## **Attachment 2: SSA/Designate Interview Protocol**

Expiration Date: xx/xx/xx

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 60 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, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

## Introductory Protocol and verbal consent

Hello, this is [Name of the interviewer] from [ATTC NO]. I am calling you to conduct the interview that we have scheduled for today. Thank you for agreeing to participate in this study. The information you provide will be used to develop a report for SAMHSA to share with state substance abuse authorities to help them improve recruitment and retention of addiction treatment staff across the country.

Read above public burden statement.

Do you wish to participate?

Please tell me more about \_\_\_\_\_\_?

Could you elaborate \_\_\_\_\_

Probes:

The interview is expected to take no more than an hour. During this time you will answer a number of open-ended questions. If you feel uncomfortable at any point, you can decline to answer any question or end the interview.

To facilitate our note-taking, we would like to audio tape our conversation today. For your information, only researchers on the project will have access to the voice recordings which will be eventually destroyed after they are transcribed. The results of the research study may be published, but your name will not be used. It is required by IRB that we ask for your verbal consent to conduct this interview.

Do you wish to participate? Recor	d Subject's response: Yes No
Do you agree to be audio-taped?	Record Subject's response: Yes No
Interview Questions	
Q1. What concerns, if any, do you have your state?	ve about the addiction treatment work force in

Q2. What does your state agency do to support/enhance recruitment and retention of direct service staff?
Q3. Do you foresee a need to change training plans, certification standards or other activities in the next five years?
Q4. How have you adjusted your workforce development efforts in the past five years?
Q5. What do some of organizations in your state do differently to stand out above the rest when it comes to SUD workforce retention and recruitment?
Probes: Tell me more about
Q6. What are the contextual factors (area of the state, population served, etc.) that might help these organizations stand out?
Q7.What retention and recruitment factors would help any organization stand out?
Q8. If you had the power/resources to do anything, what policies or changes would you implement to support/enhance recruitment and retention?
Probes: Is there anything else you would like to add?
Thank you very much for taking the time to talk with me about your experience with recruitment and retention of addiction treatment staff. Your input is going to be very valuable to the continuing development of this project.