

Attachment 3: Stakeholder Survey

Substance Abuse and Mental Health Services Administration (SAMHSA)

Evaluation of SAMHSA Homeless Programs

Stakeholder Survey

Today's Date: |_____|_____|_____|_____|
 MO DAY YR

SAMHSA GBHI/SSH Site Number |_____|_____|_____|_____|

Stakeholder Organization Identification Number |_____|_____|_____|_____| [Pre-filled]

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0320. Public reporting burden for this collection of information is estimated to average 17 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Welcome—and thank you for taking this survey!

1. First we would like to ask about your personal involvement with the local SAMHSA GBHI/SSH project. For each of the following statements please indicate whether it describes your involvement.

a. I helped plan for or prepare our initial SAMHSA GBHI/SSH grant application Yes No

b. I have been involved with the SAMHSA GBHI/SSH project since it was funded Yes No

c. I regularly attend stakeholder meetings Yes No

d. I am directly involved with the SAMHSA GBHI/SSH project Yes No

2. Has Federal funding for your local SAMHSA GBHI/SSH project ended? Yes

No

[If Yes, Q21 will be asked; If No it will be skipped.]

About your Agency

3. The next questions are about your agency

a. Which of the following types best describes your agency or organization? (check all that apply)	<input type="checkbox"/> Social services <input type="checkbox"/> Substance abuse treatment <input type="checkbox"/> Mental health treatment <input type="checkbox"/> Hospital <input type="checkbox"/> Housing <input type="checkbox"/> Shelter <input type="checkbox"/> Drop-in center <input type="checkbox"/> Employment or job skills <input type="checkbox"/> Education <input type="checkbox"/> Veterans <input type="checkbox"/> Criminal justice <input type="checkbox"/> Case management <input type="checkbox"/> Not a service provider (e.g., state/city government) <input type="checkbox"/> Other, specify:
b. Is your agency or organization: (check one)	<input type="checkbox"/> State or local government agency <input type="checkbox"/> For-profit company <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Faith-based organization <input type="checkbox"/> University <input type="checkbox"/> Other, specify:

c. What types of staff expertise does your agency or organization make available to SAMHSA GBHI/SSH project clients? (check all that apply)	<input type="checkbox"/> Licensed Psychiatrist <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> Licensed Social Worker <input type="checkbox"/> Licensed Registered Nurse <input type="checkbox"/> Certified/licensed substance abuse counselor <input type="checkbox"/> Vocational specialist <input type="checkbox"/> Housing specialist <input type="checkbox"/> Case manager <input type="checkbox"/> Peer advocate <input type="checkbox"/> Other (please specify) _____
d. What percentage of your agency or organization clients receives SSI/SSD for a psychiatric or medical disability? (check one)	<input type="checkbox"/> None <input type="checkbox"/> 1% to 25% <input type="checkbox"/> 26% to 50% <input type="checkbox"/> 51% to 75% <input type="checkbox"/> 76% to 100% <input type="checkbox"/> Don't Know
e. For what percentage of your clients does your agency or organization serve as a representative payee for SSI/SSD?	<input type="checkbox"/> None <input type="checkbox"/> 1% to 25% <input type="checkbox"/> 26% to 50% <input type="checkbox"/> 51% to 75% <input type="checkbox"/> 76% to 100% <input type="checkbox"/> Don't Know <input type="checkbox"/> Not applicable

Services Provided

4. The following questions address the types of services provided by your agency or organization. Please indicate whether each service is provided by your agency or organization staff and/or through referrals or linkages. For each service that is directly provided by your agency, please indicate whether the client pays a fee or a co-pay whether "out of pocket", through insurance or government subsidy for housing, etc.

