox"/> Integrated Treatment (Mental Health & Substance Abuse) Counselor</p> <p><input type="checkbox"/> Trauma Specialist</p> <p><input type="checkbox"/> Case Manager</p> <p><input type="checkbox"/> Benefits Specialist</p> <p><input type="checkbox"/> Peer Specialist/Consumer</p> <p><input type="checkbox"/> Housing Specialist</p> <p><input type="checkbox"/> Vocational Specialist</p> <p><input type="checkbox"/> Educational Specialist</p> <p><input type="checkbox"/> Other: _____</p>	<p>Respondent Agency/Organization: _____</p> <p>Agency's Primary Role in SAMHSA Grantee Project: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Grantee agency</p> <p><input type="checkbox"/> Administrative/Project Coordination/Oversight</p> <p><input type="checkbox"/> Research/Evaluation</p> <p><input type="checkbox"/> Substance abuse treatment provider</p> <p><input type="checkbox"/> Mental health treatment provider</p> <p><input type="checkbox"/> Integrated treatment (Mental Health & Substance Abuse) provider</p> <p><input type="checkbox"/> Shelter</p> <p><input type="checkbox"/> Housing provider</p> <p><input type="checkbox"/> Case management provider</p> <p><input type="checkbox"/> Medical (primary/specialized) care provider</p> <p><input type="checkbox"/> Benefits assistance provider</p> <p><input type="checkbox"/> Education provider</p> <p><input type="checkbox"/> Employment or job training provider</p> <p><input type="checkbox"/> Veterans Administration (VA) services provider</p> <p><input type="checkbox"/> Justice/criminal justice services provider</p> <p><input type="checkbox"/> Child and family services provider</p> <p><input type="checkbox"/> Other: _____</p>
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Assertive Community Treatment (ACT)/Intensive Case Management (ICM) Module

Dimension	Measure	Question	Response
<i>(Not visible to respondents)</i>			
Human Resources: <i>Small caseload</i>	ACT consumer/ provider ratio = 10:1	1. What is the average case load size per ACT team member/ICM staff?	<input type="checkbox"/> 50 consumers or more <input type="checkbox"/> 35 to 49 consumers <input type="checkbox"/> 21 to 34 consumers <input type="checkbox"/> 11 to 20 consumers <input type="checkbox"/> 10 or fewer consumers
Human Resources: <i>Team approach</i>	Provider group functions as a team; team members know and work with all consumers.	2. Do ACT/ICM clients see the same staff person over and over (i.e. staff carry individual caseloads) or do they see different people (i.e. team shares caseload and members work with all clients)?	<input type="checkbox"/> Staff members carry individual caseloads <input type="checkbox"/> Staff members share caseload and members work with all clients
		3. In a typical 2-week period, what percentage of consumers has face-to-face contact with more than one member of the team?	<input type="checkbox"/> 90% - 100% <input type="checkbox"/> 64 - 89% <input type="checkbox"/> 37 - 63% <input type="checkbox"/> 11 - 36% <input type="checkbox"/> 0 - 10%
Human Resources: <i>Program meeting</i>	Program meets frequently to plan and review services for each consumer.	4. How often do the ACT team/ICM staff members meet as a full group to review services provided to consumers?	<input type="checkbox"/> At least 4 days/week <input type="checkbox"/> At least 2 days/week but less than 4 times/week <input type="checkbox"/> 1 day per week <input type="checkbox"/> At least twice per month but less than 1day/ week <input type="checkbox"/> Once per month or less <input type="checkbox"/> Staff do not meet as a full group to discuss consumers
		5. How many consumers are reviewed at each meeting?	<input type="checkbox"/> Each consumer reviewed at each meeting, even if briefly <input type="checkbox"/> Each consumer is not discussed each time staff meet <input type="checkbox"/> Staff do not meet as a full group to discuss consumers
Human Resources: <i>Practicing ACT lead</i>	Supervisor of front-line ACT team	6. Does the ACT team leader/ICM supervisor provide direct services to consumers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dimension	Measure	Question	Response
	(Not visible to respondents)		
	members provides direct service.	7. What percentage of the ACT team leader/ICM supervisor's time is devoted to direct services?	<input type="checkbox"/> Over 50% of the time <input type="checkbox"/> 25- 50% of the time <input type="checkbox"/> Less than 25% of the time or routinely as back-up <input type="checkbox"/> No regular percentage; only on rare occasions as back-up <input type="checkbox"/> Team leader/Supervisor does not provide direct services
Human Resources: <i>Continuity of staffing</i>	Program maintains the same staffing over time.	8. What is the total number of staff positions on the ACT team/in the ICM program?	_____
		9. How many staff people have left the team/program?	<i>If team/program has been existence for at least 2 years:</i> <input type="checkbox"/> ____ (#) staff who have left over the last 2 years <i>If team/program has been existence for less than 2 years:</i> <input type="checkbox"/> ____ (#) staff who have left over the last ____ (# months) since the team/program began
Human Resources: <i>Staff capacity</i>	Program operates at full staffing.	10. Which of the following best represents ACT team/ICM program staffing capacity over the past 12 months?	<input type="checkbox"/> Operated at 95% or more of full staffing <input type="checkbox"/> Operated at 80-94% of full staffing <input type="checkbox"/> Operated at 65-79% of full staffing <input type="checkbox"/> Operated at 50-64% of full staffing <input type="checkbox"/> Operated at less than 50% of full staffing
Human Resources: <i>Psychiatrist on staff</i>	For 100 consumers, at least 1 full-time psychiatrist is assigned to work with the program.	11. How many consumers are served by the ACT/ICM program?	_____ # consumers served by ACT team/ICM program
		12. How many full-time equivalent (FTE) psychiatrists are assigned to work with the ACT/ICM program?	_____ FTE <input type="checkbox"/> A psychiatrist is not assigned to work with the program
Human Resources: <i>Nurse on staff</i>	At least 2 full-time nurses are assigned to work with a 100 consumer program.	13. How many full-time equivalent (FTE) nurses are assigned to work with the ACT/ICM program?	_____ FTE <input type="checkbox"/> A nurse is not assigned to work with the program
Human Resources: <i>Substance abuse specialist on staff</i>	At least 2 staff members with at least 1 year of training or clinical	14. How many full-time equivalent (FTE) substance abuse specialists are assigned to work with the ACT/ICM program?	_____ FTE <input type="checkbox"/> A substance abuse specialist is not assigned to work with the program

Dimension	Measure	Question	Response
	<i>(Not visible to respondents)</i>		
	experience in substance abuse treatment per 100 consumer program.	15. What types of training or clinical experience are assigned substance abuse specialists required to have? (check all that apply)	<input type="checkbox"/> At least one year of substance abuse training <input type="checkbox"/> Less than one year of substance abuse training <input type="checkbox"/> At least one year of supervised substance abuse treatment experience <input type="checkbox"/> Less than one year of supervised substance abuse treatment experience <input type="checkbox"/> A substance abuse specialist is not assigned to work with the program
Human Resources: <i>Vocational specialist on staff</i>	At least 2 team members with 1 year training/ experience in vocational rehabilitation and support.	16. How many full-time equivalent (FTE) vocational specialists are assigned to work with the ACT/ICM program?	_____ FTE <input type="checkbox"/> A vocational specialist is not assigned to work with the program
		17. Are assigned vocational specialists required to have at least one year of training/experience in vocational rehabilitation and support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A vocational specialist is not assigned to work with the program
Human Resources: <i>Program size</i>	Program is of sufficient size to consistently provide necessary staffing diversity and coverage.	18. How many full-time equivalent (FTE) staff does the program have?	<input type="checkbox"/> At least 10 FTE staff <input type="checkbox"/> 7.5- 9.9 FTE staff <input type="checkbox"/> 5.0- 7.4 FTE staff <input type="checkbox"/> 2.5- 4.9 FTE staff <input type="checkbox"/> Less than 2.5 FTE staff

Dimension	Measure	Question	Response
	<i>(Not visible to respondents)</i>		
Organizational Boundaries: <i>Explicit admission criteria</i>	Clearly identified mission to serve a particular population; has and uses measurable, operationally defined criteria to screen out inappropriate referrals.	19. Are there formal admission criteria the ACT/ICM program uses to screen potential consumers?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which of the following criteria are used (check all that apply)? <input type="checkbox"/> Diagnosis of serious mental illness <input type="checkbox"/> Diagnosis of co-occurring substance use disorder <input type="checkbox"/> Pattern of frequent hospital admissions <input type="checkbox"/> Frequent use of emergency services <input type="checkbox"/> Consumers discharged from long-term hospitalization <input type="checkbox"/> Homelessness <input type="checkbox"/> Involvement with the criminal justice system <input type="checkbox"/> Not adhering to medications as prescribed <input type="checkbox"/> Not benefitting from usual mental health services (e.g. day treatment) <input type="checkbox"/> Other, specify: _____
		20. Do all consumers served by the program meet the admission criteria you indicated in your response to Question 19?	<input type="checkbox"/> Yes, all cases comply with this admission criteria <input type="checkbox"/> Sometimes we accept clients who do not meet these criteria <input type="checkbox"/> We accept most referrals <input type="checkbox"/> There are no formal admission criteria for the program
Organizational Boundaries: <i>Intake rate</i>	Takes consumers in at a low rate to maintain stable service environment.	21. On average, how many new consumers has the ACT/ICM program taken on per month during the last six months?	<input type="checkbox"/> 6 or fewer consumers per month <input type="checkbox"/> 7-9 consumers per month <input type="checkbox"/> 10-12 consumers per month <input type="checkbox"/> 13-15 consumers per month <input type="checkbox"/> 16 or more consumers per month

