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

Introduction/Consent
Thank you for participating in our Survey of National Health Service Corps (NHSC) sites! We value your input. NORC at the University of Chicago is conducting this survey under contract with the Health Resources and Services Administration (HRSA) and Behavioral Health Workforce (BHW).

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 National Health Service Corps (NHSC) Sites. 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@hsa.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.

Throughout this survey, the term “site” refers to all locations/facilities.

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.

Coronavirus Pandemic: We understand the pandemic may have changed the services your site provides or how your work is conducted. We have a separate set of questions at the end of the survey that asks about changes your site has experienced related to COVID-19. When answering all other questions, to the best of your ability, please answer them based on your experiences with the NHSC Loan Repayment Program that are NOT related to COVID-19.
Again, we greatly appreciate your time and participation. Let’s get started!

A. **Background:** Please tell us about your role at the site.

1. What is your role at your NHSC site?
   
   Please select **ALL that apply.**

   [ ] Clinical provider
   [ ] Medical/clinical director
   [ ] Mental health administrator/office manager
   [ ] Mental health department director
   [ ] Human resources administrator
   [ ] Chief Executive Officer, Chief Financial Officer, or some other administrator (you have significant responsibilities for the site operations and management)
   [ ] Practice manager
   [ ] Other: please specify __________________________

   **Now tell us more about the site itself.**

2. Which of the following was the **MAIN** reason that your site chose to become an NHSC site? Please select only **one** option.

   [ ] To improve clinician recruitment
   [ ] To improve clinician retention
   [ ] To receive access to technical assistance
   [ ] To expand services
   [ ] To reduce costs
   [ ] To improve service delivery
   [ ] To offer loan forgiveness options for employees
   [ ] Other: please specify __________________________
   [ ] Don’t know

3. Were you aware that the NHSC Loan Repayment Program was expanded in FY2019 to include the Substance Use Disorder Loan Repayment Program and Rural Community Loan Repayment Program? Please select **ALL that apply or indicate that you were not aware.**

   [ ] Yes, I was aware of the expansion to include the Substance Use Disorder Loan Repayment Program
   [ ] Yes, I was aware of the expansion to include the Rural Community Loan Repayment Program
   [ ] No, I was not aware of these new Loan Repayment Programs **[DISALLOW IF OTHER OPTIONS SELECTED]**
4.  [ASK IF ADMINISTRATIVE DATA INDICATE THE SITE IS NOT DESIGNATED AN NHSC SUBSTANCE USE DISORDER SITE]
   Were you aware that NHSC sites could “opt-in” to become NHSC substance use disorder-approved sites?

   [ ] Yes
   [ ] No

5.  Our records indicate that your site currently has an NHSC clinician who began their service in FY2020. Is this correct?

   [ ] Yes
   [ ] No

6.  [ASK IF Q5=NO] Has your site ever had an NHSC clinician?

   [ ] Yes
   [ ] No
   [ ] Don’t know

7.  [ASK IF Q6=YES] When did your site last have an NHSC clinician?

   [ ] Within the last six months
   [ ] More than six months ago but within the last year
   [ ] More than a year ago
   [ ] Don’t know

B.  Care Delivery: Next, we’ll ask about your site’s participation in the NHSC program and how service delivery changed after the NHSC substance use disorder/opioid expansion in October 2018. This is the expansion that allowed sites to “opt-in” to become NHSC substance use disorder-approved sites.
8. Has your site ever offered any of the following services? For sites with more than one location/facility, please report only on locations that have NHSC clinicians. 
*Please provide a response for **ALL** rows.*

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavioral health services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening and assessment for behavioral health disorders, such as</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening, Brief Intervention, and Referral to Treatment (SBIRT)</td>
<td></td>
<td></td>
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<tr>
<td>Development of treatment plans</td>
<td></td>
<td></td>
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<tr>
<td>Care coordination (i.e., integrating the efforts of different types of</td>
<td></td>
<td></td>
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<tr>
<td>care providers)</td>
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<td></td>
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<tr>
<td>Consultative services (i.e., collaborating with health care or social</td>
<td></td>
<td></td>
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<tr>
<td>service providers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis/emergency services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case management (i.e., assisting patients in gaining access to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Specific services for opioid use disorder and other substance use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>disorder patients**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis by a licensed professional (e.g., clinical drug and alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>counselor or psychologist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance use disorder treatment, <strong>excluding</strong> opioid use disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opioid use disorder treatment, <strong>excluding</strong> medication for opioid use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>disorder (e.g., addiction counseling or cognitive behavioral therapy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: <strong>Medication for opioid use disorder (MOUD)</strong> includes the use of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>medications such as buprenorphine, methadone, and naltrexone to treat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>opioid use disorders.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication for opioid use disorder (i.e., buprenorphine, methadone,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or naltrexone)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. **[SKIP IF Q8=NO FOR ALL ROWS OR IF Q8 BLANK]** How have your site’s services changed, if at all, since October 2018? 
*If more than one service appears in the table below, please select a response to **ALL** rows.*

