

CER Baseline Survey- Director Version

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Increased efforts are being made by the U.S. Government to improve the dissemination and implementation of evidence-based practices into routine health care. This survey is being conducted as part of a larger study funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to examine factors that influence an organization's decision to adopt evidence-based practices.

Organizations differ in their characteristics, beliefs, and actions regarding the adoption of patient-centered behavioral health research into practice. We are interested in hearing from you regarding organizational practices in this area. Your participation in this survey is voluntary. There are no right or wrong answers to the questions. We are interested in what you think. If you are uncomfortable answering a question, you may skip that question. Your responses will be protected under the Federal Privacy Act. Your name and address will be kept in a separate file from your survey responses as a procedural safeguard. No one from your organization will see your answers.

To be completed by program director: This survey asks questions about how you see yourself as a program director or treatment supervisor, and how you see your program. This survey should take approximately 25-30 minutes to complete. Please use the next and back buttons on the bottom of each page to advance forward or go back. Every time you hit the next or back button, your progress is saved automatically. You do not have to complete your survey in one sitting. You can stop your survey and return to complete it at a later time by following the survey link. At the end of the survey you will be asked to submit it. Once it has been submitted, you cannot make any further changes.

The survey begins with a short demographic section that is for descriptive purposes only. Please indicate your response by clicking the circle next to your answer.

Are you

- Male
- Female

Are you Hispanic or Latino?

- Yes
- No

What is your age? [ENTER NUMERIC VALUE]

Are you [MARK ALL THAT APPLY]

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Highest Degree Status: [MARK ONE]

- No high school diploma or equivalent
- High school diploma or equivalent
- Some college, but no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree or equivalent

Discipline/Profession: [MARK ALL THAT APPLY]

- Addictions counseling
- Other counseling
- Social work/human services
- Nurse
- Nurse practitioner
- Physician Assistant
- Administration
- Education
- Medicine: primary care
- Medicine: psychiatry
- Medicine: other
- Psychology
- Criminal justice
- Vocational rehabilitation
- None, unemployed
- None, student
- Other (please specify) _____

How many years have you worked.... [ENTER NUMERIC VALUE]

	Number of Years
In the health care field?	
At this program?	
In your current position?	

Your job title: [MARK ONE]

- Chief executive officer (CEO)
- Chief financial officer (CFO)
- Program director
- Clinical director
- Clinical supervisor
- Practitioner (please specify: MD, RN, etc.) _____
- Other (please specify) _____

A. STRUCTURAL RELATIONSHIPS The following questions refer to your program's relationship with a parent organization. Please refer to the definitions below for clarification. Definitions: Program – a single intact clinic or department that provides a defined set of treatment services (e.g., outpatient treatment) Parent organization – a larger organization, agency, or health center of which your program is a part. There may be shared or separate financial accounting practices Sibling – Another single intact clinic or department that is operated separately from yours but is also under your parent organization

Does your program operate under a parent organization?

- Yes (indicate name of parent organization) _____
- No

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Please refer to the definitions below for clarification. Definitions: Program – a single intact clinic or department that provides a defined set of treatment services (e.g., outpatient treatment) Parent organization – a larger organization, agency, or health center of which your program is a part. There may be shared or separate financial accounting practices Sibling – Another single intact clinic or department that is operated separately from yours but is also under your parent organization

How many “siblings” do you have (how many other programs under this parent organization)? [ENTER NUMERIC VALUE]

_____ Number

What proportion of your program's financial books are independent of your parent organization?

- All
- Some
- None
- Don't know

Are you able to determine the percentage of your budget that is covered by your parent organization versus your program?

- Yes
- No

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Please refer to the definitions below for clarification. Definitions: Program – a single intact clinic or department that provides a defined set of treatment services (e.g., outpatient treatment) Parent organization – a larger organization, agency, or health center of which your program is a part. There may be shared or separate financial accounting practices Sibling – Another single intact clinic or department that is operated separately from yours but is also under your parent organization

Approximately what percentage of your budget is covered by.....

- _____ % Your program?
- _____ % Your parent organization?
- _____ % Other source?

Please answer the following questions separately for parent organization and sibling programs.

	Parent Organization		Sibling Programs	
	Yes	No	Yes	No
Do you share physical space with...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you share staff with...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide a brief description of your program’s relationship with your parent organization and siblings, particularly regarding circumstances that are unique to your program or situation.

