

IBHP: Behavioral Health Provider Survey

We would like your input on your clinic's integrated behavioral health processes. Your answers will help us improve our services. Since we won't ask you to provide your name, your answers will be anonymous. There are no right or wrong answers, just your honest opinions. This survey will take about 15 to 20 minutes to complete. Thank you for your time.

*1. Please select your current employer.

- | | |
|--|---|
| <input type="radio"/> All for Health, Health for All | <input type="radio"/> La Clinica de la Raza |
| <input type="radio"/> Asian Health Services | <input type="radio"/> LifeLong Medical Care |
| <input type="radio"/> Asian Pacific Health Care Venture | <input type="radio"/> Long Valley Health Center |
| <input type="radio"/> Avenal Community Health Center | <input type="radio"/> Mendocino Community Health Clinic, Inc. |
| <input type="radio"/> Bill Moore Community Health Clinic (URDC) | <input type="radio"/> North Coast Clinic Networks |
| <input type="radio"/> Central City Community Health Center | <input type="radio"/> Open Door Community Health Centers |
| <input type="radio"/> Chapa-De Indian Health Program | <input type="radio"/> Petaluma Health Center |
| <input type="radio"/> CommuniCare Health Centers | <input type="radio"/> Ravenswood Family Health Center |
| <input type="radio"/> Community Health Clinic Ole | <input type="radio"/> San Francisco Community Consortium |
| <input type="radio"/> Eisner Pediatric and Family Medical Center | <input type="radio"/> Share Our Selves |
| <input type="radio"/> Family Health Centers of San Diego | <input type="radio"/> Sierra Family Medical Clinic |
| <input type="radio"/> Glide Health Services | <input type="radio"/> South Bay Family Health Care |
| <input type="radio"/> Golden Valley Health Center | <input type="radio"/> St. John's Well Child & Family Center |
| <input type="radio"/> Other (please specify) | |

*2. Please identify the site where you work (if your clinic has more than one site):

*3. How long have you been working at the clinic? (Please indicate months if less than one year.)

Months

Years

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4. What is your highest level of education completed?

- High School Diploma / GED
- Associate Degree (e.g., AA, AS)
- Bachelor's Degree (e.g., BA/BS)
- Bachelor's Degree in Social Work (BSW)
- Other (please specify)
- Master's Degree (e.g., MA/MS)
- Master's Degree in Social Work (MSW)
- Doctoral Degree (e.g., PhD, EDD, DSW)
- Medical Degree (e.g. MD, DPM, DDS)

5. Please check all licenses or certificates that you have attained.

- Certified Alcohol and Drug Counselor (CADC / AODC)
- Certified Co-occurring Disorders Professional (CCDP)
- Licensed Clinical Social Worker (LCSW)
- Marriage and Family Therapist (MFT)
- Nursing (NP/RN/CNA)
- Other (please specify)
- Physician's Assistant
- Psychiatric Technician
- Psychologist / PsyD
- Registered Addiction Specialist
- Registered Intern (MSW, MFT)

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6. How *effective* are the medical providers in addressing the needs of patients with mental health disorders, addictions, and/or other psychosocial issues?

- NOT At All Effective Slightly Effective Somewhat Effective Pretty Effective Extremely Effective Don't Know

If you would like to explain your answer, please do so here:

7. How *comfortable* are you with the warm hand-off procedure for people with mental health disorders, addictions, and/or other psychosocial issues?

- NOT At All Comfortable Slightly Comfortable Somewhat Comfortable Pretty Comfortable Extremely Comfortable Don't Know

If you would like to explain your answer, please do so here:

8. Describe the *impact* of collaborating with medical providers to support people with mental health disorders, addictions, and/or other psychosocial issues as it relates to your satisfaction with your practice.

- Very Negative Impact Negative Impact No Impact Positive Impact Very Positive Impact Don't Know

If you would like to explain your answer, please do so here:

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9. How much do medical providers utilize the behavioral health consultant(s)?

- Never Less Than
Once a Month Monthly A Few
Times a Month Weekly More Than
Once a Week Daily

If you would like to explain your answer, please do so here:

10. How would you rate your *satisfaction* with behavioral health conversations you may have had with medical providers?

- NOT At All Satisfied Slightly Satisfied Somewhat Satisfied Pretty Satisfied Extremely Satisfied Don't Know

If you would like to explain your answer, please do so here:

11. As a behavioral health consultant, you are able to provide the kinds of services you want for your patients.

- Strongly Disagree Disagree Neither Agree
Nor Disagree Agree Strongly Agree Don't Know

If you would like to explain your answer, please do so here:

12. How *helpful* have behavioral health services been for patients at your clinic?

- NOT At All Helpful Slightly Helpful Somewhat Helpful Pretty Helpful Extremely Helpful Don't Know

If you would like to explain your answer, please do so here:

13. How would you rate the *communication* between the behavioral health and medical providers?

- Very Poor Poor Fair Good Very Good Don't Know

If you would like to explain your answer, please do so here:

14. How would you rate the *quality* of behavioral health services provided overall?

- Very Poor Poor Fair Good Very Good Don't Know

If you would like to explain your answer, please do so here:

15. Would you recommend to your colleagues that they provide integrated behavioral health services in primary care settings?

- Definitely Not Probably Not Probably Yes Definitely Yes Don't Know

If you would like to explain your answer, please do so here:

16. How *helpful* would additional training be for the medical staff at your clinic regarding behavioral health diagnosis and treatment?

