

Attachment 1: Clinical Director Survey

OMB Number: 0930-XXXX

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ADDICTION TECHNOLOGY TRANSFER CENTER (ATTC) NETWORK

Vital Signs - Taking the Pulse of the Addictions Treatment Profession

Demographics & Professional Background

1.) Gender: Female Male Transgender

2.) Year of your birth: 19_____

3.) Are you Hispanic or Latino? Yes No

4.) Race: *(Please check all that apply)*

American Indian/ Alaska Native

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

5.) Military affiliation? *(Please check only one)*

- No Affiliation
- Reserve/National Guard
- Active Duty
- Veteran/Retired Military

6.) Highest degree status: *(Please check only 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
- Doctor of medicine
- Other *(Please specify)* _____

7.) Would you describe yourself as a person in recovery?

- Yes
- No
- I prefer not to disclose this information

8.) Please indicate below the areas of practice for which you are licensed or certified within the state in which you work:

YES NO

		Substance Abuse Counseling
		Marriage & Family Therapy
		Social Work/Clinical Social Work
		School Psychology/Educational Psychology
		General Counseling
		Other (please specify: _____)

9.) Licensed or certified as a Clinical Supervisor?

_____ NO (*Please specify reason*) _____ (please Go to question 10b)

_____ YES (please go to question 10)

10.) Please indicate State and/or National Clinical Supervision certification/licensure

_____ STATE certification/licensure

OR

_____ NATIONAL certification/licensure

OR

_____ NATIONAL **and** STATE certification/licensure

10.b) Please indicate whether Clinical Supervisor certification or licensure is available in your state.

YES

NO

11.) Currently registered in a formal program of study resulting in a certificate or academic degree:

Yes (*Please specify*) _____

No

12.) Years of experience: (*If less than one year, please record as one*)

Number of years

12a.) In the social services field, other than in
substance abuse treatment? _____

12b.) In the substance abuse treatment field? _____

12c.) At your current employer/agency? _____

12d.) In your current position? _____

13.) What is your official job title? _____

14.) Is substance abuse treatment a second career for you? Yes No

14a.) If yes, please specify your previous career: _____

15.) Is your current place of employment the only substance abuse treatment agency for which you have worked?

Yes

No

16.) Within the next 12 months, how likely is it you will? *(Please mark one response for each of the following items)*

	Not at All Likely	Not Likely	Not sure	Likely	Extremely Likely
16a.) Change job but stay at current agency	1	2	3	4	5
16b.) Change employer but stay in field	1	2	3	4	5
16c.) Leave substance abuse treatment field	1	2	3	4	5
16d.) Continue working for current employer	1	2	3	4	5

Your Work

17.) Employment status – Are you considered a
 Full-Time Part-time or Contract employee?

18.) What is the annual salary for your current position?

(Please check only one of the categories below)

Less than \$15,000 per year (less than \$1,250 per month)

\$15,000 to \$24,999 per year (\$1,250 to \$2,083 per month)

\$25,000 to \$34,999 per year (\$2,084 to \$2,916 per month)

\$35,000 to \$44,999 per year (\$2,917 to \$3,479 per month)

\$45,000 to \$54,999 per year (\$3,750 to \$4,583 per month)

_____ \$55,000 to \$64,999 per year (\$4,584 to \$5,415 per month)

_____ \$65,000 to \$74,999 per year (\$5,416 to \$6,250 per month)

_____ \$75,000 per year or higher (\$6,251 per month or higher)

_____ I prefer not to disclose this information.

19.) At this point in my career, I am making (please fill in the blank):

_____ *much less* than expected.

_____ *less* than expected.

_____ *about what* expected.

_____ *more than* expected.

_____ *much more* than expected.

20.) What percentage of time do you spend in a typical week on the following activities?

(*Numbers must add up to 100 percent.*)

_____ % Screening and assessments

_____ % Direct client therapeutic engagement

_____ % Clinical Supervision

_____ % Administrative activities

_____ % Other activities (*Please specify*) _____

100% Total

21.) How proficient are you in computers and web-based technologies for professional development?

Not at All
Proficient

Not Proficient

Somewhat
Proficient

Proficient

Extremely
Proficient

1

2

3

4

5

Clinical Supervision

22.) In what setting do you provide clinical supervision?

_____ In individual clinical supervision sessions only

_____ In group clinical supervision sessions only

_____ In both individual and group clinical supervision sessions

23.) How frequently do you provide clinical supervision?

