

## Follow-up Provider Survey

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### INTRODUCTION AND CONSENT

1. You have been asked to complete this follow-up provider survey because your organization, , is participating in the Community Partners in Care (CPIC) depression care initiative.

We greatly appreciate your time filling out this survey, even if you did not complete the previous "baseline" provider survey for the CPIC initiative. We estimate that it will take about 30 to 40 minutes to complete.

As you may know, the CPIC study is funded by the National Institute of Mental Health with support from the Robert Wood Johnson Foundation, and is being conducted through a collaboration of community and academic partners from Healthy African American Families, QueensCare Health and Faith Partnerships, Behavioral Health Services, Inc., The Los Angeles Urban League, The Los Angeles County Department of Mental Health, the University of California, Los Angeles, and RAND Health among others.

#### PAYMENT FOR PARTICIPATION

You will receive a \$15 gift certificate as a small token of our appreciation for completing this web-survey.

#### CONFIDENTIALITY

We will not disclose your identity or any other information you provide that identifies you to anyone outside of the research team, except as required by law. We will use the information you provide for research purposes only. Your responses to the questions in this survey will be combined with those of the other participants from other organizations and reported outside the research team only in aggregate or summary form. Results will not be reported in any way that can identify individual persons or organizations without permission.

Your participation in the study is completely voluntary. If you start the survey, you can choose to refuse any question and you may stop at any time. Your decision on whether to participate in this survey will not affect your relationship with your employer or any agency involved in the CPIC study.

For information on your rights as a research subject, contact the RAND Human Subjects Protection Committee at (310) 393-0411 (ext.6369).

#### CONSENT TO PARTICIPATE

☐ Check this box to acknowledge you have read this information and agree to participate in the CPIC provider survey.

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### IMPORTANT NOTE:

#### INSTRUCTIONS

You will be able to interrupt filling-out the survey by clicking the SAVE button at the bottom of any page and return to it later if you wish. You will also be able to modify your earlier answers or skip forward as you complete the survey.

#### QUESTIONS ABOUT THE SURVEY

- There are many different types of providers participating in CPIC and we recognize that not all questions will appear as familiar to some providers as compared to others.
- If you have any questions regarding how to answer portions of this survey, or for technical questions about using the online survey, please do not hesitate to contact Victoria Valdes at UCLA, telephone 310-794-3783 or email [vvaldes@mednet.ucla.edu](mailto:vvaldes@mednet.ucla.edu).

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*We begin by asking you some questions about the work that you do at .*

2. Which of the following best reflects your **primary occupation**?

- ☐ Religious clergy

- ☐ Physician (MD or DO)
- ☐ Nurse (RN, NP, or licensed vocational nurse)
- ☐ Other professionally licensed medical provider
  
- ☐ Psychologist (professionally licensed, waived, or intern)
- ☐ Social worker (professionally licensed, waived, or intern)
- ☐ Marriage & family therapist (professionally licensed, waived, or intern)
- ☐ Other type of professionally licensed, waived, or intern mental health provider
  
- ☐ Substance abuse specialist (professionally licensed, certified, or intern)
- ☐ Other type of substance abuse provider
  
- ☐ Lay health educator (e.g., Community Health Worker, Promotora)
- ☐ Lay mental health worker (e.g., peer or consumer advocates)
- ☐ Case management provider
- ☐ Community outreach provider
- ☐ Other type of provider (not included above)

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3. What is your specialty?

- ☐ Primary care physician
- ☐ Psychiatrist
- ☐ Other, please specify

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4. Please specify what kind of professionally licensed medical provider you are:

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5. Please specify what type of professionally licensed, waived, or intern mental health provider you are:

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6. Please specify what type of substance abuse provider you are:

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7. Please specify what kind of provider that was not included in the previous list you are:

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8. How long have you been in your current occupation?

# of years

# of months

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9. How long have you been working for ? (Please include both paid and volunteer work, if applicable)

# of years

# of months

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Thinking about a typical week at :

10. On average, how many **total hours** do you work in a typical week at ?

Average # of total hours per week:

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11. How many hours in a **typical week** do you spend on each of the following activities at ? (*Select One Option on Each Line*)

	0 hours	1-10 hours	11-20 hours	21-30 hours	31-40 hours	40+ hours
<u>Providing services directly to individuals in</u>						
<u>a:</u>						
a. <b>clinical or clinic office setting</b> (e.g., typical facilities of health, mental health, or social service agencies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <b>community setting</b> (e.g., churches, schools, homes, street, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. other <b>type of setting</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Doing administrative or professional activities:</u>						
d. <b>not involving direct services to individuals</b> (e.g., management duties, quality assurance or improvement, community outreach, training, teaching, research, fundraising, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. <b>Other</b> administrative or professional activities at (not included above).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Approximately how many adults (18 years and older) and children/youth (0-17 years) do you ***personally serve per week*** at ?