B. PROGRAM CHARACTERISTICS

What is the name of this program?

What is the street address of this program?

What is the five-digit ZIP code of this program?

How many years has this program been in operation? [ENTER NUMERIC VALUE]

_____ years

Which of the following best describes this program? [MARK ONE]

- Regular outpatient
- Intensive outpatient
- Both regular outpatient and intensive outpatient
- Therapeutic community
- Inpatient/residential
- Halfway house/work release
- Other (please specify) _____

On which days does this program provide services? [CHECK ALL THAT APPLY]

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Which one category best describes the primary setting of this program? [MARK ONE]

- Family/children services
- Freestanding substance abuse services
- Health center (including primary care setting)
- Health maintenance organization or integrated health plan facility
- Hospital or university
- Jail or prison
- Juvenile detention
- Mental health service setting or community mental health clinic
- Other multiservices
- Private or group practice
- Psychiatric or other specialized hospital
- Social services
- Other (please specify) _____

Primary catchment area for program: [MARK ONE]

- Rural
- Suburban
- Urban

This facility is operated by: [MARK ONE]

- A private for-profit organization
- A private nonprofit organization
- State government
- Local, county, or community government
- Tribal government
- Federal Government

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Which Federal Government agency operates this facility? [MARK ONE]

- Department of Veterans Affairs
- Department of Defense
- Indian Health Services
- Federal Bureau of Prisons
- Other (please specify) _____

What percentage of revenue/funding within the last year came from: [ENTER NUMERIC VALUE]

- _____ Client payments (self-payment, deductibles, copayments)
- _____ Private health insurance, fee for services
- _____ Private health insurance, HMO, PPO/managed care
- _____ Medicaid, not specified
- _____ Medicaid, managed care
- _____ Medicare
- _____ Other government funds (VA, CHAMPUS, etc.)
- _____ Other public funds (Federal, State, and local block grants; other grants, contracts, etc.)
- _____ Other funds (such as from charities, donations, fund-raising events). Specify largest source
- _____ Unknown

In the last year, did you have any formal written arrangements or contracts with managed care organizations (MCOs) for the provision of mental health treatment?

- Yes
- No

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How many separate MCO contracts did you have? [ENTER NUMERIC VALUE]

_____ Number of contracts

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What percentage of your clients were billed under MCO contracts?

_____ Percent

Is this program accredited or licensed by....

	Yes	No
Joint Commission on Accreditation of Healthcare Organizations (JCAHO)?	<input type="radio"/>	<input type="radio"/>
Commission on Accreditation of Rehabilitation Facilities (CARF)?	<input type="radio"/>	<input type="radio"/>
State alcohol and drug abuse department?	<input type="radio"/>	<input type="radio"/>
State mental health department?	<input type="radio"/>	<input type="radio"/>
State department of public health?	<input type="radio"/>	<input type="radio"/>
Other? (please specify)	<input type="radio"/>	<input type="radio"/>

C. ASSESSMENTS

How many clients are served by this program? [ENTER NUMERIC VALUE]

	Number of Clients
On today's date?	
Over a 1-month period (average number)?	
Over a 1-year period (annually)?	

What is this program's mass capacity (highest number of clients that can be served at any given point in time)? [ENTER NUMERIC VALUE]

_____ Number of clients

How many hours per week does a “typical” client spend in... [ENTER NUMERIC VALUE]

	Number of Hours
Individual sessions?	
Group sessions?	
Case management?	

Does your program attempt to contact clients after discharge?

- Yes
- No

D. MONITORING

Does the program have a central computerized system for the following information?

	Yes	No
Financial/accounting (nonpayroll)	<input type="radio"/>	<input type="radio"/>
Payroll	<input type="radio"/>	<input type="radio"/>
Program census data (e.g., numbers served, gender, ethnicity)	<input type="radio"/>	<input type="radio"/>
Receipt of services (e.g., weekly/monthly)	<input type="radio"/>	<input type="radio"/>
Individual client assessments	<input type="radio"/>	<input type="radio"/>
Individual client records (e.g., client charts)	<input type="radio"/>	<input type="radio"/>

Does your program have a system for obtaining documented costs for each unit of service (e.g., 1 hour of therapy, 1 day of treatment, etc.)?

