

MINORITY AIDS INITIATIVE CONTINUUM OF CARE (MAI-CoC)

EVALUATION

PROJECT STAFF SEMI-STRUCTURED INTERVIEW GUIDE

Date(s) of site visit (MM/DD/YYYY)	
Grantee organization name	
Location	
Grantee ID #	
Project name	
Partner organizations and locations visited	
Participants (full name, degrees/ credentials, project role and organizational affiliation)	
Site Visitors (full name, degrees/ credentials, project role and organizational affiliation)	

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 0930-0336. Public reporting burden for this collection of information is estimated to average 120 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, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

1 Site Visit Overview

Introduction and Background

The purpose of SAMHSA’s Minority AIDS Initiative Continuum of Care (MAI-CoC) program, which currently funds the MAI-CoC grantees, is to integrate behavioral health treatment, prevention, and HIV and Hepatitis medical care services for racial/ethnic minority populations at high risk for behavioral health disorders who are also at high risk for or living with HIV and/or Hepatitis. Other priority populations include men who have sex with men (MSM), bisexual men, transgender persons, and persons with substance use disorders. This program is primarily intended for substance use disorder (SUD) treatment and community mental health care providers to provide coordinated and integrated services through the co-location and/or integration of behavioral health treatment and HIV medical care.

The goals of the MAI-CoC program are to: 1) increase HIV and Hepatitis testing among behavioral health clients who are unaware of their HIV and Hepatitis status; 2) increase diagnoses of HIV and Hepatitis among behavioral health clients; 3) increase the number of clients who are linked to HIV and Hepatitis medical care; 4) increase the number of behavioral health clients who are retained in HIV and Hepatitis medical care; 5) increase the number of behavioral health clients who are receiving antiretroviral therapy (ART); 6) improve the adherence to behavioral treatment and ART; 7) increase the number of behavioral health clients who have sustained (HIV) viral suppression; and 8) increase adherence and retention in behavioral health (both substance use and mental disorders) treatment.

In support of this program, Abt Associates is conducting interviews with MAI-CoC grantees to gather contextual information on programming efforts. Through these interviews SAMHSA hopes to gain insight into the successes and challenges of implementing your grantee project and providing HIV, Hepatitis, behavioral health, and primary care services to historically underserved and high-risk populations. Although we are taking detailed notes, we would also like to ask if we may record the interview to verify our notes from the interview. The information you share with us will support our overall effort to assess the performance of MAI-CoC grantees in meeting their programmatic objectives and our evaluation’s efforts to:

- 1) Assess the impact of the SAMHSA-funded HIV programs in reducing behavioral health disorders and HIV infections; increasing access to SUD and mental disorder treatment and care; improving behavioral and mental health outcomes; and reducing HIV-related disparities;
- 2) Describe the different integrated behavioral health and medical program models; and
- 3) Determine which program types or models are most effective in improving behavioral health and clinical outcomes.

The following Site Visit Guide includes general questions about: 1) the context of the communities in which your organization operates and 2) the programmatic and clinical services designed to support the MAI-CoC initiative. We have also included questions related to the CIHS Standard Framework Indicators to help us understand grantee approaches to integration of services to prevent and treat substance use and mental health disorders, HIV, and Hepatitis.

Prior to our site visit, we asked that you please complete the tables in the Appendices and send them back to the team that will be visiting your project. These tables are intended to collect consistent information across sites and will be discussed in the sections that address Community Context (Section 2.1), Staffing and Staff Development (Section 2.3) and Programmatic and Clinical services (Section 3). We also

requested that you provide an organizational chart to facilitate discussion of the Organizational Structure (Section 2.2). These materials will be referred to during the site visit interview.

2 Project Overview

2.1 Community Context

The following section includes questions about the community in which you provide services. These questions are intended to provide context of the community setting in which you provide services, population(s) of focus, and services available in the community. This will allow us to get a better understanding of the larger community in which you work. Probes are provided for some of the questions to facilitate dialogue and promote clarity for major questions.

1. Can you tell us a little about the history of your organization?
2. Please describe some of the unique socio-economic and cultural characteristics of the community in which your organization operates, and how these characteristics may influence programming for the MAI-CoC project.

