

# Appendix A: Program Questionnaire

## A. Organizational Information

1. Name of Program

2. Name of Person Completing Application

3. Phone Number

4. Email address

5. Official Job Title

6. Primary Site Address

6a. Satellite Address (if any)

6b. Satellite Address (if any)

6c. Satellite Address (if any)

7. How long has program been admitting clients?

8. How many clients are currently enrolled?

9. Please indicate which criteria would deny a client admission to your program (check all that apply).

a. No Exclusionary Criteria

f. Criminal Record

b. Juvenile status (aged 17 or younger)

g. Known gang affiliation

c. Severe or persistent mental illness

h. Pregnancy

d. Severe mental retardation

i. History of Violence

e. Severe medical condition

j. Other (specify)

Please Specify "Other" Criteria

10. This program is an OASAS-certified 822  
Opioid and Outpatient Treatment Program

Yes

No

If NO, please specify what type of program

## B. Client Demographics

11. What percentage of your currently  
enrolled clients are Hispanic?

**12. What percentage of your currently enrolled clients are (responses should add to 100%):**

- a. Black or African American
- b. American Indian or Alaskan Native
- d. Asian
- c. Native Hawaiian or Other Pacific Islander
- e. White
- f. Multi-racial (more than one race)
- g. Other

IF "NEVER" Skip to 30D, otherwise answer the following question:

Please Specify "Other" Race/Ethnicity

**13. What percentage of your currently enrolled clients are (responses should add to 100%):**

- a. Male
- b. Female
- c. Transgender or Gender non-conforming

**14. What percentage of your currently enrolled clients report their primary drug of choice as:**

- a. Alcohol
- b. Marijuana or hashish
- c. Opioids (e.g., Heroin, Opium)
- d. Prescription Opioids (Oxycodone, Fentanyl)
- e. Stimulants (Cocaine, Methamphetamine)
- f. Hallucinogens and Club Drugs (LSD, MDMA)
- g. Inhalants (solvents, gas, nitrates)
- h. Benzodiazepines (Xanax, Valium)
- i. Other primary drug of choice

Please specify other drug of choice

**15. What percentage of your currently enrolled clients have a mental health diagnosis of:**

- a. Depressive disorders
- b. Anxiety or phobic disorders
- c. Bi-polar disorders
- d. Post-Traumatic Stress Disorder (PTSD)

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- e. Personality Disorders
- f. Schizophrenia or other psychotic disorders
- g. Other mental health diagnosis

Please specify other mental health diagnosis

### **C. Program Staffing**

**16. For each staff category below, indicate the number of Full Time Equivalent (FTEs) currently employed**

- a. Administrative Staff
- b. CASAC
- c. Mental health counselors
- d. Social Workers (MSM, LMSW, LCSW)
- e. Psychologists
- f. Psychiatrists
- g. Family therapists
- h. Vocational or Rehabilitation Counselors
- i. Physicians (do not include psychiatrists)
- j. Physician's Assistant or Nurse Practitioner
- k. Registered Nurse or Lic. Vocational Nurse
- l. Other staff

Specify other staff currently employed

- m. Other staff

Specify other staff currently employed

**17. How many of the staff that you employ currently provide clinical supervision for your program?**

## D. Program Structure

18. Does the program have a written treatment protocol for clients? Yes No Not sure

19. Does the program have a written clinical policy manual for staff? Yes No Not sure

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20. Does this program have an administrative policy manual? Yes No Not sure

21. Is there a structured approach to treatment that the program follows with all clients (e.g., a specific number and type of group and/or individuals sessions)? Yes No Not sure

If yes, please describe this approach

22. Is there a structured content to client groups and/or individual sessions (e.g., the use of client workbooks)? Yes No Not sure