<table>
<thead>
<tr>
<th>Service</th>
<th>Added</th>
<th>Expanded</th>
<th>Reduced</th>
<th>No change</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>[AUTOPOPULATE WITH RESPONSES SELECTED IN Q8]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10a. [ASK IF Q5=YES OR IF Q7=WITHIN THE LAST SIX MONTHS] Which of the following services have you offered at your site in the past six months? For sites with more than one location/facility, please report only on locations that have NHSC clinicians. Please select services offered at any of your sites where NHSC clinicians worked in the past six months.

*Please select ALL that apply.*

- [ ] Primary Medical Care
  
  *(HOVER OVER WEB FEATURE: Includes general primary care, family medicine, general internal medicine, general pediatrics, geriatrics, obstetrics/gynecology, women’s health)*

- [ ] General Mental Health Care

- [ ] General Substance Use Disorder Treatment

- [ ] Medication for Opioid Use Disorder (i.e., buprenorphine, methadone, or naltrexone)

- [ ] Primary Behavioral Health Care: Opioid Treatment Program

- [ ] Primary Dental Health Care
  
  *(HOVER OVER WEB FEATURE: Includes general and pediatric dentistry)*

10b. [ASK IF Q5=YES OR IF Q7=WITHIN THE LAST SIX MONTHS] Please report your best estimate of the approximate number of patients seen by the NHSC clinicians at your site in the past six months.

*Please enter a number in EACH box, including zero if applicable, or select “Don’t know.”*  

*(HOVER OVER WEB FEATURE: Please note that the term “site” refers to any of the locations/facilities at which NHSC clinicians are placed at your organization. For sites with more than one location/facility, please provide an aggregate count.)*

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of patients served</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>[AUTOPOPULATE WITH RESPONSE SELECTED IN Q10a]</td>
<td>N=</td>
<td></td>
</tr>
</tbody>
</table>

10c. [ASK IF Q5=YES OR IF Q7=WITHIN THE LAST SIX MONTHS] Please report your best estimate of the approximate number of patient encounters in the past six months among the NHSC clinicians at your site.

*Please enter a number in EACH box, including zero if applicable, or select “Don’t know.”*  

*(HOVER OVER WEB FEATURE: Please note that the term “site” refers to any of the locations/facilities at which NHSC clinicians are placed at your organization. For sites with more than one location/facility, please provide an aggregate count.)*

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of patient encounters</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>[AUTOPOPULATE WITH RESPONSE SELECTED IN Q10a]</td>
<td>N=</td>
<td></td>
</tr>
</tbody>
</table>
11. [ASK IF N PROVIDED FOR ANY ROW IN Q10] What was the source for your responses to the previous two questions about number of patients and patient encounters?

[ ] From a report or data analytics dashboard
[ ] Best guess
[ ] Other: please specify ______________________

12. What are CHALLENGES that you have faced in providing substance use disorder services at your site(s)?
   Please select ALL that apply.

[ ] A lack of routine screening for substance use disorder
[ ] Limited treatment resources (e.g., referrals to counselors, detoxification programs)
[ ] Limited capacity to provide telehealth for substance use disorder
[ ] Limited time for one-on-one services
[ ] Limited number of trained staff
[ ] Limited space or poor infrastructure
[ ] Limited integration or coordination with primary health care services
[ ] Limited access to opioid use disorder treatment options (including diagnosis by a licensed professional, addiction counseling, medication for opioid use disorder)
[ ] Insufficient team-based care
[ ] Patients reporting that they cannot afford the cost of services
[ ] Other patient factors that affect treatment adherence (e.g., time, stigma, perceived need)
[ ] Other: please specify ______________________
[ ] No challenges [DISALLOW IF ANOTHER OPTION SELECTED]
[ ] Not applicable, our site does not provide substance use disorder services [DISALLOW IF ANOTHER OPTION SELECTED]

12a. [ASK IF “LIMITED ACCESS TO OPIOID USE DISORDER TREATMENT OPTIONS (INCLUDING DIAGNOSIS BY A LICENSED PROFESSIONAL, ADDICTION COUNSELING, MEDICATION FOR OPIOID USE DISORDER)” SELECTED IN Q12]

You mentioned that “Limited access to opioid use disorder treatment options” is a challenge to providing substance use disorder treatment services at your NHSC site(s). Please specify which services your site doesn’t have, or has ONLY on a limited basis.
   Please select ALL that apply.

