Integrated Care Survey[1] Overview

- Aware that integrated behavioral health care services require the cooperation of providers across disciplines, the CalMHSA Integrated Behavioral Health Program (IBHP) surveyed six professional groups that were identified as playing a critical role in integrated care: physicians, psychologists, marriage and family therapists (MFTs), nurses, social workers, and alcohol and other drug professionals.
- Survey respondents were recruited through trade associations (i.e. NASW, APA), through purchased lists, and through use of snow ball sampling. Five hundred and ninety (590) responses were collected.
- The surveys, which included multiple choice, scaled, and open-ended questions, were conducted online using Survey Monkey.
- Data were compiled and analyzed by IBHP with reports created in each of the six professional groups, as well as one comprehensive report comparing findings across all professional groups.
- Each report is presented in seven sections, and follows the same organization as the survey: *Demographics*; *Interest, Experience, and Preparedness in Integrated Care*; *Populations and Presenting Conditions*; *Using Technology and Measurement*; *Health Reform/Health Policy; Training*; and *Suggestions/Comments*.
- For each of the six professional groups, the responses provide a snapshot into a) attitudes about integrated behavioral health care; b) preparedness to work in integrated settings; and c) experience in coordinating care with other providers.
- These results are intended to advance the development and quality of integrated health, mental health, substance use, and social services across California.

[1] Launched in 2006, the Integrated Behavioral Health Project (IBHP) is an initiative to accelerate the integration of behavioral health and primary care services in California. The Integrated Care Surveys were funded by counties through the voter approved Mental Health Services Act (Prop. 63). CalMHSA: The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.

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IBHP
Integrated Behavioral Health Project

WELLNESS • RECOVERY • RESILIENCE

Integrated Care Survey Results: Alcohol and Other Drug (AOD) Professionals

This report, funded by counties through the voter approved Mental Health Services Act (Prop. 63), and prepared by the Integrated Behavioral Health Project (IBHP)[2], summarizes responses from an Integrated Care Survey[3] completed by alcohol and other drug (AOD) professionals (N=148). IBHP developed the survey to gain an understanding of: (a) AOD professionals' attitudes about integrated care, (b) how prepared AOD professionals are to work in an integrated setting, and (c) AOD professionals' experience in coordinating care with providers and staff from other fields of practice. The report is presented in seven sections: *Demographics*; *Interest, Experience, and Preparedness in Integrated Care*; *Populations and Presenting Conditions*; *Using Technology and Measurement*; *Health Reform/Health Policy; Training*; and *Suggestions/Comments*.

[2] Launched in 2006, the Integrated Behavioral Health Project (IBHP) is an initiative to accelerate the integration of behavioral health and primary care services in California. IBHP is a program of the Community Clinic Initiative of the Tides Center with funding from the California Mental Health Services Authority (CalMHSA) as part of its Statewide Stigma and Discrimination Reduction Initiative. For more information, please visit http://www.ibhp.org/.

[3] This survey is funded by CalMHSA, an organization of county governments working to working to improve mental health outcomes for individuals, families and communities. CalMHSA works to embrace and nurture mental wellness in California through collaborative, community-oriented and accountable efforts. Programs operated by CalMHSA are funded by counties through the voter approved Mental Health Services Act (Prop. 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities. For more information, visit www.calmhsa.org.

Demographics

More than one-half (57.5%) of respondents were female, with 41.8 percent, male, and 0.7 percent, other (N=146).

All respondents (100.0%) responded *no* to the question, "Are you or have you been a recipient of a Title IV-E mental health stipend?" (N=146). Respondents were asked to report their current position/status at their place of employment or internship. The percentage of respondents for each employment/internship category is presented in Table 1. The three positions with the highest percentage are highlighted in blue and **bolded**.

Table 1: Current Position/Status[4] (N=148)

Current Position/Status	Percentage
Administrator (e.g., ED, CEO, or COO)	**20.9%**
Certified Alcohol and Drug Counselor	**34.5%**
Clinical Alcohol and Drug Counselor	5.4%
College/University Faculty	0.0%
Licensed Clinical Social Worker (LCSW) Intern	.07%
Marriage Family Therapist (MFT) Intern	6.1%
Psychology Student/Intern – Bachelor's Level	0.7%
Psychology Student/Intern – Master's Level	3.4%
Psychology Student/Intern – Doctorate Level	1.4%
Registered Alcohol and Drug Counselor	4.1%
Social Work Student/Intern – Bachelor's Level	0.0%
Social Work Student/Intern – Master's Level	0.7%
Social Work Student/Intern – Doctorate Level	0.0%
Substance Abuse Counseling Intern	2.0%
Substance Use Disorders and/or Mental Health Clinician	2.0%
Substance Use Disorders and/or Mental Health Supervisor	6.8%
Other[5]	**29.7%**

[4] Total is more than 100.0% because respondents could choose more than one option.

[5] Forty-four (44) respondents provided a written response to describe their position/status. Responses include: AOD prevention specialist; benefits specialty; case manager (n=2); certified therapeutic recreation specialist; director and PhD; environmental prevention; health educator/outreach (n=3); intake/assessment (n=2); LCSW (n=2); licensing and contract manager/quality assurance; licensed clinical psychologist, clinical supervisor; licensed independent substance abuse counselor; licensed MFT (n=3); MFT; licensed vocational nurse; MH clerk; non-reciprocal licensed alcohol and drug abuse counselor; outpatient supervisor, PA and DON; prevention coalition director; program manager, psychologist; psychology post-doc fellow; psychology student- AA; receptionist; registered nurse; RN and Master's in Public Health; research assistant; residential technician; social worker; sociology student - AA; Technician (n=3); tech/driver; and wrap-around facilitator.

Respondents were asked to report on their current employment or internship setting(s). The percentage of responses for each employment/internship setting is presented in Table 2. The three settings with the highest percentage are highlighted in blue and **bolded**.

Table 2: Current Position/Status[6] (N=148)

Current Position/Status	Percentage
College/University Setting	0.7%
Community-Based Organization	**24.3%**
Community Mental Health Center	10.8%
Community Health Center	5.4%
Federally Qualified Health Center (FQHC)	1.4%
Hospital	5.4%
Mental Health Clinic	6.1%
Private Practice	1.4%
Residential Program	**18.9%**
School-Based Clinic	2.7%
Substance Abuse Treatment Program	**61.5%**
Other[7]	2.7%

[6] Total is more than 100.0% because respondents could choose more than one option.

[7] Four (4) respondents provided a written response to describe their setting. Responses include: case management; case management - AOD/COD/MH; county alcohol and drug services prevention provider; and "*Residential and detoxification adult services primarily for clients with co-occurring SUD and MH diagnoses. SUD OP services for your and families*."

More than two-thirds (68.2%) of respondents responded *yes* to the query, "Do *you have an Associate's Degree or higher*?" (N=148). Respondents were asked to report their highest level of education completed.[8] The percentage of respondents for each level of education is presented in Figure 1.

Figure 1: Highest Level of Education Completed (N=99)

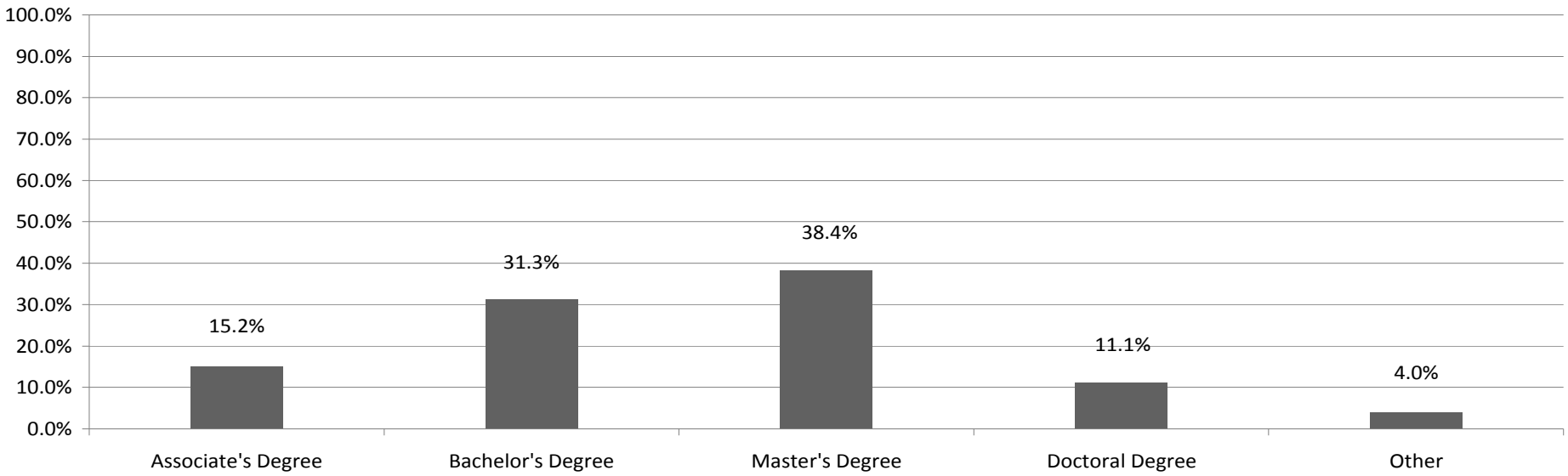


Table 3 presents the year in which respondents' highest degree was attained.

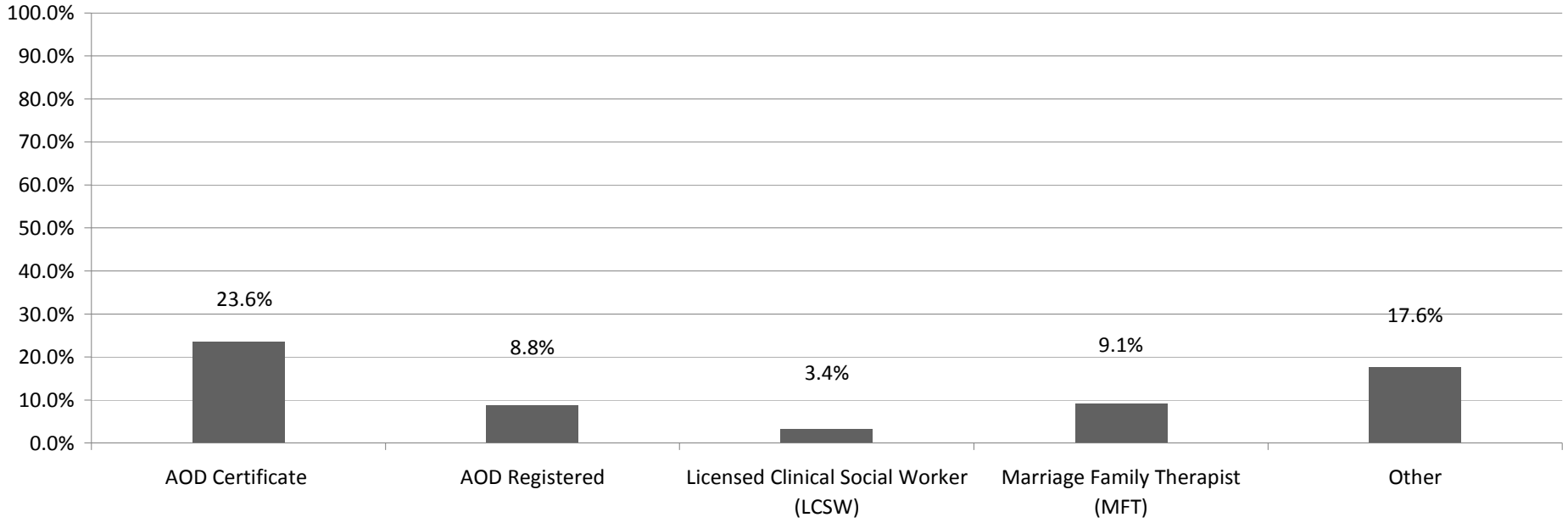
Table 3: Year in Which Highest Degree was Attained (N=95)

Year Range	Percentage
1960 to 1969	3.2%
1970 to 1979	8.4%
1980 to 1989	12.6%
1990 to 1999	14.7%
2000 to 2009	41.1%
2010 to 2012	20.0%

[8] Two (2) respondents provided a written response to describe their highest education. Responses include: "*High school and some college;" "Working towards AA degree, need 15 more units to obtain AA degree*;" JD; Master's Degree (MPH); MBA and JD; and "*More than 50% work completed on BSM*."

Respondents were asked to report any license(s) and/or certificate(s) attained.[9] The percentage of respondents for each license and/or certificate is presented in Figure 2.[10]

Figure 2: Licenses and/or Certificates Attained (N=148 for Each License/Certificate)



[9] Respondents could choose more than one license/certificate.

[10] Twenty-two (22) of the 26 respondents selecting *Other* provided a written response to describe the *Other* licenses/certificates attained, these include: state bar admission; clinical psychologist (n=2); AOD clinical supervisor; CA psychology license; CCNA, MCTS W28 SA, Win7, A+, Net+; Community college teacher certificate; 2011; CPA; CTRS; Juris Doctor Degree; L-PSY; LAADC; licensed vocation nurse (n=2); non-reciprocal licensed alcohol and drug abuse counselor; PSB; psychologist (n=2); registered nurse (n=3); and PA, MS.

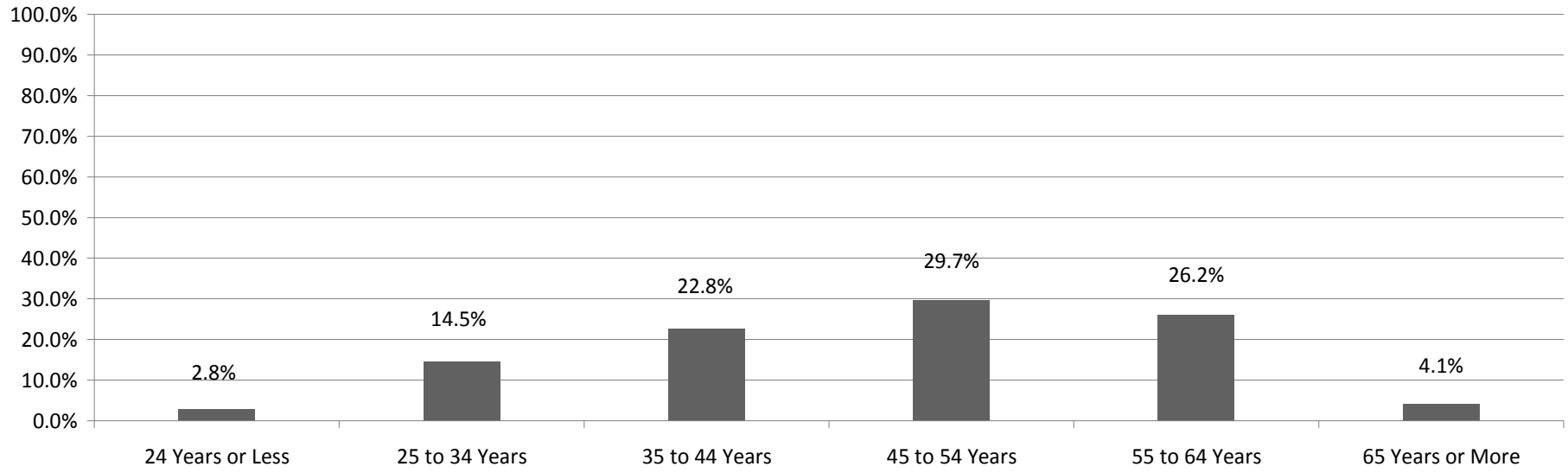
Table 4 presents the year in which the respondents' license(s) and/or certificate(S) were attained.[11]

Table 4: Year in Which License(s) and/or Certificate(s) were Attained

Year Range	Percentage AOD Certificate (N=33)	Percentage AOD Registered (N=13)	Percentage Licensed Clinical Social Worker (N=5)	Percentage Marriage Family Therapist (N=10)	Percentage Other (N=20)
1960 to 1969	0.0%	0.0%	0.0%	0.0%	0.0%
1970 to 1979	0.0%	0.0%	0.0%	0.0%	15.0%
1980 to 1989	6.1%	0.0%	20.0%	20.0%	10.0%
1990 to 1999	9.1%	7.1%	20.0%	40.0%	5.0%
2000 to 2009	72.7%	28.6%	20.0%	30.0%	30.0%
2010 to 2012	12.1%	64.3%	40.0%	10.0%	40.0%

Respondents were asked to report their age. The percentage of respondents for each age range category is presented in Figure 3.

Figure 3: Age Range (N=145)



[11] Some respondents that indicated they had attained a license(s) and/or certificate(s) did NOT provide the year it was attained.

Respondents were asked to report their race/ethnicity by checking all options that apply. The percentage of respondents for each race/ethnicity category is presented in Table 5. The top three ethnicity/race categories with the highest percentage are highlighted in blue and **bolded**.

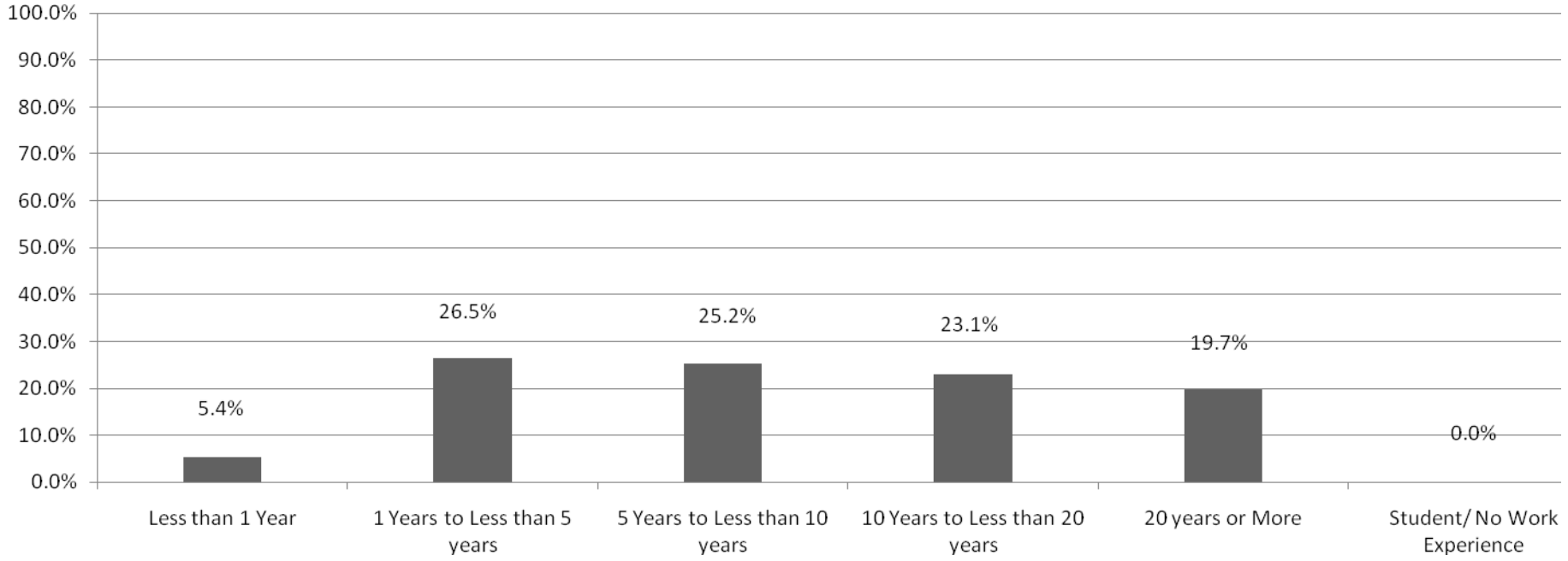
Table 5: Ethnicity/Race (N=148)

Race/Ethnicity	Percentage
American Indian or Alaska Native	2.0%
Asian Indian	0.7%
Black or African American	**14.2%**
Cambodian	0.7%
Chinese	2.0%
Filipino	0.7%
Guamanian	0.0%
Hmong	0.0%
Japanese	0.7%
Korean	2.0%
Laotian	0.0%
Latin American	5.4%
Mexican American	**10.1%**
Mien	0.0%
Native Hawaiian	0.0%
Other Asian	0.7%
Other Pacific Islander	1.4%
Other Spanish	1.4%
Samoan	0.0%
Vietnamese	0.0%
White or Caucasian	**60.1%**
Other[12]	4.1%

[12] Six respondents provided a written response to describe their ethnicity/race. These include: Armenian; Bi-racial (black and white); black/white; Hispanic/white; human; and not pertinent.

Respondents were asked to report the length of time they have been working in the substance abuse/ behavioral health field. The percentage of each response is presented in Figure 4.

Figure 4: Length of Time Working in the Mental Health/Behavioral Health Field (N=147)



Three-quarters (75.5%) of respondents responded "yes" to the question, "*Do you currently work/intern in an integrated care setting*?" (N=147). Those that responded "yes" were additionally asked to describe in writing-their integrated setting.[13] Eighty-four (84) written comments were provided.[14] Analyses of responses identified five (5) types of integrated settings in which the respondents worked or interned. Table 6 presents the categories of integrated settings, the frequency that each integrated setting was reported, and representative comments within each integrated setting category.

Table 6: Categories of Integrated Settings (n=76)

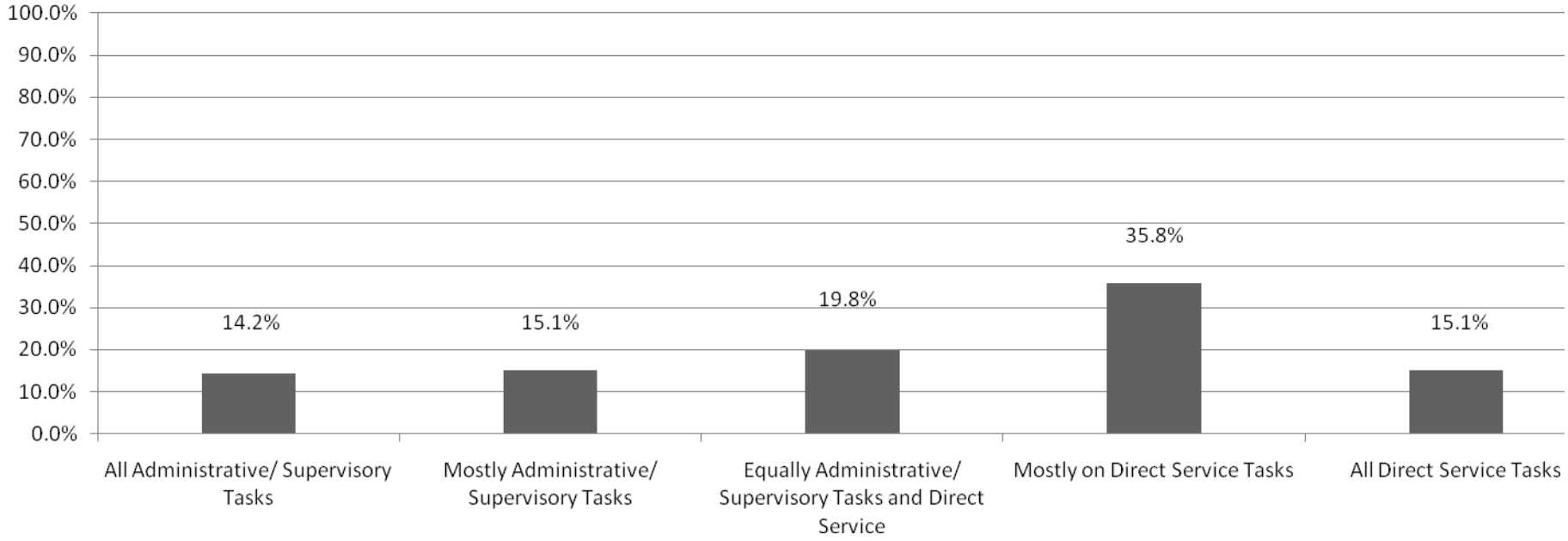
Integrated Setting	Percentage	Representative Comments for each Category
Integration of Substance Abuse Services and Mental Health Services	35.5%	• *Women's Residential SUD treatment center for clients with co-occurring disorders.* • *SUD care with mental health prevention and early intervention services.* • *Integrated behavioral health, substance abuse/mental health services.* • *Residential substance abuse treatment, with emphasis on dual diagnosis patients (substance abuse and mental illness).*
Substance Abuse Treatment Program/Center, Residential or Outpatient-- Type of Integrated care not Specified	26.3%	• *SUD treatment center. Outpatient and residential services.* • *Privately owned substance abuse program.* • *AOD treatment center.* • *Residential treatment center for women and children.*
Integration of Substance Abuse Services, Mental Health Services and Physical Health Services	21.1%	• *SUD Treatment center with MH and Primary care.* • *Inpatient/medical detox psychiatric hospital.* • *FQHC with integrated behavioral health care.* • *Substance abuse detox with co-occurring mental health problems.*
Integration of Substance Abuse Service and Physical Health Services	14.5%	• *SUD treatment center with primary care, JACHO-approved hospital unit, residential care.* • *SUD treatment center with primary care.* • *SUD treatment center / Inpatient Detox Unit.*
Mental health with Integration of Physical Health Services	2.6%	• *MH agency with primary care.* • *MH agency with Primary Care.*

[13] Twenty-seven (27) respondents reported *yes* to the question "*Do you currently work/intern in an integrated care setting*?" but did not provide a written comment describing their integrated setting.

[14] Of the 84 comments provided, eight (8) comments did not fit into any of the integrated setting categories. These comments include: "*Specialty care clinic with supportive services*; " "*Multiple integrated SUD program sites*;" "*Mental Health services for participants on welfare*;" "*I am the program manager for a case management program under the corp name of Mental Health Systems*;" "*Home health case management services in community services dept; ""Community treatment facility*; *adult drug court*; and *Administrative / Supervisory with some direct services to clients*."

Respondents were asked to report how they typically spend their time working/interning in their integrated setting.[15] The percentage of respondents for each task category is presented in Figure 5.

Figure 5: How Respondents Typically Spend their Time Working/Interning in their Integrated Setting (n=106)



[15] One (1) respondent provided a written response describing how respondents typically spend their time working in their integrated setting. The response is: "*Spend most time on direct care and am always behind on administrative tasks*."

Interest, Experience, and Preparedness in Integrated Care

Respondents were asked to rate their level of agreement with each statement in Table 6 utilizing the following scale (which has been reversed for this report):

1 = Strongly Disagree; 2 = Disagree; 3 = Agree; and 4=Strongly Agree

If respondents didn't know or were unsure how to respond to the statement(s), they were given the option of "Don't Know/Not Sure[16]" as a response from which to choose. The percentage of respondents for each agreement category and for the "Don't Know/Not Sure" classification is presented in Figure 7, along with mean scores.

Table 7: Level of Agreement with Statements Regarding Integrated Care

Statement	*N*	Strongly Disagree	Disagree	Agree	Strongly Agree	DK/Not Sure	Mean Score[17]
In general, integrated care promotes accountability for care quality.	*125*	1.6%	4.8%	**63.2%**	25.6%	4.8%	3.18
In general, integrated care promotes accountability positive health outcomes.	*126*	1.6%	3.2%	**61.1%**	29.4%	4.8%	3.24
In general, integrated care increases communication across departments/programs (primary care, MH, SUD)	*127*	1.6%	9.4%	**55.1%**	29.9%	3.9%	3.18
In general, integrated care decreases stigma for people seeking mental health and/or SUD services.	*126*	1.6%	6.3%	**62.7%**	24.6%	4.8%	3.16

Modal Response

[16] DK = Don't Know.

[17] "Don't Know/Not Sure" responses were excluded from the mean score calculation.

Respondents were asked to rate the level of interest they have in working in integrated care settings utilizing the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[18]" as a response from which to choose. The percentage of respondents for each level of interest category and for the "Don't Know/Not Sure" classification is presented in Table 8, along with mean scores.

Table 8: Level of Interest in Working in Integrated Care Settings

Integrated Care Setting	*N*	No Interest	Little Interest	Moderate Interest	High Interest	DK/Not Sure	Mean Score[19]
Primary Care Setting with Integrated Behavioral Health Services	*119*	4.2%	10.9%	37.8%	**42.9%**	4.2%	3.25
Mental Health Setting with Integrated Primary Care Services	*119*	4.2%	10.1%	41.2%	**41.2%**	3.4%	3.23
Mental Health Setting with Integrated Substance Use Services	*119*	3.4%	8.4%	39.5%	**47.1%**	1.7%	3.32
Substance Use Setting with Integrated Primary care and/or Mental Health Services	*126*	3.2%	4.8%	23.0%	**68.3%**	0.8%	3.58
Other [20]	*25*	0.0%	0.0%	24.0%	32.0%	**44.0%**	3.57

Modal Response

[18] DK = Don't Know.

[19] "Don't Know/Not Sure" responses were excluded from the mean score calculation.

[20] Eight (8) respondents provided a written response describing their integrated setting. Responses include: community based prevention coalition; integrated care serving criminal justice populations; integrated mental/spiritual care; "It really depends on the agency;" mental health and substance abuse setting with primary care; "The need to focus on primary prevention is critical yet it is dismissed and marginalized with treatment the only focus. We will never be able to treat our way out of the problems from addiction;" Total integrated setting where labels such as those in this question no longer apply;" "We already do this-- have been for over a decade."

In their current position at their place of employment/internship, respondents were asked how frequently they ask clients/patients about a variety of services and circumstances using the following scale (which has been reversed for this report):

1 = Never; 2 = Rarely (When Client/Patient Presents Issue); 3 = Periodically (When Problems Arise); and 4=Standard/Routine Practice

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[21]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose. Table 9 reports the frequency of responses for each service/circumstance, as well as mean scores.

Table 9: Frequency that Respondents ask Clients/Patients About Services/Circumstances

Services/Circumstances	*N*	Never	Rarely	Periodically	Routinely	Not Applicable	DK/Not Sure	Mean Score[22]
Alcohol / Substance Use	*128*	.08%	.08%	3.9%	**89.8%**	4.7%	0.0%	3.92
History of Medical Detoxification	*128*	3.9%	7.0%	7.8%	**76.6%**	4.7%	0.0%	3.65
Health Status	*126*	0.8%	4.0%	7.1%	**82.5%**	5.6%	0.0%	3.82
If Client has Primary Care Provider	*125*	3.2%	8.8%	16.0%	**65.6%**	6.4%	0.0%	3.54
Chronic Medical Conditions	*127*	1.6%	7.9%	7.1%	**78.7%**	4.7%	0.0%	3.71
Date of Last Physical	*127*	6.3%	16.5%	15.7%	**55.9%**	5.5%	0.0%	3.28
Medication Use	*127*	3.1%	3.9%	5.5%	**82.7%**	4.7%	0.0%	3.76
Mental Health Status	*128*	3.9%	9.4%	9.4%	**71.9%**	5.5%	0.0%	3.78
Housing Status	*128*	3.9%	9.4%	9.4%	**71.9%**	5.5%	0.0%	3.58
Economic Security	*128*	4.7%	7.8%	14.1%	**68.0%**	5.5%	0.0%	3.54
Employment Status	*127*	1.6%	9.4%	7.9%	**75.6%**	5.5%	0.0%	3.67
Social Supports	*128*	0.8%	6.3%	9.4%	**78.9%**	4.7%	0.0%	3.75
Literacy	*125*	8.0%	13.6%	28.0%	**44.8%**	5.6%	0.0%	3.16
Transportation	*126*	5.6%	11.1%	18.3%	**58.7%**	6.3%	0.0%	3.39
Child Care Needs	*123*	10.6%	15.4%	26.8%	**39.8%**	7.3%	0.0%	3.04

Modal Response

[21] DK = Don't Know.

[22] "Not Applicable" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.

Respondents were asked to rate the level of communication they have with a variety of providers concerning shared clients/patients interests using the following scale (which has been reversed for this report):

1 = Very Low; 2 = Low; 3 = Moderate; 4=High; and 5= Very High

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[23]" as a response from which to choose. If the respondent did not work with a provider type, they were asked to choose the option "Don't Work with this Provider Type." Table 10 reports the frequency of responses for each category of provider, as well as mean scores.

Modal Response

Table 10: Level of Communication with Provider Types

Other Providers	*N*	Very Low	Low	Moderate	High	Very High	Don't Work with Provider	DK/Not Sure	Mean Score[24]
Case or Care Managers	*125*	0.8%	4.8%	17.6%	34.4%	**36.0%**	4.8%	1.6%	4.07
Hospital Discharge Planners	*124*	7.3%	14.5%	24.2%	8.1%	8.9%	**33.9%**	3.2%	2.95
Medical Assistants	*123*	7.3%	17.9%	20.3%	10.6%	8.9%	**32.5%**	2.4%	2.94
Nurses	*124*	3.2%	19.4%	**20.2%**	16.1%	19.4%	19.4%	2.4%	3.37
Other AOD Counselors	*125*	1.6%	3.2%	13.6%	27.2%	**47.2%**	5.6%	1.6%	4.24
Peers	*124*	4.8%	2.4%	16.9%	21.8%	**42.7%**	8.9%	2.4%	4.07
Physicians	*125*	8.0%	18.4%	**28.0%**	12.8%	17.6%	12.8%	2.4%	3.16
Psychiatrists	*125*	4.8%	12.0%	**27.2%**	23.2%	23.2%	7.2%	2.4%	3.53
Psychologists	*126*	4.8%	14.3%	21.4%	16.7%	**27.8%**	11.9%	3.2%	3.57
Social Workers	*121*	5.0%	8.3%	23.1%	25.6%	**29.8%**	5.8%	2.5%	3.73
Other[25]	*36*	22.2%	16.7%	16.7%	0.0%	2.8%	11.1%	**30.6%**	2.05

[23] DK = Don't Know.

[24] "Don't Work with Provider Type" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.

[25] Nine (9) respondents provided a written response describing provider types. Responses include: education counselors; family members; "I am an administrator;" Mental health practitioners, housing managers; parole agents/probation officers/court officials; physician's assistants; probation officers; program directors, clinical directors, administrators; transitional housing managers and mental health therapists.

Respondents were asked to rate the level of knowledge of other providers' scope of practice as it pertains to services benefiting clients at their place of employment/internship using the following scale (which has been reversed for this report):

1 = Very Limited; 2 = Fair; 3 = Good; and 4=Excellent

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[26]" as a response from which to choose. If the respondent did not work with a provider type, they were asked to choose the option "Don't Work with this Provider Type". Table 11 reports the frequency of responses for each category of provider, as well as mean scores.

Table 11: Level of Knowledge of Other Providers' Scope of Practice as it Pertains to Services Benefitting Clients

Modal Response

Other Providers	*N*	Very Limited	Fair	Good	Excellent	Don't Work with Provider	DK/Not Sure	Mean Score[27]
Case or Care Managers	*123*	4.1%	9.8%	36.6%	**44.7%**	2.4%	2.4%	3.28
Hospital Discharge Planners	*123*	13.0%	17.1%	20.3%	16.3%	**28.5%**	4.9%	2.60
Medical Assistants	*122*	11.5%	17.2%	19.7%	16.4%	**27.9%**	7.4%	2.63
Nurses	*120*	9.2%	20.8%	**26.7%**	23.3%	16.7%	3.3%	2.80
Other AOD Counselors	*124*	3.2%	7.3%	31.5%	**51.6%**	4.8%	1.6%	3.41
Peers	*119*	5.0%	13.45	31.1%	**42.0%**	5.0%	3.4%	3.20
Physicians	*121*	14.9%	15.7%	**30.6%**	21.5%	14.0%	3.3%	2.71
Psychiatrists	*122*	10.7%	15.6%	32.0%	**33.6%**	5.7%	2.5%	2.96
Psychologists	*122*	10.7%	12.3%	**32.0%**	**32.0%**	10.7%	2.5%	2.98
Social Workers	*122*	7.4%	15.6%	**36.9%**	31.1%	7.4%	1.6%	3.01
Other[28]	*33*	0.0%	6.1%	24.2%	18.2%	12.1%	**39.4%**	3.25

[26] DK = Don't Know.

[27] "Don't Work with Provider Type" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.

[28] Five (5) respondents provided a written response describing provider types. Responses include: "I am a prescription-trained psychologist;" parole agents/probation officers/court officials; PO; program directors and clinical director; transitional housing managers and mental health therapists.

Respondents were asked to rate how staff from other disciplines understand the scope of services THEY provide at their place of employment/internship using the following scale (which has been reversed for this report):

1 = Very Limited; 2 = Fair; 3 = Good; and 4=Excellent

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[29]" as a response from which to choose. If the respondent did not work with a provider type, they were asked to choose the option "Don't Work" with this Provider Type". Table 12 reports the frequency of responses for each category of provider, as well as mean scores.

Modal Response

Table 12: Level of Knowledge that Other Disciplines have in Understanding Respondents' Scope of Services

Other Providers	*N*	Very Limited	Fair	Good	Excellent	Don't Work with Provider	DK/Not Sure	Mean Score[30]
Case or Care Managers	*125*	5.6%	16.8%	**36.8%**	32.0%	7.8%	4.0%	3.04
Hospital Discharge Planners	*124*	15.3%	20.2%	18.5%	10.5%	**29.0%**	6.5%	2.38
Medical Assistants	*123*	18.7%	17.9%	21.1%	8.9%	**27.6%**	5.7%	2.30
Nurses	*124*	16.9%	21.0%	**25.0%**	12.9%	18.5%	5.6%	2.45
Other AOD Counselors	*124*	4.8%	12.1%	32.3%	**42.7%**	4.8%	3.2%	3.23
Peers	*121*	2.5%	14.0%	**40.5%**	33.1%	5.0%	5.0%	3.16
Physicians	*123*	17.9%	17.9%	**29.3%**	14.6%	14.6%	5.7%	2.51
Psychiatrists	*125*	11.2%	24.8%	**27.2%**	23.2%	8.0%	5.6%	2.72
Psychologists	*120*	12.5%	17.5%	**28.3%**	24.2%	11.7%	5.8%	2.78
Social Workers	*119*	5.9%	22.7%	**32.8%**	25.2%	9.2%	4.2%	2.89
Other[31]	*36*	2.8%	0.0%	25.0%	16.7%	13.9%	**41.7%**	3.25

[29] DK = Don't Know.

[30] "Don't Work with Provider Type" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.

[31] Eight (8) respondents provided a written response describing provider types. Responses include: educators; "I am an administrator;" "I am the executive director of an agency with 7 programs and 3 counties;" Judicial Team (judge, DA, PD, Parole, Probation); "Other service providers are excellent;" parole agents/probation officers/court officials; probation, court officials; and transitional housing managers and mental health therapists.

Populations and Presenting Conditions

Respondents were asked how frequently they work with a variety of client/patient populations using the following scale (which has been reversed for this report):

1 = Never; 2 = Seldom; 3 = Mostly; and 4=Always

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[32]" as a response from which to choose. Table 13 reports the frequency of responses for each client/population category, as well as mean scores.

Table 13: Frequency Working with Client/Patient Populations

Client/Patient Populations	*N*	Never	Seldom	Mostly	Always	DK/Not Sure	Mean Score[33]
Adults	*123*	4.1%	5.75	8.1%	**82.1%**	0.0%	3.68
Ethnic groups – Underserved Ethnic Communities	*118*	2.5%	1.7%	16.9%	**78.8%**	0.0%	3.72
Families	*120*	9.2%	**36.7%**	29.2%	25.0%	0.0%	2.70
Geographically Isolated – Residents of Rural/ Frontier Areas	*118*	27.1%	**47.5%**	14.4%	5.9%	5.1%	1.99
Homeless	*119*	6.7%	19.3%	31.9%	**40.3%**	1.7%	3.08
Involved with Law/Justice Systems – History of Incarceration	*122*	2.5%	6.6%	32.0%	**59.0%**	0.0%	3.48
LGBTTQQI2S	*122*	2.5%	27.0%	**41.0%**	28.7%	0.8%	2.97
Limited or Non-English Speaking	*122*	5.7%	**44.3%**	31.1%	18.9%	0.0%	2.63
Low-Income	*120*	1.7%	3.3%	25.8%	**69.2%**	0.0%	3.63
Migrant Workers	*122*	27.0%	**37.7%**	15.6%	14.8%	4.9%	2.19
Military or Veterans	*121*	13.2%	**41.3%**	28.1%	16.5%	0.8%	2.48
Older Adults	*122*	9.0%	28.7%	**33.6%**	28.7%	0.0%	2.82
School-Age Children	*123*	**43.9%**	24.4%	12.2%	17.1%	2.4%	2.03
Undocumented/ Recent Immigrants, Refugee Community	*121*	24.0%	**37.2%**	14.9%	14.9%	9.1%	2.23
Uninsured	*122*	7.4%	7.4%	32.0%	**51.6%**	1.6%	3.30
Youth – Transition-Age Youth (TAY)	*122*	**28.7%**	26.2%	20.5%	19.7%	4.9%	2.33
Other[34]	*23*	34.8%	8.7%	8.7%	4.3%	**43.5%**	1.69

Modal Response

[32] DK = Don't Know.
[33] "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[34] Three (3) respondents provided a written response describing client populations. Responses include: children 0-5; "Our agency works with the above populations;" and women and children.

Respondents were asked how frequently they work with clients/patients with a variety of conditions, using the following scale (which has been reversed for this report):

1 = Never; 2 = Seldom; 3 = Mostly; and 4=Always

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[35]" as a response from which to choose. Table 14 reports the frequency of response for each client/patient condition, as well as mean scores.