_____ Only when there is a problem

_____ Twice a year

_____ Every two months

_____ Once a month

_____ Twice a month

_____ Weekly

24.) What observation methods do you use for conducting clinical supervision? (*check all that apply*)

_____ Videotape Review

_____ Audiotape Review

_____ Live Observation

_____ Chart Review/Review of Progress Notes

_____ Roll play

_____ Other (*Please specify*) _____

25.) In a typical clinical supervision session, approximately what percentage of time do you spend on each of the following? (*Numbers must add up to 100%.*)

_____ % Counselor case presentation

_____ % Reviewing treatment/discharge plans

_____ % Discussing counselor problems/challenges

_____ % Giving feedback on observed performance

_____ % Training/teaching specific counseling skills

_____ % Other _____

100% Total

Direct Care Staff: Questions in this section are about the **direct care** staff you supervise.

For the purposes of this survey, “direct care staff” are those staff members who spend a majority of their time providing clinical care for clients with substance use disorders as their primary diagnosis.

26. Number of direct care staff you supervise? _____

27a.) How many are:

_____ Full-time staff

_____ Part-time staff

_____ On call or PRN (as needed) staff

27.) Number of direct care staff members who are:

_____ Female _____ Male _____ Transgender

28.) Number of direct care staff members who are of the following age ranges?

_____ 18-24

_____ 25-34

_____ 35-44

_____ 45-54

_____ 55-64

_____ 65+

_____ Unknown

29.) Number of direct care staff who are of Hispanic or Latino/a background: _____

30.) Number of direct care staff who are of the following races/ethnicities: *(Please count all staff who represent each category. This may mean counting certain staff twice if they represent more than one ethnic group. If you are unsure of a certain person's race please tick "Missing"*

_____ American Indian

_____ Alaska Native

_____ Asian American

_____ Native Hawaiian/Other Pacific Islander

_____ Black or African American

_____ White

_____ Missing

31.) Number of direct care staff with one of the following military affiliations: *(please only count each staff person once)*

_____ No Affiliation

_____ Reserve/National Guard

_____ Active Duty

_____ Veteran/Retired Military

_____ Do not know

32.) Number of direct care staff that you are aware of in recovery from a substance use disorder

_____.

33.) Number of direct care staff with the following certification and/or licensure status in the substance abuse treatment field:

- _____ Never certified/licensed
- _____ Previously certified/licensed, but not currently
- _____ Pursuing certification/licensure
- _____ Certification/licensure pending
- _____ Currently certified/licensed
- _____ Awaiting reciprocity
- _____ Unknown

34.) The choices in this question relate to the highest level of education achieved. Please indicate the number of direct care staff who fall into each category. *(please count each staff member once)*

- _____ 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
- _____ Doctor of medicine
- _____ Unknown
- _____ Other *(Please specify)* _____

35.) Number of direct care staff who have worked at your facility for each period of time. *(please only count each staff person once)*

	Number of staff
Less than 1 year	_____

- 1-5 years _____
- 5-10 years _____
- 10-15 years _____
- 15-20 years _____
- 20+ years _____
- Unknown _____

Your Treatment Facility Questions in this section should be completed only for the treatment facility or program at the location indicated on the front cover of this questionnaire.

For the purposes of this survey, “this facility” means the specific treatment facility or program whose name and location are printed on the front cover.

36.) Number of staff in your agency with the following roles: *(please only count each staff person once based on their main function)*

- _____ Clinical Supervisor
- _____ Other Supervisor
- _____ Certified Counselor
- _____ Non-certified Counselor
- _____ Case Manager
- _____ Counselor Aide/Technician
- _____ Social Worker
- _____ Nurse
- _____ Recovery/peer support specialist
- _____ Other *(Please specify)* _____

37.) Over the past six months, what is the average client caseload carried by individuals in each of the following staff categories? *(Please place a check mark in the appropriate column for each staff category)*

Staff Category	Average Caseload				
	0 clients	1-10 clients	10-20 clients	20-30 clients	30+ clients
Program Director					
Clinical Supervisor					
Certified/licensed counselor					
Non-Certified counselor					
Case manager					
Counselor Aide/technician					
Social worker					
Nurse					
Recovery/peer support specialist					

38.) Do you consider the caseload carried by direct care staff at your program to be:

Too Small About Right Too Large Don't know

39.) Total number of individuals in your facility who provide clinical supervision as part of their job function? _____

40.) Is your treatment facility able to bill for clinical supervision?

