

INTRODUCTION AND CONSENT

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

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, RAND Health, and the University of Southern California, among others.

We appreciate your time filling out this survey. We estimate that it will take about 30 to 40 minutes to complete.

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.

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. If you need to interrupt filling out the survey, you will be able to return and complete it later.

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, please do not hesitate to contact Susan Stockdale, PhD at UCLA, telephone 310-794-3732 or email sstockdale@mednet.ucla.edu.
- For technical questions about the online survey software, contact Mariana Horta at RAND, telephone 310.393.0411 (ext.6034) or email mhorta@rand.org.

click the NEXT button below to continue to the survey questionnaire.

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

☐ Primary care physician

- ☐ Psychiatrist
- ☐ Other physician

- ☐ Nurse (RN) or Nurse Practitioner
- ☐ Nurse (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. Please specify what type of physician you are:

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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

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
a. Providing services directly to individuals in a clinical or clinic office setting (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. Providing services directly to individuals in a community setting (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. Providing other services directly to individuals. <i>Describe below</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Administrative or professional activities not involving direct services to individuals (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. Other administrative or professional activities at (not included above). <i>Describe below</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. If you indicated that **you provide other services directly to individuals** (c), please describe those activities below:

13. If you indicated that you conduct **other administrative or professional activities at** (e), please describe those activities below:

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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 ?

14. Total # of **Adults** (age 18+) per week: The value must be greater than or equal to 0.

15. Total # of **Children/Youth** (age 0-17) per week: The value must be greater than or equal to 0.

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

16. How many came to for the first time?

of first time adults served per week:


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

of follow-up or repeat adults served per week:

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

% of adults with depression symptoms:

19.

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

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

20. How many came to for the first time?

of first time children/youth served per week:


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

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

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

% of children/youth with depression symptoms:

23.

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

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

24. How many came to for the first time?

of first time adults served per week:

of first time children/youth served per week:

25. 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:

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

% of adults with depression symptoms:

% of children/youth with depression symptoms:

27.

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

This next section asks about your views on depression

28. 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

Baseline Provider Survey

29. 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 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"/>

Baseline Provider Survey

30. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Dysthymic disorder is a mild, brief depression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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31. Do you feel that you could improve the way you personally are able to **identify, screen, assess, educate, or refer** individuals with depression? (Select One)

- ☐ No
☐ Maybe
☐ Probably
☐ Definitely

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32. 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 (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 (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 (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...

33. 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%

34. Screening for depression (using standardized assessment instruments)
☐ None (0%) ☐ 25% or Less ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 100%

35. Educating individuals or families about depression
☐ None (0%) ☐ 25% or Less ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 100%

36. Prescribing antidepressant medication
☐ None (0%) ☐ 25% or Less ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 100%

37. Counseling for depression
☐ None (0%) ☐ 25% or Less ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 100%

38. Referring to mental health specialty care
☐ None (0%) ☐ 25% or Less ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 100%

39. Providing social support for depression (e.g., support groups for managing symptoms)
☐ None (0%) ☐ 25% or Less ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 100%

40. 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%

41. 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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42. ***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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43. 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
a. Explain what depression is	<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"/>
c. Ask about prior mental health treatment	<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"/>
e. Ask about barriers to depression care	<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"/>
g. Discuss costs of alternative mental health treatments	<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"/>
i. Discuss ways to improve social skills	<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"/>
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"/>
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"/>

m. Discuss benefits of different depression treatments	<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"/>
o. Discuss how depression may affect the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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46. Does currently ask you to follow any guidelines or protocols for providing services specifically for depressed clients? *(Select One)*

- ☐ No
- ☐ Yes
- ☐ Don't know

47. ***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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48. ***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/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"/>

49. 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.

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

Note: Please do not include orientations received at the CPIC "It Takes a Village: Beating Depression in Our Community Workshop" (on May 29) in the following responses.

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

51. 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):

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52. ***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

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53. 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

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

☐ Definitely Do Not Continue

☐ Possibly Continue

☐ Definitely Continue

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

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56. **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)

	Much Worse Now	Worse Now	About the Same Now	Better Now	Much Better Now	Not Provided Within Past 6 Months
a. Case finding for depression (identifying individuals who may need clinical screening/assessment or treatment for depression)	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
b. Screening for depression (using standardized assessment instruments)	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
c. Educating individuals or families about depression	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
d. Prescribing antidepressant medication	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
e. Counseling for depression	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
f. Referring to mental health specialty care	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
g. Providing social support for depression (e.g., support groups for managing symptoms)	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
h. Providing religious or spiritual support for people with depression (e.g., pastoral care by clergy)	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
h. Engaging in community outreach for depression (e.g., public awareness or education campaigns)	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈

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The next set of questions asks about areas of improvement that considers important

How important is *improving* each of the following to ?

57. **Services**

	Not Important 1	2	3	Moderately Important 4	5	6	Extremely Important 7
a. Access to depression services	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
b. Quality of depression services	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
c. Efficiency or cost-effectiveness of depression services	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
d. Continuity of care for clients with depression	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈

58. **Clients**

	Not Important 1	2	3	Moderately Important 4	5	6	Extremely Important 7
e. Client satisfaction with depression care	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
f. Client involvement in their own depression care	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
g. client symptoms, functioning, or quality of life related to depression	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈

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How important is *improving* each of the following to ?

