MENTAL HEALTH OUTREACH: GUIDELINES & RESOURCES FOR COMMUNITY HEALTH WORKERS

TRAINER'S GUIDE

Mental Health Infrastructure and Training (MHIT) Project

August 2009

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TABLE OF CONTENTS

INTRODUCTION

REACH NOLA organization started in the spring of 2006 to conduct research on the medical and health needs of New Orleans after Hurricane Katrina. After the research was conducted, the members of the group decided to stay together to work on solving some of the problems that surfaced.

The Mental Health Infrastructure & Training (MHIT) Project of REACH NOLA is a collaboration of many local and national nonprofit organizations, public agencies, and academic institutions in the New Orleans area that seeks to address depression. This project provides infrastructure support for local clinics, counseling centers, and community organizations, offers expert-led training programs and follow up activities to improve mental health care access, quality of care, and outreach and uses an evidence-based "collaborative care" model to improve symptoms of depression, stress and anxiety, in part by helping providers work together as a team. The Project was made possible by a Behavioral Health Grant through the American Red Cross Hurricane Recovery Program.

Mental Health outreach in New Orleans is an important part of helping people access quality care. For decades, outreach workers, community health workers, health promoters, and other individuals have been reaching out to members of their communities to make sure they receive the health care they need. Yet, outreach for depression is a newer role in the collaborative care model. This Outreach Worker Trainer’s Guide, developed for the Mental Health Infrastructure and Training Project, is intended to serve as a guide to train community outreach workers in conducting mental health outreach. We hope that it will help in your efforts to improve access and quality of care for depression in your community.

Role of the Community Health Worker

The “community health worker” is defined in this context as any nonclinical person who serves as an advocate for the wellbeing of others in our community. The types of people who might fit into this role are quite variable. These could include interested and responsible neighbors, church volunteers, case managers, outreach workers, etc. The wide range of backgrounds can give rise to varied areas of education and expertise, each with their own benefits and challenges. This should be considered when tailoring the training and obtaining feedback.

The role of the Community Health Worker (CHW) in this project is first to identify members of the community who may benefit from help for depression. The CHW may facilitate access to medical care and serve as a liaison between the care provider and community member, observing progress and providing feedback, while promoting individual empowerment.

Goals of CHW Mental Health Outreach Training

The goal of this Outreach Training Manual is to serve as a complement to a community wide initiative for promoting access and quality care for Depression.

By the end of this training, the Community Health Worker should:

- Understand a collaborative team approach for addressing depression
- Understand the role that a community health worker can play on the depression management team
- Be familiar with the possible presentations of depression
- Be knowledgeable about how to screen for depression in the community
- Be equipped to offer educational materials about depression to members of the community
- Know ways to engage and empower depressed people to improve their wellbeing
- Know ways to engage depressed people around obtaining help when appropriate (including seeing a physician and/or mental health specialist)
- Know how to act as an advocate and liaison for members of the community who seek care with health professionals.
- Realize that the community health worker's own wellbeing deserves constant attention and requires being proactive about maintaining self care

Training Materials

- <u>Trainer's Guide</u>: This trainer's guide includes a sample agenda and associated guidelines for presenting the material.
- <u>Mental Health Outreach: Guidelines & Resources for Community Health Workers</u>: A separate manual for outreach workers that reinforces the training material
- <u>Beyond Depression:</u> This is a DVD that may be used to educate community members about depression (available in English and Spanish)
- <u>Beating Depression:</u> <u>The Journey to Hope</u>
- <u>New Orleans Community Resource Guide.</u> A resource guide developed by Common Ground Health Clinic in partnership with REACH NOLA

Online materials (including videos of training sessions) can be accessed on the REACH NOLA Mental Health Infrastructure and Training website under the Professional Resources tab at http://reachnola.org/mhitabout.php.

