

1. How long have you been working at Open Door? (Slide to number of years)

0 20



2. Did you take the Behavioral Health Provider Satisfaction Survey earlier this year (April 2019)?

Yes

No

3. Did you receive previous training in providing integrated behavioral health prior to working at Open Door?

Yes

No

4. Please select the following modalities you are competent in:

Solution-Focused

Behavior Activation

Motivational Interviewing

Problem-Focused

Acceptance and Commitment Therapy (ACT)

Eye Movement and Desensitization and Reprocessing (EMDR)

Cognitive Behavioral Therapy (CBT)

Dialectical Behavior Therapy (DBT)

5. Please indicate your level of confidence for patients struggling with the following:

	Not at all confident	Not so confident	Somewhat confident	Very confident	Extremely confident
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insomnia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory/Cognitive Impairments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How confident are you in your capacity to: ?

	Not at all confident	Not so confident	Somewhat confident	Very confident	Extremely confident
Diagnose behavioral health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan and provide group therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. As part of providing quality treatment for patients with Behavioral Health Conditions, how satisfied are you with the following:

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Screening and Assessment tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision and Consultation resources available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical manuals/written resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to staff who can assist with administrative needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Comments?

9. How would you rate the your integration with the Care Team

10. Comments?

11. Does the Primary Care Provider's (PCP) care plan align with your idea of what the patient's care plan should be

- Never
- Rarely
- Sometimes
- Usually
- Always

12. How often does your care plan align with the PCP's care plan?

- Never
- Rarely
- Sometimes
- Usually
- Always

13. What % of your time is spent doing WHOs?

- 0%
- 25%
- 50%
- 75%
- 100%

14. How often are internal referrals appropriate?

- Never
- Rarely
- Sometimes
- Usually
- Always

15. How often are internal warm hand-offs (WHOs) appropriate?

- Never
- Rarely
- Sometimes
- Usually
- Always

16. What types of inappropriate internal referrals do you receive? (Select all that apply)

- Patient does not want Behavioral Health Services
- Patient needs Case Management (housing, transportation, employment, etc)
- Patient already receiving behavioral health services
- Patient's behavior is challenging to medical staff but not in need of Behavioral Health Services
- Other (please specify)

17. What types of inappropriate internal WHOs do you receive? (Select all that apply)

- Patient does not want Behavioral Health Services
- Patient needs Case Management (housing, transportation, employment, etc)
- Patient already receiving behavioral health services
- Patient's behavior is challenging to medical staff but not in need of Behavioral Health Services
- Other (please specify)

18. How often do you feel that

	Never	Rarely	Sometimes	Usually	Always
You have had a positive impact on the patient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your patients are in need of long term therapy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You are treating patients who should be in a higher level of care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. How often do you see patients whose needs can be addressed in:

	Never	Rarely	Sometimes	Usually	Always
A WHO?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
< 6 visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 7 - 12 Visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long term therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
County Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Disorder Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. How satisfied are you with the following:

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Documentation requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to collaborate with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epic Onboarding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ongoing Epic training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BH Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site Administrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site Medical Director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Identify your support staff needs

	Have the appropriate amount of support staff	Have a need for support staff
Rooming patients	<input type="checkbox"/>	<input type="checkbox"/>
Completing screening tools	<input type="checkbox"/>	<input type="checkbox"/>
Making phone calls	<input type="checkbox"/>	<input type="checkbox"/>
Faxing	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

22. How burned-out are you currently feeling as a behavioral health provider? (Select one)

- | | |
|--|--|
| <input type="radio"/> Cool as a cucumber | <input type="radio"/> 1st Degree burns |
| <input type="radio"/> Toasty | <input type="radio"/> 2nd Degree burns |
| <input type="radio"/> A little blistered | <input type="radio"/> 3rd Degree burns |

23. Comments