Table 14: Frequency that Respondents Work with Client/Patient Conditions

Client/Patient Conditions	*N*	Never	Seldom	Mostly	Always	DK/Not Sure	Mean Score[36]
Chronic/Complex Health Conditions (e.g. COPD, Diabetes, Metabolic Syndrome)	*121*	5.0%	28.1%	**36.4%**	28.1%	2.5%	2.90
HIV/AIDS	*122*	8.2%	**37.7%**	28.7%	23.8%	1.6%	2.69
Physically Disabled	*122*	11.5%	**40.2%**	30.3%	16.4%	1.6%	2.53
Co-Occurring Mental Health and Substance Use Disorders	*123*	2.4%	5.7%	35.0%	**56.1%**	0.8%	3.46
Personality Disorders (Axis II)	*123*	4.9%	21.1%	**45.5%**	25.2%	3.3%	2.94
Serious Emotional Disturbance	*123*	4.9%	22.0%	**43.1%**	28.5%	1.6%	2.97
Severe or Persistent Mental Illness	*122*	5.7%	27.9%	**39.3%**	25.4%	1.6%	2.86
Trauma/PTSD	*121*	2.5%	12.4%	**45.5%**	38.0%	1.7%	3.21
Substance Abuse Disorders – Medically or Chemically Dependent	*122*	2.5%	2.5%	18.9%	**76.2%**	0.0%	3.69
Other[37]	*17*	17.6%	0.0%	0.0%	23.5%	**58.8%**	2.71

Modal Response

[35] DK = Don't Know.
[36] "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[37] One (1) respondent provided a written response describing client conditions: "*Also do environmental SUD prevention*."

Respondents were asked to rate their level of confidence in working with a variety of client/patient populations at their place of employment/internship using the following scale (which has been reversed for this report):

1 = Not Confident Treating this Population at this Time; 2 = Minimally Confident (with Supervision Only); 3 = Moderately Confident (Could Benefit from Additional Training); and 4=Very Confident

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[38]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose. Table 15 reports the frequency of responses for each client/patient population, as well as mean scores.

Table 15: Level of Confidence Working with Client/Patient Populations

Modal Response

Client/Patient Population	*N*	Not Confident	Minimally Confident	Moderately Confident	Very Confident	N/A	DK/Not Sure	Mean Score
Adults	*121*	0.0%	0.8%	11.6%	**84.3%**	3.3%	0.0%	3.86
Ethnic groups – Underserved Ethnic Communities	*122*	0.0%	0.8%	25.4%	**71.3%**	2.5%	0.0%	3.72
Families	*122*	2.5%	6.6%	28.7%	**57.4%**	4.9%	0.0%	3.48
Geographically Isolated – Residents of Rural/ Frontier Areas	*121*	4.1%	10.7%	**32.2%**	**32.2%**	14.9%	5.8%	3.17
Homeless	*121*	0.8%	6.6%	20.7%	**68.6%**	3.3%	0.0%	3.62
Involved with Law/Justice Systems – Hx of Incarceration	*123*	1.6%	0.8%	22.0%	**72.4%**	2.4%	0.8%	3.71
LGBTTQQI2S	*123*	2.4%	8.9%	30.9%	**53.75**	3.3%	0.8%	3.42
Limited or Non-English Speaking	*123*	13.8%	16.3%	**36.6%**	24.4%	6.5%	2.4%	2.79
Migrant Workers	*122*	10.7%	17.2%	**32.8%**	23.0%	9.8%	6.6%	2.81
Military or Veterans	*122*	1.6%	11.5%	36.9%	**42.6%**	5.7%	1.6%	3.30
Older Adults	*119*	1.7%	6.7%	30.3%	**56.3%**	5.0%	0.0%	3.49
School-Age Children	*121*	6.6%	9.1%	24.8%	**39.7%**	16.5%	3.3%	3.22
Undocumented/ Recent Immigrants, Refugee Community	*122*	13.9%	9.8%	28.7%	**32.8%**	10.7%	4.1%	2.94
Youth – Transition-Age Youth (TAY)	*120*	4.2%	7.5%	22.5%	**50.0%**	13.3%	2.5%	3.41
Other[39]	*27*	3.7%	3.7%	0.0%	**40.7%**	18.5%	33.3%	3.77

[38] DK = Don't Know.

[39] One (1) respondent provided a written response describing client populations: "*Staff provide service*".

Respondents were asked to rate their level of confidence in working with client/patient populations with a variety of conditions at their place of employment/internship using the following scale (which has been reversed for this report):

1 = Not Confident Treating this Population at this Time; 2 = Minimally Confident (with Supervision Only); 3 = Moderately Confident (Could Benefit from Additional Training); and 4=Very Confident

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[40]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose. Table 16 reports the frequency of responses for each condition, as well as mean scores.

Modal Response

Table 16: Level of Confidence Working with Clients/Patients with Conditions

Condition	*N*	Not Confident	Minimally Confident	Moderately Confident	Very Confident	DK/Not Sure	N/A	Mean Score[41]
Chronic/Complex Health Conditions (e.g. COPD, Diabetes, Metabolic Syndrome)	*122*	4.9%	10.7%	32.8%	**47.5%**	0.8%	3.3%	3.28
HIV/AIDS	*122*	2.5%	4.9%	29.5%	**59.0%**	0.8%	3.3%	3.51
Physically Disabled	*121*	2.5%	9.9%	33.9%	**48.8%**	0.8%	4.1%	3.36
Co-Occurring Mental Health and Substance Use Disorders	*121*	0.8%	2.5%	25.6%	**68.6%**	0%	2.5%	3.66
Personality Disorders (Axis II)	*122*	1.6%	9.8%	37.7%	**46.7%**	0.8%	3.3%	3.35
Serious Emotional Disturbance	*122*	4.1%	9.8%	39.3%	**43.4%**	0.0%	3.3%	3.26
Severe or Persistent Mental Illness	*121*	5.0%	9.1%	40.5%	**42.1%**	0.0%	3.3%	3.24
Trauma/PTSD	*122*	0.8%	7.4%	28.7%	**60.7%**	0.0%	2.5%	3.53
Substance Abuse Disorders – Medically or Chemically Dependent	*121*	0.8%	2.5%	14.0%	**80.2%**	0.0%	2.5%	3.78
Other[42]	*24*	0.0%	4.2%	12.5%	25.0%	**37.5%**	20.8%	3.50

[40] DK = Don't Know.
[41] "Don't Know/Not Sure" and "Not Applicable" responses were excluded from the mean score calculation.
[42] One (1) respondent provided a written response describing client conditions: "*Staff manage to provide services.*"

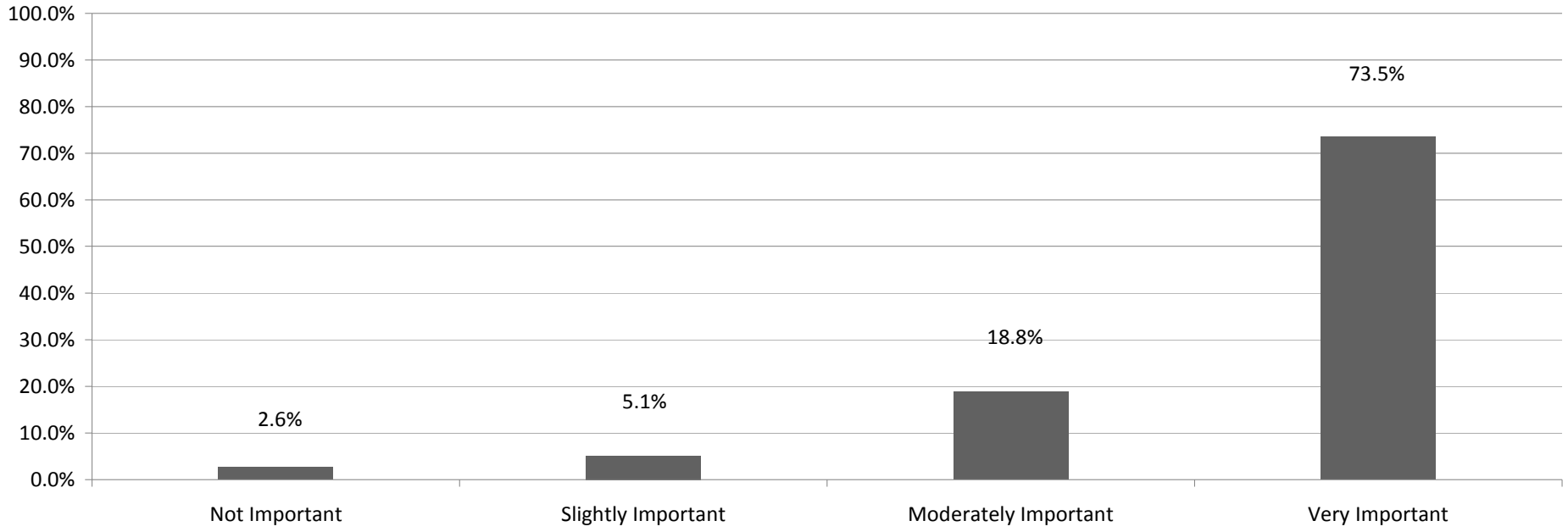
Using Technology and Measurement

Respondents were asked how they would rate the importance of outcome measurement in service delivery using the following scale (which has been reversed for this report):

1 = Not Important; 2 = Slightly Important; 3 = Moderately Important; and 4 = Very Important

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[43]" as a response from which to choose. Respondents generated a mean score of **3.63**, which suggests that they rate the usefulness as *moderately important to very important*. Figure 6 presents the frequency of responses for each item.

Figure 6: Importance of Outcome Measurement in Service Delivery (N=117)



[43] Two (2) respondents chose this option, and were excluded from the mean score calculation.

Respondents were asked to rate the extent to which they feel prepared and competent in areas relating to outcomes/measurement using the following scale (which has been reversed for this report):

1 = Not Prepared; 2 = Minimally Prepared; 3 = Moderately Prepared; and 4=Sufficiently Prepared

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[44]" as a response from which to choose. Table 17 reports the frequency of responses for each question relating to outcomes/ measurement in the table, as well as mean scores.

Table 17: Preparedness in Working with Outcomes/Measurement

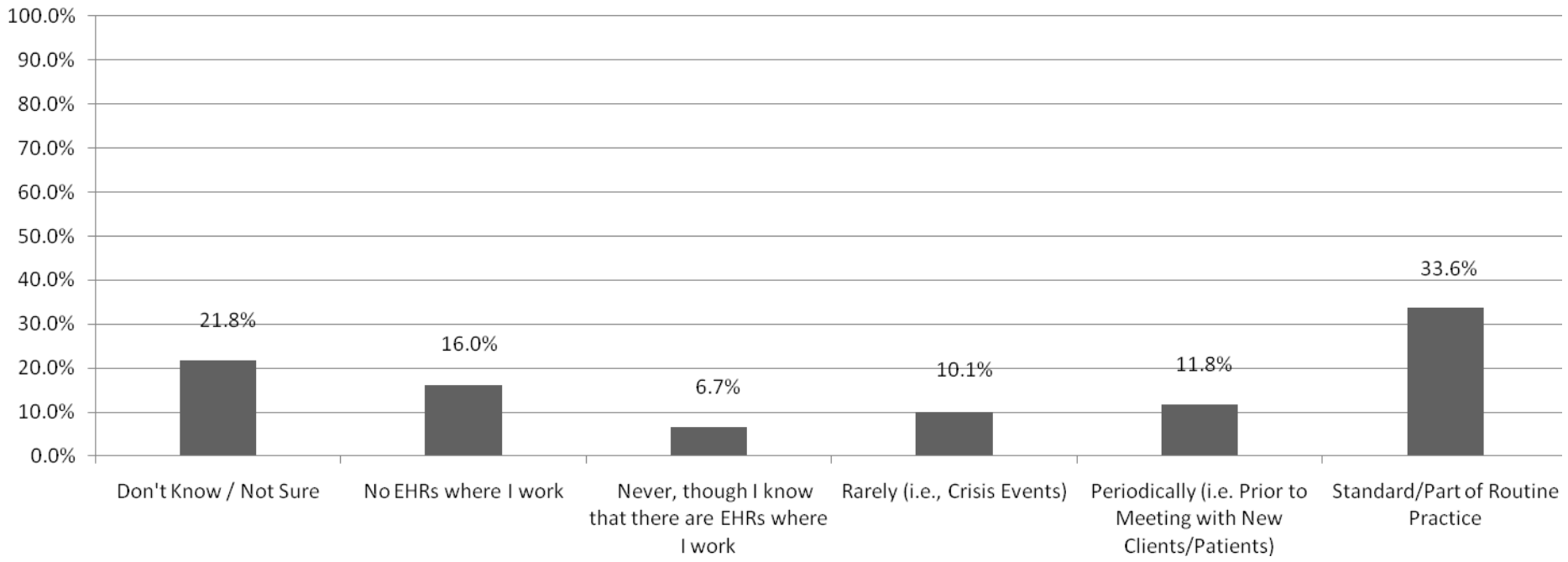
Modal Response

Statement Regarding Outcomes/Measurement	*N*	Not Prepared	Minimally Prepared	Moderately Prepared	Sufficiently Prepared	DK/Not Sure	Mean Score[45]
To what extent do you feel prepared to collect and track treatment outcomes with your patient/clients?	*120*	2.5%	10.0%	**46.7%**	39.2%	1.7%	3.25
To what extent do you feel prepared and competent to use data you collect (e.g., screening results from a standardized instrument) to modify or enhance service delivery for your clients/patients?	*118*	4.2%	11.0%	35.6%	**46.6%**	2.5%	3.28
To what extent do you feel prepared and competent to use data collected by your agency/program/clinic (e.g., program evaluation) to modify or enhance service delivery for your clients/patients?	*119*	2.5%	10.1%	**46.2%**	38.7%	2.5%	3.24

[44] DK = Don't Know.
[45] "Don't Know/Not Sure" responses were excluded from the mean score calculation.

Respondents were asked how frequently they use data from Electronic Health Records (EHRs) to modify or enhance service delivery for their clients/patients. Figure 7 presents the percentage of respondents for each categorical option from which respondents could choose.

Figure 7: Frequency of Use of Electronic Health Records (EHRs) (N=119)

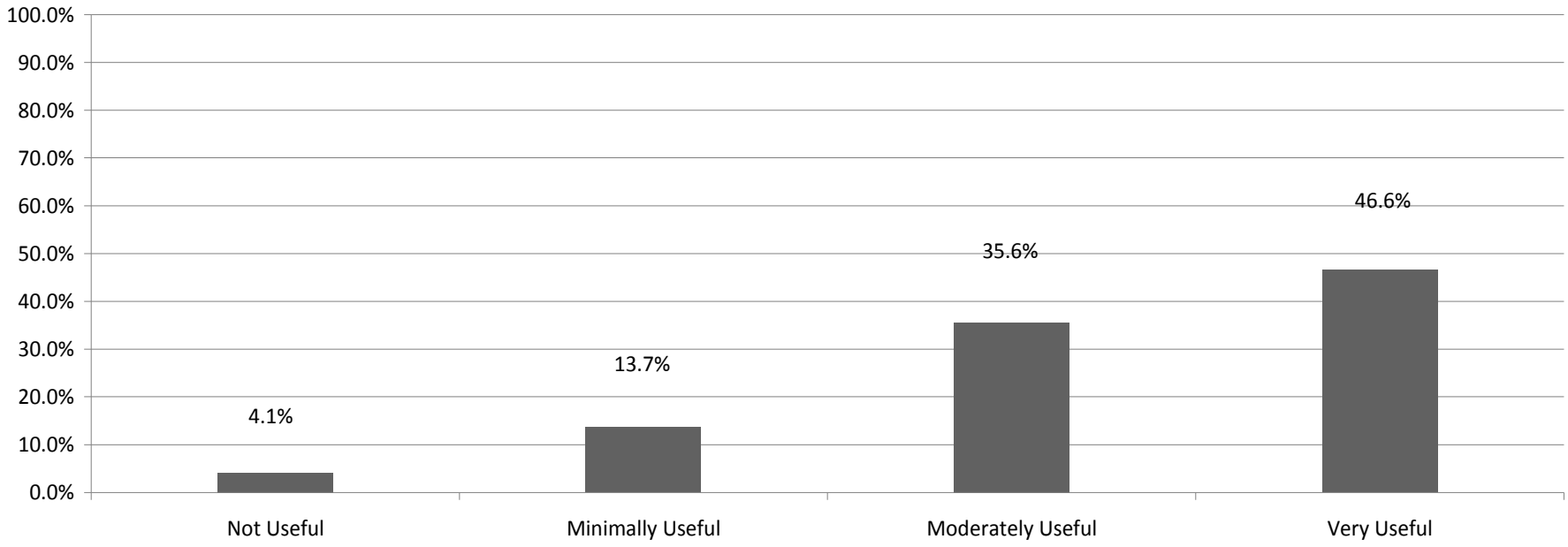


Respondents that reported they DO use data from Electronic Health Records (EHRs) to modify or enhance service delivery for their clients/patients were asked to rate how useful they find EHRs using the following scale (which has been reversed for this report):

1 = Not Useful; 2 = Minimally Useful; 3 = Moderately Useful; and 4 = Very Useful

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure" as a response from which to choose. Respondents generated a mean score of **3.25**, which suggests that they rate the usefulness as *moderately useful*. Figure 8 presents the percentage of responses for each categorical option from which respondents could choose.

Figure 8: Usefulness of Electronic Health Records (EHRs) (N=73)



Respondents were asked to rate the extent to which they feel comfortable using technology, and to rate their level of comfort sharing case notes with others using the following scale (which has been reversed for this report):

1 = No Comfort; 2 = Little Comfort; 3 = Moderate Comfort; and 4=High Comfort

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[46]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose.

Modal Response

Table 18: Level of Comfort with Using Technology and Sharing Notes with Others

Level of Comfort with…	*N*	No Comfort	Little Comfort	Moderate Comfort	High Comfort	N/A	DK/Not Sure	Mean Score[47]
Using technology (e.g., Computers, Smart Phones, Office Products, Email)	*120*	0.0%	2.5%	19.2%	**78.3%**	0.0%	0.0%	3.76
Sharing Notes with Members of the Treatment Team at Place of Employment	*117*	0.0%	3.4%	11.1%	**73.5%**	6.8%	5.1%	3.80
Sharing Notes with Other Providers at Place of Employment	*117*	3.4%	3.4%	25.6%	**52.1%**	8.5%	6.8%	3.49
Sharing Notes with Providers in Other Clinics/Organizations/Programs	*117*	4.3%	12.8%	**35.0%**	27.4%	11.1%	9.4%	3.08
Sharing Notes with Other(s)[48]	*30*	0.0%	10.0%	16.7%	6.7%	**33.3%**	**33.3%**	2.90

[46] DK = Don't Know.

[47] "Not Applicable" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.

[48] Six (6) respondents provided a written response describing client populations. Responses include: "I am an administrator;" parole agents/probation officers/court officials; "Will share only if I have a release of information, then I am very comfortable;" with appropriate releases of information; with proper consent to release information; and would like training.

Health Reform/Health Policy

Respondents were asked how knowledgeable they are concerning issues impacted by national health reform (the Patient Protection and Affordable Care Act) using the following scale (which has been reversed for this report):

1 = No Knowledge; 2 = Limited Knowledge; 3 = Moderate Knowledge; and 4=Very Knowledgeable

Table 19: Level of Knowledge About Issues Impacted by National Health Reform

Issues Impacted by National Health Reform	*N*	No Knowledge	Limited Knowledge	Moderate Knowledge	Very Knowledgeable	Mean Score
Client/Patient Eligibility for Services	*115*	14.8%	25.2%	**43.5%**	16.5%	2.62
Types of Services Offered	*115*	14.8%	26.1%	**45.2%**	13.9%	2.58
Provider Roles/Scope of Services	*115*	15.7%	29.6%	**39.1%**	15.7%	2.55
Reimbursement	*115*	20.0%	**39.1%**	32.2%	8.7%	2.30
IT Strategies for Population Health Management	*114*	20.2%	**38.6%**	33.3%	7.9%	2.29
Performance-Based Incentives	*111*	23.4%	**36.0%**	32.4%	8.1%	2.25

Respondents were asked how knowledgeable they are about health care reform regulations, programs, and public policies and their implications for service delivery using the following scale (which has been reversed for this report):

1 = No Knowledge; 2 = Limited Knowledge; 3 = Moderate Knowledge; and 4=Very Knowledgeable

Modal Response

Table 20: Level of Knowledge About Health Regulations, Programs, Policies and Associated Implications

Regulations, Programs, Policies	*N*	No Knowledge	Limited Knowledge	Moderate Knowledge	Very Knowledgeable	Mean Score
Accountable Care Organizations (ACOs)	*114*	31.6%	**32.5%**	29.8%	6.1%	2.11
Patient-Centered Medical Home (PCMH)	*115*	**31.3%**	**31.3%**	27.8%	9.6%	2.16
Essential Health Benefits (EHB) under the Affordable Care Act	*113*	30.1%	**33.6%**	27.4%	8.8%	2.15
Low Income Health Program (LIHP)	*115*	25.2%	31.3%	**33.9%**	9.6%	2.28
Transition of Medi-Cal Eligible Seniors and Persons with Disabilities (SPDs) from Fee for Service (FFS) to Managed Care	*115*	29.6%	**34.8%**	27.0%	8.7%	2.15
Transition of Dually Eligible Medicare/Medi-Cal Beneficiaries from Fee for Service (FFS) to Managed Care	*114*	31.6%	**36.0%**	25.4%	7.0%	2.08
CMS EHR Meaningful Use Criteria	*115*	33.9%	**38.3%**	20.9%	7.0%	2.01
Implications of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)	*114*	21.1%	23.7%	**28.1%**	27.2%	2.61
Implications of 42-CFR (Substance Abuse Confidentiality Law)	*115*	19.1%	23.5%	25.2%	**32.2%**	2.70
Mental Health Parity and Addiction Equality Act	*106*	18.9%	**31.1%**	**31.1%**	18.9%	2.50

Training

Respondents were asked to rate their level of interest concerning a variety of training topics related to *Linking Physical Health and Mental Health* using the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

Table 21 reports the frequency of responses for each training area, as well as mean scores.

Modal Response

Table 21: Level of Interest in theTraining Area: *Linking Physical Health and Mental Health*

Training Area: Linking Physical Health and Mental Health	*N*	No Interest	Little Interest	Moderate Interest	High Interest	Mean Score
Addressing Behavioral Health Components of Physical Disorders	*112*	2.7%	4.5%	40.2%	**52.7%**	3.43
Impact of Mental Disorders on Physical Health	*113*	0.9%	5.3%	31.0%	**62.8%**	3.56
Impact of Physical Disorders on Mental Health	*112*	0.9%	2.7%	37.5%	**58.9%**	3.54
Cultural Differences Between Mental Health and Physical Health and how to Bridge them	*112*	0.9%	4.5%	34.8%	**59.8%**	3.54
Recognizing Common Physical Health Disorders and when to Refer to Primary Care	*112*	1.8%	8.0%	35.7%	**54.5%**	3.43
Understanding Conditions/Medications Associated with Metabolic Syndrome	*113*	2.7%	12.4%	37.2%	**47.8%**	3.30
Role of Spirituality in Mental and Physical Health Recovery	*113*	2.7%	8.0%	24.8%	**64.6%**	2.51
Understanding and Addressing the Physical Side Effects of Psychotropic Medication	*112*	0.9%	4.5%	29.5%	**65.2%**	3.59
Understanding and Addressing the Psychiatric Effects of Medications for Physical Conditions	*112*	1.8%	4.5%	31.3%	**62.5%**	3.54
Chronic Pain Management (Primary Care (PC), Mental Health (MH), and Substance Use Disorder (SUD) Perspectives)	*110*	0.9%	8.2%	27.3%	**63.6%**	3.54

Respondents were asked to rate their level of interest concerning a variety of training topics related to *Working with Substance-Using Individuals* and *Screening Tools and Procedures* using the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

Table 22 reports the frequency of responses for each training area, as well as mean scores.

Modal Response

Table 22: Level of Interest in theTraining Areas: *Working with Substance-Using Individuals* and *Screening Tools and Procedures*

Training Area: Working with Substance-Using Individuals	***N***	**No Interest**	**Little Interest**	**Moderate Interest**	**High Interest**	**Mean Score**
Recovery Model and Stigma Reduction	111	1.8%	3.6%	28.8%	65.8%	3.59
Effectively Addressing Co-occurring Substance Use/Mental Health Issues	113	0.9%	1.8%	16.8%	80.5%	3.77
SBIRT (Screening, Brief Intervention, Referral and Treatment) Protocols	112	4.5%	8.0%	25.9%	61.6%	3.45
Organizational Culture Differences between PC, MH, and SUD and how to Bridge them	113	1.8%	7.1%	19.5%	71.7%	3.61
Understanding the Short- and Long-term Effects of Alcohol Abuse/Addiction	113	2.7%	7.1%	23.0%	67.3%	3.55
Understanding the Short- and Long-term Effects of Illicit Drug Use	111	2.7%	7.2%	22.5%	67.6%	3.55
Understanding the Short- and Long-term Effects of Non-Prescribed Prescription Drug Use	113	2.7%	4.4%	24.8%	68.1%	3.58
Training Area: Screening Tools and Procedures	***N***	**No Interest**	**Little Interest**	**Moderate Interest**	**High Interest**	**Mean Score**
Screening for Mental Health Issues	112	2.7%	2.7%	28.6%	**66.1%**	3.58
Screening for Physical Health Issues	112	1.8%	5.4%	37.5%	**55.4%**	3.46
Screening for Substance Use Issues	111	2.7%	5.4%	19.8%	**72.1%**	3.61
SBIRT (Screening, Brief Intervention, Referral and Treatment) Protocols	111	2.7%	8.1%	22.5%	**66.7%**	3.53
Developing an Infrastructure for Referrals and Referral Feedback/Follow-up	111	1.8%	6.3%	19.8%	**72.1%**	3.62
Recognizing Common Physical Conditions and when to refer to Primary Care	109	1.8%	6.4%	30.3%	**61.5%**	3.51

Respondents were asked to rate their level of interest concerning a variety of training topics related to *Clinical Practices and Approaches* utilizing the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

Table 23 reports the percentage of respondents for each training area, as well as mean scores.

Modal Response

Table 23: Level of Interest in the Training Areas: *Clinical Practices and Approaches*

Training Area: Clinical Practices and Approaches	*N*	No Interest	Little Interest	Moderate Interest	High Interest	Mean Score
Treating Co-Occurring Disorders	*112*	3.6%	2.7%	24.1%	**69.6%**	3.60
Motivational Interviewing	*113*	2.7%	5.3%	21.2%	**70.8%**	3.60
Team-Based Care	*111*	2.7%	4.5%	25.2%	**67.6%**	3.58
Cognitive Behavioral Therapy (CBT)	*113*	2.7%	1.8%	26.5%	**69.0%**	3.62
Problem Solving Therapy (PST)	*113*	3.5%	3.5%	22.1%	**70.8%**	3.60
Brief Solution-Focused Therapy	*112*	3.6%	3.6%	25.9%	**67.0%**	3.56
Seeking Safety	*112*	2.7%	5.4%	25.9%	**66.1%**	3.55
Harm Reduction	*113*	3.5%	8.0%	28.3%	**60.2%**	3.45
Improving Cultural Competence	*111*	1.8%	5.4%	26.1%	**66.7%**	3.58

Respondents were asked to rate their level of interest concerning a variety of training topics related to *Data Collection, Outcomes Measurement, and Quality Improvement* and *Strategies for Local Collaborations* utilizing the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

Table 24 reports the percentage of respondents for each training area, as well as mean scores.

Modal Response

Table 24: Level of Interest in the Training Areas: *Data Collection, Outcomes Measurement, and Quality Improvement* and *Strategies for Local Collaborations*

Training Area: Data Collection, Outcomes Measurement, and Quality Improvement	***N***	**No Interest**	**Little Interest**	**Moderate Interest**	**High Interest**	**Mean Score**
Identifying Relevant Outcome Measures and Collecting Data	*112*	3.6%	10.7%	37.5%	**48.2%**	3.30
Information Sharing: Understanding Confidentiality Requirements to Enhance Care Coordination	*113*	2.7%	7.1%	31.0%	**59.3%**	3.47
Using Data to Drive Clinical Decision-Making	*113*	3.5%	11.5%	27.4%	**57.5%**	3.39
Strategies to Facilitate Stepped-Care	*113*	4.4%	11.5%	30.1%	**54.0%**	3.34
Population Health Management	*113*	2.7%	13.3%	37.2%	**46.9%**	3.28
Using Registries and EHRs to Assess the Effectiveness of Clinical Interventions	*110*	5.5%	10.9%	38.2%	**45.5%**	3.24
Training Area: Strategies for Local Collaborations	***N***	**No Interest**	**Little Interest**	**Moderate Interest**	**High Interest**	**Mean Score**
Working with Local Specialty Mental Health Resources	*111*	1.8%	5.4%	29.7%	**63.1%**	3.54
Working with Local Primary care Resources	*111*	1.8%	6.3%	34.2%	**57.7%**	3.48
Working with local SUD Resources	*111*	1.8%	9.0%	25.2%	**64.0%**	3.51
Incorporating Peer Specialist/Promotores/Community Health Workers into System of Care	*107*	1.9%	9.3%	27.1%	**61.7%**	3.49

Respondents were asked to recommend other training topics related to each of the six (6) Training Areas presented in this section. Their written comments are presented below.

Training Topics Related to **Linking Physical Health and Mental Health (N=8)**

- *A general 1010 course or Training on the future of integration of SUD and mental Health*
- *General trainings on psychotropic medications and street drugs and their effects on behavior/mental health - this is greatly needed especially for mental health clinician.*
- *Involving the entire family.*
- *Life in balance, social pressures for unhealthy behaviors.*
- *Most common illnesses for those with MH or SUD diagnoses. Most often cause of death for those with MH & SUD diagnoses.*
- *Stigma Reduction for Mental Health Disorders and Psychotropic Medication Usage .*
- *Wider availability of mental health first aid to PC and SUD practitioners.*
- *Able to explain to clients in plain English without using big words and scare them off and fear seeking treatment due to fear of wording.*

Training Topics Related to **Working with Substance Using Individuals (N=7)**

- *Effective SUD treatment strategies with Criminal Justice Populations Effective SUD treatment strategies with "Longer-Term" Inmates/Parolees*
- *Getting families involved.*
- *Hep C and HIV trainings are important.*
- *Identifying unhealthy bureaucratic mentality and obsessions with classifications.*
- *Interaction of* Psych meds and alcohol
- Recognizing when someone is under the influence - greatly needed especially for mental health workers
- Wider availability of mental health first aid to SUD practitioners.

Training Topics Related to **Screening Tools and Procedures (N=1)**

- *Simplifying the process.*

Training Topics Related to **Clinical Practices and Approaches (N=3)**

- *Evidenced Based Treatment for Criminal Justice Populations.*
- *Primary prevention.*
- *Spiritual Awakening.*

Training Topics Related to **Data Collection, Outcomes Measurement, and Quality Improvement (N=3)**

- ✔ *Bean Counters Anonymous.*
- ✔ *OMA, MORS Scale, Recovery Documentation.*
- ✔ Reducing paper charts and increasing electronic charts.

Training Topics Related to **Strategies for Local Collaborations (N=1)**

- ✔ *Elimination of medical documentation from SUD and MH treatment program counselors/therapists (i.e., daily nursing notes for long-term treatment participants, etc.*

Suggestions/Comments

Respondents were asked, " *Is there anything else that you would like to add (comments or suggestions) concerning integrated care (e.g., your experience working in an integrated setting, strengths and weakness of an integrated care approach, preparing to work in an integrated setting)*?" Eleven (11) respondents provided written responses to this query, which are presented below.

- *Because we have not gone 100% electronic in our charts, we are doing about twice the amount of work for each pt, which takes up a lot of time or does not get completed. Our facility and direct care would benefit greatly if we went 100% electronic, which would give direct care staff time to provide pts with more time to give them referrals, follow them through the system, etc.*
- *Does anyone have a crystal ball who can tell us what the world will look like on January 1, 2014?*
- *How to anticipate the training required for counselors and administrators entering and remaining in the field of SUD/MH service provision.*
- *I have found that, of all the PHC-BH integration models currently endorsed or in use, what works is pretty community-specific. However, I continue to avail myself of many of the existing resources out there (e.g. SBIRT, multiple integration webinars/conferences, etc.). We have been doing this for over a decade now and it is great that MH is finally catching up with the SUD field regarding the "recovery" perspective. However, people are acting like BH-PHC integration is something completely novel - it might be good if the powers-that-be stop relying so much on newer County systems for their information and, instead, ask community providers who are already doing this for information regarding BH-PHC integration. It feels like we continue to get "muscled out" by County administrators, at the ongoing expense of the people who need/receive most of the services on the ground.*
- *I would just add using integrity as a part of TTC care.*
- *In taking lessons learned from SUD and MH programs combining with Medical Practices/Hospitals due to insurance funding in the 1980's, it is my hope that SUD and MH services will NOT be "medically managed" by physical health care organizations. Integrated care is important in covering all aspects of a person's well being, however, physical health and the clinical practices used for interventions tend to oppose each other. When the Criminal Justice population is inserted into this equation, it seemed (at least in the 80's, for instance) that many people displaying criminal behavior were branded "untreatable" or "not receptive to treatment", or having "anti-social disorder". These folks were systematically locked away into the prison system unnecessarily when there were other interventions available to them, however, they were not presented with alternative means of programming because the insurance companies and the medical community deemed them as "incurable" and labeled them "once an addict always an addict" or "once a criminal, always a criminal". These labels were brought out of the case management system of the day because of dollars and cents, NOT participant-centered care. Let's not repeat the same mistakes this time...*
- *It has been my experience that staff become reluctant to learn about or defer to those who work outside of their field (i.e.: mental health are reluctant to look to substance abuse clinicians for advise and vise versa). The two need to work together with a more open mind.*
- *Just that we could always continue to make it a more friendly environment*
- *Let's stop talking about it and get it done.*
- *More training working with specific populations or in specific administrative tasks would be appreciated. Also, training in programs, funding and administrative processing.*
- *Primary prevention should be put under the umbrella of public health.*

IBHP
Integrated Behavioral Health Project

WELLNESS • RECOVERY • RESILIENCE

Integrated Care Survey Results: Nurses

This report, funded by counties through the voter approved Mental Health Services Act (Prop. 63), and prepared by the Integrated Behavioral Health Project (IBHP)[49], summarizes responses from an Integrated Care Survey[50] completed by nurses (N=75). IBHP developed the survey to gain an understanding of: (a) nurses' attitudes about integrated care, (b) how prepared nurses are to work in an integrated setting, and (c) nurses' experience in coordinating care with providers and staff from other fields of practice. The report is presented in seven sections: *Demographics*; *Interest, Experience, and Preparedness in Integrated Care*; *Populations and Presenting Conditions*; *Using Technology and Measurement*; *Health Reform/Health Policy; Training*; and *Suggestions/Comments*.

[49] Launched in 2006, the Integrated Behavioral Health Project (IBHP) is an initiative to accelerate the integration of behavioral health and primary care services in California. IBHP is a program of the Community Clinic Initiative of the Tides Center with funding from the California Mental Health Services Authority (CalMHSA) as part of its Statewide Stigma and Discrimination Reduction Initiative. For more information, please visit http://www.ibhp.org/.

[50] This survey is funded by CalMHSA, an organization of county governments working to working to improve mental health outcomes for individuals, families and communities. CalMHSA works to embrace and nurture mental wellness in California through collaborative, community-oriented and accountable efforts. Programs operated by CalMHSA are funded by counties through the voter approved Mental Health Services Act (Prop. 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities. For more information, visit www.calmhsa.org.

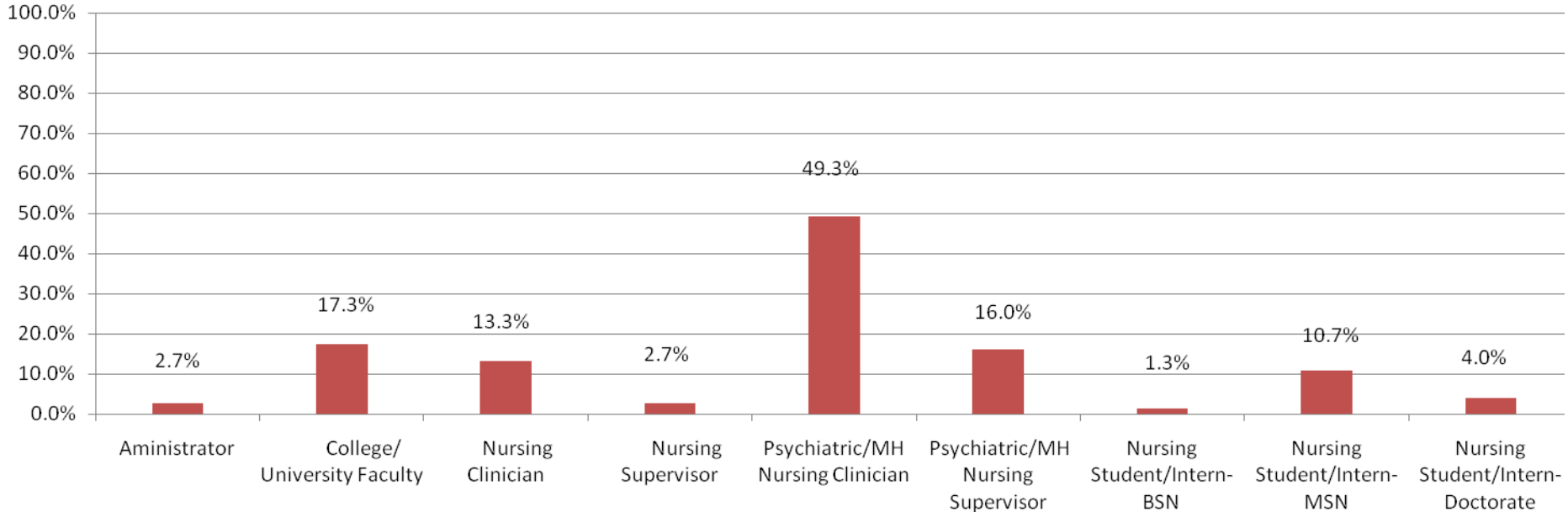
Demographics

More than 80 percent (84.1%) of respondents were female; with 13.0 percent, male; 1.4 percent, transgender; and 1.4 percent, *other* (N=69).

Ten percent (9.9%) of respondents responded *yes* to the question, "Are you or have you been a recipient of a Title IV-E mental health stipend?" (N=71).

Respondents were asked to report their current position/status at their place of employment or internship. The percentage of respondents for each employment/internship category is presented in Figure 1.

Figure 1: Position/Status[51] at their Place of Employment/Internship[5253] (N=75)



[51] Respondents were not provided with an *Other* category for this query.
[52] The total is more than 100.0% because respondents could choose more than one option
[53] BSN signifies Bachelor of Science in Nursing and MSN signifies Master of Science in Nursing.

Respondents were asked to report on their current employment or internship setting(s). The percentage of responses for each employment/internship setting is presented in Table 1. The three settings with the highest percentage are highlighted in blue and **bolded**.

Table 1: Current Employment/Internship Setting[54] (N=75)

Region	Percentage
College/University Setting	**20.0%**
Community-Based Organization	2.7%
Community Mental Health Center	18.7%
Community Health Center	4.0%
Federally Qualified Health Center (FQHC)	1.3%
Hospital	**37.3%**
Mental Health Clinic	6.7%
Private Practice	5.3%
Residential Program	2.7%
School-based Clinic	0.0%
Other[55]	**21.3%**

[54] Total is more than 100.0% because respondents could choose more than one option

[55] Sixteen (16) respondents selected the *Other* category but 23 respondents provided a written response to describe their setting. Responses include: primary care; ACT Model MH program; acute diversionary unit in a community setting; county jail; unemployed; HMO behavioral health education; outpatient behavioral health center; hospital intake; home visits; inpatient psych hospital; Kaiser psychiatry; MH telemental health; neonatal clinical nurse specialist; outpatient MH services; outpatient neurology clinic; chemical dependent programs; private practice; partial hospitalization program; retired; telephonic disease management; and VA clinic/ hospital.

All respondents (100.0%) responded *yes* to the question, *"Do you have an Associate's Degree or higher"* (N=74). Respondents were asked to report their highest level of education completed[56]. The percentage of respondents for each level of education is presented in Figure 2.

Figure 2: Highest Level of Education Completed (N=70)

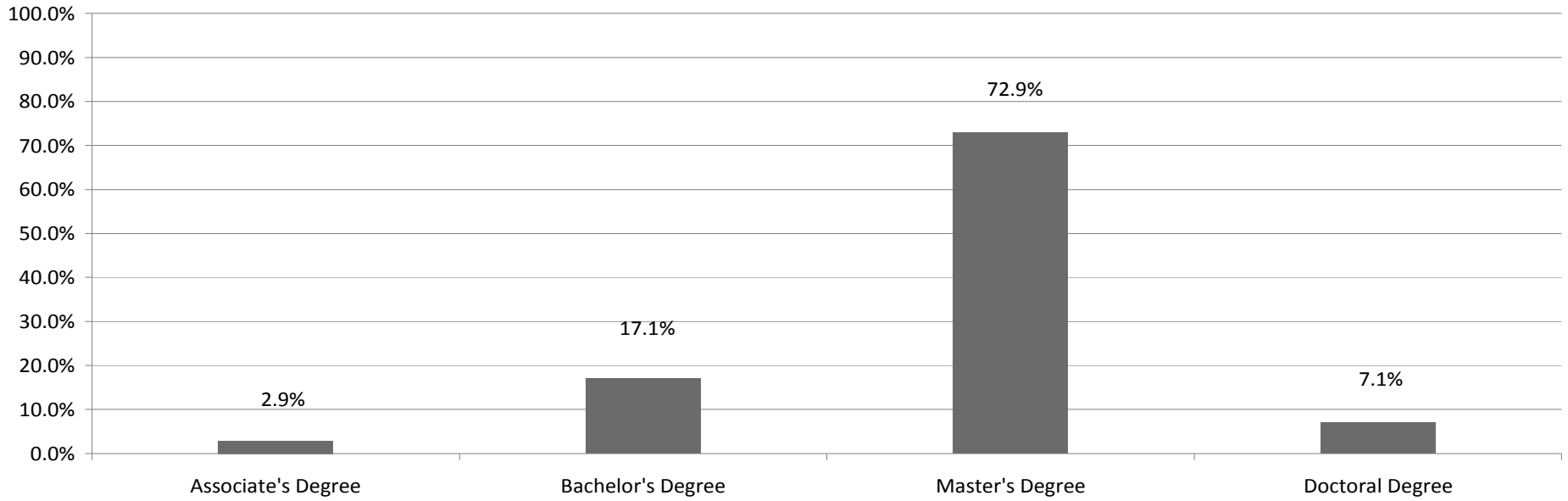


Table 2 presents the year in which the respondents' highest degree was attained.

