

Attachment A: SAMHSA Consolidated HIV Evaluation Project Director Survey

Introduction

As part of the SAMHSA HIV Consolidated Evaluation, Abt Associates is conducting a survey with Project Directors to gather contextual information on programming efforts for the Targeted Capacity Expansion (TCE) and Minority AIDS Initiative (MAI) grantees including:

- TCE-HIV High Risk Racial and Ethnic Minority grantees (TI-12-007);
- TCE-HIV High Risk Minority Women grantees (TI-13-011);
- MAI Continuum of Care (MAI-CoC) grantees (TI-14-003); and
- TCE-HIV High Risk Racial and Ethnic Minority grantees (TI-15-006).

Through these surveys, 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. Your participation in the survey, as an individual, is voluntary. Surveys are to be completed in each grant program's final year. If you are Project Director for more than one of these SAMHSA grants, you will be asked to complete a Project Director Survey for each of the grants during their final year of funding.

INSTRUCTIONS AND GUIDANCE TO COMPLETE THE ONLINE SURVEY

Please keep the following in mind as you complete the survey:

- **The survey will take you about one hour to complete.**
- **We ask that you complete this survey within 2 weeks of receiving your invitation email.**
- If you *do not* have all the information needed to answer the survey questions, you can work with a grant project colleague who can help answer the questions.
 - If your colleague works in a different location, you can share the survey link with them. Make sure that they press the "Save" button when they have finished answering the questions you asked them to complete.
 - Only one person can enter data into the survey at a time.
- Do not press the "Submit" button until all questions are complete.
- Please only submit one survey per grant.
- We may contact you by email or phone if we have questions about your responses or if the survey is incomplete.
- Use the survey's navigation buttons (Back and Next) to move through the survey. Your responses will be saved each time you press the Back or Next navigation buttons.
- You may **exit the survey** at any time by pressing the "Save" button.
- You may **return to the survey** at any time from any device by clicking the link you received in the email invitation. When you re-open the survey, you will be able to continue where you left off.
- The navigation bar at the top of the screen will give you an indication of how much of the survey you have left to complete.
- Once you reach the last question of the survey, you will see a "Submit" button. After clicking this button, your survey will be complete and you may close your browser.
- Once you have clicked "Submit," you will not be able to return to it without contacting someone at Abt Associates (i.e., email).

If you have questions about this study, please contact the help desk at (844) 282-5881 or email

Project_HIVConsolidatedEval@abtassoc.com

Thank you so much for taking the time to complete the survey.

Douglas Fuller, PhD
Project Director
HIV Consolidated Evaluation

SAMHSA HIV CONSOLIDATED EVALUATION

PROJECT DIRECTOR SURVEY

Grantee ID #	
Project name	
Respondent 1 (Full name, degrees/credentials, Project Role)	
a. How long have you been involved with the project? (Pick one)	Less than 1, 1 year, 2 years, 3 years, More than 3 years
Respondent 2 (if applicable) (Full name, degrees/credentials, Project role, Organization if different from grantee)	
a. How long have you been involved with the project?	Less than 1, 1 year, 2 years, 3 years, More than 3 years

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-XXXX. Public reporting burden for this collection of information is estimated to average 60 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 Rockville, MD 20857

Grantee Organization

The following questions focus on your grantee organization.

1. What type of organization holds the grant? (Check only one.)
 - Substance Use Disorder Treatment Agency
 - Community Mental Health Center
 - Other Community-based Not for Profit Organization
 - Faith-based Organization
 - Public/State Controlled Institution of Higher Education
 - Federally Recognized Tribes and Tribal Organizations
 - Urban Indian Organization
 - Nonprofit Educational Corporation
 - Public/State Controlled Institution of Higher Education
 - Private Institution of Higher Education
 - Public Non-profit Agency
 - Federally Qualified Health Center
 - Non-profit Hospital
 - Other (Please specify) _____

2. What is the number of organizations with which your grantee organization currently has formal ACTIVE partnerships for the SAMHSA grant-funded project? Examples of a formal partnership include having a Memorandum of Agreement, Memorandum of Understanding, a Business Associate Agreement or contract to provide services to your clients for this project.
____ (number) **Note: pick list 0 to 20.**

Population(s) of Focus

The following questions address your population(s) of focus for the SAMHSA grant-funded project. Questions ask how the population(s) of focus might have changed over time.

