## CER Follow Up Survey - Staff Version

Public Burden Statement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 30 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, One Choke Cherry Road, Room 8-1099, Rockville, Maryland 20857.

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.

This survey asks questions about how you see yourself as a practitioner and how you see your program. This survey should take approximately 25-30 minutes to complete. Please use the next and back buttons at 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	e you
	Male Female
Wh	nat is your age? [ENTER NUMERIC VALUE]
Are	e you Hispanic or Latino?
O O	Yes No
Are	e you [MARK ALL THAT APPLY]
	7.01011
Hig	hest Degree Status: [MARK ONE]
<b>O</b>	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
Dis	cipline/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 )
000	w many years of experience do you have in the health care field?  0 - 6 months 6 - 11 months 1 - 3 years 3 - 5 years Over 5 years
Ho	w long have you been in your present position?
O	0 - 6 months
O	6 - 11 months
O	
	1 - 3 years
0	1 - 3 years 3 - 5 years

How many clients are you currently treating (i.e., your caseload)?
O 0
O 1-10
O 11-20
O 21 - 30
O 31-40
O >40

Please click the circle that indicates your answer to each item. Please refer to the definition below for clarification. Definition: Program – a single intact clinic or department that provides a defined set of treatment services (e.g., outpatient treatment)

Your program needs additional guidance in -

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Assessing client needs	0	•	•	•	O
Matching needs with services	O	O	<b>O</b>	O	O
Increasing program participation by clients	•	O	<b>O</b>	$\mathbf{O}$	O
Measuring client performance	•	O	<b>O</b>	$\mathbf{O}$	O
Developing more effective treatment sessions	<b>O</b>	O	<b>O</b>	O	<b>O</b>
Raising overall quality of care	O	O	<b>O</b>	O	O
Using client assessments to guide clinical and program decisions	O	•	<b>O</b>	O	O
Using client assessments to document program effectiveness	<b>O</b>	<b>O</b>	<b>O</b>	O	O

You need more training for -

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Assessing client problems and needs	0	O	O	O	O
Increasing client participation in treatment	•	<b>O</b>	<b>O</b>	<b>O</b>	O

Monitoring client progress	<b>O</b>	<b>O</b>	O	O	O	
Improving rapport with clients	O	<b>O</b>	<b>O</b>	<b>O</b>	O	
Improving client thinking and problem-solving skills	0	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	
Improving behavioral management of clients	0	<b>O</b>	<b>O</b>	<b>O</b>	O	
Improving cognitive focus of clients during group counseling	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	
Using computerized client assessments	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	

Current pressures to make changes come from -

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Clients in the program	0	0	0	O	0
Staff members	•	•	•	•	O
Supervisors or managers	<b>O</b>	<b>O</b>	<b>O</b>	O	O
Agency board members	<b>O</b>	<b>O</b>	<b>O</b>	O	O
Community action groups	O	0	0	O	O
Funding and oversight agencies	0	0	0	0	0
Accreditation or licensing authorities	0	0	0	0	•

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
You prefer training content that is based on scientific evidence	O	0	O	0	0
Your offices and equipment are adequate	O	<b>O</b>	O	<b>O</b>	O
You have the skills to provide effective mental health treatment	O	<b>O</b>	<b>O</b>	<b>O</b>	O
Some staff get confused about the main goals for this program	O	O	<b>O</b>	<b>O</b>	O
Staff here all get along very well	O	O	•	O	O
You often have trouble implementing concepts learned at conferences	•	•	0	•	· •
Staff understand how this program fits as part of the treatment system in your community	•	•	•	•	0

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Treatment planning decisions for clients here often have to be revised by a supervisor	0	0	0	•	0
Staff training and continuing education are priorities at this program	O	<b>O</b>	<b>O</b>	<b>O</b>	O
Offices here are adequate for conducting patient care	O	<b>O</b>	<b>O</b>	<b>O</b>	O
You frequently share your knowledge of new treatment ideas with other staff	O	<b>O</b>	<b>O</b>	<b>O</b>	O
You are satisfied with the training offered at workshops through your program last year	0	0	0	•	0
You used the Internet (World Wide Web) to communicate with other treatment professionals (e.g., listservs, bulletin boards, chat rooms) in the past month	O	0	O	•	0
Management here fully trusts your professional judgment	O	<b>O</b>	<b>O</b>	<b>O</b>	O