Training Team

Trainers should be individuals who are familiar with the presented material. This will likely include:

- Community workers who have undergone the training
- Mental health professionals who can provide expertise to facilitate training on handling emergencies, problem solving techniques, treatments for depression etc. This could include:
    - Licensed Clinical Social Worker familiar with therapies
    - Psychologist
    - Psychiatrist

MENTAL HEALTH OUTREACH TRAINING AGENDA

- *DAY 1:* Introduction and Basic Skills Building -

9:00am **Session One: Part A**

Speakers: [add names here]

- Welcome and Introductions
- Review of course materials
- Define roles of case managers, outreach workers, and community health workers
- Develop strategies for building trust

10:30am **Break**

10:45am **Session One: Part B**

- Review depression, PTSD and treatment options
- Discuss educational resources
- Connecting with clinical providers and other resources in the community

12:00pm **Lunch**

1:00pm **Session Two**

Speakers: [add names here]

- Discuss confidentiality issues and HIPAA
- Consents and confidentiality agreements
- Using screening tools to identify depression and PTSD
- Role Play using screening tools
- Client Education and referrals

3:00pm **Break**

3:15pm **Session Three**

Speakers: [add names here]

Role-play:

- Building a relationship/teams with care managers/clinical staff
- Recording services and tracking outcomes
- Handling Emergencies
-

5:15pm **Adjourn**

MENTAL HEALTH OUTREACH TRAINING AGENDA

- DAY 2: Advanced Skills -

9:00am	**Session One: Part A** *Speakers: [add names here]* • Problem solving skills • Role play problem solving skills
10:30am	**Break**
10:45am	**Session One: Part B** *Speakers: [add names here]* • Behavioral activation • Role play behavioral activation
12:00pm	**Lunch**
1:00pm	**Session Two** *Speakers: [add names here]* • Cultural competency • How to work with clients in denial • Other mental illnesses
3:15pm	**Break**
3:30pm	**Session Three** *Speakers: [add names here]* • Self care, developing support groups • Q & A • Coordinating follow-up meetings • Evaluation
5:00pm	**Adjourn**

TRAINING OUTLINE

The outline on the following pages provides more detailed information about how to conduct each portion of the training.

Some other hints we've found useful are:

1. Keep the flow of comments from the audience going:
   - "This is what we do or suggest"
   - "How do you handle it?"
   - "What works?"

2. When there are successful examples of model application, use them; if participants are comfortable giving their own examples, let them do it.

3. Background on depression: Have participants read parts of the book before the training.

Time/ Leader(s)	Objectives/ Activities	Training/Learning Methods	Resources/ Materials
DAY I: Session One, 3 hours			
20min *All trainers*	**Activity:** Welcome and Introductions	Welcome by and introduction of trainers and participants **Instructions for participants:** Introduce yourself, your role and which agency/organization you work for, why you're attending this training, and what you and your agency wants from the training (the wins)	
15min	**Objective:** Review course materials	Review course materials and introduce the available resources including the health worker manual; the referral and resources guide for your area(s); the Beating Depression book; the Beyond Depression DVDs; the client brochures; and other locally tailored resources Make these points: • Review the stage by stage course of depression in the manual, and how the resources fit addressing different stages/questions (e.g., am I depressed? How do I get the best care?) • Screening is part of a package that includes education, engagement, screening, referral, and follow-up support, and possibly problem solving around barriers to care, or behavioral activation.	Outreach Manual and resources
20 min	**Objective:** Define roles of case managers, outreach workers, community health workers	Discuss how different each of the participants roles appear while bringing out the commonality of access to numerous people who potentially have depression or PTSD during their jobs/roles. This access is the key to this program – reaching people who might not otherwise identify they have a problem or seek assistance if they did.	Outreach Manual
30 min	**Objective:** Develop strategies for building trust	This should be a community health worker led discussion, facilitated by a community lead trainer. Ask health workers what they do now to build trust, and how trust can best be developed in this population. Make these points: • Establishing the trust of the client is essential in working with people who are reluctant to seek help • Each community will have it's own idea of what trust is / looks like • What language (words for depression or mental illness) will build trust and what language will immediately turn clients away?	Outreach Manual
15 MINUTE BREAK			

