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Survey of Program Training Needs (TCU PTN) Program Director Version (TCU PTN-D)

To be completed by Program Director

Please answer the following questions by filling in the circle that describes your substance abuse program. For the purpose of this survey, a “program” refers to a single treatment modality (e.g., outpatient or therapeutic community) at a single site delivered by a designated staff.

Are you: Male Female Your Birth Year: 19|_|_|

Are you Hispanic or Latino? No Yes

Are you: [MARK ONE]

<input type="radio"/> American Indian/Alaska Native	<input type="radio"/> White
<input type="radio"/> Asian	<input type="radio"/> More than one race
<input type="radio"/> Native Hawaiian or Other Pacific Islander	<input type="radio"/> Other (specify): _____
<input type="radio"/> Black or African American	

1. Today’s Date: /___/___ // ___/___ // ___/___ /
MO DAY YR

2. Zip code of program: /___/___/___/___/___/___

<i>Number of Years</i>							
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8+</i>

3. How many years has this program been in operation?

4. Background:

Years you have worked –

a. in the drug treatment <u>field</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. at this <u>program</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. in your current <u>position</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DESCRIPTION OF PROGRAM

5. Which of the following best describes this program? (MARK ONE)

- Intensive outpatient – 9 or more hours of structured programming per week (non-methadone)*
- Outpatient services – less than 9 hours of structured programming per week (non-methadone)*
- Outpatient methadone*
- Therapeutic community*
- Inpatient/residential*
- Halfway house/work release*
- Intensive supervision/revocation*
- Other (please specify) _____*

6. Which one category best describes the primary setting of this program? (MARK ONE)

- | | |
|---|---|
| <input type="radio"/> <i>Health Maintenance Organization
or Integrated Health Plan Facility</i> | <input type="radio"/> <i>Free-standing substance abuse agency</i> |
| <input type="radio"/> <i>Hospital or university</i> | <input type="radio"/> <i>Family/children service agency</i> |
| <input type="radio"/> <i>Psychiatric or other
specialized hospital</i> | <input type="radio"/> <i>Social services agency</i> |
| <input type="radio"/> <i>Health center (including
primary care setting)</i> | <input type="radio"/> <i>Other multi-service agency</i> |
| <input type="radio"/> <i>Mental health service setting
or community mental health clinic</i> | <input type="radio"/> <i>Jail or prison</i> |
| | <input type="radio"/> <i>Juvenile detention</i> |
| | <input type="radio"/> <i>Private or group practice</i> |
| | <input type="radio"/> <i>Other (please specify) _____</i> |

7. Location of facility/program: (MARK ONE)

- Rural* *Suburban* *Urban*

8. Program provider/ownership: (MARK ONE)

- | | |
|--|---|
| <input type="radio"/> <i>Private for profit</i> | <input type="radio"/> <i>Federal Department of Defense</i> |
| <input type="radio"/> <i>Private not for profit</i> | <input type="radio"/> <i>Federal Bureau of Prisons</i> |
| <input type="radio"/> <i>Public not for profit</i> | <input type="radio"/> <i>Indian Health Services</i> |
| <input type="radio"/> <i>State government</i> | <input type="radio"/> <i>Other federal agency</i> |
| <input type="radio"/> <i>Tribal government</i> | <input type="radio"/> <i>Local, county, or community government</i> |
| <input type="radio"/> <i>Federal Department of Veteran Affairs</i> | <input type="radio"/> <i>Other public corporation</i> |

9. Type of substance abuse problems treated: (MARK ONE)

- Alcohol problems only*
- Drug problems only*
- Both alcohol and drug problems*

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10. Is this program/facility accredited or licensed by –
- a. *Joint Commission on Accreditation of Healthcare Organizations (JCAHO)?* No Yes
 - b. *Commission on Accreditation of Rehabilitation Facilities (CARF)?* No Yes
 - c. *State alcohol and drug abuse department/agency?* No Yes
 - d. *State mental health department/agency?* No Yes
 - e. *State Department of Public Health?* No Yes
 - f. *American Correctional Association (ACA)?* No Yes
 - g. *Other? (please specify) _____* No Yes