Probes:

- What are the demographic/population trends within the community where your organization operates?
 - What other unique factors or community characteristics are important to know about this locality (e.g., prominent cultural beliefs, prominent health or mental health issues, substance dependence issues, rural or urban populations, etc.)
3. What risk and protective factors are prevalent in the community where your organization operates? (By risk and protective factors, we mean community-level characteristics and/or health and epidemiological trends that impact the prevalence of HIV among the population, such as rates among men who have sex with men, rates of drug use and dependence, poverty, educational attainment, etc.)

Probes:

- What are the driving forces behind the factors you referenced?
 - How does access to health insurance or free or reduced-priced community services fit into your characterization?
4. Are the following services widely *available* in the community where your MAI-CoC project operates?
 - Substance use disorder (SUD) treatment
 - Substance abuse prevention
 - Mental health disorder treatment
 - Prevention of mental health disorders
 - HIV prevention and testing
 - HIV pre-exposure prophylaxis (PrEP)
 - HIV post exposure prophylaxis (PEP)
 - Primary care for persons living with or at risk for HIV
 - Hepatitis prevention and testing
 - Primary care for persons with or at risk for Hepatitis

5. Are the following services widely *accessible* in the community where your MAI-CoC project operates?

- Substance use disorder (SUD) treatment
- Substance abuse prevention
- Mental health disorder treatment
- Prevention of mental health disorders
- HIV prevention and testing
- HIV pre-exposure prophylaxis (PrEP)
- HIV Post exposure prophylaxis (PEP)
- Primary care for persons living with or at risk for HIV
- Hepatitis prevention and testing
- Primary care for persons with or at risk for Hepatitis

Probes:

- Public transportation issues in your locale?
- Payment challenges for individuals with low socioeconomic status (SES)?
- Lack of knowledge in the community regarding available services?

6. Please describe your organization's population(s) of focus.

Probes:

- Who has your organization routinely served in the past?
- If now different from the past, what has prompted changes?

7. In what ways does your organization engage with the community?

Probes:

- Membership in community leadership groups
- Existence of organizational community advisory board
- Established presence/sponsorship of community events
- Existence of memoranda of understanding (MOUs) with other organizations

8. How do these community characteristics influence MAI-CoC programming at your clinic/facility?

Next, I'd like to ask about your organization's history of providing services.

9. Please note the year when your organization began providing services for: Hepatitis, HIV, mental health conditions, and substance use disorders (SUD) in Appendix A.

Only ask these questions if the table with this information was not received before the site visit. If it was received before the site visit, use the probes below for missing or unclear details.

Probes:

- Vaccination for Hepatitis A and B
- Prevention information and resources
- Screening and testing
- Medical care – for HIV, including Antiretroviral Therapy (ART)
- Referrals and other services

10. How do the services that your organization provides, and the experience that your organization has providing these services influence MAI-CoC programming at your organization?

Probes:

- Have you added or reduced services as a result of your experience providing these services?
- Have you altered the way in which any services are delivered as a result of your experiences?

2.2 Organizational Structure

This section of the guide addresses the structure of your organization as well as that of the MAI-CoC project, and where the MAI-CoC project fits within your organization. It will also be important to show the lines of authority and communication channels within your MAI-CoC project. For a detailed staffing table, please refer to Appendix B.

*If the organizational chart **was not** received prior to the site visit, ask questions 1-3.*

*If the organizational chart **was** received, use questions 1-3 to probe for missing or unclear details.*

1. Describe your overall organizational structure.

1.1. What would a schematic representation of your organizational structure look like?

1.2. Where is your MAI-CoC project situated within your overall organization?

Probes:

- Can you provide an organizational chart of your organization?
 - Within the organizational chart, can you show us where your MAI-CoC project sits?
2. What are the lines of authority and communication within the overall organization?
3. What are the lines of authority and communication within your MAI-CoC project?

Probes:

- How do the lines of authority and communication relate to the organizational and programmatic diagram we are asking you to provide?
- Who does the MAI-CoC Project Director report to?

2.3 Staffing & Staff Development

This section of the guide will help us understand the staffing structure within the organization and your MAI-CoC project. It will also help us to understand the certifications and credentials that your staff holds, and trainings that they undergo, which enable them to provide services within your organization and MAI-CoC project.