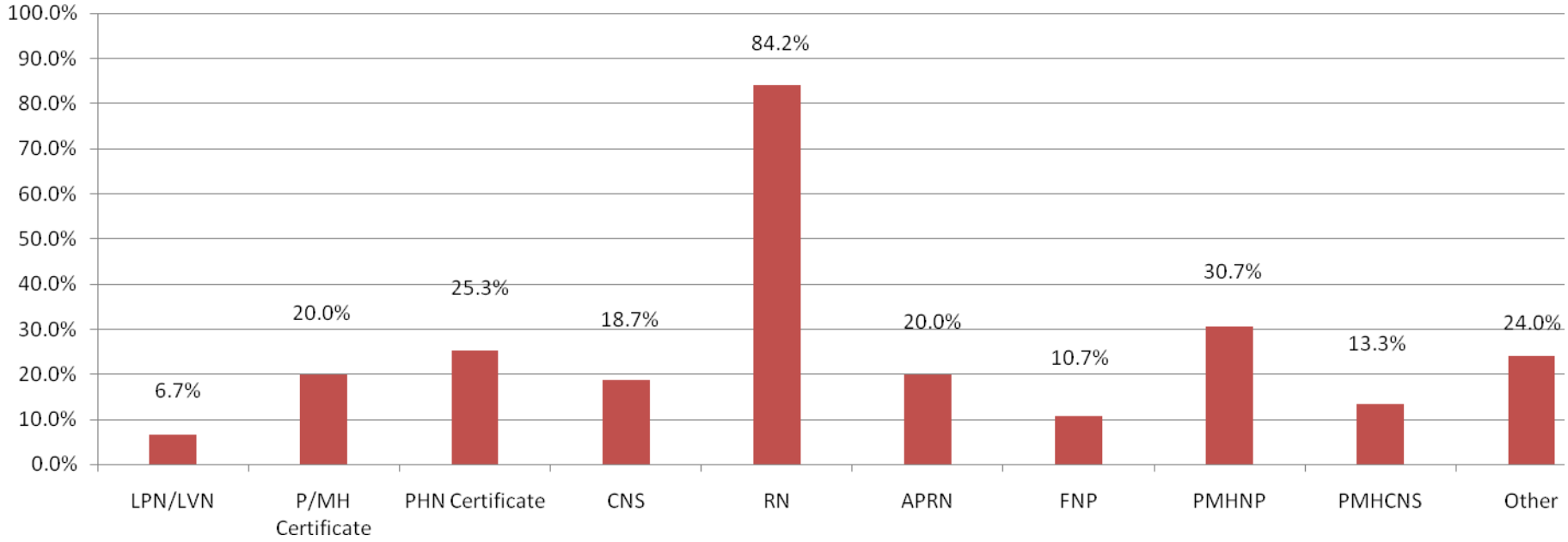
Table 2: Year in Which Highest Degree was Attained (N=67)

Year Range	Percentage
1960 to 1969	0.0%
1970 to 1979	6.0%
1980 to 1989	22.4%
1990 to 1999	19.4%
2000 to 2009	31.3%
2010 to 2012	20.9%

[56] Respondents were not provided with an *Other* category for this query.

Respondents were asked to report any licenses and/or certificates attained.[57] The percentage of respondents for each license and/or certificate is presented in Figure 3.[58]

Figure 3: Licenses and/or Certificates Attained (N=75 for Each License/Certificate)



[57] LPN/LVN signifies Licensed Practical Nurse/Licensed Vocational Nurse; P/MH signifies Psychiatric Mental Health Nurse Certificate; PHN signifies Public Health Nurse Certificate; CNS signifies Clinical Nurse Specialist; RN signifies Registered Nurse License; APRN signifies Advanced Practice Registered Nurse or APN; FNP signifies Family Nurse Practitioner; PMHNP signifies Psychiatric Mental Health Nurse Practitioner; and PMHCNS signifies Psychiatric Mental Health Clinical Nurse Specialist.

[58] Respondents were not provided with a designated *Other* category for this query; however, they were provided with a space to provide a written response. Eighteen (18) respondents provided a written response to describe licenses/certificates attained. Responses include: Adult NP; ANCC board certification PMHNP; Board certified; Certificate in Psychodynamic Psychotherapy; Certificate in Rehab Nursing; Certification in Gerontological Nursing; Certified nursing educator; LCSW; Licensed Professional Counselor; LMFT; NEA-BC; Neonatal CCNS from AACN; Nursing development specialist; Pediatric NP; PMHN for state of California; Psychiatric Technician; RNBC; Psych/ Mental Health; and "Will finish CNS piece to my Master's this fall."

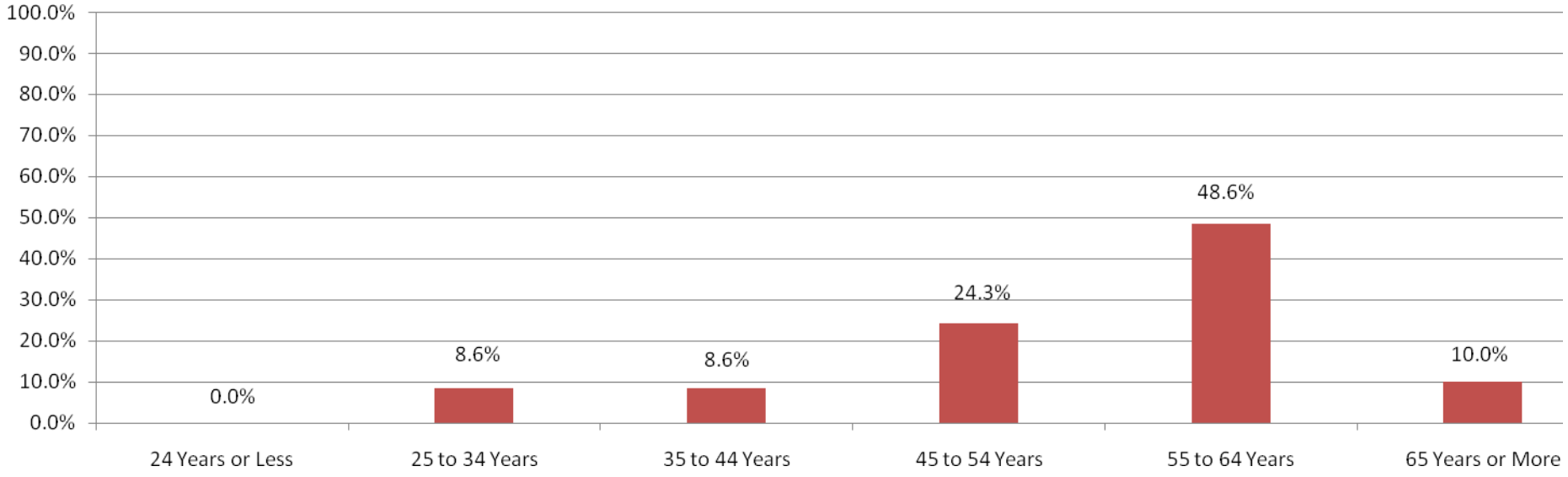
Table 3 presents the year in which the respondents' license(s) and/or certificate(S) were attained.[59]

Table 3: Year in Which License and/or Certificate was Attained

Year Range	LPN/LVN (N=5)	P/MH Certificate (N=13)	PHN Certificate (N=17)	CNS (N=14)	RN (N=63)	APRN (N=15)	FNP (N=8)	PMHNP (N=21)	PMHCNS (N=12)	Other (N=15)
1960 to 1969	0.0%	0.0%	0.0%	0.0%	6.3%	0.0%	0.0%	0.0%	0.0%	0.0%
1970 to 1979	40.0%	0.0%	5.9%	0.0%	28.6%	6.7%	12.5%	0.0%	0.0%	0.0%
1980 to 1989	40.0%	30.8%	47.1%	28.6%	27.0%	13.3%	25.0%	9.5%	41.7%	6.7%
1990 to 1999	20.0%	30.8%	17.6%	42.9%	11.1%	40.0%	12.5%	9.5%	25.0%	33.3%
2000 to 2009	0.0%	15.4%	23.5%	28.6%	22.2%	20.0%	50.0%	42.9%	33.3%	33.3%
2010 to 2012	0.0%	23.1%	5.9%	0.0%	4.8%	20.0%	0.0%	38.1%	0.0%	26.7%

Respondents were asked to report their age. The percentage of respondents for each age range category is presented in Figure 4.

Figure 4: Age Range (N=70)



[59] Some respondents that indicated they had attained a license(s) and/or certificate(s) did NOT provide the year it was attained.

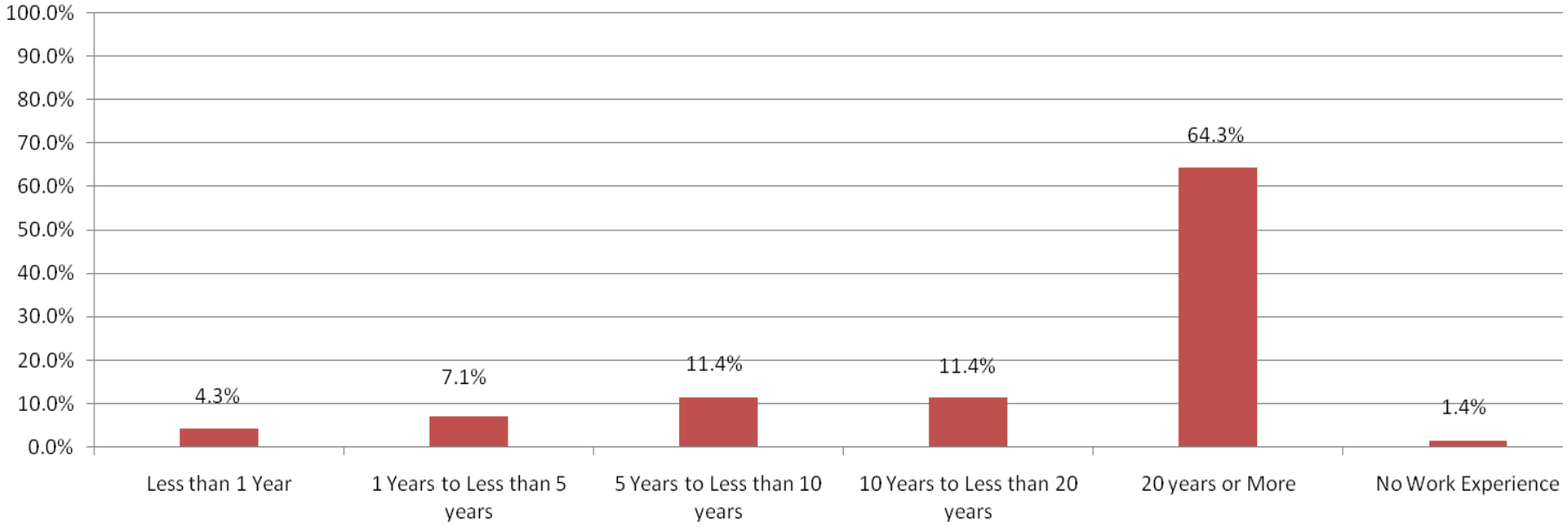
Respondents were asked to report their race/ethnicity by checking all options that apply. The percentage of respondents for each race/ethnicity category is presented in Table 4. The three ethnicity/race categories with the highest percentage are highlighted in blue and **bolded**.

Table 4: Ethnicity/Race (N=75)

Race/Ethnicity	Percentage
American Indian or Alaska Native	1.3%
Asian Indian	0.0%
Black or African American	**4.0%**
Cambodian	0.0%
Chinese	1.3%
Filipino	0.0%
Guamanian	0.0%
Hmong	0.0%
Japanese	0.0%
Korean	0.0%
Laotian	0.0%
Latin American	0.0%
Mexican American	**4.0%**
Mien	0.0%
Native Hawaiian	0.0%
Other Asian	0.0%
Other Pacific Islander	0.0%
Other Spanish	0.0%
Samoan	0.0%
Vietnamese	1.3%
White or Caucasian	**84.0%**
Other	0.0%

Respondents were asked to report the length of time they have been working in the mental health/ behavioral health field. The percentage of each response is presented in Figure 5.

Figure 5: Length of Time Working in the Mental Health/Behavioral Health Field (N=70)

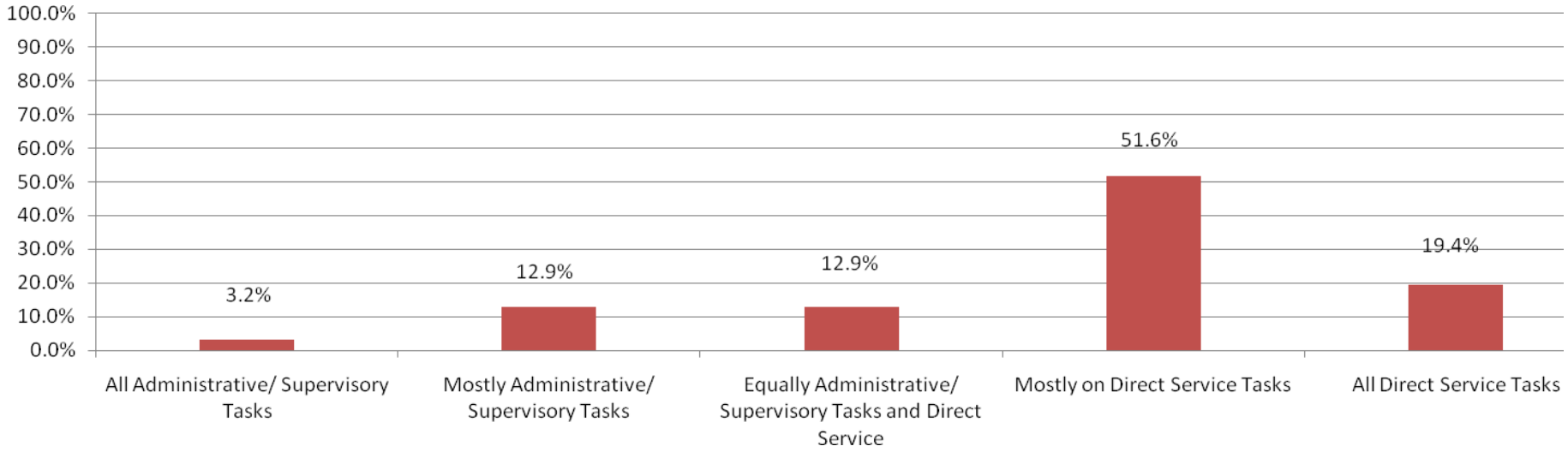


More than forty-five percent (45.1%) of respondents responded *yes* to the question*, "Do you currently work/intern in an integrated care setting?"* (N=71). Thirty (30) respondents provided an overview describing their integrated setting; these comments are presented below.

- *Acute Care Hospital setting.*
- *Acute care in-patient hospital setting/university. Medical/Psychiatry...*
- *Behavioral Health Education Dept. of HMO--provide psycho-educational/skills-based groups for anxiety, depression; sleep disorders.*
- *Community mental health care acute diversionary unit that provides primary care once a week by NP and NP interns.*
- *County jail provides both mental and physical care.*
- *County outpatient Mental Health RN on an Integrated Recovery Team (for dually dx'd clients...).*
- *FQHC providing primary care, behavioral health, and dental services. All services provided at the same site.*
- *FQHC with co-located BH services, primary care, SUD assessments and groups, community services groups, serving all...populations.*
- *FQHC with primary care, a mental health provider, and a dental clinic.*
- *Home Tele-health case manager, part of team with out-patient VAMC clinic setting. MH integration, psychologist and social work present in clinic.*
- *I am in a primary care providing integrated care for the last 13years. Also train and consult with organizations that want to start integrated care.*
- *I currently work in a 36bed acute adult Psychiatric unit, This locked unit provides for patients who need intensive observation and supervision...*
- *I work in an acute care hospital that has a 36 bed psych unit. We interact with all disciplines and other medical floors.*
- *Inpatient psychiatric center associated with a medical center.*
- *Inpatient psych hospital with integrated team of psychiatrists, internal medicine physicians, Family NP's , psych MH nurses, social workers, OTs, etc.*
- *Inpatient psychiatric service and outpatient psychiatric service.*
- *SUD treatment center and detoxification specialist in hospital. Private practice with Addiction Medicine/Internal medicine MD and Psychiatrist.*
- *Large medical center where I work with inpatient MH, MH intensive case management, and a psychosocial recovery program.*
- *Mental Health residential with 4 hours primary care services.*
- *Neonatal Intensive Care.*
- *No primary care but ACT Model mental health care-- psychiatry, psychotherapy, vocational, educational and socialization support.*
- *OP psychiatry clinic with medicine integration.*
- *Psych/CD ferocious unit.*
- *psychiatric liaison in an acute care hospital.*
- *Tele-health consulted by PCP work with Patient Aligned Care Team.*
- *Telephonic Disease Management. Assist w/ understanding and following PC's treatment plan for chronic health conditions, and MH concerns.*
- *University Clinical Assistant Instructor and acute care psychiatric unit.*
- *VA clinic with primary care and mental health care onsite.*
- *VA hospital inpatient psychiatric unit-adult and gerontology.*
- *Work in clinic which houses mental health and primary care.*

Respondents were asked to report how they typically spend their time working/interning in their integrated setting. The percentage of respondents for each task category is presented in Figure 6.

Figure 6: How Respondents Typically Spend their Time Working/Interning in their Integrated Setting (n=31)



Interest, Experience, and Preparedness in Integrated Care

Respondents were asked to rate their level of agreement with each statement in Table 6 utilizing the following scale (which has been reversed for this report):

1 = Strongly Disagree; 2 = Disagree; 3 = Agree; and 4=Strongly Agree

If respondents didn't know or were unsure how to respond to the statement(s), they were given the option of "Don't Know/Not Sure[60]" as a response from which to choose. The percentage of respondents for each agreement category and for the "Don't Know/Not Sure" classification is presented in Figure 7, along with mean scores.

Table 5: Level of Agreement with Statements Regarding Integrated Care

Statement	*N*	Strongly Disagree	Disagree	Agree	Strongly Agree	DK/Not Sure	Mean Score[61]
In general, integrated care promotes greater accountability for care quality and positive health outcomes.	*65*	0.0%	3.1%	**50.8%**	38.5%	7.7%	3.38
In general, integrated care increases coordination and communication between primary care and mental health staff/departments/programs.	*66*	1.5%	1.5%	42.4%	**51.5%**	3.0%	3.48
In general, integrated care decreases stigma for people seeking mental health services.	*66*	1.5%	6.1%	36.4%	**40.9%**	15.2%	3.38

Modal Response

[60] DK = Don't Know.

[61] "Don't Know/Not Sure" responses were excluded from the mean score calculation.

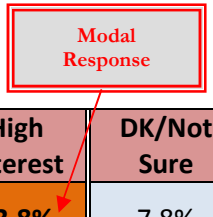
Respondents were asked to rate the level of interest they have in working in integrated care settings utilizing the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[62]" as a response from which to choose. The percentage of respondents for each level of interest category and for the "Don't Know/Not Sure" classification is presented in Table 6, along with mean scores.

Table 6: Level of Interest in Working in Integrated Care Settings

Integrated Care Setting	*N*	No Interest	Little Interest	Moderate Interest	High Interest	DK/Not Sure	Mean Score[63]
Primary Care Setting with Integrated Behavioral Health Services	*64*	4.7%	12.5%	31.3%	**43.8%**	7.8%	3.24
Mental Health Setting with Integrated Primary Care Services	*66*	1.5%	9.1%	31.8%	**53.0%**	4.5%	3.43
Substance Use Setting with Integrated Primary Care and/or Mental Health Services	*62*	9.7%	24.2%	**38.7%**	21.0%	6.5%	2.76
Other [64]	*8*	0.0%	0.0%	12.5%	37.5%	**50.0%**	3.75



[62] DK = Don't Know.
[63] "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[64] Other includes: All patients are assigned a PCP, on electronic chart, all visits/data visible; hospital setting integrated care; hospital setting within an integrated care network; "I work with families;" and "Working in integrated care specifically for veterans."

In their current position at their place of employment/internship, respondents were asked how frequently they ask clients/patients about a variety of services and circumstances using the following scale (which has been reversed for this report):

1 = Never; 2 = Rarely (When Client/Patient Presents Issue); 3 = Periodically (When Problems Arise); and 4=Standard/Routine Practice

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[65]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose. Table 7 reports the frequency of responses for each service/circumstance, as well as mean scores.

Modal Response

Table 7: Frequency that Respondents ask Clients/Patients About Services/Circumstances

Services/Circumstances	*N*	Never	Rarely	Periodically	Routinely	Not Applicable	DK/Not Sure	Mean Score[66]
Alcohol / Substance Use	*66*	0.0%	3.0%	6.1%	**81.8%**	9.1%	0.0%	3.87
Health Status	*66*	0.0%	4.5%	4.5%	**84.8%**	6.1%	0.0%	3.85
If Client has Primary Care Provider	*65*	0.0%	3.1%	12.3%	**72.3%**	12.3%	0.0%	3.79
Chronic Medical Conditions	*66*	1.5%	6.1%	4.5%	**81.8%**	6.1%	0.0%	3.77
Date of Last Physical	*66*	9.1%	12.1%	22.7%	**47.0%**	9.1%	0.0%	3.18
Medication Use	*66*	0.0%	3.0%	3.0%	**86.4%**	7.6%	0.0%	3.90
Mental Health Status?	*66*	0.0%	1.5%	4.5%	**86.4%**	7.6%	0.0%	3.92
Housing Status	*66*	0.0%	10.6%	21.2%	**60.6%**	7.6%	0.0%	3.54
Economic Security	*66*	0.0%	13.6%	25.8%	**51.5%**	9.1%	0.0%	3.42
Employment Status	*65*	0.0%	13.8%	18.5%	**56.9%**	10.8%	0.0%	3.48
Social Supports	*66*	0.0%	3.0%	13.6%	**77.3%**	6.1%	0.0%	3.79
Literacy	*66*	4.5%	22.7%	28.8%	**34.8%**	7.6%	1.5%	3.03
Transportation	*66*	1.5%	18.2%	24.2%	**47.0%**	9.1%	0.0%	3.28
Child Care Needs	*66*	7.6%	**27.3%**	25.8%	24.2%	15.2%	0.0%	2.79

[65] DK = Don't Know.
[66] "Not Applicable" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.

Respondents were asked to rate the level of communication they have with a variety of providers concerning shared clients/patients interests using the following scale (which has been reversed for this report):

1 = Very Low; 2 = Low; 3 = Moderate; 4=High; and 5= Very High

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[67]" as a response from which to choose. If the respondent did not work with a provider type, they were asked to choose the option "Don't Work with this Provider Type." Table 8 reports the frequency of responses for each category of provider, as well as mean scores.

Table 8: Level of Communication with Provider Types

Other Providers	*N*	Very Low	Low	Moderate	High	Very High	Don't Work with Provider	DK/Not Sure	Mean Score[68]
AOD Counselors	*63*	9.5%	9.5%	20.6%	6.3%	4.8%	**34.9%**	14.3%	2.75
Case or Care Managers	*65*	15.4%	4.6%	18.5%	**27.7%**	21.5%	10.8%	1.5%	3.40
Hospital Discharge Planners	*66*	12.1%	4.5%	24.2%	15.2%	13.6%	**28.8%**	1.5%	3.20
Medical Assistants	*65*	10.8%	12.3%	10.8%	10.8%	6.2%	**43.1%**	6.2%	2.79
Other Respondents	*65*	1.5%	4.6%	24.6%	26.2%	**41.5%**	0.0%	1.5%	4.03
Social Workers	*65*	6.2%	1.5%	13.8%	**35.4%**	33.8%	7.7%	1.5%	3.98
Peers	*62*	0.0%	4.8%	17.7%	27.4%	**29.0%**	16.1%	4.8%	4.02
Physicians	*65*	6.2%	10.8%	15.4%	24.6%	**30.8%**	10.8%	1.5%	3.72
Psychiatrists	*65*	4.6%	6.2%	18.5%	**26.2%**	**38.5%**	4.6%	1.5%	3.93
Psychologists	*63*	9.5%	**19.0%**	**19.0%**	17.5%	14.3%	**19.0%**	1.6%	3.10
Other[69]	*17*	0.0%	0.0%	23.5%	17.6%	11.8%	17.6%	**29.4%**	3.78

Modal Response

[67] DK = Don't Know.

[68] "Don't Work with Provider Type" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.

[69] Other includes: childcare advocates; occupational therapists; physical therapists; patient advocates; pharmacists; multi-disciplinary teams.

Respondents were asked to rate the level of knowledge of other providers' scope of practice as it pertains to services benefiting clients at their place of employment/internship using the following scale (which has been reversed for this report):

1 = Very Limited; 2 = Fair; 3 = Good; and 4=Excellent

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[70]" as a response from which to choose. If the respondent did not work with a provider type, they were asked to choose the option "Don't Work with this Provider Type". Table 9 reports the frequency of responses for each category of provider, as well as mean scores.

Table 9: Level of Knowledge of Other Providers' Scope of Practice as it Pertains to Services Benefitting Clients

Other Providers	*N*	Very Limited	Fair	Good	Excellent	Don't Work w/Provider	DK/Not Sure	Mean Score[71]
AOD Counselors	*65*	6.2%	12.3%	24.6%	7.7%	**27.7%**	21.5%	2.67
Case or Care Managers	*66*	4.5%	13.6%	**40.9%**	33.3%	6.1%	1.5%	3.11
Hospital Discharge Planners	*66*	4.5%	13.6%	**39.4%**	22.7%	18.2%	1.5%	3.00
Medical Assistants	*63*	7.9%	15.9%	**30.2%**	14.3%	28.6%	3.2%	2.74
Other Respondents	*65*	1.5%	4.6%	36.9%	**55.4%**	0.0%	1.5%	3.48
Social Workers	*66*	3.0%	9.1%	27.3%	**54.5%**	4.5%	1.5%	3.42
Peers	*64*	0.0%	4.7%	25.0%	**54.7%**	9.4%	6.3%	3.59
Physicians	*64*	1.6%	10.9%	29.7%	**51.6%**	4.7%	1.5%	3.40
Psychiatrists	*65*	1.5%	9.2%	26.2%	**60.0%**	1.5%	1.5%	3.49
Psychologists	*65*	7.7%	15.4%	27.7%	**33.8%**	13.8%	1.5%	3.04
Other[72]	*14*	0.0%	7.1%	0.0%	35.7%	14.3%	**42.9%**	3.67

Modal Response

[70] DK = Don't Know.
[71] "Don't Work with Provider Type" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[72] Other includes: occupational therapists, pharmacists, and "everyone else who comes into care for neonates."

Respondents were asked to rate how staff from other disciplines understand the scope of services THEY provide at their place of employment/internship using the following scale (which has been reversed for this report):

1 = Very Limited; 2 = Fair; 3 = Good; and 4=Excellent

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[73]" as a response from which to choose. If the respondent did not work with a provider type, they were asked to choose the option "Don't Work" with this Provider Type". Table 10 reports the frequency of responses for each category of provider, as well as mean scores.

Table 10: Level of Knowledge that Other Disciplines have in Understanding the Respondents' Scope of Services

Modal Response

Other Providers	*N*	Very Limited	Fair	Good	Excellent	Don't Work w/Provider	DK/Not Sure	Mean Score[74]
AOD Counselors	*63*	12.7%	12.7%	15.9%	3.2%	**34.9%**	20.6%	2.21
Case or Care Managers	*65*	16.9%	23.1%	**30.8%**	13.8%	6.2%	9.2%	2.49
Hospital Discharge Planners	*65*	15.4%	15.4%	**29.2%**	9.2%	23.1%	7.7%	2.47
Medical Assistants	*63*	15.9%	14.3%	17.5%	6.3%	**36.5%**	9.5%	2.26
Other Respondents	*65*	4.6%	20.0%	30.8%	**38.5%**	0.0%	6.2%	3.10
Social Workers	*65*	10.8%	12.3%	**41.5%**	26.2%	4.6%	4.6%	2.92
Peers	*65*	6.2%	10.8%	20.0%	**41.5%**	10.8%	10.8%	3.24
Physicians	*65*	6.2%	27.7%	**44.6%**	10.8%	6.2%	4.6%	2.67
Psychiatrists	*65*	9.2%	12.3%	**46.2%**	26.2%	1.5%	4.6%	2.95
Psychologists	*63*	17.5%	19.0%	**28.6%**	11.1%	15.9%	7.9%	2.44
Other[75]	*18*	16.7%	11.1%	16.7%	11.1%	5.6%	**38.9%**	2.40

[73] DK = Don't Know.
[74] "Don't Work with Provider Type" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[75] Other includes: occupational therapists; pharmacists; and "They think we are the 'educators,' people do not have a good picture of what my job consists of."

Populations and Presenting Conditions

Respondents were asked how frequently they work with a variety of client/patient populations using the following scale (which has been reversed for this report):

1 = Never; 2 = Seldom; 3 = Mostly; and 4=Always

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[76]" as a response from which to choose. Table 11 reports the frequency of responses for each client/population category, as well as mean scores.

Table 11: Frequency Working with Client/Patient Populations

Client/Patient Populations	*N*	Never	Seldom	Usually	Always	DK/Not Sure	Mean Score[77]
Adults	*60*	1.7%	0.0%	18.3%	**80.0%**	0.0%	3.77
Ethnic groups – Underserved Ethnic Communities	*61*	1.6%	21.3%	**39.3%**	37.7%	0.0%	3.13
Families	*59*	8.5%	**35.6%**	**35.6%**	20.3%	0.0%	2.68
Geographically Isolated – Residents of Rural/ Frontier Areas	*61*	**34.4%**	**34.4%**	18.0%	11.5%	1.6%	2.07
Homeless	*62*	9.7%	32.3%	**33.9%**	21.0%	3.2%	2.68
Involved with Law/Justice Systems – History of Incarceration	*60*	6.7%	33.3%	**40.0%**	16.7%	3.3%	2.69
LGBTTQQI2S	*62*	1.6%	**41.9%**	37.1%	14.5%	4.8%	2.68
Limited or Non-English Speaking	*62*	11.3%	**40.3%**	35.5%	12.9%	0.0%	2.50
Low-Income	*61*	0.0%	14.8%	**44.3%**	41.0%	0.0%	3.26
Migrant Workers	*61*	36.1%	**44.3%**	9.8%	6.6%	3.3%	1.86
Military or Veterans	*62*	8.1%	**43.5%**	25.8%	21.0%	1.6%	2.61
Older Adults	*61*	4.9%	18.0%	**47.5%**	29.5%	0.0%	3.02
School-Age Children	*61*	**65.6%**	11.5%	13.1%	6.6%	3.3%	1.59
Undocumented/ Recent Immigrants, Refugee Community	*58*	22.4%	**44.8%**	15.5%	8.6%	8.6%	2.11
Uninsured	*61*	21.3%	27.9%	**34.4%**	16.4%	0.0%	2.46
Youth – Transition-Age Youth (TAY)	*59*	**47.5%**	18.6%	22.0%	8.5%	3.4%	1.91
Other[78]	*11*	27.3%	9.1%	0.0%	9.1%	**54.5%**	1.80

Modal Response

[76] DK = Don't Know.
[77] "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[78] Other includes: developmental disabilities and people transported from other countries.

Respondents were asked how frequently they work with clients/patients with a variety of conditions, using the following scale (which has been reversed for this report):

1 = Never; 2 = Seldom; 3 = Mostly; and 4=Always

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[79]" as a response from which to choose. Table 12 reports the frequency of response for each client/patient condition, as well as mean scores.

Table 12: Frequency that Respondents Work with Client/Patient Conditions

Client/Patient Conditions	*N*	Never	Seldom	Usually	Always	DK/Not Sure	Mean Score[80]
Chronic/Complex Health Conditions (e.g. COPD, Diabetes, Metabolic Syndrome)	62	1.6%	4.8%	45.2%	**48.4%**	0.0%	3.40
HIV/AIDS	*61*	4.9%	**54.1%**	23.0%	13.1%	4.9%	2.47
Physically Disabled	*62*	3.2%	37.1%	**40.3%**	19.4%	0.0%	2.76
Co-Occurring Mental Health and Substance Use Disorders	*62*	3.2%	9.7%	**48.4%**	37.1%	1.6%	3.21
Personality Disorders (Axis II)	*61*	1.6%	19.7%	**49.2%**	29.5%	0.0%	3.07
Serious Emotional Disturbance	*61*	4.9%	19.7%	**42.6%**	32.8%	0.0%	3.03
Severe or Persistent Mental Illness	*61*	3.3%	13.1%	21.3%	**62.3%**	0.0%	3.43
Substance Abuse Disorders – Medically or Chemically Dependent	*61*	3.3%	19.7%	**41.0%**	36.1%	0.0%	3.10
Other[81]	*12*	25.0%	16.7%	16.7%	**41.7%**	0.0%	2.43

Modal Response

[79] DK = Don't Know.
[80] "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[81] Other includes: Head trauma/traumatic brain injury; mothers and fathers; psychotic illness; and PTSD.

Respondents were asked to rate their level of confidence in working with a variety of client/patient populations at their place of employment/internship using the following scale (which has been reversed for this report):

1 = Not Confident Treating this Population at this Time; 2 = Minimally Confident (with Supervision Only); 3 = Moderately Confident (Could Benefit from Additional Training); and 4=Very Confident

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[82]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose. Table 13 reports the frequency of responses for each client/patient population, as well as mean scores.

Modal Response

Table 13: Level of Confidence Working with Client/Patient Populations

Client/Patient Population	*N*	Not Confident	Minimally Confident	Moderately Confident	Very Confident	N/A	DK/Not Sure	Mean Score[83]
Adults	*62*	0.0%	0.0%	21.0%	**77.4%**	1.6%	0.0%	3.79
Ethnic Groups, Underserved Ethnic Communities	*61*	1.6%	3.3%	42.6%	**49.2%**	3.3%	0.0%	3.44
Families	*60*	1.7%	6.7%	36.7%	**45.0%**	10.0%	0.0%	3.39
Geographically Isolated, Residents of Rural/Frontier Areas	*61*	4.9%	13.1%	**36.1%**	26.2%	14.8%	4.9%	3.04
Homeless	*61*	1.6%	6.6%	36.1%	**50.8%**	3.3%	1.6%	3.43
Involved w/Law/Justice Systems, History of Incarceration	*62*	3.2%	9.7%	**54.8%**	29.0%	1.6%	1.6%	3.13
LGBTTQQI2S	*62*	0.0%	11.3%	41.9%	**43.5%**	1.6%	1.6%	3.33
Limited or Non-English speaking	*60*	5.0%	25.0%	**46.7%**	15.0%	6.7%	1.7%	2.78
Migrant workers	*62*	6.5%	25.8%	**33.9%**	14.5%	12.9%	6.5%	2.70
Military or veterans	*62*	1.6%	6.5%	**46.8%**	40.3%	3.2%	1.6%	3.32
Older adults	*60*	1.7%	6.7%	38.3%	**50.0%**	3.3%	0.0%	3.41
School-age children	*61*	14.8%	18.0%	13.1%	23.0%	**26.2%**	4.9%	2.64
Undocumented Immigrants, Refugee/Immigrant Community	*62*	9.7%	17.7%	**38.7%**	16.1%	11.3%	6.5%	2.75
Youth – Transition-age youth (TAY)	*62*	9. 7%	17.7%	21.0%	22.6%	**24.2%**	4.8%	2.80
Other[84]	*11*	0.0%	0.0%	9.1%	18.2%	27.3%	**45.5%**	3.67

[82] DK = Don't Know.
[83] "Not Applicable" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[84] Other includes: people from other countries, sick neonates; and people with psychotic illness.

Respondents were asked to rate their level of confidence in working with client/patient populations with a variety of conditions at their place of employment/internship using the following scale (which has been reversed for this report):

1 = Not Confident Treating this Population at this Time; 2 = Minimally Confident (with Supervision Only); 3 = Moderately Confident (Could Benefit from Additional Training); and 4=Very Confident

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[85]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose. Table 14 reports the frequency of responses for each condition, as well as mean scores.

Table 14: Level of Confidence Working with Clients/Patients with Conditions

Modal Response

Conditions	*N*	Not Confident	Minimally Confident	Moderately Confident	Very Confident	DK/Not Sure	N/A	Mean Score[86]
Chronic/Complex Health Conditions (e.g. COPD, Diabetes, Metabolic Syndrome)	*62*	0.0%	3.2%	**53.2%**	40.3%	3.2%	0.0%	3.38
HIV/AIDS	*62*	3.2%	11.3%	**58.1%**	25.8%	1.6%	0.0%	3.08
Physically Disabled	*62*	1.6%	9.7%	**45.2%**	38.7%	3.2%	1.6%	3.27
Co-Occurring Mental Health and Substance Use disorders	*61*	0.0%	1.6%	47.5%	**49.2%**	1.6%	0.0%	3.48
Personality Disorders (Axis II)	*62*	1.6%	1.6%	46.8%	**48.4%**	1.6%	0.0%	3.44
Serious Emotional Disturbance	*62*	1.6%	4.8%	43.5%	**48.4%**	1.6%	0.0%	3.41
Severe or Persistent Mental Illness	*61*	1.6%	1.6%	27.9%	**67.2%**	1.6%	0.0%	3.63
Substance Abuse Disorders – Medically or Chemically Dependent	*62*	0.0%	3.2%	**50.0%**	43.5%	3.2%	0.0%	3.42
Other[87]	*9*	0.0%	0.0%	11.1%	22.2%	11.1%	**55.6%**	3.67

[85] DK = Don't Know.
[86] "Don't Know/Not Sure" and "Not Applicable" responses were excluded from the mean score calculation.
[87] Other includes: "Our patients are the full spectrum, my patients are neonates."

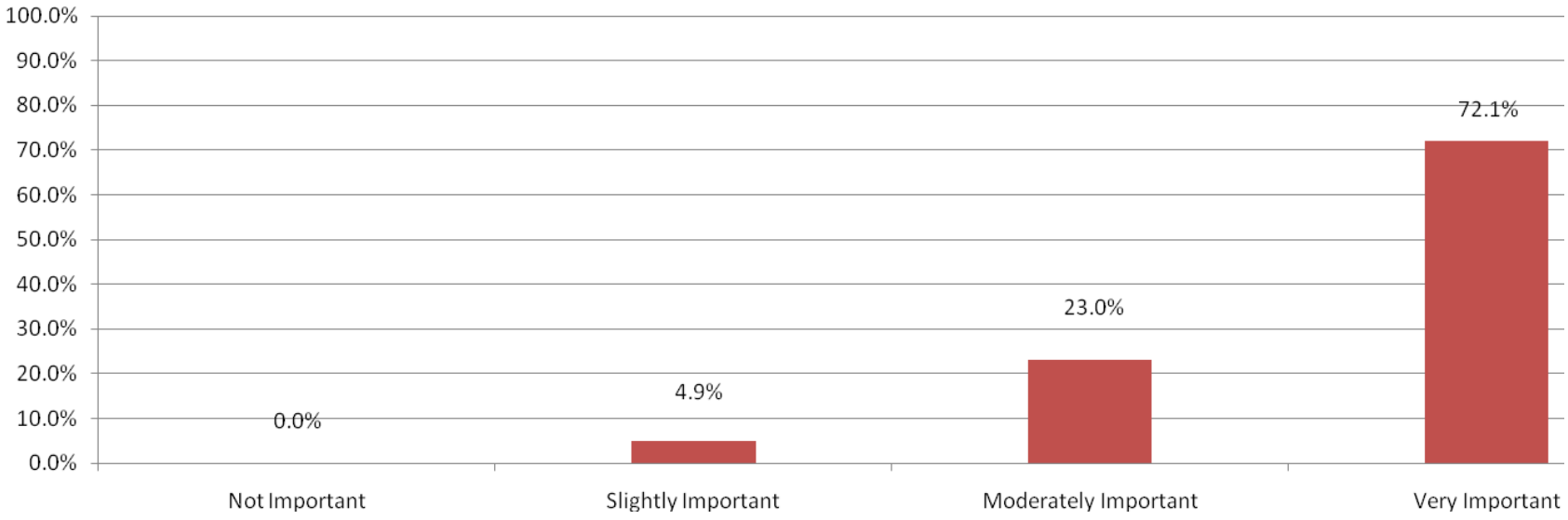
Using Technology and Measurement

Respondents were asked how they would rate the importance of outcome measurement in service delivery using the following scale (which has been reversed for this report):

1 = Not Important; 2 = Slightly Important; 3 = Moderately Important; and 4 = Very Important

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[88]" as a response from which to choose. Respondents generated a mean score of **3.67**, which suggests that they rate the usefulness as *moderately important to very important*. Figure 7 presents the frequency of responses for each item.

Figure 7: Importance of Outcome Measurement in Service Delivery (N=61)



[88] One (1) chose this option, and was excluded from the mean score calculation.

Respondents were asked to rate the extent to which they feel prepared and competent in areas relating to outcomes/measurement using the following scale (which has been reversed for this report):

1 = Not Prepared; 2 = Minimally Prepared; 3 = Moderately Prepared; and 4=Sufficiently Prepared

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[89]" as a response from which to choose. Table 15 reports the frequency of responses for each question relating to outcomes/ measurement in the table, as well as mean scores.