Dimension	Measure	Question	Response	
<i>(Not visible to respondents)</i>				
Organizational Boundaries: <i>Full responsibility for treatment services</i>	In addition to case management, directly provides psychiatric services, counseling/ psychotherapy, housing support, substance abuse treatment, employment and rehabilitative services.	22. Which of the following services are delivered to ACT/ICM program consumers directly by program staff, and which are delivered by another department or agency? <i>(check all that apply)</i>	<p>Directly by program staff:</p> <input type="checkbox"/> Case management <input type="checkbox"/> Medication prescription, administration, monitoring, and documentation <input type="checkbox"/> Counseling/individual supportive therapy <input type="checkbox"/> Housing support <input type="checkbox"/> Substance abuse treatment <input type="checkbox"/> Employment or other rehabilitative services (e.g., ADLs)	<p>By other department/agency:</p> <input type="checkbox"/> Case management <input type="checkbox"/> Medication prescription, administration, monitoring, and documentation <input type="checkbox"/> Counseling/individual supportive therapy <input type="checkbox"/> Housing support <input type="checkbox"/> Substance abuse treatment <input type="checkbox"/> Employment or other rehabilitative services (e.g., ADLs)
Organizational Boundaries: <i>Responsibility for crisis services</i>	Has 24-hour responsibility for covering psychiatric crises.	23. What is the ACT team/ICM program staff role in providing 24 hour emergency services?	<input type="checkbox"/> Provides 24 hour crisis coverage directly (i.e. a staff member is on-call at all times) <input type="checkbox"/> Provides back-up support to emergency/on-call service (e.g., crisis program is called first, makes decision about need for direct ACT/ICM program involvement) <input type="checkbox"/> Is available by phone, mostly in consulting role <input type="checkbox"/> Emergency service has program-generated protocol to follow for program consumers <input type="checkbox"/> Has no responsibility for handling crises after hours	
Organizational Boundaries: <i>Responsibility for hospital admissions</i>	Is closely involved in hospital admissions	24. How often are program staff involved in the decision to admit consumers for psychiatric hospitalization?	<input type="checkbox"/> Program staff are involved in 95% or more of admissions <input type="checkbox"/> Program staff are involved in 65-94% of admissions <input type="checkbox"/> Program staff are involved in 35-64% of admissions <input type="checkbox"/> Program staff are involved in 5-34% of admissions <input type="checkbox"/> Program staff are involved in less than 5% of admissions	
Organizational Boundaries: <i>Responsibility for hospital discharge planning</i>	Is involved in planning for hospital discharges	25. How often is program staff involved with discharge planning when consumers are hospitalized for psychiatric or substance abuse reasons?	<input type="checkbox"/> 95% or more of discharges planned jointly with program staff <input type="checkbox"/> 65-94% of discharges planned jointly with program staff <input type="checkbox"/> 35-64% of discharges planned jointly with program staff <input type="checkbox"/> 5-34% of discharges planned jointly with program staff <input type="checkbox"/> Less than 5% of discharges planned jointly with program staff	

Dimension	Measure	Question	Response
<i>(Not visible to respondents)</i>			
Organizational Boundaries: <i>Time-unlimited services</i>	Rarely closes cases; remains the point of contact for all consumers indefinitely as needed.	26. Which of the following happens when a ACT/ICM consumer's need for services is reduced?	<input type="checkbox"/> They continue to be served on a time-unlimited basis <input type="checkbox"/> They are discharged because they have graduated from services <input type="checkbox"/> They are stepped down to less intensive services (specify: _____) <input type="checkbox"/> Other, specify: _____
		27. What percentage of consumers is expected to graduate from the program within the next 12 months?	<input type="checkbox"/> Less than 5% <input type="checkbox"/> 5-17 % <input type="checkbox"/> 18-37% <input type="checkbox"/> 38-90% <input type="checkbox"/> More than 90%
Nature of Services: <i>Community-based services</i>	Program works to monitor status, develop community living skills in community rather than in office.	28. What percentage of face-to-face contacts with program consumers occur in the community (vs. in an office setting)?	<input type="checkbox"/> 80% or more <input type="checkbox"/> 60-79% <input type="checkbox"/> 40-59% <input type="checkbox"/> 20-39% <input type="checkbox"/> Less than 20%
Nature of Services: <i>No dropout policy</i>	Program retains high percentage of consumers.	29. How many consumers dropped out of the program over the last 12 months for the following reasons? Do not include consumers who graduated because their services needs were reduced.	_____ # who refused services _____ # who cannot be located _____ # who have been closed because staff determined they could not serve them _____ #who dropped out for other reasons (specify: _____)
Nature of Services: <i>Assertive engagement mechanisms</i>	Program uses street outreach, legal mechanisms, or other techniques to ensure ongoing engagement.	30. What happens if a consumer continually refuses or does not comply with (e.g., misses appointments for) program services? (check all that apply)	<input type="checkbox"/> They are immediately discharged from the program <input type="checkbox"/> Staff initially attempts to engage but may eventually discharge <input type="checkbox"/> Staff attempt to engage using assertive techniques as much as possible <input type="checkbox"/> Staff consistently use assertive techniques to keep consumers involved in services <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> None of the above

Dimension	Measure	Question	Response
<i>(Not visible to respondents)</i>			
		31. What methods do program staff use to keep consumers involved in services? <i>(check all that apply)</i>	<input type="checkbox"/> Outpatient commitment <input type="checkbox"/> Representative payee services <input type="checkbox"/> Contacts with probation/parole <input type="checkbox"/> Street/Shelter outreach after enrollment <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> None of the above
Nature of Services: <i>Intensity of service</i>	High amount of face-to-face service time as needed.	32. On average, how much face-to-face time do program staff have with consumers per week?	<input type="checkbox"/> 2 hours/week or more <input type="checkbox"/> 85-119 minutes/week <input type="checkbox"/> 50-84 minutes/week <input type="checkbox"/> 15-49 minutes/week <input type="checkbox"/> Less than 15 minutes/week
Nature of Services: <i>Frequency of contact</i>	High amount of face-to-face service contacts as needed.	33. On average, how many face-to-face contacts do program staff have with consumers per week?	<input type="checkbox"/> 5 or more contacts/week <input type="checkbox"/> 3-4 contacts/week <input type="checkbox"/> 1-2 contacts/week <input type="checkbox"/> No contacts/week
Nature of Services: <i>Work with informal support system</i>	Program provides support and skills for consumers' informal support network.	34. On average, how often do program staff work with the family, landlord, employer, or other informal support network members for each consumer with a support system in the community?	<input type="checkbox"/> 5 or more contacts/month <input type="checkbox"/> 3-4 contacts/month <input type="checkbox"/> 1-2 contacts/month <input type="checkbox"/> No contacts/month
Nature of Services: <i>Individualized substance abuse treatment</i>	One or more team members provide direct substance abuse treatment for consumers with substance use disorders.	35. Do program consumers with substance use disorders receive formal individual counseling for substance use from a team/program staff member?	<input type="checkbox"/> Yes, on weekly basis or more <input type="checkbox"/> Yes, but not regularly <input type="checkbox"/> No
Nature of Services: <i>Co-occurring disorder treatment groups</i>	Program uses group modalities as a treatment strategy for consumers with dual disorders.	36. What percentage of consumers with substance use disorders attend at least one substance abuse treatment group per month that is run by program staff?	<input type="checkbox"/> 50% or more <input type="checkbox"/> 35-49% <input type="checkbox"/> 20-34% <input type="checkbox"/> 5-19% <input type="checkbox"/> less than 5%