1. Please describe your MAI-CoC staffing structure. Please note the number of staff positions you have for the MAI-CoC project. (Please refer to Appendix B.)
2. What is your approximate average caseload for direct services staff? Please specify caseload by staff position (e.g., case managers, therapists/counselors, peer recovery specialists).
 - 2.1. What percentage of your staff has specific professional degrees, licensure or certification in the direct services they provide?
 - 2.2. What certification is required of your service providers who are involved in the MAI-CoC Project? Please describe in detail, by staff position.
3. What training or staff development are required in relation to your MAI-CoC project? (Please refer to Appendix C.)
 - 3.1. What trainings have MAI-CoC project staff received since the grant began?

Probes:

- Who provided these trainings?
 - Were they mandatory or voluntary?
 - How many staff have been trained?
4. Describe how the trainings have met your MAI-CoC project needs.
 5. Describe how the trainings have not met your MAI-CoC project needs.
 6. What additional staff training is needed to fulfill the goals of the MAI-CoC project?

Probes:

- Are these needed trainings available?
- What, if any, barriers are there to getting access to these trainings? How can these barriers be addressed?

3 Programmatic & Clinical Services

3.1 Services & Service Model

This section explores the services that are offered within your organization as a whole for your MAI-CoC project. It will provide us with a better understanding of the model that you employ to deliver services and the process of engaging clients in care.

1. How would you describe your organization’s MAI-CoC care/service delivery model?
 - 1.1. What do you see as the core components of that model?
 - 1.2. How are these components responsive to meeting the requirements of the RFA?
2. What types of services does your organization employ to deliver MAI-CoC services? (Please refer to Appendix D.)

Probes:

- What services are provided in-house/ by your organization at one of your sites?
 - What services does your organization co-locate at another site?
 - What services are provided by another community organization or provider at their own site(s)?
 - What services does another community organization or provider co-locate at one of your sites?
3. What services does your organization offer overall, outside of MAI-CoC services?
 4. Who is eligible to receive services at your organization?

Probe:

- What, if any, financial supports are in place to help low-income clients receive services?

3.2 Outreach, Referral and Enrollment into Services

The purpose of this section is to obtain a better understanding of the flow of clients in and out of your MAI-CoC project. Topics in this section include your MAI-CoC project’s outreach efforts, referral and linkage processes, and your project’s partnerships with other organizations.

1. Describe your approach and procedures for your MAI-CoC project for each of the following services.
 - How do you define and conduct “engagement?”
 - How do you define and conduct “recruitment?”
 - How do you define and conduct “enrollment?”
 - How do you define and conduct an “intake?”
 - How do you define and conduct a “discharge” or “disenrollment?”

- What are the types of discharge?
- 1.1. Describe your MAI-CoC project outreach strategies:

Probes:

 - ...Within your organization?
 - ...To external community service providers and partners?
 - ...To the larger community in which your program is located?
 - 1.2. Does your organization have a presence on social media (e.g., Facebook, Twitter, Linked In, Instagram, Google+, Yelp, etc.) and other forms of internet or digital communications (e.g., blogs, e-mail newsletters, etc.)?
 - 1.3. Describe if/how you use social media and other internet or digital communications for your MAI-CoC project.
 - 1.3.1. How are social media and other internet or digital communications used to communicate as part of your outreach strategy?
2. Describe your MAI-CoC project’s enrollment procedures.
 - 2.1. How do you assign client IDs for MAI-CoC clients?
 - 2.1.1. Can a client have more than one ID?
 - 2.2. How do you track clients to link applicable data across systems?
 - 2.3. Does your organization have an electronic health records (EHR) system?
 - 2.3.1. Is it being used for your MAI-CoC clients?
 - 2.4. Are all enrollees completing GPRA SAIS and RHHT forms even if RHT/RHHT services are not received? How are you linking the intake, assessment, and discharge IDs?
 - 2.5. How do you track clients in order to complete a discharge?
 3. Next, we’d like to hear about referral and linkage processes. Please describe your referral and linkage methods and procedures related to your MAI-CoC services. (Please refer to Appendix D - MAI-CoC Services.)
 - 3.1. How do you define and process a “referral?”

Probes:

 - Referrals made by your staff for your MAI-CoC clients to receive services?
 - Referrals from other providers received by your MAI-CoC project?
 - 3.2. How do you define and process a “linkage?”
 - 3.3. What are your referral and linkage methods and procedures among providers who are *internal or within* your organization?