[ ] Diagnosis by a licensed professional (e.g., clinical drug/alcohol counselor, psychologist)
[ ] Addiction counseling
[ ] Medication for opioid use disorder (i.e., buprenorphine, methadone, or naltrexone)
[ ] Other: please specify ______________________
C. Recruitment and Staffing: The next set of questions asks about recruitment of clinicians and staffing challenges. Unless specifically noted, the following questions pertain to all clinicians at your site, both those in the NHSC and those who are not.

13. Has the NHSC designation helped your site attract qualified clinicians?

[ ] Yes
[ ] No
[ ] Don’t know

[ASK Q15 AND Q16 IF ADMINISTRATIVE DATA INDICATE THAT THE SITE IS A DESIGNATED NHSC SUBSTANCE USE DISORDER SITE]

14. Has the NHSC substance use disorder designation helped your site ATTRACT clinicians who can provide:
   a. Primary care services, excluding substance use disorder services?
      [ ] Yes
      [ ] No
      [ ] Don’t know
   a. Substance use disorder services, excluding opioid use disorder?
      [ ] Yes
      [ ] No
      [ ] Don’t know
   b. Opioid use disorder services?
      [ ] Yes
      [ ] No
      [ ] Don’t know

15. [ASK IF Q5=YES OR IF Q6=YES] Has the NHSC substance use disorder designation helped your site RETAIN clinicians who can provide:
   a. Primary care services, excluding substance use disorder services?
      [ ] Yes
      [ ] No
      [ ] Don’t know
   b. Substance use disorder services, excluding opioid use disorder?
      [ ] Yes
      [ ] No
      [ ] Don’t know
   c. Opioid use disorder services?
      [ ] Yes
      [ ] No
      [ ] Don’t know
16. [ASK IF Q5=YES OR IF Q6=YES] Has the presence of an NHSC clinician at your site improved the retention of other staff and other health care providers?

[ ] Yes
[ ] No
[ ] Don’t know

17. In the past year, which resources have you used to recruit NHSC-eligible candidates? Please select ALL that apply.

[ ] Health Workforce Connector
[ ] Health Resources and Services Administration (HRSA) virtual job fair
[ ] Internal (site) postings
[ ] Social media
[ ] Recruiters (i.e., external to your NHSC site)
[ ] Other online recruitment sites: please specify ________________________
[ ] Other: please specify ________________________
[ ] We have not tried to recruit NHSC-eligible candidates in the past year. [DISALLOW IF ANOTHER OPTION SELECTED]

18. [SKIP Q19 IF ONLY ONE RESPONSE SELECTED AT Q18, IF Q18 BLANK, OR IF Q18=“WE HAVE NOT TRIED TO RECRUIT NHSC-ELIGIBLE CANDIDATES IN THE PAST YEAR”] Which has been the most successful resource for recruiting NHSC-eligible candidates?

[ ] No resource has been successful
[ ] Don’t know
19. Next, indicate whether or not you have been able to recruit each of the following types of professionals (both part-time and full-time) since October 2018. 
*Please provide a response for **ALL** rows.*

<table>
<thead>
<tr>
<th>Type of Professional</th>
<th>Successfully recruited</th>
<th>Unable to recruit</th>
<th>Did not attempt to recruit</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician (osteopathic or allopathic)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Physician Assistant</td>
<td></td>
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<tr>
<td>Nurse Practitioner</td>
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<tr>
<td>Certified Nurse-Midwife</td>
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<tr>
<td>Psychiatric Nurse Specialist</td>
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<tr>
<td>Dentist</td>
<td></td>
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<tr>
<td>Dental Hygienist</td>
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<tr>
<td>Health Service Psychologist</td>
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<tr>
<td>Licensed Clinical Psychologist</td>
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<tr>
<td>Licensed Clinical Social Worker</td>
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<tr>
<td>Licensed Professional Counselor</td>
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<tr>
<td>Marriage and Family Therapist</td>
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<tr>
<td>Behavioral Health Professional</td>
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<tr>
<td>Substance Use Disorder Counselor/Licensed Clinical Alcohol and Drug Counselor</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Registered Nurse</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacist</td>
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</tbody>
</table>
20. *[ASK IF Q5=YES OR IF Q6=YES]* What types of incentives and/or supportive services are, or have been, offered to your NHSC clinician(s)?