- Yes

No

Does your program currently use any organizational assessments to examine -

	Yes	No
Program motivation for change (e.g., program needs, training needs)?	<input type="radio"/>	<input type="radio"/>
Resources (e.g., staffing, computer access)?	<input type="radio"/>	<input type="radio"/>
Staff attributes (e.g., efficacy, adaptability)?	<input type="radio"/>	<input type="radio"/>
Organizational climate (e.g., communication, stress)?	<input type="radio"/>	<input type="radio"/>

E. CLIENT CHARACTERISTICS For the following questions, please provide number of clients served within a 1-year period, then indicate whether this is the actual number or an estimate. This time frame should correspond to the most recent annual reporting period for which you have data. You should refer to your most recent annual report provided to your State, parent organization, or other funding entity in answering these questions.

In the last year, how many clients were -

	Number of Clients	This count is -	
	Count	Actual	Estimated
Female?		<input type="radio"/>	<input type="radio"/>
Male?		<input type="radio"/>	<input type="radio"/>

In the last year, how many clients were-

	Number of Clients	This count is -	
	Count	Actual	Estimated
Hispanic or Latino?		<input type="radio"/>	<input type="radio"/>

In the last year, how many clients were -

	Number of Clients	This count is -	
	Count	Actual	Estimated
American Indian/Alaskan Native?		<input type="radio"/>	<input type="radio"/>
Asian?		<input type="radio"/>	<input type="radio"/>
Black or African American?		<input type="radio"/>	<input type="radio"/>
Native Hawaiian or Other Pacific Islander?		<input type="radio"/>	<input type="radio"/>
White?		<input type="radio"/>	<input type="radio"/>

In the last year, how many clients were -

	Number of Clients	This count is -	
	Count	Actual	Estimated
Under 18 years of age (children and adolescents)?		<input type="radio"/>	<input type="radio"/>
18 - 20 years of age (young adults)?		<input type="radio"/>	<input type="radio"/>
21 - 64 years of age?		<input type="radio"/>	<input type="radio"/>
65 and older?		<input type="radio"/>	<input type="radio"/>

F. PROGRAM STAFF Please answer the following questions according to your current staffing pattern. For the purpose of this study, “practitioners” refers to all staff members who have direct contact with clients and may include physicians, nurses, social workers, case managers, clinical supervisors, therapists, etc. Please include full-time, part-time, and contractual employees when answering the following questions.

Current number of practitioners with direct client contact. [ENTER NUMERIC VALUE]

_____ Number of practitioners

Average practitioner caseload (clients per practitioner). [ENTER NUMERIC VALUE]

_____ Number of clients

How many practitioners – [ENTER NUMERIC VALUE]

	Number of Practitioners
Were hired in the last 6 months?	
Left the program in the last 6 months?	
Have less than 2 years with the program?	
Have 2-5 years with the program?	
Have 6-9 years with the program?	
Have 10 or more years with the program?	
Have a master's degree or higher?	
Are full-time employees?	
Are contractual?	

G. PROGRAM CHANGES Please rate the degree of change your program has experienced in the last year.

Is your client census –

- Rapidly Decreasing
- Slowly Decreasing
- Stable
- Slowly Increasing
- Rapidly Increasing

Is your budget –

- Rapidly Decreasing
- Slowly Decreasing
- Stable

- Slowly Increasing
- Rapidly Increasing

Is your use of technology for program management (e.g., staff and financial resources) -

- Rapidly Decreasing
- Slowly Decreasing
- Stable
- Slowly Increasing
- Rapidly Increasing

Is your use of technology for clinical management (e.g., clients and their care) -

- Rapidly Decreasing
- Slowly Decreasing
- Stable
- Slowly Increasing
- Rapidly Increasing

In the last year, was there a change in your -

	Yes	No
CEO/director of parent organization?	<input type="radio"/>	<input type="radio"/>
Program/clinical director?	<input type="radio"/>	<input type="radio"/>
Chief financial officer?	<input type="radio"/>	<input type="radio"/>
Other management positions?	<input type="radio"/>	<input type="radio"/>

In the last year, have there been significant changes in -

	Yes	No
Ownership?	<input type="radio"/>	<input type="radio"/>
Affiliation?	<input type="radio"/>	<input type="radio"/>
Funding sources?	<input type="radio"/>	<input type="radio"/>
Type of clients treated?	<input type="radio"/>	<input type="radio"/>
Management philosophy?	<input type="radio"/>	<input type="radio"/>