Time/ Leader(s)	Objectives/ Activities	Training/Learning Methods	Resources/ Materials
30 min *Clinician*	**Objective:** Review depression, PTSD and treatment options	You can use the PowerPoint presentation which first provides some background on depression, findings from the Partners in Care study suggesting that collaborative care provides an overall benefit for treating depression, as well as for minorities and over time. The second half of the slides are designed to be something they can use for a community presentation about depression, treatment, and getting and staying well. Make these points: ▪ By reviewing these slides (and tailoring them to your role/community) you are modeling for the participants (trainees) how to provide community education. Ask them if any are currently are in a position to do this. Most will appreciate having a resource to give a group presentation. ▪ Remind them to look later at the full *Beating Depression* book, which tends to make trainees more comfortable exploring a mental health outreach role. ▪ Discuss the role stigma plays in depression	PowerPoint presentation slides about depression,
25 min	**Objective:** Discuss educational resources	Make these points: ▪ Give examples of how these resources can be used. Consider a brief role play in which a client is “resistant” to hearing about depression, and you show the client/patient quotes on the front or back of the client brochure about experiences of depression or successes with treatment. If you have time, show a few minutes of the DVD and ask participants (health workers) if they have access to a computer or DVD player to show the video to clients, or if they would use it in a community meeting or home session.	Brochures, Beating Depression book, MHIT website, videos
25 min	**Objective:** Connecting with clinical providers and other resources in the community	Make these points: ▪ Ask participants what kinds of practices they normally work with, like primary care, mental health or substance abuse, social services, or faith-based organizations. Ask them what role they play in relating to other organizations, or what role they might like to play. For those with more experience, ask them to explain what their organization is like (how busy, how much time clients have with providers), if they know how the practice is managed, or if there are issues in talking with providers about clients. This can be facilitated by an experienced community leader from a practice organization and by provider-leaders. ▪ Review the local resources guide. Discuss access to information and how it is updated, and review what participant experiences are in accessing services. Ask if there are particular types of needs they have for referral, and whether those types of needs are addressed in the Resource Guide.	Resource Guide

Time/ Leader(s)	Objectives/ Activities	Training/Learning Methods	Resources/ Materials
		1 HOUR LUNCH	
Session Two, 2 hours			
15 min	**Objective:** Discuss confidentiality and HIPAA	Make these points: ▪ Many case workers will be working in organizations with existing confidentiality and HIPAA rules. Outreach-based organizations and neighborhood organizations likely will not have that background. Check to see if they have supervisors with whom they can discuss these policies. Review state and/or agency regulations which may be more restrictive than HIPAA and should always be considered when developing methods for communicating patient health information ▪ Review the basics of confidentiality. Point out that there is a confidentiality agreement that they can sign and show to clients if needed if they don't already have one. ▪ Review HIPAA guidelines: cell phones and email are not considered secure means of transmitting personal and confidential information. Instead, a hard line or secure fax should be used, or dropping off information. ▪ Review sample consent forms for conducting screening	HIPAA and Confidentiality Rules; sample consent form and confidentiality agreement
20 min	**Role play:** Consents and confidentiality agreements	Make these points: ▪ Build trust and explain your role and your understanding/limits of confidentiality ▪ Get consent (verbally or using a form) for screening ▪ Practice using some educational tools to overcome resistance to screening or just to make people feel more comfortable.	Confidentiality Agreement; Client Consent Form;
20 min	**Objective:** Using screening tools to identify depression and PTSD	Explain the screening tools and how they are used Make these points: ▪ Try to use the actual language of the screener and the responses, score them exactly. ▪ How to get a client to give you an answer that is on the screener – do not interpret what you think the client meant ▪ Indicate the introduction script and the scripts that explain a positive and negative score ▪ Introduce the idea of screening everyone for depression, not just the people who look depressed. ▪ It's important not to alarm people but instead to say it's only a screening tool and it could be something else or not a clinical problem, and that takes a clinician to find that out.	PHQ-2, PHQ-9

Time/ Leader(s)	Objectives/ Activities	Training/Learning Methods	Resources/ Materials
30 min	**Role play:** Screening for depression and PTSD	Use role playing; this can be a group role play with "tag team" or people stepping in to take over; or assign sets of three – two try role playing with a 3rd participant to facilitate, then rotate so all get a turn. Practice both PHQ-2 and PHQ-9. Make these points: ▪ Gain rapport first - Try using the introduction script and explanation of a positive and negative score. ▪ Explain the purpose of the screening to the "client" ▪ Practice giving the screening being aware to use the terms and words on the screening tool, not your own words ▪ Give an interpretation of the results to the "client"	PHQ-2 and PHQ-9
15 min	**Referrals**	Review how to make a referral to a provider or another agency when screening indicates. Make these points: • How to introduce the option of referral to the client • Getting consent to release information to the provider (if in another agency) • How to contact other agencies for referrals (do they have special protocols or forms or should you/your agency develop your own?) • How to get information back as to whether the client attended the referral appointment	Sample Authorization for Release of Health Information and referral form
20 min	**Role play:** Education and referrals	Make these points: ▪ Have the client sign a release form for making a referral. ▪ Discuss some options for referral from the Resources Guide ▪ Practice discussing what challenges the client might face in following up on the referral	Referral Form Authorization for Release of Health Information
		15 MINUTE BREAK	
Session Three, 2 hours			
30 min *Clinician*	**Objective:** Handling emergencies	We suggest focusing initially on suicidal ideation as the emergency – what is it, what makes some clients more emergent than others. Other topics to briefly touch on include child abuse or harm to a child, or a wish to hurt or harm someone else. Make these points: ▪ Most people with suicidal thoughts do not need urgent intervention, however all references to thoughts about suicide should be taken very seriously and evaluated thoroughly ▪ Encourage participants to review their agency policies, which may be to walk the individual to a provider in the agency or get emergency services involved; if their agency has none,	Mental Health Safety and Emergencies