Table 15: Preparedness in Working with Outcomes/Measurement

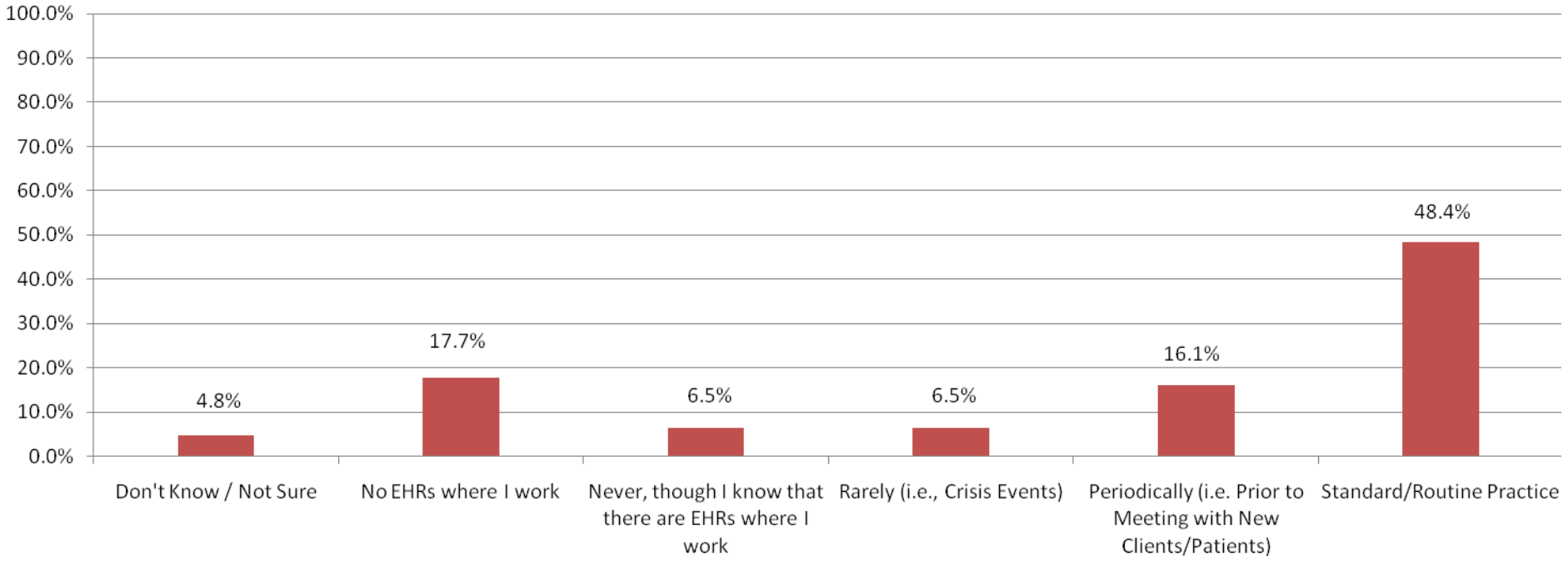
Modal Response

Statement Regarding Outcomes/Measurement	*N*	Not Prepared	Minimally Prepared	Moderately Prepared	Sufficiently Prepared	DK/Not Sure	Mean Score[90]
To what extent do you feel prepared to collect and track treatment outcomes with your patient/clients?	*62*	3.2%	21.0%	**37.1%**	32.3%	6.5%	3.05
To what extent do you feel prepared and competent to use data you collect (e.g., screening results from a standardized instrument) to modify or enhance service delivery for your clients/patients?	*62*	3.2%	12.9%	**43.5%**	33.9%	6.5%	3.16
To what extent do you feel prepared and competent to use data collected by your agency/program/clinic (e.g., program evaluation) to modify or enhance service delivery for your clients/patients?	*61*	4.9%	14.8%	**41.0%**	34.4%	4.9%	3.10

[89] DK = Don't Know.
[90] "Don't Know/Not Sure" responses were excluded from the mean score calculation.

Respondents were asked how frequently they use data from Electronic Health Records (EHRs) to modify or enhance service delivery for their clients/patients. Figure 8 presents the percentage of respondents for each categorical option from which respondents could choose.

Figure 8: Frequency of Use of Electronic Health Records (EHRs) (N=62)

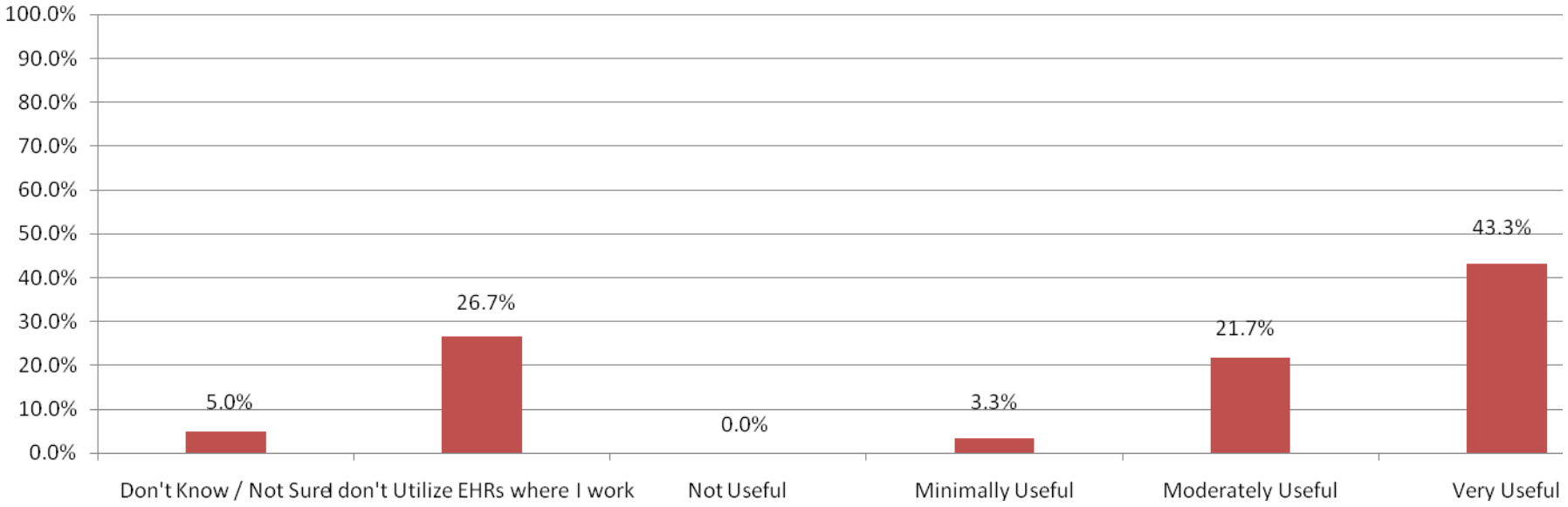


Respondents that reported they DO use data from Electronic Health Records (EHRs) to modify or enhance service delivery for their clients/patients were asked to rate how useful they find EHRs using the following scale (which has been reversed for this report):

1 = Not Useful; 2 = Minimally Useful; 3 = Moderately Useful; and 4 = Very Useful

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure" as a response from which to choose. Respondents generated a mean score of **3.59**, which suggests that they rate the usefulness as *moderately useful*. Figure 9 presents the percentage of responses for each categorical option from which respondents could choose.

Figure 9: Usefulness of Electronic Health Records (EHRs)[91] (N=60)



[91] If respondents didn't know or were unsure how to respond, they were given "Don't Know/Not Sure" as a response from which to choose. "Don't Know/Not Sure" (5.0%) and "I Don't Utilize EHR's" (26.7%) responses were excluded from the mean score calculation.

Respondents were asked to rate the extent to which they feel comfortable using technology, and to rate their level of comfort sharing case notes with others using the following scale (which has been reversed for this report):

1 = No Comfort; 2 = Little Comfort; 3 = Moderate Comfort; and 4=High Comfort

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[92]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose.

Table 16: Level of Comfort with Using Technology and Sharing Notes with Others

Level of Comfort with...	*N*	No Comfort	Little Comfort	Moderate Comfort	High Comfort	N/A	DK/Not Sure	Mean Score[93]
Using technology (e.g., Computers, Smart Phones, Office Products, Email)	*61*	0.0%	3.3%	32.8%	**63.9%**	0.0%	0.0%	3.61
Sharing Notes with Members of the Treatment Team at Place of Employment	*62*	0.0%	1.6%	8.1%	**83.9%**	1.6%	4.8%	3.88
Sharing Notes with Other Providers at Place of Employment	*62*	0.0%	1.6%	16.1%	**71.0%**	8.1%	3.2%	3.78
Sharing Notes with Providers in Other Clinics/Organizations/Programs	*61*	3.3%	9.8%	29.5%	**45.9%**	4.9%	6.6%	3.33
Sharing Notes with Other(s)[94]	*12*	0.0%	16.7%	0.0%	8.3%	33.3%	**41.7%**	2.67

Modal Response

[92] DK = Don't Know.
[93] "Not Applicable" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[94] Other includes: clients and "Send records for CCS and VON statistics per California DHP."

Health Reform/Health Policy

Respondents were asked how knowledgeable they are concerning issues impacted by national health reform (the Patient Protection and Affordable Care Act) using the following scale (which has been reversed for this report):

1 = No Knowledge; 2 = Limited Knowledge; 3 = Moderate Knowledge; and 4=Very Knowledgeable

Table 17: Level of Knowledge About Issues Impacted by National Health Reform

Modal Response

Issues Impacted by National Health Reform	*N*	No Knowledge	Limited Knowledge	Moderate Knowledge	Very Knowledgeable	Mean Score
Client/Patient Eligibility for Services	*60*	8.3%	41.7%	**46.7%**	3.3%	2.45
Types of Services Offered	*60*	8.3%	38.3%	**46.7%**	6.7%	2.52
Provider Roles/Scope of Services	*60*	8.3%	**45.0%**	33.3%	13.3%	2.52
Reimbursement	*60*	13.3%	**58.3%**	23.3%	5.0%	2.20
IT Strategies for Population Health Management	*60*	10.0%	**55.0%**	26.7%	8.3%	2.33
Performance-Based Incentives	*59*	10.2%	**47.5%**	28.8%	13.6%	2.46

Respondents were asked how knowledgeable they are about health care reform regulations, programs, and public policies and their implications for service delivery using the following scale (which has been reversed for this report):

1 = No Knowledge; 2 = Limited Knowledge; 3 = Moderate Knowledge; and 4=Very Knowledgeable

Modal Response

Table 18: Level of Knowledge About Health Regulations, Programs, Policies and Associated Implications

Regulations, Programs, Policies	*N*	No Knowledge	Limited Knowledge	Moderate Knowledge	Very Knowledgeable	Mean Score
Accountable Care Organizations (ACOs)	*59*	23.7%	**44.1%**	27.1%	5.1%	2.14
Patient-Centered Medical Home (PCMH)	*60*	16.7%	**38.3%**	31.7%	13.3%	2.42
Essential Health Benefits (EHB) under the Affordable Care Act	*60*	28.3%	**40.0%**	28.3%	3.3%	2.07
Low Income Health Program (LIHP)	*59*	28.8%	**47.5%**	22.0%	1.7%	1.97
Transition of Medi-Cal Eligible Seniors and Persons with Disabilities (SPDs) from Fee for Service (FFS) to Managed Care	*60*	28.3%	**43.3%**	21.7%	6.7%	2.07
Transition of Dually Eligible Medicare/Medi-Cal Beneficiaries from Fee for Service (FFS) to Managed Care	*60*	28.3%	**43.3%**	20.0%	8.3%	2.08
CMS EHR Meaningful Use Criteria	*60*	30.0%	**45.0%**	20.0%	5.0%	2.00
Implications of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)	*60*	15.0%	20.0%	**35.0%**	30.0%	2.80
Implications of 42-CFR (Substance Abuse Confidentiality Law)	*60*	20.0%	**38.3%**	28.3%	13.3%	2.35
Mental Health Parity and Addiction Equality Act	*56*	19.6%	**33.9%**	32.1%	14.3%	2.41

Training

Respondents were asked to rate their level of interest concerning a variety of training topics related to *Linking Physical Health and Mental Health* using the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

Table 19 reports the frequency of responses for each training area, as well as mean scores.

Table 19: Level of Interest in theTraining Area: *Linking Physical Health and Mental Health*

Training Area: Linking Physical Health and Mental Health	*N*	No Interest	Little Interest	Moderate Interest	High Interest	Mean Score
Addressing Behavioral Health Components of Physical Disorders	*56*	5.4%	1.8%	30.4%	**62.5%**	3.50
Impact of Mental Disorders on Physical Health	*58*	5.2%	0.0%	22.4%	**72.4%**	3.62
Impact of Physical Disorders on Mental Health	*58*	5.2%	0.0%	20.7%	**74.1%**	3.64
Cultural Differences Between Mental Health and Physical Health and how to Bridge them	*58*	5.2%	3.4%	25.9%	**65.5%**	3.52
Recognizing Common Physical Health Disorders and when to Refer to Primary Care	*56*	7.1%	1.8%	32.1%	**58.9%**	3.43
Understanding Conditions/Medications Associated with Metabolic Syndrome	*57*	7.0%	1.8%	24.6%	**66.7%**	3.51
Role of Spirituality in Mental and Physical Health Recovery	*57*	5.3%	12.3%	31.6%	**50.9%**	3.28
Understanding and Addressing the Physical Side Effects of Psychotropic Medication	*57*	5.3%	5.3%	17.5%	**71.9%**	3.56
Understanding and Addressing the Psychiatric Effects of Medications for Physical Conditions	*56*	5.3%	1.8%	17.9%	**75. 0%**	3.63
Chronic Pain Management (Primary Care (PC), Mental Health (MH), and Substance Use Disorder (SUD) Perspectives)	*57*	5.3%	1.8%	28.1%	**64.9%**	3.53

Respondents were asked to rate their level of interest concerning a variety of training topics related to *Working with Substance-Using Individuals* and *Screening Tools and Procedures* using the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

Table 20 reports the frequency of responses for each training area, as well as mean scores.

Modal Response

Table 20: Level of Interest in theTraining Areas: *Working with Substance-Using Individuals* and *Screening Tools and Procedures*

Training Area: Working with Substance-Using Individuals	***N***	**No Interest**	**Little Interest**	**Moderate Interest**	**High Interest**	**Mean Score**
Recovery Model and Stigma Reduction	*54*	3.7%	3.7%	38.9%	**53.7%**	3.43
Effectively Addressing Co-occurring Substance Use/Mental Health Issues	*54*	3.7%	3.7%	27.8%	**64.8%**	3.54
SBIRT (Screening, Brief Intervention, Referral and Treatment) Protocols	*55*	3.6%	7.3%	32.7%	**56.4%**	3.42
Organizational Culture Differences between PC, MH, and SUD and how to Bridge them	*54*	3.7%	11.1%	33.3%	**51.9%**	3.33
Understanding the Short- and Long-term Effects of Alcohol Abuse/Addiction	*54*	3.7%	5.6%	38.9%	**51.9%**	3.39
Understanding the Short- and Long-term Effects of Illicit Drug Use	*54*	3.7%	3.7%	38.9%	**53.7%**	3.43
Understanding the Short- and Long-term Effects of Non-Prescribed Prescription Drug Use	*54*	3.7%	1.9%	29.6%	**64.8%**	3.56
Training Area: Screening Tools and Procedures	***N***	**No Interest**	**Little Interest**	**Moderate Interest**	**High Interest**	**Mean Score**
Screening for Mental Health Issues	*55*	3.6%	7.3%	23.6%	**65.5%**	3.51
Screening for Physical Health Issues	*54*	3.7%	7.4%	37.0%	**51.9%**	3.37
Screening for Substance Use Issues	*55*	3.6%	3.6%	25.5%	**67.3%**	3.56
SBIRT (Screening, Brief Intervention, Referral and Treatment) Protocols	*56*	3.6%	5.4%	28.6%	**62.5%**	3.50
Developing an Infrastructure for Referrals and Referral Feedback/Follow-up	*55*	5.5%	5.5%	38.2%	**50.9%**	3.35
Recognizing Common Physical Conditions and when to refer to Primary Care	*54*	3.7%	9.3%	29.6%	**57.4%**	3.41

Respondents were asked to rate their level of interest concerning a variety of training topics related to *Clinical Practices and Approaches* and *Data Collection, Outcomes Measurement, and Quality Improvement* using the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

Table 21 reports the percentage of respondents for each training area, as well as mean scores.

Modal Response

Table 21: Level of Interest in the Training Areas: *Clinical Practices and Approaches* and *Data Collection, Outcomes Measurement, and Quality Improvement*

Training Area: Clinical Practices and Approaches	***N***	**No Interest**	**Little Interest**	**Moderate Interest**	**High Interest**	**Mean Score**
Treating Co-Occurring Disorders	*55*	3.6%	9.1%	21.8%	**65.5%**	3.49
Motivational Interviewing	*56*	3.6%	5.4%	21.4%	**69.6%**	3.57
Team-Based Care	*55*	3.6%	10.9%	21.8%	**63.6%**	3.45
Problem Solving Therapy (PST)	*56*	5.4%	5.4%	32.1%	**57.1%**	3.41
Brief Solution-Focused Therapy	*54*	5.6%	5.6%	29.6%	**59.3%**	3.43
Improving Cultural Competence	*55*	5.5%	5.5%	32.7%	**56.4%**	3.40
Training Area: Data Collection, Outcomes Measurement, and Quality Improvement	***N***	**No Interest**	**Little Interest**	**Moderate Interest**	**High Interest**	**Mean Score**
Identifying Relevant Outcome Measures and Collecting Data	*55*	3.6%	7.1%	28.6%	**60.7%**	3.31
Information Sharing: Understanding Confidentiality Requirements to Enhance Care Coordination	*55*	5.5%	16.4%	29.1%	**49.1%**	3.22
Using Data to Drive Clinical Decision-Making	*56*	3.6%	7.1%	28.6%	**60.7%**	3.46
Strategies to Facilitate Stepped-Care	*55*	7.3%	10.9%	30.9%	**50.9%**	3.25
Population Health Management	*55*	5.5%	12.7%	30.9%	**50.9%**	3.27
Using Registries and EHRs to Assess the Effectiveness of Clinical Interventions	*55*	3.6%	14.5%	36.4%	**45.5%**	3.24

Respondents were asked to rate their level of interest concerning a variety of training topics related to *Strategies for Local Collaborations* using the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

Table 22 reports the percentage of respondents for each training area, as well as mean scores.

Modal Response

Table 22: Level of Interest in the Training Area: Strategies for Local Collaborations

Training Area: Strategies for Local Collaborations	*N*	No Interest	Little Interest	Moderate Interest	High Interest	Mean Score
Working with Specialty Mental Health Resources	*54*	1.9%	3.7%	29.6%	**64.8%**	3.57
Working with Local Primary Care Resources	*54*	3.7%	9.3%	27.8%	**59.3%**	3.43
Incorporating Peer Specialists/Promotores/Community Health Workers into System of Care	*54*	3.7%	7.4%	29.6%	**59.3%**	3.44

Respondents were asked to recommend other training topics related to each of the six (6) Training Areas presented in this section. Their written comments are presented below.

Training Topics Related to **Linking Physical Health and Mental Health (N=7)**

- *Acute Stress disorder and Post Traumatic Stress Disorder; I did two studies on it on NICU parents. Mothers are at high risk.*
- *Coordination of services between health care providers, HIPPA implications.*
- *Functional medicine.*
- *Issue of resilience.*
- *Mind-body-spirit connection.*
- *Suicide risk assessment and prevention training.*
- *Working on finishing my thesis. Coaching respondents to coach clients in SMART goals, a bit tricky, need to change nurse behavior, skills, and ATTITUDE first to assist clients change behavior. Any input?*

Training Topics Related to **Working with Substance Using Individuals (N=6)**

- *I deal with the babies of mothers and fathers who did substances. Poor babies sometimes end up in foster homes or have adverse effects from the drugs.*
- *Functional medicine.*
- *Psychosocial Recovery Model for mental health and substance abuse.*
- *I see a lot of herbal use. VA tends to be Western medicine. Would like to see more of a blend or understand more about herbals.*
- *We must educate the public from childhood on up to effects of use of illicit substances to the body (which does include the brain). I am tired of the separation of such and effects of long term use of any drug illicit or not. Education, education, education. It is quite extraordinary to the work that must be done to halt the ease and availability of all drugs. And how about research on why Americans have become so drug dependent. The problem is not only physiological but also sociological!*
- *Understanding applications of harm reduction. Effectively training other professionals on the meaning of and use of harm reduction.*

Training Topics Related to **Screening Tools and Procedures (N=2)**

- *Would love any brief screening, intervention tools. Change behavior of course. Educational materials for patient use- quick care guide/stoplight colors- for easy patient reference, when to call, when to go to ED, especially for chronic disease- have for Asthma (1980s) and now for CHF.*
- *Screening for abuse, trauma.*

Training Topics Related to **Clinical Practices and Approaches (N=3)**

- ✔ *Family care.*
- ✔ *Mindfulness approaches - mantra repetition, meditation, etc.*
- ✔ *Training Area 4 above looked really good.*

Training Topics Related to **Data Collection, Outcomes Measurement, and Quality Improvement (N=2)**

- ✔ *I collect data for state and other purposes in unit.*
- ✔ *Need tracking outcome assistance and what to do with it.*

Training Topics Related to **Strategies for Local Collaborations N=2)**

- ✔ *The respondents usually do this for us in the NICU.*
- ✔ *Can never forget lifestyle change, nutrition and exercise.*

Suggestions/Comments

Respondents were asked, " *Is there anything else that you would like to add (comments or suggestions) concerning integrated care (e.g., your experience working in an integrated setting, strengths and weakness of an integrated care approach, preparing to work in an integrated setting)*?" Nineteen (19) respondents provided written responses to this query. The comments were evaluated and categorized into following themes: 1) positive comments on integration, 2) barriers to integration, and 3) possible solutions/training needs to achieve integration. Most comments contained more than one theme. Table 23 reports the percentage of comments addressing each theme and representative comments/excerpts that support the theme.

Table 23: Integrated Care Survey: Evaluation of Additional Comments

Theme	Percent	Representative Comments
Positive Comments on Integration	37.5%	• *Psychiatric-mental health respondents have a critical role in transforming healthcare. Generalists and specialists have the capacity to influence significant and sustaining change in systems of care. We look forward to being part of the solution in healthcare reform.* • *Have worked as a Psychiatric CNS in several integrated services (on-site delivery of primary care & psycho-educational services in community residential mental health facilities, FQHC providing integrated BH/primary care) & can't overemphasize the importance of respondents for their ability to 1) perform comprehensive biopsychosocial assessments; 2) act as a bridge between different systems (acute care, primary care, behavioral health, etc.) and translator/consultant/culture broker to facilitate communication since respondents work across the continuum of health care services.* • *I am glad that health care is moving in this direction! I have always enjoyed the benefits of working in integrated care settings when I have had the opportunity.* • *I love the idea of integrated care in theory, and really enjoyed a previous position in which I worked as a mental health clinician along with a primary care clinician to serve a case management team. I thought the communication and ability to serve the client efficiently and comprehensively was unparalleled. Integrated care offers dramatically improved communication and potentially streamlines access to care and reduces stigma...* • *I embrace the concept of integrated care...* • *I studied integrated models in graduate school and am desperate to practice in an integrated model, particularly as a psych NP in a primary care setting... I hope this model spreads to the point where it is the standard of care...*

Table 23: Integrated Care Survey: Evaluation of Additional Comments (Continued)

Identified Area	Percent	Representative Comments
Barriers to Integration	43.8%	• *I am having trouble finding local counties/systems/practices where this model is being used! All the data and research points to this model's effectiveness, but I can't find a job that will allow me to work in an integrated system! It is frustrating...right now, it seems though that change is slow and truly integrated systems are few and far between.* • *Will be interesting to see if it can work. There are biased professionals. Just to say you are a "professional" in an area, does not make it so.* • *Hope the Supreme Court doesn't gut it before it even goes into effect, it's already too weakened....* • *...The challenges I anticipate are that there are no effective mechanisms in place for communication outside of our practice setting and facility. To integrate successfully there has to be effective communication while safeguarding patient privacy. Health care facilities are being asked to do more with less - there are limited resources. Integrated care has to be a priority with adequate reimbursement to be successful for insured and uninsured alike.* • *I work at the bedside in an acute care hospital . I cannot enter data and talk to my patient or to families...* • *...I am very worried about losing the quality and quantity of mental health services when integrated into primary care settings. Careful mental health assessment does not fit into a primary care time window, which is one of several reasons why mental health needs to be treated like any other health care specialty and have the autonomy for the individual clinic to decide the length and frequency of follow up appointments. In my experience working with complicated, persistently ill clients, psychiatric medications have a limited role for many individuals who could benefit from a more thoughtfully crafted treatment regimen that includes services like case management, groups, housing and vocational support, and individual therapy. It has been my experience that there is very limited room for thoughtful and comprehensive mental health service delivery when squeezed into an already overloaded primary care setting.* • *The community at large in the Bay Area have indicated a severe knowledge deficit about the scope of practice/role of the PMHNP working in the hospital, outpatient recovery clinics, and integrating their specialty care in collaboration w/ other providers...*

Table 23: Integrated Care Survey: Evaluation of Additional Comments (Continued)

Theme	Percent	Representative Comments
Possible Solutions or Training Needs to Achieve Integration	50.0%	• *Mothers, Fathers, and families are at high risk for dysfunction. There should be some emphasis on them also. My two studies on ASD and PSTD have shown that...* • *...The EHR needs to compliment care not limit communication.* • *[I would like] the possibility of state sponsored grants for myself as a master prepared NP to be able to obtain a DNP with an exchange of willingness to work in high need areas.* • *I would like to know more about the differences in services offered in different states.* • *...We need to have the Psych NP/CNS scope of practice info and licensure information be more publically available.* • *Team development - not just formal structure, but actual efficient, effective, supportive, patient/family centered and caring groups. I see a need for behavior change in staff, not just a change in model and structuring of staff.* • *Development of unified electronic medical record search system between agencies.* • *Functional medicine needs to be integrated as standard of care in the US.* • *[Need] training on such things as Insurance Exchanges.* • *[Need to] Educate the primary care physician on assessment for mental health and substance use disorders.* • *Easier access to other staff via phone would be helpful.* • *Grand Rounds that include case presentations and includes multiple disciplines have been helpful in the past both at gaining knowledge and perspective on client care as well as learning specifics of other providers.* • *[Need to] develop standard practice to acquire releases to Primary Care, Substance Abuse services, and other community providers at time of service.* • *Negative effects of increasing budget cuts to mental health services [can be solved] by a commitment to adequately staff existing programs with revenue generating clinical staff.*

Three (3) responses to the query "*Is there anything else that you would like to add (comments or suggestions) concerning integrated care?*" did not fit into the thematic breakdown presented above. These comments are presented below.

- ✔ *I have an educational position only, this survey doesn't apply to my current role.*
- ✔ *I am a trainer and consultant.*
- ✔ *[The survey] is a bit too long!*

IBHP
Integrated Behavioral Health Project

WELLNESS • RECOVERY • RESILIENCE

Integrated Care Survey Results: Physicians

This report, funded by counties through the voter approved Mental Health Services Act (Prop. 63), and prepared by the Integrated Behavioral Health Project (IBHP)[95], summarizes responses from an Integrated Care Survey[96] completed by physicians (N=40). IBHP developed the survey to gain an understanding of: (a) physicians' attitudes about integrated care, (b) how well physicians are prepared to work in an integrated setting, and (c) physicians' experience in coordinating care with providers and staff from other fields of practice. The report is presented in six sections: *Demographics*; *Interest, Experience, and Preparedness in Integrated Care*; *Populations and Presenting Conditions*; *Using Technology and Measurement; Training*; and *Suggestions/Comments*.

[95] Launched in 2006, the Integrated Behavioral Health Project (IBHP) is an initiative to accelerate the integration of behavioral health and primary care services in California. IBHP is a program of the Community Clinic Initiative of the Tides Center with funding from the California Mental Health Services Authority (CalMHSA) as part of its Statewide Stigma and Discrimination Reduction Initiative. For more information, please visit http://www.ibhp.org/.

[96] This survey is funded by CalMHSA, an organization of county governments working to working to improve mental health outcomes for individuals, families and communities. CalMHSA works to embrace and nurture mental wellness in California through collaborative, community-oriented and accountable efforts. Programs operated by CalMHSA are funded by counties through the voter approved Mental Health Services Act (Prop. 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities. For more information, visit www.calmhsa.org.

Demographics

More than one-half (52.6%) of respondents were female, and 47.4 percent were male (N=38).

All respondents responded *no* to the question, "Are you or have you been a recipient of a Title IV-E mental health stipend?" (N=37).
Respondents were asked to report their current position/status at their place of employment or internship. The percentage of responses for each employment/internship category is presented in Table 1. The top position is highlighted in blue and **bolded**.

Table 1: Current Position/Status (N=40)

Current Position/Status	Percentage
Administrator (e.g., ED, CEO, or COO)	5.0%
Chief Medical Officer	5.0%
Clinical Supervisor	0.0%
Clinician	0.0%
College/University Faculty	2.5%
General Practitioner	0.0%
Graduate Student/Intern	0.0%
Medical Resident	5.0%
Post-Doctoral Fellow	0.0%
Practicing Physician (All Specialties)	**70.0%**
Other[97]	12.5%

[97] Three (3) respondents provided a written response to describe their position/status. Responses include: Director of Case Management and Social Services; PA-C; and physician recruitment manager.

Respondents were asked to report on their current employment or internship setting(s). The percentage of responses for each employment/internship setting is presented in Table 2. The top setting is highlighted in blue and **bolded**.

Table 2: Current Employment/Internship Setting[98] (N=38)

Employment/Internship Setting	Percentage
College/University Setting	12.5%
Community-Based Organization	5.0%
Community Mental Health Center	0.0%
Community Health Center (Non-FQHC)	2.5%
Federally Qualified Health Center (FQHC)	10.0%
Hospital	**35.0%**
Private Practice	27.5%
Veteran's Administration	7.5%
Other[99]	7.5%

[98] Total is more than 100.0% because respondents could choose more than one option.

[99] Three (3) respondents provided a written response to describe their setting. Responses include: community practice affiliated with major university health system; family medicine residency; and medical group.

Table 3 presents the year in which the respondents' attained their Medical Degree and their license(s) and/or certificate(s).

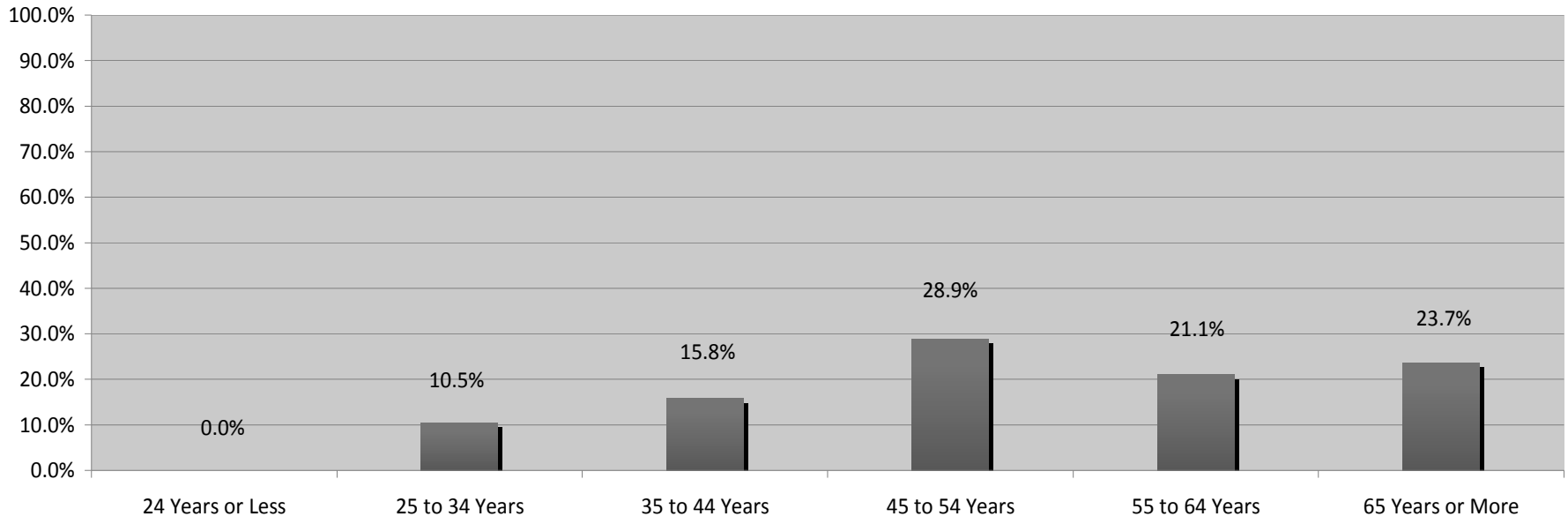
Table 3: Year in Which Medical Degree and License(s) and/or Certificate(s) were Attained

Year Range	Medical Degree Percentage (N=30)	Addiction Medicine Percentage (N=0)	Family Medicine Percentage (N=12)	Internal Medicine Percentage (N=9)	Pain Medicine/ Management Percentage (N=1)	Psychiatry Percentage (N=1)	Other[100] Percentage (N=11)
1950 to 1959	10.0%	--	0.0%	0.0%	0.0%	0.0%	9.1%
1960 to 1969	3.3%	--	0.0%	0.0%	0.0%	0.0%	9.1%
1970 to 1979	13.3%	--	16.7%	11.1%	0.0%	0.0%	18.2%
1980 to 1989	20.0%	--	16.7%	0.0%	0.0%	100.0%	0.0%
1990 to 1999	30.0%	--	41.7%	66.7%	0.0%	0.0%	27.3%
2000 to 2009	13.3%	--	16.7%	22.2%	100.0%	0.0%	36.4%
2010 to 2012	10.0%	--	8.3%	0.0%	0.0%	0.0%	0.0%

[100] Respondents were not asked to specify *Other* license(s) and/or certificate(s).

Respondents were asked to report their age. The percentage of responses for each age range category is presented in Figure 1.

Figure 1: Age Range (N=38)



Respondents were asked to report their race/ethnicity by checking all options that apply. The percentage of responses for each race/ethnicity category is presented in Table 4. The ethnicity/race category with the highest percentage is highlighted in blue and **bolded**.

Table 4: Ethnicity/Race (N=36)[101]

Race/Ethnicity	Percentage
American Indian or Alaska Native	0.0%
Asian Indian	8.3%
Black or African American	5.6%
Cambodian	0.0%
Chinese	5.6%
Filipino	0.0%
Guamanian	0.0%
Hmong	0.0%
Japanese	2.8%
Korean	0.0%
Laotian	0.0%
Latin American	5.6%
Mexican American	5.6%
Mien	0.0%
Native Hawaiian	0.0%
Other Asian	0.0%
Other Pacific Islander	0.0%
Other Spanish	2.8%
Samoan	0.0%
Vietnamese	0.0%
White or Caucasian	**66.7%**
Other[102]	2.8%

[101] The total is more than 100.0% because two (2) respondents selected more than one response.
[102] One respondent selected the *Other* category and provided a written response to describe their ethnicity/race: *Decline to state.*

Interest, Experience, and Preparedness in Integrated Care

Respondents were asked to rate their level of agreement with each statement utilizing the following scale (which has been reversed for this report):

1 = Strongly Disagree; 2 = Disagree; 3 = Agree; and 4=Strongly Agree

If respondents didn't know or were unsure how to respond to the statement(s), they were given the option of "Don't Know/Not Sure[103]" as a response from which to choose. The percentage of responses for each agreement category and for the "Don't Know/Not Sure" classification is presented in Table 5, along with mean scores.

Table 5: Level of Agreement with Statements Regarding Integrated Care

Statement	*N*	Strongly Disagree	Disagree	Agree	Strongly Agree	DK/Not Sure	Mean Score[104]
In general, integrated care promotes accountability for care quality.	*32*	0.0%	0.0%	**50.0%**	40.6%	9.4%	3.45
In general, integrated care promotes accountability for positive health outcomes.	*33*	0.0%	3.0%	**57.6%**	33.3%	6.1%	3.32
In general, integrated care decreases stigma for people seeking mental health services.	*33*	3.0%	3.0%	**51.5%**	24.2%	18.2%	3.19

Modal Response

[103] DK = Don't Know.
[104] "Don't Know/Not Sure" responses were excluded from the mean score calculation.

Respondents were asked to rate the level of interest they have in working in integrated care settings utilizing the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[105]" as a response from which to choose. The percentage of responses for each level of interest category and for the "Don't Know/Not Sure" classification is presented in Table 6, along with mean scores.

Table 6: Level of Interest in Working in Integrated Care Settings

Modal Response

Integrated Care Setting	*N*	No Interest	Little Interest	Moderate Interest	High Interest	DK/Not Sure	Mean Score[106]
Primary Care Setting with Integrated Behavioral Health Services	*33*	9.1%	12.1%	18.2%	**48.5%**	12.1%	3.21
Mental Health Setting with Integrated Primary Care Services	*30*	**30.0%**	20.0%	26.7%	16.7%	6.7%	2.32
Mental Health Setting with Integrated Substance Use Services	*30*	**36.7%**	16.7%	23.3%	16.7%	6.7%	2.21
Substance Use Setting with Integrated Primary care and/or Mental Health Services	*30*	**33.3%**	26.7%	20.0%	13.3%	6.7%	2.14
Other [107]	*6*	0.0%	16.7%	0.0%	16.7%	**66.7%**	3.00

[105] DK = Don't Know.
[106] "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[107] Other includes: "*I run a highly integrated VA program at a California VA hospital that is not in any of the above settings.*"

In their current position at their place of employment/internship, respondents were asked how frequently they ask clients/patients about a variety of services and circumstances, utilizing the following scale (which has been reversed for this report):

1 = Never; 2 = Rarely (When Client/Patient Presents Issue); 3 = Periodically (When Problems Arise); and 4=Standard/Routine Practice

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[108]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose. Table 7 reports the percentage of responses for each service/circumstance, as well as mean scores.

Modal Response

Table 7: Frequency that Respondents ask Clients/Patients About Services/Circumstances

Services/Circumstances	*N*	Never	Rarely	Periodically	Routinely	Not Applicable	DK/Not Sure	Mean Score[109]
Alcohol / Substance Use	*33*	12.1%	6.1%	12.1%	**66.7%**	3.0%	0.0%	3.38
Health Status	*33*	3.0%	0.0%	6.1%	**87.9%**	3.0%	0.0%	3.84
If Client has Primary Care Provider	*33*	3.0%	3.0%	27.3%	**57.6%**	9.1%	0.0%	3.53
Chronic Medical Conditions	*33*	6.1%	0.0%	6.1%	**84.8%**	3.0%	0.0%	3.75
Date of Last Physical	*32*	9.4%	15.6%	12.5%	**59.4%**	3.1%	0.0%	3.26
Medication Use	*33*	3.0%	0.0%	3.0%	**90.9%**	3.0%	0.0%	3.88
Mental Health Status?	*33*	3.0%	12.1%	21.2%	**57.6%**	6.1%	0.0%	3.42
Housing Status	*33*	15.2%	15.2%	**36.4%**	27.3%	6.1%	0.0%	2.81
Economic Security	*33*	18.2%	21.2%	**42.4%**	12.1%	6.1%	0.0%	2.52
Employment Status	*33*	15.2%	12.1%	**33.3%**	**33.3%**	6.1%	0.0%	2.90
Social Supports	*33*	3.0%	9.1%	39.4%	**42.4%**	6.1%	0.0%	3.29
Literacy	*33*	12.1%	36.4%	**39.4%**	6.1%	6.1%	0.0%	2.42
Transportation	*33*	9.1%	36.4%	**42.4%**	6.1%	6.1%	0.0%	2.48
Child Care Needs	*32*	21.9%	28.1%	**40.6%**	3.1%	6.3%	0.0%	2.27

[108] DK = Don't Know.
[109] "Not Applicable" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.

Respondents were asked to rate the level of knowledge of other providers' scope of practice as it pertains to services benefiting clients at their place of employment/ internship, utilizing the following scale (which has been reversed for this report):

1 = Very Low; 2 = Low; 3 = Moderate; 4=High; and 5= Very High

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[110]" as a response from which to choose. If the respondent did not work with a provider type, they were asked to choose the option "Don't Work with this Provider Type". Table 8 reports the frequency of responses for each category of provider, as well as mean scores.

Modal Response

Table 8: Level of Knowledge of Other Providers' Scope of Practice as it Pertains to Services Benefitting Clients

Other Providers	*N*	Very Low	Low	Moderate	High	Very High	Don't Work with Provider	DK/Not Sure	Mean Score[111]
AOD Counselors	*31*	6.5%	22.6%	9.7%	6.5%	3.2%	**29.0%**	22.6%	2.53
Case or Care Managers	*31*	0.0%	6.5%	**29.0%**	**29.0%**	22.6%	6.5%	6.5%	3.78
Consumers/Peers	*31*	0.0%	6.5%	25.8%	**38.7%**	6.5%	3.2%	19.4%	3.58
Specialty Care Providers	*32*	3.1%	0.0%	12.5%	**37.5%**	43.8%	0.0%	3.1%	4.23
Other Health Professionals[112]	*32*	0.0%	3.1%	6.3%	**56.3%**	31.3%	0.0%	3.1%	4.19
Social Workers	*32*	0.0%	3.1%	18.8%	**40.6%**	25.0%	6.3%	6.3%	4.00
Psychologists/MH Clinicians[113]	*32*	0.0%	6.3%	15.6%	**37.5%**	34.4%	3.1%	3.1%	4.07
Other[114]	*8*	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	**87.5%**	N/A

[110] DK = Don't Know.
[111] "Don't Work with Provider Type" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[112] Other Health Professionals include: physical therapists, speech therapists, pharmacists, etc.
[113] Other Psychologists include: MFTs, professional counselors, MH clinicians, etc.
[114] No respondents provided a written response for Other.

