Note: *The survey will start with a login page and then provide an informed consent statement before the actual questions appear.*

Public Burden Statement: This survey is intended to gather information from *[GRANT PROGRAM]* grantees. The information gathered will contribute to the Bureau of Health Workforce (BHW) Substance Use Disorder (SUD) Evaluation. 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 information collection is 0915-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, 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 HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Introduction/Consent
Thank you for participating in our Bureau of Health Workforce Survey of grantees! **We value your input.**

Your responses will be kept confidential. For all of the data we collect for analysis, we will use unique survey identifiers, not respondents' names. Any published reports will summarize the results in the aggregate and will not include individual responses. At the end of the evaluation, all of the data that are collected will be provided to the Health Resources and Services Administration (HRSA).

Instructions:
Please use the "Continue" and "Previous" buttons to navigate through the questions in the survey. You must use the "Continue" button on the screen after you have responded to a question in order for your answer to be saved. **Please do not use your browser buttons.**

To exit the survey at any time, use the "Quit" button at the top of each screen. Using the "Quit" button saves your data and allows you to return to the same location later to complete the survey.

We have provided definitions on certain terms throughout the survey. When available, you will see a question mark icon appear above a term where a definition is available. *(OMB Reviewers: These definitions only appear at their first mention in this document to conserve space, but these definitions will be made available in the programmed web survey at every mention of the relevant term.)*

Again, we greatly appreciate your time and participation. Let's get started!

Preload variables required for survey administration:
Email Address
Grant Program (i.e., GPE, BHWET, OWEP)

A. ***Background on Grantee and Program:*** *We would like to know more about your organization, as well as your [GRANT PROGRAM] training program and how it was developed.*

   1. **Which of the following best describes your organization?**

      [ ] Private academic institution (e.g., college, university, other accredited training center)
      [ ] Public academic institution (e.g., college, university, other accredited training center)
      [ ] Health Department
      [ ] Public Health Clinic or Hospital
      [ ] Private Health Clinic or Hospital
      [ ] Area Health Education Center
      [ ] Tribal Health Organization or Center
      [ ] Other: please specify _____

   2. **Who participated in the development of your experiential training program?**
      *Please check **ALL** that apply.*

      (**HOVER OVER WEB FEATURE: Experiential training** includes not only a designated faculty member's instruction delivered to an individual or group of individuals, but also a component of direct work experience such as clinical practice-based experiences or supervised experiences in health care settings.)

      [ ] Academic instructors
      [ ] Professional curriculum development specialists
      [ ] National experts
      [ ] Students, including *[GRANTE PROGRAM]* trainees
      [ ] Alumni
      [ ] Peer providers
      [ ] Experiential training site(s)
      [ ] Paraprofessional educators
      [ ] Community-based organizations
      [ ] Other: please specify_____

   3. **Which steps have you taken to assess the needs of your communities?**
      *Please check **ALL** that apply.*

      [ ] Conducted a community needs assessment
      [ ] Reviewed an existing community needs assessment
      [ ] Reviewed resources other than a needs assessment (e.g., literature, secondary data)
      [ ] Met with technical experts
      [ ] Met with community organizations
      [ ] Other: please specify_____
      [ ] We have not assessed community needs at this time *[DISALLOW IF ANOTHER OPTION SELECTED]*

   4. **Have you partnered with new sites in order to provide training on opioid use disorder treatment? By 'new sites,' we mean training sites with which you have not previously collaborated.**

[ ] Yes, we have partnered with new training site(s) in order to provide training on opioid use
     disorder treatment
[ ] No, we have not partnered with new training site(s) in order to provide training on opioid use
     disorder treatment
[ ] No, because our program does not include training on opioid use disorder treatment

B. *Recruitment and Training:* *Now we would like to learn more about your recruitment and training efforts.*

5. Have you begun trainee recruitment for your *[GRANT PROGRAM]* program yet?

    [ ] Yes
    [ ] No

6. *[ASK IF Q5=YES]* What types of trainee recruitment efforts have you conducted?
   *Please provide a response for **ALL** rows.*

Types of Recruitment Efforts	Yes	No
Dissemination of *[GRANT PROGRAM]* materials to potential applicants or current students (e.g., inclusion of information in application or on program website)		
Posting on LinkedIn or other internet job site		
Posting on other social media (e.g., Facebook, Twitter)		
Posting in union, association, or community organization media		
Visits to campuses/community organizations		
School fairs (e.g., high schools, colleges, or graduate schools)		
Other community events		
Other: please specify_____		

7. At how many sites have you provided training to field site supervisors, preceptors, or other
   faculty on topics related to your *[GRANT PROGRAM]*? Please provide a number or select "None."
   _____ *[RANGE CHECK 0-25]*
   [ ] None

8. Which topics or competencies are included in your *[GRANT PROGRAM]* curriculum?
   *Please provide a response for **ALL** rows.*

Topics or Competencies	Yes	No	Not applicable to my program
Patient privacy and confidentiality			
Stigma reduction			
Cultural and linguistic competency			

