Digital Health Readiness

Staff Survey

DEMOGRAPHICS

What is your age?

What is your gender?
- Male
- Female
- Other
- Prefer not to respond

Do you identify as Hispanic or Latino?
- Yes
- No
- Prefer not to respond

How would you describe your race?

- **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American.** A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Prefer not to respond**

What is your highest level of education?
- High school
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree
    - Indicate: PhD, PsyD, or MD
- Other:

Please specify the area of study for your highest degree (e.g. social work, marriage and family therapy, etc.)

Is your job/role clearly defined?
- ❏ 1 Not clear at all
- ❏ 2
- ❏ 3

❏ 4
❏ 5 Very clear

How many years have you worked for ████████ (considering all of the positions you may have held)?

What is your job title at ████████? _____

In which region do you work? _____

Do you provide direct therapeutic services as part of your job at ████████? Direct therapeutic services include counseling, psychotherapy and other mental health services.

     How many years have you been in practice?
     How many hours per week do you spend in direct patient contact?

In which program(s) and/or service(s) do you work? (check all that apply)
- Community-based behavioral health treatment
- Foster care services
- Home-based behavioral health treatment
- Parenting and family skill building programs
- Residential treatment programs
- Workforce 360
- Other: (please enter description)

If you provide direct counseling services, how would you describe your main theoretical orientation?
- Cognitive-behavioral
- Family Systems
- Humanistic/Experiential
- Psychodynamic
- Eclectic
- Other:
- I do not provide counseling service

QUESTIONS ABOUT CLIENTS

What % of your clients have symptoms of depression and/or anxiety?

What % of your clients have their own smartphone device with text messaging and a data plan?

QUESTIONS TO ASSESS WORKFORCE DIGITAL HEALTH READINESS

RESOURCES

Devices: Please tell us if you use any of the following items for work purposes.

	Yes (1)	No (2)
A desktop computer (1)	❍	❍
A laptop computer (2)	❍	❍
A tablet computer like an iPad, Samsung Galaxy, Motorola Xoom, or Kindle Fire? (3)	❍	❍
A smartphone (4)	❍	❍

How much do you agree with this statement?

The technologies available to me at work help improve my productivity and performance.

- ❑ Strongly Disagree
- ❑ Disagree
- ❑ Neither Agree nor Disagree
- ❑ Agree
- ❑ Strongly Agree

CLINICAL ENDORSEMENT/WILLINGNESS

Which of these technologies have you used to communicate with your clients?

- ❑ Telephone (1)
- ❑ E-mail (2)
- ❑ Text messages (3)
- ❑ Internet sites (4)
- ❑ Mobile Apps (5)

Which of the following methods would you be interested in using to communicate with your patients?
- ❑ Telephone (1)
- ❑ E-mail (2)
- ❑ Text messages (3)
- ❑ Internet sites (4)
- ❑ Mobile Apps (5)

Recommendations: Have you recommended any of the following to patients to aid their mental health treatment?

	Yes (1)	No (2)
Internet sites (1)	○	○
Mobile Apps (2)	○	○

Which of the following reasons would prompt you to use the Internet or mobile apps to connect with your patients?

❑ Fast (1)

❑ Cheap (2)

❑ Convenient (3)

❑ Other (4) _____

Which of the following reasons would prompt you NOT to use the Internet or mobile apps to connect with your patients?

❑ No need (1)

❑ The information is unreliable (2)

❑ No interest (3)

❑ Would prefer to limit connections to face-to-face visits (4)

❑ Other (5) _____

READINESS FOR CHANGE & EBP IMPLEMENTATION

CHANGE QUESTIONS

As an individual, how quickly do you adapt to change?

❑ 1 Over a long period of time

❑ 2

❑ 3

❑ 4

❑ 5 Almost Immediately

As an organization, how quickly do you think that ████████ adapts to change?

❑ 1 Over a long period of time

❑ 2

❑ 3

❑ 4

❑ 5 Almost Immediately

Do you think that ████████ is undertaking too much or not enough change at the moment?

