This downloadable survey is for reference only and should not be returned to NORC.

Introduction/Consent:
Thank you for participating in our Bureau of Health Workforce Survey of Grantee Trainees. **We value your input.** NORC at the University of Chicago is conducting this survey under contract with the Health Resources and Services Administration (HRSA) Bureau of Health Workforce.

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 HRSA.

**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 0906-0054 and it is valid until 07/31/2023. 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.

Instructions:
Please use the “Previous” and “Continue” 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, simply close your internet browser window. Any data you have entered before closing will be saved. Reopening the survey later will allow you to return to the same location and finish completing the survey.

You may have trained at more than one site. Please provide responses about your experiences at the site where you spent most of your time. If you divided your time equally across sites, please provide responses based on your collective experience across sites.

We have provided definitions on certain terms throughout the survey. When available, you can click on the term or a question mark for more information.

*[FOR PARAPROFESSIONAL TRACK: The following questions were developed for a wide range of programs. It’s possible that some of the questions may not seem like they apply to your experience in the [GRANTEE PROGRAM NAME]. If you come across a question that does not seem relevant to your experience, please mark the appropriate option, such as “not applicable,” and continue with the survey.]*

**Coronavirus Pandemic:** Finally, we understand the pandemic may have changed your experiences with the [GRANTEE PROGRAM NAME]. We have a separate set of questions at the end of the survey that asks
about changes you have experienced related to COVID-19. **When answering all other questions**, to the best of your ability, please answer them based on your experiences with [GRANTEE PROGRAM NAME] that are NOT related to COVID-19.

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

**A. Prior Experience and Motivation:** We would like to know more about your experiences before applying to the [GRANTEE PROGRAM NAME].

1. Where did you consider home when you were ages 10 to 18? Please enter the country OR if you moved around a lot, please select that option at the bottom below and click “Continue.”

[ ] Country: __________________ [DROP DOWN OF COUNTRIES - PROGRAM UNITED STATES AT TOP]

If you grew up in the United States, Enter the ZIP Code OR city/state for the place you considered home.
ZIP Code: ______________
State: _____ [DROP DOWN OF STATES]
[ ] City: ______________

Do not select if you filled in the ZIP Code, city/state where you considered home.
[ ] I moved around a lot

2. Did any of these factors influence your decision to apply to the [GRANTEE PROGRAM NAME]? Please select a response for ALL rows.

<table>
<thead>
<tr>
<th>Factors Influencing Application</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial assistance (e.g., stipend, tuition)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desire to work in a rural or underserved community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desire to work in substance use disorder treatment and prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mentorship opportunities with program faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to receive experiential training in integrated care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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.)

(HOVER OVER WEB FEATURE: **Integrated care** refers to a graduated spectrum of health services wherein a facility integrates primary care, behavioral health care, oral health care, and/or public health strategies into primary care settings.)

| Prior work or training experience in a rural or underserved community                           |     |    |
| Experience living in a rural or underserved community                                           |     |    |
| Career advancement                                                                               |     |    |
| To prepare for a new career or job                                                              |     |    |
| Other: please specify________________________                                                  |     |    |
3. **[ASK IF MORE THAN ONE RESPONSE SELECTED AT Q2]**
Which of these factors was the **PRIMARY** factor influencing your decision?

**[AUTOPOPULATE WITH SELECTIONS FROM Q2]**
[ ] Don’t know

B. **Classroom Instruction:** This next set of questions asks about the classroom instruction provided as part of **[GRANTEE PROGRAM NAME]**. There will be a separate set of questions on your experiential training at training sites later in the survey, so please limit your responses to these questions to the instruction provided in the classroom (whether physical or virtual).

4. Which topics have been included in the classroom instruction provided in **[GRANTEE PROGRAM NAME]**?
*Select ALL that apply.*

[ ] Delivering integrated, interprofessional care

(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.)