Dimension	Measure		
<i>(Not visible to respondents)</i>		Question	Response
Nature of Services: <i>Co-occurring disorders model</i>	Program uses no-confrontational, stage wise treatment model, follows behavioral principles, consider interactions of mental illness and substance use, has gradual expectations for abstinence	37. Which of the following principles and approaches does the program use to treat consumers with substance use issues? <i>(check all that apply)</i>	<input type="checkbox"/> Confrontation <input type="checkbox"/> Abstinence only <input type="checkbox"/> Reduction of use (i.e. harm reduction) <input type="checkbox"/> Stage wise approach <input type="checkbox"/> Referrals to rehab <input type="checkbox"/> Referrals to detox - only when medically necessary <input type="checkbox"/> Referrals to detox for other purposes <input type="checkbox"/> Referrals to AA, NA, etc. <input type="checkbox"/> Other, specify: _____
Nature of Services: <i>Role of consumers on team</i>	Consumers are members of the team who provides direct services.	38. How are consumers involved as team/program staff members? <i>(check all that apply)</i>	<input type="checkbox"/> As full-time paid employees <input type="checkbox"/> As part-time paid employees <input type="checkbox"/> As volunteers <input type="checkbox"/> As full professional team members/staff <input type="checkbox"/> As case managers with reduced responsibilities <input type="checkbox"/> As aides to the team/program staff <input type="checkbox"/> In consumer-specific roles (e.g., self-help) <input type="checkbox"/> Not at all

Dimension	Measure	Question	Response
(Not visible to respondents)		39. Were any components of the ACT program model difficult to implement?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which ones? (check all that apply) <input type="checkbox"/> Small caseload size (10:1) <input type="checkbox"/> Team approach <input type="checkbox"/> Frequent program meetings to review each consumer <input type="checkbox"/> Practicing program lead <input type="checkbox"/> Continuity of staffing <input type="checkbox"/> Operating at full staff capacity <input type="checkbox"/> 1 FTE psychiatrist on staff per 100 consumers <input type="checkbox"/> 2 FTE nurses on staff per 100 consumers <input type="checkbox"/> 2 substance use specialists on staff per 100 consumers <input type="checkbox"/> 2 vocational specialists on staff per 100 consumers <input type="checkbox"/> Program size (appropriate # of FTE staff) <input type="checkbox"/> Explicit admission criteria <input type="checkbox"/> Low intake rate <input type="checkbox"/> Full responsibility of treatment services <input type="checkbox"/> 24 hour responsibility for crisis services <input type="checkbox"/> Responsibility for hospital admission <input type="checkbox"/> Responsibility for hospital discharge planning <input type="checkbox"/> Time-unlimited services <input type="checkbox"/> Services delivered in community (vs. office based settings) <input type="checkbox"/> No dropout policy <input type="checkbox"/> Assertive engagement mechanisms used <input type="checkbox"/> High intensity of services <input type="checkbox"/> High frequency of contacts <input type="checkbox"/> Work with informal support system <input type="checkbox"/> Direct provision of individualized substance abuse treatment <input type="checkbox"/> Co-Occurring disorder treatment groups provided <input type="checkbox"/> Co-occurring disorder model used <input type="checkbox"/> Consumers provide direct services

Dimension	Measure		
<i>(Not visible to respondents)</i>		Question	Response
		40. Did you make any adjustments or modifications to the program model?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe_____
		41. Were any of the following types of evidence-based service interventions fully imbedded within your implementation of the ACT/ICM program model?	<input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Cognitive Behavioral Therapy (CBT) <input type="checkbox"/> Motivational Enhancement Therapy (MET) <input type="checkbox"/> Peer Support <input type="checkbox"/> Strengths-Based Case Management/Approach <input type="checkbox"/> SSI/DI Outreach, Access & Recovery (SOAR) <input type="checkbox"/> Trauma-Specific Intervention (specify:_____) <input type="checkbox"/> Other (specify:_____)

Integrated Dual Disorders Treatment (IDDT) Module

Dimension	Measure	Question	Response
<i>(Not visible to respondents)</i>			
<i>Multidisciplinary team (MDT)</i>	Case managers, psychiatrist, nurses, residential staff, employment specialists, and rehab specialists work collaboratively on mental health treatment team.	1. Do staff work with consumers individually or as part of a multidisciplinary team (MDT)?	<input type="checkbox"/> Individually (Skip to Q #4) <input type="checkbox"/> As a MDT <input type="checkbox"/> Other (explain: _____)
		2. What staff members comprise the MDT? <i>(check all that apply)</i>	<input type="checkbox"/> Psychiatrist <input type="checkbox"/> Nurse <input type="checkbox"/> Case manager <input type="checkbox"/> Employment specialist(s) <input type="checkbox"/> Integrated treatment specialist <input type="checkbox"/> Clinicians (e.g. psychologist, licensed social worker, etc.) <input type="checkbox"/> Practitioners of other ancillary rehabilitation services <input type="checkbox"/> Other (specify: _____)
		3. Are all members of the MDT required to attend treatment team meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Integrated treatment specialists</i>	Integrated treatment specialists work collaboratively with the MDT, modeling integrated treatment skills and training other staff in evidence-based practice principles and practice.	4. Does your agency assign integrated treatment specialists to the program or are consumers referred to integrated treatment specialists (e.g., through a separate program within the agency)?	<input type="checkbox"/> Integrated treatment specialists are assigned to program <input type="checkbox"/> Consumers are referred to integrated treatment specialists <input type="checkbox"/> No integrated treatment specialists connected with the agency
		5. How often do integrated treatment specialists attend MDT meetings?	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> NA
		6. How involved are integrated treatment specialists in treatment planning with other members of the treatment team?	<input type="checkbox"/> Very involved <input type="checkbox"/> Somewhat involved <input type="checkbox"/> Not at all involved <input type="checkbox"/> NA

Dimension	Measure	Question	Response
<i>(Not visible to respondents)</i>			
<i>Stage-wise interventions</i>	All services are consistent with and determined by each consumer's stage of treatment. The stages of treatment include the following: <ul style="list-style-type: none"> • Engagement • Persuasion • Active treatment • Relapse prevention 	7. Which of the following philosophies or goals are used by staff when treating individuals with co-occurring disorders?	<input type="checkbox"/> Confrontation <input type="checkbox"/> Abstinence <input type="checkbox"/> Stages of change <input type="checkbox"/> Reduction of use <input type="checkbox"/> Relapse prevention <input type="checkbox"/> Other (specify: _____)
		8. How often would you say that interventions are consistent with the individual's stage of treatment?	<input type="checkbox"/> 80-100% of the time <input type="checkbox"/> 61-79% of the time <input type="checkbox"/> 41-60% of the time <input type="checkbox"/> 21-40% of the time <input type="checkbox"/> 0-20% of the time
		9. Are program staff offered training on stages of change and the stages of treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Access to comprehensive services</i>	Individuals in the program have access to comprehensive services including: <ul style="list-style-type: none"> • Residential services • SE • Family interventions • IMR • ACT 	10. Which of the following services do program consumers have genuine access to at the agency? <i>(check all that apply)</i>	<input type="checkbox"/> Residential Services <input type="checkbox"/> Supported Employment (SE) <input type="checkbox"/> Family Intervention <input type="checkbox"/> Illness Management and Recovery (IMR) <input type="checkbox"/> Assertive Community Treatment (ACT) <input type="checkbox"/> Other (specify: _____)
<i>Time-unlimited services</i>	Individuals in the program are treated on a time-unlimited	11. Does the program graduate consumers after they have completed a certain number of sessions or groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dimension	Measure	Question	Response
	<i>(Not visible to respondents)</i>		
	basis with intensity modified according to each person's needs.	12. Which of the following happens when a consumer's need for services is reduced?	<input type="checkbox"/> They are closed out of services after a defined period of time (Skip to Q#13) <input type="checkbox"/> They continue to be served indefinitely and the intensity of services is modified based on individual consumer need. <i>If yes, how often is this true?</i> <input type="checkbox"/> 80-100% of the time <input type="checkbox"/> 61-79% of the time <input type="checkbox"/> 41-60% of the time <input type="checkbox"/> 21-40% of the time <input type="checkbox"/> Less than 20% of the time
Outreach	Integrated treatment specialists demonstrate consistently well-thought out outreach strategies and connect consumers to community services, whenever appropriate, to keep consumers engaged in the program.	13. What happens if a consumer continually refuses or does not comply with (e.g., misses appointments for) program services? <i>(check all that apply)</i>	<input type="checkbox"/> They are immediately discharged from the program <input type="checkbox"/> Staff initially attempts to engage but may eventually discharge <input type="checkbox"/> Staff attempt to engage using assertive outreach techniques as much as possible <input type="checkbox"/> Staff consistently use assertive techniques to keep consumers involved in services <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> None of the above
		14. What types of assistance do integrated treatment specialists offer to connect consumers with as a means of engagement? <i>(check all that apply)</i>	<input type="checkbox"/> Housing assistance <input type="checkbox"/> Legal aid <input type="checkbox"/> Meals or other food resources <input type="checkbox"/> Clothing <input type="checkbox"/> Medical care <input type="checkbox"/> Crisis management <input type="checkbox"/> Other (specify: _____)
Motivational interventions	All interactions with consumers in the program are based	15. Are integrated treatment specialists offered training in motivational interventions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dimension	Measure	Question	Response
	<i>(Not visible to respondents)</i>		
	<p>on motivational interventions:</p> <ul style="list-style-type: none"> • Expressing empathy • Developing discrepancy • Avoiding argumentation • Rolling with resistance • Instilling self-efficacy and hope 	<p>16. Which of the following techniques are used by integrated treatment specialists with program consumers? <i>(check all that apply)</i></p>	<input type="checkbox"/> Expressing empathy <input type="checkbox"/> Developing discrepancy <input type="checkbox"/> Avoiding argumentation <input type="checkbox"/> Rolling with resistance <input type="checkbox"/> Instilling self-efficacy and hope <input type="checkbox"/> Other (specify: _____)
		<p>17. How often do staff use a motivational approach in their interactions with consumers?</p>	<input type="checkbox"/> 80-100% of the time <input type="checkbox"/> 61-79% of the time <input type="checkbox"/> 41-60% of the time <input type="checkbox"/> 21-40% of the time <input type="checkbox"/> 0-20% of the time
<i>Substance abuse counseling</i>	<p>Individuals who are in the active treatment or relapse prevention stages receive substance abuse counseling that includes:</p> <ul style="list-style-type: none"> • How to manage cues to use and 	<p>18. During which phase(s) of treatment are program consumers offered some form of substance abuse counseling? <i>(check all that apply)</i></p>	<input type="checkbox"/> Engagement: while forming a trusting working alliance/relationship <input type="checkbox"/> Persuasion: while helping engaged consumers become motivated to participate in recovery <input type="checkbox"/> Active Treatment: while helping motivated consumers acquire skills/supports for managing illness and pursuing goals <input type="checkbox"/> Relapse Prevention: while helping consumers in stable remission develop/use strategies to maintain recovery