❑ 1 Not enough change

❑ 2

❑ 3

❑ 4

❏ 5 Too much change

Implementation Climate Scale:

Instructions: Please indicate the extent to which you agree with each statement.

0	1	2	3	4
Not at all	Slight extent	Moderate extent	Great extent	Very great extent

Focus on Evidence-Based Practice
1. One of this team/agency's main goals is to use evidence-based practices effectively..... 0 1 2 3 4

2. People in this team/agency think that the implementation of evidence-based practices is important.. 0 1 2 3 4

3. Using evidence-based practices is a top priority in this team/agency.............................. 0 1 2 3 4

Educational Support for Evidence-based Practice
4. This team/agency provides conferences, workshops, or seminars focusing on evidence-based practices 0 1 2 3 4

5. This team/agency provides evidence-based practice trainings or in-services 0 1 2 3 4

6. This team/agency provides evidence-based practice training materials, journals, etc 0 1 2 3 4

Recognition for Evidence-Based Practice
7. Clinicians in this team/agency who use evidence-based practices are seen as clinical experts 0 1 2 3 4

8. Clinicians who use evidence-based practices are held in high esteem in this team/agency 0 1 2 3 4

9. Clinicians in this team/agency who use evidence-based practices are more likely to be promoted 0 1 2 3 4

Rewards for Evidence-Based Practice
10. This team/agency provides financial incentives for the use of evidence-based practices 0 1 2 3 4

11. The better you are at using evidence-based practices, the more likely you are to get a bonus or a raise.. 0 1 2 3 4

12. This team/agency provides the ability to accumulate compensated time for the use of evidence-based practices... 0 1 2 3 4

Selection for Evidence-Based Practice
13. This team/agency selects staff who have previously used evidence-based practice 0 1 2 3 4

14. This team/agency selects staff who have had formal education supporting evidence-based practice
.... 0 1 2 3 4

15. This team/agency selects staff who value evidence-based practice............................... 0 1 2 3 4

Selection for Openness
16. This team/agency selects staff who are adaptable.. 0 1 2 3 4

17. This team/agency selects staff who are flexible 0 1 2 3 4
18. This team/agency selects staff open to new types of interventions 0 1 2 3 4

Implementation Leadership Scale:

Please indicate the extent to which you agree with each statement while thinking about your current supervisor.

0	1	2	3	4
Not at all	Slight extent	Moderate extent	Great extent	Very great extent

Proactive
1. [Name of Supervisor] has developed a plan to facilitate implementation of evidencebased practice
.... 0 1 2 3 4

2. [Name of Supervisor] has removed obstacles to the implementation of evidence-based practice
.... 0 1 2 3 4

3. [Name of Supervisor] has established clear department standards for the implementation of evidence-based practice 0 1 2 3 4

Knowledgeable
4. [Name of Supervisor] is knowledgeable about evidence-based practice 0 1 2 3 4

5. [Name of Supervisor] is able to answer my questions about evidence-based practice..... 0 1 2 3 4

6. [Name of Supervisor] knows what he or she is talking about when it comes to evidencebased practice
.... 0 1 2 3 4

Supportive
7. [Name of Supervisor] recognizes and appreciates employee efforts toward successful implementation of evidence-based practice 0 1 2 3 4

8. [Name of Supervisor] supports employee efforts to learn more about evidence-based practice
.... 0 1 2 3 4

9. [Name of Supervisor] supports employee efforts to use evidence-based practice 0 1 2 3 4

Perseverant
10. [Name of Supervisor] perseveres through the ups and downs of implementing evidence-based practice
.... 0 1 2 3 4

11. [Name of Supervisor] carries on through the challenges of implementing evidence-based practice
.... 0 1 2 3 4

12. [Name of Supervisor] reacts to critical issues regarding the implementation of evidence-based practice by openly and effectively addressing the problem(s) 0 1 2 3 4