12. Total # of ***Adults*** (age 18+) per week:

13. Total # of ***Children/Youth*** (age 0-17) per week:

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You mentioned you serve adults each week. Of these adults approximately:

14. How many came to for the first time?

***# of first time*** adults served per week:

15. How many have come to receive services on ***follow-up or repeat*** visits?

***# of follow-up or repeat*** adults served per week:

16. Roughly what percentage shows ***symptoms of depression***?

% of adults with depression symptoms:

- 17.

☐ I don't know what percentage of my adult clients show symptoms of depression.

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You mentioned you serve children each week. Of these children/youth approximately:

18. How many came to for the first time?

# **of first time** children served per week:

19. How many have come to receive services on **follow-up or repeat** visits?

# **of follow-up or repeat** children served per week:

20. Roughly what percentage shows **symptoms of depression**?

% of children with depression symptoms:

21.

☐ I don't know what percentage of my child/youth clients show symptoms of depression.

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You mentioned you serve adults and children each week. Of these individuals (both adults and children/youth), approximately:

22. How many came to for the first time?



# of **first time** adults served per week:

# of **first time** children/youth served per week:

23. How many have come to receive services on **follow-up or repeat** visits?

# of **follow-up or repeat** adults served per week:

# of **follow-up or repeat** children/youth served per week:

24. Roughly what percentage shows **symptoms of depression**?

% of adults with depression symptoms:

% of children/youth with depression symptoms:

25.

☐ I don't know what percentage of my adult clients show symptoms of depression.

☐ I don't know what percentage of my child/ youth clients show symptoms of depression.

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*This next section asks about your views on depression*

26. Overall, how much do you think you know about depression? (*Select One*)

- ☐ A lot
- ☐ A moderate amount
- ☐ A little
- ☐ Almost nothing
- ☐ Nothing

☐ Don't know

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27. To what extent would you agree or disagree with the following specific statements related to **depression?** (Select One Option on Each Line)

To what extent do you agree or disagree that...

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
a. Depression is a medical condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Depression runs in families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Depression can cause physical changes like aches and pains.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Alcohol and substance use can make depression worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Depression is an important issue for my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I have no patience with a person who is always feeling "blue" or depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I would be embarrassed if people thought I was depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Most people think less of a person who has been depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Most people in the community would treat someone who has depression just as they would anyone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I feel helpless to make a difference with someone who is always feeling blue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| k. Overcoming depression in the community requires planning and action. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Most people with depression receive appropriate care for it.         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Treating depression can decrease alcohol and substance abuse.        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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28. To what extent would you agree or disagree with the following specific statements related to ***depression treatment?*** (Select One Option on Each Line)

*To what extent do you agree or disagree that...*

- |  | Strongly Disagree     | Disagree              | Neither Agree or Disagree | Agree                 | Strongly Agree        |
|--|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|
| a. Some medicines are effective in treating depression.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |
| b. Antidepressant medicines are addictive.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |
| c. Antidepressant medicines rarely cause side effects.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |
| d. Counseling is most effective in treating mild to moderate depression.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |
| e. Most people who are treated for depression feel better in a few months.                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |
| f. An appropriate initial treatment of antidepressant medicines requires daily use for at least 4-6 weeks. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |
| g. Medication and psychotherapy are effective for treating depression whether old or young.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |

h. Antidepressant medicines should be stopped after 4-9 months for depressed patients who no longer have symptoms of depression.

☐ ☐ ☐ ☐ ☐

i. Dysthymic disorder is a mild, brief depression.

☐ ☐ ☐ ☐ ☐

j. Intoxication and withdrawal from drugs and alcohol can cause psychiatric symptoms that look just like depression.

☐ ☐ ☐ ☐ ☐

k. When a person has both substance abuse and depression, it is often impossible to determine which diagnosis is primary.

☐ ☐ ☐ ☐ ☐

l. Medication and psychotherapy are effective at treating people with both depression and substance use disorders.

☐ ☐ ☐ ☐ ☐

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29. How skilled do you feel you are in providing the following services for depressed individuals?  
(Select One Option on Each Line)

*How skilled are you in...*

	Not At All Skilled	Slightly Skilled	Skilled	Very Skilled
a. Case finding for depression (identifying individuals who may need clinical screening/assessment or treatment for depression)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Screening for depression (using standardized assessment instruments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Educating individuals or families about depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Prescribing antidepressant medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- |   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| e. Counseling for depression  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Referring to mental health specialty care  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Providing social support for depression<br>(e.g., support groups for managing symptoms)                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Providing religious or spiritual support for people with depression<br>(e.g., pastoral care by clergy) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Engaging in community outreach for depression<br>(e.g., public awareness or education campaigns)       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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***This next section asks about your activities and experiences with services for clients with depression.***

***In the past six months***, what percentage of your overall time, while working at , did you spend doing the following?