- Initiation of referral
- Person(s) responsible for making sure clients are referred to appropriate services
- Confirmation of client connection (or linkage) to referred service provider
- Method and type of client record sharing (e.g., paper, medical record sharing, other electronic methods, etc.). If using a medical record system – what type?

3.4. What are your referral and linkage methods and procedures among providers *external or outside of your organization*?

Probes:

- Initiation of referral
- Confirmation of client connection (or linkage) to referring service provider
- Method and type of client record sharing (e.g., paper, medical record sharing, other electronic methods, etc.). If medical record system – what type?

4. Next, we'd like to hear more about your partnerships with external organizations. Please describe your service provider partnerships for the MAI-CoC project. (Please refer to Appendix D.)

- 4.1. What other community organizations or off-site agency components does your organization partner with most actively to provide services to clients (e.g., primary care, SUD, mental health services, housing/public assistance, etc.)?
- 4.2. How often do you meet with your partners? What is the most common reason for these meetings?
- 4.3. What specific services do your service partners provide to MAI-CoC clients? (Please refer to Appendix D).

3.3 Service/Care Coordination & Integration

This section of the guide addresses coordination of care between your behavioral health and primary care providers, as well as integration of services offered or coordinated by your MAI-CoC project.

1. Are behavioral health and primary care providers who treat your MAI-CoC clients located in separate facilities or do they share facilities?
 - 1.1. If they share facilities, do they share practice spaces? To what extent?
 - 1.2. What is the mechanism for ensuring the client sees all providers – including staff such as patient navigators?
2. Are there any mechanisms for sharing client records between behavioral health and primary care providers?
 - 2.1. If yes, please describe the mechanisms you use for sharing records with both *internal* providers and *external* providers.
 - 2.2. Do you share access to a common EHR system?

3. How are clients referred, tracked, and/or “shared” between behavioral health and primary care providers?

4. How does verbal, written, and electronic communication occur between behavioral health and primary care providers serving your MAI-CoC clients? Please describe.

4.1. Are there *meetings or verbal communications* between behavioral health and primary care providers serving your MAI-CoC clients? Please describe the following details:

- What is the general purpose?
- What information is exchanged?
- What are the outcomes of these meetings?
- Who is involved?
- What is the typical duration?

4.1.1 How often do these meetings or verbal communications occur?

- € Less than once per month
- € About once per month
- € Once per month or more often
- € Other: _____

4.2. Are there other communications/contacts made between behavioral health and primary care providers serving your MAI-CoC clients? Please describe the following details:

- What is the mode (e.g., telephone, email, etc)?
- What is the general purpose?
- What information is exchanged?
- What are the outcomes of these communications?
- Who is involved?
- What is the typical duration?

4.2.1 How often do they occur?

- € Less than once per month
- € About once per month
- € Once per month or more often
- € Other: _____

4.3. If verbal and/or written communication occurs, what is the nature of the discussion (i.e., what information is usually exchanged)?

- € Diagnoses confirmation
- € Treatment planning
- € Ongoing regular coordination of care
- € Other: _____

5. How is care coordinated and information exchanged with external service providers/partners to ensure the fidelity of care for clients engaged in services?

Probes:

- Shared EHR system?
- Meetings to discuss shared clients? How often are these meetings held?
- What other ways is care coordinated with external providers?

5.1. Please describe the following details:

- What is the general purpose?
- What information is exchanged?
- What are the outcomes of these meetings?
- Who is involved?
- What is the typical duration?

6. Are there defined roles within organized care teams involving both behavioral health and primary care providers? Please describe these roles.
7. What organizational factors and/or changes led to your current level of behavioral health and primary care service integration?
 - 7.1. What were the primary facilitators and barriers to achieving your anticipated level of integration?
 - 7.2. What are the barriers to further integration?

3.4 Funding for Integrated Services

For the site visit, we asked that you please complete the “Funding Sources Table” (Appendix E) indicating your sources of funding for integrated services. We just have a few questions.

1. What are the sources that fund the largest percentage of your service integration efforts?
2. Are there any funding sources that you are not currently using but are exploring, to support your service integration efforts? If yes, please describe.

3.5 Project Successes and Challenges

Finally, we ask that you reflect on your main project-related successes and challenges to date.

1. What have been the project successes to date? Please describe.
2. What have been the project challenges to date? Have you tried to address them? Please describe these challenges and related efforts to address them.