- NOT At All Helpful Slightly Helpful Somewhat Helpful Pretty Helpful Extremely Helpful Don't Know

If you would like to explain your answer, please do so here:

17. What specific training(s) would be most beneficial for you?

18. Do you agree that the integrated behavioral health model *increases ease of access to behavioral services for the patients your clinic serves?*

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree Don't Know

If you would like to explain your answer, please do so here:

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19. Do medical care providers consult with behavioral health consultant(s) regarding the development of a care plan and/or prescribing of medications for patients?

- Never Rarely Occasionally Frequently Always

If you would like to explain your answer, please do so here:

20. How *helpful* would you rate the consultation process between medical and behavioral health providers?

- NOT At All Helpful Slightly Helpful Somewhat Helpful Pretty Helpful Extremely Helpful Don't Know

If you would like to explain your answer, please do so here:

21. I am able to supply adequate *feedback* regarding patients' needs.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree Don't Know

If you would like to explain your answer, please do so here:

22. What are some of the significant issues regarding prescribing psychotropic medications?

23. How do you access psychiatric consultations?

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24. What are the most important aspects of integrated behavioral health in your clinic?

	Not Important	Minimally Important	Somewhat Important	Very Important	Most Important	N/A
Communication Between PC and BH Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-location or Close Proximity of PC and BH Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimal Time Between PC Referral and BH Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BH Expertise Within PC Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elimination / Reduction of Stigma with Receiving BH Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

25. What could be improved?

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The following pages include a scale that was developed for measuring models of care delivery according to the degree to which medical and behavioral health services are integrated. Using the scale provided below, please assign the point score (from 0 to 20) which best describes your experience. Thank you!

26. Communication in providing behavioral health care (including e-mail or shared records as forms of communication).

- 0 **Very Low** - PCP and BH specialist very rarely communicate beyond initial referral; includes little feedback about progress and almost no communication about missed appointments
- 1
- 2
- 3
- 4
- 5 **Low** - PCP and BH staff may communicate occasionally about diagnosis in rare selected cases; feedback is infrequent; communication about missed appointments is irregular and only in special circumstances
- 6
- 7
- 8
- 9
- 10 **Moderate** - PCP and BH staff sometimes communicate about diagnosis and occasionally about treatment, but not in most cases; may be some feedback about progress and missed appointments
- 11
- 12
- 13
- 14
- 15 **High** - PCP and BH staff often communicate about diagnosis and treatment choices; information is often shared about progress and outcomes; missed appointments are reported in most cases
- 16
- 17
- 18
- 19
- 20 **Very High** - PCP and BH staff almost always communicate about diagnosis; communication about treatment in most if not all cases; constant feedback about treatment and progress; missed appointments are almost always shared

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27. Physical Proximity of PC and BH care

- 0 **Very Low** - PC and BH services are separated by more than 4 blocks
- 1
- 2
- 3
- 4
- 5 **Low** - PC and BH services are located within 4 blocks but not within the same complex or campus
- 6
- 7
- 8
- 9
- 10 **Moderate** - PC and BH services are in different buildings but within the same campus or complex
- 11
- 12
- 13
- 14
- 15 **High** - PC and BH services are in the same building but in different practice areas
- 16
- 17
- 18
- 19
- 20 **Very High** - PC services are co-located with BH services, in the same practice area

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28. Temporal Proximity of PC and BH Care

- 0 **Very Low** - PC referral and initial BH services are scheduled at distinctly different times, separated on average by more than 21 days
- 1
- 2
- 3
- 4
- 5 **Low** - PC referral and initial BH services are provided at different times, separated by an average of 15 to 21 days
- 6
- 7
- 8
- 9
- 10 **Moderate** - PC referral and initial BH services are usually provided within an average of eight (8) to ten (10) days of each other
- 11
- 12
- 13
- 14
- 15 **High** - PC referral and initial BH services are provided within seven (7) days, but not on the same day
- 16
- 17
- 18
- 19
- 20 **Very High** - PC referral and initial MH services are provided during the same visit on same day

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29. Behavioral Health Expertise within Primary Care Setting

- 0 **Very Low** - No specialty BH expertise within clinic; occasional pharmacological interventions may be provided; patients referred off-site for specialty BH care
- 1
- 2
- 3
- 4
- 5 **Low** - Very limited BH expertise available in clinic; usually provide standard pharmacological interventions; patients with modestly complex problems almost always referred off-site
- 6
- 7
- 8
- 9
- 10 **Moderate** - Some limited BH expertise available in clinic; trained BH counselor or psychiatrist consultation available by phone; some short-term counseling for routine BH issues provided by PCP; more complex usually referred off-site
- 11
- 12
- 13
- 14
- 15 **High** - Trained BH counselor or psychiatrist on site for face-to-face consultation; all pharmacological and many counseling services for BH issues are available in clinic setting; only complex problems or treatment resistance usually referred to specialty care
- 16
- 17
- 18
- 19
- 20 **Very High** - Wide range of specialty BH expertise available in clinic setting; most basic services are provided by fully qualified BH clinicians; minimal need to use outside specialty expertise

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30. Elimination of Stigma Associated with Attending a Setting for BH Services

- 0 **Very Low** - BH services are referred to as a separate entity; staff makes no attempt to treat it as other than a program just for those in need of BH services
- 1
- 2
- 3
- 4
- 5 **Low** - May have name that is indirectly related to BH services, but staff makes little attempt to avoid treating it as a separate program for those in need of BH services
- 6
- 7
- 8
- 9
- 10 **Moderate** - Program has a distinct separate name not directly related to BH treatment; staff makes some efforts to avoid referring to it as a separate program
- 11
- 12
- 13
- 14
- 15 **High** - Minimal distinction is made between the PC and BH settings; staff attempts to avoid treating it as a separate program
- 16
- 17
- 18
- 19
- 20 **Very High** - No distinction is made between PC and BH settings in name or setting; staff does not treat as a separate program