STAFFING (for this program location)

11. Current number of counselors: ... 1 2-3 4-7 8-15 > 15
12. Average number of clients treated per month: 1-20 21-40 41-80 81-160 >160
13. Average number of new admissions per month: 1-10 11-20 21-30 31-40 > 40
14. Average counselor caseload (clients per counselor): 1-10 11-20 21-30 31-40 > 40

<i>Number of Counselors</i>							
<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7+</i>

15. Estimated number of counselors –
- a. hired in the last 6 months?
 - b. who have left the program in the last 6 months?
 - c. with less than 2 years with program? ...
 - d. with 2-9 years with program?
 - e. with 10 or more years with program? ..

16. Has there been a change in the following positions in the last year?
- a. *Agency Director/CEO/Commissioner* No Yes
 - b. *Director of substance abuse program/services* No Yes
 - c. *Program/Clinical Director* No Yes
 - d. *Chief Financial Officer* No Yes
 - e. *Other management positions* No Yes

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<i>Disagree Strongly (1)</i>	<i>Disagree (2)</i>	<i>Uncertain (3)</i>	<i>Agree (4)</i>	<i>Agree Strongly (5)</i>
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Your program needs additional guidance in –

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 17. documenting <u>service needs</u> of clients for making treatment placements. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. tracking and evaluating <u>performance of clients</u> over time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. obtaining information that can document <u>program effectiveness</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. automating client records for <u>billing and financial</u> applications. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. evaluating <u>program staff performance</u> and organizational functioning. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. <u>selecting</u> new treatment interventions and strategies for which program staff need training. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. improving the recording and retrieval of <u>financial information</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. generating timely “ <u>management</u> ” reports on clinical, financial, and outcome data. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Your counseling staff needs more training for –

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 25. assessing client <u>problems and needs</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. increasing client <u>participation</u> in treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. monitoring client <u>progress</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. improving <u>rapport</u> with clients. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. improving client <u>thinking</u> skills. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. improving client <u>problem-solving skills</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. improving <u>behavioral management</u> of clients. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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<i>Disagree Strongly</i> (1)	<i>Disagree</i> (2)	<i>Uncertain</i> (3)	<i>Agree</i> (4)	<i>Agree Strongly</i> (5)
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- 32. improving cognitive focus of clients during group counseling.
- 33. using computerized client assessments.
- 34. working with staff in other units/agencies.

Current pressures to make program changes come from –

- 35. clients in the program.
- 36. program staff members.
- 37. program supervisors or managers.
- 38. agency board members/ central administration.
- 39. community action groups.
- 40. funding and oversight agencies.
- 41. accreditation or licensing authorities.
- 42. criminal justice administrators.

Diagnostics and Billing Issues

- 43. Formal DSM diagnoses are necessary for reimbursement for services or documentation of your program needs.
- 44. Formal DSM diagnoses are necessary for preparing client treatment plans.
- 45. Most of your program staff are adept at using formal DSM diagnoses in planning treatment.

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<i>Disagree Strongly (1)</i>	<i>Disagree (2)</i>	<i>Uncertain (3)</i>	<i>Agree (4)</i>	<i>Agree Strongly (5)</i>
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- 46. Training to use brief diagnostic screening tools would be helpful to program staff.
- 47. Charges/fees for services (e.g., individual/group counseling, intake assessment, etc.), are often based on standard reimbursement rates rather than real program costs.
- 48. Documented costs for each unit of service (e.g., 1 hour of therapy, 1 day of treatment, etc.) would help negotiate reimbursement rates.
- 49. Brief accounting tools and training are needed to document all resources used in providing units of service.
- 50. Cost benchmarks from programs of similar size and type would improve decisions about services and program management.
- 51. You need guidelines for interpreting costs in relation to program effectiveness.

Ratings of your organizational (e.g., program, unit, or facility) environment –

<i>Very</i>	<i>Some- What</i>	<i>In Between</i>	<i>Some- What</i>	<i>Very</i>
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- 52. *Stable* *Unstable*
- 53. *Uncertain* *Certain*
- 54. *Complex* *Simple*
- 55. *Changing* *Unchanging*