Service	Provided by		If Yes provided by Your Agency: Client pays fee
	Program Staff in my Agency	Referrals/ linkages	
a. Substance abuse treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Mental health treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Integrated mental health and substance abuse treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Case management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Substance abuse and mental health screening/assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Detoxification services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Medication/med. management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Drug testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Service	Provided by		If Yes provided by Your Agency: Client pays fee
	Program Staff in my Agency	Referrals/ linkages	
i. Discharge planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Aftercare	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Crisis care (e.g., 24 hour crisis response service)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Self help groups/peer support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. General medical treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
n. Specialized medical care for women	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
o. HIV/AIDS testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
p. HIV/AIDS/STD medical treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
q. HIV/AIDS/STD prevention education	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
r. Vocational training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
s. Job placement/Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
t. Education/GED program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
u. Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Housing assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
w. Housing readiness training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
x. Family counseling/services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
y. Money management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
z. Benefits application (e.g., SSI/SSD, food stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
aa. Medical insurance applications (including Medicaid/Medicare)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
bb. Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
cc. Assistance getting identification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
dd. Legal assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ee. Parenting skills/education	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ff. Childcare	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
gg. Other, specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Has your participation as a partner in the SAMHSA GBHI/SSH project changed the services your agency provides? Yes No [Skip to Q7]

6. If Yes, please indicate whether each of the services offered by your agency listed below has not changed, been expanded, or been added as a result of your participation as a partner in the SAMHSA GBHI/SSH project. (Check one box for each service.) [Note: Only items endorsed "Yes" as provided in Q4 will be displayed in Q6]

Service	Not changed	Expanded service	Added new service
a. Substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mental health treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Integrated mental health and substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Substance abuse and mental health screening/assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Detoxification services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Medication/med. management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drug testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Aftercare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Crisis care (e.g., 24 hour crisis response service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Self help groups/peer support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. General medical treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Specialized medical care for women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. HIV/AIDS testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. HIV/AIDS/STD medical treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. HIV/AIDS/STD prevention education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Vocational training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Job placement/Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Education/GED program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Housing readiness training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Family counseling/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Benefits application (e.g., SSI/SSD, food stamps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Medical insurance applications (including Medicaid/Medicare)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Assistance getting identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Legal assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Parenting skills/education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg. Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[On web survey, for questions 7-9: Only ask 7 IF Q4a = YES, If No, skip to Q8; Only ask 8 if Q4b is = Yes, If no, skip to Q9, Only ask Q9 if Q4c =Yes. If Q4a, Q4b, and Q4c =No, Skip to Q10.]

7. [If yes, to Q4a]. You answered that your agency staff directly provides substance abuse treatment. Approximately what percentage of your agency's clients receive each of the following type(s) of substance abuse treatment services?

Substance Abuse Treatment Services	None	1%– 25%	26%– 50%	51%– 75%	76%– 100%
7a. ANY substance abuse treatment					
7b. Group outpatient counseling					
7c. Individual outpatient counseling					
7d. Pharmacotherapy (e.g., methadone, buprenorphine, etc)					
7e. Residential treatment (group and individual counseling)					
7f. AA/NA or other 12-step peer support					
7g. Other, specify:					

8. [If yes to Q4b] You answered that your agency staff directly provides mental health treatment. Approximately, what percentage of your agency's clients receive each of the following type(s) of mental health treatment services?

Mental Health Treatment Services	None	1%– 25%	26%– 50%	51%– 75%	76%– 100%
8a. ANY mental health treatment services					
8b. Group outpatient counseling					
8c. Individual outpatient counseling					
8d. Residential treatment (group and individual counseling)					
8e. Trauma/PTSD treatment/services					
8f. Prescribed psychotropic medication					
8g. Peer to peer mental health counseling/support					
8h. Other, specify:					

9. [If YES to Q4c]. You answered that your agency directly provides integrated mental health and substance abuse treatment to GBHI/SSH participants. Please tell us about the integrated mental health and substance abuse treatment you provide to GBHI/SSH clients.

