

## **Attachment 12: Quantitative Data Collection Contact Scripts**

# ATTC WFS 2010

## Script 1: Contact w/ Executive Director

### 1. TALK TO EXECUTIVE DIRECTOR (ED)

#### Part A

“Hello, this is —*[name]*— from —*[ATTC RC]*—. I am calling in regards to the informational letter about the ATTC Network Workforce report that was recently mailed to you. The report is entitled, Vital Signs - Taking the Pulse of the Addiction Treatment Profession. Did you receive it?”

**YES**

“I would like to take a few minutes to discuss this project with you. The ATTC Network is conducting a national survey of the addiction treatment workforce. This landmark report, funded by the Department of Health and Human Services, SAMHSA, is the first national survey of the addiction treatment workforce. Your facility was selected as part of a representative sample of treatment facilities throughout the nation to participate in this important report. We would like the clinical director from *[name of specific facility(s)]*<sup>i</sup>, or the person who supervises direct care staff, to participate. The information gathered from this survey will be used by the ATTC Network and the field to guide future efforts in supporting the addiction treatment workforce. Some of the important issues addressed by the survey include job satisfaction, recruitment and retention strategies, clinician training and preparation, and staff turnover. The survey should take **45 minutes** to complete and the information collected will be kept private.”

---Go To Part B---

NO

“I am sorry you have not received it. Please give me a moment to explain the purpose of the letter and my phone call. The ATTC Network is conducting a national survey of the addiction treatment workforce. This landmark report, funded by the Department of Health and Human Services, is the first national survey of the addiction treatment workforce. Your facility was selected as part of a representative sample of treatment facilities throughout the nation to participate in this important survey and virtual focus group. We would like the clinical director from *[name of specific facility(s)]*, or the person who supervises direct care staff, to participate. The information gathered from this report will be used by the ATTC Network and the field to guide future efforts in supporting the addiction treatment workforce. Some of the important issues addressed by the survey include job satisfaction, recruitment and retention strategies, clinician training and preparation, and staff turnover. The focus group will be conducted online with the use of IdeaScale software. Within IdeaScale we will have two portals; the first will be open to national “Thought Leaders” in the field of addiction treatment. In this portal we will be collecting qualitative data in order to identify what are the projected “mega trends” that will impact the workforce in the next five years? The second portal is where we need the participation of Clinical Directors in providing insight into what are the knowledge, skills, and attitudes that need to be addressed and shifted above and beyond the core competencies that we have already defined, given these mega-trends? The survey should take **45 minutes** to complete and the information collected will be kept private.”

---Go To Part B---

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## Part B

“We hope it is alright to include *[name of specific facility(s)]* in this report”

YES

“Thank you for your willingness to participate. As stated, this is a survey of the clinical director from *[name of specific facility(s)]*, or the person who supervises the direct care staff. Can you please give me the contact information for the clinical director(s)<sup>ii</sup> at *[name of specific facility(s)]* to include:

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<sup>ii</sup>**ATTC WFS 2010**

### **Script 2: Email Contact w/ Clinical Director**

Hi *[CD's Name]*,

This is *—[name]—* from *—[ATTC RC]—*. *[Executive Director Name]* gave me permission to contact you in order to participate in the ATTC Network Survey entitled, Vital Signs - Taking the Pulse of the Addiction Treatment Profession. This landmark report, funded by the Department of Health and Human Services, SAMHSA, is the first national survey of the addiction treatment workforce. The information gathered from this survey will be used by the ATTC Network and the field to guide future efforts in supporting the addiction treatment workforce. Some of the important issues addressed by the survey include job satisfaction, recruitment and retention strategies, clinician training and preparation, and staff turnover. The survey should take **45 minutes** to complete and the information collected will be kept private.

1. CD Name
2. CD E-mail
3. Phone number (at each facility selected in sample)
4. Preferred/Best way to contact CD and best day and time, if known
5. CD availability, phone vs. email (if known)
6. Executive Director email (so we can follow up on unresponsive CDs)

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In order to best accommodate you, we are giving you two options for completing the survey.

