Grantee Alumni Survey

<div align="center">OMB Number (0915-<mark>XXXX</mark>)</div>

<div align="right">Expiration date (XX/XX/202X)</div>

Note: The survey will start with a login page, followed by the Public Burden Statement, Introduction/ Consent, and Instructions. Then the survey will begin.

Public Burden Statement: This survey is intended to gather information from *[GRANTEE PROGRAM NAME]* trainees. 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-<mark>XXXX</mark> and it is valid until <mark>XX/XX/202X</mark>. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 10 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 grantee alumni. This survey is about your experiences since your participation in the *[GRANTEE PROGRAM NAME]*. **We value your input as a previous participant.**

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!

<div align="center">

Preload variables required for survey administration:
Email Address
Grantee Program Name
Professional or Paraprofessional Track

</div>

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1. Are you currently employed?

   [ ] Yes
   [ ] No

2. *[ASK IF Q1=NO]* Are you actively seeking employment?

   [ ] Yes
   [ ] No

3. *[ASK IF Q2=YES]* Are you seeking employment in the same field in which you were trained through the *[GRANTEE PROGRAM NAME]*?

   [ ] Yes
   [ ] No
   [ ] Don't know

4. *[ASK IF Q2=NO]* Please tell us the reason you are not currently seeking employment.

   [ ] Have an offer in place, but haven't started the job
   [ ] Going back to school for _____ (Enter type of program)
   [ ] Taking time off for personal reasons (e.g., family, travel)
   [ ] Other: please specify_____

For the rest of the section, we use the term "work" to mean providing the services for which you received training through the [GRANT PROGRAM NAME], whether it is paid or unpaid.

5. *[ASK IF Q1=YES OR TRACK PRELOAD = PARAPROFESSIONAL]* Are you currently working in the same field in which you were trained through the *[GRANTEE PROGRAM NAME]?*

   [ ] Yes
   [ ] No
   [ ] Don't know

6. *[ASK IF Q5=NO, DON'T KNOW]* In which field are you currently working?

   _____

7. *[ASK if Q5=YES OR TRACK PRELOAD=PARAPROFESSIONAL]* In what type of setting do you work? If you work in more than one setting, select the setting in which you spend most of your time.

   [ ] Academic Institution
   [ ] Critical Access Hospital
   > **(HOVER OVER WEB FEATURE:** A **Critical Access Hospital (CAH)**, in general, must be located in a rural area; maintain no more than 25 inpatient beds and an average annual length of stay of 96 hours or less; furnish 24-hour emergency care services seven days a week; and be located either more than a 35-mile drive from the nearest hospital or CAH, or more than a 15-mile drive in areas with mountainous terrain or only secondary roads.)

[ ] Area Health Education Center

> **(HOVER OVER WEB FEATURE: Area Health Education Centers (AHECs)** are public or nonprofit private organizations (e.g., hospitals, health organizations with accredited primary care training programs) that partner with an academic medical or nursing institution to recruit, train, and retain a health professions workforce committed to underserved populations. Most AHEC organizations include "AHEC" in their name.)

[ ] Federally Qualified Health Center (FQHC) or "Look-Alike"

> **(HOVER OVER WEB FEATURE: FQHCs** include 1) health care organizations that receive funding under the Public Health Services Act to provide primary health services and other related services to a population that is medically underserved; 2) FQHC "Look-Alikes," which are nonprofit entities certified as meeting the requirements for receiving a grant under the Public Health Service Act, but are not grantees; and 3) outpatient health programs or facilities operated by a tribe, tribal organization, or by an urban Indian organization. Many FQHCs have "Community Health Center" or "Health Center "as part of their name.)

[ ] Rural Health Clinic
[ ] Tribal Health Site
[ ] Other Clinical Training Site
[ ] Other: please specify_____

8. *[ASK IF Q5=YES AND TRACK=PROFESSIONAL]* For how long have you worked there?

[ ] Less than 6 months
[ ] At least 6 months, but less than 1 year
[ ] 1 year or more
[ ] Don't know

9. Since completing the *[GRANTEE PROGRAM NAME]*, have you obtained a license to deliver relevant services?

[ ] Yes
[ ] No

10. *[ASK IF Q9=NO]* Please tell us the reason you have not obtained a license.

[ ] I am not required to have a license
[ ] I am still in school
[ ] I applied, but am waiting for approval
[ ] I applied, but was not approved
[ ] I had a license before completing the program
[ ] Other: please specify_____

11. *[ASK IF TRACK=PROFESSIONAL]* Do you have a Drug Addiction Treatment Act of 2000 waiver (DATA-2000 waiver)?

[ ] Yes
[ ] No

Now, a few more specific questions about your work experiences since completing the *[GRANTEE PROGRAM NAME]*.

12. Since completing the *[GRANTEE PROGRAM NAME]*, have you done any of the following?
*Please provide a response for **ALL** rows.*

Work/Service Experiences	Yes	No	Not applicable
A. Worked on a behavioral/mental health integrated care delivery team			
B. Worked on an interprofessional care delivery team			
C. Worked in a rural or medically underserved community			

[ASK Q13-Q16 IF Q12C=YES]

13. Are you still working in a rural or underserved community?

[ ] Yes
[ ] No

14. *[IF Q13=YES, FILL "HAVE YOU WORKED"; IF Q13=NO, FILL "DID YOU WORK"]* Since completing your training, for how long [have you worked/did you work] in a rural or underserved community?

[ ] Less than 6 months
[ ] At least 6 months, but less than 1 year
[ ] 1 year or more
[ ] Don't know

15. *[IF Q13=YES, FILL "IS" AND "WORK"; IF Q13=NO, FILL "WAS" AND "WORKED"]* What [is/was] the ZIP code of the place where you [work /worked]? If you [work/worked] in more than one place, answer about the place where you spent the most time. Enter the city/state if the ZIP code is not known.

*Enter ZIP code **OR** city/state*
[ ] ZIP code _____ *[QC CHECK: LIMIT TO 5 DIGITS; IF ZIP CODE SELECTED, SKIP TO Q16]*
[ ] City _____/State_____ *[DROP DOWN OF STATES] [IF CITY/STATE SELECTED, SKIP TO Q16]*

16. *[ASK IF TRACK=PROFESSIONAL]* To what extent did each of the following factors influence your decision to work in a rural or underserved community after completing your program?
*Please provide a response for **ALL** rows.*

Influences on Work/Service Decisions	A lot	Some	A little	Not at all	Don't know
Working with a rural or underserved population					

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Living closer to family or friends					
Working on an interprofessional, integrated care delivery team					
Working in a setting with an organizational culture or management style that I like					
The opportunity to apply a diverse skill set					
Working at a site that offers financial incentives (e.g., competitive wages, retirement benefits)					
Living in a community with features that are important to me personally (e.g., affordable housing, transportation, recreation)					
Working in a site that offers professional benefits (e.g., continuing education)					
Working in a site that offers a flexible schedule with work/life balance					

17. In which of these roles, if any, do you see yourself one year from now?
    *Please select **ALL** that apply.*

    [ ] Providing behavioral health care, **excluding** substance use disorder services
    [ ] Providing substance use disorder services, **excluding** opioid use disorder services
    [ ] Providing opioid use disorder services
    [ ] Enrolled in training that offers a more advanced educational certificate/degree
    [ ] In a faculty or teaching position in behavioral health
    [ ] In some other discipline (i.e., not in behavioral health)
    [ ] Other: please specify_____
    [ ] I don't know which role I see myself in *[DISALLOW IF OTHER OPTIONS 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.