Yes

_____ No

Recruitment, Retention & Staff Development

For the purposes of this survey, “direct care staff” are those staff members who spend a majority of their time providing clinical care for clients with substance use disorders as their primary diagnosis.

41.) Please answer the following based on your facility’s full time positions *over the past 12 months*:

How many direct care staff are needed in order to be fully staffed at this program or facility?	
How many direct care staff were hired for this program or facility?	
How many direct care staff left (terminated, resigned, laid-off) from this program or facility?	
On the date that you are completing this survey, how many direct care staff are employed for this program or facility?	

42.) Does your facility have any difficulties filling open positions for **direct care** staff?

_____ Yes _____ No

If yes, why? *(Please check all that apply.)*

<input type="checkbox"/>	Insufficient number of applicants who meet minimum qualifications
<input type="checkbox"/>	Insufficient funding for open positions
<input type="checkbox"/>	Small applicant pool due to geographic area surrounding work setting
<input type="checkbox"/>	Lack of interest in position (nature of work, stigma)

	Lack of interest in position (salary)
	Lack of interest in location of facility
	Reputation of the facility
	Lack of opportunity for advancement
	Don't know
	Other (<i>Please specify</i>) _____

43.) If applicants do not meet the minimum qualifications, what are some of the reasons? (*Please check all that apply.*)

	Little or no experience in substance abuse treatment
	Insufficient or inadequate training and education
	Lack of social or interpersonal skills
	Lack of practical applied skills
	Lack of appropriate certification
	Don't know
	Other (<i>Please specify.</i>) _____
	Not applicable, generally applicants are qualified

44.) Please indicate the degree to which you agree or disagree with the following statements about your facility's recruitment strategies:

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
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My facility has formalized relationships with community colleges and/or universities which provide internship and/or practica placements for students at this facility.	1	2	3	4	5
My facility has made a concerted effort to recruit individuals from under-represented groups (including minorities, LGBTQ, etc.) in the past year.	1	2	3	4	5
My facility's efforts to recruit individuals from under-represented groups in the past year have been effective.	1	2	3	4	5
My facility has designated positions for peer-recovery specialists and/or other positions specifically for persons in recovery.	1	2	3	4	5
My facility has made a concerted effort to recruit individuals in recovery in the past year at this facility.	1	2	3	4	5
My facility's efforts to recruit persons in recovery in the past year have been effective.	1	2	3	4	5

45.) Of the new employees hired at this facility in the past 12 months, please identify the primary recruitment source(s): *(Please check all that apply.)*

<input type="checkbox"/>	Newspaper advertisement
<input type="checkbox"/>	Web-based classifieds (e.g., Monster.com; Jobbing.doc,etc.)
<input type="checkbox"/>	Informal contacts

	Professional placement agency/other external employment placement agency
	Agency-based internships or practica placements converted to employment positions
	Facility mailing list
	Universities and colleges
	Other (<i>Please specify</i>): _____

46.) Which of the following employee benefits are available in your facility? (*Please check all that apply*)

Benefits	Available for some, but not all permanent employees	Available for all permanent employees	Not available at this facility
Paid vacation			
Paid sick time			
Flex time scheduling			
Group health insurance			
Life insurance			
Retirement/Annuity			
Paid educational assistance			

47.) In your opinion, how well does your facility do in implementing the following staff retention strategies? .

	Not well at all	Somewhat well	Not sure	Well	Very well
More frequent salary increases	1	2	3	4	5
Mentoring opportunities	1	2	3	4	5
Individual recognition and appreciation	1	2	3	4	5
Opportunities for program input	1	2	3	4	5
Varied work opportunities	1	2	3	4	5
Health coverage and other benefits	1	2	3	4	5
Reduce paperwork burden	1	2	3	4	5
Promote career growth	1	2	3	4	5
Promotion opportunities	1	2	3	4	5
Access to ongoing training	1	2	3	4	5

Better management and supervision	1	2	3	4	5
Supportive facility culture	1	2	3	4	5
Physical work environment	1	2	3	4	5
Smaller caseloads	1	2	3	4	5
Shorter hours/flextime/job sharing	1	2	3	4	5

48.) How does your facility develop skills and enhance the abilities of **direct care** substance abuse treatment staff? *(Please check all that apply.)*

	Provides new staff orientation
	Ongoing staff training (in-service, off site)
	Offers in-house mentoring program
	Provides direct supervision
	Pays cost of continuing education
	Don't know
	Other <i>(Please specify.)</i> _____
	Has no method/program to develop skills of staff

49.) Which of the following barriers have you encountered in an effort to offer training and continuing educational opportunities to your staff in the past 12 months? *(Please check all that apply)*

	There is a lack of available training opportunities, workshops, conferences and/or in-services educational opportunities.
	The budget at this facility does not allow most program staff to attend trainings.
	Topics presented at recent training workshops and conferences have been too limited.
	Training opportunities take too much time away from the delivery of program services.
	Training is not a priority at my work setting.

