CER Follow Up Survey- Director Version

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

Skip Pattern Programmed Here

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 parentorganization versus your program?

❍ Yes
❍ No

Skip Pattern Programmed Here

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…	❍	❍	❍	❍
Do you share staff with…	❍	❍	❍	❍

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)?	○	○
Commission on Accreditation of Rehabilitation Facilities (CARF)?	○	○
State alcohol and drug abuse department?	○	○
State mental health department?	○	○
State department of public health?	○	○
Other? (please specify)	○	○

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)	○	○
Payroll	○	○
Program census data (e.g., numbers served, gender, ethnicity)	○	○
Receipt of services (e.g., weekly/monthly)	○	○
Individual client assessments	○	○
Individual client records (e.g., client charts)	○	○

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)?	○	○
Resources (e.g., staffing, computer access)?	○	○
Staff attributes (e.g., efficacy, adaptability)?	○	○
Organizational climate (e.g., communication, stress)?	○	○

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?		○	○
Male?		○	○

In the last year, how many clients were-

	Number of Clients	This count Is -	
	Count	Actual	Estimated
Hispanic or Latino?		○	○

In the last year, how many clients were –

	Number of Clients	This count Is -	
	Count	Actual	Estimated
American Indian/Alaskan Native?		○	○
Asian?		○	○
Black or African American?		○	○
Native Hawaiian or Other Pacific Islander?		○	○
White?		○	○

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)?		○	○
18 - 20 years of age (young adults)?		○	○
21 - 64 years of age?		○	○
65 and older?		○	○

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?	○	○
Program/clinical director?	○	○
Chief financial officer?	○	○
Other management positions?	○	○

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

	Yes	No
Ownership?	○	○
Affiliation?	○	○
Funding sources?	○	○
Type of clients treated?	○	○
Management philosophy?	○	○
Treatment philosophy?	○	○
Other? (please specify)	○	○

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

	Yes	No
Capital expansion?	○	○
Large purchases?	○	○
Relocation?	○	○
Management changes?	○	○
Other? (please specify)	○	○

Your program needs additional guidance in –

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Documenting service needs of clients for making treatment placements	○	○	○	○	○
Tracking and evaluating performance of clients over time	○	○	○	○	○
Obtaining information that can document program effectiveness	○	○	○	○	○
Automating client records for billing and financial applications	○	○	○	○	○
Evaluating staff performance and organizational functioning	○	○	○	○	○
Selecting new treatment interventions and strategies for which staff need training	○	○	○	○	○
Improving the recording and retrieval of financial information	○	○	○	○	○
Generating timely "management" reports on clinical, financial, and outcome data	○	○	○	○	○

Your practitioners need more training for –

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Assessing client problems and needs	○	○	○	○	○
Increasing client participation in treatment	○	○	○	○	○
Monitoring client progress	○	○	○	○	○
Improving rapport with clients	○	○	○	○	○
Improving client thinking and problem-solving skills	○	○	○	○	○
Improving behavioral management of clients	○	○	○	○	○
Improving cognitive focus of clients during group counseling	○	○	○	○	○
Using computerized client assessments	○	○	○	○	○

Current pressures to make changes come from –

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Clients in the program	○	○	○	○	○
Staff members	○	○	○	○	○
Supervisors or managers	○	○	○	○	○
Agency board members	○	○	○	○	○
Community action groups	○	○	○	○	○
Funding and oversight agencies	○	○	○	○	○
Accreditation or licensing authorities	○	○	○	○	○

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	○	○	○	○	○
Your offices and equipment are adequate	○	○	○	○	○
You have the skills to conduct effective staff meetings	○	○	○	○	○
Some staff get confused about the main goals for this program	○	○	○	○	○
Staff here all get along very well	○	○	○	○	○
Your staff often have trouble implementing concepts they learn at conferences	○	○	○	○	○
Staff understand how this program fits as part of the treatment system in your community	○	○	○	○	○

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	○	○	○	○	○
Staff training and continuing education are priorities at this program	○	○	○	○	○
Offices here are adequate for conducting patient care	○	○	○	○	○
You frequently discuss new treatment ideas with staff	○	○	○	○	○
You were satisfied with outside training available to your staff last year	○	○	○	○	○
You used the Internet (World Wide Web) to communicate with other treatment professionals (e.g., listservs, bulletin boards, chat rooms) in the past month	○	○	○	○	○
Your fully trust the professional judgment of staff who work with clients here	○	○	○	○	○

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	○	○	○	○	○
There is too much friction among staff members	○	○	○	○	○
Some staff members here resist any type of change	○	○	○	○	○
You always listen to ideas and suggestions from staff	○	○	○	○	○
Staff generally regard you as a valuable source of information	○	○	○	○	○
You have easy access for using the Internet at work	○	○	○	○	○
The staff here always work together as a team	○	○	○	○	○