3. What is your population(s) of focus for this project? (Check all that apply.)
 - Racial/ethnic minority women only
 - Racial/ethnic minority men and women
 - Men who have sex with Men (MSM), unspecified ages
 - Young men who have sex with men (YMSM)
 - Lesbian, gay, bisexual, and transgender (LGBT) populations
 - Persons at high risk for developing a mental and/or substance use disorder
 - Persons living with a mental and/or substance use disorder
 - Persons at risk for HIV/AIDS
 - Persons living with HIV/AIDS
 - Persons at risk for Hepatitis
 - Persons living with Hepatitis
 - Other (Please specify) _____

4. Has the population(s) of focus changed since the beginning of your project?

- Yes
- No (Skip to Q. 6)

5. How has the population of focus changed since the beginning of the project? (Check all that apply.)

- Added population
- Expanded age range of individuals seen
- Dropped population
- Other (Please specify) _____

Outreach and Engagement

The following questions ask about the outreach and engagement strategies used as part of your SAMHSA grant-funded project. Think of the life of your project when answering the questions in this section.

The first five questions ask about outreach activities.

6. What outreach strategies have your organization used over the life of the project to identify and engage your population(s) of focus? (Check all that apply.)

- Social media
- Public service announcements (PSAs)
- Mobile/community outreach (examples: street outreach, mobile van(s))
- Outreach through websites
- Written information made available at community locations
- Presentations to community groups (examples: faith organizations, community centers)
- Co-location of outreach staff at organizational partner sites (examples: health centers, mental health centers, homeless shelters, vocational programs, withdrawal management/detoxification, residential treatment centers, soup kitchens, etc.)
- Other (Please specify) _____

7. Over the life of the project, has your grantee organization tracked whether or not you have reached your intended population(s) of focus through your outreach efforts?

- Yes
- No (Skip to Q. 9)

8. How have you tracked whether project outreach activities have reached your intended population(s) of focus? (Check all that apply.)

- Likes and comments on social media
- Outreach worker logs or tracking forms
- Other (Please specify)

9. How successful are you in reaching your population(s) of focus? (Check only one.)

- Very successful
- Successful
- Somewhat successful
- Not successful

10. What challenges have you faced in outreaching to your population(s) of focus? (Check all that apply.)

- Can't find the population(s) for outreach
- Lack of staff safety during outreach
- Community mistrust of services
- Other (Please specify) _____

The next two questions ask about engaging the population(s) of focus in project services.

11. What challenges have you faced in engaging your population(s) of focus in project services? By "engaging," we mean are members of the population participating in project activities and services. (Check all that apply.)

- People take or view information but do not engage in the project
- People refuse HIV testing
- People refuse Hepatitis testing
- People refuse mental health and/or substance use disorder screening
- People identify that they have other life priorities instead of project participation

- People are identified, but they need a higher level of care than the project can provide such as inpatient hospitalization or acute treatment for mental health or behavioral or physical health
- People indicate that they receive services elsewhere
- No challenges faced (Skip to Q. 13)
- Other (Please specify) _____

12. What strategies have you tried to address those challenges? (Check all that apply.)

- Involved individuals with lived experience/peers to identify and address engagement problems
- Used performance evaluation data to improve engagement efforts
- Implemented a quality improvement project to improve engagement
- Other (Please specify) _____

Services Provision

This section focuses on the services funded by this specific SAMHSA grant over the life of the project. DO NOT include other services provided by your organization and/or your partners if the services were not provided with this SAMHSA grant funding.

13. What types of services has your project provided over the life of this SAMHSA grant? Please include only services SUPPORTED THROUGH THE SAMHSA GRANT. Do not enter services you or your partners are providing with other funding sources. Please check all services that apply. If service is not provided leave the row blank.