3. Is there anything else about the project that you would like to share with us?

4 Appendices

4.1 Appendix A: Table 1 - Organization's History of Providing Services for HIV, Hepatitis, Mental Health Conditions, and Substance Use Disorders

For the following table, please enter the year when your organization began providing the services listed below for Hepatitis, HIV, mental health conditions and substance use disorders.

For *medical care* services under *HIV*, please include antiretroviral therapy (ART) in your response.

Services	Please enter the year when your organization began providing these services for <i>HEPATITIS</i>	Please enter the year when your organization began providing these services for <i>HIV</i>	Please enter the year when your organization began providing these services for <i>MENTAL HEALTH CONDITIONS</i>	Please enter the year when your organization began providing these services for <i>SUBSTANCE USE DISORDERS</i>
Hepatitis A Vaccination		--	--	--
Hepatitis B Vaccination		--	--	--
Prevention Information & Resources				
Screening & Testing				
Medical Care For HIV, include <i>Antiretroviral Therapy (ART)</i>				
Referrals & Other Services				

4.2 Appendix B: Table 2 – Staffing

Please complete and return Table 2: Staffing, before the site visit. Please complete the information for staff positions currently funded through your MAI-CoC grant.

Staff Positions (Enter each position separately. If you have four clinicians working on the project you would have four "clinician" lines in this column)	Degree/ Licensure/ Certification	Changes in staffing (staffing additions and staff replacements)
Example: Clinician	LICSW	Ms. Doe filled a staff vacancy that was left after Mr. Smith left the agency in Oct. '15

4.3 Appendix C: Table 3 – Staff Training & Development

Please complete and return Table 3: Staff Training & Development, before the site visit.

Please specify the number of unduplicated staff persons who received MAI CoC grant-funded training to date: _____

Name of Training or Staff Development Activity	Date(s)	Duration (in number of hours)	Purpose of Training	Number and type of staff participating in training (e.g., 3 clinical staff, 2 administrative assistants)
Example: HIV and Alcohol Training	Mar. 19, 2015	4 hours	CME and basic education on HIV and alcohol for frontline staff	3 Case managers

4.4 Appendix D: Table 4 – MAI-CoC Services

This section focuses on the services funded by this specific SAMHSA grant to date. DO NOT include other services provided by your organization and/or your partners if the services were not provided with this SAMHSA grant funding. Please check all services that apply and enter details where requested. Please complete and return Table 4: MAI-CoC Services, before the site visit.

Please complete and return Table 4: MAI-CoC Services, before the site visit.

	Please check the services that your <u>organization</u> provides <i>in-house with this SAMHSA grant funding:</i>	Please check the services that your <u>organization</u> co-locates at another site <i>with this SAMHSA grant funding:</i>	Please check the services that your <u>partner organization(s)</u> provides at their own site <i>with this SAMHSA grant funding:</i>	Please check the services that your <u>partner organization(s)</u> co-locates at your site <i>with this SAMHSA grant funding</i>	Please check the services that your organization refers out to another organization:	Are services based on evidence-based practices wholly, partially, not at all, don't know? If yes, please specify.
HIV SERVICES						
Outreach						
HIV Prevention Information & Resources						
HIV Prevention Education						
Pre-Exposure Prophylaxis (PrEP) Services						
Post-Exposure Prophylaxis (PEP) Services						

	Please check the services that your <u>organization</u> provides <i>in-house with this SAMHSA grant funding</i> :	Please check the services that your <u>organization</u> co-locates at another site <i>with this SAMHSA grant funding</i> :	Please check the services that your <u>partner organization(s)</u> provides at their own site <i>with this SAMHSA grant funding</i> :	Please check the services that your <u>partner organization(s)</u> co-locates at your site <i>with this SAMHSA grant funding</i> :	Please check the services that your organization refers out to another organization:	Are services based on evidence-based practices wholly, partially, not at all, don't know? If yes, please specify.
Other HIV Prevention (specify): _____						
Rapid HIV Testing & Pre/Post Counseling						
Other HIV Testing Modality (specify): _____						
HIV Counseling						
Primary Care for HIV-related Issues						
Antiretroviral Therapy (ART)						
HIV/AIDS Medication Prescriptions						
Viral Load Tests						
CD4 Cell Count Tests						
Genotyping						

