

Survey Instrument

2021 Survey of Behavioral Health Workforce Providers

Licensure and Training

1) Which of the following professional licenses do you currently hold? (Check all that apply)

Licensed Psychologist

Licensed Clinical Social Worker

Licensed Marriage and Family Therapist

Licensed Professional Counselor or Licensed Mental Health Counselor (e.g. LPC, LMHC, LCPC, LPCC, LCMHC, LMHP, etc.)

Licensed Addiction Counselor (e.g. LADC, LSDC, etc.)

Other (please specify): _____

2) Do you hold any additional professional certifications in substance use disorder counseling?

Yes (please list certifications): _____

No

Other (please specify): _____

3) In what state(s) or territory(ies) are you currently licensed as a {display options selected from Question #1}? (Check all that apply)

Alabama

Alaska

American Samoa

Arizona

Arkansas

California

Colorado

Connecticut

Delaware

District of Columbia

Florida

Georgia

Guam

Hawaii

Idaho

Illinois

Indiana

Iowa

Kansas

Kentucky

Louisiana

Maine

- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- U.S. Virgin Islands
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

- 4) Are you currently seeing behavioral health clients in a position that requires a professional license?
- Yes
 - No

Logic: Hidden unless: Question "Are you currently seeing behavioral health clients in a position that requires a professional license?" #4 is one of the following answers ("No").

- 5) What best describes your current practice status?
- Actively seeing clients in a position that does not require a professional license
 - Working in the field of behavioral health but not seeing clients

- Actively working in a field other than behavioral health
- Retired
- Temporarily out of practice
- Other (please specify): _____

- 6) What is your highest educational degree?
- Doctorate in Counseling (PhD, EdD)
 - Doctorate in Marriage and Family Therapy (PhD, DMFT, EdD)
 - Doctorate in Psychology (PhD, PsyD, EdD)
 - Doctorate in Social Work (PhD, DSW, EdD)
 - Masters in Counseling
 - Masters in Marriage and Family Therapy
 - Masters in Psychology
 - Master of Social Work
 - Other (please specify): _____

7) In what year did you complete your highest earned degree? (YYYY)

- 8) In what state or territory did you complete your highest educational degree?
- Alabama
 - Alaska
 - Arizona
 - Arkansas
 - California
 - Colorado
 - Connecticut
 - Delaware
 - District of Columbia
 - Florida
 - Guam
 - Georgia
 - Hawaii
 - Idaho
 - Illinois
 - Indiana
 - Iowa
 - Kansas
 - Kentucky
 - Louisiana
 - Maine
 - Maryland
 - Massachusetts
 - Michigan

- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- U.S. Virgin Islands
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Outside United States

Focus of Practice

9) With which client populations do you currently work? (Check all that apply)

- Adolescents (ages 12-17)
- Adults (ages 18-64)
- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Children (ages 5-11)
- Hispanic, Latino/a, or Spanish origin
- Immigrants
- Individuals experiencing homelessness

- Individuals for whom English is a second language
- Individuals with developmental disabilities
- Individuals with justice-involvement (currently or formerly)
- Individuals with low socioeconomic status
- LGBTQ
- Military Service Members and dependents
- Native Hawaiian or other Pacific Islander
- Pregnant/postpartum women
- Rural/agricultural
- Seniors (older adults aged 65+)
- Veterans
- Other (please specify) _____

10) What behavioral health services do you provide? (Check all that apply)

- Applied behavioral analysis
- Assertive community treatment (ACT)
- Care coordination
- Case management
- Crisis stabilization
- Discharge planning services
- Diversion and jail-based services
- Family therapy
- Group therapy
- Health home
- Home and community-based services
- Individual counseling
- Integrated health care services or collaborative care
- Intensive outpatient treatment (IOT) or intensive outpatient program (IOP)
- Medication assisted treatment (MAT)
- Medication management/reconciliation
- Opioid Treatment Program (OTP)
- Outpatient behavioral health services
- Partial hospitalization program (PHP)
- Peer support services
- Prescribe medications
- Psychological assessment
- Psychological diagnosis
- Psychological screening/testing
- Substance use treatment services
- Support and recovery services
- Other (please specify): _____

11) On average, how many clients do you see in a typical week (across all locations/positions if more than one)?