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Pharmacotherapy and medications are important parts of this program	<b>O</b>	O	<b>O</b>	O	O
There is too much friction among staff members	<b>O</b>	O	<b>O</b>	O	O
Some staff members here resist any type of change	O	O	<b>O</b>	•	O
Ideas and suggestions from staff get fair consideration by management	O	O	<b>O</b>	•	O
Staff generally regard you as a valuable source of information	<b>O</b>	O	<b>O</b>	•	O
You have easy access for using the Internet	<b>O</b>	0	0	•	O

at work						
The staff here always work together as a team	<b>O</b>	0	<b>O</b>	<b>O</b>	<b>O</b>	

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

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
You read about new techniques and treatment information each month	0	0	0	O	O
Staff here are always quick to help one another when needed	<b>O</b>	<b>O</b>	<b>O</b>	O	O
Computer problems are usually repaired promptly at this program	<b>O</b>	<b>O</b>	<b>O</b>	O	O
Novel treatment ideas by staff are discouraged	<b>O</b>	<b>O</b>	<b>O</b>	O	O
There are enough practitioners here to meet current client needs	O	<b>O</b>	<b>O</b>	O	O
The budget here allows staff to attend professional conferences each year	O	O	<b>O</b>	O	O
You have enough opportunities to keep	C	<b>O</b>	<b>O</b>	O	O

your skills up-to-date			

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

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
You usually accomplish whatever you set your mind on	O	<b>O</b>	<b>O</b>	O	O
It is easy to change procedures here to meet new conditions	O	<b>O</b>	<b>O</b>	O	O
Practitioners here often try out different techniques to improve their effectiveness	0	O	0	O	O
You used the Internet (World Wide Web) to access treatment information in the past month	O	0	<b>O</b>	0	O
The formal and informal communication channels here work very well	O	0	<b>O</b>	0	O

Program policies here limit staff access to the Internet and use of email	0	0	0	0	O	
Offices here allow the privacy needed for individual treatment	O	O	<b>O</b>	O	0	

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
You are sometimes too cautious or slow to make changes	O	0	0	•	O
Staff members are given too many rules here	O	<b>O</b>	<b>O</b>	O	O
You feel a lot of stress here	0	O	O	O	O
Staff are always kept well informed	0	0	O	O	O
The heavy workload here reduces program effectiveness	O	O	O	O	O
You regularly read professional journal articles or books relevant to your practice	0	O	O	O	O
Communications with other programs that have similar interests would help	0	O	O	0	<b>O</b>

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Other staff often ask your advice about program procedures	0	0	0	0	0
More open discussions about program issues are needed here	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	O
This program holds regular in-service training	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	O
You learned new clinical skills or techniques from manuals or other self-education materials in the past year	•	•	•	•	<b>O</b>
You frequently hear good staff ideas for improving treatment	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	O

Other staff often ask for your opinions about treatment issues	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	
You are effective and confident in doing your job	0	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
You have a computer to use in your personal office space at work	<b>O</b>	<b>O</b>	0	<b>O</b>	O
Some staff here do not do their fair share of work	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	O
A larger support staff is needed to help meet program needs	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	O
The general attitude here is to use new and changing technology	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	O
You do a good job of regularly updating and improving your skills	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	O
Staff members always feel free to ask questions and express concerns in this program	•	•	•	•	O
You have the skills needed to conduct effective individual treatment	O	O	•	O	<b>O</b>

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Staff frustration is common here	<b>O</b>	•	0	•	O
You need better access while at work to resources on the Internet	<b>O</b>	O	<b>O</b>	O	O
Management here has a clear plan for this program	<b>O</b>	O	<b>O</b>	O	O
You often influence the decisions of other staff here	<b>O</b>	O	<b>O</b>	O	O
You have easy access to specialized medical or psychiatric	<b>O</b>	•	<b>O</b>	O	O

advice for clients when needed						
You have convenient access to email at work	<b>O</b>	O	<b>O</b>	O	O	
You are encouraged here to try new and different techniques	<b>O</b>	O	<b>O</b>	O	<b>O</b>	