*Please select ALL that apply.*

- [ ] Competitive salary
- [ ] Leadership opportunities, such as being included in key practice decisions or policies
- [ ] Flexible work hours
- [ ] Time away for teaching and/or research responsibilities
- [ ] Availability of mentorship or clinical supervision
- [ ] Availability of team-based care
- [ ] Professional development (e.g., continuing medical education, career guidance, conference support)
- [ ] Pension or retirement plan
- [ ] Bonuses or performance-based compensation
- [ ] Amount of paid time off
- [ ] Other benefits (e.g., health insurance, life insurance, paid parental leave)
- [ ] Other: please specify______________________
- [ ] No incentives/supportive services have been offered [DISALLOW IF ANOTHER OPTION SELECTED]
- [ ] Don’t know [DISALLOW IF ANOTHER OPTION SELECTED]

21. *[ASK IF Q5=YES OR IF Q6=YES]* Have you experienced any challenges with RETENTION of NHSC clinicians after the completion of their service?

- [ ] Yes
- [ ] No
- [ ] Don’t know

22. *[ASK IF Q15=YES]* What specific challenges have you faced with RETENTION of NHSC clinicians after the completion of their service?

*Please select ALL that apply.*

- [ ] Low Medicaid/managed care organization payment rates
- [ ] Lack of competitive salary or benefits (e.g., compensation package, health insurance)
- [ ] Additional management burden stemming from supervisory responsibilities
- [ ] Lack of internal mentoring system for clinicians
- [ ] Lack of support staff to do care coordination or case management
- [ ] Lack of opportunities for advancement
- [ ] Lack of opportunities for distance learning
- [ ] Community and/or lifestyle factors (e.g., limited social opportunities, family considerations, work/life balance)
- [ ] Other: please specify______________________
- [ ] No challenges [DISALLOW IF ANOTHER OPTION SELECTED]
23. [ASK IF Q5=YES OR IF Q6=YES, AND IF MORE THAN ONE RESPONSE SELECTED FOR Q23]
Which has been the **MAIN CHALLENGE** you have faced with NHSC clinician **RETENTION** after their service period?

[AUTO POPULATE WITH RESPONSES FROM Q23]
[ ] Don’t know

24. [ASK IF Q5=YES OR IF Q6=YES] On average, how long have NHSC clinicians typically remained working at your site after they have completed their NHSC service obligation?

[ ] They typically leave our site immediately after their obligation is complete
[ ] Less than 1 year
[ ] At least 1 year but less than 3 years
[ ] At least 3 years but less than 5 years
[ ] 5 years or more
[ ] Don’t know

D. **Technical Assistance and Training:** The next question(s) ask about the technical assistance and training provided at your site.

25. [ASK IF Q5=YES OR IF Q6=YES] In which areas have NHSC clinicians received technical assistance at your site?

(HOVER OVER WEB FEATURE: Note: Technical assistance is a broad term that means support, training, and assistance with your work.)

*Please select ALL that apply.*

[ ] Clinical issues (e.g., safety, quality)
[ ] Health-care financing (e.g., managed care payment)
[ ] Workforce development (e.g., building staff skills)
[ ] Site operations (e.g., board member engagement, strategic planning)
[ ] Health information technology and data (e.g., use of electronic health records)
[ ] Social determinants of health
[ ] Peer-to-peer learning
[ ] Health literacy among patients
[ ] Pandemic emergency preparedness
[ ] Other: please specify ____________________________
[ ] None [DISALLOW IF ANOTHER OPTION SELECTED]

26. Has your site trained staff on how to reduce social stigma around behavioral health issues?

[ ] Yes
[ ] No
[ ] Don’t know
**E. Patient Population:** Next we would like to learn more about the patient population that you serve. If you do not know the answers to the next two questions about payer mix, please ask someone else at your site for this information. As a reminder, you may exit the survey and reopen it later. Any data you have entered before closing will be saved.