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	○	○	○	○	○
Your duties are clearly related to the goals of this program	○	○	○	○	○
You learned new management skills or techniques at a professional conference in the past year	○	○	○	○	○
You consistently plan ahead and carry out your plans	○	○	○	○	○
You are under too many pressures to do your job effectively	○	○	○	○	○
Practitioners here are given broad authority in treating their own clients	○	○	○	○	○
This program encourages and supports professional growth	○	○	○	○	○

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	○	○	○	○	○
Staff here are always quick to help one another when needed	○	○	○	○	○
Computer problems are usually repaired promptly at this program	○	○	○	○	○
Novel treatment ideas by staff are discouraged	○	○	○	○	○
There are enough practitioners here to meet current client needs	○	○	○	○	○
The budget here allows staff to attend professional conferences each year	○	○	○	○	○
You have enough opportunities to keep your management skills up-to-date	○	○	○	○	○

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	○	○	○	○	○
Most client records here are computerized	○	○	○	○	○
You are willing to try new ideas even if some staff members are reluctant	○	○	○	○	○
Learning and using new procedures are easy for you	○	○	○	○	○
This program operates with clear goals and objectives	○	○	○	○	○
Staff members often show signs of stress and strain	○	○	○	○	○
You have staff meetings weekly	○	○	○	○	○

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

	Disagree	Disagree	Uncertain	Agree	Agree

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

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	○	○	○	○	○
Staff members think they have too many rules here	○	○	○	○	○
You feel a lot of stress here	○	○	○	○	○
Program staff are always kept well informed	○	○	○	○	○
The heavy workload here reduces program effectiveness	○	○	○	○	○
You regularly read professional journal articles or books relevant to your practice	○	○	○	○	○
Communications with other programs that have similar interests would help	○	○	○	○	○

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	❍	❍	❍	❍	❍
More open discussions about program issues are needed here	❍	❍	❍	❍	❍
This program holds regular in-service training	❍	❍	❍	❍	❍
You learned new management skills or techniques from manuals or other self-education materials in the past year	❍	❍	❍	❍	❍
You frequently hear good staff ideas for improving treatment	❍	❍	❍	❍	❍
Staff seek your opinions about treatment issues	❍	❍	❍	❍	❍
You are effective and confident in doing your job	❍	❍	❍	❍	❍

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	❍	❍	❍	❍	❍
Some staff here do not do their fair share of work	❍	❍	❍	❍	❍
A larger support staff is needed to help meet program needs	❍	❍	❍	❍	❍
The general attitude here is to use new and changing technology	❍	❍	❍	❍	❍
You do a good job of regularly updating and improving your skills	❍	❍	❍	❍	❍
Staff members always feel free to ask questions and express concerns in this program	❍	❍	❍	❍	❍
You are highly effective in working with community leaders and board members	❍	❍	❍	❍	❍

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	❍	❍	❍	❍	❍
Direct access to counseling resources on the Internet is needed by staff here	❍	❍	❍	❍	❍
You have a clear plan for leading this program	❍	❍	❍	❍	❍
Your staff readily follow your leadership	❍	❍	❍	❍	❍
You have easy access to specialized medical or psychiatric advice for clients when needed	❍	❍	❍	❍	❍
You have convenient access to email at work	❍	❍	❍	❍	❍
You encourage practitioners to try new and different techniques	❍	❍	❍	❍	❍

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	❍	❍	❍	❍	❍
You are viewed as a strong leader by the staff here	❍	❍	❍	❍	❍
Computer equipment at this health center is mostly old and outdated	❍	❍	❍	❍	❍
This program provides a comfortable reception/waiting area for clients	❍	❍	❍	❍	❍
Staff here feel comfortable using computers	❍	❍	❍	❍	❍
Frequent staff turnover is a problem for this program	❍	❍	❍	❍	❍
Counselors here are able to spend enough time with clients	❍	❍	❍	❍	❍

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	❍	❍	❍	❍	❍
Clinical staff here are well trained	❍	❍	❍	❍	❍
The workload and pressures at your program keep motivation for new training low	❍	❍	❍	❍	❍
More computers are needed in this program for staff to use	❍	❍	❍	❍	❍

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	○	○	○	○	○
There are influential clinicians at my program who are definitely against evidence-based treatments	○	○	○	○	○
It would take some very strong incentives, such as restricting our funding, before our program would use evidence-based practices	○	○	○	○	○
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	○	○	○	○	○
The treatments that we do at our program may not be "evidence-based," but they work just as well, or better	○	○	○	○	○
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	○	○	○	○	○

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	❍	❍	❍	❍	❍
I am willing to try new types of therapy/interventions even if I have to follow a treatment manual	❍	❍	❍	❍	❍
I know better than academic researchers how to care for my clients	❍	❍	❍	❍	❍
I am willing to use new and different types of therapy/interventions developed by researchers	❍	❍	❍	❍	❍
Research-based treatments/interventions are not clinically useful	❍	❍	❍	❍	❍
Clinical experience is more important than using manualized therapy/interventions	❍	❍	❍	❍	❍
I would not use manualized therapy/interventions	❍	❍	❍	❍	❍
I would try a new therapy/intervention even if it were very different from what I am used to doing	❍	❍	❍	❍	❍