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
You are able to adapt quickly when you have to shift focus	<b>O</b>	O	<b>O</b>	<b>O</b>	O
You are viewed as a leader by the staff here	<b>O</b>	0	0	<b>O</b>	O
Computer equipment at this program is mostly old and outdated	•	•	•	•	o
This program provides a comfortable reception/waiting area for clients	0	0	•	0	0
Staff here feel comfortable using computers	0	0	0	<b>O</b>	O
Frequent staff turnover is a problem for this program	0	0	<b>O</b>	<b>O</b>	O
Practitioners here are able to spend enough time with clients	0	0	0	<b>O</b>	O

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Support staff here have the skills they need to do their jobs	0	0	0	0	0
Clinical staff here are well trained	<b>O</b>	0	<b>O</b>	<b>O</b>	O
The workload and pressures at your program keep motivation for new training	•	•	0	•	0

low					
More computers are needed in this program for staff to use	•	O	0	•	O
You were satisfied with the training opportunities available to you last year	•	•	0	0	O

The instruction methods for learning new treatment strategies or materials that work best for you are:

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
Lectures	•	O	<b>O</b>	•	O
Pamphlets, manuals	•	O	<b>O</b>	•	O
Workshops	•	O	O	•	O
Consultants	•	O	O	•	O
In-services	•	O .	O	•	O
Supervision/feedback	•	0	O	O	O

Please click the circle that indicates your answer to each item.

	None	1 Time	2 Times	3 Times	4 or More Times
In the last year, how often did you attend training workshops held within 50 miles of your program?	0	O	0	O	•
In the last year, how often did you attend training workshops held more than 50 miles from your program?	0	0	0	0	•
How many workshops do you expect to attend in the next 12 months?	•	0	•	0	<b>o</b>
In the last year, how many times did outside trainers come to your program to give workshops?	0	0	0	O	•

In the last year, how many times did your program offer special, in-house training?	0	O	O	O	O	
--	---	---	---	---	---	--

Please click the circle that indicates your answer to each item.

	Never	Rarely	Sometimes	A Lot	Almost Always
When you attend workshops, how often do you try out the new interventions or techniques learned?	0	•	0	0	0
Are your clients interested or responsive to new ideas or materials when you try them?	<b>O</b>	O	<b>O</b>	<b>O</b>	O
In recent years, how often have you adopted (for regular use) new interventions or techniques from a workshop?	<b>O</b>	•	•	<b>O</b>	0
When you have adopted new ideas into your practice, how often have you encouraged other staff to try using them?	0	•	•	<b>O</b>	0
How often do new interventions or techniques that the staff from your program learn at workshops get adopted for general use?	•	•	•	<b>O</b>	0
How often do new ideas learned from workshops get discussed or presented at your staff meetings?	•	•	•	0	0
How often does the management at your program recommend or support new ideas or techniques for use by all practitioners?	•	•	•	0	O

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	•	0	0	•	•
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	•	0	•	•	0
The treatments that we do at our program may not be "evidence-based," but they work just as well, or better	0	0	0	0	0
As long as they don't conflict with treatments already in place at our program I don't see any problem with using a	•	0	•	•	•

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	O	O	O	0	0
I am willing to try new types of therapy/interventions even if I have to follow a treatment manual	O	O	O	O	0
I know better than academic researchers how to care for my clients	<b>O</b>	O	O	<b>O</b>	O
I am willing to use new and different types of therapy/interventions developed by researchers	O	O	O	0	0
Research-based treatments/interventions are not clinically useful	0	0	0	0	0
Clinical experience is more important than using manualized therapy/interventions	O	O	O	0	0
I would not use manualized therapy/interventions	0	O	O	O	O
I would try a new therapy/intervention even if it were very different from what I am used to doing	0	0	0	0	0

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?	O	0	0	0	O
It "made sense" to you?	O	<b>O</b>	•	0	O
It was required by your supervisor?	O	O	O	0	O
It was required by your program?	O	O	O	0	O
It was required by your State?	O	O	•	•	O
It was being used by colleagues who were happy with it?	O	O	O	<b>O</b>	0
You felt you had enough training to use it correctly?	0	0	O	0	<b>O</b>

The following questions refer to your program's interest in and readiness to adopt a particular evidence-based practice, specifically Motivational Interviewing (MI). Motivational Interviewing (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?