Treatment philosophy?	<input type="radio"/>	<input type="radio"/>
Other? (please specify)	<input type="radio"/>	<input type="radio"/>

Do you anticipate major growth or expenses in the coming year due to -

	Yes	No
Capital expansion?	<input type="radio"/>	<input type="radio"/>
Large purchases?	<input type="radio"/>	<input type="radio"/>
Relocation?	<input type="radio"/>	<input type="radio"/>
Management changes?	<input type="radio"/>	<input type="radio"/>
Other? (please specify)	<input type="radio"/>	<input type="radio"/>

Your program needs additional guidance in -

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Documenting service needs of clients for making treatment placements	<input type="radio"/>				
Tracking and evaluating performance of clients over time	<input type="radio"/>				
Obtaining information that can document program effectiveness	<input type="radio"/>				
Automating client records for billing and financial applications	<input type="radio"/>				
Evaluating staff performance and organizational functioning	<input type="radio"/>				
Selecting new treatment interventions and strategies for which staff need training	<input type="radio"/>				
Improving the recording and retrieval of financial information	<input type="radio"/>				
Generating timely	<input type="radio"/>				

“management” reports on clinical, financial, and outcome data					
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Your practitioners need more training for -

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Assessing client problems and needs	<input type="radio"/>				
Increasing client participation in treatment	<input type="radio"/>				
Monitoring client progress	<input type="radio"/>				
Improving rapport with clients	<input type="radio"/>				
Improving client thinking and problem-solving skills	<input type="radio"/>				
Improving behavioral management of clients	<input type="radio"/>				
Improving cognitive focus of clients during group counseling	<input type="radio"/>				
Using computerized client assessments	<input type="radio"/>				

Current pressures to make changes come from -

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Clients in the program	<input type="radio"/>				
Staff members	<input type="radio"/>				
Supervisors or managers	<input type="radio"/>				
Agency board members	<input type="radio"/>				
Community action groups	<input type="radio"/>				
Funding and oversight agencies	<input type="radio"/>				
Accreditation or licensing authorities	<input type="radio"/>				

How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Your staff prefer training content that is based on scientific evidence	<input type="radio"/>				
Your offices and equipment are adequate	<input type="radio"/>				
You have the skills to conduct effective staff meetings	<input type="radio"/>				
Some staff get confused about the main goals for this program	<input type="radio"/>				
Staff here all get along very well	<input type="radio"/>				
Your staff often have trouble implementing concepts they learn at conferences	<input type="radio"/>				
Staff understand how this program fits as part of the treatment system in your community	<input type="radio"/>				

How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Treatment planning decisions for clients here often have to be revised by a supervisor	<input type="radio"/>				
Staff training and continuing education are priorities at this program	<input type="radio"/>				
Offices here are adequate for conducting patient care	<input type="radio"/>				
You frequently discuss new treatment ideas with staff	<input type="radio"/>				
You were satisfied with outside training available to your staff last year	<input type="radio"/>				
You used the Internet (World Wide Web) to communicate with other treatment professionals (e.g., listservs, bulletin boards, chat rooms) in the past month	<input type="radio"/>				

Your fully trust the professional judgment of staff who work with clients here	<input type="radio"/>				
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How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Pharmacotherapy and medications are important parts of this program	<input type="radio"/>				
There is too much friction among staff members	<input type="radio"/>				
Some staff members here resist any type of change	<input type="radio"/>				
You always listen to ideas and suggestions from staff	<input type="radio"/>				
Staff generally regard you as a valuable source of information	<input type="radio"/>				
You have easy access for using the Internet at work	<input type="radio"/>				
The staff here always work together as a team	<input type="radio"/>				

How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Client assessments here are usually conducted using a computer	<input type="radio"/>				
Your duties are clearly related to the goals of this program	<input type="radio"/>				
You learned new management skills or techniques at a professional conference in the past year	<input type="radio"/>				
You consistently plan ahead and carry out your plans	<input type="radio"/>				
You are under too many pressures to do your job effectively	<input type="radio"/>				
Practitioners here are given broad authority in treating their own clients	<input type="radio"/>				
This program encourages and supports	<input type="radio"/>				

professional growth					
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How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
You read about new techniques and treatment information each month	<input type="radio"/>				
Staff here are always quick to help one another when needed	<input type="radio"/>				
Computer problems are usually repaired promptly at this program	<input type="radio"/>				
Novel treatment ideas by staff are discouraged	<input type="radio"/>				
There are enough practitioners here to meet current client needs	<input type="radio"/>				
The budget here allows staff to attend professional conferences each year	<input type="radio"/>				
You have enough opportunities to keep your management skills up-to-date	<input type="radio"/>				