a. Clients are screened for both mental health and substance use problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Clients are assessed for both mental health diagnosis and substance use diagnosis with a licensed professional and accompanying treatment needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Clients receive mental health services on-site and are referred to substance abuse treatment services off-site	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Clients receive substance abuse treatment services on-site and are referred for mental health services, including medication management, off-site	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Clients receive mental health and substance abuse treatment at the same site	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Clients receive on-site group sessions specifically designed to address both mental health and substance use problems (e.g., dual diagnosis groups)	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Staff include mental health professionals who provide mental health treatment and substance abuse professionals who provide substance abuse treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Staff are cross-trained in substance abuse and mental health treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Clients must be in recovery prior to beginning mental health treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Mental health and substance abuse treatment staff serve on the same team and collaborate on treatment plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Clients must be stable mentally before beginning substance abuse treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Please indicate whether each Evidence Based Practice (EBP) is being or was implemented by your agency or organization GBHI/SSH initiative BEFORE, DURING, or AFTER the local GBHI/SSH project was funded.

EBP	Has your agency ever implemented this EBP?	Before GBHI/SSH Project	During GBHI/SSH Project	After Cessation of GBHI/SSH Project Funding
a. 12-Step	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Assertive Community Treatment (ACT)	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EBP	Has your agency ever implemented this EBP?	Before GBHI/SSH Project	During GBHI/SSH Project	After Cessation of GBHI/SSH Project Funding
c. Adolescent Community Reinforcement Approach (ACRA)	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Case management (other than ACT, SBCM)	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Cognitive Behavioral Therapy (CBT)	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Contingency Management	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Critical Time Intervention (CTI)	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Dialectical Behavior Therapy (DBT)	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Double Trouble	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Family Education (e.g., Family Psychoeducation)	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Family treatment (e.g., Multi-Systemic Treatment (MST))	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Housing First	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. Integrated Dual Disorders Treatment (IDDT)	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
n. Illness Management and Recovery (IMR)	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
o. Matrix Model	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
p. Medication management (e.g., Medication Algorithms Practices)	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
q. Motivational Enhancement Therapy (MET)	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
r. Motivational Interviewing (MI)	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EBP	Has your agency ever implemented this EBP?	Before GBHI/SSH Project	During GBHI/SSH Project	After Cessation of GBHI/SSH Project Funding
s. Service Outreach and Recovery (SOAR)	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
t. Stages of Change	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
u. Strengths-Based Case Management (SBCM)	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Substance abuse counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
w. Supportive Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
x. Therapeutic Community (TC)/Modified Therapeutic Community (MTC)	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
y. Trauma EBP (e.g., Seeking Safety, Trauma Recovery and Empowerment Model (TREM), Sanctuary model)	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
z. Treatment Improvement Protocol (TIP) Series Specify: TIP # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
aa. Other, specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No [if No, skip to next question]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. **Can you please tell us about the role of client choice in treatment**

a. In which ways does your agency accommodate client choice with regard to treatment? (check all that apply)	<input type="checkbox"/> Type of treatment (e.g., substance abuse, trauma, integrated treatment, etc.) <input type="checkbox"/> Types of medication prescribed <input type="checkbox"/> Modality of treatment (e.g., group vs. individual) <input type="checkbox"/> Treatment setting (e.g., residential, outpatient, continuing day treatment, at housing) <input type="checkbox"/> Length of treatment <input type="checkbox"/> Other, specify _____
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b. Treatment assignments are determined by (check all that apply)	<input type="checkbox"/> Client Choice <input type="checkbox"/> The treatment program <input type="checkbox"/> Criminal justice record <input type="checkbox"/> Probation/parole considerations <input type="checkbox"/> Being clean and sober <input type="checkbox"/> Reached a certain phase of treatment <input type="checkbox"/> Stability of mental health symptoms <input type="checkbox"/> Stage of change <input type="checkbox"/> Other clinical determinations, specify <input type="checkbox"/> Psychiatric advanced directive <input type="checkbox"/> other, specify: _____
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12. Does your agency provide housing? Yes No [Skip to Q17]