27. Over the last six months, which types of payers or payment mechanisms has your site accepted? *Please select ALL that apply.*

- [ ] Charity Care (no charge to the patient)
- [ ] Military TRICARE
- [ ] VA
- [ ] Medicaid/CHIP
- [ ] Medicare
- [ ] Dual Eligible (Medicaid & Medicare)
- [ ] Indian Health Service
- [ ] Private insurance
- [ ] Self-pay (out-of-pocket)
- [ ] Sliding scale
- [ ] Workman’s compensation
- [ ] Fee-for-service
- [ ] HMO
- [ ] Managed care
- [ ] Other: please specify___________________
- [ ] Don’t know

28. During the last six months, what percentage of your patients have used each of the following as their primary source of coverage? *For sites that have more than one location/facility, please provide an aggregate percentage across sites. Please enter a whole number with no symbols or decimal points (e.g., 25, NOT .25 or 25%). Please enter a percentage for ALL rows.*

<table>
<thead>
<tr>
<th>Payer</th>
<th>% of Patients</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>[AUTOPOPULATE WITH RESPONSES SELECTED IN QXX ABOVE]</td>
<td>[RANGE CHECK 0-100/ITEM]</td>
<td>N/A</td>
</tr>
</tbody>
</table>

29. *ASK IF PERCENTAGE PROVIDED FOR ANY ROW IN Q29* What was the source for your response(s) to the previous question?

- [ ] Colleague or co-worker provided this information
- [ ] From a report or data analytics dashboard
- [ ] Best guess
- [ ] Other: please specify___________________
**F. COVID-19 Pandemic:** The final set of questions asks about specific experiences during the COVID-19 pandemic.

30. Which of the following has your NHSC site experienced during the COVID-19 pandemic?  
*Please select ALL that apply.*

[] Staff missed work due to self-isolation or quarantine
[] Site closed *(temporarily or permanently)*
[] Site reduced number of staff or staff hours
[] Administered COVID-19 testing
[] Provided more acute/urgent care visits, as opposed to well visits
[] Provided fewer patient visits overall (including all visit types)
[] Temporarily eliminated clinical service hours and permitted only administrative work
[] Provided more care via telehealth
[] Lack of capacity (e.g., hospital beds or staff resources) to meet patient demand
[] Limited availability of personal protective equipment (PPE)
[] Lack of emergency policies/protocols in place
[] Additional time spent on reporting requirements for COVID-19
[] Other: please specify _________________________
[] Did not experience any changes during the COVID-19 pandemic [DISALLOW IF ANOTHER OPTION SELECTED]

31. How has the delivery of behavioral health services changed during the COVID-19 pandemic?  
*Please select ALL that apply.*

[] Provided some or all substance use disorder services through telehealth
[] Delayed scheduling visits with new patients for substance use disorder services
[] Delayed scheduling routine follow-up visits with patients for substance use disorder services
[] Delayed toxicology testing for patients who are prescribed buprenorphine
[] Limited ability to provide mental health visits, excluding substance use disorder treatment (e.g., took time away from conducting these visits, or limited ability to schedule these visits)
[] Limited ability to provide substance use disorder services, excluding opioid use disorder services
[] Limited ability to provide opioid use disorder services, excluding medication for opioid use disorder (i.e., buprenorphine, methadone, or naltrexone)
[] Limited ability to provide medication for opioid use disorder
[] Other: please specify _________________________
[] Did not experience any changes in the delivery of behavioral health services during the COVID-19 pandemic [DISALLOW IF ANOTHER OPTION SELECTED]
32. Have you received additional funding from HRSA or other federal agencies (e.g., Centers for Medicare & Medicaid Services) to help your site respond to the COVID-19 pandemic?

[ ] Yes
[ ] No
[ ] Don’t know

33. [ASK IF Q33=YES] How did you use the additional funding?  
*Please select ALL that apply.*

[ ] Increased testing for COVID-19
[ ] Acquired personal protective equipment (PPE)
[ ] Acquired medical supplies other than PPE
[ ] Improved telehealth capabilities
[ ] Provided safety education for staff
[ ] Provided overtime pay for staff
[ ] Maintained salary of current staff
[ ] Provided hazard pay for staff

(*HOVER OVER WEB FEATURE:* Hazard pay is a type of bonus pay for employees who worked during the pandemic.)

[ ] Provided funds for capital investments (e.g., space improvements and technology)
[ ] Other: please specify ______________________
[ ] Don’t know

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!