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]
○ American Indian/Alaska Native  ○ White  
○ Asian  ○ More than one race  
○ Native Hawaiian or Other Pacific Islander  ○ Other (specify): ______________________
○ Black or African American

1. Today’s Date: ................................................................. |___|___|___|___|___|

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

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

4. Background:

Years you have worked –

a. in the drug treatment field? ...............○ ○ ○ ○ ○ ○ ○ ○

b. at this program? ............................................○ ○ ○ ○ ○ ○ ○ ○

c. in your current position? .......................○ ○ ○ ○ ○ ○ ○ ○
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)
   - Health Maintenance Organization or Integrated Health Plan Facility
   - Hospital or university
   - Psychiatric or other specialized hospital
   - Health center (including primary care setting)
   - Mental health service setting or community mental health clinic
   - Free-standing substance abuse agency
   - Family/children service agency
   - Social services agency
   - Other multi-service agency
   - Jail or prison
   - Juvenile detention
   - Private or group practice
   - Other (please specify) __________________________

7. Location of facility/program: (MARK ONE)
   - Rural
   - Suburban
   - Urban

8. Program provider/ownership: (MARK ONE)
   - Private for profit
   - Private not for profit
   - Public not for profit
   - State government
   - Tribal government
   - Federal Department of Veteran Affairs
   - Federal Department of Defense
   - Federal Bureau of Prisons
   - Indian Health Services
   - Other federal agency
   - Local, county, or community government
   - Other public corporation

9. Type of substance abuse problems treated: (MARK ONE)
   - Alcohol problems only
   - Drug problems only
   - Both alcohol and drug problems
10. Is this program/facility accredited or licensed by –
   a. Joint Commission on Accreditation of Healthcare Organizations (JCAHO)? ................................. O No  O Yes
   b. Commission on Accreditation of Rehabilitation Facilities (CARF)? ........ O No  O Yes
   c. State alcohol and drug abuse department/agency? ........................................ O No  O Yes
   d. State mental health department/agency? .................................................. O No  O Yes
   e. State Department of Public Health? ......................................................... O No  O Yes
   f. American Correctional Association (ACA)? ............................................ O No  O Yes
   g. Other? (please specify) ............................................................................ O No  O Yes

STAFFING (for this program location)

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

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

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

17. documenting service needs of clients for making treatment placements. ................... ○ ○ ○ ○ ○ ○

18. tracking and evaluating performance of clients over time. ................................. ○ ○ ○ ○ ○ ○

19. obtaining information that can document program effectiveness. ......................... ○ ○ ○ ○ ○ ○

20. automating client records for billing and financial applications. ............................ ○ ○ ○ ○ ○ ○

21. evaluating program staff performance and organizational functioning. .................... ○ ○ ○ ○ ○ ○

22. selecting new treatment interventions and strategies for which program staff need training. .................................................. ○ ○ ○ ○ ○ ○

23. improving the recording and retrieval of financial information. ............................ ○ ○ ○ ○ ○ ○

24. generating timely “management” reports on clinical, financial, and outcome data. ........ ○ ○ ○ ○ ○ ○

Your **counseling staff needs more training for** –

25. assessing client problems and needs. ............ ○ ○ ○ ○ ○ ○

26. increasing client participation in treatment. ........................................................... ○ ○ ○ ○ ○ ○

27. monitoring client progress. ............................... ○ ○ ○ ○ ○ ○

28. improving rapport with clients. ....................... ○ ○ ○ ○ ○ ○

29. improving client thinking skills. .................... ○ ○ ○ ○ ○ ○

30. improving client problem-solving skills. ....... ○ ○ ○ ○ ○ ○

31. improving behavioral management of clients. ...................................................... ○ ○ ○ ○ ○ ○
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. .................................. ○ ○ ○ ○ ○
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 –

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