*Percentage of your overall working time spent on...*

30. Case finding for depression (*identifying individuals who may need clinical assessment or treatment for depression*)

☐ None (0%)   ☐ 25% or Less   ☐ 26 - 50%   ☐ 51 - 75%   ☐ 76 - 100%

31. Screening for depression (*using standardized assessment instruments*)

☐ None (0%)   ☐ 25% or Less   ☐ 26 - 50%   ☐ 51 - 75%   ☐ 76 - 100%

32. Educating individuals or families about depression

☐ None (0%) ☐ 25% or Less ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 100%

33. Prescribing antidepressant medication

☐ None (0%) ☐ 25% or Less ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 100%

34. Counseling for depression

☐ None (0%) ☐ 25% or Less ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 100%

35. Referring to mental health specialty care

☐ None (0%) ☐ 25% or Less ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 100%

36. Providing social support for depression (*e.g., support groups for managing symptoms*)

☐ None (0%) ☐ 25% or Less ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 100%

37. Providing religious or spiritual support for people with depression (*e.g., pastoral care by clergy*)

☐ None (0%) ☐ 25% or Less ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 100%

38. Engaging in community outreach for depression (*e.g., public awareness or education campaigns*)

☐ None (0%) ☐ 25% or Less ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 100%

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39. ***In the past six months***, under what circumstances did you **screen** individuals for depression?  
(Select One)

- ☐ Never screened
- ☐ Screened when I suspected a problem
- ☐ Routinely screened all new individuals coming for services
- ☐ Routinely screened all new and continuing individuals being served

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40. When serving a person who shows symptoms of depression, how often do you do each of the following? (Select One Option on Each Line)

*When serving a depressed individual, how often do you...*

	Never	Sometimes	Often	Very Often	Always	Not Applicable
a. Explain what depression is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Ask the individual what he or she thinks depression is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Ask about prior mental health treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Make a referral for depression care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Ask about barriers to depression care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Encourage positive thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Discuss costs of alternative mental health treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

h. Encourage involvement in pleasurable activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Discuss ways to improve social skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Determine the individual's depression treatment preferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Recommend ways to take care of one's self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Reframe or clarify the individual's mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Discuss benefits of different depression treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Help the individual feel better about his or her life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Discuss how depression may affect the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Educate about the relationship between depression and alcohol and substance use disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Ask about prior alcohol and substance use history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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41. ***In the past six months***, to how many different agencies did you refer clients for depression treatment? (*Select One*)

- ☐ 0 agencies
- ☐ 1 agency
- ☐ 2 agencies
- ☐ 3 - 5 agencies
- ☐ 6 or more agencies



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42. How would you rate your organization's relationship with these agencies? *(Select One)*

- ☐ Not Strong
- ☐ Moderately Strong
- ☐ Very Strong

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43. When helping a depressed client, do you typically plan and coordinate the client's care with other health care providers within or outside your organization (such as through joint case planning or case conferences)? *(Select One)*

- ☐ No
- ☐ 1 other provider
- ☐ 2 other providers
- ☐ 3-5 other providers
- ☐ 6 or more other providers

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44. Does currently ask you to follow any guidelines or protocols for providing services specifically for depressed clients? (*Select One*)
- ☐ No
  - ☐ Yes
  - ☐ Don't know

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45. ***In the past six months***, how often have you used any of the following resources for individuals who showed symptoms of depression and came to for services?  
(*Select One Option on Each Line*)

*Resources used in the past six months:*

	Did Not Use	Used a Little	Used a Lot
a. Results from standardized depression screeners to identify depressed clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Web-based (Internet) depression education tools for clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Client depression education (brochures/videos/DVDs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Referral lists for mental health specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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46. ***In the past six months***, how much did each of the following limit your ability to provide what

you would consider optimal services to individuals who showed symptoms of depression?  
(Select One Option on Each Line)

How much was optimal services limited in the past six months by...

	Did Not Limit	Limited Somewhat	Limited a Great Deal
a. An individual's or their family's reluctance to accept the individual's problem with depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Other problems of the individual were higher priority or more immediate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Depression treatment was difficult to obtain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Mental health professionals were not available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Limited visit time for screening, education, or referral for depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Too little time for follow-up with the individual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Poor reimbursement for services, or limited insurance or other benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. If you selected **(h) other** factors above, please describe these factors:

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**This next section asks about quality improvement activities on depression care at .**

Your answers are confidential and will not be shared with anyone at your organization. In order to maintain confidentiality, your information will be combined with that of other participants and will not be reported in any way that can identify individual persons or organizations without permission.