1. The simplest and preferred option is to click the following link and complete the survey online.
2. I can send you a printed copy through the mail with a self addressed stamped envelope for you to return to me.

Please let me know which method you prefer and if you have any questions or concerns you would like to discuss before beginning the survey.

I thank you in advance for taking the time to help us with this important report.

Sincerely,

***[Name & Contact Info]***

## **ATTC WFS 2010**

### **Script 3: Phone Contact w/ Clinical Director**

“Hello, this is —***[name]***— from —***[ATTC RC]***—. ***[Executive Director Name]*** gave me permission to contact you in order to participate in our survey entitled, Vital Signs - Taking the Pulse of the Addiction Treatment Profession. This landmark report, funded by the Department of Health and Human Services,

“I know you are busy, and I appreciate you taking the time to help with this important initiative. Please feel free to contact me if you have any questions. I will send you a confirmation email that will have all of my contact information.”

“Thank you so much for your time.”

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SAMHSA, is the first national survey of the addiction treatment workforce. The information gathered from this survey will be used by the ATTC Network and the field to guide future efforts in supporting the addiction treatment workforce. Some of the important issues addressed by the survey include job satisfaction, recruitment and retention strategies, clinician training and preparation, and staff turnover. The survey should take **45 minutes** to complete and the information collected will be kept private.”

“In order to best accommodate you, we are giving you two options for completing the survey.

1. I can give you the link to our online survey. This is the simplest and preferred option.
2. I can send you a printed copy through the mail with a self addressed stamped envelope for you to return to me.”

“Which method do you prefer?”

#### **Method 1**

“What is your email address?”

#### **Method 2**

“What is your mailing address?”

“Do you have any questions or concerns you would like to discuss?”

\_\_\_END CALL\_\_\_

NO

“Is there anything I can better explain to help you overcome your hesitation? Would you mind answering telling me why you do not wish to participate?”

“Thank you, I appreciate your time.”

\_\_\_END CALL\_\_\_

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## 2. VOICEMAIL

“Hello, this is —**[name]**— from —**[ATTC RC]**—. I am calling in regards to the informational letter about the ATTC Network Workforce report that was recently mailed to you. The report is entitled, Vital Signs - Taking the Pulse of the Addiction Treatment Profession. This landmark report, funded by the Department of Health and Human Services, SAMHSA, is the first national report on the addiction treatment workforce. Your facility was selected as part of a representative sample of treatment facilities throughout the nation to participate. We would like the clinical director from **[name of specific facility(s)]**, or the person who supervises direct care staff, to participate in both the survey and the virtual focus group. The information gathered will be used by the ATTC Network and the field to guide future efforts in supporting the addiction treatment workforce. Please call me back at **[phone number]**, or you may email your clinical director’s contact information, including name, email, phone number, and best way to contact them at **[your email]**. Again, this is **[name]**, at **[phone number]**, **[email]**.”

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“I thank you in advance for taking the time to participate.”

\_\_\_END CALL\_\_\_

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3. MESSAGE W/ ASSISTANT/ADMINISTRATOR (Told ED unavailable)

\_\_\_END CALL\_\_\_

## ATTC WFS 2010

### Script 4: Follow up Contact w/ Clinical Director

#### 1. PHONE

“Hello *[CD’s name]*, this is *—[your name]—* from *—[ATTC RC]—*. I am calling to remind you to complete the ATTC Network Workforce Survey we *[sent you the link for on (DATE); mailed you on (DATE)]*. The survey is entitled, Vital Signs - Taking the Pulse of the Addiction Treatment Profession. As a reminder, this is a landmark data collection in that it is the first national survey of the addiction treatment workforce. I hope that you can complete it as soon as possible because your response is valued by the ATTC Network, SAMHSA/CSAT and the entire addiction treatment workforce community. Your response, along with responses from your colleagues at the selected facilities, is critical in giving both the ATTC Network and the field the information needed to improve the current state of addiction treatment. Again, the survey should only take **45 minutes** to complete and the information collected will be kept private.”

#### --Option 1

“Do you need me to resend the link to the online survey?”