Populations and Presenting Conditions

Respondents were asked to rate their level of confidence in working with a variety of client/patient populations at their place of employment/internship using the following scale (which has been reversed for this report):

1 = Not Confident Treating this Population at this Time; 2 = Minimally Confident (with Supervision Only); 3 = Moderately Confident (Could Benefit from Additional Training); and 4=Very Confident

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[115]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose. Table 9 reports the frequency of responses for each client/patient population, as well as mean scores.

Table 9: Level of Confidence Working with Client/Patient Populations

Client/Patient Population	*N*	Not Confident	Minimally Confident	Moderately Confident	Very Confident	N/A	DK/Not Sure	Mean Score
Adults	*29*	0.0%	0.0%	6.9%	**82.8%**	10.3%	0.0%	3.92
Ethnic groups – Underserved Ethnic Communities	*30*	0.0%	0.0%	33.3%	**63.3%**	3.3%	0.0%	3.66
Families	*30*	6.7%	0.0%	26.7%	**56.7%**	10.0%	0.0%	3.48
Geographically Isolated – Residents of Rural/ Frontier Areas	*29*	3.4%	13.8%	27.6%	**41.4%**	10.3%	3.4%	3.24
Homeless	*30*	3.3%	13.3%	33.3%	**36.7%**	13.3%	0.0%	3.19
Involved with Law/Justice Systems	*30*	0.0%	20.0%	30.0%	**36.7%**	13.3%	0.0%	3.19
LGBTTQQI2S	*30*	3.3%	3.3%	36.7%	**46.7%**	10.0%	0.0%	3.41
Limited or Non-English Speaking	*30*	0.0%	3.3%	40.0%	**46.7%**	6.7%	3.3%	3.48
Migrant Workers	*30*	0.0%	3.3%	33.3%	**50.0%**	13.3%	0.0%	3.54
Military or Veterans	*30*	0.0%	0.0%	23.3%	**73.3%**	3.3%	0.0%	3.76
Older Adults	*30*	0.0%	3.3%	10.0%	**73.3%**	13.3%	0.0%	3.81
Infant/Toddlers	*30*	16.7%	13.3%	13.3%	**40.0%**	16.7%	0.0%	2.92
Pre-School Children	*30*	13.3%	16.7%	6.7%	**46.7%**	16.7%	0.0%	3.04
School-Age Children	*29*	6.9%	17.2%	13.8%	**44.8%**	17.2%	0.0%	3.17
Adolescents	*29*	0.0%	3.4%	31.0%	**51.7%**	13.8%	0.0%	3.56
Undocumented/ Recent Immigrants, Refugee Community	*30*	0.0%	6.7%	20.0%	**56.7%**	13.3%	3.3%	3.60
Youth – Transition-Age Youth (TAY)	*29*	3.4%	3.4%	27.6%	**55.2%**	10.3%	0.0%	3.50
Other[116]	*3*	0.0%	0.0%	0.0%	0.0%	33.3%	**66.7%**	N/A

Modal Response

[115] DK = Don't Know.

[116] No respondents provided a written response for *Other*.

Using Technology and Measurement

Respondents were asked rate their level of comfort sharing case notes with others using following scale (which has been reversed for this report):

1 = No Comfort; 2 = Little Comfort; 3 = Moderate Comfort; and 4=High Comfort

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[117]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose.

Modal Response

Table 10: Level of Comfort with Sharing Notes with Others

Level of Comfort with…	*N*	No Comfort	Little Comfort	Moderate Comfort	High Comfort	N/A	DK/Not Sure	Mean Score[118]
Sharing Notes with Members of the Treatment Team at Place of Employment	*30*	0.0%	0.0%	13.3%	**83.3%**	3.3%	0.0%	3.86
Sharing Notes with Other Providers at Place of Employment	*29*	0.0%	0.0%	13.8%	**82.8%**	3.4%	0.0%	3.86
Sharing Notes with Providers in Other Clinics/Organizations/Programs	*30*	3.3%	3.3%	36.7%	**53.3%**	3.3%	0.0%	3.45
Sharing Notes with Other(s)[119]	*5*	0.0%	20.0%	0.0%	20.0%	20.0%	**40.0%**	3.00

[117] DK = Don't Know.
[118] "Not Applicable" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[119] Other includes: "*Depends if the other provider is also involved in the patient's care (HIPAA).*"

Training

Respondents were asked to rate their level of interest concerning a variety of training topics related to *Linking Physical Health and Mental Health* using the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

Table 11 reports the percentage of responses for each training area, as well as mean scores.

Modal Response

Table 11: Level of Interest in theTraining Area: *Linking Physical Health and Mental Health*

Training Area: Linking Physical Health and Mental Health	*N*	No Interest	Little Interest	Moderate Interest	High Interest	Mean Score
Addressing Behavioral Health Components of Physical Disorders	*30*	3.3%	6.7%	26.7%	**63.6%**	3.50
Impact of Mental Disorders on Physical Health	*30*	0.0%	20.0%	20.0%	**60.0%**	3.40
Impact of Physical Disorders on Mental Health	*30*	0.0%	10.0%	26.7%	**63.3%**	3.53
Cultural Differences Between Mental Health and Physical Health and how to Bridge them	*30*	3.3%	10.0%	36.7%	**50.0%**	3.33
Recognizing Common Physical Health Disorders and when to Refer to Primary Care	*29*	10.3%	6.9%	27.6%	**55.2%**	3.28
Role of Spirituality in Mental and Physical Health Recovery	*30*	3.3%	20.0%	30.0%	**46.7%**	3.20
Understanding Conditions Associated with Metabolic Syndrome	*30*	0.0%	10.0%	**46.7%**	43.3%	3.33
Understanding and Addressing the Physical Side Effects of Psychotropic Medication	*30*	3.3%	6.7%	36.7%	**53.3%**	3.40
Understanding and Addressing the Psychiatric Effects of Medications for Physical Conditions	*30*	0.0%	10.0%	30.0%	**60.0%**	3.50
Chronic Pain Management (Primary Care (PC), Mental Health (MH), and Substance Use Disorder (SUD) Perspectives)	*30*	0.0%	16.7%	40.0%	**43.3%**	3.27
Other[120]	*4*	**50.0%**	25.0%	0.0%	25.0%	2.00

[120]No respondents provided a written response for Other.

Suggestions/Comments

Respondents were asked, " *Is there anything else that you would like to add (comments or suggestions) concerning integrated care (e.g., your experience working in an integrated setting, strengths and weakness of an integrated care approach, preparing to work in an integrated setting)*?" Five (5) respondents provided written responses to this query, which are presented below.

- *I am medical director of a [university based health center]. We have recently integrated with our Counseling Center on campus and this year become accredited as a Primary Care Home. We assign primary care providers to all patients and are very interested in developing better integration between counseling and primary care programs. We are planning to begin sharing our electronic health records. Very interested in working with others or even piloting programs to develop better integration behavioral/mental health and primary care programs. Thanks.*
- *I am a primary care physician.*
- *We currently have a part-time psychologist in our primary care clinic.*
- *Efficiency and quality is better with integrated care but how/when are we going to factor in the pt/client and their responsibility and accepting consequences of their choices...it's not always the providers nor the systems fault!*
- *Just because care is integrated does not guarantee positive health outcomes. We work with homeless, drug addicted and severely mentally ill patients who are not invested in their healthcare. Outcome based measurements are "in" but the most important things in life are not what is measured as an "outcome."*

IBHP
Integrated Behavioral Health Project

WELLNESS • RECOVERY • RESILIENCE

Integrated Care Survey Results: Psychologists

This report, funded by counties through the voter approved Mental Health Services Act (Prop. 63), and prepared by the Integrated Behavioral Health Project (IBHP)[121], summarizes responses from an Integrated Care Survey[122] completed by psychologists (N=56).[123] IBHP developed the survey to gain an understanding of: (a) psychologists' attitudes about integrated care; 2) how prepared psychologists are to work in an integrated setting; and 3) psychologists' experience in coordinating care with providers and staff from other fields of practice. The report is presented in seven sections: *Demographics*; *Interest, Experience, and Preparedness in Integrated Care*; *Populations and Presenting Conditions*; *Using Technology and Measurement*; *Health Reform/Health Policy; Training*; and *Suggestions/Comments*.

[121] Launched in 2006, the Integrated Behavioral Health Project (IBHP) is an initiative to accelerate the integration of behavioral health and primary care services in California. IBHP is a program of the Community Clinic Initiative of the Tides Center with funding from the California Mental Health Services Authority (CalMHSA) as part of its Statewide Stigma and Discrimination Reduction Initiative. For more information, please visit http://www.ibhp.org/.

[122] This survey is funded by CalMHSA, an organization of county governments working to working to improve mental health outcomes for individuals, families and communities. CalMHSA works to embrace and nurture mental wellness in California through collaborative, community-oriented and accountable efforts. Programs operated by CalMHSA are funded by counties through the voter approved Mental Health Services Act (Prop. 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities. For more information, visit www.calmhsa.org.

[123] One (1) respondent opted to answer only one (1) question on the entire survey: "*Do you currently work/intern in an integrated care setting*." The respondent chose *no* as a response. This respondent was excluded from this report, bringing the total number of respondents from 57 to 56.

Demographics

Nearly two-thirds (66.1%) of respondents were female, and 33.9 percent were male (N=56).

All respondents reported *no* to the question, "Are you or have you been a recipient of a Title IV-E mental health stipend?" (N=55).
Respondents were asked to report their current position/status at their place of employment or internship. The percentage of responses for each employment/internship category is presented in Table 1. The three positions with the highest percentage are highlighted in blue and **bolded**.

Table 1: Current Position/Status[124] (N=56)

Current Position/Status	Percentage
Administrator (e.g., ED, CEO, or COO)	**12.5%**
Academic Psychologist	1.8%
College/University Faculty	5.4%
Clinical Psychologist –General Practice	**76.8%**
Clinical Psychologist – Health Psychology Practice	**23.2%**
Clinical Psychologist –Hospital Practice	5.4%
Graduate Student	0.0%
Mental Health Clinician (Master's Level)	0.0%
Post-Doctoral Fellow	1.8%
Psychology Intern	0.0%
Other[125]	8.9%

[124] Total is more than 100.0% because respondents could choose more than one option.
[125] Six (6) respondents provided a written response to describe their position/status. Responses include: "Also a clinical supervisor at a community mental health clinic; Director of Behavioral Medicine; neuropsychologist; neuropsychologist in private practice; post-doctoral psychological assistant; and practiced in skilled nursing facilities/long-term care.

Respondents were asked to report on the current setting of their place of employment or internship. The percentage of responses for each employment/internship setting is presented in Table 2. The three settings with the highest percentage are highlighted in blue and **bolded**.

Table 2: Current Employment/Internship Setting[126] (N=53)

Employment/Internship Setting	Percentage
College/University Setting	3.7%
Community-Based Organization	1.8%
Community Mental Health Center	**7.5%**
Community Health Center	3.7%
Federally Qualified Health Center (FQHC)	0.0%
Hospital	3.7%
Mental Health Clinic	5.6%
Private Practice	**75.4%**
Residential Program	0.0%
School-Based Clinic	0.0%
Veteran's Administration	0.0%
Other[127]	**16.9%**

[126] Total is more than 100.0% because respondents could choose more than one option.

[127] Twelve (12) respondents provided a written response to describe their setting. Responses include: CDCR; county government; HMO (n=2); Kaiser Permanente (n=2); military base (n=2); municipal utility; outpatient corrections; private medical clinic; and skilled nursing/assisted living facilities.

Respondents were asked to report their highest level of education completed.[128] The percentage of responses for each level of education is presented in Figure 1.

Figure 1: Highest Level of Education Completed (N=56)

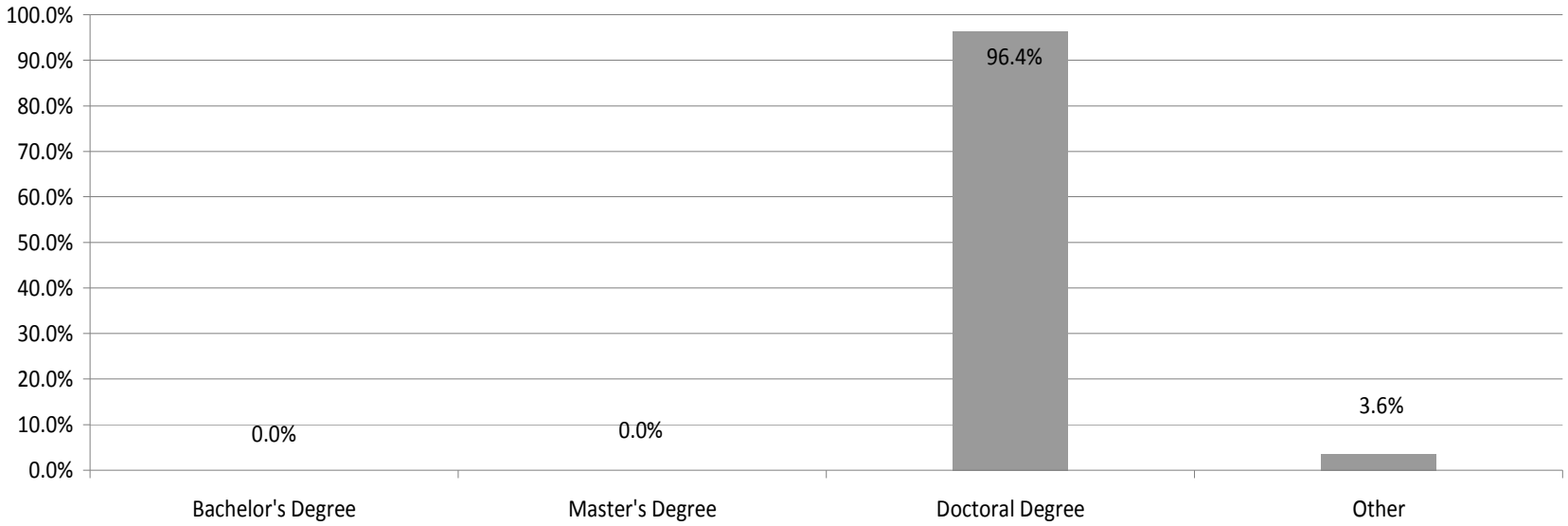


Table 3 presents the year in which respondents' highest degree was attained.

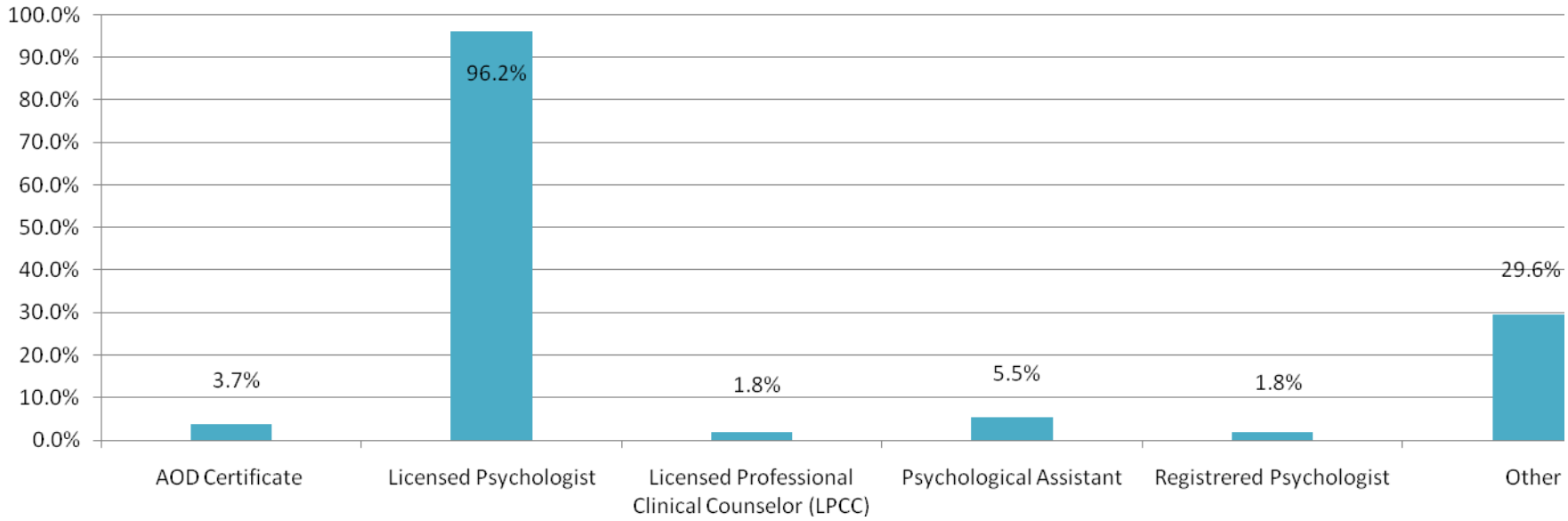
Table 3: Year in Which Highest Degree was Attained (N=56)

Year Range	Percentage
1960 to 1969	5.4%
1970 to 1979	17.9%
1980 to 1989	23.2%
1990 to 1999	17.9%
2000 to 2009	30.4%
2010 to 2012	5.4%

[128] Two (2) respondents selected the *Other* category and provided a written response to describe their highest education. Responses include: MSCP and "*Also have a postdoctoral Master's in psychopharmacology*."

Respondents were asked to report any license(s) and/or certificate(s) attained.[129] The percentage of responses for each license and/or certificate attained is presented in Figure 2.[130]

Figure 2: Licenses and/or Certificates Attained (N=54 for Each License/Certificate)



[129] Total is more than 100.0% because respondents could choose more than one option.

[130] Sixteen (16) respondents provided a written response to describe licenses/certificates attained, these include: APA Substance Use Disorder, Certified Employee Assistance Professional, Doctorial Retraining Certificate, LCSW, Licensed Psychologist, MFT (N=2), NP, Psychologist, Psychologist in Massachusetts, Qualified Medical Evaluator, RN (N=2), school psychologist, multiple subjects teaching credential, and Sex Offender Treatment Provider.

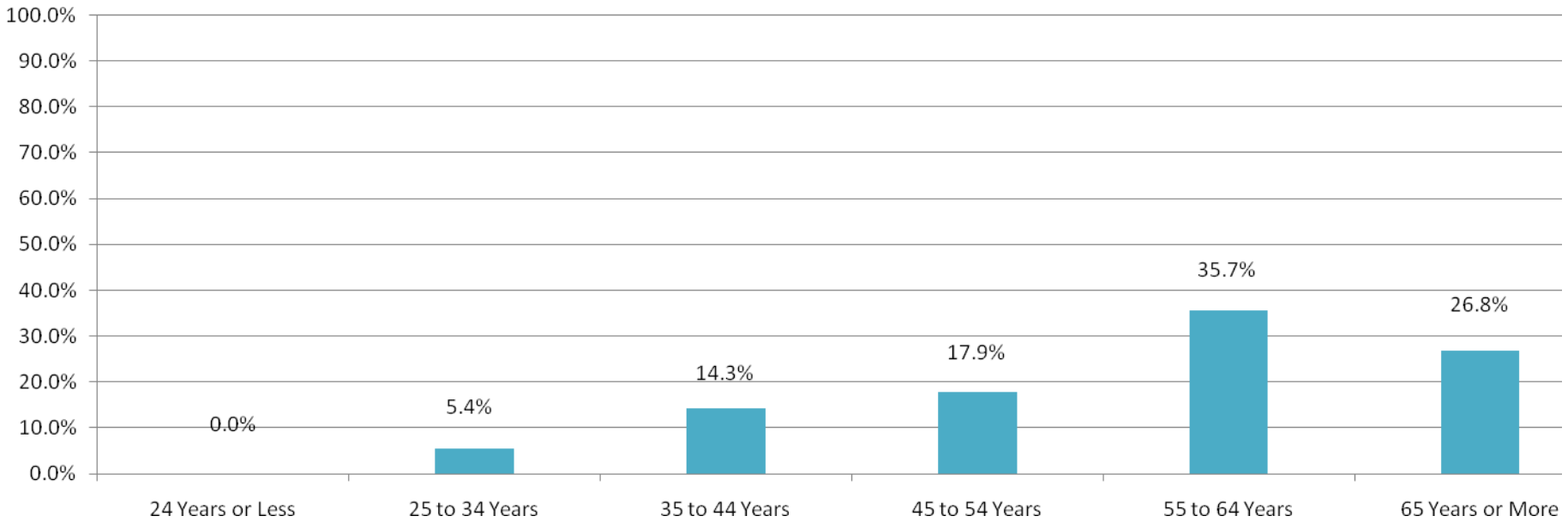
Table 4 presents the year in which the respondents' license(s) and/or certificate(S) were attained.

Table 4: Year in Which License(s) and/or Certificate(s) were Attained

Year Range	Percentage AOD Certificate (N=2)	Percentage Licensed Psychologist (N=52)	Percentage Licensed Professional Clinical Counselor (N=1)	Percentage Psychological Assistant (N=3)	Percentage Registered Psychologist (N=1)	Percentage Other (N=16)
1960 to 1969	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%
1970 to 1979	0.0%	15.4%	100.0%	0.0%	0.0%	25.0%
1980 to 1989	0.0%	26.9%	0.0%	33.3%	0.0%	43.8%
1990 to 1999	0.0%	23.1%	0.0%	33.3%	0.0%	12.5%
2000 to 2009	100.0%	21.2%	0.0%	0.0%	0.0%	0.0%
2010 to 2012	0.0%	13.5%	0.0%	33.3%	100.0%	6.3%

Respondents were asked to report their age. The percentage of responses for each age range category is presented in Figure 3.

Figure 3: Age Range (N=56)


100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
0.0%
5.4%
14.3%
17.9%
35.7%
26.8%
24 Years or Less
25 to 34 Years
35 to 44 Years
45 to 54 Years
55 to 64 Years
65 Years or More

Respondents were asked to report their race/ethnicity by checking all options that apply. The percentage of responses for each race/ethnicity category is presented in Table 5. The ethnicity/race category with the highest percentage is highlighted in blue and **bolded**.

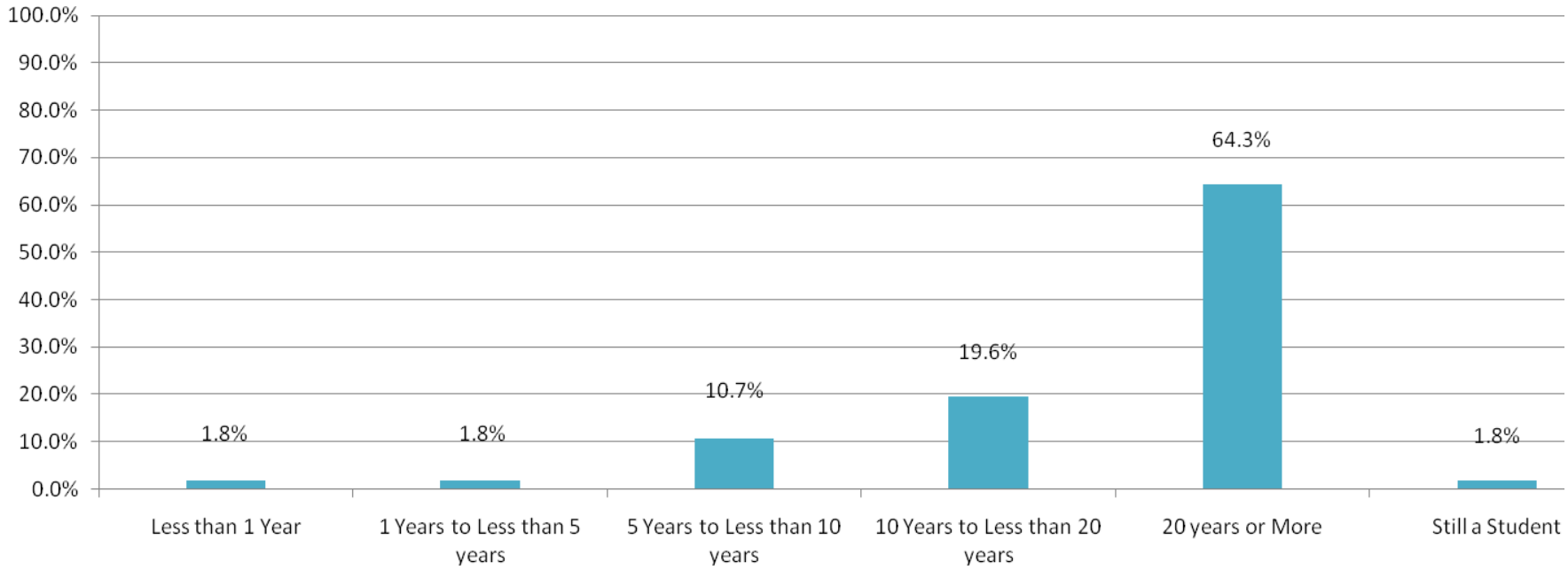
Table 5: Ethnicity/Race (N=56)

Race/Ethnicity	Percentage[131]
American Indian or Alaska Native	1.8%
Asian Indian	0.0%
Black or African American	1.8%
Cambodian	0.0%
Chinese	1.8%
Filipino	1.8%
Guamanian	0.0%
Hmong	0.0%
Japanese	0.0%
Korean	0.0%
Laotian	0.0%
Latin American	0.0%
Mexican American	1.8%
Mien	0.0%
Native Hawaiian	0.0%
Other Asian	0.0%
Other Pacific Islander	0.0%
Other Spanish	1.8%
Samoan	0.0%
Vietnamese	0.0%
White or Caucasian	**92.9%**
Other[132]	1.8%

[131] Total is more than 100.0% because respondents could choose more than one option.
[132] One respondent selected the *Other* category and provided a written response to describe their ethnicity/race: *Taiwanese*.

Respondents were asked to report the length of time they have been working in the mental health/ behavioral health field. The frequency for each response is presented in Figure 4.

Figure 4: Length of Time Working in the Mental Health/Behavioral Health Field (N=56)

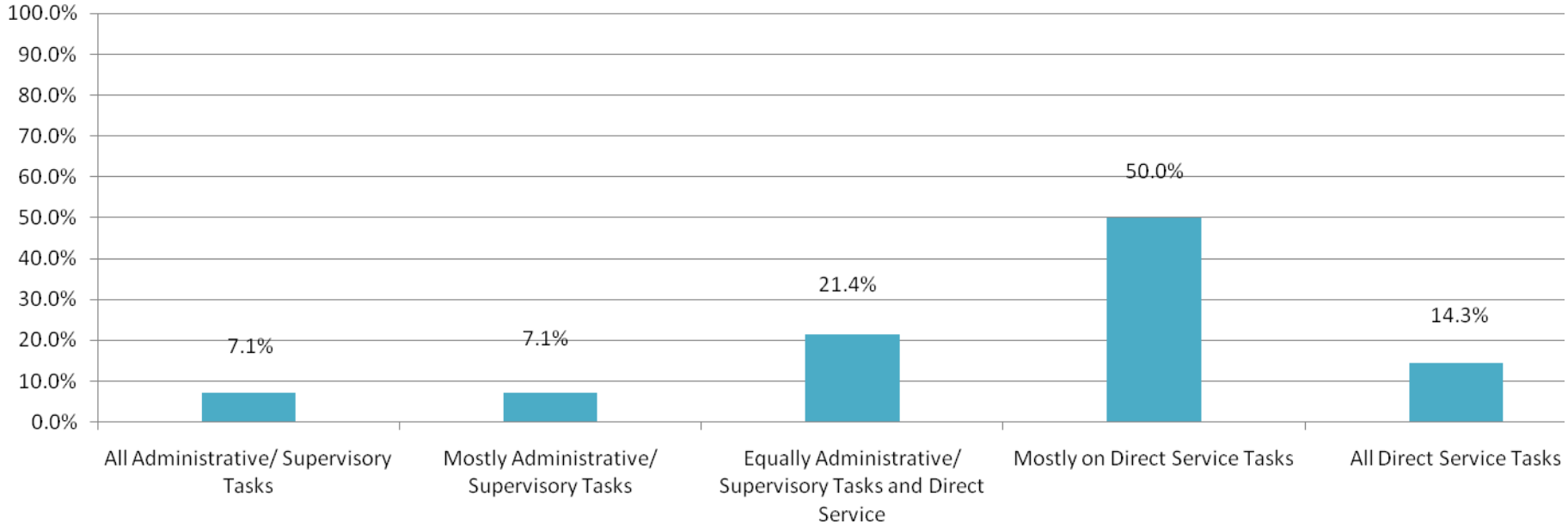


One-quarter (25.0%) of respondents responded "*yes"* to the question, "*Do you currently work/intern in an integrated care setting*?" (N=56). The 14 respondents that responded "yes" were additionally asked to describe in writing their integrated setting. The comments from the 14 respondents are presented below.

- *Clinic includes Psychiatrists, MFT intern and myself- clinical psychologist.*
- *Community mental health; part time private practice.*
- *Department of Psychiatry within a Health Maintenance Organization -- Integration of Doctoral Level Clinical Internship Program in Psychology with Primary Care Medical Residency Program through Behavioral Medicine Unit.*
- *FQHC with co-located BH services.*
- *HMO Kaiser.*
- *I am in part-time private practice, and consult on an acute inpatient rehab unit at a local hospital. I am also part-time at a private medical clinic focusing on chronic pain as Director of Behavioral Medicine.*
- *I have both a private practice and work as a program manager and clinical supervisor at [a clinic]. [The clinic] is a no fee, out-patient clinic for the seriously mentally ill and also provides services to [a drug and alcohol court]. At this time, I supervise psychology interns from the local schools. I am just beginning to build my private practice [that serves] both children and adults.*
- *I work part time at Kaiser Permanente in the Department of Psychiatry. I work with physicians and take calls in the ER. I am a consultant at Kentfield Rehabilitation and Specialty Hospital and I work on a brain injury team with MDs, OTs, PTs, and speech therapists. I have a private practice as a neuropsychologist and psychotherapist and most of my referrals come from MDs.*
- *In addition to private practice office, I work in Skilled Nursing and Assisted Living Facilities.*
- *Integrated primary care behavioral medicine clinic.*
- *MH clinic collaborating with pediatrics and psychiatry.*
- *Multidisciplinary Chronic Pain Program at Kaiser Permanente. Do Behavioral assessment, biofeedback, hypnosis, psychological treatment for patients whose psych symptoms interfere with pain improvement, teach classes, consult with primary care providers on psych meds, and conduct group therapy.*
- *Private office and community hospital based family medicine residency.*
- *Private practice in an alternative/holistic health collective including DO and MDs, PhD psychologists, MFT psychotherapists, physical therapists, non-MD acupuncturists and Oriental medicine specialists/herbalists; shamanic, Reiki, and Touch for Health® energy healers; massage therapists, practitioners, homeopaths, meditation teachers, life coaches, T'ai Chi/Qi Gong teacher, nutritionist, and parent educator.*

Respondents were asked to report how they typically spend their time working/interning in their integrated setting. The percentage of responses for each task category is presented in Figure 5.

Figure 5: How Respondents Typically Spend their Time Working/Interning in their Integrated Setting (n=14)



Interest, Experience, and Preparedness in Integrated Care

Respondents were asked to rate their level of agreement with each statement in utilizing the following scale (which has been reversed for this report):

1 = Strongly Disagree; 2 = Disagree; 3 = Agree; and 4=Strongly Agree

If respondents didn't know or were unsure how to respond to the statement(s), they were given the option of "Don't Know/Not Sure[133]" as a response from which to choose. The percentage of responses for each agreement category and for the "Don't Know/Not Sure" classification is presented in Table 6, along with mean scores.

Table 6: Level of Agreement with Statements Regarding Integrated Care

Statement	*N*	Strongly Disagree	Disagree	Agree	Strongly Agree	DK/Not Sure	Mean Score[134]
In general, integrated care promotes greater accountability for care quality and positive health outcomes.	*53*	1.9%	9.4%	**49.1%**	24.5%	15.1%	3.13
In general, integrated care increases coordination and communication between primary care and mental health staff/departments/programs.	*52*	1.9%	5.8%	**53.8%**	28.8%	9.6%	3.21
In general, integrated care decreases stigma for people seeking mental health services.	*52*	0.0%	9.6%	**44.2%**	26.9%	19.2%	3.21

Modal Response

[133] DK = Don't Know.
[134] "Don't Know/Not Sure" responses were excluded from the mean score calculation.

Respondents were asked to rate the level of interest they have in working in integrated care settings utilizing the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[135]" as a response from which to choose. The percentage of responses for each level of interest category and for the "Don't Know/Not Sure" classification is presented in Table 7, along with mean scores.

Table 7: Level of Interest in Working in Integrated Care Settings

Modal Response

Integrated Care Setting	*N*	No Interest	Little Interest	Moderate Interest	High Interest	DK/Not Sure	Mean Score[136]
Primary Care Setting with Integrated Behavioral Health Services	*52*	23.1%	21.2%	25.0%	**28.8%**	1.9%	2.61
Mental Health Setting with Integrated Primary Care Services	*52*	19.2%	19.2%	**44.2%**	17.3%	0.0%	2.60
Mental Health Setting with Integrated Substance Use Services	*52*	**32.7%**	26.9%	25.0%	13.5%	1.9%	2.20
Substance Use Setting with Integrated Primary care and/or Mental Health Services	*53*	**47.2%**	24.5%	15.1%	11.3%	1.9%	1.90
Other [137]	*12*	25.0%	8.3%	8.3%	16.7%	**41.7%**	2.29

[135] DK = Don't Know.
[136] "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[137] Other includes: Forensic; n/a; and "Pain program at a private clinic where I am Director of Behavioral Medicine."

In their current position at their place of employment/internship, respondents were asked how frequently they ask clients/patients about a variety of services and circumstances using the following scale (which has been reversed for this report):

1 = Never; 2 = Rarely (When Client/Patient Presents Issue); 3 = Periodically (When Problems Arise); and 4=Standard/Routine Practice

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[138]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose. Table 8 reports the frequency of responses for each service/circumstance, as well as mean scores.

Modal Response

Table 8: Frequency that Respondents ask Clients/Patients About Services/Circumstances

Services/Circumstances	*N*	Never	Rarely	Periodically	Routinely	Not Applicable	DK/Not Sure	Mean Score[139]
Alcohol / Substance Use	*53*	0.0%	0.0%	9.4%	**88.7%**	1.9%	0.0%	3.90
Health Status	*53*	0.0%	0.0%	11.3%	**86.8%**	1.9%	0.0%	3.88
If Client has Primary Care Provider	*53*	0.0%	3.8%	17.0%	**73.6%**	5.7%	0.0%	3.74
Chronic Medical Conditions	*53*	0.0%	0.0%	13.2%	**84.9%**	1.9%	0.0%	3.87
Date of Last Physical	*53*	1.9%	22.6%	26.4%	**47.2%**	1.9%	0.0%	3.21
Medication Use	*53*	0.0%	0.0%	5.7%	**92.5%**	1.9%	0.0%	3.94
Mental Health Status?	*53*	0.0%	0.0%	1.9%	**92.5%**	3.8%	1.9%	3.98
Housing Status	*53*	0.0%	15.1%	28.3%	**50.9%**	5.7%	0.0%	3.38
Economic Security	*53*	0.0%	7.5%	43.4%	**45.3%**	3.8%	0.0%	3.39
Employment Status	*53*	0.0%	1.9%	15.1%	**77.4%**	3.8%	1.9%	3.80
Social Supports	*53*	0.0%	1.9%	11.3%	**84.9%**	1.9%	0.0%	3.85
Literacy	*53*	9.4%	**32.1%**	28.3%	24.5%	3.8%	1.9%	2.72
Transportation	*53*	0.0%	26.4%	**43.4%**	20.8%	7.5%	1.9%	2.94
Child Care Needs	*53*	5.7%	22.6%	**45.3%**	18.9%	5.7%	1.9%	2.84

[138] DK = Don't Know.
[139] "Not Applicable" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.

Respondents were asked to rate the level of communication they have with a variety of providers concerning shared clients/patients interests using the following scale (which has been reversed for this report):

1 = Very Low; 2 = Low; 3 = Moderate; 4=High; and 5= Very High

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[140]" as a response from which to choose. If the respondent did not work with a provider type, they were asked to choose the option "Don't Work with this Provider Type." Table 9 reports the frequency of responses for each category of provider, as well as mean scores.

Table 9: Level of Communication with Provider Types

Other Providers	*N*	Very Low	Low	Moderate	High	Very High	Don't Work with Provider	DK/Not Sure	Mean Score[141]
AOD Counselors	*51*	7.8%	5.9%	9.8%	5.9%	2.0%	**60.8%**	7.8%	2.63
Case or Care Managers	*51*	9.8%	7.8%	23.5%	15.7%	7.8%	**31.4%**	3.9%	3.06
Consumers/Peers	*49*	6.1%	6.1%	10.2%	14.3%	8.2%	**40.8%**	14.3%	3.27
Hospital Discharge Planners	*50*	14.0%	8.0%	20.0%	4.0%	2.0%	**48.0%**	4.0%	2.42
Medical Assistants	*51*	2.0%	11.8%	9.8%	2.0%	11.8%	**58.8%**	3.9%	3.26
Nurses	*51*	7.8%	15.7%	13.7%	5.9%	9.8%	**43.1%**	3.9%	2.89
Primary Care Physicians	*51*	7.8%	19.6%	**35.3%**	7.8%	21.6%	5.9%	2.0%	3.17
Specialty Care Providers	*51*	5.9%	**27.5%**	19.6%	5.9%	17.6%	17.6%	5.9%	3.03
Other Health Professionals[142]	*51*	5.9%	17.6%	15.7%	15.7%	15.7%	**27.5%**	2.0%	3.25
Social Workers	*51*	5.9%	**21.6%**	**21.6%**	15.7%	17.6%	13.7%	3.9%	3.21
Other Psychologists[143]	*51*	3.9%	13.7%	19.6%	21.6%	**29.4%**	9.8%	2.0%	3.67
Other[144]	*15*	0.0%	6.7%	0.0%	**26.7%**	**26.7%**	20.0%	20.0%	4.22

Modal Response

[140] DK = Don't Know.
[141] "Don't Work with Provider Type" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[142] Other Health Professionals include: physical therapists, speech therapists, pharmacists, etc.
[143] Other Psychologists include: MFTs, professional counselors, mental health clinicians, etc.
[144] Other includes: Drug and alcohol court officials and probation and parole officers; loved ones; pain management specialists; physiatrists (pain doctors and rehab medicine); probation and parole agents; psychiatrists; school officials, counselors and teachers; and teachers (n=2).

Respondents were asked to rate the level of knowledge of other providers' scope of practice as it pertains to services benefiting clients at their place of employment/internship using the following scale (which has been reversed for this report):

1 = Very Limited; 2 = Fair; 3 = Good; and 4=Excellent

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[145]" as a response from which to choose. If the respondent did not work with a provider type, they were asked to choose the option "Don't Work with this Provider Type". Table 10 reports the frequency of responses for each category of provider, as well as mean scores.

Table 10: Level of Knowledge of Other Providers' Scope of Practice as it Pertains to Services Benefitting Clients

Other Providers	*N*	Very Low	Low	Moderate	High	Very High	Don't Work with Provider	DK/Not Sure	Mean Score[146]
AOD Counselors	*51*	5.9%	11.8%	11.8%	15.7%	3.9%	**37.3%**	13.7%	3.00
Case or Care Managers	*51*	2.0%	9.8%	**21.6%**	**21.6%**	19.6%	17.6%	7.8%	3.63
Consumers/Peers	*50*	0.0%	14.0%	8.0%	18.0%	12.0%	**26.0%**	22.0%	3.54
Hospital Discharge Planners	*51*	3.9%	17.6%	21.6%	15.7%	7.8%	**29.4%**	3.9%	3.09
Medical Assistants	*51*	2.0%	17.6%	19.6%	15.7%	9.8%	**27.5%**	7.8%	3.21
Nurses	*50*	2.0%	6.0%	22.0%	**26.0%**	16.0%	24.0%	4.0%	3.67
Primary Care Physicians	*51*	2.0%	5.9%	17.6%	29.4%	**35.3%**	5.9%	3.9%	4.00
Specialty Care Providers	*51*	2.0%	9.8%	21.6%	17.6%	**33.3%**	13.7%	2.0%	3.84
Other Health Professionals[147]	*51*	0.0%	7.8%	21.6%	23.5%	**31.4%**	13.7%	2.0%	3.93
Social Workers	*50*	0.0%	6.0%	12.0%	34.0%	**36.0%**	8.0%	4.0%	4.14
Other Psychologists[148]	*51*	2.0%	0.0%	11.8%	17.6%	**56.9%**	9.8%	2.0%	4.44
Other[149]	*14*	7.1%	0.0%	0.0%	21.4%	21.4%	7.1%	**42.9%**	4.00

Modal Response

[145] DK = Don't Know.
[146] "Don't Work with Provider Type" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[147] Other Health Professionals include: physical therapists, speech therapists, pharmacists, etc.
[148] Other Psychologists include: MFTs, professional counselors, MH clinicians, etc
[149] Other includes: Drug and alcohol court officials and probation and parole officers; physiatrists; probation and parole agents; and teachers.

Respondents were asked to rate how staff from other disciplines understand the scope of services THEY provide at their place of employment/internship using the following scale (which has been reversed for this report):

1 = Very Limited; 2 = Fair; 3 = Good; and 4=Excellent

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[150]" as a response from which to choose. If the respondent did not work with a provider type, they were asked to choose the option "Don't Work" with this Provider Type". Table 11 reports the frequency of responses for each category of provider, as well as mean scores.