<table>
<tr><th>Time/
Leader(s)</th><th>Objectives/
Activities</th><th>Training/Learning Methods</th><th>Resources/
Materials</th></tr>
<tr><td></td><td></td><td>they should meet to develop policies.
▪ For 911 or suicide hotlines, it's best for the client to call themselves.
▪ Later, participants may be interested in separate training on handling other kinds of emergencies. These are not reviewed in detail in this manual.
Review basic safety tips to use in case a client becomes agitated.</td><td></td></tr>
<tr><td>30 min</td><td>Role play:
Emergencies</td><td>Go through the role plays in the examples. Usually it's best to have a role play in front of the whole group. People can get anxious in these role plays.
Make these points:
▪ Don't make the role play example too difficult. People often role play highly resistant suicidal emergencies, and these cases are generally too difficult for early role play. Try examples of people who used to be suicidal but aren't now and are grateful just to talk; or people with some concerns now who agree to call a suicide hotline or 911 themselves; then try role playing walking the person to a provider in an office or having to call the police or other emergency service in your area, after talking to a supervisor.</td><td></td></tr>
<tr><td>20 min</td><td>Objective:
Recording services and tracking outcomes</td><td>Introduce the Services Log and Tracking form and explain why tracking results of depression severity (PHQ-9) is beneficial, especially in conversations with providers regarding client's progress
Make these points:
▪ Repeat screenings at regular intervals
▪ Document which of these new services you are providing in a client log or registry so you can have your own record
▪ Make sure that you are not "making a diagnosis" but recording issues and services activities.
▪ Discuss your experiences with supervisors or in follow-up sessions with this group</td><td>Services Log
PHQ-9</td></tr>
<tr><td>20 min</td><td>Objective:
Building relationships/ teams with care managers/ clinical staff</td><td>▪ Discuss the different kinds of staff in their agency and their role in dealing with a problem such as depression.
▪ Review the helping roles that an outreach or health worker could play in collaborative care.
▪ Discuss strategies to support health workers in exploring those roles in the context of support from their own agency and in partnering with other agencies.
▪ Discuss communicating techniques with a provider that does not make the provider feel that you are "taking over" or telling him/her that they are wrong.</td><td></td></tr>
<tr><td colspan="4" align="center">ADJOURN</td></tr>
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Time/ Leader(s)	Objectives/ Activities	Training/Learning Methods	Resources/ Materials
DAY 2: SESSION One, 3 hours			
45 min	**Objective:** Problem solving skills	Review the principles of problem solving, using the slides in the manual. Make these points: ▪ Ask the participants what kinds of challenges their clients have in their lives and what the case worker or outreach worker faces in helping them. ▪ Emphasize that this tool is to support clients in helping themselves, which is different than what case workers often do, which is to help clients directly. Help them to see the difference through examples. ▪ Explain why depressed or anxious people may have special challenges in relation to problem solving and how to address those challenges ▪ Identify the key elements of problem solving – selecting an issue that is suitable, identifying alternative actions, and the pros and cons, and selecting a solution, or first achievable step.	Better Problem Solving Skills powerpoint presentation
45 min	**Role play:** Problem solving skills	Make these points: ▪ Group or individual problem solving case example. ▪ Choose a common problem faced by clients of the participants, like transportation, or child care, or not knowing where to go for help. ▪ Don't make the role play too difficult, just have the client in the role play offer a mild to moderate level of resistance. ▪ Congratulate participants on learning a new skill	
15 MINUTE BREAK			
40 min	**Objective:** Behavioral activation	Review the principles of Behavioral Activation Make these points: ▪ Explain why behavioral activation is important to use in dealing with depressed clients (who typically withdraw from their activities and then get more depressed). This will be a new role for most case workers that may at first feel it is "outside their scope of work." ▪ Show the similarity in the method to problem solving (identifying an issue; possible actions; pros and cons; solution that is achievable next step; reinforce).	Scheduling Activities worksheet
35 min	**Role play:** Behavioral activation	Make these points: ▪ Given that the last role play was probably a group role play, this might be tried as individual role plays with group discussion afterwards, so you can get a sense of how difficult or straight-forward a task this is for people. Instruct the clients to not be too difficult for too long—the usual problem that complicates role plays.	
Time/	**Objectives/**	**Training/Learning Methods**	**Resources/**