How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Mutual trust and cooperation among staff in this program are strong	<input type="radio"/>				
Most client records here are computerized	<input type="radio"/>				
You are willing to try new ideas even if some staff members are reluctant	<input type="radio"/>				
Learning and using new procedures are easy for you	<input type="radio"/>				
This program operates with clear goals and objectives	<input type="radio"/>				
Staff members often show signs of stress and strain	<input type="radio"/>				
You have staff meetings weekly	<input type="radio"/>				

How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
You usually accomplish whatever you set your mind on	<input type="radio"/>				
You can change procedures here quickly to meet new conditions	<input type="radio"/>				
Practitioners here often try out different techniques to improve their effectiveness	<input type="radio"/>				
You used the Internet (World Wide Web) to access treatment information in the past month	<input type="radio"/>				
The formal and informal communication channels here work very well	<input type="radio"/>				
You have policies that limit staff access to the Internet and use of email	<input type="radio"/>				
Offices here allow the privacy needed for individual treatment	<input type="radio"/>				

How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
You are sometimes too cautious or slow to make changes	<input type="radio"/>				
Staff members think they have too many rules here	<input type="radio"/>				
You feel a lot of stress here	<input type="radio"/>				
Program staff are always kept well informed	<input type="radio"/>				
The heavy workload here reduces program effectiveness	<input type="radio"/>				
You regularly read professional journal articles or books relevant to your practice	<input type="radio"/>				
Communications with other programs	<input type="radio"/>				

that have similar interests would help					
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How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Staff readily implement your ideas for changing treatment procedures	<input type="radio"/>				
More open discussions about program issues are needed here	<input type="radio"/>				
This program holds regular in-service training	<input type="radio"/>				
You learned new management skills or techniques from manuals or other self-education materials in the past year	<input type="radio"/>				
You frequently hear good staff ideas for improving treatment	<input type="radio"/>				
Staff seek your opinions about treatment issues	<input type="radio"/>				
You are effective and confident in doing your job	<input type="radio"/>				

How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
You have a computer to use in your personal office space at work	<input type="radio"/>				
Some staff here do not do their fair share of work	<input type="radio"/>				
A larger support staff is needed to help meet program needs	<input type="radio"/>				
The general attitude here is to use new and changing technology	<input type="radio"/>				
You do a good job of regularly updating and improving your skills	<input type="radio"/>				
Staff members always feel free to ask questions and express concerns in this	<input type="radio"/>				

program					
You are highly effective in working with community leaders and board members	<input type="radio"/>				

How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Staff frustrations are common here	<input type="radio"/>				
Direct access to counseling resources on the Internet is needed by staff here	<input type="radio"/>				
You have a clear plan for leading this program	<input type="radio"/>				
Your staff readily follow your leadership	<input type="radio"/>				
You have easy access to specialized medical or psychiatric advice for clients when needed	<input type="radio"/>				
You have convenient access to email at work	<input type="radio"/>				
You encourage practitioners to try new and different techniques	<input type="radio"/>				

How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
You are able to adapt quickly when you have to shift focus	<input type="radio"/>				
You are viewed as a strong leader by the staff here	<input type="radio"/>				
Computer equipment at this health center is mostly old and outdated	<input type="radio"/>				
This program provides a comfortable reception/waiting area for clients	<input type="radio"/>				
Staff here feel comfortable using computers	<input type="radio"/>				

Frequent staff turnover is a problem for this program	<input type="radio"/>				
Counselors here are able to spend enough time with clients	<input type="radio"/>				

How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Support staff here have the skills they need to do their jobs	<input type="radio"/>				
Clinical staff here are well trained	<input type="radio"/>				
The workload and pressures at your program keep motivation for new training low	<input type="radio"/>				
More computers are needed in this program for staff to use	<input type="radio"/>				

The following questions ask about the organizational climate at your program and your own personal attitudes regarding evidence-based practices. For these purposes, evidence-based practice is defined as the explicit use of current best evidence in making decisions about the care of individual patients.