O Yes
O No

## **Skip Pattern Programmed Here**

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

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

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

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 able to be screened for symptoms that could qualify them for MI (e.g., alcohol and substance use disorders, mental health disorders, chronic diseases)	0	•	0	0	0	•
We already have many clients who will benefit from MI based on their clinical presentation, diagnosis, and histories	0	•	0	•	O	0

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	0	•	•	•	•	O
Program and clinical leadership actively support the adoption of MI for reasons clinicians can share	•	•	0	O	O	0
We have on staff seasoned professionals clinicians can look to for support, consultation, and guidance	•	•	0	O	O	<b>O</b>
All staff who will be affected by MI know changes are coming and are prepared to offer feedback for its success	•	•	O	O	O	<b>O</b>
Our program has a tradition of learning and changing, so we do not become entrenched in the status quo	0	•	O	0	0	0
The clinical orientation of MI is not inconsistent with that of the existing staff and leadership	•	•	•	•	•	0
Staff at all levels perceive the advantage of implementing MI	•	•	•	•	•	<b>O</b>
Our staff have opportunities for interaction with others in our community or around the nation who have implemented or are currently implementing MI	•	•	•	0	0	0

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	0	•	•	•	•	0
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	0	•	•	•	0	0

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	0	0	O	O	O	0
Internal and/or external "champions" or "cheerleaders" are in place to support implementation of MI	0	0	0	0	0	•
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	O	O	O	O	O	O
There are components of MI that are consistent with ongoing practice in our program	0	0	0	0	0	0
Caseload 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	0	O	0	0	0	O
Current service definitions, units, provider qualifications, or financing mechanisms can accommodate MI	0	O	0	O	0	<b>o</b>
Funds are available to pay for the added cost of implementing and delivering MI, even if they must be shifted from other areas	0	O	0	O	0	•

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	0	0	0	•	0	O
We traditionally provide ongoing learning opportunities and consultation to clinicians learning a new practice	•	0	•	O	•	•
We can provide financial resources and time to clinicians wishing to learn a new practice	•	•	•	•	•	O

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

	No	About 25%	About 50%	About 75%	Total	Don't
	Agreement	Agreement	Agreement	Agreement	Agreement	Know
Our clinicians and supervisors have high- speed, broadband access to the Internet, intranet, and email for learning and feedback about MI	0	O	O	O	O	•

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?	0	•	•
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?	0	O	0
Were consumers reimbursed for travel costs associated with participation in the decisionmaking process for the implementation of MI?	•	O	•
Were consumers reimbursed for indirect costs (e.g., time, childcare) associated with participation in the decisionmaking process for the implementation of MI?	•	O	•
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?	•	0	0
Did consumers give advice on how to keep other consumers informed about the progress of decisionmaking for the implementation of MI?	•	O	0
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)?	•	O	•
Did consumers have access to training or other information to facilitate their involvement in the decisionmaking process for the implementation of MI?	0	O	0

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?	0	0	0
Is there dedicated funding at your organization to involve consumers in decisionmaking?	<b>O</b>	<b>O</b>	O
Were consumers involved in decisionmaking regarding the implementation of MI?	<b>O</b>	0	O

Please indicate your answer to each question.

	Yes	No	Uncertain
Did consumers have defined roles in the decisionmaking process for the implementation of MI?	0	O	O
Were consumers reimbursed for travel costs associated with participation in the decisionmaking process for the implementation of MI?	0	0	•
Were consumers reimbursed for indirect costs (e.g., time, childcare) associated with participation in the decisionmaking process for the implementation of MI?	•	0	•
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?	0	0	•
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)?	•	O	•
Did consumers have access to training or other information	<b>O</b>	0	O

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.