	Services your organization provides in-house with SAMHSA grant funding:	Services your organization co-locates at another site with SAMHSA grant funding:	Services that your partner organization(s) provide(s) at their own site with SAMHSA grant funding:	Services that your partner organization(s) co-locates at your site with SAMHSA grant funding:
HIV Services				
Outreach				
HIV Prevention Information & Resources				
HIV Prevention Education				
Pre-Exposure Prophylaxis (PrEP) Services				
Post-Exposure Prophylaxis				

	Services your organization provides in-house with SAMHSA grant funding:	Services your organization co-locates at another site with SAMHSA grant funding:	Services that your partner organization(s) provide(s) at their own site with SAMHSA grant funding:	Services that your partner organization(s) co-locates at your site with SAMHSA grant funding:
(PEP) Services				
Other HIV Prevention (Specify): _____				
Rapid HIV Testing & Pre/Post Counseling				
HIV Counseling				
Primary Care for HIV-related Issues				
Antiretroviral Therapy (ART)				
HIV/AIDS Medication Prescriptions				
Other HIV-related Services (Specify): _____				
HEPATITIS SERVICES				
Hepatitis Prevention (Specify): _____				
Hepatitis Medical Care				
Other Hepatitis-related Services (Specify): _____				
MEDICAL SERVICES				
Medical Care for Non- HIV or non-Hepatitis needs				

	Services your organization provides in-house with SAMHSA grant funding:	Services your organization co-locates at another site with SAMHSA grant funding:	Services that your partner organization(s) provide(s) at their own site with SAMHSA grant funding:	Services that your partner organization(s) co-locates at your site with SAMHSA grant funding:
Medical Screenings				
Other Medical Services (Specify):				
CASE MANAGEMENT SERVICES				
Education/ Employment Services				
Individual Services Coordination				
Care Coordination				
Transportation Assistance				
Family Services				
Child Care				
Supportive Transitional Drug-free Housing Services				
Other (Specify):				
MENTAL HEALTH SERVICES				
Outreach				
Mental Health Screening				
Psychological Assessment				
Treatment/ Recovery Planning				
Individual Counseling				

	Services your organization provides in-house with SAMHSA grant funding:	Services your organization co-locates at another site with SAMHSA grant funding:	Services that your partner organization(s) provide(s) at their own site with SAMHSA grant funding:	Services that your partner organization(s) co-locates at your site with SAMHSA grant funding:
Group Counseling				
Family/Marriage Counseling				
Outpatient				
Intensive Outpatient				
Day Treatment				
Support Groups				
Pharmacological Interventions				
Trauma Services (e.g. TF-CBT)				
Recovery Support				
Aftercare				
Spiritual Support				
Self-Help				
Other (specify): _____ -				
SUBSTANCE USE DISORDER SERVICES				
Outreach				
Substance Abuse Prevention Education (Specify): _____ -				
Screening, Brief Intervention and Referral to Treatment (SBIRT)				

	Services your organization provides in-house with SAMHSA grant funding:	Services your organization co-locates at another site with SAMHSA grant funding:	Services that your partner organization(s) provide(s) at their own site with SAMHSA grant funding:	Services that your partner organization(s) co-locates at your site with SAMHSA grant funding:
Substance Use Disorder Screening				
Substance Use Disorder Assessment				
Treatment/ Recovery Planning				
Individual Counseling				
Group Counseling				
Medication Assisted Treatment (e.g. Methadone, Suboxone/ Buprenorphine, Naltrexone, Vivitrol, Acomprosate)				
Outpatient				
Intensive Outpatient				
Day Treatment				
Withdrawal Management (detoxification)				
Recovery Support				
Self-Help				
Continuing Care				
Relapse Prevention				
Spiritual Support				

	Services your organization provides in-house with SAMHSA grant funding:	Services your organization co-locates at another site with SAMHSA grant funding:	Services that your partner organization(s) provide(s) at their own site with SAMHSA grant funding:	Services that your partner organization(s) co-locates at your site with SAMHSA grant funding:
Aftercare				
Other (specify): _____				
Peer-to-Peer Recovery Support Services				
Peer Coaching or Mentoring				
Housing Support				
Alcohol and Drug-Free Social Activities				
Information and Referral				
Other Recovery Support Services (Specify): _____				

14. What approximately is the *intended* length of participation for individuals enrolled in project services? By “enrolled” we mean individuals with whom you completed a GPRA interview. (Check only one.)

- 1 month
- 3 months
- 6 months
- 9 months
- 12 months
- Other (Please specify) _____

Coordination of Care

The following questions ask about the ways you have coordinated care for individuals enrolled in this project over the course of the grant. By “enrolled,” we mean individuals with whom you completed a GPRA interview.