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?	❍	❍	❍	❍	❍
It "made sense" to you?	❍	❍	❍	❍	❍
It was required by your supervisor?	❍	❍	❍	❍	❍
It was required by your program?	❍	❍	❍	❍	❍
It was required by your State?	❍	❍	❍	❍	❍
It was being used by colleagues who were happy with it?	❍	❍	❍	❍	❍
You felt you had enough training to use it correctly?	❍	❍	❍	❍	❍

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

Skip Pattern Programmed Here

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)	○	○	○	○	○	○
We already have many clients who will benefit from MI based on their clinical presentation, diagnosis, and histories	○	○	○	○	○	○

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	❍	❍	❍	❍	❍	❍
Program and clinical leadership actively support the adoption of MI for reasons clinicians can share	❍	❍	❍	❍	❍	❍
We have on staff seasoned professionals clinicians can look to for support, consultation, and guidance	❍	❍	❍	❍	❍	❍
All staff who will be affected by MI know changes are coming and are prepared to offer feedback for its success	❍	❍	❍	❍	❍	❍
Our program has a tradition of learning and changing, so we do not become entrenched in the status quo	❍	❍	❍	❍	❍	❍
The clinical orientation of MI is not inconsistent with that of the existing staff and leadership	❍	❍	❍	❍	❍	❍
Staff at all levels perceive the advantage of implementing MI	❍	❍	❍	❍	❍	❍
Our staff have opportunities for interaction with others in our community or around the nation who have implemented or are currently implementing MI	❍	❍	❍	❍	❍	❍

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	❍	❍	❍	❍	❍	❍
Our program currently provides case-specific, clinical supervision (as opposed to administrative supervision) to our clinicians	❍	❍	❍	❍	❍	❍
Supervisors are prepared to learn about MI through training, careful study of literature, and consultation with experts	❍	❍	❍	❍	❍	❍
Weekly 1-hour clinical supervision is the norm for new treatments implemented in our program	❍	❍	❍	❍	❍	❍
Clinician direct-care hours can be adjusted to allow for supervision in MI	❍	❍	❍	❍	❍	❍

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	❍	❍	❍	❍	❍	❍
Internal and/or external "champions" or "cheerleaders" are in place to support implementation of MI	❍	❍	❍	❍	❍	❍
We have developed or are developing targeted information for our identified stakeholders that answers their specific questions about MI	❍	❍	❍	❍	❍	❍

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	○	○	○	○	○	○
There are components of MI that are consistent with ongoing practice in our program	○	○	○	○	○	○
Case load and direct-care hours can be adjusted in response to the requirements of MI	○	○	○	○	○	○
We have measurement systems that will provide feedback on our progress in adoption of MI	○	○	○	○	○	○

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	○	○	○	○	○	○
Current service definitions, units, provider qualifications, or financing mechanisms can accommodate MI	○	○	○	○	○	○
Funds are available to pay for the added cost of implementing and delivering MI, even if they must be shifted from other areas	○	○	○	○	○	○

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	○	○	○	○	○	○
We traditionally provide ongoing learning opportunities and consultation to clinicians learning a new practice	○	○	○	○	○	○
We can provide financial resources and time to clinicians wishing to learn a new practice	○	○	○	○	○	○

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	○	○	○	○	○	○

The following questions ask about consumer involvement in decisionmaking at your organization. For these purposes, consumers are defined as recipients of services at your health care center (e.g., patients, clients).

Please indicate your answer to each question.

	Yes	No	Uncertain
Are consumers generally involved in decisionmaking at your organization?	○	○	○
Is there dedicated funding at your organization to involve consumers in decisionmaking?	○	○	○
Were consumers involved in decisionmaking regarding the implementation of MI?	○	○	○

Please indicate your answer to each question.

	Yes	No	Uncertain
Did consumers have defined roles in the decisionmaking process for the implementation of MI?	❍	❍	❍
Were consumers reimbursed for travel costs associated with participation in the decisionmaking process for the implementation of MI?	❍	❍	❍
Were consumers reimbursed for indirect costs (e.g., time, childcare) associated with participation in the decisionmaking process for the implementation of MI?	❍	❍	❍
Are specific contributions (e.g., skills, knowledge, experience) made by consumers in the decisionmaking process for the implementation of MI documented someplace in your organization?	❍	❍	❍
Did consumers give advice on how to keep other consumers informed about the progress of decisionmaking for the implementation of MI?	❍	❍	❍
Were findings from the decisionmaking process for the implementation of MI disseminated to consumers involved in the decisionmaking process in appropriate formats (e.g., large print, translations, audio, appropriate reading level)?	❍	❍	❍
Did consumers have access to training or other information to facilitate their involvement in the decisionmaking process for the implementation of MI?	❍	❍	❍

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.