Leader(s)	Activities		Materials
		LUNCH	
SESSION Two, 2.25 hours			
75 min	**Objective:** Cultural competency	Prior to the training, identify a set of local, cultural competence resources. This may be community and academic experts in providing culturally competent services. Have them talk about perceived and actual differences in cultures, how individuals and families react to health issues (especially mental health issues) and how to best serve the community of interest. Make these points: ▪ One size does not fit all. Get some diversity in culture, gender, and age represented in the panel if possible. ▪ Also check with the health workers on their own ideas of culturally competent services and have them support each other as resources and experts in the communities they serve.	
30 min	**Objective:** How to work with clients in denial	Make these points: ▪ Listen, and Educate, Educate, Educate (but do not lecture). ▪ Normalize symptoms (many in the community are experiencing problems right now) ▪ Show examples of quotes, use the DVD ▪ Suggest a family visit or showing the DVD to the family, or talking to another community or faith-based leader who may be supportive	
30 min *Clinician*	**Objective:** Other mental illnesses	Make these points: ▪ Distinguish between severe or psychotic disorders with distortions in reality, and more common disorders. ▪ Discuss substance abuse issues. ▪ Help case workers and outreach workers understand when to refer to more specialized care, such as persons with severe disorders, children and the elderly, and those with multiple types of problems and health problems. ▪ Check the Resource Guide for agencies that can handle more severe and complex clients.	
		BREAK	

Time/	Objectives/	Training/Learning Methods	Resources/

Leader(s)	Activities		Materials
SESSION Three, 1.5 hours			
45 min	**Objective:** Self-care, developing support groups	Caring people and those who serve others, are often not good at caring for themselves and are at some risk of burn-out, especially if they regularly work with people with high levels of stress. Make these points: • Normalize self care. Emphasize it as part of the job, to care for one's self. • Identify stress-relief resources in your area, like exercise, alternative health, drumming circles, and explore the availability for a brief presentation during training or at follow-up sessions. • Debriefing: Encourage participants who have expressed particularly high levels of stress to seek help from a medical provider or therapist. **Be available at breaks for people who will pull you aside to talk about their problems. It is possible the resource guide or approaches such as therapy or even simple behavioral activation may help them too.	
15 min	**Objective:** Q&A		
15 min	**Objective:** Coordinating follow-up meetings	Determine days and times and locations when trainees and trainers can meet to follow-up. This is an opportunity for trainees to discuss challenges, successes, overall progress with other trainees and gain additional knowledge from trainers. A lunchtime meeting can be convenient for some so as not to take too much time away from work. Is conference calling an option for those who can't actually attend the meeting?	
15 min	**Objective:** Evaluation	Explain the purposes of evaluation is to improve the program over time, and if evaluation is also being done for research purposes, explain the research and offer any research consents/participation that have been approved by that project's institutional IRB. Sometimes this involves answering further questions about research, and addressing issues of trust in research.	
		ADJOURN	

CONDUCTING FOLLOW-UP MEETINGS

The purpose of follow-up meetings is to provide trainees an opportunity to share their experiences using the materials and screening tools, discuss issues that have emerged such as agency protocols and challenging clients, and to network with others who provide similar services. Trainers should expect to:

- facilitate discussions related to success and challenges with the listed topics
- provide guidance in using the materials
- connect trainees to available resources
- troubleshoot problems
- encourage trainees to work together to address common challenges.