Housing	
13. Which type(s) of housing does your agency use? (check all that apply)	<input type="checkbox"/> Emergency Housing (short-term, e.g. emergency shelter, crisis housing, safe haven) <input type="checkbox"/> Time-limited Housing (e.g. transitional, halfway house) <input type="checkbox"/> Permanent Housing (e.g. tenant holds lease) <input type="checkbox"/> Public Housing <input type="checkbox"/> Other subsidized housing (e.g. affordable housing for seniors or persons with disabilities) <input type="checkbox"/> Vouchers for Housing: Shelter Plus <input type="checkbox"/> Vouchers for Housing: Shelter Plus care <input type="checkbox"/> Vouchers for Housing: Section 8 <input type="checkbox"/> Scatter-site apartments <input type="checkbox"/> Single-site apartments (e.g. 2 or more apartments set aside for target population) <input type="checkbox"/> Congregate Housing (e.g. SRO, rooms with shared common areas) <input type="checkbox"/> Housing through Residential Treatment <input type="checkbox"/> Permanent On-site support services with no time limit <input type="checkbox"/> Permanent Off-site support services with no time limit <input type="checkbox"/> Time-limited support services (1 year or less) <input type="checkbox"/> Housing First <input type="checkbox"/> Other, specify: _____
14. Which other housing-related services does your agency provide participants? (check all that apply)	<input type="checkbox"/> Housing readiness <input type="checkbox"/> Daily skills (food shopping, cleaning, etc.) <input type="checkbox"/> Time planning <input type="checkbox"/> Cooking <input type="checkbox"/> Money management <input type="checkbox"/> Furniture <input type="checkbox"/> Other, specify <input type="checkbox"/> None of these

Housing	
15. In which ways does your agency accommodate client choice with regard to housing? (check all that apply)	<input type="checkbox"/> Housing location <input type="checkbox"/> Type of housing in terms of whether treatment (substance abuse or mental health) is required <input type="checkbox"/> Type of housing in terms of permanence/transitional/crisis <input type="checkbox"/> Other, specify <input type="checkbox"/> Not able to accommodate client choice
16. Housing assignments are determined by: (check all that apply)	<input type="checkbox"/> Client choice <input type="checkbox"/> The treatment program <input type="checkbox"/> Criminal justice record <input type="checkbox"/> Probation/parole considerations <input type="checkbox"/> Being clean and sober <input type="checkbox"/> Reached a certain phase of treatment <input type="checkbox"/> Stability of mental health symptoms <input type="checkbox"/> Other clinical determinations, specify <input type="checkbox"/> Other, specify:

Implementation of Local SAMHSA GBHI/SSH Initiative

17. The following statements refer to your agency or organization's staff experience with cultural competence, gender services and trauma. The statements are worded for grantees that are currently operating. If your local SAMHSA GBHI/SSH grant has ended, please think about the situation just prior to the grant ending. Please indicate the extent to which you agree or disagree.

<i>Please indicate the extent to which you agree or disagree with the following statements about the services provided by your agency or organization:</i>	strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD)				
	SA	A	N	D	SD
a. Our staff has experience serving the target population (e.g., homeless youth, adults or families with substance use and/or co-occurring mental disorders)					
b. Our staffing has diversity reflecting the target population					
c. We have specific plans to overcome language barriers (bilingual staff, instruments in various languages)					
d. We have had training(s) on cultural sensitivity					
e. We assess the client's trauma history					
f. We offer trauma-specific treatment or other services					
g. We have had training(s) on trauma-informed treatment or services					
h. We offer gender-specific treatment or services options					
i. We have had training(s) on gender-specific treatment or other services					
j. Our clients have choice in selecting treatment or other services in which to participate					

<i>Please indicate the extent to which you agree or disagree with the following statements about the services provided by your agency or organization:</i>	strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD)				
	SA	A	N	D	SD
k. Our clients have choice in selecting type of housing					
l. We conduct client satisfaction surveys					
m. Clients/consumers serve as paid staff members					

18. The following statements refer to the implementation and operation of the local SAMHSA GBHI/SSH project. The statements are worded for grantees that are currently operating. If your local SAMHSA GBHI/SSH grant has ended, please think about the situation just prior to the grant ending. Please indicate the extent to which you agree or disagree.