[ ] Delivering team-based care

(HOVER OVER WEB FEATURE: Team-based care 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 mental health dual diagnosis management

(WEB HOVER OVER FEATURE: Also known as "co-occurring disorder management")

[ ] Providing treatment services for substance use disorders, other than opioid use disorder

[ ] Providing opioid use disorder treatment services other than medication-assisted treatment

*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.*

[ ] Providing medication-assisted treatment (i.e., methadone, buprenorphine, and/or naltrexone) either individually or as part of a team

[ ] Developing care coordination plans for the integration of substance use disorder treatment and other medical and psychological needs

[ ] Providing care under different models of care delivery (e.g., varying levels of collaboration or integration among physical and behavioral health care providers)

[ ] Applying cultural and linguistic competency skills

(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.)

[ ] Applying strategies to reduce stigma around behavioral health issues

[ ] 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.)

[ ] Pandemic emergency preparedness

[ ] Other: please specify ________________________
5. Do you feel prepared for each of the following because of the classroom instruction provided in [GRANTEE PROGRAM NAME]?

Please provide a response for ALL rows.

<table>
<thead>
<tr>
<th>Classroom Topic</th>
<th>Yes, I feel prepared because of the classroom instruction</th>
<th>Yes, I feel prepared, but not because of the classroom instruction</th>
<th>No, I do not feel prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>[POPULATE WITH TOPICS SELECTED IN Q4]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. [ASK IF “YES, I FEEL PREPARED BECAUSE OF THE CLASSROOM INSTRUCTION” SELECTED FOR MORE THAN ONE RESPONSE IN Q5. POPULATE WITH ITEMS MARKED AS “YES, I FEEL PREPARED BECAUSE OF THE CLASSROOM INSTRUCTION” IN Q5]

Which of these classroom topics has been MOST useful to you in preparing for your desired job?

[POPULATE WITH SELECTIONS FROM Q5]

[ ] Don’t know

7. Please indicate your level of agreement or disagreement with each of the following statements about the classroom instruction that is part of [GRANTEE PROGRAM NAME].

Please provide a response for ALL rows.

<table>
<thead>
<tr>
<th>Classroom Instruction Component</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was satisfied with the quality of instruction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The instructor was available to answer questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was satisfied with the curriculum</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>My curriculum adequately prepared me to provide medication-assisted treatment either individually or as part of a team</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>My curriculum adequately prepared me for the type of health care position I’m seeking or in now</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. Experiential Training Experience: Now we would like to know about experiential training you received as part of [GRANTEE PROGRAM NAME].

(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.)
8. Do you (or did you) receive experiential training as part of [GRANTEE PROGRAM NAME]?

[ ] Yes
[ ] No [SKIP TO Q16]

9. At how many sites do you (or did you) receive experiential training?

[ ] Enter number of sites: ______
[ ] None

10. How many hours per week total do you (or did you) spend in educational training at your training site(s) as part of [GRANTEE PROGRAM NAME]?

[ ] Enter number of hours per week: ______
[ ] None
[ ] Don’t know

11. [ASK IF TRACK=PROFESSIONAL] How many total clients or patients do you typically see per week at your experiential training site(s)?

[ ] None
[ ] 1 - 10
[ ] 11 – 20
[ ] 21 – 30
[ ] 31 – 40
[ ] 41 or more

12. [ASK IF TRACK=PROFESSIONAL] In which category (or categories) of service do you spend most of your time at the experiential training site(s)?

Please select ALL that apply.

[ ] Integrated, interprofessional behavioral health care delivery
[ ] Substance use disorder treatment services, excluding opioid use disorder treatment
[ ] Opioid use disorder treatment services, excluding medication-assisted treatment
[ ] Medication-assisted treatment for opioid use disorder
[ ] Administration of needs assessment for social services
[ ] Care coordination
[ ] Motivational interviewing
[ ] Telehealth
[ ] Administrative functions, including billing or scheduling
[ ] Other: please specify______________
[ ] None of the above [DISALLOW IF ANOTHER OPTION SELECTED]
13. Which staff participate in interprofessional practice at your experiential training site?