Dimension	Measure	Question	Response
	(Not visible to respondents)		
	consequences of use • Relapse prevention strategies • Drug and alcohol refusal skills training • Problem-solving skills training to avoid high-risk situations • Coping skills and social skills training • Challenging consumers' beliefs about substance abuse	19. Which of the following knowledge/skills are taught to consumers who receive substance abuse counseling in the program? (check all that apply)	<input type="checkbox"/> How to manage cues to use and consequences of use <input type="checkbox"/> Relapse prevention strategies <input type="checkbox"/> Drug and alcohol refusal skills <input type="checkbox"/> Problem-solving skills training to avoid high-risk situations <input type="checkbox"/> Coping skills and social skills training to deal with symptoms or negative mood states <input type="checkbox"/> Relaxation <input type="checkbox"/> Other (Specify: _____)
Group treatment for co-occurring disorders	All consumers in the program are offered group treatment specifically designed to address both mental health and substance use problems.	20. Which of the following best describes the types of group treatment offered by the program?	<input type="checkbox"/> No group treatment is offered (Skip to Q#21) <input type="checkbox"/> Substance use or mental health specific groups are offered only (Skip to Q#21) <input type="checkbox"/> Groups that address both mental health and substance use are offered
		21. What proportion of program consumers regularly attend group treatment focused on both mental health and substance use?	<input type="checkbox"/> 65-100% <input type="checkbox"/> 50-64% <input type="checkbox"/> 35-49% <input type="checkbox"/> 20-34% <input type="checkbox"/> Less than 20%
Family interventions for co-occurring disorders	With individuals' permission program involves consumers' family members (or	22. Are family interventions offered to consumers in the program?	<input type="checkbox"/> No (Skip to Q#25) <input type="checkbox"/> Yes

Dimension	Measure	Question	Response
<i>(Not visible to respondents)</i>			
	other supports) provide education about co-occurring disorders, offer coping skills training and support to reduce stress in the family, and promote collaboration with the treatment team.	23. Are all consumers asked permission to involve family members or other supporters in family interventions?	<input type="checkbox"/> No <input type="checkbox"/> Yes
		24. What proportion of consumers' family members or other supporters receive family interventions for co-occurring disorders?	<input type="checkbox"/> 65-100% <input type="checkbox"/> 50-64% <input type="checkbox"/> 35-49% <input type="checkbox"/> 20-34% <input type="checkbox"/> Less than 20%
<i>Alcohol and drug self-help groups</i>	Individuals in the active treatment or relapse prevention stages attend self-help programs in the community.	25. Does the program ever refer consumers to self-help groups in the community (e.g., AA, NA, etc)?	<input type="checkbox"/> No (Skip to Q# 28) <input type="checkbox"/> Yes
		26. During which phase(s) of treatment do referrals to self-help groups occur? <i>(check all that apply)</i>	<input type="checkbox"/> Engagement: forming a trusting working alliance/relationship <input type="checkbox"/> Persuasion: helping engaged consumers become motivated to participate in recovery <input type="checkbox"/> Active Treatment: helping motivated consumers acquire skills/supports for managing illness and pursuing goals <input type="checkbox"/> Relapse Prevention: helping consumers in stable remission develop/use strategies to maintain recovery
		27. How many consumers in your program regularly attend self-help programs in the community?	<input type="checkbox"/> 65-100% <input type="checkbox"/> 50-64% <input type="checkbox"/> 35-49% <input type="checkbox"/> 20-34% <input type="checkbox"/> Less than 20%
<i>Pharmacological treatment</i>	Prescribers for consumers in the program are trained	28. Are prescribers (e.g., physicians or nurses) who work with consumers in the program trained in the evidence-based model?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Dimension	Measure	Question	Response
	<i>(Not visible to respondents)</i>		
	<p>in the evidence-based model & use the following:</p> <ul style="list-style-type: none"> • Prescribe despite active substance use • Work closely with consumers and treatment team • Focus on increasing adherence to psych meds • Avoid prescribing meds that may be addictive • Prescribe meds that help reduce addictive behavior 	29. Are psychotropic medications prescribed to consumers with active substance use problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes
		30. How often is the treatment team in contact with program consumers' prescribers?	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never
		31. What types of strategies do prescribers typically use for consumers who do not take psychiatric medications as prescribed?	<input type="checkbox"/> Encourage consumers' right to refuse medications <input type="checkbox"/> Encourage consumers' adherence to medications <input type="checkbox"/> Other (specify: _____)
		32. Are consumers in the program prescribed medications that may be addictive?	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never
		33. Are consumers in the program prescribed medications known to be effective in reducing addictive behavior?	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never
<i>Interventions to promote health</i>	Integrated treatment specialists promote	34. Do integrated treatment specialists offer consumers interventions to promote health?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Dimension	Measure	Question	Response
	(Not visible to respondents)		
	health by encouraging consumers with co-occurring disorders to do the following: <ul style="list-style-type: none"> • Avoid high-risk behavior and situations that can lead to infectious diseases • Find safe housing • Practice proper diet and exercise 	35. Which of the following areas do integrated treatment specialists typically address with program consumers? <i>(check all that apply)</i>	<input type="checkbox"/> Switching to less harmful substances <input type="checkbox"/> Finding safe housing <input type="checkbox"/> Proper diet and exercise <input type="checkbox"/> Safe sex practices <input type="checkbox"/> The risk of losing friends and family <input type="checkbox"/> Other (specify: _____)
		36. How many program consumers receive interventions to help them reduce the negative consequences of substance abuse?	<input type="checkbox"/> 80-100% <input type="checkbox"/> 50-79% <input type="checkbox"/> Less than 50%
Secondary interventions for non-responders	Program has a protocol to identify consumers who do not respond to basic treatment for co-occurring disorders, to evaluate them, and to link them to appropriate secondary interventions.	37. Does your program have a protocol to identify consumers who do not respond to basic treatment?	<input type="checkbox"/> No <input type="checkbox"/> Yes
		38. How often are individuals assessed to determine if they are progressing toward recovery?	<input type="checkbox"/> There is no evaluation or assessment process <input type="checkbox"/> Annually <input type="checkbox"/> At a minimum of every 6 months <input type="checkbox"/> At a minimum of every 3 months
		39. What percentage of consumers who do not respond to basic treatment are referred for secondary interventions?	<input type="checkbox"/> 80-100% <input type="checkbox"/> 61-79% <input type="checkbox"/> 41-60% <input type="checkbox"/> 21-40% <input type="checkbox"/> Less than 20%