	Please check the services that your <u>organization</u> provides <i>in-house with this SAMHSA grant funding</i> :	Please check the services that your <u>organization</u> co-locates at another site <i>with this SAMHSA grant funding</i> :	Please check the services that your <u>partner organization(s)</u> provides at their own site <i>with this SAMHSA grant funding</i> :	Please check the services that your <u>partner organization(s)</u> co-locates at your site <i>with this SAMHSA grant funding</i> :	Please check the services that your organization refers out to another organization:	Are services based on evidence-based practices wholly, partially, not at all, don't know? If yes, please specify.
Other HIV-related Services (specify): _____						
HEPATITIS SERVICES						
Hepatitis A Vaccination						
Hepatitis B Vaccination						
Other Hepatitis Prevention (specify): _____						
Rapid Hepatitis Testing						
Other Hepatitis Testing (specify): _____						
Hepatitis Medical Care						
Referrals for Other Services						
MEDICAL SERVICES						
Medical Care for Non-HIV or non-Hepatitis						

	Please check the services that your <u>organization</u> provides <i>in-house with this SAMHSA grant funding:</i>	Please check the services that your <u>organization</u> co-locates at another site <i>with this SAMHSA grant funding:</i>	Please check the services that your <u>partner organization(s)</u> provides at their own site <i>with this SAMHSA grant funding:</i>	Please check the services that your <u>partner organization(s)</u> co-locates at your site <i>with this SAMHSA grant funding</i>	Please check the services that your organization refers out to another organization:	Are services based on evidence-based practices wholly, partially, not at all, don't know? If yes, please specify.
needs						
Medical Screenings						
Other Medical Services (Specify) _____						
CASE MANAGEMENT & SUPPORT SERVICES						
Education / Employment Services						
Individual Services Coordination <i>(including Case Management)</i>						
Referrals & Linkages to Needed Services						
Food, and Other Ancillary Social Assistance Services						
Care Coordination						

	Please check the services that your <u>organization</u> provides <i>in-house with this SAMHSA grant funding:</i>	Please check the services that your <u>organization</u> co-locates at another site <i>with this SAMHSA grant funding:</i>	Please check the services that your <u>partner organization(s)</u> provides at their own site <i>with this SAMHSA grant funding:</i>	Please check the services that your <u>partner organization(s)</u> co-locates at your site <i>with this SAMHSA grant funding</i>	Please check the services that your organization refers out to another organization:	Are services based on evidence-based practices wholly, partially, not at all, don't know? If yes, please specify.
Transportation Assistance						
Family Services						
Child Care						
Language Services						
Help Accessing Health Insurance Premium & Cost Sharing Assistance (e.g., ADAP, Ryan White Services, Medicaid, SSI, Medicare, etc.)						
Help Finding Affordable Housing						
Supportive Transitional Drug-free Housing Services						
Other (specify): _____						
MENTAL HEALTH SERVICES						

	Please check the services that your <u>organization</u> provides <i>in-house with this SAMHSA grant funding:</i>	Please check the services that your <u>organization</u> co-locates at another site <i>with this SAMHSA grant funding:</i>	Please check the services that your <u>partner organization(s)</u> provides at their own site <i>with this SAMHSA grant funding:</i>	Please check the services that your <u>partner organization(s)</u> co-locates at your site <i>with this SAMHSA grant funding</i>	Please check the services that your organization refers out to another organization:	Are services based on evidence-based practices wholly, partially, not at all, don't know? If yes, please specify.
Outreach						
Screening (specify tool): _____						
Assessment (specify tool): _____						
Treatment/ Recovery Planning						
Crisis Intervention						
Individual Counseling						
Group Counseling						
Family/Marriage Counseling						
Outpatient						
Intensive Outpatient						
Day Treatment						
Support Groups (specify):						

	Please check the services that your <u>organization</u> provides <i>in-house with this SAMHSA grant funding:</i>	Please check the services that your <u>organization</u> co-locates at another site <i>with this SAMHSA grant funding:</i>	Please check the services that your <u>partner organization(s)</u> provides at their own site <i>with this SAMHSA grant funding:</i>	Please check the services that your <u>partner organization(s)</u> co-locates at your site <i>with this SAMHSA grant funding:</i>	Please check the services that your organization refers out to another organization:	Are services based on evidence-based practices wholly, partially, not at all, don't know? If yes, please specify.