48. ***In the past six months***, how many hours did you spend participating in the following education and training activities related to depression care?

***Total # of Hours (past 6 months)***

- a. ***Individual educational or training sessions*** on depression provided through
- b. ***Group seminars or presentations*** on depression provided through
- c. ***Reading of literature*** on depression provided through

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Have you specifically received any of the following types of training through the CPIC study in the last 6 months (including in-person Workshops, online Webinars, conference calls, or one-on-one consultations)?  
(Check all that apply)

49. CPIC Cognitive Behavior Therapy (CBT) training

☐ Yes ☐ No

50. CPIC Case Management/Outreach training

☐ Yes ☐ No

51. CPIC Medication Management training

☐ Yes ☐ No

- ☐ Other CPIC training (please list):

- 52.

- ☐ I have NOT RECEIVED any training through the CPIC study in the past 6 months.

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53. In the past 6 months, have you received any Cognitive Behavior Therapy (CBT) training from other sources besides the CPIC study?

- ☐ Yes  
☐ No

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54. Please check what kind of CBT training you received NOT from CPIC in the last 6 months: (*check all that apply*)

- ☐ CBT graduate coursework ***non-CPIC***  
☐ CBT training workshops ***non-CPIC***  
☐ CBT counseling supervision/ support (one-on-one) ***non-CPIC***  
☐ Other non-CPIC CBT training (please list):

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55. In particular, we'd like to know if you have received any training from the LA County Department of Mental Health (DMH) Prevention and Early Intervention Initiative during the last 6 months.  
(check all that apply)

- ☐ I have not taken training from and/or not heard of DMH's Prevention and Early Intervention Initiative
- ☐ Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- ☐ Cognitive Therapy for Late Life Depression
- ☐ Trauma Focused CBT
- ☐ Group Cognitive Behavioral Therapy for Depression
- ☐ Depression Treatment Quality Improvement for Adolescents
- ☐ Other, please list:

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### COUNSELING MODULE

We are interested in learning some specific information about any counseling you do for people who are depressed and/or any training for depression counseling you may have received.

In answering the following questions, please think about the last 6 months.

56. Please check the model or models of therapy you have used when counseling people for mental health or emotional problems in the past 6 months: (check all that apply)
- ☐ No specific therapy model (a.k.a., supportive therapy)
- ☐ Problem Solving Therapy

- ☐ Cognitive Behavior Therapy (CBT)
- ☐ Interpersonal Therapy
- ☐ Psychodynamic / Psychoanalytic Therapy
- ☐ Family Therapy
- ☐ Crisis Management
- ☐ Motivational interviewing
- ☐ Other, please describe:

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### COUNSELING EXPERIENCE

57. In the last 6 months, how many people have you counseled using Cognitive Behavioral Therapy (CBT)? (99,999,999)

*NOTE: If none, please enter 0 (zero)*

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### COUNSELING EXPERIENCE

58. In the last 6 months, how often have you used CBT for people you counsel who are depressed?

- ☐ Not at all
- ☐ A little bit
- ☐ Sometimes
- ☐ Often
- ☐ All the time

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### CPIC RESOURCES FOR CBT

59. The CPIC project provides a [CBT Toolkit](#). We are interested in whether and to what extent you've used any of the resources that are in this toolkit.

Please indicate how much you've used the resources in this toolkit in the last 6 months:

	Don't know it	Have not used it	Used it somewhat	Use it all the time	Does not apply
CPIC Therapist Guidebook to Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPIC CBT Individual Treatment Manuals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPIC CBT Group Treatment Manuals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPIC CBT Toolkit Clinical Forms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PHQ-9 (Depression Questionnaire)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initial Contact Worksheet (intake)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBT Session Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relapse Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client Register	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other forms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



60. If you indicated you have used "Other" resources from the CBT Toolkit not listed above, please describe what they are:

## Follow-up Provider Survey

Page 39

### CPIC RESOURCES FOR CBT

61. For those resources in the CPIC CBT Toolkit you have used in the last 6 months, please indicate how helpful the resource has been.