15. Are there formal mechanisms for sharing client records between behavioral health and medical care providers?

- Yes
- No (Skip to Q. 17)

16. What mechanisms have you been using to share client records with both *internal* providers and *external* providers? (Check all that apply.)

- Shared EHR system
- Health Information Exchange
- Providers access each other’s paper records per Business Associate Agreement or other legal agreement
- Assessments and reports are shared according to client consent
- Other (Please specify) _____

17. How are clients referred between behavioral health and medical care providers? (Check all that apply.)

- Referral made electronically through shared EHR
- Formal written referral (e.g. State or Managed Care Referral Form or locally developed form)
- Verbal communication/phone calls to providers to make referral
- Case conferences
- Utilization management meetings attended by behavioral health and medical care providers

- Warm handoffs
- Other (Please specify) _____

18. How are client services and identified problems tracked between behavioral health and medical care providers? (Check all that apply.)

- Shared EHR
- Verbal communication/phone calls to providers to discuss progress/needs
- Case conferences
- Utilization management meetings attended by behavioral health and primary/medical care providers
- Other (Please specify) _____

19. Are there other routine *communications* between behavioral health and medical care providers about clients enrolled in your project or to coordinate project services?

- Yes
- No (Skip to Q. 21)

20. How often have these communications occurred?

- Less than once per month
- About once per month
- Once per month or more often
- Other (Please specify): _____

Integration of Services

Integrated Practice Assessment Tool (IPAT) Version 2.0 © 2014 Colorado Access, ValueOptions®, Axis Health System

To respond to the next set of questions, choose only one project service delivery site/clinic where the most services are delivered for this grant.

21. Please insert the name and location of the project service delivery site/clinic where most of the behavioral and medical care is delivered:

Name of service delivery site/clinic referred to for the IPAT questions.	
Is the service delivery location the same as the location of the grantee organization?	<ul style="list-style-type: none"> • Yes • No (if no enter location of service delivery site/clinic) <p>_____</p>

IPAT Q1. Do you have behavioral health and medical providers physically or virtually located at your facility? “Virtual” refers to the provision of telehealth services; and the “virtual” provider must provide direct care services to the patient, not just a consult, meaning that the provider visually sees the patient via televideo and vice versa.

- “No” - Go to question 4
- “Yes” - Go to question 2

IPAT Q2. Are medical and behavioral health providers equally involved in the approach to individual patient care and practice design? EXAMPLE: Is there a team approach for patient care that involves both behavioral health and medical health providers?

- “No” - Go to question 7
- “Yes” - Go to question 3

IPAT Q3. Are behavioral health and medical providers involved in care in a standard way across ALL providers and ALL patients? EXAMPLE: Does the practice use the PHQ-9 to systematically screen for depression, and then assure that every patient with a PHQ-9 > or = 15 receives behavioral health treatment and medical care?

(All get the tools and resources (including staff) needed to practice.)

- “No” - Go to question 7
- “Yes” - Go to question 8

IPAT Q4. Do you routinely exchange patient information with other provider types (primary care, behavioral health, other)? EXAMPLE: Behavioral health provider and medical provider engage in a “two way” email exchange or a phone call conversation to coordinate care.

- No, STOP - Go to next section
- “Yes” - Go to question 5

IPAT Q5. Do providers engage in discussions with other treatment providers about individual patient information?

In other words, is the exchange interactive?

- “No”, STOP - Go to next section
- “Yes” - Go to question 6

IPAT Q6. Do providers personally communicate on a regular basis to address specific patient treatment issues? EXAMPLE: Some form of ongoing communication via weekly/monthly calls or conferences to review treatment issues regarding shared patients: use of a registry tool to communicate which patients are not responding to treatment, so that behavioral health providers can adjust treatment accordingly based on evidenced based guidelines.

- “No”, STOP - Go to next section
- “Yes”, STOP - Go to next section

IPAT Q7. Do provider relationships go beyond increasing successful referrals with an intent to achieve shared patient care?

EXAMPLES can include: coordinated service planning, shared training, team meetings, use of shared patient

- “No”, STOP - Go to next section

- “Yes”, STOP – Go to next section

IPAT Q8. Has integration been sufficiently adopted at the provider and practice level as a principal/fundamental model of care so that the following are in place?