Modal Response

Table 11: Level of Knowledge that Other Disciplines have in Understanding Respondents' Scope of Services

Other Providers	*N*	Very Low	Low	Moderate	High	Very High	Don't Work with Provider	DK/Not Sure	Mean Score[151]
AOD Counselors	*51*	0.0%	7.8%	7.8%	7.8%	3.9%	**58.8%**	13.7%	3.29
Case or Care Managers	*51*	2.0%	9.8%	25.5%	7.8%	7.8%	**33.3%**	13.7%	3.19
Consumers/Peers	*50*	4.0%	6.0%	18.0%	12.0%	2.0%	**38.0%**	20.0%	3.05
Hospital Discharge Planners	*51*	2.0%	15.7%	25.5%	0.0%	2.0%	**39.2%**	15.7%	2.65
Medical Assistants	*51*	7.8%	9.8%	15.7%	11.8%	3.9%	**37.3%**	13.7%	2.88
Nurses	*51*	2.0%	11.8%	23.5%	11.8%	3.9%	**31.4%**	15.7%	3.07
Primary Care Physicians	*51*	3.9%	5.9%	**29.4%**	15.7%	15.7%	15.7%	13.7%	3.47
Specialty Care Providers	*51*	5.9%	7.8%	21.6%	11.8%	13.7%	**23.5%**	15.7%	3.32
Other Health Professionals[152]	*51*	0.0%	5.9%	23.5%	17.6%	13.7%	**27.5%**	11.8%	3.65
Social Workers	*49*	0.0%	2.0%	12.2%	**38.8%**	14.3%	20.4%	12.2%	3.97
Other Psychologists[153]	*50*	2.0%	0.0%	6.0%	**36.0%**	32.0%	14.0%	10.0%	4.26
Other[154]	*16*	6.3%	0.0%	12.5%	0.0%	6.3%	25.0%	50.0%	3.00

[150] DK = Don't Know.
[151] "Don't Work with Provider Type" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[152] Other Health Professionals include: physical therapists, speech therapists, pharmacists, etc.
[153] Other Psychologists include: MFTs, professional counselors, MH clinicians, etc
[154] Other includes: Drug and alcohol court officials and probation and parole officers; physiatrists; probation and parole agents; and psychiatrists.

Populations and Presenting Conditions

Respondents were asked how frequently they work with a variety of client/patient populations using the following scale (which has been reversed for this report):

1 = Never; 2 = Seldom; 3 = Mostly; and 4=Always

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[155]" as a response from which to choose. Table 12 reports the frequency of responses for each client/population category, as well as mean scores.

Modal Response

Table 12: Frequency Working with Client/Patient Populations

Client/Patient Populations	*N*	Never	Seldom	Mostly	Always	DK/Not Sure	Mean Score[156]
Adults	*49*	0.0%	8.2%	**46.9%**	42.9%	2.0%	3.35
Ethnic groups – Underserved Ethnic Communities	*49*	0.0%	38.8%	**42.9%**	14.3%	4.1%	2.74
Families	*48*	12.5%	**56.3%**	20.8%	10.4%	0.0%	2.29
Geographically Isolated – Residents of Rural/ Frontier Areas	*50*	**54.0%**	40.0%	6.0%	0.0%	0.0%	1.52
Homeless	*49*	**51.0%**	38.8%	10.2%	0.0%	0.0%	1.59
Involved with Law/Justice Systems – History of Incarceration	*50*	26.0%	**62.0%**	4.0%	6.0%	2.0%	1.90
LGBTTQQI2S	*49*	6.1%	**61.2%**	24.5%	6.1%	2.0%	2.31
Limited or Non-English Speaking	*50*	38.0%	**42.0%**	18.0%	2.0%	0.0%	1.84
Low-Income	*50*	10.0%	**50.0%**	26.0%	10.0%	4.0%	2.38
Migrant Workers	*50*	**62.0%**	30.0%	6.0%	2.0%	0.0%	1.43
Military or Veterans	*49*	8.2%	**69.4%**	16.3%	2.0%	4.1%	2.13
Older Adults	*49*	8.2%	**46.9%**	34.7%	8.2%	2.0%	2.44
Infant/Toddlers	*50*	**70.0%**	24.0%	2.0%	4.0%	0.0%	1.40
Pre-School Children	*49*	**65.3%**	24.5%	4.1%	6.1%	0.0%	1.51
School-Age Children	*49*	**51.0%**	28.6%	14.3%	6.1%	0.0%	1.76
Adolescents	*50*	30.0%	**40.0%**	20.0%	8.0%	2.0%	2.06
Undocumented/ Recent Immigrants, Refugee Community	*49*	**46.9%**	38.8%	10.2%	0.0%	4.1%	1.62
Uninsured	*48*	22.9%	**45.8%**	16.7%	8.3%	6.3%	2.11
Youth – Transition-Age Youth (TAY)	*48*	**45.8%**	27.1%	12.5%	6.3%	8.3%	1.77
Other[157]	*7*	**42.9%**	0.0%	14.3%	0.0%	**42.9%**	1.50

[155] DK = Don't Know.
[156] "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[157] Other includes: injured workers and "Clients must be members of Kaiser Permanente Medical Care Group."

Respondents were asked how frequently they work with clients/patients with a variety of conditions, using the following scale (which has been reversed for this report):

1 = Never; 2 = Seldom; 3 = Mostly; and 4=Always

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[158]" as a response from which to choose. Table 13 reports the frequency of response for each client/patient condition, as well as mean scores.

Table 13: Frequency that Respondents Work with Client/Patient Conditions

Client/Patient Conditions	*N*	Never	Seldom	Mostly	Always	DK/Not Sure	Mean Score[159]
Chronic/Complex Health Conditions (e.g. COPD, Diabetes, Metabolic Syndrome)	*50*	2.0%	**50.0%**	42.0%	4.0%	2.0%	2.49
Physically Disabled	*50*	4.0%	**58.0%**	34.0%	2.0%	2.0%	2.35
Co-Occurring Mental Health and Substance Use Disorders	*49*	4.1%	**49.0%**	40.8%	2.0%	4.1%	2.43
Personality Disorders (Axis II)	*49*	0.0%	**53.1%**	38.8%	6.1%	2.0%	2.52
Serious Emotional Disturbance	*49*	0.0%	**51.0%**	36.7%	10.2%	2.0%	2.58
Severe or Persistent Mental Illness	*49*	2.0%	**55.1%**	34.7%	6.1%	2.0%	2.46
Substance Abuse Disorders – Medically or Chemically Dependent	*48*	4.2%	**58.3%**	33.3%	2.1%	2.1%	2.34
Other[160]	*7*	0.0%	14.3%	14.3%	14.3%	**57.1%**	3.00

[158] DK = Don't Know.
[159] "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[160] Other includes: "Brain injury, dementia, post-stroke, cognitive impairment;" learning disabilities, autism spectrum disorders; and "There needs to be a category called frequently between mostly and seldom-- Axis II and SU in there."

Respondents were asked to rate their level of confidence in working with a variety of client/patient populations at their place of employment/internship using the following scale (which has been reversed for this report):

1 = Not Confident Treating this Population at this Time; 2 = Minimally Confident (with Supervision Only); 3 = Moderately Confident (Could Benefit from Additional Training); and 4=Very Confident

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[161]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose. Table 14 reports the frequency of responses for each client/patient population, as well as mean scores.

Table 14: Level of Confidence Working with Client/Patient Populations

Client/Patient Population	*N*	Not Confident	Minimally Confident	Moderately Confident	Very Confident	N/A	DK/Not Sure	Mean Score
Adults	*49*	2.0%	2.0%	6.1%	**89.8%**	0.0%	0.0%	3.84
Ethnic groups – Underserved Ethnic Communities	*50*	6.0%	2.0%	**58.0%**	30.0%	2.0%	2.0%	3.17
Families	*50*	10.0%	12.0%	**38.0%**	34.0%	6.0%	0.0%	3.02
Geographically Isolated – Residents of Rural/ Frontier Areas	*50*	14.0%	12.0%	**40.0%**	20.0%	14.0%	0.0%	2.77
Homeless	*50*	22.0%	20.0%	**34.0%**	16.0%	8.0%	0.0%	2.48
Involved with Law/Justice Systems	*50*	12.0%	14.0%	**48.0%**	22.0%	4.0%	0.0%	2.83
LGBTTQQI2S	*50*	10.0%	10.0%	**40.0%**	36.0%	4.0%	0.0%	3.06
Limited or Non-English Speaking	*50*	**30.0%**	16.0%	**30.0%**	12.0%	10.0%	2.0%	2.27
Migrant Workers	*50*	28.0%	**30.0%**	20.0%	8.0%	14.0%	0.0%	2.09
Military or Veterans	*50*	8.0%	16.0%	30.0%	**44.0%**	2.0%	0.0%	3.12
Older Adults	*49*	6.1%	4.1%	20.4%	**67.3%**	2.0%	0.0%	3.52
Infant/Toddlers	*50*	**44.0%**	14.0%	22.0%	8.0%	12.0%	0.0%	1.93
Pre-School Children	*50*	**38.0%**	12.0%	16.0%	22.0%	12.0%	0.0%	2.25
School-Age Children	*50*	28.0%	6.0%	16.0%	**40.0%**	10.0%	0.0%	2.76
Adolescents	*50*	20.0%	12.0%	18.0%	**46.0%**	4.0%	0.0%	2.94
Undocumented/ Recent Immigrants, Refugee Community	*50*	24.0%	18.0%	**30.0%**	12.0%	16.0%	0.0%	2.36
Youth – Transition-Age Youth (TAY)	*48*	**35.4%**	10.4%	20.8%	25.0%	4.2%	4.2%	2.39
Other[162]	*5*	0.0%	0.0%	0.0%	20.0%	20.0%	**60.0%**	4.00

Modal Response

[161] DK = Don't Know.

[162] No respondents provided a written response describing *Other* client/patient populations.

Respondents were asked to rate their level of confidence in working with client/patient populations with a variety of conditions at their place of employment/internship using the following scale (which has been reversed for this report):

1 = Not Confident Treating this Population at this Time; 2 = Minimally Confident (with Supervision Only); 3 = Moderately Confident (Could Benefit from Additional Training); and 4=Very Confident

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[163]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose. Table 15 reports the frequency of responses for each condition, as well as mean scores.

Table 15: Level of Confidence Working with Clients/Patients with Conditions

Modal Response

Condition	*N*	Not Confident	Minimally Confident	Moderately Confident	Very Confident	DK/Not Sure	N/A	Mean Score[164]
Chronic/Complex Health Conditions (e.g. COPD, Diabetes, Metabolic Syndrome)	*49*	4.1%	14.3%	34.7%	**42.9%**	0.0%	4.1%	3.21
Physically Disabled	*49*	8.2%	8.2%	38.8%	**42.9%**	0.0%	2.0%	3.19
Co-Occurring Mental Health and Substance Use disorders	*49*	4.1%	12.2%	34.7%	**46.9%**	0.0%	2.0%	3.27
Personality Disorders (Axis II)	*49*	0.0%	8.2%	32.7%	**59.2%**	0.0%	0.0%	3.51
Serious Emotional Disturbance	*48*	4.2%	8.3%	27.1%	**58.3%**	0.0%	2.1%	3.43
Severe or Persistent Mental Illness	*49*	0.0%	8.2%	34.7%	**53.1%**	0.0%	3.6%	3.47
Substance Abuse Disorders – Medically or Chemically Dependent	*47*	4.3%	25.5%	25.5%	**38.3%**	0.0%	6.4%	3.05
Other[165]	*6*	0.0%	16.7%	0.0%	16.7%	**50.0%**	16.7%	3.00

[163] DK = Don't Know.
[164] "Don't Know/Not Sure" and "Not Applicable" responses were excluded from the mean score calculation.
[165] Other includes: Pain and oncology.

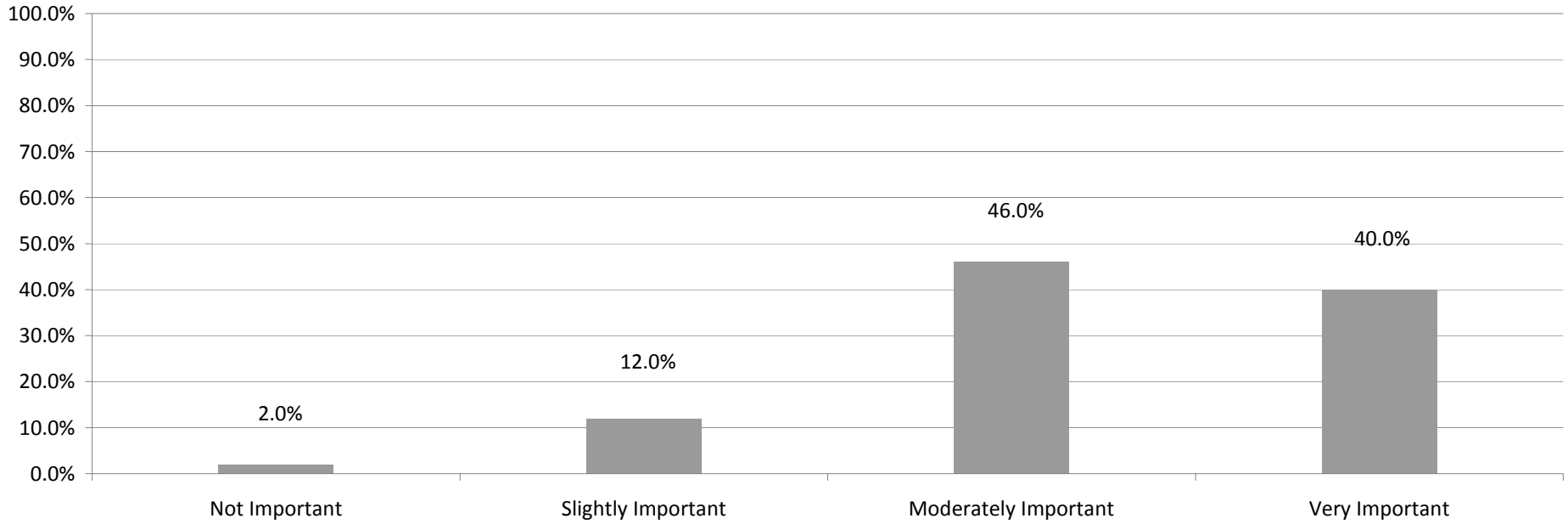
Using Technology and Measurement

Respondents were asked how they would rate the importance of outcome measurement in service delivery using the following scale (which has been reversed for this report):

1 = Not Important; 2 = Slightly Important; 3 = Moderately Important; and 4 = Very Important

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[166]" as a response from which to choose. Respondents generated a mean score of **3.24**, which suggests that they rate the usefulness as *moderately important*. Figure 6 presents the frequency of responses for each item.

Figure 6: Importance of Outcome Measurement in Service Delivery (N=50)



[166] One (1) respondent chose this option, and was excluded from the mean score calculation.

Respondents were asked to rate the extent to which they feel prepared and competent in areas relating to outcomes/measurement using the following scale (which has been reversed for this report):

1 = Not Prepared; 2 = Minimally Prepared; 3 = Moderately Prepared; and 4=Sufficiently Prepared

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[167]" as a response from which to choose. Table 16 reports the frequency of responses for each question relating to outcomes/ measurement in the table, as well as mean scores.

Table 16: Preparedness in Working with Outcomes/Measurement

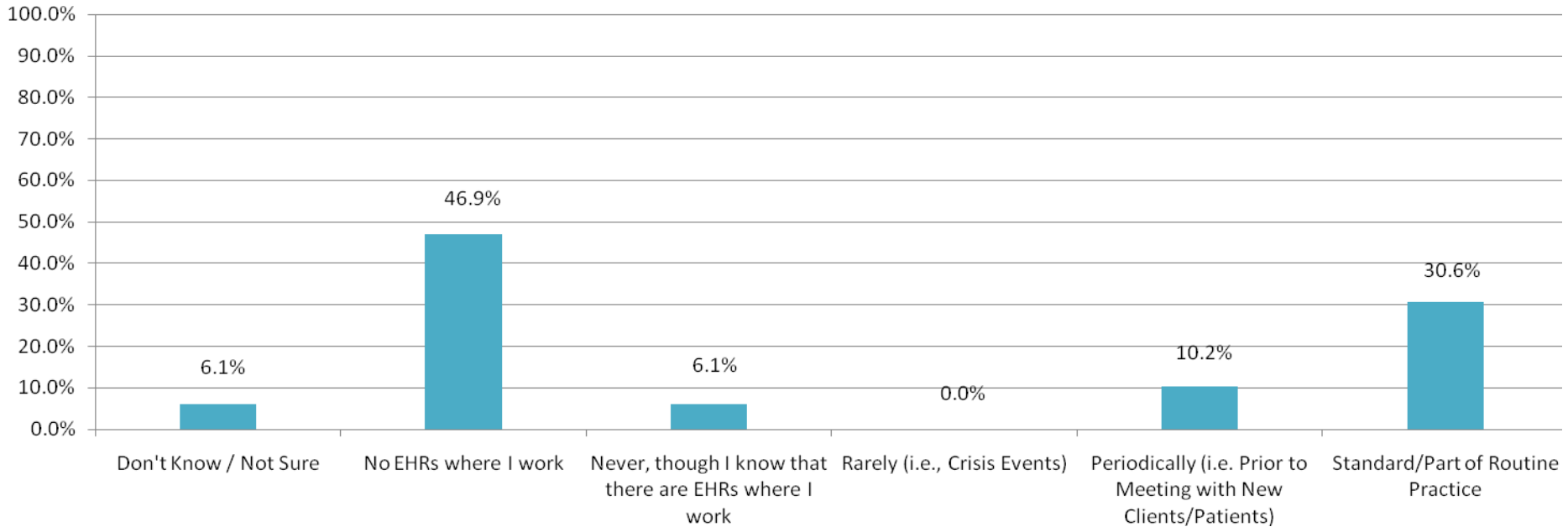
Modal Response

Statement Regarding Outcomes/Measurement	*N*	Not Prepared	Minimally Prepared	Moderately Prepared	Sufficiently Prepared	DK/Not Sure	Mean Score[168]
To what extent do you feel prepared to collect and track treatment outcomes with your patient/clients?	*51*	3.9%	27.5%	**39.2%**	25.5%	3.9%	2.90
To what extent do you feel prepared and competent to use data you collect (e.g., screening results from a standardized instrument) to modify or enhance service delivery for your clients/patients?	*51*	7.8%	15.7%	**35.3%**	31.4%	9.8%	3.00
To what extent do you feel prepared and competent to use data collected by your agency/program/clinic (e.g., program evaluation) to modify or enhance service delivery for your clients/patients?	*49*	2.0%	16.3%	28.6%	**34.7%**	18.4%	3.18

[167] DK = Don't Know.
[168] "Don't Know/Not Sure" responses were excluded from the mean score calculation.

Respondents were asked how frequently they use data from Electronic Health Records (EHRs) to modify or enhance service delivery for their clients/patients. Figure 7 presents the percentage of responses for each categorical option from which respondents could choose.

Figure 7: Frequency of Use of Electronic Health Records (EHRs) (N=49)

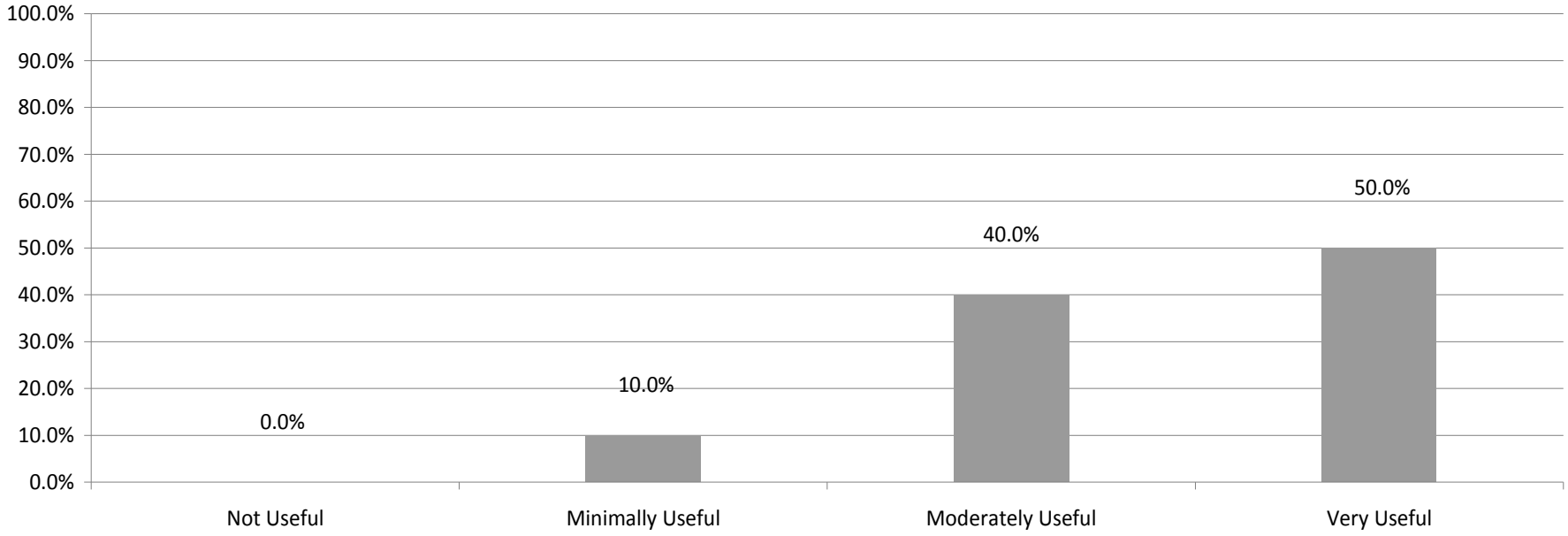


Respondents that reported they DO use data from Electronic Health Records (EHRs) to modify or enhance service delivery for their clients/patients were asked to rate how useful they find EHRs using the following scale (which has been reversed for this report):

1 = Not Useful; 2 = Minimally Useful; 3 = Moderately Useful; and 4 = Very Useful

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure" as a response from which to choose. Respondents generated a mean score of **3.40**[169], which suggests that they rate the usefulness as *moderately useful to very useful*. Figure 8 presents the percentage of responses for each categorical option from which respondents could choose.

Figure 8: Usefulness of Electronic Health Records (EHRs) (N=20)



[169] If respondents didn't know or were unsure how to respond, they were given "Don't Know/Not Sure" as a response from which to choose. "Don't Know/Not Sure" (0.0%) and "I Don't Utilize EHR's" (55.6%) responses were excluded from this analysis and from the mean score calculation.

Respondents were asked to rate the extent to which they feel comfortable using technology, and to rate their level of comfort sharing case notes with others using the following scale (which has been reversed for this report):

1 = No Comfort; 2 = Little Comfort; 3 = Moderate Comfort; and 4=High Comfort

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[170]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose.

Modal Response

Table 17: Level of Comfort with Sharing Notes with Others

Level of Comfort with…	*N*	No Comfort	Little Comfort	Moderate Comfort	High Comfort	N/A	DK/Not Sure	Mean Score[171]
Sharing Notes with Members of the Treatment Team at Place of Employment	*49*	2.0%	2.0%	10.2%	**49.0%**	36.7%	0.0%	3.68
Sharing Notes with Other Providers at Place of Employment	*49*	2.0%	2.0%	16.3%	**42.9%**	36.7%	0.0%	3.58
Sharing Notes with Providers in Other Clinics/Organizations/Programs	*48*	8.3%	14.6%	27.1%	**33.3%**	14.6%	2.1%	3.03
Sharing Notes with Other(s)[172]	*14*	7.1%	7.1%	14.3%	14.3%	**35.7%**	21.4%	2.83

[170] DK = Don't Know.
[171] "Not Applicable" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[172] Other includes: "A release is required;" consultants; "I believe we should share more. I have strong objections to the higher standards of confidentiality (42 CFR). I think it hurts patients and gets in the way of integrated care;" insurance adjustors and clinical nurse case managers of Work Comp. insurance carriers; and probation and parole agents.

Health Reform/Health Policy

Respondents were asked how knowledgeable they are concerning issues impacted by national health reform (the Patient Protection and Affordable Care Act) using the following scale (which has been reversed for this report):

1 = No Knowledge; 2 = Limited Knowledge; 3 = Moderate Knowledge; and 4=Very Knowledgeable

Table 18: Level of Knowledge About Issues Impacted by National Health Reform

Issues Impacted by National Health Reform	*N*	No Knowledge	Limited Knowledge	Moderate Knowledge	Very Knowledgeable	Mean Score
Client/Patient Eligibility for Services	*48*	14.6%	**41.7%**	35.4%	8.3%	2.38
Types of Services Offered	*48*	16.7%	**43.8%**	31.3%	8.3%	2.31
Provider Roles/Scope of Services	*48*	20.8%	**41.7%**	31.3%	6.3%	2.23
Reimbursement	*48*	27.1%	**50.0%**	16.7%	6.3%	2.02
IT Strategies for Population Health Management	*48*	29.2%	**50.0%**	12.5%	8.3%	2.00
Performance-Based Incentives	*47*	31.9%	**44.7%**	14.9%	8.5%	2.00

Respondents were asked how knowledgeable they are about health care reform regulations, programs, and public policies and their implications for service delivery using the following scale (which has been reversed for this report):

1 = No Knowledge; 2 = Limited Knowledge; 3 = Moderate Knowledge; and 4=Very Knowledgeable

Modal Response

Table 19: Level of Knowledge About Health Regulations, Programs, Policies and Associated Implications

Regulations, Programs, Policies	*N*	No Knowledge	Limited Knowledge	Moderate Knowledge	Very Knowledgeable	Mean Score
Accountable Care Organizations (ACOs)	*48*	**52.1%**	35.4%	8.3%	4.2%	1.65
Patient-Centered Medical Home (PCMH)	*48*	**52.1%**	25.0%	18.8%	4.2%	1.75
Essential Health Benefits (EHB) under the Affordable Care Act	*48*	**50.0%**	22.9%	25.0%	2.1%	1.79
Low Income Health Program (LIHP)	*48*	58.3%	**35.4%**	6.3%	0.0%	1.48
Transition of Medi-Cal Eligible Seniors and Persons with Disabilities (SPDs) from Fee for Service (FFS) to Managed Care	*48*	**54.2%**	31.3%	14.6%	0.0%	1.60
Transition of Dually Eligible Medicare/Medi-Cal Beneficiaries from Fee for Service (FFS) to Managed Care	*48*	**56.3%**	27.1%	14.6%	2.1%	1.63
CMS EHR Meaningful Use Criteria	*48*	**60.4%**	31.3%	4.2%	4.2%	1.52
Implications of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)	*48*	**27.1%**	**27.1%**	25.0%	20.8%	2.40
Implications of 42-CFR (Substance Abuse Confidentiality Law)	*48*	**54.2%**	27.1%	12.5%	6.3%	1.71
Mental Health Parity and Addiction Equality Act	*48*	29.2%	**33.3%**	27.1%	10.4%	2.19

Training

Respondents were asked to rate their level of interest concerning a variety of training topics related to *Linking Physical Health and Mental Health* using the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

Table 20 reports the frequency of responses for each training area, as well as mean scores

Modal Response

Table 20: Level of Interest in theTraining Area: *Linking Physical Health and Mental Health*

Training Area: Linking Physical Health and Mental Health	*N*	No Interest	Little Interest	Moderate Interest	High Interest	Mean Score
Addressing Behavioral Health Components of Physical Disorders	*48*	10.4%	12.5%	20.8%	**56.3%**	3.23
Impact of Mental Disorders on Physical Health	*48*	4.2%	4.2%	29.2%	**62.5%**	3.50
Impact of Physical Disorders on Mental Health	*47*	4.3%	4.3%	27.7%	**63.8%**	3.51
Cultural Differences Between Mental Health and Physical Health and how to Bridge them	*48*	10.4%	6.3%	39.6%	**43.8%**	3.17
Recognizing Common Physical Health Disorders and when to Refer to Primary Care	*47*	8.5%	10.6%	23.4%	**57.4%**	3.30
Understanding Conditions/Medications Associated with Metabolic Syndrome	*48*	8.3%	14.6%	31.3%	**45.8%**	3.15
Role of Spirituality in Mental and Physical Health Recovery	*47*	8.5%	10.6%	34.0%	**46.8%**	3.19
Understanding and Addressing the Physical Side Effects of Psychotropic Medication	*48*	2.1%	4.2%	31.3%	**62.5%**	3.54
Understanding and Addressing the Psychiatric Effects of Medications for Physical Conditions	*47*	2.1%	2.1%	34.0%	**61.7%**	3.55
Chronic Pain Management (Primary Care (PC), Mental Health (MH), and Substance Use Disorder (SUD) Perspectives)	*48*	2.1%	4.2%	43.8%	**50.0%**	3.42

Respondents were asked to rate their level of interest concerning a variety of training topics related to *Working with Substance-Using Individuals* and *Screening Tools and Procedures* using the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

Table 21 reports the frequency of responses for each training area, as well as mean scores.

Modal Response

Table 21: Level of Interest in theTraining Areas: *Working with Substance-Using Individuals* and *Screening Tools and Procedures*

Training Area: Working with Substance-Using Individuals	***N***	**No Interest**	**Little Interest**	**Moderate Interest**	**High Interest**	**Mean Score**
Recovery Model and Stigma Reduction	46	17.4%	17.4%	32.6%	**32.6%**	2.80
Effectively Addressing Co-occurring Substance Use/Mental Health Issues	48	18.8%	10.4%	29.2%	**41.7%**	2.94
SBIRT (Screening, Brief Intervention, Referral and Treatment) Protocols	48	22.9%	18.8%	**33.3%**	25.0%	2.60
Organizational Culture Differences between PC, MH, and SUD and how to Bridge them	48	20.8%	16.7%	**35.4%**	27.1%	2.69
Understanding the Short- and Long-term Effects of Alcohol Abuse/Addiction	48	16.7%	12.5%	33.3%	**37.5%**	2.92
Understanding the Short- and Long-term Effects of Illicit Drug Use	48	16.7%	12.5%	33.3%	**37.5%**	2.92
Understanding the Short- and Long-term Effects of Non-Prescribed Prescription Drug Use	48	14.6%	8.3%	35.4%	**41.7%**	3.04
Training Area: Screening Tools and Procedures	***N***	**No Interest**	**Little Interest**	**Moderate Interest**	**High Interest**	**Mean Score**
Screening for Mental Health Issues	47	10.6%	10.6%	27.7%	**51.1%**	3.19
Screening for Physical Health Issues	47	8.5%	19.1%	**36.2%**	**36.2%**	3.00
Screening for Substance Use Issues	47	8.5%	17.0%	29.8%	**44.7%**	3.11
SBIRT (Screening, Brief Intervention, Referral and Treatment) Protocols	46	10.9%	19.6%	30.4%	**39.1%**	2.98
Developing an Infrastructure for Referrals and Referral Feedback/Follow-up	47	10.6%	19.1%	31.9%	**38.3%**	2.98
Recognizing Common Physical Conditions and when to refer to Primary Care	47	10.6%	12.8%	21.3%	**55.3%**	3.21

Respondents were asked to rate their level of interest concerning a variety of training topics related to *Clinical Practices and Approaches* and *Data Collection, Outcomes Measurement, and Quality Improvement* using the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

Table 22 reports the frequency of responses for each training area, as well as mean scores.

Modal Response

Table 22: Level of Interest in the Training Areas: *Clinical Practices and Approaches* and *Data Collection, Outcomes Measurement, and Quality Improvement*

Training Area: Clinical Practices and Approaches	***N***	**No Interest**	**Little Interest**	**Moderate Interest**	**High Interest**	**Mean Score**
Treating Co-Occurring Disorders	*47*	4.3%	4.3%	40.4%	**51.1%**	3.38
Motivational Interviewing	*47*	10.6%	21.3%	21.3%	**46.8%**	3.04
Team-Based Care	*47*	14.9%	21.3%	29.8%	**34.0%**	2.83
Problem Solving Therapy (PST)	*47*	14.9%	21.3%	27.7%	**36.2%**	2.85
Brief Solution-Focused Therapy	*47*	17.0%	23.4%	23.4%	**36.2%**	2.79
Improving Cultural Competence	*46*	10.9%	6.5%	30.4%	**52.2%**	3.24
Training Area: Data Collection, Outcomes Measurement, and Quality Improvement	***N***	**No Interest**	**Little Interest**	**Moderate Interest**	**High Interest**	**Mean Score**
Identifying Relevant Outcome Measures and Collecting Data	*47*	14.9%	21.3%	**36.2%**	27.7%	2.77
Information Sharing: Understanding Confidentiality Requirements to Enhance Care Coordination	*47*	12.8%	17.0%	25.5%	**44.7%**	3.02
Using Data to Drive Clinical Decision-Making	*47*	12.8%	21.3%	31.9%	**34.0%**	2.87
Strategies to Facilitate Stepped-Care	*46*	17.4%	23.9%	**30.4%**	28.3%	2.70
Population Health Management	*46*	23.9%	23.9%	**32.6%**	19.6%	2.48
Using Registries and EHRs to Assess the Effectiveness of Clinical Interventions	*46*	17.4%	23.9%	**37.0%**	21.7%	2.63

Respondents were asked to rate their level of interest concerning a variety of training topics related to *Strategies for Local Collaborations* using the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

Table 23 reports the frequency of responses for training area, as well as mean scores.

Table 23: Level of Interest in the Training Area: Strategies for Local Collaborations

Training Area: Strategies for Local Collaborations	*N*	No Interest	Little Interest	Moderate Interest	High Interest	Mean Score
Working with Local Specialty Mental Health Resources	*45*	15.6%	11.1%	35.6%	**37.8%**	2.96
Working with Local Primary care Resources	*44*	18.2%	18.2%	**38.6%**	25.0%	2.70
Incorporating Peer Specialists/Promotores/Community Health Workers in to the System of Care	*45*	17.8%	20.0%	**44.4%**	17.8%	2.62

Respondents were asked to recommend other training topics related to each of the six (6) Training Areas presented in this section. Their written comments are presented below.

Training Topics Related to **Linking Physical Health and Mental Health (N=11)**

- *Neurology and neuropsychology.*
- *I could teach many of the above topics and have done so in the past.*
- *Special considerations for the elderly with regard to the medication issues above.*
- *The role of mindfulness in integration of physical and mental health care.*
- *Treatment of insomnia, eating disorders, pain management, use of motivational interviewing, psychological assessment in a medical setting.*
- *The role of placebo and nocebo effects in treatment. The nature, prevalence, and identification of psychosomatic disorders in primary care.*
- *Concerns of patients in specialized *secondary* medical care e.g., orthopedic, spine, bariatric and plastic surgery, physiatry, pain mgmt, obesity, autoimmune conditions and arthritis (OA, RA, lupus, fibromyalgia, CFIDS, etc), gerontology, and types of info these specialists also may need from my work.*
- *Prevention/Health Enhancement Programs and Population Health Management.*
- *Exercise and diet as part of psychotherapeutic treatment planning.*
- *Understanding the role that marginalization (of a social/cultural minority) plays on physical/mental health.*
- *The article in the Monitor on Psychology about the brain-gut connection was pretty interesting. I'd love more info on that.*

Training Topics Related to **Working with Substance Using Individuals (N=6)**

- *The last topic is something frequently dealt with.*
- *The role of Mindfulness in Substance Abuse and Addiction.*
- *The use of mindfulness or meditation practice in substance abuse treatment. The role of spiritual belief and practice in substance abuse treatment.*
- *Various treatment modalities - 12 step; recovery model; additional avenues for guidance and support.*
- *Short and long-term effects of "prescribed" drug use.*
- *Long term outcome of pain patients with history of opiate addiction who would benefit from opiate treatment for pain.*

Training Topics Related to **Screening Tools and Procedures (N=3)**

- ✔ *Medications use for long-term management of physical conditions - pain, diabetes, autoimmune and thyroid conditions, contraception, erectile dysfunction, HRT/menopause, statins.*
- ✔ *Outcome measurements.*
- ✔ *Psychological assessment with chronic pain patients.*

Training Topics Related to **Clinical Practices and Approaches (N=6)**

- ✔ *Better get CBT and DBT in there; not to mention formal relaxation skills training.*
- ✔ *Acceptance and Commitment therapy.*
- ✔ *Psychodynamic and psychoanalytic concepts and methods and their use in non-psychodynamic approaches (cf. Shedler, February–March 2010, American Psychologist).*
- ✔ *Checklists for transmittal use in referring pts to primary and other medical care, physical therapy, specialists, pain mgmt, rheumatology, pulmonary/cardiac care, nutrition, obesity, erectile dysfunction, sex therapy.*
- ✔ *Group psycho-educational and psycho-therapy clinical activities and Family therapy.*
- ✔ *Biofeedback.*

Training Topics Related to **Data Collection, Outcomes Measurement, and Quality Improvement (N=1)**

- ✔ *The politicization of data collection and use, the influence of pharmaceutical companies and insurance companies on decisions about what data to collect and how to interpret it. The whole subject of bias.*

Training Topics Related to **Strategies for Local Collaborations (N=2)**

- ✔ *Working with Domestic Violence programs, and affordable, accessible housing providers, community food sources for indigent pts, low-fee dental care, and job training for work-disabled injured workers.*
- ✔ *Community based programs - moving out of the medical clinic and into providing clinical services on a pro bono basis directly in local communities.*

Suggestions/Comments

Respondents were asked, " *Is there anything else that you would like to add (comments or suggestions) concerning integrated care (e.g., your experience working in an integrated setting, strengths and weakness of an integrated care approach, preparing to work in an integrated setting)*?" Seventeen (17) respondents provided written responses to this query, which are presented below.

- *However much I want to collaborate with other professionals involved in the care of my client, it depends on how much they are willing to collaborate.*
- *This likely reflects some bias, but I have noticed that other medical professionals seem less prepared to work with mental health professionals than vice versa. The stigma of mental health and lack of mental health training for MDs and other medical professionals appears to play a role in this discrepancy.*
- *I have worked for most of my professional career in integrated health care settings. This was my intention upon going to grad school. At that time, there were only two graduate programs preparing psychologists to work in integrated health care settings. I think one was Miami University and the other was California School of Professional Psychology (Now known as Allliant University.)…During my training years, I did psychology chiefing at two different Family Practice Residencies. I almost went on to make a career in the training of Family Practice residents, but I went instead on to work in more specialized medical settings. Doing any this requires a fair amount of training in graduate school and at clinical placements. We NEED more internship placements. Right now, private clinics have little incentive to take psych interns because we are required to pay them and ins. carriers won't reimburse for their services (other than Medicare allowing "incident to" billing for psych assistant services). We must solve this, if we are to train enough people to do this work.*
- *Did not like this survey. You will draw conclusions from my answers that don't match the reality because you don't really understand the setting in which I work. Forcing choice between frequently and seldom is bad survey construction.*
- *I don't know what PCs are and some of the abbreviations are in this survey I would like to know about where to get information about what is going to happen. I am not getting that even though I belong to APA, CPA and my local psychologist group.*
- *I did not answer several categories on the populations with whom I work. There was not an accurate description for those I treat. It is between "mostly" and "seldom". I treat those types often but not mostly and not seldom. Poorly done choices. Almost didn't bother to finish this survey since it didn't address my areas of interest or practice.*
- *We use EMR and communicate daily with MDs and other treatment team clinicians. It is much easier to work in this environment because we all know what is expected of us... In my private practice, I find it very difficult to be in communication with MDs. They're often so busy they don't have time to talk to me. I fax my notes and treatment plans to them, but I would like more communication. I'm also a neuropsychologist and I have more interaction with MDs (especially neurologists and physiatrists) than I do as a psychotherapist. I am concerned about the level of apathy among my peers with regard to ACA and the changes that are already occurring. People seem to be unaware and unconcerned. I write a blog about healthcare reform for psychologists and very few people read it. At the same time, the master's level therapists are working to position themselves to work in an integrated care system. At Santa Clara University, there is a new program for LPCs (did I get the initials right?) in working in a healthcare setting. The health coaches are also rallying and recently had a 2-3 day conference on using motivational interviewing in a medical setting to enhance compliance with treatment and medication. At Kaiser, they are using nurse practitioners, social workers, and health coaches*

fairly extensively in the medical settings. Rarely do you see a psychologists actually working in the medical offices. There are some offices that have behavioral health specialists working in the department. The rest of the psychologists are in the psych department, IOP, or CDRP. The medical departments tend to use LCSWs or nurse case managers to address mental health issues. Psychologists need to have a big WAKE UP CALL!!!