	Have not used it	Not helpful at all	Somewhat helpful	Very helpful	Does not apply
CPIC Therapist Guidebook to Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPIC CBT Individual Treatment Manuals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPIC CBT Group Treatment Manuals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPIC CBT Toolkit Clinical Forms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PHQ-9 (Depression Questionnaire)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initial Contact Worksheet (intake)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBT Session Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relapse Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client Register	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other forms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Follow-up Provider Survey

Page 40

### CPIC RESOURCES FOR CBT

62. If you attended any CPIC CBT Workshops (in-person group training), how helpful was the workshop training in helping you apply CBT?
- ☐ Did not participate
  - ☐ Not at all helpful
  - ☐ A little helpful
  - ☐ Somewhat helpful
  - ☐ Very helpful
  - ☐ Extremely helpful

## Follow-up Provider Survey

Page 41

### CPIC RESOURCES FOR CBT

63. If you attended any CPIC CBT Webinars/Conference Calls (online/telephone group training), how helpful was the webinar/conference call training in applying CBT?
- ☐ Did not participate
  - ☐ Not at all helpful
  - ☐ A little helpful
  - ☐ Somewhat helpful
  - ☐ Very helpful
  - ☐ Extremely helpful

## Follow-up Provider Survey

Page 42

### CPIC RESOURCES FOR CBT

64. If you have participated in any CPIC CBT consultations (counseling supervision/support), how helpful was the consultation in applying CBT?
- ☐ Did not participate
  - ☐ Not at all helpful
  - ☐ A little helpful
  - ☐ Somewhat helpful
  - ☐ Very helpful
  - ☐ Extremely helpful

## Follow-up Provider Survey

Page 43

### APPLICATION OF CBT

65. The CPIC CBT manual has 3 modules (Thoughts, Activities, People's Interaction). Please check the modules you have used in the last 6 months:
- ☐ Thoughts
  - ☐ Activities
  - ☐ People's Interaction
  - ☐ I have not used any of these modules

## Follow-up Provider Survey

Page 44

### APPLICATION OF CBT

66. The CPIC CBT manual includes exercises/skills within the 3 modules (Thoughts, Activities, People's Interaction). Please check the specific exercises/skills you have used in the last 6 months:

- ☐ Mood Tracking
- ☐ Activity Scheduling
- ☐ Thoughts Tracking
- ☐ Habits of Unhelpful Thoughts
- ☐ Chaining
- ☐ Catch It, Check It, and Change It
- ☐ Conflict Resolution
- ☐ Problem Solving
- ☐ Pleasure Predicting
- ☐ Examining Communication Styles
- ☐ Other exercises/skills: *(please list)*

## Follow-up Provider Survey

Page 45

### APPLICATION OF CBT

67. For the people you have seen for counseling in the last 6 months, for how many did you use all

three modules (Thoughts, Activities, People's Interactions) in the CPIC CBT manual?

# of people (used all three modules):

## Follow-up Provider Survey

Page 46

### PSYCHOTHERAPEUTIC TECHNIQUES

**This next set of questions asks about specific counseling or psychotherapeutic techniques used for the treatment of depression.**

It is clear that no counselor/therapist implements all of these techniques with all clients. In fact, it wouldn't be appropriate to use all of the techniques included in this questionnaire with every client.

Instead, counselors typically select a set of techniques. Selection of techniques to use can be influenced by a variety of factors including what may be beneficial to a particular client and counselor expertise.

*To answer the next set of questions, please think about what you generally do when counseling people with depression.*

## Follow-up Provider Survey

Page 47

### PSYCHOTHERAPEUTIC TECHNIQUES

**In thinking of the counseling sessions you have had in the last 6 months with clients who are depressed, HOW OFTEN:**

68. Did you discuss the current quality of the client's relationships with other people?

☐ Never ☐ Almost Never ☐ Sometimes ☐ Usually ☐ Almost Always ☐ Always

69. Did you incorporate interpretation of dreams and fantasies?

☐ Never ☐ Almost Never ☐ Sometimes ☐ Usually ☐ Almost Always ☐ Always

70. Did you examine the emotional response the client had during interpersonal interactions?

☐ Never ☐ Almost Never ☐ Sometimes ☐ Usually ☐ Almost Always ☐ Always

71. Did you help the client to understand that addressing interpersonal situations may help to improve their depression?

☐ Never ☐ Almost Never ☐ Sometimes ☐ Usually ☐ Almost Always ☐ Always

72. Did you help the client create statements that they could use to respond to negative thoughts (e.g., practicing rational responses using reattribution or alternative reasoning)?

☐ Never ☐ Almost Never ☐ Sometimes ☐ Usually ☐ Almost Always ☐ Always

## Follow-up Provider Survey

Page 48

### PSYCHOTHERAPEUTIC TECHNIQUES

73. Did you discuss the client's feelings toward you (e.g. transference)?

☐ Never ☐ Almost Never ☐ Sometimes ☐ Usually ☐ Almost Always ☐ Always

74. Did you help the client understand the beliefs or assumptions behind their thinking (e.g., core beliefs, cognitive schemas)?