- a. Are resources balanced, truly shared, and allocated across the whole practice?
NOTE: In other words, all providers (behavioral health AND medical) receive the tools and resources they need in order to practice.
- b. Is all patient information equally accessible and used by all providers to inform care?
EXAMPLE: All providers can access the behavioral health record and medical record.
- c. Have all providers changed their practice to a new model of care?
EXAMPLES: Primary Care Providers (PCPs) are prescribing antidepressants and following evidenced based depression care guidelines; PCPs are trained in motivational interviewing; behavioral health providers are included in the PCP visit.
- d. Has leadership adopted and committed to integration as the model of care for the whole system?
EXAMPLES: Leadership ensures that system changes are made to document all PHQ-9 scores in the electronic health record (EHR); leadership decides to hire a behavioral health provider for a primary care clinic after grant funding ends.
- e. Is there only 1 treatment plan for all patients and does the care team have access to the treatment plan?
NOTE: Treatment plan includes behavioral AND medical health information.
EXAMPLE: Even though there may be a medical record and a behavioral health record (separate EHRs), the treatment plan is included in both and is accessible in real time by all providers.
- f. Are all patients treated by a team? A care team requires membership from all disciplines.
- g. Is population-based screening standard practice, and is screening used to develop interventions for both populations and individuals?
EXAMPLE: All patients are screened for tobacco use, and then offered tobacco cessation at the facility. All patients are screened for body mass index (BMI) and then offered weight loss interventions by their primary care provider, or referred to a health coach or wellness program.
EXAMPLE: Facility reviews cardio-metabolic monitoring for all patients on atypical antipsychotics and determines which patients need screening and additional supports to reduce cardio metabolic risk factors; primary care clinic screens all diabetics for depression and refers to behavioral health provider, then primary care provider.
- h. Does the practice systematically track and analyze outcomes related for accountability and quality improvement?

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**The following questions ask about implementation of integrated behavioral health/medical care over the life of this SAMHSA grant-funded project at all service locations. You do not need to refer to one location when answering the following questions.**

22. What have been the primary facilitators of behavioral health/medical care integration as implemented in your SAMHSA grant-funded project? (Check all that apply.)

- Good working relationships with external providers
- Trust between internal and external providers
- Outside funding support
- Support from external partner leadership
- Support from internal leadership
- Support from internal providers
- Shared values
- Organizations have shared interests
- Mutual reliance for future organizational stability
- Environmental factors (e.g., healthy economy, increased attention to behavioral health issues like opioid epidemic, heightened awareness of behavioral health and health as one)
- Supportive state leadership (e.g., governor support for integration)
- Regulatory changes supported integration
- Opportunity to become a Medicaid Health Home
- Our payers required the organization to integrate services (e.g., managed care vendor, grant funder, etc.)
- Other (Please specify): \_\_\_\_\_

23. What were the primary barriers to achieving behavioral health/medical care integration as implemented over the life of your SAMHSA grant-funded project? (Check all that apply.)

- Unproductive working relationships with external providers
- Resistance to change among internal providers
- Resistance to change among external providers
- Scarce or reduced funding support
- Lack of support from external partner leadership
- Lack of support from internal leadership
- Lack of shared values
- Organizations have competing interests
- Environmental factors (e.g., poor economy, seeking services for mental and/or substance use disorders is stigmatized, community and media attention on other issues)
- Unsupportive state leadership
- Lack of regulatory support for integration
- Our payers won't support integrated services (e.g., same day billing rules, mental health and/or substance use disorder screenings not covered)



- Other (Please specify): \_\_\_\_\_

## Funding & Project Sustainability

*The following questions ask about external funding to support grant project services and any plans you have to sustain project services after the end of your grant funding. First, you will be asked about external funding you may use to supplement SAMHSA grant funding for project services.*

24. Have you supplemented SAMHSA grant funding with other funding sources to support project services?

- Yes
- No (Skip to Q. 26)