If yes, please describe this content

## E. Assessing Impact and Effectiveness

23. Our program conducts its own internal assessment to determine the impact of treatment on our clients Yes No Not sure

24. The government assesses program impact and effectiveness Yes No Not sure

25. The program participates in an external assessment, including follow-up studies of program clients to determine success Yes No Not sure

- |  |     |    |          |
|--|-----|----|----------|
| 26. The program participates in separately funded treatment research studies | Yes | No | Not sure |
| 27. The program uses objectives measures of client progress in treatment     | Yes | No | Not sure |

If yes, describe or list these measures:

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## Staff Supervision

- |   |     |    |          |
|---|-----|----|----------|
| 28. Are there regularly scheduled formal <u>group supervision meetings</u> during which clinical staff discusses their clients? | Yes | No | Not sure |
|---|-----|----|----------|

28a. If YES, how often do these formal group supervision meetings occur?

- |   |     |    |          |
|---|-----|----|----------|
| 29. Are there regularly scheduled formal <u>individual supervisory meetings</u> between supervisor and clinical counselors? | Yes | No | Not sure |
|---|-----|----|----------|

29a. If YES, how often do these formal individual supervision meetings occur?

- |  |     |    |          |
|--|-----|----|----------|
| 30. Are there regular performance reviews of clinical staff based on defined criteria in order to assess their clinical effectiveness? | Yes | No | Not sure |
|--|-----|----|----------|

## G. Evidence-Based Treatment Practices

31. Please indicate the extent to which your program incorporates each of the following practices when providing treatment for substance use disorders to clients in your program. If your program does provide the evidence-based practice, please indicate whether you have an established procedure for fidelity check.

### a. Approved medications

Never                  Rarely                  Sometimes                  Usually                  Always

IF "NEVER" Skip to 30B, otherwise answer the following question:

Has your program established a procedure for checking fidelity to this practice?

Yes                  No                  Not sure

### b. Individual counseling

Never                  Rarely                  Sometimes                  Usually                  Always

IF "NEVER" Skip to 30C, otherwise answer the following question:

Has your program established a procedure for checking fidelity to this practice?

Yes                      No                      Not sure

**c. Group Therapy**

Never                      Rarely                      Sometimes                      Usually                      Always

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Has your program established a procedure for checking fidelity to this practice?

Yes                      No                      Not sure

IF "NEVER" Skip to 30E, otherwise answer the following question:

**d. Motivational Interviewing (MI)**

Never                      Rarely                      Sometimes                      Usually                      Always

Has your program established a procedure for checking fidelity to this practice?

Yes                      No                      Not sure

**e. Cognitive Behavioral Therapy (CBT)**

Never                      Rarely                      Sometimes                      Usually                      Always

IF "NEVER" Skip to 30F, otherwise answer the following question:

Has your program established a procedure for checking fidelity to this practice?

Yes                      No                      Not sure

**f. 12-Step Facilitation**

Never                      Rarely                      Sometimes                      Usually                      Always

IF "NEVER" Skip to 30G, otherwise answer the following question:

Has your program established a procedure for checking fidelity to this practice?

Yes                      No                      Not sure

**g. Behavioral Couples and Family Therapy**

Never                      Rarely                      Sometimes                      Usually                      Always

IF "NEVER" Skip to 30H, otherwise answer the following question:

Has your program established a procedure for checking fidelity to this practice?

Yes                      No                      Not sure

**h. Contingency Management**

Never                      Rarely                      Sometimes                      Usually                      Always

IF "NEVER" Skip to 30I, otherwise answer the following question:

Has your program established a procedure for checking fidelity to this practice?

Yes                      No                      Not sure

**i. Other Evidence-Based Practice for Substance Use Disorders**

Never                      Rarely                      Sometimes                      Usually                      Always

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IF "NEVER" Skip to 31, otherwise answer the following question:

Has your program established a procedure for checking fidelity to this practice?