☐ Never ☐ Almost Never ☐ Sometimes ☐ Usually ☐ Almost Always ☐ Always

75. Did you help the client with activity monitoring and scheduling (e.g., completing an activity monitoring chart, recording activity pleasure ratings, developing an activity schedule)?

☐ Never ☐ Almost Never ☐ Sometimes ☐ Usually ☐ Almost Always ☐ Always

76. Did you assess the positive and negative aspects of how the client got along with others in the past (e.g., a prior social role, dysfunctional patterns)?

☐ Never ☐ Almost Never ☐ Sometimes ☐ Usually ☐ Almost Always ☐ Always

77. Did you encourage the client to talk about issues as they came to mind?

☐ Never ☐ Almost Never ☐ Sometimes ☐ Usually ☐ Almost Always ☐ Always

## Follow-up Provider Survey

Page 49

### PSYCHOTHERAPEUTIC TECHNIQUES

78. Did you ask the client to do things that they enjoyed doing between sessions (e.g., behavioral activation, increasing pleasurable activities, use of pleasure ratings)?

☐ Never ☐ Almost Never ☐ Sometimes ☐ Usually ☐ Almost Always ☐ Always

79. Did you assign "homework" between sessions? (e.g., asked the client to complete Mood Rating Scales or record thoughts, feelings, or activities)?

☐ Never ☐ Almost Never ☐ Sometimes ☐ Usually ☐ Almost Always ☐ Always

80. Did you explore the deeper emotional meaning of the client's concerns or behaviors (e.g., subconscious motives)?

☐ Never ☐ Almost Never ☐ Sometimes ☐ Usually ☐ Almost Always ☐ Always

81. Did you help the client understand which thoughts are helpful and which thoughts are not (e.g., explain the cognitive triad, identify negative thinking)?

☐ Never ☐ Almost Never ☐ Sometimes ☐ Usually ☐ Almost Always ☐ Always

82. Did you consider "counter-transferential" issues in developing your understanding of the client (i.e., your feelings towards the client that might be relevant to your counseling sessions)?

☐ Never ☐ Almost Never ☐ Sometimes ☐ Usually ☐ Almost Always ☐ Always

83. Did you encourage the client to talk about things in their childhood that made it difficult for them to discuss present-day issues?

☐ Never ☐ Almost Never ☐ Sometimes ☐ Usually ☐ Almost Always ☐ Always

## Follow-up Provider Survey

Page 50

### USING CBT

84. In general, how comfortable or uncomfortable are you with using CBT counseling in the work you do at ?

☐ Don't know enough about CBT to say



- ☐ Very uncomfortable
- ☐ Uncomfortable
- ☐ Comfortable
- ☐ Very comfortable

85. If there are aspects of CBT counseling you feel uncomfortable or very uncomfortable with, please describe any particular reasons why

## Follow-up Provider Survey

Page 51

### USING CBT

86. Going forward, how often do you plan to use CBT when you counsel people who are depressed?

- ☐ Not at all   ☐ A little bit   ☐ Sometimes   ☐ Often   ☐ All the time

## Follow-up Provider Survey

Page 52

### DEPRESSION QUALITY IMPROVEMENT ACTIVITIES

87. How much time during the ***past six months*** did you actively participate in quality assurance or improvement activities, or group planning sessions to improve services for depression or mental

health problems at ?

**Please Note:** If you did not participate in any quality assurance or improvement activities related to depression or mental health care, please write "0" on the line below.

Total # of hours on quality assurance or Improvement activities (past 6 months):

## Follow-up Provider Survey

Page 53

88. ***In the past six months***, did make any changes or implement any programs aimed at improving services to individuals with depression? (Select One)

- ☐ No
- ☐ Yes

## Follow-up Provider Survey

Page 54

89. Please rate how burdensome you thought these changes or programs were for other providers and co-workers. (Select One)

- ☐ Not at All Burdensome
- ☐ Moderately Burdensome
- ☐ Very Burdensome

## Follow-up Provider Survey

Page 55

90. Do you think these particular changes or programs should be continued? (*Select One*)

- ☐ Definitely Do Not Continue
- ☐ Possibly Continue
- ☐ Definitely Continue

91. Are there particular reasons for your answer to the question above?

## Follow-up Provider Survey

Page 56

### CASE MANAGEMENT/OUTREACH MODULE

We are interested in learning some specific information about any case management or outreach you do for people who are depressed and/or any training for case management and outreach for depressed individuals that you may have received.

In answering the next set of questions, please think about the last 6 months.