25. What other sources of funding have you used to support project services? (Check all that apply.)

- Third party billing Medicaid
- Third party billing Medicare
- Third party billing to private insurance
- Foundation funding
- State Substance Abuse Block Grant funding
- Centers for Disease Control and Prevention (CDC) funding
- Health Resources and Services Administration (HRSA) funding
- Other SAMHSA funding
- City/local funding
- Fundraising/donations by grantee or partner organizations
- Other (Please specify): \_\_\_\_\_

***The next two questions ask about your plans to sustain project services once the SAMHSA grant funding ends.***

26. What components of the project do you plan to sustain after grant funding ends? (Check all that apply.)

- Outreach
- Integrated Behavioral Health/Medical Care
- Care Coordination across Behavioral Health/Medical Care Providers
- Case Management
- HIV Testing, Counseling, and Linkage
- Hepatitis Testing
- Hepatitis Vaccinations
- Mental Health and/or Substance Use Disorders Screening
- Intimate Partner Violence Screening
- Family Services
- Education/Employment Services
- Trauma-informed Care
- Peer Recovery Support Services
- Evidence-based Practices (Please list) \_\_\_\_\_
- Partnerships
- Staff Training/Workforce Development
- Other (Please specify): \_\_\_\_\_

27. What efforts have you and your partner organizations made to secure funding to continue project services once the SAMHSA grant funding ends? (Check all that apply.)

- Applied for public grants to continue project services
- Obtained public grant funding to continue project services
- Applied for foundation grants to continue project services
- Obtained foundation grant funding to continue project services
- Grantee organization pursuing Health Home status under our state's Medicaid program
- Grantee organization became a Health Home under our state's Medicaid program
- Grantee and partners joined an Accountable Care Organization (ACO)
- Pursuing National Committee for Quality Assurance (NCQA) Patient Centered Medical Home Certification
- Became a National Committee for Quality Assurance (NCQA) Certified Patient Centered Medical Home
- Worked to have peer support services reimbursed by Medicaid or other insurance
- Other (Please specify) \_\_\_\_\_
- We have not pursued funding to sustain the project services

#### **Staffing & Staff Development**

*The questions in this section ask about SAMHSA grant-funded project staffing over the life of your project. Questions also address any staff training and development your project provided with SAMHSA funding over the life of the grant.*

*The next eight questions ask about staffing over the life of your project. We are interested in positions, not FTEs. For questions 28 through 36, pick the number of each type of provider when your project is fully staffed. For example, you may have had four case managers when the project was fully staffed but you may now have three case managers because it is the end of the project and you will not replace an open position. In such a case, you would enter four for question 29.*

28. How many behavioral health clinicians work on the project when it is fully staffed? (Enter only those supported by SAMHSA grant funding.) By behavioral health clinicians we mean social workers, addictions counselors, professional counselors, and others who provide therapy for mental health conditions and/or substance use disorders.

\_\_\_\_\_ **Note: picklist 0 through 20**

29. How many case managers work on the project when it is fully staffed? (Enter only those supported by SAMHSA grant funding.)

\_\_\_\_\_ **Note: picklist 0 through 20**

30. How many peer recovery support staff work on the project when it is fully staffed? (Enter only those supported by SAMHSA grant funding.)

\_\_\_\_\_ **Note: picklist 0 through 20**

31. How many nurses work on the project when it is fully staffed? (Enter only those supported by SAMHSA grant funding.)  
\_\_\_\_\_ **Note: picklist 0 through 20**
32. How many physicians work on the project when it is fully staffed? (Enter only those supported by SAMHSA grant funding.)  
\_\_\_\_\_ **Note: picklist 0 through 20**
33. How many outreach workers/specialists work on the project when it is fully staffed? (Enter only those supported by SAMHSA grant funding.)  
\_\_\_\_\_ **Note: picklist 0 through 20**
34. How many other staff work on the project when it is fully staffed? (Enter only those supported by SAMHSA grant funding.)  
\_\_\_\_\_ **Note: picklist 0 through 20**  
\_\_\_\_\_ (Enter position title/s)
35. Approximately, what percent of SAMHSA grant-funded direct service staff /providers have professional degrees, licensure, or certification? For example, MSWs, PhDs, LICSWs, Certified Addiction Specialists or Licensed Professional Counselor. (Please enter a percent.)  
\_\_\_\_\_ % **Format picklist 0 to 100% by fives (0, 5, 10, 15, 20, etc.)**
36. What is the approximate average caseload for SAMHSA grant-funded direct service staff /providers staff? Do not include MDs or Psychiatric Nurse Specialists/APRNs. (Enter a number below.)  
\_\_\_\_\_ **Format picklist 0 to 100**