<i>Please indicate the extent to which you agree or disagree with the following statements about the implementation and operation of your SAMHSA GBHI/SSH project:</i>	strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD)				
	SA	A	N	D	SD
a. Information sharing about specific clients among partners has improved as a result of SAMHSA GBHI/SSH					
b. Communication among partnering organizations has improved as a result of SAMHSA GBHI/SSH					
c. SAMHSA GBHI/SSH partners have created common goals as a result of the SAMHSA GBHI/SSH project					
d. Support for the SAMHSA GBHI/SSH project from grantee agency line staff has been strong					
e. Support for the SAMHSA GBHI/SSH project from housing partner(s) line staff has been strong					
f. Support for the SAMHSA GBHI/SSH project from substance abuse partner(s) line staff has been strong					
g. Support for the SAMHSA GBHI/SSH project from mental health treatment partner(s) line staff has been strong					
h. Support for the SAMHSA GBHI/SSH project from housing partner(s) administration has been strong					
i. Support for the SAMHSA GBHI/SSH project from substance abuse partner(s) administration has been strong					
j. Support for the SAMHSA GBHI/SSH project from mental health treatment partner(s) administration has been strong					
k. SAMHSA GBHI/SSH has increased clients' willingness to access available services					
l. SAMHSA GBHI/SSH has increased my agency or organization's capabilities to provide clients effective and appropriate services					
m. The SAMHSA GBHI/SSH project has tapped into other federal, state or local government funding to enhance its activities during SAMHSA GBHI/SSH funding					

<p>Please indicate the extent to which you agree or disagree with the following statements about the implementation and operation of your SAMHSA GBHI/SSH project:</p>	strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD)				
	SA	A	N	D	SD
n. The SAMHSA GBHI/SSH project has tapped into federal, state or local government funding to sustain its activities after SAMHSA GBHI/SSH funding ends					
o. My agency has been involved in sustainability planning to help the SAMHSA GBHI/SSH project continue after SAMHSA GBHI/SSH funding ends					
p. The SAMHSA GBHI/SSH project has implemented targeted approaches and strategies as planned					
q. The SAMHSA GBHI/SSH project has effectively overcome obstacles or setbacks					
r. SAMHSA GBHI/SSH has improved integration of services for target clients in our community					
s. SAMHSA GBHI/SSH has fostered coordination between different types of service providers					
t. SAMHSA GBHI/SSH includes members from all necessary or relevant agencies or organizations					
u. Our SAMHSA GBHI/SSH project has clear criteria on how resources are allocated					
v. SAMHSA GBHI/SSH goals and strategies are well-focused					
w. SAMHSA GBHI/SSH has effectively utilized pre-existing community capabilities and assets					
x. SAMHSA GBHI/SSH efforts have been undercut by turf battles or in-fighting					
y. SAMHSA GBHI/SSH has had insufficient involvement from agency leaders					
z. SAMHSA GBHI/SSH has used too much of a “top down” approach					
aa. SAMHSA GBHI/SSH has used too much of a “bottom up” approach					
bb. Staff turnover has limited effectiveness of SAMHSA GBHI/SSH activities					
cc. SAMHSA GBHI/SSH has placed too much emphasis on substance abuse treatment, at the expense of housing					
dd. SAMHSA GBHI/SSH has placed too much emphasis on housing, at the expense of substance abuse treatment					
ee. Formal interagency agreements (e.g., MOUs) have facilitated SAMHSA GBHI/SSH efforts					
ff. SAMHSA GBHI/SSH has fostered development of uniform application, eligibility criteria, or intake assessments					
gg. SAMHSA GBHI/SSH efforts have been supported by co-location of services					
hh. SAMHSA GBHI/SSH has increased use of interagency MIS or client tracking systems					

Please indicate the extent to which you agree or disagree with the following statements about the implementation and operation of your SAMHSA GBHI/SSH project:	strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD)				
	SA	A	N	D	SD
ii. The SAMHSA GBHI/SSH project has focused on the wrong clients					
jj. SAMHSA GBHI/SSH has had little effect on how my agency or organization serves clients					
kk. SAMHSA GBHI/SSH will have little lasting impact on the treatment system in our community					
ll. TA provided under SAMHSA GBHI/SSH has helped my agency or organization contribute to SAMHSA GBHI/SSH objectives					

The next questions ask about your collaboration with other agencies or organizations now involved with the local SAMHSA GBHI/SSH project.