- *The entire fee structure of reimbursement needs to be changed to decrease the importance of high use of technology and increase the importance of human intervention. An attempt must be made towards equalizing the reimbursement of specialists with primary care physicians, as well as between physicians and mental health providers. A much larger than currently recognized portion of illness is in the mind and can only be treated by mental health providers Many of those providers have had training and debt for training commensurate with that of physicians and should be reimbursed fairly. Stigma and lack of understanding about mind/body issues should not determine reimbursement rates for mental health providers, rates that currently limit access for the population.*
- *I have worked in hospitals, counseling centers early in my career and liked working in interdisciplinary settings. It's pretty easy to do this in integrated health care settings. I try to integrate care with other providers within my private practice. It isn't easy to do this a 100% with all patients. It takes a lot of time in a one person office to manage paperwork, reports, phone messages etc. with other busy professionals, I don't think it is necessary to report 100% of the time to PCPs if they have not made the referral and if there isn't severe mental illness. If there is a strong somatic compact presented, I will definitely inform PCPs. Most patients are quite capable of reporting medical history, current medical problems, change in medication, feedback from psychiatrists, etc. With other mental health professionals who are treating the same patient, I do coordinate care as is appropriate e.g., where medication is prescribed and I may be able to track impact of medication, where I've referred the client for a group or some other service.*
- *At my age (61) and stage in my career (25+ years in private practice), it is very unlikely that any integrated care system would be interested in hiring me, given that my expertise is in the long-term psychotherapy required to treat dissociative disorders, eating disorders, and attachment related disorders. These mental health needs are not likely to be addressed adequately in an integrated care or HMO setting, as it is my perception that the primary focus is on preventing hospitalization and decreasing doctor visits - not on truly resolving the underlying issues. I believe that it will become a de-facto way of decreasing the availability of psychotherapy, since only the most severe cases will be attended to. Kaiser, for example, is a wonderful HMO/integrated care setting that addresses physical health and medication issues very well. It does not, however, provide the intensive psychotherapy that my client population needs. Clients have to pay on their own for such services. Other than the few IOP programs (e.g. eating disorders, substance abuse), psychotherapy appointments are mostly once monthly - appropriate for crisis management, but not for underlying positive changes. Under this system, my types of clients are left to "limp along" as the chronically wounded.*
- *Very long survey by the time I got to the suggestion part I just skipped it in order to get done sorry about that.*
- *A brief 'manual', in print and online, that describes the overlaps of many kinds of care, for use by psychotherapists and other kinds of providers, to tell us what they do and when to consult them, and tell them what we do and when to consult us.*
- *Teach other professionals the unique skills and training of psychologists and how to integrate them into the team early.*
- *There should be an existing range of experience within contained health groups (like hospitals) where integration has worked and seen challenges*
- *Training in various consultation models - effective communication and interfacing. Program development towards enhanced health outcomes Supervising/Precepting students (interns; fellows; and residents).*

- *Though I fully understand and appreciate these efforts to improve integrated care, and I have worked extensively in this model, my practice has moved more towards supporting the container of psychological work. This does not necessarily exclude sharing information across practices, but I steer away from it especially when I witness the healing potential of the psychological frame in a client. More and more, this has been the case for me. The containment of the frame provides an incredibly powerful medium for growth and change.*
- *Learning medical language is key in effective collaboration with medical professionals.*

WELLNESS • RECOVERY • RESILIENCE

IBHP
Integrated Behavioral Health Project

Integrated Care Survey Results: Social Workers

This report, funded by counties through the voter approved Mental Health Services Act (Prop. 63), and prepared by the Integrated Behavioral Health Project (IBHP)[173], summarizes responses from an Integrated Care Survey[174] completed by social worker students and graduates of accredited schools of social work (N=188). IBHP developed the survey to gain an understanding of: (a) social workers' attitudes about integrated care; (b) how prepared social workers are to work in an integrated setting; and (c) social workers' experience in coordinating care with providers and staff from other fields of practice. The report is presented in seven sections: *Demographics*; *Interest, Experience, and Preparedness in Integrated Care*; *Populations and Presenting Conditions*; *Using Technology and Measurement*; *Health Reform/Health Policy; Training*; and *Suggestions/Comments*.

[173] Launched in 2006, the Integrated Behavioral Health Project (IBHP) is an initiative to accelerate the integration of behavioral health and primary care services in California. IBHP is a program of the Community Clinic Initiative of the Tides Center with funding from the California Mental Health Services Authority (CalMHSA) as part of its Statewide Stigma and Discrimination Reduction Initiative. For more information, please visit http://www.ibhp.org/.

[174] This survey is funded by CalMHSA, an organization of county governments working to working to improve mental health outcomes for individuals, families and communities. CalMHSA works to embrace and nurture mental wellness in California through collaborative, community-oriented and accountable efforts. Programs operated by CalMHSA are funded by counties through the voter approved Mental Health Services Act (Prop. 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities. For more information, visit www.calmhsa.org.

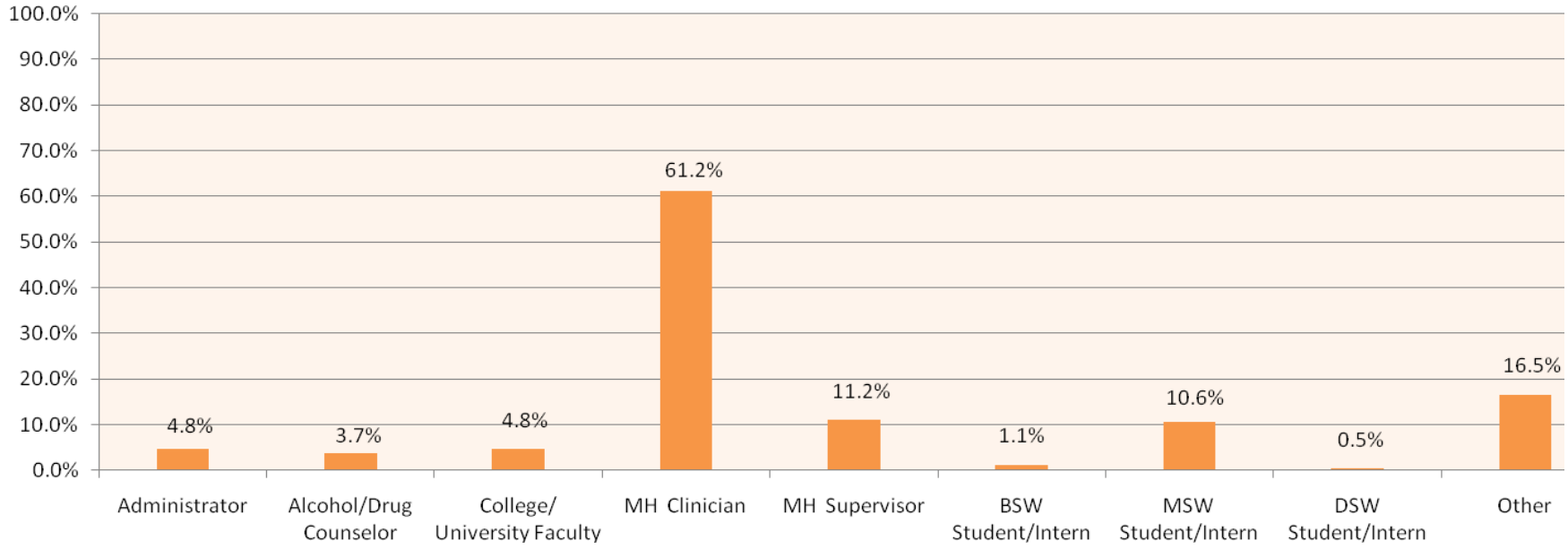
Demographics

A little more than 80 percent (81.5%) of respondents were female, with 18.0 percent, male, and 0.6 percent reporting being Transgender (N=178).

More than one-quarter (26.5%) of respondents responded *yes* to the question, "Are you or have you been a recipient of a Title IV-E mental health stipend?" (N=181).

Respondents were asked to report their current position/status at their place of employment or internship. The percentage of respondents for each employment/internship category is presented in Figure 1. The large majority of respondents were master's level mental health (MH) clinicians.

Figure 1: Position/Status[175] at Place of Employment/Internship[176][177] (N=188)



[175] Thirty-nine (39) respondents selected the *Other* category and provided a written response to describe their position/status. Responses include: ACSW, BH consultant, business coach/EAP counselor, crisis intervention, medical/hospital social worker, retired LCSW, family advocate, program development, project coordinator, currently unemployed, and school social worker.

[176] The total is more than 100.0% because respondents could choose more than one option.

[177] BSW signifies Bachelor of Social Work; MSW signifies Master of Social Work; and DSW signifies Doctorate of Social Work.

Respondents were asked to report on the current setting of their place of employment or internship. The percentage of respondents for each employment/internship setting is presented in Table 1. The three settings with the highest frequencies are highlighted in blue and **are in bold type**.

Table 1: Current Employment/Internship Setting[178] (N=188)

Employment/Internship Setting	Percentage
College/University Setting	4.8%
Community-Based Organization	13.3%
Community Mental Health Center	**19.1%**
Community Health Center	4.3%
Federally Qualified Health Center (FQHC)	2.1%
Hospital	8.0%
Mental Health Clinic	14.4%
Private Practice	**16.5%**
Residential Program	3.2%
School-based Clinic	7.4%
Other[179]	**21.3%**

[178] Total is more than 100.0% because respondents could choose more than one option.

[179] Forty-two (42) respondents selected the *Other* category and provided a written response to describe their setting. Responses include: county mental health department/substance abuse, law enforcement/prison, unemployed/retired, school districts, home health clinic, rural health clinic, and contract/consultant.

Nearly all respondents (98.9%) responded “yes" to the question, "Do you have a Bachelor's Degree or higher" (N=188). Respondents were asked to report their highest level of education completed.[180] The percentage of respondents for each level of education is presented in Figure 2.

Figure 2: Highest Level of Education Completed (N=180)

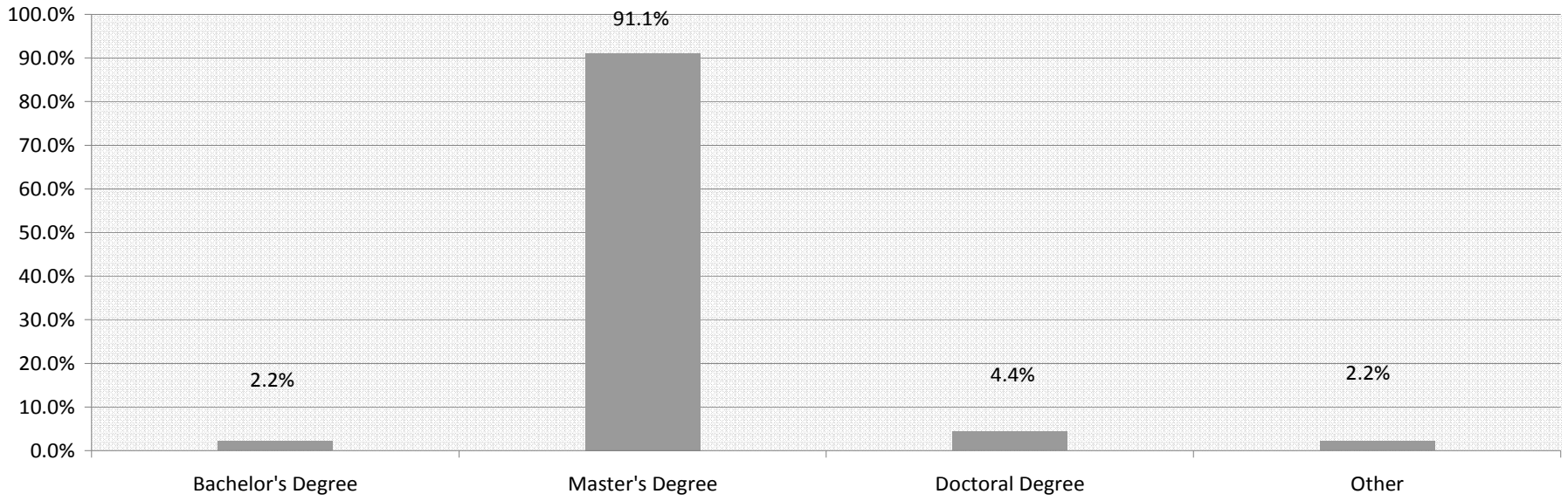


Table 2 presents the year in which respondents’ highest degrees were attained.

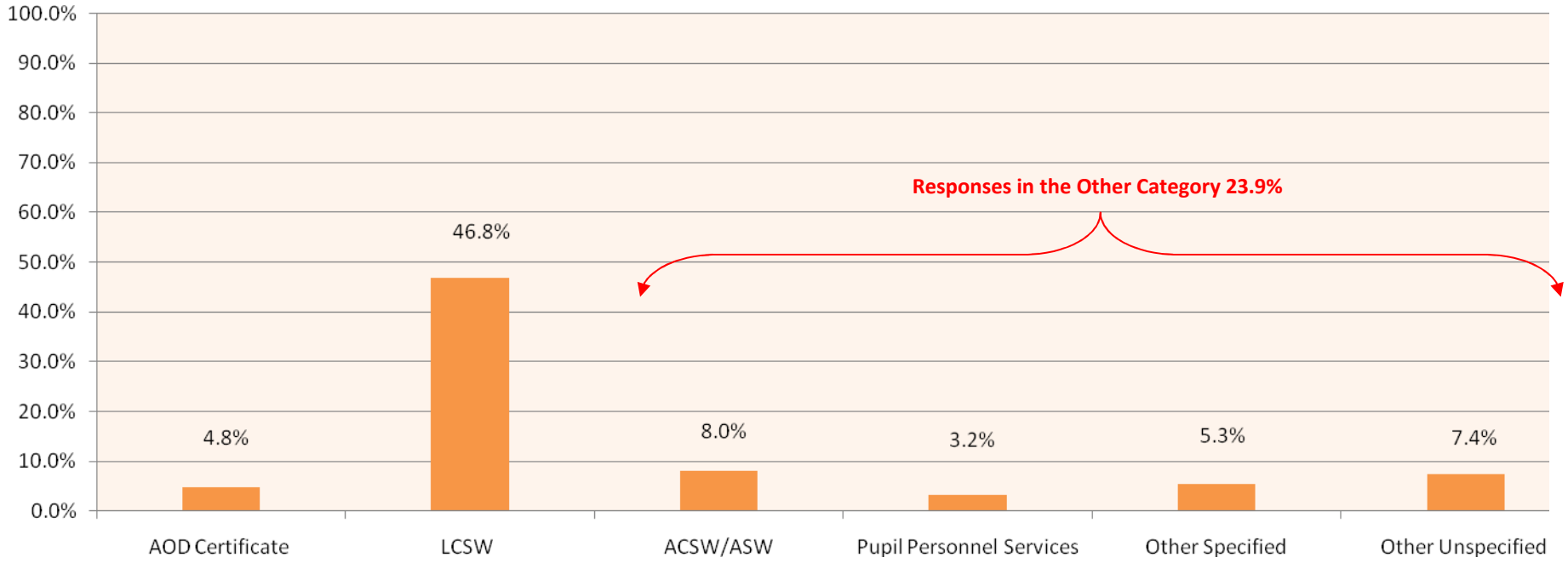
Table 2: Year in Which Highest Degree was Attained (N=177)

Year Range	Percentage
1960 to 1969	3.4%
1970 to 1979	6.8%
1980 to 1989	14.1%
1990 to 1999	19.2%
2000 to 2009	29.4%
2010 to 2012	27.1%

[180] Nine (9) respondents selected the *Other* category and provided a written response to describe their highest education attained. Responses include: masters in addiction, post graduate certificate, PhD in process, PhD Anthropology, and Board Certified Diplomat in Clinical Social Work.

Respondents were asked to report any licenses and/or certificates attained. The percentage of respondents for each license and/or certificate is presented in Figure 3.[181]

Figure 3: Licenses and/or Certificates Attained (N=188 for Each License/Certificate)



[181] Forty-five (45) respondents, or 23.9 percent, selected the *Other* category and provided a written response to describe licenses/certificates attained. These *Other* responses were separated into four new categories: 1) ACSW/ASWNS; 2) Pupil Personnel Services; 3) Other Specified (i.e., ARF, BCD, MFT, MFCC, Paralegal Certificate, PCIT Certificate, Post Master's Certificate in Clinical Social Work, LPS Designation, Group Home Administrator, and Advanced Practice Social Worker in Tennessee); and 4) Other Unspecified (i.e., Other).

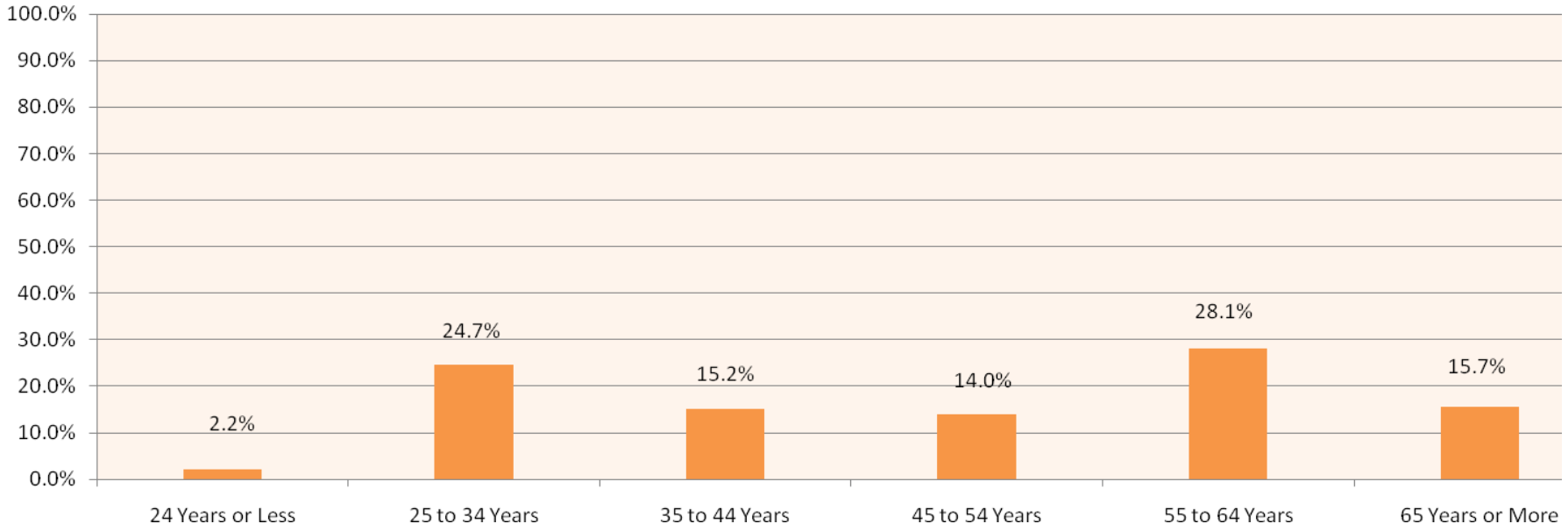
Table 3 presents the year in which the respondents' license(s) and/or certificate(s) were attained.[182]

Table 3: Year in Which License(s) and/or Certificate(s) were Attained

Year Range	Percentage AOD Certificate (N=9)	Percentage LCSW (N=84)	Percentage ACSW / ASW (N=10)	Percentage PPS (N=5)	Percentage Other and Unspecified Other (N=14)
1960 to 1969	0.0%	1.2%	10.0%	0.0%	0.0%
1970 to 1979	0.0%	8.3%	0.0%	40.0%	21.4%
1980 to 1989	22.3%	32.1%	0.0%	0.0%	14.2%
1990 to 1999	11.1%	20.2%	0.0%	0.0%	7.1%
2000 to 2009	44.4%	23.8%	40.0%	20.0%	28.6%
2010 to 2012	22.3%	14.3%	50.0%	40.0%	28.6%

Respondents were asked to report their age. The percentage of respondents for each age range category is presented in Figure 4.

Figure 4: Age Range (N=178)



[182] Some respondents that indicated they had attained a license(s) and/or certificate(s) did NOT provide the year it was attained.

Respondents were asked to report their race/ethnicity by checking all options that apply. The percentage of respondents for each race/ethnicity category is presented in Table 4. The three ethnicity/race categories with the highest frequencies are highlighted in blue and **bold type**.

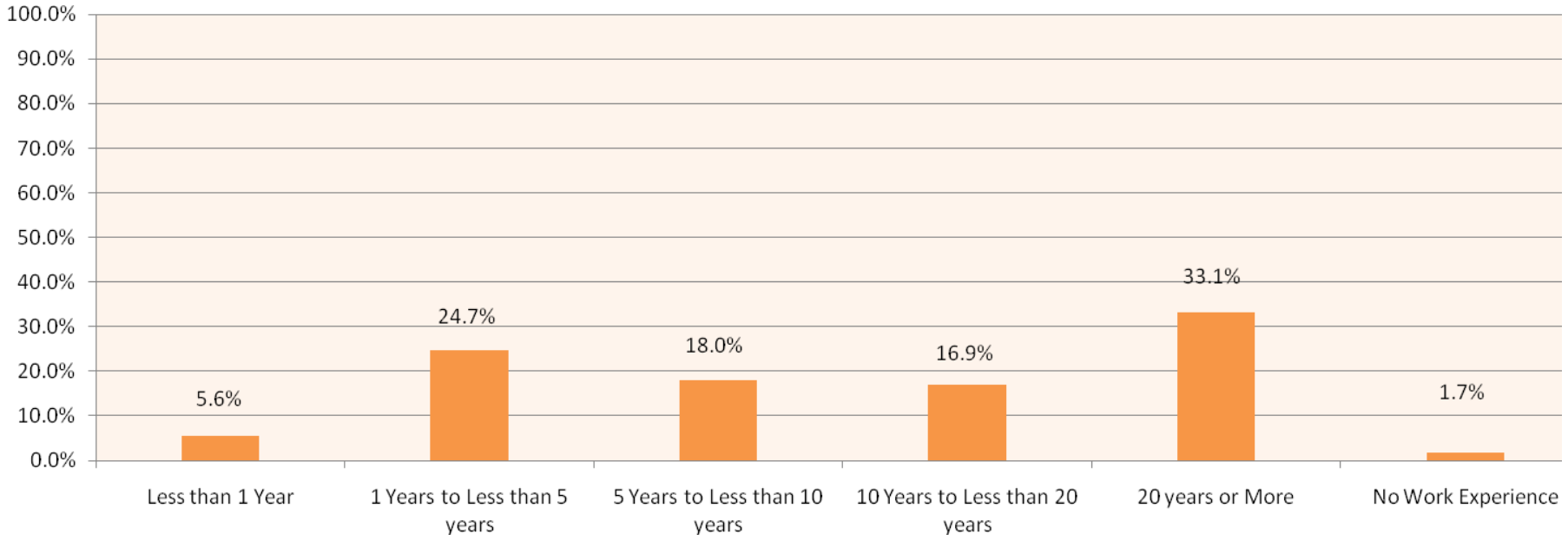
Table 4: Ethnicity/Race (N=188)

Race/Ethnicity	Percentage
American Indian or Alaska Native	2.7%
Asian Indian	1.1%
Black or African American	2.7%
Cambodian	0.5%
Chinese	1.6%
Filipino	0.0%
Guamanian	0.5%
Hmong	0.5%
Japanese	1.1%
Korean	0.0%
Laotian	0.5%
Latin American	**4.3%**
Mexican American	**8.5%**
Mien	0.5%
Native Hawaiian	0.0%
Other Asian	1.6%
Other Pacific Islander	0.0%
Other Spanish	1.1%
Samoan	0.0%
Vietnamese	1.1%
White or Caucasian	**68.6%**
Other[183]	2.1%

[183] Eight (8) social workers selected the *Other* category and provided a written response to describe their ethnicity/race. Responses include: Caucasian, Chicano, German, Scotch, Hispanic, Latino, Malaysian South Asian, Puerto Rican, and Decline to State.

Respondents were asked to report the length of time they have been working in the mental health/ behavioral health field. The frequency for each response is presented in Figure 5.

Figure 5: Length of Time Working in the Mental Health/Behavioral Health Field (N=178)



Nearly forty percent (38.6%) of respondents responded “yes” to the question, "Do you currently work/intern in an integrated care setting?" (N=184). Those that responded “yes” were additionally asked to describe in writing-their integrated setting. Analyses of responses identified five (5) types of integrated settings in which the respondents worked or interned. Table 5 presents the categories of integrated settings, the frequency that each integrated setting was reported, and representative comments describing the integrated setting

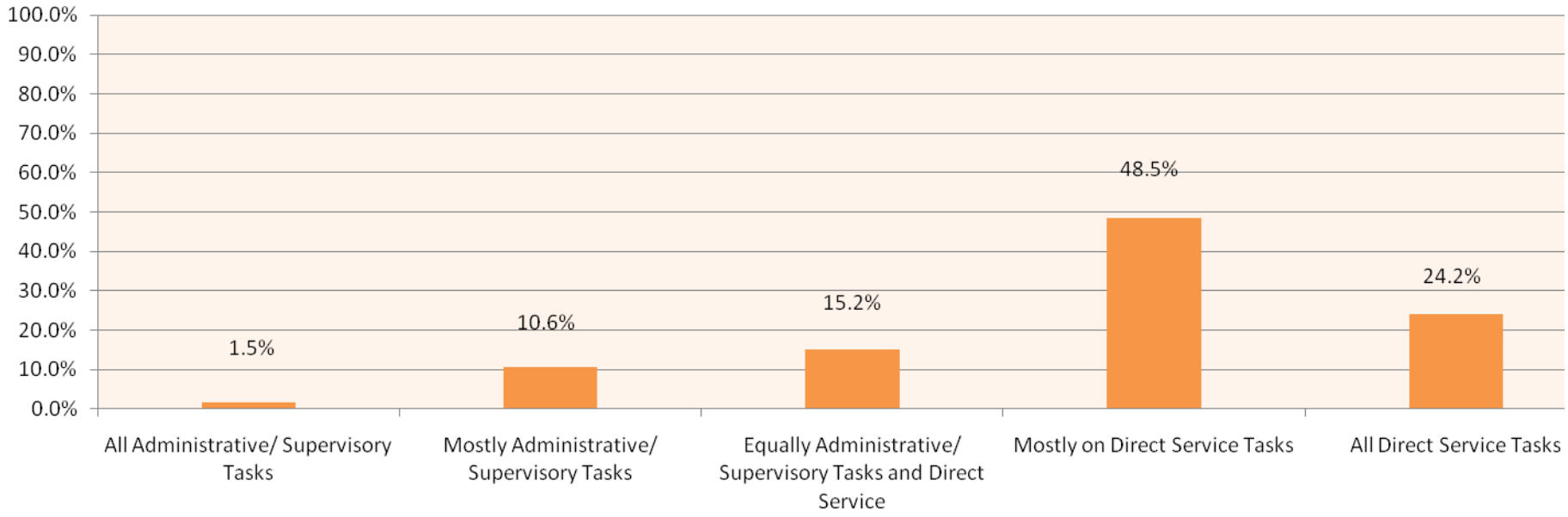
Table 5: Categories of Integrated Settings (n=68[184])

Integrated Setting	Percentage	Representative Comments Describing Setting
MH/BH[185] Service or Organization with Integration of Physical Health Service	33.8%	• *County organization currently working to implement integrated care through monitoring client vitals at each appointment* • *Crisis Residential Program with Physical Health needs addressed by in-house Nurse Practitioner* • *Solo practice and interface/ coordinate treatment with psychiatrists and PCPs*
Physical Health Service or Organization with Integration of MH/BH Services	26.5%	• *Outpatient multidisciplinary hospital setting* • *Emergency Room at Cedar Sinai* • *Free-standing outpatient MH clinic within a larger hospital campus that includes all the above* • *Social Work in a Medical Hospital, part of the job in working with pt that have mental health issues*
Co-location of Physical Health and MH/BH Services	17.6%	• *Prison with on-site hospital and medical clinic, as well as inpatient and outpatient MH care services* • *FQHC with mental health, behavioral health, and primary care services* • *Tribal clinic which houses medical, dental, mental health, AOD, and child and family services* • *Inpatient psychiatric hospital setting with a multidisciplinary treatment team* • *Rural Health Clinic with co-located BH services*
Social Service Provider with Integration of Physical Health and MH/BH Components	14.7%	• *Emergency shelter which also provides linkage to MHSA supported housing for consumers with mental illness. The shelter is also partnered with a medical primary care clinic* • *Outpatient forensic treatment program receiving referrals from the county department of mental health and co-occurring disorder court. The agency provides SUD, MH and BH services* • *Senior resource center, providing BH services, housed with APS, IHSS, Public Authority, Public Guardian, Sheriff's Office Deputies, Multi-Specialty Seniors Program*
School-based Setting with Integration of Physical Health and MH/BH Components	10.3%	• *We have a part time school nurse and part time school psychologist* • *College Health and Wellness Center combining primary care and mental health services* • *School district that provides mental health services to special education students* • *School-based clinic*

[184]Total is greater than 100.0% because some respondents identified working/interning in more than one of the integrated settings.
[185]MH/BH = Mental Health/Behavioral Health

Respondents were asked to report how they typically spend their time working/interning in their integrated setting. The percentage of respondents for each task category is presented in Figure 6.

Figure 6: How Respondents Typically Spend their Time Working/Interning in their Integrated Setting (n=66)



Interest, Experience, and Preparedness in Integrated Care

Respondents were asked to rate their level of agreement with each statement in Table 6 using the following scale (which has been reversed for this report):

1 = Strongly Disagree; 2 = Disagree; 3 = Agree; and 4=Strongly Agree

If respondents didn't know or were unsure how to respond to the statement(s), they were given the option of "Don't Know/Not Sure[186]" as a response from which to choose. The percentage of respondents for each agreement category and for the "Don't Know/Not Sure" classification is presented in Table 6, along with mean scores.

Table 6: Level of Agreement with Statements Regarding Integrated Care

Statement	*N*	Strongly Disagree	Disagree	Agree	Strongly Agree	DK/Not Sure	Mean Score[187]
In general, integrated care promotes greater accountability for care quality and positive health outcomes.	*156*	3.2%	2.6%	**47.4%**	34.0%	12.8%	3.29
In general, integrated care increases coordination and communication between primary care and mental health staff/departments/programs.	*155*	3.2%	3.9%	**46.5%**	41.3%	5.2%	3.33
In general, integrated care decreases stigma for people seeking mental health services.	*155*	3.9%	10.3%	**45.2%**	28.4%	12.3%	3.12

Modal Response

[186] DK = Don't Know.
[187] "Don't Know/Not Sure" responses were excluded from the mean score calculation.

Respondents were asked to rate the level of interest they have in working in integrated care settings using the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[188]" as a response from which to choose. The percentage of respondents for each level of interest category and for the "Don't Know/Not Sure" classification is presented in Table 7, along with mean scores.

Table 7: Level of Interest in Working in Integrated Care Settings

Integrated Care Setting	*N*	No Interest	Little Interest	Moderate Interest	High Interest	DK/Not Sure	Mean Score[189]
Primary Care Setting with Integrated Behavioral Health Services	*153*	11.1%	13.7%	**36.6%**	35.3%	3.3%	2.99
Mental Health Setting with Integrated Primary Care Services	*153*	7.2%	5.9%	33.3%	**50.3%**	3.3%	3.31
Substance Use Setting with Integrated Primary Care and/or Mental Health Services	*150*	18.7%	20.0%	26.7%	**29.3%**	5.3%	2.70
Other [190]	*27*	14.8%	11.1%	3.7%	18.5%	**51.9%**	2.54

Modal Response

[188] DK = Don't Know.
[189] "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[190] Other includes: Integrated care facility, school-based settings including college/universities, private practice, pediatric social work and hospice, CBOs, and independent settings.

In their current position at their place of employment/internship, respondents were asked how frequently they ask clients/patients about a variety of services and circumstances using the following scale (which has been reversed for this report):

1 = Never; 2 = Rarely (When Client/Patient Presents Issue); 3 = Periodically (When Problems Arise); and 4=Standard/Routine Practice

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[191]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose. Table 8 reports the frequency of responses for each service/circumstance, as well as mean scores.

Table 8: Frequency that Respondents ask Clients/Patients About Services/Circumstances

Services/Circumstances	*N*	Never	Rarely	Periodically	Routinely	Not Applicable	DK/Not Sure	Mean Score[192]
Alcohol / Substance Use	*155*	0.6%	1.9%	9.0%	**81.3%**	7.1%	0.0%	3.84
Health Status	*155*	0.0%	2.6%	14.8%	**76.8%**	5.8%	0.0%	3.79
If Client has Primary Care Provider	*155*	1.3%	5.8%	14.8%	**69.7%**	8.4%	0.0%	3.67
Chronic Medical Conditions	*155*	0.0%	4.5%	10.3%	**79.4%**	5.8%	0.0%	3.79
Date of Last Physical	*154*	7.1%	13.6%	21.4%	**50.0%**	7.1%	0.6%	3.24
Medication Use	*155*	0.0%	3.2%	7.1%	**83.9%**	5.8%	0.0%	3.86
Mental Health Status?	*154*	0.0%	1.9%	4.5%	**87.7%**	5.8%	0.0%	3.91
Housing Status	*155*	0.6%	5.8%	16.1%	**71.0%**	6.5%	0.0%	3.68
Economic Security	*155*	1.3%	5.8%	15.5%	**69.7%**	7.1%	0.6%	3.66
Employment Status	*154*	2.6%	4.5%	13.6%	**72.1%**	7.1%	0.0%	3.67
Social Supports	*153*	0.7%	0.0%	4.6%	**88.9%**	5.9%	0.0%	3.93
Literacy	*151*	6.0%	17.9%	**39.1%**	30.5%	6.6%	0.0%	3.01
Transportation	*154*	1.9%	8.4%	26.6%	**56.5%**	6.5%	0.0%	3.47
Child Care Needs	*151*	6.0%	19.9%	**33.1%**	29.8%	11.3%	0.0%	2.98

Modal Response

[191] DK = Don't Know.
[192] "Not Applicable" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.

Respondents were asked to rate the level of communication they have with a variety of providers concerning shared clients/patients interests using the following scale (which has been reversed for this report):

1 = Very Low; 2 = Low; 3 = Moderate; 4=High; and 5= Very High

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[193]" as a response from which to choose. If the respondent did not work with a provider type, they were asked to choose the option "Don't Work with this Provider Type." Table 9 reports the frequency of responses for each category of provider, as well as mean scores.

Modal Response

Table 9: Level of Communication with Provider Types

Other Providers	*N*	Very Low	Low	Moderate	High	Very High	Don't Work with Provider	DK/Not Sure	Mean Score[194]
AOD Counselors	*151*	11.3%	9.9%	**18.5%**	9.3%	11.3%	34.4%	5.3%	2.99
Case or Care Managers	*151*	5.3%	6.6%	18.5%	**19.2%**	35.1%	13.9%	1.3%	3.85
Hospital Discharge Planners	*151*	11.3%	9.9%	**16.6%**	15.2%	12.6%	31.8%	2.6%	3.12
Medical Assistants	*150*	10.7%	12.0%	**20.0%**	8.7%	7.3%	38.7%	2.7%	2.83
Nurses	*150*	9.3%	7.3%	**20.7%**	16.0%	19.3%	25.3%	2.0%	3.39
Other Social Workers	*150*	3.3%	4.7%	22.7%	24.7%	**36.0%**	8.0%	0.7%	3.93
Peers	*149*	6.0%	3.4%	11.4%	25.5%	**38.9%**	12.8%	2.0%	4.03
Physicians	*149*	16.1%	13.4%	**23.5%**	19.5%	13.4%	12.8%	1.3%	3.01
Psychiatrists	*152*	4.6%	10.5%	18.4%	**24.3%**	30.3%	9.9%	2.0%	3.74
Psychologists	*147*	3.4%	14.3%	**28.6%**	17.0%	11.6%	20.4%	4.8%	3.25
Other[195]	*45*	0.0%	0.0%	8.9%	17.8%	**28.9%**	20.0%	24.4%	4.36

[193] DK = Don't Know.
[194] "Don't Work with Provider Type" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[195] Other includes: teachers, school psychologist/nurse/admin, employment, property management, police/law enforcement, personal service coordinator, other MH/BH providers, probation/correctional staff, FQHCs, Family, DV coordinators, residential program discharge planners, dieticians, pastoral counselors, CPS/APS, independent living workers, special education, court staff/attorneys, county service providers, clinic outreach coordinators, and agency admin/supervisors.

Respondents were asked to rate the level of knowledge of other providers' scope of practice as it pertains to services benefiting clients at their place of employment/internship using the following scale (which has been reversed for this report):

1 = Very Limited; 2 = Fair; 3 = Good; and 4=Excellent

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[196]" as a response from which to choose. If the respondent did not work with a provider type, they were asked to choose the option "Don't Work with this Provider Type". Table 10 reports the frequency of responses for each category of provider, as well as mean scores.

Modal Response

Table 10: Level of Knowledge of Other Providers' Scope of Practice as it Pertains to Services Benefitting Clients

Other Providers	*N*	Very Limited	Fair	Good	Excellent	Don't Work w/Provider	DK/Not Sure	Mean Score[197]
AOD Counselors	*147*	4.8%	18.4%	**29.3%**	17.0%	25.9%	4.8%	2.84
Case or Care Managers	*148*	1.4%	9.5%	33.8%	**44.6%**	10.1%	0.7%	3.36
Hospital Discharge Planners	*148*	12.2%	18.2%	21.6%	22.3%	**23.6%**	2.0%	2.73
Medical Assistants	*147*	15.6%	25.2%	15.6%	12.9%	**28.6%**	2.0%	2.37
Nurses	*147*	8.2%	19.0%	**29.9%**	24.5%	17.0%	1.4%	2.87
Other Social Workers	*148*	0.7%	6.1%	31.1%	**54.7%**	7.4%	0.0%	3.51
Peers	*148*	4.1%	7.4%	25.0%	**49.3%**	11.5%	2.7%	3.39
Physicians	*148*	10.1%	18.9%	**27.7%**	**27.7%**	14.9%	0.7%	2.86
Psychiatrists	*148*	4.7%	10.8%	28.4%	**45.3%**	9.5%	1.4%	3.28
Psychologists	*146*	6.2%	13.0%	25.3%	**34.9%**	19.2%	1.4%	3.12
Other[198]	*38*	2.6%	0.0%	**26.3%**	**26.3%**	21.1%	23.7%	3.38

[196] DK = Don't Know.
[197] "Don't Work with Provider Type" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[198] Other includes: trauma specialists, transportation services, teachers/educators, resource specialists, school psychologists, private practice, police/law enforcement, personal service coordinator, other MH/BH staff, dieticians, pastoral counselors, court affiliated professionals, attorneys, county service providers, correctional counselors, clinic outreach coordinator, APS, and agency administration/supervisors.

Respondents were asked to rate how staff from other disciplines understand the scope of services THEY provide at their place of employment/internship using the following scale (which has been reversed for this report):

1 = Very Limited; 2 = Fair; 3 = Good; and 4=Excellent

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[199]" as a response from which to choose. If the respondent did not work with a provider type, they were asked to choose the option "Don't Work" with this Provider Type". Table 11 reports the frequency of responses for each category of provider, as well as mean scores.

Table 11: Level of Knowledge that Other Disciplines have in Understanding Respondents' Scope of Services

Other Providers	*N*	Very Limited	Fair	Good	Excellent	Don't Work w/Provider	DK/Not Sure	Mean Score[200]
AOD Counselors	*145*	8.3%	20.7%	21.4%	9.7%	**30.3%**	9.7%	2.54
Case or Care Managers	*145*	6.9%	15.9%	**31.7%**	28.3%	13.8%	3.4%	2.98
Hospital Discharge Planners	*145*	18.6%	18.6%	21.4%	7.6%	**29.7%**	4.1%	2.27
Medical Assistants	*145*	24.8%	17.9%	11.7%	4.8%	**34.5%**	6.2%	1.94
Nurses	*144*	18.1%	18.1%	**25.7%**	11.8%	23.6%	2.8%	2.42
Other Social Workers	*145*	2.8%	6.9%	**40.7%**	39.3%	8.3%	2.1%	3.30
Peers	*144*	4.2%	9.7%	28.5%	**40.3%**	12.5%	4.9%	3.27
Physicians	*145*	23.4%	21.4%	**25.5%**	9.7%	16.6%	3.4%	2.27
Psychiatrists	*146*	11.6%	18.5%	**28.1%**	27.4%	11.0%	3.4%	2.83
Psychologists	*144*	10.4%	18.1%	**25.0%**	19.4%	22.2%	4.9%	2.73
Other[201]	*43*	4.7%	16.3%	20.9%	2.3%	**32.6%**	23.3%	2.47

Modal Response

[199] DK = Don't Know.
[200] "Don't Work with Provider Type" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[201] Other includes: transportation services, teachers, property management, private practice, police/law enforcement, personal service coordinator, other MH/BH providers, dieticians, pastoral counselors, court affiliated professionals, attorneys, county service providers, correctional counselors, clinic outreach coordinators, and APS.

Populations and Presenting Conditions

Respondents were asked how frequently they work with a variety of client/patient populations using the following scale (which has been reversed for this report):

1 = Never; 2 = Seldom; 3 = Mostly; and 4=Always

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[202]" as a response from which to choose. Table 12 reports the frequency of responses for each client/population category, as well as mean scores.

Modal Response

Table 12: Frequency Working with Client/Patient Populations

Client/Patient Populations	*N*	Never	Seldom	Mostly	Always	DK/Not Sure	Mean Score[203]
Adults	*144*	4.9%	9.7%	27.8%	**56.9%**	0.7%	3.38
Ethnic groups – Underserved Ethnic Communities	*143*	2.8%	20.3%	33.6%	**42.0%**	1.4%	3.16
Families	*144*	10.4%	28.5%	**31.3%**	29.2%	0.7%	2.80
Geographically Isolated – Residents of Rural/ Frontier Areas	*142*	**33.1%**	32.4%	15.5%	16.2%	2.8%	2.15
Homeless	*139*	15.1%	**39.6%**	30.2%	13.7%	1.4%	2.43
Involved with Law/Justice Systems – History of Incarceration	*145*	11.0%	29.7%	**42.8%**	15.2%	1.4%	2.63
LGBTTQQI2S	*143*	4.9%	**51.0%**	33.6%	5.6%	4.9%	2.42
Limited or Non-English Speaking	*144*	14.6%	**44.4%**	23.6%	16.7%	0.7%	2.43
Low-Income	*144*	2.1%	9.0%	28.5%	**59.7%**	0.7%	3.47
Migrant Workers	*145*	32.4%	**48.3%**	11.7%	6.2%	1.4%	1.92
Military or Veterans	*144*	15.3%	**50.7%**	24.3%	6.3%	3.5%	2.22
Older Adults	*144*	18.8%	28.5%	**29.9%**	22.2%	0.7%	2.56
School-Age Children	*145*	**33.8%**	15.9%	15.2%	**33.8%**	1.4%	2.50
Undocumented/ Recent Immigrants, Refugee Community	*143*	25.2%	**37.1%**	24.5%	12.6%	0.7%	2.25
Uninsured	*144*	16.0%	20.8%	**38.2%**	23.6%	1.4%	2.70
Youth – Transition-Age Youth (TAY)	*143*	24.5%	24.5%	**25.9%**	23.8%	1.4%	2.50
Other[204]	*29*	13.8%	3.4%	13.8%	31.0%	**37.9%**	3.00

[202] DK = Don't Know.
[203] "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[204] Other includes: runaway youth/street or "throw-away" kids, inmates, infants/toddlers in child welfare system, foster youth, and disabled.