Dimension	Measure	Question	Response
<i>(Not visible to respondents)</i>			
		40. Were any components of this program model difficult to implement?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which ones? (check all that apply) <input type="checkbox"/> Staff work as a multidisciplinary team (MDT) <input type="checkbox"/> Integrated Treatment Specialists work collaboratively w/MDT <input type="checkbox"/> Services are consistent with consumers' stage of treatment <input type="checkbox"/> Consumers have access to comprehensive services <input type="checkbox"/> Time-unlimited services <input type="checkbox"/> Outreach strategies used to keep consumers engaged <input type="checkbox"/> Motivational interventions used <input type="checkbox"/> Substance abuse counseling at appropriate stage <input type="checkbox"/> Group treatment for co-occurring disorders offered <input type="checkbox"/> Family interventions for co-occurring disorders offered <input type="checkbox"/> Alcohol & drug self-help groups offered at appropriate stage <input type="checkbox"/> Pharmacological treatment consistent with EBP <input type="checkbox"/> Interventions to promote health used <input type="checkbox"/> Secondary interventions for non-responders used
		41. Did you make any adjustments or modifications to the Integrated Treatment model?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe. _____
		42. Were any of the following types of evidence-based service interventions fully imbedded within your implementation of the Integrated Treatment program model?	<input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Cognitive Behavioral Therapy (CBT) <input type="checkbox"/> Motivational Enhancement Therapy (MET) <input type="checkbox"/> Peer Support <input type="checkbox"/> Strengths-Based Case Management/Approach <input type="checkbox"/> SSI/DI Outreach, Access & Recovery (SOAR) <input type="checkbox"/> Trauma-Specific Intervention (specify: _____) <input type="checkbox"/> Other (specify: _____)

Illness Management and Recovery (IMR) Module

Dimension	Measure	Question	Response
<i>(Not visible to respondents)</i>			
Staffing: <i>Number of people in a session/group</i>	IMR is taught individually or in groups of eight or fewer consumers	1. Are IMR sessions taught individually, in a group format, or both?	<input type="checkbox"/> Individually <input type="checkbox"/> In Groups <input type="checkbox"/> Both individually and in groups
		2. How many people typically participate in an IMR session or group?	<input type="checkbox"/> 15 or more consumers <input type="checkbox"/> 13-15 consumers <input type="checkbox"/> 11-12 consumers <input type="checkbox"/> 9-10 consumers <input type="checkbox"/> 8 or fewer consumers <input type="checkbox"/> IMR is only taught individually
<i>Program length</i>	Consumers receive at least 3 months of weekly IMR sessions or an equivalent number of IMR sessions	3. How often and for what length of time do consumers typically attend IMR sessions? <i>Note: Exclude from consideration consumers who drop out prematurely.</i>	_____total # of sessions attended _____total length of time attended (in months) Are sessions held: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Once per month <input type="checkbox"/> Other (specify: _____)
<i>Comprehensiveness of the curriculum</i>	Curriculum is comprehensive & includes: <ul style="list-style-type: none"> • Recovery strategies • Practical facts about MI • Stress-Vulnerability Model & tx strategies • Building social support 	4. Is there an established curriculum for the IMR sessions?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Dimension	Measure	Question	Response
<i>(Not visible to respondents)</i>			
	<ul style="list-style-type: none"> • Using medication effectively • Drug & alcohol use • Reducing relapses • Coping with stress • Coping with problems and persistent symptoms • Getting your needs met in the mental health system. 	5. Which of the following topics are covered in IMR sessions? <i>(check all that apply)</i>	<input type="checkbox"/> Recovery strategies <input type="checkbox"/> Practical facts about mental illnesses <input type="checkbox"/> Stress-Vulnerability Model and treatment strategies <input type="checkbox"/> Building social support <input type="checkbox"/> Using medication effectively <input type="checkbox"/> Drug and alcohol use <input type="checkbox"/> Reducing relapses <input type="checkbox"/> Coping with stress <input type="checkbox"/> Coping with problems and persistent symptoms <input type="checkbox"/> Getting needs met in the mental health system <input type="checkbox"/> Other (specify: _____)
<i>Provision of educational handouts</i>	All consumers participating in IMR receive IMR handouts	6. Do IMR consumers receive educational handouts as part of the program?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, is this true: <input type="checkbox"/> 90-100% of the time <input type="checkbox"/> 70-89% of the time <input type="checkbox"/> 40-69% of the time <input type="checkbox"/> 20-39% of the time <input type="checkbox"/> Less than 20% of the time
<i>Involvement of significant others</i>	Developing and enhancing natural support is one of	7. Does the IMR program involve consumers' significant others (e.g. family, friends, other non-paid supports)?	<input type="checkbox"/> No (Skip to Q#9) <input type="checkbox"/> Yes

Dimension	Measure	Question	Response
<i>(Not visible to respondents)</i>			
	IMR's goals. Social support helps people generalize information and skills learned in sessions to their natural environment.	8. How are significant others involved: <i>(check all that apply)</i>	<input type="checkbox"/> IMR practitioners have regular contact with significant others <input type="checkbox"/> Significant others assist consumers in pursuing IMR goals <input type="checkbox"/> Other (specify: _____) Is this type of involvement true for: <input type="checkbox"/> At least 50% of IMR consumers <input type="checkbox"/> 30-49% of IMR consumers <input type="checkbox"/> Less than 30% of consumers
Assignments: <i>IMR goal setting</i>	One of the objectives of the IMR program is to help consumers establish personally meaningful goals.	9. To what extent do IMR consumers have personally established goals that are realistic and measurable?	<input type="checkbox"/> 90-100% of consumers have at least one such goal <input type="checkbox"/> 70-89% of consumers have at least one such goal <input type="checkbox"/> 40-69% of consumers have at least one such goal <input type="checkbox"/> 20-39% of consumers have at least one such goal <input type="checkbox"/> Less than 20% of consumers have at least one such goal
Assignments: <i>IMR goal follow-up</i>	Practitioners and consumers collaboratively follow up on goals identified above.	10. How often is progress toward achieving consumers' IMR goals reviewed?	<input type="checkbox"/> At every session <input type="checkbox"/> Some other frequency (e.g. every other session, monthly, etc.) <input type="checkbox"/> Infrequently/only as needed <input type="checkbox"/> Progress is not reviewed Is the above true for: <input type="checkbox"/> All IMR consumers <input type="checkbox"/> Most IMR consumers <input type="checkbox"/> Some IMR consumers
Assignments: <i>Motivation-based strategies</i>	Practitioners regularly use motivation-based strategies.	11. Which of the following strategies are used in IMR sessions? <i>(check all that apply)</i>	<input type="checkbox"/> Teaching new information and skills to achieve goals <input type="checkbox"/> Encouraging positive perspectives of past experiences <input type="checkbox"/> Exploring the pros and cons of change <input type="checkbox"/> Instilling hope and belief in self-efficacy <input type="checkbox"/> Other (specify _____)

Dimension	Measure	Question	Response
<i>(Not visible to respondents)</i>			
		12. How often are motivation based strategies used in IMR sessions?	<input type="checkbox"/> They are used in at least half of the sessions <input type="checkbox"/> They are used in some sessions <input type="checkbox"/> They are used in a few sessions <input type="checkbox"/> They are never used in sessions
Assignments: <i>Educational techniques</i>	Practitioners embrace the concept of and regularly apply educational techniques.	13. Which of the following educational techniques are used in IMR sessions? <i>(check all that apply)</i>	<input type="checkbox"/> Interactive teaching <input type="checkbox"/> Checking for understanding <input type="checkbox"/> Breaking down information <input type="checkbox"/> Reviewing information <input type="checkbox"/> Other (specify _____)
		14. How often are educational techniques used in IMR sessions?	<input type="checkbox"/> They are used in at least half of the sessions <input type="checkbox"/> They are used in some sessions <input type="checkbox"/> They are used in a few sessions <input type="checkbox"/> They are never used in sessions
Assignments: <i>Cognitive-behavioral techniques</i>	Practitioners regularly use cognitive-behavioral techniques to teach IMR information and skills.	15. Which of the following techniques are used in IMR sessions? <i>(check all that apply)</i>	<input type="checkbox"/> Reinforcement <input type="checkbox"/> Shaping <input type="checkbox"/> Modeling <input type="checkbox"/> Role playing <input type="checkbox"/> Cognitive restructuring <input type="checkbox"/> Relaxation training <input type="checkbox"/> Other (specify _____)
		16. How often are cognitive-behavioral techniques used in IMR sessions?	<input type="checkbox"/> They are used in at least half of the sessions <input type="checkbox"/> They are used in some sessions <input type="checkbox"/> They are used in a few sessions <input type="checkbox"/> They are never used in sessions
Assignments: <i>Coping skills training</i>	Practitioners embrace the concept of and systematically	17. Are IMR practitioners familiar with the principles of coping skills training?	<input type="checkbox"/> No <input type="checkbox"/> Some are familiar <input type="checkbox"/> The majority are familiar <input type="checkbox"/> All practitioners are familiar