**The next questions ask about staff training and development activities implemented over the life of your SAMHSA grant-funded project. Only include trainings and activities paid for with SAMHSA grant funds. You should include activities that might also have in-kind support for food, training facilities, and CEUs. For example, SAMHSA paid for the TF-CBT trainer and staff time but your partner, HIV Care, provided training space and lunch for the training.**

37. What staff training and development efforts have been implemented with SAMHSA grant funding over the life of your project? (Check all types of staff training and development activities that have been provided through this grant.)

| Staff Training & Development                                                         | (Check all that apply.) | Number of Staff Trained<br>(Picklist 1-50) |
|--------------------------------------------------------------------------------------|-------------------------|--------------------------------------------|
| Behavioral Couples Therapy for Alcoholism and Drug Abuse                             |                         |                                            |
| Behavioral Health/Medical Care Integration                                           |                         |                                            |
| Boston Consortium Model: Trauma-Informed Substance Abuse Treatment for Women Program |                         |                                            |
| Cognitive Behavioral Therapy (CBT)                                                   |                         |                                            |
| Counseling, Testing and Referral (CTR)                                               |                         |                                            |
| Dialectical Behavioral Therapy (DBT)                                                 |                         |                                            |
| HIPAA and Privacy Practices                                                          |                         |                                            |
| Intimate Partner Violence                                                            |                         |                                            |
| SAMHSA's Trauma-informed Approach                                                    |                         |                                            |
| Matrix Model                                                                         |                         |                                            |
| Mental Health and/or Substance Use Disorder Screening                                |                         |                                            |
| Motivational Interviewing (MI)                                                       |                         |                                            |
| Quality Improvement/ Process Improvement                                             |                         |                                            |
| Rapid HIV testing                                                                    |                         |                                            |
| Rapid Hepatitis testing                                                              |                         |                                            |
| Referral Processes and Resources                                                     |                         |                                            |
| Recovery-Oriented Systems of Care                                                    |                         |                                            |
| Recovery-Oriented Practices                                                          |                         |                                            |
| Relapse Prevention Therapy                                                           |                         |                                            |
| RESPECT                                                                              |                         |                                            |
| Screening, Brief Intervention, and Referral to Treatment (SBIRT)                     |                         |                                            |
| Seeking Safety                                                                       |                         |                                            |
| Self-Help in Eliminating Life-threatening Diseases (SHIELD)                          |                         |                                            |

| Staff Training & Development                              | (Check all that apply.) | Number of Staff Trained<br>(Picklist 1-50) |
|-----------------------------------------------------------|-------------------------|--------------------------------------------|
| Sisters Informing Sisters on Topics about AIDS (SISTA)    |                         |                                            |
| Sister to Sister                                          |                         |                                            |
| Special Issues in Treating Transgender Individuals        |                         |                                            |
| Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)      |                         |                                            |
| Using Data to Inform Services                             |                         |                                            |
| Wellness Recovery Action Planning (WRAP)                  |                         |                                            |
| Women Involved in Life Learning from Other Women (WILLOW) |                         |                                            |
| Working with Couples/Partners of HIV-positive Individuals |                         |                                            |
| Other (Please specify) _____                              |                         |                                            |
| Other (Please specify) _____                              |                         |                                            |
| Other (Please specify) _____                              |                         |                                            |
| Other (Please specify) _____                              |                         |                                            |

38. What is the unduplicated number of providers (clinicians, peer recovery support specialists, counselors, case managers, etc.) who have been trained with funds from this SAMHSA grant?  
 \_\_\_\_\_ (enter number)

- Do not know

39. Is there anything we did not ask about that you think we should know about this project?  
 (Please describe.)

\_\_\_\_\_

**THANK YOU!**

If you have questions about this study, please contact the help desk at (844) 282-5881 or email [Project\\_HIVConsolidatedEval@abtassoc.com](mailto:Project_HIVConsolidatedEval@abtassoc.com)

Thank you so much for taking the time to complete the survey.