Survey Instrument

2021 Survey of Clinical 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 providing behavioral health treatment or services to 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 providing services to behavioral health 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**

When answering the following questions about the focus of your practice, please think about a typical week and across all locations/positions if you work in more than one.

9) With which client populations do you primarily work in a typical week? (Check all that apply)

a) Client age groups:

[ ] Children (ages 5-11)

[ ] Adolescents (ages 12-17)

[ ] Adults (ages 18-64)

[ ] Seniors (older adults aged 65+)

[ ] No specific age groups

b) Client racial and ethnic groups:

[ ] American Indian or Alaska Native

[ ] Asian or Asian American

[ ] Black or African American

[ ] Hispanic, Latino/a, or Spanish origin

[ ] Native Hawaiian or Other Pacific Islander

[ ] White

[ ] Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] No specific racial/ethnic populations

C) In a typical week, do you see any of the following special populations? (Check all that apply)

[ ] 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

[ ] Pregnant/postpartum women

[ ] Rural/agricultural

[ ] Veterans

[ ] Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] No special populations

10) What behavioral health services do you provide in a typical week? (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)

[ ] Other Federal insurance (VA, CHAMPVA)

[ ] 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.