Dimension	Measure	Question	Response
<i>(Not visible to respondents)</i>			
	provide, coping skills training.	18. How frequently do IMR practitioners use coping skills principles in their IMR sessions?	<input type="checkbox"/> Regularly <input type="checkbox"/> Moderately <input type="checkbox"/> Not often <input type="checkbox"/> Never
Assignments: <i>Relapse prevention training</i>	Practitioners embrace the concept of relapse prevention training and systematically apply it.	19. Are IMR practitioners familiar with the principles of relapse prevention training?	<input type="checkbox"/> No <input type="checkbox"/> Some are familiar <input type="checkbox"/> The majority are familiar <input type="checkbox"/> All practitioners are familiar
		20. How frequently do IMR practitioners use relapse prevention training in their IMR sessions?	<input type="checkbox"/> Regularly <input type="checkbox"/> Moderately <input type="checkbox"/> Not often <input type="checkbox"/> Never
Assignments: <i>Behavioral tailoring for medication</i>	Practitioners embrace the concept of and use behavioral tailoring for medication.	21. Are IMR practitioners familiar with the principles of behavioral tailoring for medication?	<input type="checkbox"/> No <input type="checkbox"/> Some are familiar <input type="checkbox"/> The majority are familiar <input type="checkbox"/> All practitioners are familiar
		22. How frequently do IMR practitioners use behavioral tailoring for medication techniques in their IMR sessions?	<input type="checkbox"/> Regularly <input type="checkbox"/> Moderately <input type="checkbox"/> Not often <input type="checkbox"/> Never

Dimension	Measure	Question	Response
<i>(Not visible to respondents)</i>			
		23. Were any components of this program model difficult to implement?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which ones? (check all that apply) <input type="checkbox"/> IMR taught individually or in groups of 8 or fewer consumers <input type="checkbox"/> At least 3 months of weekly sessions or equivalent <input type="checkbox"/> Comprehensiveness of curriculum <input type="checkbox"/> Provision of educational handouts <input type="checkbox"/> Involvement of significant others <input type="checkbox"/> IMR goal setting <input type="checkbox"/> IMR goal follow-up <input type="checkbox"/> Motivation-based strategies used <input type="checkbox"/> Educational techniques used <input type="checkbox"/> Cognitive-behavioral techniques used <input type="checkbox"/> Coping skills training provided <input type="checkbox"/> Relapse prevention training provided <input type="checkbox"/> Behavioral tailoring for medications used
		24. Did you make any adjustments or modifications to the IMR model?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe. _____
		25. Were any of the following types of evidence-based service interventions fully imbedded within your implementation of the IMR model?	<input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Cognitive Behavioral Therapy (CBT) <input type="checkbox"/> Motivational Enhancement Therapy (MET) <input type="checkbox"/> Peer Support <input type="checkbox"/> Strengths-Based Case Management/Approach <input type="checkbox"/> SSI/DI Outreach, Access & Recovery (SOAR) <input type="checkbox"/> Trauma-Specific Intervention (specify: _____) <input type="checkbox"/> Other (specify: _____)

Supported Employment (SE) Module

Dimension	Measure	Question	Response
<i>(Not visible to respondents)</i>			
Staffing: <i>Caseload size</i>	Employment specialists (ES) manage caseloads of up to 25 consumers	1. What is the average caseload size for an employment specialist?	<input type="checkbox"/> 81 or more consumers <input type="checkbox"/> 61 to 80 consumers <input type="checkbox"/> 41 to 60 consumers <input type="checkbox"/> 26 to 40 consumers <input type="checkbox"/> 25 or fewer consumers
Staffing: <i>Focus of vocational services staff time</i>	ES provide only vocational services.	2. What services do employment specialists provide? (check all that apply)	<input type="checkbox"/> Vocational services <input type="checkbox"/> Case management <input type="checkbox"/> Individual or group therapy <input type="checkbox"/> Staffing for day or residential programming <input type="checkbox"/> Other (specify: _____) <i>If only selected vocational services above, SKIP to Q#4</i>
		3. How much of the time do employment specialists provide non-vocational services?	<input type="checkbox"/> Less than 20% <input type="checkbox"/> 20-39% <input type="checkbox"/> 40-59% <input type="checkbox"/> 60-79% <input type="checkbox"/> 80% or more

Dimension	Measure	Question	Response
<i>(Not visible to respondents)</i>			
Staffing: <i>Vocational generalists role/responsibilities</i>	Each ES carries out all phases of vocational service including engagement, assessment, job development, job placement, job coaching, and follow-along supports.	4. Which of the following most accurately describes the role of employment specialists (ES) in the program?	<input type="checkbox"/> Each ES carries out all phases of vocational service, including engagement, assessment, job development, placement, and coaching, and follow-along supports. <input type="checkbox"/> ES provides 2 or more phases of vocational service but not the entire service (e.g. some do engagement and assessment only while others do job development and placement, etc.) <input type="checkbox"/> ES specializes in 1 aspect of vocational service <input type="checkbox"/> ES maintain caseloads but refer consumers to other programs for vocational service <input type="checkbox"/> ES do not carry caseloads and only provide vocational referrals to other vendors or programs <input type="checkbox"/> Other (specify: _____)
Organization: <i>Integration of rehabilitation with mental health treatment</i>	ES are part of the mental health treatment teams with shared decision making. They attend regular treatment team meetings and have frequent contact with treatment team members.	5. Do employment specialists interact with the mental health treatment team?	<input type="checkbox"/> No <input type="checkbox"/> Yes, but infrequently <input type="checkbox"/> Yes, regularly If yes, how & how frequently is contact made: (check all that apply) <input type="checkbox"/> Telephone contact ____ times per month <input type="checkbox"/> Face-to-face contact ____ times per month <input type="checkbox"/> Attendance at treatment team meetings ____ times per month
		6. Do employment specialists and case managers or case management teams participate in shared decision making about consumer services?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Organization: <i>Vocational unit functioning</i>	ES function as a unit rather than a group of practitioners. They have group supervision, share information, and	7. Do all employment specialists have the same supervisor?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how & how frequently do they receive supervision: <input type="checkbox"/> Individually ____ times per month <input type="checkbox"/> As a group ____ times per month

Dimension	Measure	Question	Response
	(Not visible to respondents)		
	help each other with cases.	8. Do employment specialists provide services for one another's consumers?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Organization: <i>Zero-exclusion criteria</i>	No eligibility requirements such as job readiness, lack of substance abuse, no history of violent behavior, minimal intellectual function, and mild symptoms	9. Must consumers meet certain eligibility criteria in order to receive supported employment services?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which of the following screening criteria are used (check all that apply): <input type="checkbox"/> Job readiness <input type="checkbox"/> Abstinence from substance use <input type="checkbox"/> No history of violent behavior <input type="checkbox"/> Other (specify: _____)
		10. Where does the supported employment program accept referrals from?	<input type="checkbox"/> Case Managers <input type="checkbox"/> Therapists <input type="checkbox"/> Psychiatrists <input type="checkbox"/> Family members <input type="checkbox"/> Self-referral <input type="checkbox"/> Other (specify: _____)
Services: <i>Ongoing, work-based vocational assessment</i>	Vocational assessment is an ongoing process based on work experiences in competitive jobs.	11. Are vocational assessments that are conducted in the supported employment program primarily:	<input type="checkbox"/> Office-based assessments done prior to job placement? <input type="checkbox"/> Pre-vocational assessments conducted at a day program site? <input type="checkbox"/> Carried out in a sheltered work environment? <input type="checkbox"/> Based on a series of temporary job experiences? <input type="checkbox"/> Ongoing assessments that occur in community jobs? <input type="checkbox"/> Other (specify: _____)
Services: <i>Rapid search for competitive jobs</i>	The search for competitive jobs occurs rapidly after program entry.	12. Must consumers take any steps in the program before beginning a job search?	<input type="checkbox"/> Yes, some pre-requisites exist (e.g. pre-vocational counseling, participation in an enclave or sheltered work, etc.) before search for a competitive job can begin. <input type="checkbox"/> No, the job search begins as soon as a consumer expresses interest in competitive employment

Dimension	Measure	Question	Response
<i>(Not visible to respondents)</i>			
		13. How soon after program entry does a consumer typically begin having contact with competitive employers (i.e. start their job search)?	<input type="checkbox"/> Within 1 month <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-9 months <input type="checkbox"/> 9-12 months <input type="checkbox"/> More than 12 months
Services: <i>Individualized job search</i>	Employer contacts are based on consumers' job preferences (relating to what they enjoy and their personal goals) and needs rather than the job market, that is, what jobs are readily available.	14. How are employer contacts selected? <i>(Check all that apply)</i>	<input type="checkbox"/> Based on the local job market (i.e. which jobs are readily available) <input type="checkbox"/> Based on the employment specialists decisions <input type="checkbox"/> Based on the consumer's preferences and needs <input type="checkbox"/> Other (specify: _____)
		15. How often are employer contacts made based on consumer preferences and needs rather than the job market?	<input type="checkbox"/> Most of the time <input type="checkbox"/> About 75% of the time <input type="checkbox"/> About 50% of the time <input type="checkbox"/> About 25% of the time <input type="checkbox"/> Never
Services: <i>Diversity of jobs developed</i>	ES provide job options that are in different settings.	16. What proportion of the types of job options and settings offered to consumers are:	<input type="checkbox"/> The same/similar (e.g., all janitorial, or in food service settings) _____% <input type="checkbox"/> Different (e.g., consist of all types of jobs/settings) _____%
		17. What percentage of consumers work in the same types of jobs or settings?	<input type="checkbox"/> 75-100% <input type="checkbox"/> About 75% <input type="checkbox"/> About 50% <input type="checkbox"/> About 25% <input type="checkbox"/> Less than 10%
Services: <i>Permanence of jobs developed</i>	ES provide competitive job options that have permanent status	18. Do employment specialists ever suggest jobs to consumers that are temporary, time-limited, or volunteer?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No, never

