

## **Attachment 1: Clinical Director Survey**

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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
- 2.) Year of your birth: 19\_\_\_\_\_
- 3.) Are you Hispanic or Latino?  Yes  No
- 4.) Race: (*Select one or more*)  
 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

<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Counseling
<input type="checkbox"/>	<input type="checkbox"/>	Marriage & Family Therapy
<input type="checkbox"/>	<input type="checkbox"/>	Social Work/Clinical Social Work
<input type="checkbox"/>	<input type="checkbox"/>	School Psychology/Educational Psychology
<input type="checkbox"/>	<input type="checkbox"/>	General Counseling
<input type="checkbox"/>	<input type="checkbox"/>	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

10b.) 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? \_\_\_\_\_

26b.) 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

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 are 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



	Small applicant pool due to geographic area surrounding work setting
	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
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)*

	Newspaper advertisement
	Web-based classifieds (e.g., Monster.com; Jobbing.doc,etc.)
	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	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Mentoring opportunities	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Individual recognition and appreciation	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Opportunities for program input	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Varied work opportunities	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Health coverage and other benefits	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Reduce paperwork burden	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Promote career growth	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Promotion opportunities	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Access to ongoing training	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Better management and supervision	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Supportive facility culture	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Physical work environment	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Smaller caseloads	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Shorter hours/flextime/job sharing	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

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 ( <i>Please specify</i> ) _____
	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	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Identifying and using evidence-based practices	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

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.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
This facility has a formalized policy regarding continuing education requirements for staff.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
This facility has budgetary targets (set-asides) for continuing education of staff.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
This facility has a formalized strategy for career progression of staff.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
This facility provides a salary differential for bilingual staff.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>



## **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.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
My facility systematically reviews procedures to ensure delivery of culturally competent services.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
My facility uses culturally and linguistically appropriate resource materials (including communication technologies) to inform	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

diverse groups about substance use disorders.					
My facility has program forms and documents available in the languages of our service population.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
My facility provides individual or group counseling in the languages of our service population.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>