() Clients/Week _____

12) What types of insurance do you accept? (Check all that apply)

Medicaid

Medicare

Commercial insurance

TRICARE (Military/DOD)

Self-pay

Other (please specify): _____

Do not take insurance

13) What is the average number of hours you spend per week on each major job activity (across all positions/locations if more than one)? Please provide your best estimate.

	Number of Hours Per Week
Direct client care/clinical services	_____
Clinical supervision	_____
Care coordination/case management (including work with other human/social support services such as local housing, job support and social networks)	_____
Other (e.g. research, administration)	_____

14) What was your annual income in 2020 (across all locations/positions if more than one)? (in US\$)

() Less than \$40,000

() \$40,000 - \$54,999

() \$55,000 - \$69,999

() \$70,000 - \$84,999

() \$85,000 - \$99,999

() \$100,000 - \$114,999

() \$115,000 - \$129,999

() \$130,000 - \$144,999

() \$145,000 - \$159,999

() \$160,000 or more

() Prefer not to answer

Practice Setting

15) Which of the following best describes your current employment arrangement at your primary practice location? (Where you spend the most time)

() Contracted by organization

() Employed directly by organization

() Self employed

() Volunteer, intern, or trainee

16) What is the treatment focus of your primary practice location?

() Mental Health

- Substance Use Disorder
- Integrated Mental Health and Substance Use Disorder (MH/SUD)
- Primary Care
- Integrated MH/SUD and Primary Care
- Other (please specify): _____

17) Which of the following best describes your primary practice setting? (Where you spend the most time)

OUTPATIENT/AMBULATORY FACILITY

- Certified community behavioral health clinic
- Community health center or clinic
- Community mental health center or clinic
- Physicians' office or other outpatient clinic
- Private practice (including home office or other setting)
- Psychiatric rehabilitation facility (stand-alone)
- Rural health clinic
- Substance use disorder treatment center (including withdrawal management)

INPATIENT, RESIDENTIAL, OR LONG-TERM CARE FACILITY

- Inpatient psychiatric or addiction treatment hospital
- Academic medical center
- Community hospital
- Residential treatment facility (e.g. group home, supportive housing for individuals with mental illness, transitional housing)
- Long term care facility or nursing home
- Long-term acute care facility (LTAC)
- Crisis residential facility
- Hospice or palliative care facility
- Rehabilitation facility

OTHER SETTING

- Academic department at a college or university
- Criminal justice system
- Government agency (e.g. child welfare agency, social service agency, veterans, etc.)
- Managed care organization
- School (pre-K, elementary, middle, or high school)
- Student health or counseling center at a college or university
- Other (please specify): _____

18) What is the zip code of your primary practice location? (5 digits)

19) Do you use telehealth/telemedicine as part of your job responsibilities?

- Yes, starting before COVID-19 pandemic
- Yes, starting during/after COVID-19 pandemic
- No

20) Were you ever furloughed or did you otherwise stop seeing clients due to the COVID-19 pandemic?

- Yes, was temporarily furloughed but am now back in practice
- Yes, am currently furloughed or laid off but hope to resume practice soon
- Yes, permanently left practice as a result of pandemic
- No, but significantly reduced client activity during pandemic
- No, and my client activity significantly increased due to pandemic
- No change in practice activity due to pandemic.

21) Do you expect to retire in the next 12 months?

- Yes
- No
- Don't know

Career Satisfaction

22) How would you rate your overall satisfaction with your career?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

23) Overall, based on your definition of burnout, how would you rate your level of burnout?

- I enjoy my work. I have no symptoms of burnout.
- Occasionally I am under stress and I don't always have as much energy as I once did, but I don't feel burned out.
- I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
- The symptoms of burnout that I am experiencing won't go away. I think about frustration at work a lot.
- I feel completely burned out and often wonder if I can go on. I am at a point where I may need some changes or may need to seek some sort of help.

Demographics

24) What is your birth year? (YYYY)

25) How would you describe your race/ethnicity? (Check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

Other (please specify) _____

Decline to answer

26) What is your gender?

Female

Male

Prefer to self-describe as: _____

Decline to answer

27) Do you consider yourself to be:

Bisexual

Gay or lesbian

Heterosexual or straight

Different identity (please state): _____

Decline to answer

28) Do you have a National Provider Identification (NPI) number?

NPI is a unique 10-digit identification number issued to health care providers in the U.S. by the Centers for Medicare & Medicaid Services.

Yes

No

Don't know

Thank you for participating in this important survey. Your responses will provide critical insight into the workforce caring for individuals with mental health and substance use disorders.