Dimension	Measure	Question	Response		
	<i>(Not visible to respondents)</i>				
	rather than temporary or time-limited status.	19. How often do employment specialists provide options to consumers for permanent, competitive jobs?	<input type="checkbox"/> 75-100% of the time <input type="checkbox"/> About 75% of the time <input type="checkbox"/> About 50% of the time <input type="checkbox"/> About 25% of the time <input type="checkbox"/> Employment specialists do not provide options for permanent, competitive jobs		
Services: <i>Jobs as transitions</i>	All jobs are viewed as positive experiences on the path of vocational growth and development. ES help consumers end jobs when appropriate and then find new jobs.	20. When a job has ended, do employment specialists offer to assist consumers in finding another job?	<input type="checkbox"/> Not usually <input type="checkbox"/> Yes always <input type="checkbox"/> Depends on the situation If it depends , how often are they likely to assist? <input type="checkbox"/> About 75% of the time <input type="checkbox"/> About 50% of the time <input type="checkbox"/> About 25% of the time Please provide an example of a reason an employment specialist might be <u>less</u> likely to assist a consumer in finding a new job? _____		
Services: <i>Follow along supports</i>	Individualized, follow-along supports are provided to employer and consumer on a time-unlimited basis.	21. Are follow-along supports provided:	<table border="0"> <tr> <td style="vertical-align: top;"> <u>To consumers</u> (e.g., job coaching/counseling, job support groups, etc.)? <input type="checkbox"/> No not provided <input type="checkbox"/> Yes provided to most <input type="checkbox"/> Provided to less than half </td> <td style="vertical-align: top;"> <u>To employers</u> (e.g., education, guidance)? <input type="checkbox"/> No not provided <input type="checkbox"/> Yes provided to most <input type="checkbox"/> Provided to less than half </td> </tr> </table>	<u>To consumers</u> (e.g., job coaching/counseling, job support groups, etc.)? <input type="checkbox"/> No not provided <input type="checkbox"/> Yes provided to most <input type="checkbox"/> Provided to less than half	<u>To employers</u> (e.g., education, guidance)? <input type="checkbox"/> No not provided <input type="checkbox"/> Yes provided to most <input type="checkbox"/> Provided to less than half
<u>To consumers</u> (e.g., job coaching/counseling, job support groups, etc.)? <input type="checkbox"/> No not provided <input type="checkbox"/> Yes provided to most <input type="checkbox"/> Provided to less than half	<u>To employers</u> (e.g., education, guidance)? <input type="checkbox"/> No not provided <input type="checkbox"/> Yes provided to most <input type="checkbox"/> Provided to less than half				
		22. Is there a time limit for providing supports:	<table border="0"> <tr> <td style="vertical-align: top;"> <u>To consumers</u>? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is the limit? _____ </td> <td style="vertical-align: top;"> <u>To employers</u>? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is the limit? _____ </td> </tr> </table>	<u>To consumers</u> ? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , what is the limit? _____	<u>To employers</u> ? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , what is the limit? _____
<u>To consumers</u> ? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , what is the limit? _____	<u>To employers</u> ? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , what is the limit? _____				

Dimension	Measure		
<i>(Not visible to respondents)</i>		Question	Response
Services: <i>Community-based services</i>	Vocational services such as engagement, job-finding, and follow-along supports are provided in community settings	23. What percentage the services employment specialists provide are in the community (vs. in an office or mental health facility)?	<input type="checkbox"/> 70-100% <input type="checkbox"/> 60-69% <input type="checkbox"/> 40-59% <input type="checkbox"/> 11-39% <input type="checkbox"/> 0-10%
Services: <i>Assertive engagement and outreach</i>	Assertive engagement and outreach are conducted as needed	24. Do employment specialists conduct outreach to engage consumers?	<input type="checkbox"/> Yes, initially Avg. # of contacts: ____ OR frequency ____ (e.g., once per week, month, etc.) <input type="checkbox"/> Yes, if they stop attending vocational services Avg. # of contacts: ____ OR frequency ____ (e.g., once per week, month, etc.) <input type="checkbox"/> No (Skip to Q# 26)
		25. What types of outreach are typically used? (check all that apply)	<input type="checkbox"/> Letters or other written materials sent to the consumer's residence <input type="checkbox"/> Phone calls to the consumer <input type="checkbox"/> Phone calls to consumers' case manager/other care provider (with consent) <input type="checkbox"/> Community visits with consumers

Dimension	Measure	Question	Response
<i>(Not visible to respondents)</i>			
		26. Where there components of the Supported Employment program model that were difficult to implement?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which ones? (check all that apply) <input type="checkbox"/> Caseload size (1:25) <input type="checkbox"/> ES provide only vocational services <input type="checkbox"/> ES carry out all phases of vocational service <input type="checkbox"/> Integrating ES with mental health treatment team <input type="checkbox"/> ES share a supervisor and help each other with cases <input type="checkbox"/> Zero-exclusion criteria <input type="checkbox"/> Ongoing, work-based vocational assessments. <input type="checkbox"/> Rapid search for competitive jobs <input type="checkbox"/> Employer contacts based on consumer preferences/needs vs. job market <input type="checkbox"/> Job options provided are in different settings. <input type="checkbox"/> Providing permanent, competitive job options <input type="checkbox"/> Helping consumers find new jobs <input type="checkbox"/> Providing follow-along <input type="checkbox"/> Providing vocational services in community settings <input type="checkbox"/> Providing assertive engagement and outreach
		27. Did your agency make any adjustments or modifications to the Supported Employment model?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe. _____
		28. Were any of the following types of evidence-based service interventions fully imbedded within your implementation of the Supported Employment model?	<input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Cognitive Behavioral Therapy (CBT) <input type="checkbox"/> Motivational Enhancement Therapy (MET) <input type="checkbox"/> Peer Support <input type="checkbox"/> Strengths-Based Case Management/Approach <input type="checkbox"/> SSI/DI Outreach, Access & Recovery (SOAR) <input type="checkbox"/> Trauma-Specific Intervention (specify: _____) <input type="checkbox"/> Other (specify: _____)

Critical Time Intervention (CTI) Module

Component/Measure <i>(not visible to respondents)</i>	Question	Response	
Program Structure/Staffing	1. Which settings are consumers who receive CTI services directly transitioning between?	Transitioning from: <input type="checkbox"/> Hospital <input type="checkbox"/> Shelter <input type="checkbox"/> Housing setting (e.g., residential, transitional housing) specify: _____ <input type="checkbox"/> Streets <input type="checkbox"/> Prison <input type="checkbox"/> Jail <input type="checkbox"/> Other, specify _____	Transitioning to: <input type="checkbox"/> Transitional housing <input type="checkbox"/> Permanent housing <input type="checkbox"/> Other, specify _____
	2. In what setting is the CTI program based?	<input type="checkbox"/> Drop-in center <input type="checkbox"/> Shelter <input type="checkbox"/> Mental health inpatient unit <input type="checkbox"/> Other, specify _____	
	3. What staff members comprise the CTI team?	<input type="checkbox"/> Psychiatrist <input type="checkbox"/> Nurse <input type="checkbox"/> Team leader /coordinator (specify credentials, e.g., MSW _____) <input type="checkbox"/> Housing case manager or specialist <input type="checkbox"/> CTI case managers/workers (specify # _____) <input type="checkbox"/> Other, specify _____	
	4. What is the average case load size per CTI worker?	<input type="checkbox"/> 35 to 50 consumers <input type="checkbox"/> 21 to 34 consumers <input type="checkbox"/> 15 to 20 consumers <input type="checkbox"/> 10 or fewer consumers Does caseload size vary by phase of service? <i>If yes, explain:</i> _____	

Component/Measure (not visible to respondents)	Question	Response
	5. Does CTI staff meet as a team to discuss clients' needs and care?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how often are team meetings held? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Only as needed <input type="checkbox"/> Other, specify _____ If yes , who conducts the team meetings? _____ If yes , what percentage of CTI clients are reviewed at each team meeting: ____%
	6. How often are each CTI client's needs and care reviewed and discussed by CTI program staff?	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Only as needed <input type="checkbox"/> Other, specify _____
	7. What types of supervision and organizational support does CTI program staff receive?	<input type="checkbox"/> Individual clinical supervision (specify frequency _____) <input type="checkbox"/> Field work observation/feedback <input type="checkbox"/> Team case presentations/feedback <input type="checkbox"/> Review/feedback of client case notes <input type="checkbox"/> Resources to support work in the field (specify: _____) <input type="checkbox"/> Other, specify _____
Early Engagement	8. Are CTI workers able to establish relationships and begin to engage consumers prior to their transition to a new setting in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No (SKIP to Q 11)
	9. What is the typical length of time between initial contact and a consumers' discharge or move to the community (i.e. length of pre-CTI period)?	<input type="checkbox"/> Less than 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> 2-4 weeks <input type="checkbox"/> More than 1 month <input type="checkbox"/> Other, specify _____