“Hello, this is —[*name*]— from —[*ATTC RC*]—. I am calling in regards to the informational letter about the ATTC Network Workforce report that was recently mailed to [*executive director name*]. The report is entitled, Vital Signs - Taking the Pulse of the Addiction Treatment Profession. This landmark report, funded by the Department of Health and Human Services, is the first national survey of the addiction treatment workforce. Your facility was selected as part of a representative sample of treatment facilities throughout the nation to participate in this important report. We are asking for [*executive director*]

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--Option 2

“Do you need me to mail you a new survey with a return envelope and postage?”

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“Do you have any questions and/or concerns about completing the survey that I can help answer?”

“Thank you again for your time and I’ll look forward to receiving your completed survey”

\_\_\_END CALL\_\_\_

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## 2. VOICEMAIL

“Hello [*CD’s name*], this is —[*your name*]— from —[*ATTC RC*]—. I am calling to remind you to complete the ATTC Network Workforce Survey we [*sent you the link for on (DATE); mailed you on (DATE)*]. The survey is entitled, Vital Signs - Taking the Pulse of the Addiction Treatment Profession. As a reminder, this is a landmark data collection in that it is the first national survey of the addiction treatment workforce. I hope that you can complete it as soon as possible because your response is valued by the

**name]** permission to allow the clinical director from your facility, or the person who supervises direct care staff, to participate. The information gathered from this survey and virtual focus group will be used by the ATTC Network and the field to guide future efforts in supporting the addiction treatment workforce. Please have **[executive director name]** call me back at **[phone number]**, or **[he/she]** may email me your clinical director’s contact information, including name, email, phone number, and best way to contact them at **[your email]**. Or, if you can give me a time when **[executive director name]** is available, I can call **[him/her]** back.”

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ATTC Network, SAMHSA/CSAT and the entire addiction treatment workforce community. Your response, along with responses from your colleagues at the selected facilities, is critical in giving both the ATTC Network and the field the information needed to improve the current state of addiction treatment. Again, the survey should only take **45 minutes** to complete and the information collected will be kept private.”

“Should you need the **[link for the survey; survey mailed to you again]** please call me back at **[phone number]**. Otherwise, I’ll look forward to receiving your completed survey.”

“Thank you for taking the time to participate in this important survey.”

\_\_\_END CALL\_\_\_

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### 3. MESSAGE W/ ADMINISTRATOR/RECEPTIONIST

“Hello, this is **—[name]—** from **—[ATTC RC]—**. I am calling to remind **[CD’s name]**, to complete the Addiction Treatment Workforce Survey we **[sent him/her the link for on (DATE); mailed him/her on (DATE)]**. Please ask **[CD’s name]**, to call me back at **[phone number]**. Thank you.”

“Thank you so much for your time”

\_\_\_END CALL\_\_\_

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#### 4. EMAIL

Hello *[CD's name]*,

This is *—[name]—* from *—[ATTC RC]—*. I am writing to remind you to complete the ATTC Network Workforce Survey we *[sent you the link for on (DATE); mailed you on (DATE)]*. The survey is entitled, Vital Signs - Taking the Pulse of the Addiction Treatment Profession. As a reminder, this is a landmark data collection in that it is the first national survey of the addiction treatment workforce. I hope that you can complete it as soon as possible because your response is valued by the ATTC Network, SAMHSA/CSAT and the entire addiction treatment workforce community. Your response, along with responses from your colleagues at the selected facilities, is critical in giving both the ATTC Network and the field the information needed to improve the current state of addiction treatment. Again, the survey should only take **45 minutes** to complete and the information collected will be kept private.

#### **--Option 1**

Here again is the link to the online survey.

#### **--Option 2**

Please let me know if you need a new survey mailed to you with a return envelope and postage and I will be happy to send them.

There is a chance that more than one facility within the same agency will be selected. Need to specify to ED which facility or facilities we need the CD contact information

If more than 1 CD in place at facility, ask who would be most knowledgeable person to report on agency. Obtain contact info for **only 1** CD per facility. Agency is the governing organization and can have many facilities

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If you have any questions, please email me or give me a call at **[phone number]**. I'll look forward to receiving your completed survey.

Thank You,

**[Name & Contact Info]**