Yes                      No                      Not sure

Specify "Other" EBP for SUD

**32. How true is each of the following statements about your clinical staff in general**

a. Encourages clients to practice telling themselves how to act correctly

Not true                      Somewhat true                      Mostly true                      Very true

b. Encourages clients to praise themselves for behaving well

Not true                      Somewhat true                      Mostly true                      Very true

c. Helps clients practice saying no to drugs when they are offered

Not true                      Somewhat true                      Mostly true                      Very true

d. Encourages clients to stop and think before acting

Not true                      Somewhat true                      Mostly true                      Very true

e. Helps clients to identify "trigger" situations for taking alcohol and/or drugs

Not true                      Somewhat true                      Mostly true                      Very true

f. Explains the use of thought stopping techniques

Not true                      Somewhat true                      Mostly true                      Very true

g. Encourages clients to find enjoyable things besides drugs or alcohol

Not true                      Somewhat true                      Mostly true                      Very true

h. Encourages clients to communicate with others in an assertive, but non-violent way

Not true                      Somewhat true                      Mostly true                      Very true

- i. Emphasizes problem-solving techniques to deal with frustration
 

|          |               |             |           |
|----------|---------------|-------------|-----------|
| Not true | Somewhat true | Mostly true | Very true |
|----------|---------------|-------------|-----------|
- j. Emphasizes thinking about the consequences of using drugs
 

|          |               |             |           |
|----------|---------------|-------------|-----------|
| Not true | Somewhat true | Mostly true | Very true |
|----------|---------------|-------------|-----------|
- k. Helps clients to recognize errors in thinking
 

|          |               |             |           |
|----------|---------------|-------------|-----------|
| Not true | Somewhat true | Mostly true | Very true |
|----------|---------------|-------------|-----------|
- l. Uses contracts that involve punishments or rewards
 

|          |               |             |           |
|----------|---------------|-------------|-----------|
| Not true | Somewhat true | Mostly true | Very true |
|----------|---------------|-------------|-----------|

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- m. Helps clients to develop a plan to return to abstinence if they relapse to drug and/or alcohol use
 

|          |               |             |           |
|----------|---------------|-------------|-----------|
| Not true | Somewhat true | Mostly true | Very true |
|----------|---------------|-------------|-----------|
- n. Uses behavioral rehearsal or role playing to act out situations
 

|          |               |             |           |
|----------|---------------|-------------|-----------|
| Not true | Somewhat true | Mostly true | Very true |
|----------|---------------|-------------|-----------|
- o. Teaches clients how to deal with urges/cravings for drugs and/or alcohol
 

|          |               |             |           |
|----------|---------------|-------------|-----------|
| Not true | Somewhat true | Mostly true | Very true |
|----------|---------------|-------------|-----------|

## H. Staff Training

**33. Does the program provide training for staff in order to improve staff capacity to deliver substance use disorders treatment**      Yes      No      Not sure

IF "YES" Answer the Following Questions regarding training the program has provided to staff in the past year:

### **34. Training or Technical Assistance (TTA) Sessions on Substance Use Disorders Treatment in General**

- a. Total # of TTA sessions provided by program
- b. Total # of staff that received SUD TTA
- c. Average # hours (per staff) of SUD TTA

### **35. Training or Technical Assistance (TA) Sessions focused on Motivational Interviewing (MI)**

- a. Total # of TTA sessions provided by program
- b. Total # of staff that received MI TTA
- c. Average # hours (per staff) of MI TTA

### **36. Training or Technical Assistance (TTA) Sessions focused on Cognitive Behavioral Therapy (CBT)**

- a. Total # of TTA sessions provided by program

b. Total # of staff that received CBT TTA

c. Average # hours (per staff) of CBT TTA

**37. Training or Technical Assistance (TTA) Sessions focused on Other EBP for Substance Use Disorders**

a. Total # of TTA sessions provided by program

b. Total # of staff that received CBT TTA

c. Average # hours (per staff) of CBT TTA

Specify "Other" EBP for SUD