Please check all the management strategies utilized in your program to support the use of evidence-based practices [YOU MAY SELECT MORE THAN ONE]:

- Dedicated staff meetings
- Dedicated supervision
- Journal club
- Offsite trainings
- Onsite trainings
- Web-based/online trainings
- Presentations/seminars
- Reading materials
- Treatment manuals

Organizational Characteristics: Please rate the strength of your agreement with each of the following statements:

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Evidence-based practices seem overly complicated and hard to put into practice	<input type="radio"/>				
There are influential clinicians at my program who are definitely against evidence-based treatments	<input type="radio"/>				
It would take some very strong incentives, such as restricting our funding, before our program would use evidence-based practices	<input type="radio"/>				
The idea of evidence-based practices sounds good in "theory," but in reality, it's virtually impossible to scientifically test a phenomenon as complex as mental health treatment	<input type="radio"/>				
The treatments that we do at our program may not be "evidence-based," but they work just as well, or better	<input type="radio"/>				
As long as they don't conflict with treatments already in place at our program, I don't see any problem with using a few procedures that are evidence-based	<input type="radio"/>				

The following questions ask about your feelings about using new types of therapy, interventions, or treatments. Manualized therapy, treatment, or intervention refers to any intervention that has specific guidelines and/or components that are outlined in a manual and/or that are to be followed in a structured or predetermined way.

Please indicate the extent to which you agree with each item.

	Not at All	To a Slight Extent	To a Moderate Extent	To a Great Extent	To a Very Great Extent
I like to use new types of therapy/interventions to help my clients	<input type="radio"/>				
I am willing to try new types of therapy/interventions even if I have to follow a treatment manual	<input type="radio"/>				
I know better than academic researchers how to care for my clients	<input type="radio"/>				
I am willing to use new and different types of therapy/interventions developed by researchers	<input type="radio"/>				
Research-based treatments/interventions are not clinically useful	<input type="radio"/>				
Clinical experience is more important than using manualized therapy/interventions	<input type="radio"/>				
I would not use manualized therapy/interventions	<input type="radio"/>				
I would try a new therapy/intervention even if it were very different from what I am used to doing	<input type="radio"/>				

If you received training in a therapy or intervention that was new to you, how likely would you be to adopt it if:

	Not at All	To a Slight Extent	To a Moderate Extent	To a Great Extent	To a Very Great Extent
It was intuitively appealing?	<input type="radio"/>				
It "made sense" to you?	<input type="radio"/>				
It was required by your supervisor?	<input type="radio"/>				
It was required by your program?	<input type="radio"/>				
It was required by your State?	<input type="radio"/>				
It was being used by colleagues who were happy with it?	<input type="radio"/>				
You felt you had enough training to use it correctly?	<input type="radio"/>				

The following questions refer to your program's interest in and readiness to adopt a particular evidence-based practice, specifically Motivational Interviewing (MI). MI is a counseling approach that attempts to increase the patient's/consumer's awareness of the potential problems caused, consequences experienced, and risks faced as a result of the particular behavior in question. MI is a client-centered directive approach designed to enhance intrinsic motivation to change by exploring and resolving ambivalence. The practice of MI is adaptive, not prescriptive, so it can be provided in a flexible manner to meet the specific needs of diverse populations and settings. Although the practice was initially developed to address problem drinking behavior, it has been more recently adapted for use with drug-addicted populations, psychiatric populations, and other aspects of behavioral health.

In the past year, has your program received information related to the implementation of MI?

- Yes
- No

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What kind of information has your program received related to the implementation of MI?

Please indicate your level of interest in adopting MI into your program:

- I am not familiar with MI
- I am not interested and do not think this practice would be effective in my program
- I have considered MI but see many pros and cons
- I am leaning in the direction of adopting MI in my program
- I have just begun to implement MI in my work
- I have been using MI, and efforts are in place to maintain it

The following questions are intended to assess your program's readiness to implement MI.

Please indicate your level of agreement with the following statements about your clients.

	No Agreement	About 25% Agreement	About 50% Agreement	About 75% Agreement	Total Agreement	Don't Know
Clients are currently about to be screened for symptoms that could qualify them for MI (e.g., alcohol and substance use disorders, mental health disorders, chronic diseases)	<input type="radio"/>					
We already have many clients who will benefit from MI based on their clinical presentation, diagnosis, and histories	<input type="radio"/>					

Please indicate your level of agreement with the following statements about your leadership, clinicians, and staff.