Assessment						
Pharmacological Interventions						
Neuropsychological Screening and Testing						
Grief and Loss Counseling						
Trauma Services, such as Trauma-Focused Cognitive Behavior Therapy (TF-CBT)						
Trauma Informed Care						
Mental Health Promotion/ Prevention of Mental Illness (specify): _____						
Recovery Support						

	Please check the services that your <u>organization</u> provides <i>in-house with this SAMHSA grant funding:</i>	Please check the services that your <u>organization</u> co-locates at another site <i>with this SAMHSA grant funding:</i>	Please check the services that your <u>partner organization(s)</u> provides at their own site <i>with this SAMHSA grant funding:</i>	Please check the services that your <u>partner organization(s)</u> co-locates at your site <i>with this SAMHSA grant funding</i>	Please check the services that your organization refers out to another organization:	Are services based on evidence-based practices wholly, partially, not at all, don't know? If yes, please specify.
Continuing Care						
Aftercare						
Spiritual Support						
Self-Help						
Other (specify): _____ _____						
SUBSTANCE USE DISORDER SERVICES						
Outreach						
Substance Abuse <i>Prevention</i> Education (specify): _____ _____						
Screening, Brief Intervention and Referral to Treatment (SBIRT)						

	Please check the services that your <u>organization</u> provides <i>in-house with this SAMHSA grant funding</i> :	Please check the services that your <u>organization</u> co-locates at another site <i>with this SAMHSA grant funding</i> :	Please check the services that your <u>partner organization(s)</u> provides at their own site <i>with this SAMHSA grant funding</i> :	Please check the services that your <u>partner organization(s)</u> co-locates at your site <i>with this SAMHSA grant funding</i> :	Please check the services that your organization refers out to another organization:	Are services based on evidence-based practices wholly, partially, not at all, don't know? If yes, please specify.
Substance Use Disorder Screening (specify tool): ____						
Substance Use Disorder Assessment (specify tool): ____						
Treatment/Recovery Planning						
Individual Counseling						
Group Counseling						
Medication Assisted Treatment (e.g. Methadone, Suboxone/ Buprenorphine, Naltrexone, Vivitrol, Acomprosate)						
Outpatient						
Intensive Outpatient						

	Please check the services that your <u>organization</u> provides <i>in-house with this SAMHSA grant funding:</i>	Please check the services that your <u>organization</u> co-locates at another site <i>with this SAMHSA grant funding:</i>	Please check the services that your <u>partner organization(s)</u> provides at their own site <i>with this SAMHSA grant funding:</i>	Please check the services that your <u>partner organization(s)</u> co-locates at your site <i>with this SAMHSA grant funding</i>	Please check the services that your organization refers out to another organization:	Are services based on evidence-based practices wholly, partially, not at all, don't know? If yes, please specify.
Day Treatment						
Withdrawal Management (detoxification)						
Recovery Support						
Self-Help						
Continuing Care						
Relapse Prevention						
Spiritual Support						
Aftercare						
Other (specify): _____ _____						
PEER SUPPORT SERVICES						
Peer Coaching or Mentoring						

	Please check the services that your <u>organization</u> provides <i>in-house with this SAMHSA grant funding:</i>	Please check the services that your <u>organization</u> co-locates at another site <i>with this SAMHSA grant funding:</i>	Please check the services that your <u>partner organization(s)</u> provides at their own site <i>with this SAMHSA grant funding:</i>	Please check the services that your <u>partner organization(s)</u> co-locates at your site <i>with this SAMHSA grant funding:</i>	Please check the services that your organization refers out to another organization:	Are services based on evidence-based practices wholly, partially, not at all, don't know? If yes, please specify.
Housing Support						
Alcohol and Drug-Free Social Activities						
Information and Referral						
Other Recovery Support Services (specify): _____						
OTHER SERVICES NOT LISTED ABOVE						
Other (specify): _____ _____						
Other (specify): _____ _____						
Other (specify): _____ _____						

4.5 Appendix E: Table 5 - Funding Sources

For the following table, share the percentage to which the listed funding sources are used to support integrating HIV, Hepatitis, substance use, and mental health (behavioral health) services.

Funding Source	Percentage
SAMHSA MAI-CoC	
Other SAMHSA Funding	
CDC	
HRSA	
Medicare	
Medicaid	
State	
Local	
Private <i>Please specify source(s):</i> _____	
Other: _____	
TOTAL	100%