Respondents were asked how frequently they work with clients/patients with a variety of conditions, using the following scale (which has been reversed for this report):

1 = Never; 2 = Seldom; 3 = Mostly; and 4=Always

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[205]" as a response from which to choose. Table 13 reports the frequency of response for each client/patient condition, as well as mean scores.

Table 13: Frequency that Respondents Work with Client/Patient Conditions

Client/Patient Conditions	*N*	Never	Seldom	Mostly	Always	DK/Not Sure	Mean Score[206]
Chronic/Complex Health Conditions (e.g. COPD, Diabetes, Metabolic Syndrome)	145	3.4%	29.7%	**37.2%**	23.4%	6.2%	2.86
HIV/AIDS	*129*	13.2%	**56.9%**	14.6%	4.9%	10.4%	2.12
Physically Disabled	*139*	6.3%	**48.3%**	30.8%	11.9%	2.8%	2.50
Co-Occurring Mental Health and Substance Use Disorders	*141*	4.2%	14.6%	**54.2%**	25.0%	2.1%	3.02
Personality Disorders (Axis II)	*139*	7.6%	23.6%	**52.8%**	12.5%	3.5%	2.73
Serious Emotional Disturbance	*144*	3.4%	20.0%	**49.0%**	26.9%	0.7%	3.00
Severe or Persistent Mental Illness	*144*	3.4%	17.9%	**48.3%**	29.7%	0.7%	3.05
Substance Abuse Disorders – Medically or Chemically Dependent	*142*	5.6%	22.9%	**53.5%**	16.7%	1.4%	2.82
Other[207]	*12*	18.5%	3.7%	11.1%	11.1%	**55.6%**	2.33

Modal Response

[205] DK = Don't Know.
[206] "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[207] Other includes: schools, PTSD, chronic homelessness, and developmentally disabled.

Respondents were asked to rate their level of confidence in working with a variety of client/patient populations at their place of employment/internship using the following scale (which has been reversed for this report):

1 = Not Confident Treating this Population at this Time; 2 = Minimally Confident (with Supervision Only); 3 = Moderately Confident (Could Benefit from Additional Training); and 4=Very Confident

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[208]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose. Table 14 reports the frequency of responses for each client/patient population, as well as mean scores.

Modal Response

Table 14: Level of Confidence Working with Client/Patient Populations

Client/Patient Population	*N*	Not Confident	Minimally Confident	Moderately Confident	Very Confident	N/A	DK/Not Sure	Mean Score[209]
Adults	*147*	0.7%	2.0%	21.8%	**74.8%**	0.7%	0.0%	3.72
Ethnic Groups, Underserved Ethnic Communities	*144*	0.7%	3.5%	**52.8%**	41.0%	2.1%	0.0%	3.37
Families	*146*	3.4%	8.2%	35.6%	**50.7%**	2.1%	0.0%	3.36
Geographically Isolated, Residents of Rural/Frontier Areas	*146*	6.8%	7.5%	**39.7%**	27.4%	15.8%	2.7%	3.08
Homeless	*146*	6.2%	9.6%	**43.2%**	37.0%	4.1%	0.0%	3.16
Involved w/Law/Justice Systems, History of Incarceration	*146*	3.4%	13.7%	39.0%	**39.7%**	4.1%	0.0%	3.20
LGBTTQQI2S	*146*	2.7%	15.1%	**44.5%**	36.3%	1.4%	0.0%	3.16
Limited or Non-English speaking	*145*	15.9%	16.6%	**31.7%**	26.9%	8.3%	0.7%	2.77
Migrant workers	*146*	13.0%	22.6%	**32.2%**	17.8%	13.0%	1.4%	2.64
Military or veterans	*146*	4.8%	17.8%	**43.8%**	26.0%	7.5%	0.0%	2.99
Older adults	*144*	2.1%	9.7%	36.1%	**46.5%**	4.9%	0.7%	3.35
School-age children	*146*	7.5%	11.0%	23.3%	**49.3%**	8.9%	0.0%	3.26
Undocumented Immigrants, Refugee/Immigrant Community	*146*	7.5%	19.9%	**34.9%**	26.0%	8.9%	2.7%	2.90
Youth – Transition-age youth (TAY)	*145*	4.1%	6.9%	34.5%	**46.9%**	6.9%	0.7%	3.34
Other[210]	*23*	4.3%	0.0%	8.7%	30.4%	13.0%	**43.5%**	3.50

[208] DK = Don't Know.
[209] "Not Applicable" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[210] Other includes: court professionals, developmentally disabled, foster youth, infants/toddlers, school, trauma survivors.

Respondents were asked to rate their level of confidence in working with client/patient populations with a variety of conditions at their place of employment/internship using the following scale (which has been reversed for this report):

1 = Not Confident Treating this Population at this Time; 2 = Minimally Confident (with Supervision Only); 3 = Moderately Confident (Could Benefit from Additional Training); and 4=Very Confident

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[211]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose. Table 15 reports the frequency of responses for each condition, as well as mean scores.

Modal Response

Table 15: Level of Confidence Working with Clients/Patients with Conditions

Condition	*N*	Not Confident	Minimally Confident	Moderately Confident	Very Confident	DK/Not Sure	N/A	Mean Score[212]
Chronic/Complex Health Conditions (e.g. COPD, Diabetes, Metabolic Syndrome)	*145*	11.0%	13.1%	**40.0%**	33.1%	0.0%	2.8%	2.98
HIV/AIDS	*145*	9.7%	15.2%	**47.6%**	24.1%	2.1%	1.4%	2.89
Physically Disabled	*145*	8.3%	7.6%	**41.4%**	40.0%	0.7%	2.1%	3.16
Co-Occurring Mental Health and Substance Use disorders	*144*	2.8%	9.7%	34.0%	**50.7%**	1.4%	1.4%	3.36
Personality Disorders (Axis II)	*145*	3.4%	18.6%	29.7%	**44.1%**	0.0%	4.1%	3.19
Serious Emotional Disturbance	*145*	3.4%	11.0%	29.0%	**53.8%**	0.0%	2.8%	3.37
Severe or Persistent Mental Illness	*144*	2.8%	10.4%	22.9%	**61.1%**	0.0%	2.8%	3.46
Substance Abuse Disorders – Medically or Chemically Dependent	*145*	3.4%	17.2%	34.5%	**42.1%**	0.0%	2.8%	3.18
Other[213]	*21*	0.0%	0.0%	4.8%	14.3%	**52.4%**	28. 6%	3.75

[211] DK = Don't Know.
[212] "Don't Know/Not Sure" and "Not Applicable" responses were excluded from the mean score calculation.
[213] Other includes: Developmentally disabled.

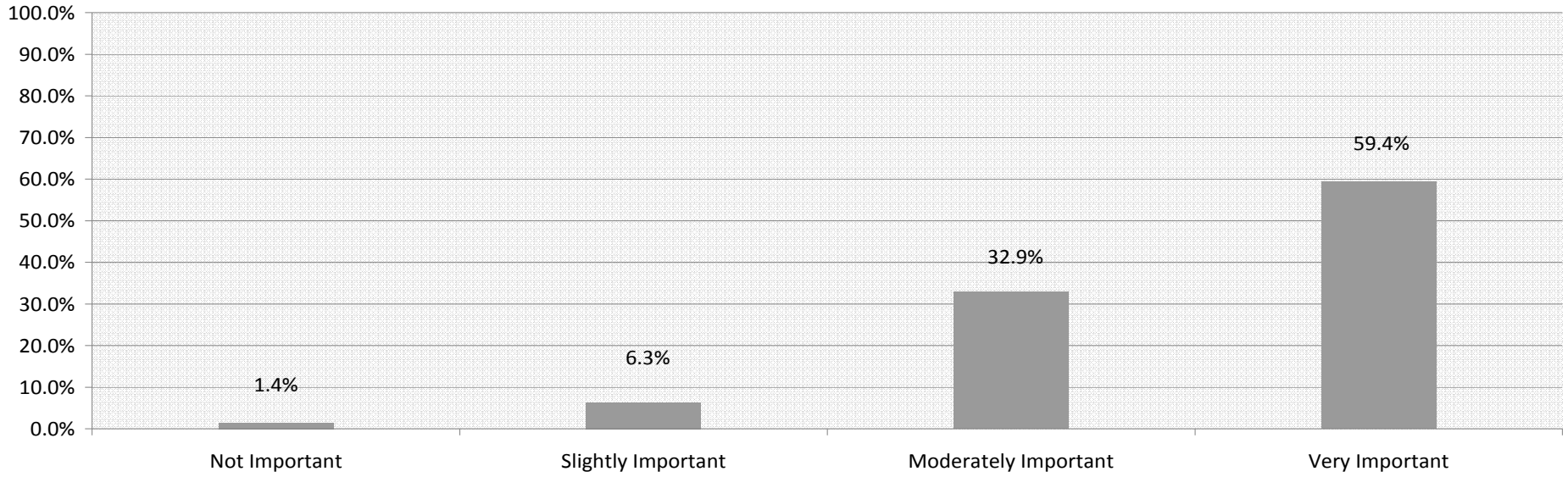
Using Technology and Measurement

Respondents were asked how they would rate the importance of outcome measurement in service delivery using the following scale (which has been reversed for this report):

1 = Not Important; 2 = Slightly Important; 3 = Moderately Important; and 4 = Very Important

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[214]" as a response from which to choose. Respondents generated a mean score of **3.50**, which suggests that they rate the usefulness as *moderately important to very important*. Figure 7 presents the frequency of responses for each item.

Figure 7: Importance of Outcome Measurement in Service Delivery (N=143)



[214] Approximately two percent (2.7%) of respondents chose this option, and were excluded from the mean score calculation.

Respondents were asked to rate the extent to which they feel prepared and competent in areas relating to outcomes/measurement using the following scale (which has been reversed for this report):

1 = Not Prepared; 2 = Minimally Prepared; 3 = Moderately Prepared; and 4=Sufficiently Prepared

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[215]" as a response from which to choose. Table 16 reports the frequency of responses for each question relating to outcomes/ measurement in the table, as well as mean scores.

Table 16: Preparedness in Working with Outcomes/Measurement

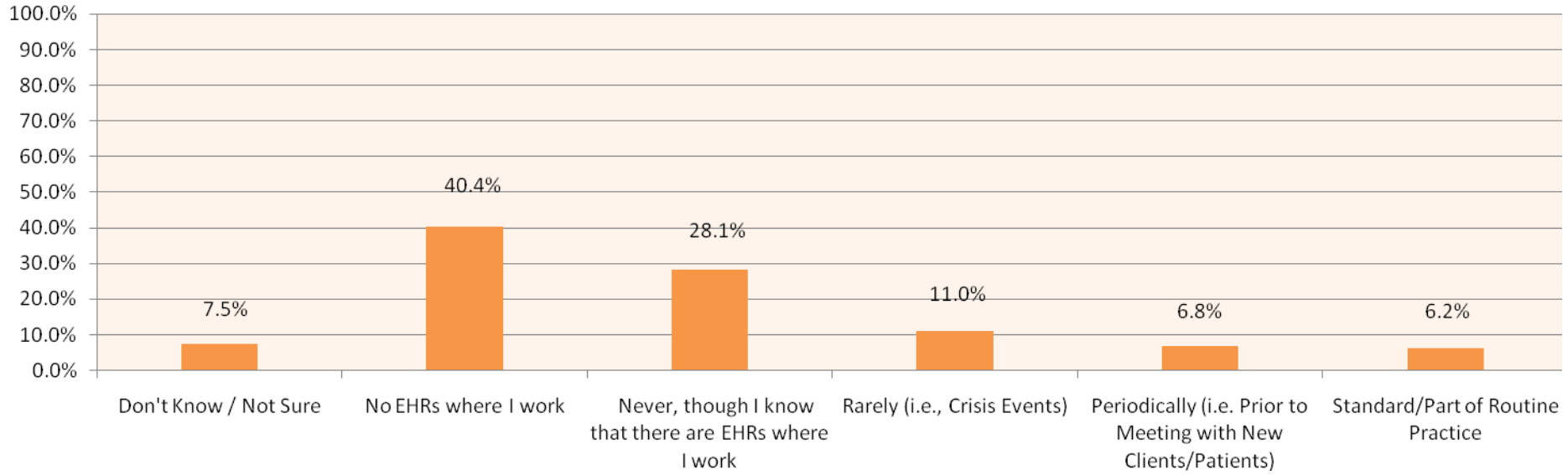
Modal Response

Statement Regarding Outcomes/Measurement	*N*	Not Prepared	Minimally Prepared	Moderately Prepared	Sufficiently Prepared	DK/Not Sure	Mean Score[216]
To what extent do you feel prepared to collect and track treatment outcomes with your patient/clients?	*145*	6.9%	13.1%	**42.8%**	34.5%	2.8%	3.08
To what extent do you feel prepared and competent to use data you collect (e.g., screening results from a standardized instrument) to modify or enhance service delivery for your clients/patients?	*145*	7.6%	12.4%	**51.0%**	27.6%	1.4%	3.00
To what extent do you feel prepared and competent to use data collected by your agency/program/clinic (e.g., program evaluation) to modify or enhance service delivery for your clients/patients?	*143*	7.0%	14.0%	**48.3%**	27.3%	3.5%	2.99

[215] DK = Don't Know.
[216] "Don't Know/Not Sure" responses were excluded from the mean score calculation.

Respondents were asked how frequently they use data from Electronic Health Records (EHRs) to modify or enhance service delivery for their clients/patients. Figure 8 presents the frequency of responses for each categorical option from which respondents could choose.

Figure 8: Frequency of Use of Electronic Health Records (EHRs) (N=146)

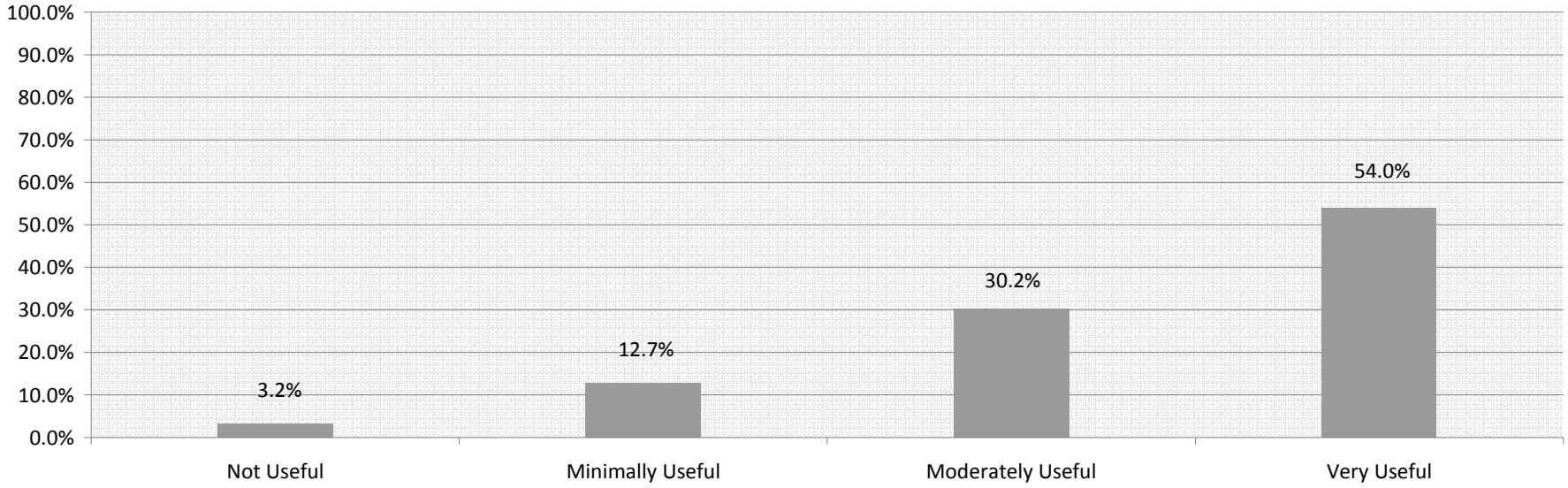


Respondents that reported they DO use data from Electronic Health Records (EHRs) to modify or enhance service delivery for their clients/patients were asked to rate how useful they find EHRs using the following scale (which has been reversed for this report):

1 = Not Useful; 2 = Minimally Useful; 3 = Moderately Useful; and 4 = Very Useful

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure" as a response from which to choose. Respondents generated a mean score of **3.35**, which suggests that they rate the usefulness as *moderately useful to very useful*. Figure 9 presents the percentage of responses for each categorical option from which respondents could choose.

Figure 9: Usefulness of Electronic Health Records (EHRs) (N=63)



Respondents were asked to rate the extent to which they feel comfortable using technology, and to rate their level of comfort sharing case notes with others using the following scale (which has been reversed for this report):

1 = No Comfort; 2 = Little Comfort; 3 = Moderate Comfort; and 4=High Comfort

If respondents didn't know or were unsure how to respond, they were given the option "Don't Know/Not Sure[217]" as a response from which to choose. If the response did not apply to their experience they were given "Not Applicable" as a response from which to choose.

Modal Response

Table 17: Level of Comfort with Using Technology and Sharing Notes with Others

Level of Comfort with…	*N*	No Comfort	Little Comfort	Moderate Comfort	High Comfort	N/A	DK/Not Sure	Mean Score[218]
Using technology (e.g., Computers, Smart Phones, Office Products, Email)	*145*	0.0%	4.8%	22.8%	**72.4%**	0.0%	0.0%	3.68
Sharing Notes with Members of the Treatment Team at Place of Employment	*145*	2.1%	2.1%	9.7%	**71.7%**	13.8%	0.7%	3.77
Sharing Notes with Other Providers at Place of Employment	*145*	5.5%	5.5%	23.4%	**49.0%**	13.8%	2.8%	3.39
Sharing Notes with Providers in Other Clinics/Organizations/Programs	*145*	6.2%	9.7%	**40.0%**	35.2%	6.2%	2.8%	3.14
Sharing Notes with Other(s)[219]	*31*	3.2%	3.2%	19.4%	12.9%	25.8%	**35.5%**	3.08

[217] DK = Don't Know.
[218] "Not Applicable" and "Don't Know/Not Sure" responses were excluded from the mean score calculation.
[219] Other includes: schools, families, physicians/psychiatrists, courts, court affiliated professionals and attorneys, and agency administrators/supervisors.

Health Reform/Health Policy

Respondents were asked how knowledgeable they are concerning issues impacted by national health reform (the Patient Protection and Affordable Care Act) using the following scale (which has been reversed for this report):

1 = No Knowledge; 2 = Limited Knowledge; 3 = Moderate Knowledge; and 4=Very Knowledgeable

Modal Response

Table 18: Level of Knowledge About Issues Impacted by National Health Reform

Issues Impacted by National Health Reform	*N*	No Knowledge	Limited Knowledge	Moderate Knowledge	Very Knowledgeable	Mean Score
Client/Patient Eligibility for Services	*143*	20.3%	**43.4%**	30.8%	5.6%	2.22
Types of Services Offered	*143*	21.0%	**44.8%**	30.1%	4.2%	2.17
Provider Roles/Scope of Services	*141*	23.4%	**41.8%**	30.5%	4.3%	2.16
Reimbursement	*142*	28.9%	**50.7%**	18.3%	2.1%	1.94
IT Strategies for Population Health Management	*142*	34.5%	**48.6%**	13.4%	3.5%	1.86
Performance-Based Incentives	*138*	33.3%	**44.2%**	18.8%	3.6%	1.93

Respondents were asked how knowledgeable they are about health care reform regulations, programs, and public policies and their implications for service delivery using the following scale (which has been reversed for this report):

1 = No Knowledge; 2 = Limited Knowledge; 3 = Moderate Knowledge; and 4=Very Knowledgeable

Modal Response

Table 19: Level of Knowledge Concerning Health Care Reform Regulations, Programs, and Public Polices and Implications for Service Delivery

Regulations, Programs, Policies	*N*	No Knowledge	Limited Knowledge	Moderate Knowledge	Very Knowledgeable	Mean Score
Accountable Care Organizations (ACOs)	*140*	**48.6%**	35.7%	12.9%	2.9%	1.70
Patient-Centered Medical Home (PCMH)	*141*	**44.0%**	34.0%	14.2%	7.8%	1.86
Essential Health Benefits (EHB) under the Affordable Care Act	*142*	**46.5%**	36.6%	14.1%	2.8%	1.73
Low Income Health Program (LIHP)	*139*	**42.4%**	30.9%	21.6%	5.0%	1.89
Transition of Medi-Cal Eligible Seniors and Persons with Disabilities (SPDs) from Fee for Service (FFS) to Managed Care	*141*	**41.1%**	32.6%	19.1%	7.1%	1.92
Transition of Dually Eligible Medicare/Medi-Cal Beneficiaries from Fee for Service (FFS) to Managed Care	*140*	**40.0%**	33.6%	20.0%	6.4%	1.93
CMS EHR Meaningful Use Criteria	*138*	**53.6%**	29.0%	10.9%	6.5%	1.70
Implications of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)	*142*	20.4%	22.5%	**29.6%**	27.5%	2.64
Implications of 42-CFR (Substance Abuse Confidentiality Law)	*142*	**40.8%**	28.9%	16.9%	13.4%	2.03
Mental Health Parity and Addiction Equality Act	*137*	23.4%	28.5%	**35.0%**	13.1%	2.38

Training

Respondents were asked to rate their level of interest concerning a variety of training topics related to *Linking Physical Health and Mental Health* using the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

Table 20 reports the frequency of responses for each training area, as well as mean scores.

Modal Response

Table 20: Level of Interest in theTraining Area: *Linking Physical Health and Mental Health*

Training Area: Linking Physical Health and Mental Health	*N*	No Interest	Little Interest	Moderate Interest	High Interest	Mean Score
Addressing Behavioral Health Components of Physical Disorders	*134*	3.0%	8.2%	33.6%	**55.2%**	3.41
Impact of Mental Disorders on Physical Health	*133*	1.5%	2.3%	24.8%	**71.4%**	3.66
Impact of Physical Disorders on Mental Health	*133*	1.5%	3.0%	24.1%	**71.4%**	3.65
Cultural Differences Between Mental Health and Physical Health and how to Bridge them	*133*	2.3%	3.8%	25.6%	**68.4%**	3.60
Recognizing Common Physical Health Disorders and when to Refer to Primary Care	*133*	3.0%	6.8%	34.6%	**55.6%**	3.43
Understanding Conditions/Medications Associated with Metabolic Syndrome	*134*	3.0%	15.7%	35.1%	**46.3%**	3.25
Role of Spirituality in Mental and Physical Health Recovery	*134*	1.5%	6.7%	37.3%	**54.5%**	3.45
Understanding and Addressing the Physical Side Effects of Psychotropic Medication	*133*	1.5%	3.8%	17.3%	**77.4%**	3.71
Understanding and Addressing the Psychiatric Effects of Medications for Physical Conditions	*133*	1.5%	3.0%	19.5%	**75.9%**	3.70
Chronic Pain Management (Primary Care (PC), Mental Health (MH), and Substance Use Disorder (SUD) Perspectives)	*134*	2.2%	8.2%	23.9%	**65.7%**	3.53

Respondents were asked to rate their level of interest concerning a variety of training topics related to *Working with Substance-Using Individuals* and *Screening Tools and Procedures* using the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

Table 21 reports the frequency of responses for each training area, as well as mean scores.

Modal Response

Table 21: Level of Interest in theTraining Areas: *Working with Substance-Using Individuals* and *Screening Tools and Procedures*

Training Area: Working with Substance-Using Individuals	***N***	**No Interest**	**Little Interest**	**Moderate Interest**	**High Interest**	**Mean Score**
Recovery Model and Stigma Reduction	*131*	4.6%	9.9%	32.8%	**52.7%**	3.34
Effectively Addressing Co-occurring Substance Use/Mental Health Issues	*131*	3.1%	6.1%	27.5%	**63.4%**	3.51
SBIRT (Screening, Brief Intervention, Referral and Treatment) Protocols	*131*	3.1%	13.7%	27.5%	**55.7%**	3.36
Organizational Culture Differences between PC, MH, and SUD and how to Bridge them	*131*	3.8%	15.3%	33.6%	**47.3%**	3.24
Understanding the Short- and Long-term Effects of Alcohol Abuse/Addiction	*130*	3.8%	7.7%	35.4%	**53.1%**	3.38
Understanding the Short- and Long-term Effects of Illicit Drug Use	*131*	3.8%	7.6%	34.4%	**54.2%**	3.39
Understanding the Short- and Long-term Effects of Non-Prescribed Prescription Drug Use	*131*	3.1%	7.6%	33.6%	**55.7%**	3.42
Training Area: Screening Tools and Procedures	***N***	**No Interest**	**Little Interest**	**Moderate Interest**	**High Interest**	**Mean Score**
Screening for Mental Health Issues	*132*	3.0%	7.6%	15.9%	**73.5%**	3.60
Screening for Physical Health Issues	*132*	3.0%	12.1%	35.6%	**49.2%**	3.31
Screening for Substance Use Issues	*130*	3.1%	7.7%	27.7%	**61.5%**	3.48
SBIRT (Screening, Brief Intervention, Referral and Treatment) Protocols	*131*	2.3%	8.4%	29.0%	**60.3%**	3.47
Developing an Infrastructure for Referrals and Referral Feedback/Follow-up	*132*	4.5%	12.1%	31.1%	**52.3%**	3.31
Recognizing Common Physical Conditions and when to refer to Primary Care	*131*	3.1%	9.9%	35.9%	**51.1%**	3.35

Respondents were asked to rate their level of interest concerning a variety of training topics related to *Clinical Practices and Approaches* and *Data Collection, Outcomes Measurement, and Quality Improvement* using the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

Table 22 reports the frequency of responses for each training area, as well as mean scores.

Modal Response

Table 22: Level of Interest in the Training Areas: *Clinical Practices and Approaches* and *Data Collection, Outcomes Measurement, and Quality Improvement*

Training Area: Clinical Practices and Approaches	***N***	**No Interest**	**Little Interest**	**Moderate Interest**	**High Interest**	**Mean Score**
Treating Co-Occurring Disorders	*133*	2.3%	6.8%	18.8%	**72.2%**	3.61
Motivational Interviewing	*133*	2.3%	7.5%	22.6%	**67.7%**	3.56
Team-Based Care	*133*	3.0%	10.5%	28.6%	**57.9%**	3.41
Problem Solving Therapy (PST)	*133*	3.0%	7.5%	23.3%	**66.2%**	3.53
Brief Solution-Focused Therapy	*133*	2.3%	7.5%	27.1%	**63.2%**	3.51
Improving Cultural Competence	*131*	1.5%	7.6%	27.5%	**63.4%**	3.53
Training Area: Data Collection, Outcomes Measurement, and Quality Improvement	***N***	**No Interest**	**Little Interest**	**Moderate Interest**	**High Interest**	**Mean Score**
Identifying Relevant Outcome Measures and Collecting Data	*131*	3.1%	16.0%	35.1%	**45.8%**	3.24
Information Sharing: Understanding Confidentiality Requirements to Enhance Care Coordination	*132*	3.0%	9.8%	37.1%	**50.0%**	3.34
Using Data to Drive Clinical Decision-Making	*130*	3.1%	8.5%	41.5%	**46.9%**	3.32
Strategies to Facilitate Stepped-Care	*131*	7.6%	19.8%	**37.4%**	35.1%	3.00
Population Health Management	*132*	8.3%	22.0%	**37.9%**	31.8%	2.93
Using Registries and EHRs to Assess the Effectiveness of Clinical Interventions	*130*	10.8%	14.6%	**41.5%**	33.1%	2.97

Respondents were asked to rate their level of interest concerning a variety of training topics related to *Strategies for Local Collaborations* using the following scale (which has been reversed for this report):

1 = No Interest; 2 = Little Interest; 3 = Moderate Interest; and 4=High Interest

Table 23 reports the frequency of responses for training area, as well as mean scores.

Modal Response

Table 23: Level of Interest in the Training Area: Strategies for Local Collaborations

Training Area: Strategies for Local Collaborations	*N*	No Interest	Little Interest	Moderate Interest	High Interest	Mean Score
Working with Local Specialty Mental Health Resources	*131*	2.3%	6.9%	24.4%	**66.4%**	3.55
Working with Local Primary Care Resources	*131*	1.5%	10.7%	35.1%	**52.7%**	3.39
Incorporating Peer Specialists/Promotores/Community Health Workers in to the System of Care	*131*	2.3%	13.0%	28.2%	**56.2%**	3.39

Respondents were asked to recommend other training topics related to each of the six (6) Training Areas presented in this section. Their written comments are presented below.

Training Topics Related to **Linking Physical Health and Mental Health (N=24)**

- *Working with highly litigious divorce cases and parent/child reunification cases.*
- *Use of alternative medicine and role of alternative medicine providers (i.e., homeopathy, chiropractic etc.).*
- *Training physical health pros in value, variety and processes, outcomes of mental health treatment.*
- *The stress disease connection and how to shift the mental health model/paradigm to see the duality and co-existence of physical and mental states.*
- *Mind/body connection and the therapeutic modalities that focus on these (EFT, Trauma Energizing, bioenergetics).*
- *Life after Cancer. Dealing with the symptoms and mental health issues that stem from receiving a Cancer diagnosis. Surviving Cancer: mental health options for recently diagnosed youth.*
- *LGBT issues.*
- *Law and ethical issues (i.e., who has access to notes within integrates systems, are mental health note and substance abuse notes kept separate?) when the medical and mental health services are integrated in one setting.*
- *I think that there needs to be more awareness about the process of dying and hospice. I work in a facility in which all of our patients are physically deteriorating with no hope of remission or recovery. Hospice needs to be normalized as part of an end stage of life.*
- *I have dealt extensively with almost all of the areas listed above. I feel I could provide training in most of them.*
- *How to talk to physicians and nurses so they will listen.*
- *Homeopathic remedies (within cultures) that seem to impact mental health either for the best or worse.*
- *Holistic.*
- *Environmental Impacts on children & family mental health.*
- *Differentiating between physical and mental health symptoms for medical and non-medical providers.*
- *Developmental stages approach.*
- *Dental health and its effects on mental health.*
- *Cultural implications of diet/nutrition to physical and mental health.*
- *Community Resources; Family systems; Motivational Interviewing.*
- *Blending medical model with recovery based models of treatment. Establishing treatment teams that make both physical and mental health care equal. I worry about mental health treatment falling back to a medical model treatment approach where individuals with mental health are encapsulated and their treatment suffers (kind of like how alcohol/drug treatment services were minimized when they merged with mental health).Billing!*
- *Basic Family Systems Theory so the clinician or provider has some awareness re: interconnection.*
- *All practitioners should have training on developmental disabilities.*
- *Affect of pain specifically on symptoms of depression and anxiety. New research on the physical and emotional effects of interferon.*

Training Topics Related to **Working with Substance Using Individuals (N=15)**

- *Use of neuro-feedback amino acid interventions EDMR.*
- *Training on the new street drugs being sold legally in head shops (like bath salts and newer ones).*
- *The effects of substance abuse: impact on the family system.*
- *Providing holistic wrap-around services to assist in bridging clients from social support systems with other substance using individuals to social support systems with non-using individuals.*
- *Little and no interest as I've received much training on these issues, NOT that they aren't vital.*
- *I would like to know more about why nearly every client I work with who has substance abuse issues has so rarely been helped by the programs they have tried.*
- *How to effectively include spiritual practices in treatment plans.*
- *HIV and drug use.*
- *Help in making law enforcement and other agencies understand these issues.*
- *Family systems interventions.*
- *Connection between early childhood development, environment during development, early childhood trauma and attachment issues on propensity to become addicted.*
- *Assessment and diagnosis for co-occurring disorders.*
- *Appreciating the contribution Al-anon can bring.*
- *Al-Anon; AA.*

Training Topics Related to **Screening Tools and Procedures (N=5)**

- *Those for non-English speakers and how to effectively use them.*
- *Neuro-feedback, Homeopathy.*
- *Environmental components that impact mental health - chronic poverty, chronic trauma, chronic instability, etc.*
- *Cognitive screening.*
- *Assess motivation for treatment and desire to live more thoughtfully.*

Training Topics Related to **Clinical Practices and Approaches (N=7)**

- ✔ *Working with children and families that experience chronic negative effects of environmental deficits that with prolong exposure, are more predisposed to depression, anxiety, conduct & social isolation.*
- ✔ *Trauma focused therapy.*
- ✔ *Structural Group Therapy; Group Techniques.*
- ✔ *Neuro-feedback, EDMR.*
- ✔ *How to engage in social organizing to create a society that is supportive of those recovering from mental health issues and strengthen programs and cultural attitudes that prevent mental illness from happening.*
- ✔ *Cognitive therapy; Impact of Spirituality.*
- ✔ *Cognitive behavioral Therapy (CBT).*

Training Topics Related to **Data Collection, Outcomes Measurement, and Quality Improvement (N=3)**

- ✔ *SRS/ORS…has been helpful.*
- ✔ *Identify those who fall through the cracks of the system.*
- ✔ *How to manage DMH and DMH contract provider paperwork.*

Training Topics Related to **Strategies for Local Collaborations (N=2)**

- ✔ *There are severely limited care health resources in our rural area. I have been working through a non-profit for two years to bring more services here. Most people here receive health services from locations an hour or more away.*
- ✔ *Dealing with difficult people.*

Suggestions/Comments

Respondents were asked, "*Is there anything else that you would like to add (comments or suggestions) concerning integrated care (e.g., your experience working in an integrated setting, strengths and weakness of an integrated care approach, preparing to work in an integrated setting)*?" Thirty (30) respondents provided written responses to this query. The comments were evaluated and categorized by following themes: 1) positive comments on integration, 2) barriers to integration, and 3) possible solutions/training needs to achieve integration. Most comments contained more than one theme. Table 24 reports the frequency of comments addressing each theme and representative comments/excerpts that support the theme.

Table 24: Integrated Care Survey: Evaluation of Additional Comments

Identified Area	Percent	Representative Comments
Positive Comments on Integration	36.6%	• *This was an area of great interest before I retired a year ago.* • *I am excited for the integration because the benefits of reducing stigma, catching people who are otherwise difficult to treat within a more acceptable environment and working together with medical professionals in order for mentally ill clients to receive proper physical health care ~ far outweigh my fears.* • *I find that integrated primary care is also a very rewarding and exciting setting.* • *Integrated care is an especially good intervention for substance abusing patients, because it is a lot less threatening to have a casual conversation at the doctor's office than officially show up for substance abuse treatment...Integrated care can be a very effective stepping stone, as well as a treatment environment in its own right.* • *I can say firsthand that integrated primary care absolutely does reduce barriers to mental health treatment.* • *... our working relationships are maturing and the doctors are beginning to see behavioral health as a valued part of the team.* • *Our program [Telecare, a private company that contracts with [the count] to provide services to the severely mentally ill under the terms of the MHSA] is an excellent example of integrated services, and our outcome measures support this success.* • *I have appreciated working in a multidisciplinary setting. It has helped me see patients holistically. Although most interested in mental health, it has been important to see the relatedness of physical health and mental health in action.* • *My years of experience in Hospice and Home Health work have seen the benefit of a team approach.* • *I suspect that an integrated model, in principle, would be very beneficial to clients having multi-dimensional problems, and I whole heartedly support a multidisciplinary team approach.* • *An integrated care setting sounds enticing.*

Table 24: Integrated Care Survey: Evaluation of Additional Comments (Continued)

Identified Area	Percent	Representative Comments
Barriers to Integration	76.6%	• *May lose focus of the importance of person in environment as a component to holistic health care.* • *There seems to be a lot of talk about a desire to implement integrated care but no action to back up these assertions.* • *The mental health system is still not very welcoming to folks with [Substance abuse disorders].* • *Mental health cannot reduce the stigma, catch the difficult to treat or obtain physical health care for the chronically mentally ill all these years, so why would we kid ourselves into believing we could do it any other way?* • *I don't feel that certain professions are adequately prepared to work with seriously and persistently mentally ill, nor do I feel the preparedness to work in the medical setting.* • *Throwing these two already overloaded systems together, may end up making things more difficult (that's not even adding in the substance treatment!!!).* • *My main concern with integrated care is that it will become more complicated to get care with a gatekeeper that may or may not understand all the components.* • *There are very few job opportunities in this field of integrated care or even using the Multi-Disciplinary Team approach.* • *The culture of the working environment must support collaboration, open dialog, and shared decision making, as the logistics and responsibilities of each party are worked out. [paraphrased]* • *Hopefully this will evolve over time to be more streamlined and natural for the patients.* • *...our patients don't always see the value of what I do I have to basically grab and "sell" my services to our patients [MH provider in Medical setting].* • *I have recommendations about best practices (for example, warm handoffs), but because of the existing model of care and emphasis on patients-seen-per-hour, it was determined that this would be too time consuming for the doctors.* • *I get the importance of it, I know how to do it, and I just can't get the silos to break down.* • *I know I work with a very specific group of marginalized clients, but I worry that many of the structural changes coming... will leave the chronically mentally ill and chronically homeless populations without meaningful access to care... I am afraid that new models of outcome based modalities will not take these clients into account.* • *I have also experienced many of the barriers in this process* • *I was initially excited about and have tried to use a number of evidence based protocols and found them sourly lacking in their applicability of the needs and interests of my clients.* • *I am very concerned about that 1) I will no longer have an opportunity to practice privately here in this rural area and 2) the treatment that will provided to our community with be far away, 3) provided by minimally trained personnel and 4) severely limited given that people do not have the time or money to travel to the care that will be available.* • *Having to leave messages [for staff in other disciplines] back and forth is not very effective or efficient.*

Table 24: Integrated Care Survey: Evaluation of Additional Comments (Continued)

Identified Area	Percent	Representative Comments
Barriers to Integration (Continued)	76.6%	• *DMH paperwork, DMH contract provider paperwork, and outcome measures are overwhelming and take many hours away from 1:1 treatment - this needs serious streamlining.* • *Biggest problem I have is working with our HMO Medi-Cal members who have to go to county for their mental health needs. Very dysfunctional.* • *... efforts to articulate how this integrated model can work will be essential to service provider buy-in, in large part, to counterbalance what seems to be profit driven race to accommodate shareholders and legislators at the expense of the most needy.* • *I have...witnessed the effects over time of shrinking insurance dollars, unfunded mandates, skyrocketing pharmaceutical products profits and other phenomena that only seem to place greater pressure on community mental health programs already in survival mode.* • *...much work remains to be done with Primary Care physicians, who...are reluctant to take over responsibility of prescribing psych meds; do not seem particularly interested in BH outcomes; and whose patient loads would seem to weigh against increasing either.*
Possible Solutions or Training Needs to Achieve Integration	53.3%	• *[Need] training specifically designed on integration of hospice/palliative/end of life care.* • *There needs to be more collaboration with public health programs and macro level interventions to promote healthier social interaction and communities that are supportive of positive mental health outcomes.* • *[Need to] involve the family/peer systems to enhance/support treatment plans.* *[Need] Contingent plans for those who fall through the cracks of the system.* • *[Need to use] the strength based perspective when working with the integrated care model.* • *[Need to] incorporate integrated health into the master's level curriculum for those interested in the social work-medical field.* • *...it is very important for entities to understand the need to come up with a new model of care rather than hiring a behavioral health provider and trying to "plug them in" to an existing medical structure.* • *In our county the need isn't so much that I am trained, but that we have someone facilitate the connections between agencies and consumers.* • *I work for Telecare, a private company that contracts with [the county] to provide services to the severely mentally ill under the terms of the MHSA... We are a full service partnership agency providing continuum of care services to this population. We have in-house psychiatrists and nursing staff. We work closely with the [county behavioral health and health system] in providing assistance with medical illnesses as well as the judicial system.*

Table 24: Integrated Care Survey: Evaluation of Additional Comments (Continued)

Identified Area	Percent	Representative Comments
Possible Solutions or Training Needs to Achieve Integration (Continued)	53.3%	• *[Need] training on such things as Insurance Exchanges.* • *[Need to] Educate the primary care physician on assessment for mental health and substance use disorders.* • *Easier access to other staff via phone would be helpful.* • *Grand Rounds that include case presentations and includes multiple disciplines have been helpful in the past both at gaining knowledge and perspective on client care as well as learning specifics of other providers.* • *[Need to] develop standard practice to acquire releases to Primary Care, Substance Abuse services, and other community providers at time of service.* *Negative effects of increasing budget cuts to mental health services [can be solved] by a commitment to adequately staff existing programs with revenue generating clinical staff.*

Six (6) responses to the query, "*Is there anything else that you would like to add (comments or suggestions) concerning integrated care?*" did not "fit" into the thematic categories presented above. These comments are presented below.

- ✔ *On future surveys, an "often" column would be helpful and more accurate in answering some of these questions.*
- ✔ *Most of this does not apply to me or my practice as I am in private practice. My client population is 90-95% private pay.*
- ✔ *This was a really thought-provoking questionnaire! It was a pleasure to participate.*
- ✔ *Don't forget the elementary schools! I see so many students with ongoing mental health needs, in addition to the crisis- and trauma-response needs. I know TAY and other 12 y/o + students can consent for their own services, but at the elementary level, we need family consent. However, success in the foundation years of school determines successful educational outcomes (i.e. graduation from high school).*
- ✔ *I worked in a Mental Health Clinic for over 20 years and am now retired. The responses provided were based on my experience while still working in that type of setting.*
- ✔ *Questions do not seem to apply to private practice which is where I have worked for over 20 years.*