59. **Staff**

	Not Important 1	2	3	Moderately Important 4	5	6	Extremely Important 7
h. Skills and abilities of staff related to depression care	70	70	70	70	70	70	70
i. Recognition of staff (e.g. praise, promotion) for depression care	70	70	70	70	70	70	70
j. Sense of accomplishing something worthwhile	70	70	70	70	70	70	70

60. **Organization**

	Not Important 1	2	3	Moderately Important 4	5	6	Extremely Important 7
k. Recognition of your organization within the community (e.g., greater visibility or reputation)	70	70	70	70	70	70	70
l. Your organization's ability to collaborate with others for depression care	70	70	70	70	70	70	70

61. **Community**

	Not Important 1	2	3	Moderately Important 4	5	6	Extremely Important 7
m. Coordination within the community as a whole for depression services	70	70	70	70	70	70	70
n. Awareness about depression or depression care in the community	70	70	70	70	70	70	70

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Now we would like to ask about your general impressions of 's organizational culture

Instructions: Each item contains descriptions of four types of organizations. Please distribute 100 points among the four descriptions depending on how similar the description is to . None of these descriptions is any better than the others, they are just different.

For example: In question 1, if Organization A seems very similar to mine, B seems somewhat similar, and C and D do not seem similar at all, I might give 70 points to A, the remaining 30 points to B, and no points to C and D.

Please note to answer these items for your particular organization — . That is, for all sites and programs in this particular organization (but also not beyond this particular organization if it is part of a larger agency).

62. **Organizational Character**

Please distribute 100 points according to how similar you think each of the following organizations is to .
The sum of the numbers entered must equal 100.

Organization A is a very **personal** place. It is a lot like an extended family.

Organization B is a very **dynamic and entrepreneurial** place. People are willing to stick their necks out and take risks.

Organization C is a very **formalized and structured** place. Bureaucratic procedures generally govern what people do.

Organization D is very **production oriented**. A major concern is with getting the job done. People aren't very personally involved.

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63. **Organization's Managers**

Please distribute 100 points according to how similar you think each of the following organizations is to .
The sum of the numbers entered must equal 100.

Managers in Organization A are **warm and caring**. They seek to develop their

employees' full potential and act as their mentors or guides.	<input type="text"/>
Managers in Organization B are risk-takers . They encourage employees to take risks and be innovative.	<input type="text"/>
Managers in Organization C are rule-enforcers . They expect employees to follow established rules, policies, and procedures.	<input type="text"/>
Managers in Organization D are coordinators and coaches . They help employees meet the organization's goals and objectives.	<input type="text"/>

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64. **Organizational Cohesion**

Please distribute 100 points according to how similar you think each of the following organizations is to .
The sum of the numbers entered must equal 100.

The glue that holds Organization A together is **loyalty and tradition**. Commitment to this organization runs high.

The glue that holds Organization B together is **commitment to innovation** and development. There is an emphasis on being first.

The glue that holds Organization C together is **formal rules and policies**. Maintaining a smooth running operation is important here.

The glue that holds Organization D together is the emphasis on **tasks and goal accomplishment**. A production orientation is commonly shared.

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65. **Organizational Emphases**

Please distribute 100 points according to how similar you think each of the following organizations is to .
The sum of the numbers entered must equal 100.

Organization A emphasizes **human resources**. High cohesion and morale in the organization are important.

Organization B emphasizes **growth and acquiring new resources**. Readiness to meet new challenges is important.

Organization C emphasizes **permanence and stability**. Efficient, smooth operations are important.

Organization D emphasizes **competitive actions and achievement**. Measurable goals are important.

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66. **Organizational Rewards**

Please distribute 100 points according to how similar you think each of the following organizations is to .
The sum of the numbers entered must equal 100.

Organization A distributes its rewards **fairly equally** among its members. It's important that everyone from top to bottom be treated as equally as possible.

Organization B distributes its rewards based on **individual initiative**. Those with innovative ideas and actions are most rewarded.

Organization C distributes its rewards based on **rank**. The higher you are, the more you get.

Organization D distributes its rewards based on the **achievement of objectives**. Individuals who provide leadership and contribute to attaining the organization's goals are rewarded.

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

67. What year were you born?

19

68. What is your gender?

☐ Female

☐ Male

69. 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:

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

☐ Completed graduate school: MD or Doctorate (PhD, EdD, other)

☐ Completed graduate school: Masters

☐ Completed college

☐ Some college

☐ Completed high school or equivalency exam

☐ Less than high school

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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.

71. Preferred Mailing Address:

Street Address:

City:

State:

Zip:

Baseline Provider Survey

Oops!

Please use the back button to return to the last 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.

Baseline Provider Survey**Thank you!**

You have finished the baseline provider survey for the CPIC study.

We will contact you again in six months to invite you to take the follow-up survey.

Please click the "Done" button below to save your answers and complete the survey.