*Please select **ALL** that apply.*

[ ] Physician, **excluding** Psychiatrists (MD/Doctor of Medicine, DO/Doctor of Osteopathic Medicine)
[ ] Psychiatrist
[ ] Physician Assistant
[ ] Nurse Practitioner
[ ] Registered Nurse
[ ] Psychiatric Nurse Specialist
[ ] Certified Nurse-Midwife
[ ] Dentist (DDS/Doctor of Dental Surgery, DMD/Doctor of Medicine in Dentistry)
[ ] Dental Hygienist
[ ] Pharmacist
[ ] Clinical Psychologist
[ ] Substance Use Disorder Counselor
[ ] Marriage and Family Therapist
[ ] Licensed Clinical Social Worker
[ ] Other Licensed Professional Counselor
[ ] Behavioral Health Professional (not licensed)
[ ] Peer Provider
[ ] Administrative Staff
[ ] Other: please specify ______________________
[ ] There is no interprofessional practice at my site *[DISALLOW IF ANOTHER OPTION SELECTED]*

14. Have any of the following factors been challenges for you at your experiential training site?

*Please provide a response for **ALL** rows.*

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Yes, this is a challenge</th>
<th>No, this is not a challenge</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>The site administration lacks clarity of roles and responsibilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are rigid or inefficient management practices</td>
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<tr>
<td>There are not enough personnel at the site to meet patient loads</td>
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<tr>
<td>The site administration struggles with scheduling time for clinical training</td>
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<tr>
<td>There is a lack of staff training on opioid use disorder treatment</td>
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<tr>
<td>There is a lack of opioid use disorder services to meet clients’ full range of needs</td>
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<tr>
<td>There is a lack of capacity to meet the volume of clients’ opioid use disorder treatment needs</td>
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<tr>
<td>There is a lack of training opportunities in desired areas, aside from opioid use disorder treatment and services</td>
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</tbody>
</table>
15. [ASK IF “YES, THIS IS A CHALLENGE” SELECTED FOR MORE THAN ONE RESPONSE IN Q14]

Which factor has been the MOST CHALLENGING?

[ADJUST AUTOPOPULATE WITH SELECTIONS FROM Q14]
[ ] Don’t know

D. COVID-19 Pandemic: This set of questions asks about your experiences during the COVID-19 pandemic.

16. How has your training changed during the COVID-19 pandemic?
Please select ALL that apply.
[ ] My classroom instruction transitioned from in-person to online
[ ] I needed to complete the curriculum component of my training later than planned
[ ] I needed to complete my clinical training requirements later than planned
[ ] Other: please specify __________________
[ ] My training did not change during the pandemic [DISALLOW IF ANOTHER OPTION SELECTED]

17. [ASK IF TRACK=PROFESSIONAL] During the COVID-19 pandemic, has there been a shift in the types of services you provided at your experiential training site(s)?
Please provide a response for ALL rows.

<table>
<thead>
<tr>
<th>Service</th>
<th>Provided more</th>
<th>Provided less</th>
<th>No change</th>
<th>Do not provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health visits, excluding conducting substance use disorder treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance use disorder treatment services, excluding opioid use disorder treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opioid use disorder treatment services, excluding medication-assisted treatment</td>
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<td></td>
<td></td>
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<tr>
<td>Medication-assisted treatment for opioid use disorder</td>
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<td></td>
<td></td>
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<tr>
<td>Administration of needs assessment for social services</td>
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<td>------------------------------------------------------</td>
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<td></td>
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<tr>
<td>Care coordination</td>
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<tr>
<td>Motivational interviewing</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Telehealth</td>
<td></td>
<td></td>
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<tr>
<td>Administrative functions, including billing or scheduling</td>
<td></td>
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<tr>
<td>Other: please specify ________________________________</td>
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</tbody>
</table>

[ASK IF ANY SERVICE WAS ‘PROVIDED MORE’ IN Q17] You indicated that you have provided more of the following services during the COVID-19 pandemic. Did you provide these services before the COVID-19 pandemic?

18. Please provide a response for **ALL** rows.

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes, provided before COVID-19</th>
<th>No, did not provide before COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>[POPULATE WITH SERVICES SELECTED AS ‘PROVIDED MORE’ IN Q17]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**E. Employment Outcomes and Job Placement:** We have one more set of questions.