## Follow-up Provider Survey

**CPIC RESOURCES FOR CASE MANAGEMENT AND OUTREACH**

92. The CPIC project provides a Care Management and Outreach Toolkit. We are interested in whether and to what extent you have used any of the resources that are in this toolkit.

Please indicate how much you've used the resources in this toolkit in the last 6 months:

	Don't know it	Have not used it	Used it somewhat	Use it all the time	Does not apply
CPIC Care Management Manual (Resources & Guidelines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPIC Care Management Forms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression Care Manager Cheat Sheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care Manager Worksheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Personal Treatment Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Personal Wellness Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PHQ-9 (Depression Questionnaire)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Register Follow-up Log	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vital Signs Worksheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

93. If you indicated you have used "Other" resources from the Care Management and Outreach Toolkit not listed above, please describe what they are in the space below.

**Follow-up Provider Survey**

**CPIC RESOURCES FOR CASE MANAGEMENT AND OUTREACH**

94. For those resources in the CPIC Care Management and Outreach Toolkit you have used, please indicate how helpful the resource has been.

	Have not used it	Not helpful	Somewhat helpful	Very helpful	Does not apply
CPIC Care Management Manual (Resources & Guidelines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPIC Care Management Forms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression Care Manager Cheat Sheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care Manager Worksheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Personal Treatment Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Personal Wellness Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PHQ-9 (Depression Questionnaire)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Register Follow-up Log	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vital Signs Worksheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Follow-up Provider Survey****CPIC RESOURCES FOR CASE MANAGEMENT AND OUTREACH**

95. If you attended any CPIC Workshops for Care Management and Outreach (in-person group training), how helpful was the workshop training?
- ☐ Did not participate
  - ☐ Not at all helpful
  - ☐ A little helpful
  - ☐ Somewhat helpful

- ☐ Very helpful
- ☐ Extremely helpful

## Follow-up Provider Survey

Page 60

### CPIC RESOURCES FOR CASE MANAGEMENT AND OUTREACH

96. If you attended any CPIC Webinars/Conference Calls for Care Management and Outreach (online/telephone group training), how helpful was the webinar/conference call training?
- ☐ Did not participate
  - ☐ Not at all helpful
  - ☐ A little helpful
  - ☐ Somewhat helpful
  - ☐ Very helpful
  - ☐ Extremely helpful

## Follow-up Provider Survey

Page 61

### CASE MANAGEMENT AND OUTREACH TECHNIQUES

**Next we are interested in specific case management and outreach techniques that you may use with the people you serve who have depression.**

It is clear that no provider of case management or outreach services uses all of these techniques with all clients. In fact, it wouldn't be appropriate to use all of the techniques included in this questionnaire with every client.

Instead, providers of case management and outreach typically select a set of techniques. Selection of techniques to use can be influenced by a variety of factors including what may be beneficial to a particular client, provider expertise, and other services available from the provider's or other agencies.

*To answer the next set of questions, please think about what you generally do when providing case management or outreach services to a person with depression.*

## Follow-up Provider Survey

Page 62

### CASE MANAGEMENT AND OUTREACH TECHNIQUES

97. In thinking of the case management and outreach services you've provided in the last 6 months to people who are depressed, HOW OFTEN did you:

	Don't know what this is	Never	Sometimes	Often	Very Often	Always
Use a <u>formal structured questionnaire</u> (e.g., the PHQ-9 form) to screen for and/or track the client's depressive symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop and/or reinforce a <u>personal treatment plan</u> for the client's needs, including depression care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Encourage the client to continue or adhere</u> to depression treatment (either medication or counseling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teach the client <u>problem-solving skills</u> and how they apply to depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Refer the client</u> to a mental health specialist or special program able to provide <u>counseling for depression</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Refer the client</u> to a physician, psychiatrist, or clinic able to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

prescribe medication for depression

Personally make a referral

appointment for depression-related care, if the client needed to see a specialist, special program, physician or clinic

☐ ☐ ☐ ☐ ☐ ☐

Personally escort or arrange for

someone to escort the client to the specialist, special program, physician or clinic to which you referred the client

☐ ☐ ☐ ☐ ☐ ☐

Contact the client by phone, letter or in person after the referral to see whether the client had received services

☐ ☐ ☐ ☐ ☐ ☐

Contact the specialist, special program, physician or clinic after the referral to see whether the client had received services and/or if the specialist made any specific diagnoses or treatment recommendations

☐ ☐ ☐ ☐ ☐ ☐

Contact the client's mental health or other service providers to discuss the client's depression-related needs, concerns, and/or progress (either informally or formally, e.g., a "case conference")

☐ ☐ ☐ ☐ ☐ ☐

Discuss with the client issues or concerns that s/he had with mental health or other service providers related to depression care

☐ ☐ ☐ ☐ ☐ ☐

## Follow-up Provider Survey

Page 63

### CASE MANAGEMENT AND OUTREACH TECHNIQUES

98. In general, how comfortable or uncomfortable are you with using the case management and



outreach techniques discussed in CPIC in the work you do at ?