Component/Measure (not visible to respondents)	Question	Response
	10. How often do CTI workers typically meet with consumers during the 'pre-CTI period'?	<input type="checkbox"/> Once <input type="checkbox"/> 2-3 times <input type="checkbox"/> 4 times <input type="checkbox"/> Other, specify _____
Assessment/Treatment Planning	11. Is a CTI intake assessment completed?	<input type="checkbox"/> No (SKIP to Q 13) <input type="checkbox"/> Yes If yes, when is it completed? _____
	12. Which of the following are components of the intake assessment?	<input type="checkbox"/> Demographic information <input type="checkbox"/> Psychiatric history (diagnosis, symptoms, medications, hospitalizations) <input type="checkbox"/> Substance use history (diagnosis, symptoms, treatment history) <input type="checkbox"/> Homelessness/housing history <input type="checkbox"/> Reasons for housing loss/risks to housing stability <input type="checkbox"/> Financial supports <input type="checkbox"/> Formal & informal supports <input type="checkbox"/> ADL skills <input type="checkbox"/> Strengths & interests of consumer <input type="checkbox"/> Other, specify _____
	13. Are CTI services delivered in phases?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many phases? ____ If yes, how long does each phase last? ____
	14. Is a CTI treatment plan completed?	<input type="checkbox"/> Yes, at the beginning of CTI services only <input type="checkbox"/> Yes, for each phase of service <input type="checkbox"/> Other, specify _____
	15. What is the typical timeframe for completion of the treatment plan?	<input type="checkbox"/> Within two weeks prior to services/phase beginning <input type="checkbox"/> Within two weeks after services/phase beginning <input type="checkbox"/> 3-4 weeks after services/phase beginning <input type="checkbox"/> Other, specify _____

Component/Measure (not visible to respondents)	Question	Response
	16. What focus areas do CTI treatment plans typically address? <i>(check all that apply)</i>	<input type="checkbox"/> Psychiatric treatment & medication management <input type="checkbox"/> Money management <input type="checkbox"/> Substance abuse management <input type="checkbox"/> Housing crisis management & prevention <input type="checkbox"/> Family interventions <input type="checkbox"/> Life skills training <input type="checkbox"/> Other, specify: _____
	17. How many of the focus areas selected in Question #16 typically comprise a CTI treatment plan at any one time?	<input type="checkbox"/> More than 6 <input type="checkbox"/> 6 <input type="checkbox"/> 4-5 <input type="checkbox"/> 1-3
	18. Which of the following best describes how treatment plan focus areas are chosen:	<input type="checkbox"/> Based on consumer 's history of risk of homelessness <input type="checkbox"/> Based on goal attainment/new risk areas identified at end of previous phase of CTI service <input type="checkbox"/> Other, specify _____ Does this vary by phase of service? <i>If yes, explain:</i> _____
Outreach/Early Linking	19. During the first phase (i.e. first 1-3 months) of CTI services, how is contact maintained between CTI workers and consumers? <i>(check all that apply)</i>	<input type="checkbox"/> Phone contact is made <input type="checkbox"/> Home visits are made If home visits made , how soon after the start of Phase One do they occur? <input type="checkbox"/> Within one week <input type="checkbox"/> Within two weeks <input type="checkbox"/> Within one month <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Visits are made to clients at their treatment setting (e.g., day program) If clients visited at treatment setting , how soon after the start of Phase One do they occur? <input type="checkbox"/> Within one week <input type="checkbox"/> Within two weeks <input type="checkbox"/> Within one month <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Workers accompany consumers on appointments <input type="checkbox"/> Other, specify: _____

Component/Measure <i>(not visible to respondents)</i>	Question	Response
	20. How often do CTI workers typically make contact with consumers during the initial phase (1-3 months) of service?	<input type="checkbox"/> Once per month <input type="checkbox"/> 2-3 times per month <input type="checkbox"/> 4 times per month <input type="checkbox"/> Other, specify _____
	21. How often do CTI workers typically meet with primary mental health and/or substance use treatment providers during the initial phase (1-3 months) of service?	<input type="checkbox"/> Once <input type="checkbox"/> 2-3 times <input type="checkbox"/> 4 times <input type="checkbox"/> Other, specify _____
	22. How often do CTI workers typically meet with housing providers including landlords during the initial phase (1-3 months) of service?	<input type="checkbox"/> Once <input type="checkbox"/> 2-3 times <input type="checkbox"/> 4 times <input type="checkbox"/> Other, specify _____
	23. During the initial phase (1-3 months) of service, do CTI workers hold joint meetings between:	Consumers and their community linkages? <input type="checkbox"/> Yes <input type="checkbox"/> No Linkages from different agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Nature/Length of Services	24. Which of the following principles and approaches do CTI staff use in their work with consumers? <i>(check all that apply)</i>	<input type="checkbox"/> Confrontation <input type="checkbox"/> Abstinence only <input type="checkbox"/> Harm reduction <input type="checkbox"/> Stage wise approach <input type="checkbox"/> Office-based assessments <input type="checkbox"/> Community-based assessment & skill building <input type="checkbox"/> Other, specify: _____
	25. What is the total length of time consumers typically receive CTI services?	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other, specify _____
	26. Are consumers ever discharged from services early?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why? _____

Component/Measure <i>(not visible to respondents)</i>	Question	Response
	27. Which of the following activities are most likely to occur during the initial phase (1-3 months) of CTI services?	<input type="checkbox"/> CTI worker focuses with consumer on work accomplished and long-term goals <input type="checkbox"/> CTI worker focuses on assessment and linkage with supports <input type="checkbox"/> CTI worker accompanies consumer to appointments <input type="checkbox"/> CTI worker observes consumer trying out skills and adjusts consumer support network <input type="checkbox"/> CTI worker encourages consumer and caregivers to work out problems on their own <input type="checkbox"/> CTI worker substitutes for caregivers when necessary <input type="checkbox"/> CTI worker mediates conflicts between consumer and caregivers
	28. Which of the following activities are most likely to occur during the middle phase (e.g., months 4-6) of CTI services?	<input type="checkbox"/> CTI worker focuses with consumer on work accomplished and long-term goals <input type="checkbox"/> CTI worker focuses on assessment and linkage with supports <input type="checkbox"/> CTI worker accompanies consumer to appointments <input type="checkbox"/> CTI worker observes consumer trying out skills and adjusts consumer support network <input type="checkbox"/> CTI worker encourages consumer and caregivers to work out problems on their own <input type="checkbox"/> CTI worker substitutes for caregivers when necessary <input type="checkbox"/> CTI worker mediates conflicts between consumer and caregivers
	29. Which of the following activities are most likely to occur during the final phase (e.g., months 7-9) of CTI services?	<input type="checkbox"/> CTI worker focuses with consumer on work accomplished and long-term goals <input type="checkbox"/> CTI worker focuses on assessment and linkage with supports <input type="checkbox"/> CTI worker accompanies consumer to appointments <input type="checkbox"/> CTI worker observes consumer trying out skills and adjusts consumer support network <input type="checkbox"/> CTI worker encourages consumer and caregivers to work out problems on their own <input type="checkbox"/> CTI worker substitutes for caregivers when necessary <input type="checkbox"/> CTI worker mediates conflicts between consumer and caregivers

Component/Measure <i>(not visible to respondents)</i>	Question	Response
	30. How often do CTI workers typically have contact with consumers during the final phase (e.g., months 7-9) of CTI services?	<input type="checkbox"/> Once per month <input type="checkbox"/> 2-3 times per month <input type="checkbox"/> 4 times per month <input type="checkbox"/> Other, specify_____
	31. Were any components of this program model difficult to implement?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify _____
	32. Did you make any adjustments or modifications to the CTI model?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe _____
	33. Were any of the following types of evidence-based service interventions fully imbedded within your implementation of the CTI program model?	<input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Cognitive Behavioral Therapy (CBT) <input type="checkbox"/> Motivational Enhancement Therapy (MET) <input type="checkbox"/> Peer Support <input type="checkbox"/> Strengths-Based Case Management/Approach <input type="checkbox"/> SSI/DI Outreach, Access & Recovery (SOAR) <input type="checkbox"/> Trauma-Specific Intervention (specify:_____) <input type="checkbox"/> Other (specify:_____)