	There are too few rewards for trying to change treatment or other procedures in my work setting.
	Training opportunities are not local.
	Other barriers (Please specify) _____
	None of the above.

50.) Please indicate the degree to which you agree or disagree that your staff need training in the following common practice areas.

	Strongly disagree	Disagree	Not Sure	Agree	Strongly Agree
Assessing client needs	1	2	3	4	5
Using client assessments to guide clinical care and program decisions	1	2	3	4	5
Using client assessments to document client improvements	1	2	3	4	5
Matching client needs with services	1	2	3	4	5
Increasing program participation by clients	1	2	3	4	5
Improving rapport with clients	1	2	3	4	5
Improving client thinking and problem solving skills	1	2	3	4	5
Improving behavioral management of clients	1	2	3	4	5
Improving cognitive focus of clients during group counseling	1	2	3	4	5
Identifying and using evidence-based practices	1	2	3	4	5

Identifying and using evidence-based practices related to co-occurring substance use and mental health disorders	1	2	3	4	5
Identifying and using evidence-based practices related to trauma treatment and recovery	1	2	3	4	5

51.) Please indicate the degree to which you agree or disagree with the following statements about your facility's staff development strategies:

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
This facility has formal policies that provide tuition reimbursement.	1	2	3	4	5
This facility has a formalized policy regarding continuing education requirements for staff.	1	2	3	4	5
This facility has budgetary targets (set-asides) for continuing education of staff.	1	2	3	4	5
This facility has a formalized strategy for career progression of staff.	1	2	3	4	5
This facility provides a salary differential for bilingual staff.	1	2	3	4	5

Technology

52.) Does your facility have an electronic health records (EHR) system for encoding and tracking in the following areas: *(Please check all that apply.)*:

My facility does not have an EHR system. (Please proceed to question 53)

Intake/ Assessment

Patient Demographics

Clinical notes

Lab Reports

Discharge Summaries

Referrals

53.) If your facility has NOT implemented an EHR system, please indicate which of the following are barriers to its implementation *(Please check all that apply.)*:

The amount of capital needed to purchase and implement an EHR system

Uncertainty about the return on investment (ROI) from an EHR system

Concerns about the ongoing cost of maintaining an EHR system

Resistance to implementation from staff

Resistance to implementation from other providers

Lack of capacity to select, contract for, and implement an EHR system

Disruption in clinical care during implementation

Lack of adequate IT staff to implement and maintain an EHR system

Concerns about inappropriate disclosure of patient information

Concerns about illegal record tampering or “hacking”

Finding an EHR system that meets your organization’s needs

Concerns about a lack of future support from vendors for upgrading and maintaining the EHR system

54.) Please check all that apply regarding technology access at your facility.

_____ I have access to an individual email account at work.

_____ I have access to a shared email account at work.

_____ I use the Internet for web learning (webinars, information gathering, research, etc.).

_____ Direct care staff have access to the Internet during work hours.

_____ Direct care staff have access to individual email accounts at work.

_____ Direct care staff have access to shared email accounts at work.

_____ Direct care staff use the Internet for web learning
(webinars, information gathering, research, etc.).

Staff competency related to diversity

55.) Over the past 12 months, has your facility provided training to staff on culturally responsive substance abuse treatment (e.g., values, principles, practices, and procedures)?

_____ Yes _____No

56.) Over the past 12 months, has your facility provided training to staff on gender responsive substance abuse treatment (e.g., values, principles, practices, and procedures)?

_____ Yes _____No

57.) Please indicate the degree to which you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
My facility considers cultural and linguistic differences in developing treatment practices.	1	2	3	4	5
My facility systematically reviews procedures to ensure delivery of culturally competent services.	1	2	3	4	5
My facility uses culturally and linguistically appropriate resource materials (including communication technologies) to inform diverse groups about substance use disorders.	1	2	3	4	5
My facility has program forms and documents available in the languages of our service population.	1	2	3	4	5

My facility provides individual or group counseling in the languages of our service population.	1	2	3	4	5