



IBHP

Integrated Behavioral Health Project

Integration Level Survey: Clinics

To attain our goal of accelerating integrated behavioral health care in California's primary care clinics, we wish to reach health centers that fall all along the integrated care spectrum. Therefore, in responding to this questionnaire about your clinic's current level of integrated care, please keep in mind that there are no "wrong" answers.

When did your clinic first offer behavioral health services (sometimes referred to as mental health services) apart from primary care?

**PLEASE INDICATE ON THE FOLLOWING PAGES WHICH OF THE STATEMENTS APPLY TO YOUR CLINIC.
There will be space at the end of the survey for comments and clarification.**

Behavioral health and primary care services are located
at separate sites.

Behavioral health services are provided on the same
day as primary care visits only in urgent situations.

Behavioral health and primary care services are at the
same general site, but in different work spaces (e.g.,
separate floors or wings)

Behavioral health introductions, but not complete visits,
are often provided on the same day as primary care
visits.

Behavioral Health and primary care services share the
same general space.

Complete behavioral health visits are regularly
provided on the same day as primary care visits.

Behavioral health and other health care professionals
seldom communicate about cases.

Neither behavioral health introductions nor complete
visits are generally provided on the same day as
primary care visits.

Behavioral and primary care providers engage in periodic communication about shared patients, mostly through telephone and emails.	<input type="checkbox"/>	Some documentation of behavioral services is included in the medical chart, but the main behavioral records are maintained separately.	<input type="checkbox"/>
Behavioral and primary care providers engage in regular communication about shared patients via phone, email or personal conferences, working closely on the patients' treatment plan and clinical approaches together.	<input type="checkbox"/>	All medical and behavioral care service documentation is maintained in the same chart or, if electronic records are kept, are equally accessible by both primary care and behavioral health providers.	<input type="checkbox"/>
The clinic has formal policies and procedures for behavioral health operations and referrals.	<input type="checkbox"/>	Behavioral health and physical health records are completely separate.	<input type="checkbox"/>
The clinic currently has a care (case) manager to coordinate behavioral and medical services and to follow-up with patients about their care.	<input type="checkbox"/>	The clinic currently has a care (case) manager who assists patients in accessing community resources like jobs, housing and public benefits.	<input type="checkbox"/>
The clinic currently holds group sessions focusing on mental health issues, such as depression, panic disorder, post-traumatic stress, etc.	<input type="checkbox"/>	The clinic currently holds group or individual sessions focusing on behavioral issues tied to physical health, such as smoking cessation, dietary habits, lifestyle choices, etc.	<input type="checkbox"/>
The clinic offers a substance abuse program with specialized substance abuse counselors.	<input type="checkbox"/>	There is a psychiatrist on staff.	<input type="checkbox"/>
The clinic offers substance abuse counseling, not as part of a distinct treatment program, but as a regular part of behavioral health services.	<input type="checkbox"/>	The clinic currently has access to a psychiatrist, not on the clinical staff, for on-going consultation. <i>If yes, how is access provided?</i>	<input type="checkbox"/>
The clinic does not offer substance abuse treatment apart from routine primary care visits.	<input type="checkbox"/>	The clinic currently does not have access to a psychiatrist for consultation.	<input type="checkbox"/>

- The clinic is part of a data registry that records some aspect(s) of behavioral treatment outcomes. The clinic maintains its own data on behavioral patient treatment outcomes.
- The clinic is currently receiving funding from CMSP, the county, foundations or other sources specifically for its behavioral health program. The clinic has not yet instituted a method for tracking patient treatment outcomes.

How many unduplicated medical patients (not including dental patients) did you provide services for last year?
FY 2006/2007: **OR** Calendar Year 2007:

How many unduplicated behavioral health patients (including substance abuse patients) did you provide services for last year?

FY 2006/2007: **OR** Calendar Year 2007:

Approximately what percent of behavioral health clients are:

- % Self-referred
- % Referred by the primary care providers
- % Referred by other sources
(specify:)

If the clinic **is** receiving funding from CMSP, the county, foundations or other sources specifically for its behavioral health program, please provide the following information:

Source	Amount	Purpose
	\$	
	\$	
	\$	

How many FTE behavioral health professionals are there currently on staff, and what are their professional disciplines?

Discipline	FTE
LCSW	Psychologist / PsyD
LCSW Intern	Psychological Trainee
MFT	Psych Tech
MFT Intern	Other:

What is the average length of a behavioral services visit (in minutes)? 15 minutes or less

What is the average number of behavioral health visits?

If there is a cap on the number of visits, what is it?

COMMENTS