- ☐ Don't know enough about CPIC to say
- ☐ Very uncomfortable
- ☐ Uncomfortable
- ☐ Comfortable
- ☐ Very comfortable

99. If there are case management and outreach techniques discussed in CPIC that you feel uncomfortable or very uncomfortable with, please describe any particular reasons why.

## Follow-up Provider Survey

Page 64

### IMPROVEMENT OUTCOMES

100. ***Compared to six months ago***, how much do you think the following services for depressed clients have changed at ? *(Select One Option on Each Line)*

	Not Provided	Much worse now	Worse now	About the same now	Better now	Much Better now
a. Case finding for depression <i>(identifying individuals who may need clinical screening/assessment or treatment for depression)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. Screening for depression ( <i>using standardized assessment instruments</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Educating individuals or families about depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Prescribing antidepressant medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Counseling for depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Referring to mental health specialty care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Providing social support for depression ( <i>e.g., support groups for managing symptoms</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Providing religious or spiritual support for people with depression ( <i>e.g., pastoral care by clergy</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Engaging in community outreach for depression ( <i>e.g., public awareness or education campaigns</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Follow-up Provider Survey

Page 65

### IMPROVEMENT OUTCOMES

101. HOW HELPFUL do or would you consider each of the following service activities to be for improving overall depression care (whether or not currently does them)?

	Not at all Helpful 1	2	3	Moderately Helpful 4	5	6	Extremely Helpful 7
A. Screening clients in your organization for depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Educating clients in your organization about depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Establishing referral relationships to other organizations that can provide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

depression counseling

D. Establishing referral relationships to other organizations that can provide depression medication treatment



E. Establishing referral relationships to other organizations that can provide other depression-related services



F. Training staff within your own organization to provide evidence-based depression counseling



G. Training staff within your own organization to provide evidence-based case management for depression



H. Community outreach to find people in need of depression-related services (e.g., 'case finding')



I. Community outreach to increase awareness of depression and depression care



J. Joining community collaboratives or coalitions to improve depression services or referrals in the community



K. Joining community collaboratives or coalitions to improve awareness of depression or depression care



## Follow-up Provider Survey

## IMPROVEMENT OUTCOMES

102. HOW ABLE TO IMPLEMENT each of the following service activities do you think to be?

	Not at all Able to Implement 1	2	3	Moderately Able to Implement 4	5	6	Extremely Able to Implement 7
A. Screening clients in your organization for depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Educating clients in your organization about depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Establishing referral relationships to other organizations that can provide depression counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Establishing referral relationships to other organizations that can provide depression medication treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Establishing referral relationships to other organizations that can provide other depression-related services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Training staff within your own organization to provide evidence-based depression counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Training staff within your own organization to provide evidence-based case management for depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Community outreach to find people in need of depression-related services (e.g., 'case finding')	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Community outreach to increase awareness of depression and depression care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

J. Joining community collaboratives or coalitions to improve depression services or referrals in the community



K. Joining community collaboratives or coalitions to improve awareness of depression or depression care



## Follow-up Provider Survey

Page 67

### BACKGROUND QUESTIONS

*Before we conclude, we would like to find out a little bit about your background*

103. What year were you born?

19

104. What is your gender?



Female



Male

105. What is your racial or ethnic background? *(Check All That Apply)*



Native American / Alaska Native



Asian (includes East Indian)



Native Hawaiian or other Pacific Islander



Black or African American



White / Caucasian, not of Hispanic or Latino Descent

☐ Hispanic or Latino

☐ Other, please specify

## Follow-up Provider Survey

Page 68

### BACKGROUND QUESTIONS

106. What is your educational background? *(Select highest level)*

- ☐ Completed graduate school: MD or Doctorate (PhD, EdD, other)
- ☐ Completed graduate school: Masters
- ☐ Completed college
- ☐ Completed high school or equivalency exam
- ☐ Less than high school

## Follow-up Provider Survey

Page 69

### THANK YOU!

**Thank you for taking the CPIC provider survey!**

Please enter your preferred mailing address below. We will use this address to send your Target gift certificate as a small token of our appreciation for your time in taking this survey.

107. Preferred Mailing Address:

Street Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>

## Follow-up Provider Survey

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### OOPS!

Please use the back button below to return to the previous page and check the box to acknowledge that you have read the consent information and have agreed to take the CPIC provider survey.

If you do not wish to take the survey, you may exit it by closing your browser window.