Follow-up Meeting #1 Agenda: Education, Confidentiality, and Screening

1. Introductions
2. Use of educational materials; talking about depression and stress with community members
3. Protecting client information: use of confidentiality and consent forms
4. Use of screening tools: PHQ-2 and PHQ-9
5. Self care

Suggested prompts or questions you can use to facilitate dialogue:

- What did you think of the training? What are your thoughts following the training?
- How have things been going since the training?
- What is it like talking about depression and stress with community members? Do you find that you use other words to describe these conditions? How do community members describe the symptoms of stress and depression?
- How many have used the screening tools since the training? How did it go; any problems?
- What educational resources have you been using? How are they working?
- How are you feeling? Are you stressed, overwhelmed by the job or the needs the clients present? What are you doing about it?

Follow-up Meeting #2 Agenda: Resources, Referrals, and Tracking Services and Outcomes

1. Introductions
2. Accessing resources in the community
3. Making referrals and developing relationships with providers
4. Tracking services and outcomes

Suggested prompts or questions you can use to facilitate dialogue:

- Do any of you have a direct working relationship with providers? Have you all developed the "Team" approach to dealing with clients with depression?
- For those without direct access to providers, have you established any relationships with other agencies? How's it going? What are the problems?

Follow-up Meeting #3 Agenda: Problem Solving and Behavioral Activation

1. Introductions
2. Assisting in better problem solving skills
3. Engaging clients in behavioral activation
4. Self care

Suggested prompts or questions you can use to facilitate dialogue:

- How many of you have used Problem Solving or Behavioral Activation with your clients? How did it go? How do the clients react? Any success stories?

EVALUATING THE TRAINING

We have provided an evaluation form template you may wish to use to measure satisfaction and usefulness of the training. As you will see, optional demographic information is included at the end of the form in the case you work for an organization that requires reporting on this type of information. Please modify this document in any way you see fit to suit the specific needs of your organization.

EVALUATION FORM TEMPLATE

Thank you for attending the Mental Health Outreach Training! As we continue to conduct trainings and provide follow-up support for the provision of mental health services in [ADD LOCATION HERE], we would very much appreciate your feedback about the training you have received. Your feedback is vital in reaching the goals of the [ADD PROGRAM NAME HERE] program to serve the [ADD LOCATION HERE] community. Thank you again for your participation and all of the great work you do for your community!

Based on the training you received this week, please rate the items below by circling the appropriate number.

	Not at All									**Very**
1. Usefulness – The training provided knowledge/skills that are applicable to my daily work.	1	2	3	4	5	6	7	8	9	10
2. Clarity – The information presented was clear and easy to understand.	1	2	3	4	5	6	7	8	9	10
3. Cultural appropriateness – The material presented was culturally appropriate and relevant to my clients.	1	2	3	4	5	6	7	8	9	10
4. Comfort level in providing services – I feel comfortable providing services to clients in relation to the topic(s) covered.	1	2	3	4	5	6	7	8	9	10
On a scale from 1 to 10, how likely are you to:	**Not at All**									**Very**
5. Recommend this training to others?	1	2	3	4	5	6	7	8	9	10
6. Attend this type of training if it were offered again?	1	2	3	4	5	6	7	8	9	10
7. Use the materials provided in my work?	1	2	3	4	5	6	7	8	9	10

8. Would you have liked to learn more about any of the topics covered in the training?

_____ NO _____ YES

If so, please indicate the topic(s):

9. Do you plan to participate in the follow-up support meetings?

___ YES ___ NO

If not, please tell us why you do not plan to participate in the follow-support meetings:

10. I am a: ___ Case Manager/Worker ___ Outreach Worker ___ Community Health Worker

___Other ____

11. Please indicate the number of clients *you* serve, on average, per month.

_____ 1-5 _____ 6-10 _____ 11-15 _____ 16-20 _____21 or more_____ Zero

OPTIONAL BACKGROUND INFORMATION

12. What is your gender? (check one)

___ Male ___ Female

___ Transgender ___ Other (specify) ___________________________

13. What is your age in years? ______ years old

14. Are you Hispanic or Latino? (check one)

___ Yes ___ No

15. What is your race? (check one or more)

___ Alaska Native

___ American Indian

___ Asian

___ Native Hawaiian or other Pacific Islander

___ White

___ Black or African American

___ Other (please describe) ____________________

THANK YOU!

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