	No Agreement	About 25% Agreement	About 50% Agreement	About 75% Agreement	Total Agreement	Don't Know
Clinicians in our program agree with the rationale for using MI	<input type="radio"/>					
Program and clinical leadership actively support the adoption of MI for reasons clinicians can share	<input type="radio"/>					
We have on staff seasoned professionals clinicians can look to for support, consultation, and guidance	<input type="radio"/>					
All staff who will be affected by MI know changes are coming and are prepared to offer feedback for its success	<input type="radio"/>					
Our program has a tradition of learning and changing, so we do not become entrenched in the status quo	<input type="radio"/>					
The clinical orientation of MI is not inconsistent with that of the existing staff and leadership	<input type="radio"/>					
Staff at all levels perceive the advantage of implementing MI	<input type="radio"/>					
Our staff have opportunities for interaction with others in our community or around the nation who have implemented or are currently implementing MI	<input type="radio"/>					

Please indicate your level of agreement with the following statements about supervision in your program.

	No Agreement	About 25% Agreement	About 50% Agreement	About 75% Agreement	Total Agreement	Don't Know
Our supervisors are clear about how MI will benefit clients	<input type="radio"/>					
Our program currently provides case-specific, clinical supervision (as opposed to administrative supervision) to our clinicians	<input type="radio"/>					
Supervisors are prepared to learn about MI through training, careful study of literature, and consultation with experts	<input type="radio"/>					
Weekly 1-hour clinical supervision is the norm for new treatments implemented in our program	<input type="radio"/>					
Clinician direct-care hours can be adjusted to allow for supervision in MI	<input type="radio"/>					

Please indicate your level of agreement with the following statements about your program's internal and external stakeholders.

	No Agreement	About 25% Agreement	About 50% Agreement	About 75% Agreement	Total Agreement	Don't Know
We have collected information about key stakeholders within our program (e.g., intake, records, billing personnel) that might be affected by MI	<input type="radio"/>					
Internal and/or external "champions" or "cheerleaders" are in place to support implementation of MI	<input type="radio"/>					
We have developed or are developing targeted information for our identified stakeholders that answers their specific questions about MI	<input type="radio"/>					

Please indicate your level of agreement with the following statements about your program, culture, and services.

	No Agreement	About 25% Agreement	About 50% Agreement	About 75% Agreement	Total Agreement	Don't Know
Our supervisors, clinicians, and staff are generally positive about changes in practice, especially when they can see how they will benefit the clients	<input type="radio"/>					
There are components of MI that are consistent with ongoing practice in our program	<input type="radio"/>					
Case load and direct-care hours can be adjusted in response to the requirements of MI	<input type="radio"/>					
We have measurement systems that will provide feedback on our progress in adoption of MI	<input type="radio"/>					

Please indicate your level of agreement with the following statements about your program's finance and administration.

	No Agreement	About 25% Agreement	About 50% Agreement	About 75% Agreement	Total Agreement	Don't Know
Current reimbursement mechanisms cover MI	<input type="radio"/>					
Current service definitions, units, provider qualifications, or financing mechanisms can accommodate MI	<input type="radio"/>					
Funds are available to pay for the added cost of implementing and delivering MI, even if they must be shifted from other areas	<input type="radio"/>					

Please indicate your level of agreement with the following statements about education in your program.

	No Agreement	About 25% Agreement	About 50% Agreement	About 75% Agreement	Total Agreement	Don't Know
Practitioners have adequate time to formally learn about MI	<input type="radio"/>					
We traditionally provide ongoing learning opportunities and consultation to clinicians learning a new practice	<input type="radio"/>					
We can provide financial resources and time to clinicians wishing to learn a new practice	<input type="radio"/>					

Please indicate your level of agreement with the following statement about technology in your program.

	No Agreement	About 25% Agreement	About 50% Agreement	About 75% Agreement	Total Agreement	Don't Know
Our clinicians and supervisors have high-speed, broadband access to the Internet, intranet, and email for learning and feedback about MI	<input type="radio"/>					

You have reached the end of the survey. If you wish to go back to review and/or change your responses to one or more items, please do so now using the back button below. If you are ready to submit your responses, please click the next button below to advance to the next page. Once you submit your responses, you will not be able to return to the survey. Thank you for your time and participation.