(HOVER OVER WEB FEATURE: **Cultural competency** refers to knowledge, behaviors, attitudes, and policies that allow health professionals to understand/respect cultural differences and similarities such as by providing information in the language or cultural context most appropriate for the person being served.)			
Integrated, interprofessional care delivery (HOVER OVER WEB FEATURE: **Interprofessional training** refers to two or more types of professionals learning about, from, and with each other to enable effective collaboration and improve health outcomes.)			
Team-based care delivery (HOVER OVER WEB FEATURE: **Team-based care delivery** consists of intentionally created groups of at least three types of health providers with shared responsibility for a patient, group of patients, their families, and/or communities.)			
Providing medication-assisted treatment either individually or as part of a team *Note: Other terms for medication-assisted treatment (MAT) include medication for opioid use disorder (MOUD) and opioid agonist therapy (OAT). This survey uses MAT to cover all three terms.*			
Development of care coordination plans for the integration of substance use disorder treatment and other medical and psychological needs			
Substance use disorder treatment and prevention, **excluding** opioid use disorder treatment and prevention			
Opioid use disorder treatment and prevention, **excluding** medication-assisted treatment			
Value-based payment reform (e.g., Accountable Care Organizations)			
Delivering services through telehealth (HOVER OVER WEB FEATURE: **Telehealth** refers to the use of electronic information and telecommunications such as videoconferencing or streaming media to support long-distance clinical health care and patient and professional health-related education.)			
Providing mental health dual diagnosis management (HOVER OVER WEB FEATURE: Also known as "co-occurring disorder management")			
Providing care under new models of care delivery (e.g., varying levels of collaboration or integration among physical and behavioral health care providers)			
Social determinants of health			
Pandemic emergency preparedness			
Other: please specify _____		*[DISALLOW]*	

C. *Site Supervision: The next question concerns how you supervise the experiential training component of your program.*

9. How do you supervise trainees' experiences at the experiential training site(s)?
*Please check **ALL** that apply.*

[ ] Regular meetings with trainees (e.g., weekly, monthly, or quarterly)
[ ] Regular meetings with coordinator(s) or on-site contact(s) (e.g., weekly, monthly, or quarterly)
[ ] Written feedback (e.g., evaluation form or survey) from trainees
[ ] Other: please specify _____
[ ] Our program does not supervise trainees *[DISALLOW IF ANOTHER OPTION SELECTED]*

D. *Implementation Challenges: The next question addresses any challenges you may have faced with program implementation.*

10. Which issues have posed **CHALLENGES** for you in implementing your program?
*Please provide a response for **ALL** rows.*

Challenges	Yes, this was a challenge	No, this was not a challenge	Not applicable at this time
Recruitment of target trainee population			
Difficulty providing on-campus internship or residency opportunities			
Geographic location of program			
Finding a site, or a sufficient number of sites, to provide experiential training			
Providing training in a broad range of behavioral health services			
Providing training in opioid use disorder, including medication-assisted treatment			
Providing training in the use of telehealth services			
Ensuring ongoing supervision/preceptors at site(s)			
Program costs			
Acuity of patient population at site(s)			
Other: please specify_____		*[DISALLOW]*	

11. Have you needed to curtail any aspects of your program due to cost considerations?

[ ] Yes
[ ] No

12. *[ASK IF Q11=YES]* Which measures, if any, have you taken due to cost considerations?
*Please select **ALL** that apply.*

[ ] Decreased number of trainees

[ ] Decreased number of training sites
[ ] Decreased time spent in program development
[ ] Reduced number of faculty
[ ] Reduced cost-of-living assistance for trainees
[ ] Reduced transportation assistance for trainees
[ ] Other: please specify _____

E. ***Public Benefit from the Program:*** *The next question seeks to capture how your program has provided other community benefits.*

13. Have you implemented or participated in any of the following community activities using grant funds? Please include only activities that you were involved in as part of *[GRANT PROGRAM]*. *Please provide a response for* **ALL** *rows.*

Community Activities	Yes	No
Public education events (e.g., health fairs)		
Educating the public on behavioral health and/or substance use disorder treatment		
Educating first responders about opioid use disorder		
Educating first responders about medication-assisted treatment		
Collaboration on public information campaigns		
Linking patients to social services or employment		
Providing transportation to patients		
Participating in, or working with, community organizations to improve or develop comprehensive substance use systems of care		
Participating in, or working with, community organizations to address social disparities and other drivers of substance use		
Other: please specify _____		

F. ***Sustainability:*** *Now we would like to ask about your approach to sustaining the program after grant funding ends. [SUSTAINABILITY QUESTIONS WILL BE ASKED ONLY IN THE FINAL YEAR OF THE SURVEY, WITH THE EXCEPTION OF BEHAVIORAL HEALTH WORKFORCE EDUCATION AND TRAINING PROGRAM GRANTEES.]*

14. How do you plan to sustain *[GRANT PROGRAM]* when the funding ends?
Please select **ALL** *that apply.*

[ ] Other grant funding
[ ] Work with community-based organizations to find alternative funding sources
[ ] Work with health plans or hospital organizations
[ ] Reduce funding available to trainees
[ ] Reduce training experiences provided to trainees
[ ] Integrate certificate program(s) into degree programs
[ ] Combine various training programs
[ ] Other: please specify_____

[ ] We do not plan to sustain the program *[DISALLOW IF ANOTHER OPTION SELECTED]*
[ ] I don't know how we will sustain the program *[DISALLOW IF ANOTHER OPTION SELECTED]*

G. ***COVID-19 Pandemic:*** *Finally, we have a question about your experiences during the COVID-19 pandemic.*

15. Which challenges did *[GRANT PROGRAM]* experience during the COVID-19 pandemic?
Please select **ALL** *that apply.*
[ ] Our institution closed or reduced staff hours
[ ] Our institution transitioned classroom instruction from in-person to online
[ ] Faculty or staff time was diverted to direct emergency response obligations or commitments
[ ] Our partner training site(s) closed or reduced staff hours
[ ] Trainees were not able to complete training curriculum as planned
[ ] Trainees were not able to attend experiential training as planned
[ ] Other: please specify_____
[ ] Did not experience any challenges with *[GRANT PROGRAM]* during the COVID-19 pandemic
[DISALLOW IF ANOTHER OPTION SELECTED]

[END] That was the last question; thank you again for participating in our survey!

Please click on the "Submit" button to submit your responses. Once submitted, your answers cannot be changed.