19. Prior to your local SAMHSA GBHI/SSH project, how often did you collaborate with agencies or organizations in each of the following areas?

Frequency of collaboration prior to SAMHSA GBHI/SSH

Collaborations with...	Never	Rarely	Occasionally	Frequently	Don't know
Social services (including benefits)	<input type="checkbox"/>				
Substance abuse treatment	<input type="checkbox"/>				
Mental health treatment	<input type="checkbox"/>				
Hospital	<input type="checkbox"/>				
Housing	<input type="checkbox"/>				
Shelters	<input type="checkbox"/>				
Drop-in center	<input type="checkbox"/>				
Medical	<input type="checkbox"/>				
Education	<input type="checkbox"/>				
Employment or job training	<input type="checkbox"/>				
Veterans agency	<input type="checkbox"/>				
Criminal justice	<input type="checkbox"/>				
Peer-Consumer/Family advocacy	<input type="checkbox"/>				
Policy-makers/legislators	<input type="checkbox"/>				
Research/evaluation	<input type="checkbox"/>				

20. **Since the start of your local SAMHSA GBHI/SSH project how often have you collaborated with agencies or organizations in each of the following areas?**

**Frequency of collaboration since SAMHSA
GBHI/SSH started**

Collaborations with...	Never	Rarely	Occasionally	Frequently	Don't know
Social services (including benefits)	<input type="checkbox"/>				
Substance abuse treatment	<input type="checkbox"/>				
Mental health treatment	<input type="checkbox"/>				
Hospital	<input type="checkbox"/>				
Housing	<input type="checkbox"/>				
Shelters	<input type="checkbox"/>				
Drop-in centers	<input type="checkbox"/>				
Medical	<input type="checkbox"/>				
Education	<input type="checkbox"/>				
Employment or job training	<input type="checkbox"/>				
Veterans agency	<input type="checkbox"/>				
Criminal justice	<input type="checkbox"/>				
Peer-Consumer/Family advocacy	<input type="checkbox"/>				
Policy-makers/legislators	<input type="checkbox"/>				
Research/evaluation	<input type="checkbox"/>				

[IF Q2 = YES, GO TO Q21; IF Q2 = NO, SKIP to Q22]

21. **Since Federal funding of your local SAMHSA GBHI/SSH project stopped, how often have you collaborated with agencies or organizations in each of the following areas?**

**Frequency of collaboration since SAMHSA
GBHI/SSH funding stopped**

Collaborations with...	Never	Rarely	Occasionally	Frequently	Don't know
Social services (including benefits)	<input type="checkbox"/>				
Substance abuse treatment	<input type="checkbox"/>				
Mental health treatment	<input type="checkbox"/>				
Hospital	<input type="checkbox"/>				
Housing	<input type="checkbox"/>				
Shelters	<input type="checkbox"/>				
Drop-in centers	<input type="checkbox"/>				
Medical	<input type="checkbox"/>				
Education	<input type="checkbox"/>				
Employment or job training	<input type="checkbox"/>				
Veterans agency	<input type="checkbox"/>				
Criminal justice	<input type="checkbox"/>				
Peer-Consumer/Family advocacy	<input type="checkbox"/>				
Policy-makers/legislators	<input type="checkbox"/>				
Research/evaluation	<input type="checkbox"/>				

22. Since the start of your local SAMHSA GBHI/SSH project, how effective have your collaborations been with agencies or organizations in each of the following areas? That is, how effective have your collaborations been in helping your local SAMHSA GBHI/SSH project achieve its intended outcomes?

Collaborations with...	Effectiveness of collaboration in helping achieve outcomes			
	Not effective	Somewhat effective	Very effective	Don't know
Social services (including benefits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drop-in centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment or job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-Consumer/Family advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy-makers/legislators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research/evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU VERY MUCH for participating in the survey!

The information you provided will be valuable in helping to improve the SAMHSA GBHI/SSH programs.