19. Have you completed your training for [GRANTEE PROGRAM NAME]?

[ ] Yes [IF TRACK PRELOAD = PARAPROFESSIONAL, SKIP TO Q25; IF TRACK PRELOAD = PROFESSIONAL, CONTINUE TO Q20]
[ ] No [SKIP TO Q38]

20. Have you finished your degree program?

[ ] Yes
[ ] No [SKIP TO Q39]

*We would like to learn more about your professional experiences since completing the [GRANTEE PROGRAM NAME].*

21. Are you currently employed?

[ ] Yes
[ ] No
22. [ASK IF Q21=NO] Are you actively seeking employment?

[ ] Yes
[ ] No

23. [ASK IF Q22=YES] Are you seeking employment in the same field in which you were trained through the [GRANTEE PROGRAM NAME]?

[ ] Yes
[ ] No
[ ] Don’t know

24. [Ask if Q22=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.

25. [Ask if Q21=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

26. [ASK IF Q25=NO, DON’T KNOW] In which field are you currently working?

______________________________________________________
27. [ASK IF Q21=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
[ ] Independent Primary Care Clinic (i.e., Physician-Owned or System-Owned Clinic)
[ ] Other: please specify_____________________

28. [ASK IF Q25=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

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

[ ] Yes
[ ] No

30. [ASK IF Q29=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_____________________
31. [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].

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

<table>
<thead>
<tr>
<th>Work/Service Experiences</th>
<th>Yes</th>
<th>No</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Worked on a behavioral/mental health integrated care delivery team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Worked on an interprofessional care delivery team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Worked in a rural or medically underserved community</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[ASK Q33-Q36 IF Q32C=YES]

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

[ ] Yes
[ ] No

34. [IF Q33=YES, FILL “HAVE YOU WORKED”; IF Q33=NO, FILL “DID YOU WORK”; IF Q33=SKIPPED, FILL “HAVE YOU WORKED”/“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

35. [IF Q33=YES, FILL “IS” AND “WORK”; IF Q33=NO, FILL “WAS” AND “WORKED”; IF Q33=SKIPPED, FILL “IS”/“WAS” AND “WORK”/“WORKED”] What is/was the ZIP Code of the place where you worked/worked? If you worked/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.

[ ] ZIP Code __________________ [QC CHECK: LIMIT TO 5 DIGITS]
State______ [DROP DOWN OF STATES]
[ ] City ______________
36. [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.*

<table>
<thead>
<tr>
<th>Influences on Work/Service Decisions</th>
<th>A lot</th>
<th>Some</th>
<th>A little</th>
<th>Not at all</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with a rural or underserved population</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living closer to family or friends</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Working on an interprofessional, integrated care delivery team</td>
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</tr>
<tr>
<td>Working in a setting with an organizational culture or management style that I like</td>
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<tr>
<td>The opportunity to apply a diverse skill set</td>
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<tr>
<td>Working at a site that offers financial incentives (e.g., competitive wages, retirement benefits)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living in a community with features that are important to me personally (e.g., affordable housing, transportation, recreation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working in a site that offers professional benefits (e.g., continuing education)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working in a site that offers a flexible schedule with work/life balance</td>
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</tr>
</tbody>
</table>

37. 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]

38. [ASK IF Q19=NO] When do you anticipate finishing [GRANTEE PROGRAM NAME]?  
   __________ Month [DROP DOWN OF MONTHS]  
   __________ Year [RANGE 2020-2030]  
[ ] Don’t know
39. [ASK IF Q20=NO] When do you anticipate finishing your current degree program?
   _______ Month [DROP DOWN OF MONTHS]
   _______ Year [RANGE 2020-2030]
   [ ] Don’t know

40. [ASK IF Q19 or Q20=NO] We very much would like to follow up with you with a brief survey when you complete your degree program to hear more about your professional experiences. Please provide the best two email addresses to reach you for a follow-up survey:
   ______________________ Primary email
   ______________________ Secondary email

That was the last question. Please click on the “Submit” button to submit your responses. Once submitted, your answers cannot be changed.

Thank you again for participating in our survey!