

INTRODUCTION AND CONSENT

You have been asked to complete this administrator 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 Family Clinics, the Los Angeles Urban League, the Los Angeles County department of Mental Health, University of California, Los Angeles, RAND, and University of Southern California among others.

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

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).

1. CONSENT TO PARTICIPATE

☐ Check this box to acknowledge you have read this information and agree to take the 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 administrator survey.

If you have questions about confidentiality or your participation in this project, please do not hesitate to contact Susan Stockdale, PhD at UCLA, telephone 310-794-3732 or email sstockdale@mednet.ucla.edu

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

IMPORTANT NOTE:

INSTRUCTIONS

IMPORTANT: Please answer questions for all of , unless specified otherwise.

That is, answer for all sites and programs included in . At the same time, do not include any sites or programs outside , even if they may be part of a larger agency together, unless specifically requested.

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 this survey, you will have 2 weeks to return and complete it.

Please also feel free to consult other people in your organization for information needed in the survey, if you feel it is necessary for any questions.

QUESTIONS ABOUT THE SURVEY

There are many different types of agencies participating in CPIC, and we recognize that not all questions will appear as familiar to some organizations 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.

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1. Organization Staff

2. Approximately how many people *_ both paid and volunteer _* work in ?

	Number of workers
a. Number of <u>paid</u> workers	<input type="text"/>
b. Number of <u>volunteer</u> workers	<input type="text"/>

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3. Approximately how many *full-time equivalent* (FTE) people work for in each of the following categories?

Please list paid and volunteer workers separately in the spaces below. Please also include both part-time and full-time workers (for example, **2 half-time workers = 1 full-time equivalent worker**).

	Paid (FTE)	Volunteer (FTE)
Executive & management staff	<input type="text"/>	<input type="text"/>
Administrative & clerical staff	<input type="text"/>	<input type="text"/>
Clergy	<input type="text"/>	<input type="text"/>

4. Medical Employees

	Paid (FTE)	Volunteer (FTE)
Primary care physicians	<input type="text"/>	<input type="text"/>
Psychiatrists	<input type="text"/>	<input type="text"/>
Any other physicians	<input type="text"/>	<input type="text"/>
Any other professionally licensed medical staff (e.g., RNs, NPs)	<input type="text"/>	<input type="text"/>

5. Please specify the types of other professionally licensed medical staff included in the question above, if applicable.

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6. Approximately how many *full-time equivalent* (FTE) people work for in the following categories?

Please list paid and volunteer workers separately in the spaces below. Please also include both part-time and full-time workers (for example, 2 half-time workers = 1 full-time equivalent worker).

	Paid (FTE)	Volunteer (FTE)
Psychologists (professionally licensed, waived*, or intern*)	<input type="text"/>	<input type="text"/>
Social Workers (professionally licensed, waived*, or intern*)	<input type="text"/>	<input type="text"/>
Marriage & Family Therapists (professionally licensed, waived*, or intern*)	<input type="text"/>	<input type="text"/>
Any other types of professionally licensed, waived*, or intern* mental health staff (e.g., occupational therapists,	<input type="text"/>	<input type="text"/>

psychiatric technicians)

* "waivered" refers to mental health staff who have not completed all qualifications for professional license but are permitted by the state to provide services.

* "intern" refers to mental health staff who are working supervised hours towards their professional qualification.

7. Please specify the types of other professionally licensed, waived*, or intern* mental health staff included in the question above, if applicable.

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8. Approximately how many *full-time equivalent* (FTE) people work for in the following category?

Please list paid and volunteer workers separately in the spaces below. Please also include both part-time and full time workers (for example, 2 half-time workers = 1 full-time equivalent worker).

	Paid (FTE)	Volunteer (FTE)
Substance abuse specialists (professionally certified, registered*, or intern*)		
Any other types of substance abuse staff (not included above)		

* "registered" refers to substance abuse staff who have not completed all qualifications for professional license but are permitted by the state to provide services.

* "intern" refers to substance abuse staff who are working supervised hours towards their professional qualification.

9. Please specify the types of other types of substance abuse staff included in the question above, if applicable.

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10. Approximately how many *full-time equivalent* (FTE) people work for in the following categories?

Please list paid and volunteer workers separately in the spaces below. Please also include both part-time and full-time workers (for example, 2 half-time workers = 1 full-time equivalent worker).

	Paid (FTE)	Volunteer (FTE)
Lay* health educators (including Promotoras and Promotores)		
Lay* mental health workers (e.g., peer or consumer advocates)		
Lay* substance abuse workers		
Case management staff (<u>not included above</u>)		
Community outreach staff (<u>not included above</u>)		
Any other types of workers (<u>not included above</u>)		

* "lay" refers to staff who provide services without a professional license or waiver and are not working towards a professional qualification.

11. Please specify the other types of workers in the question above, if applicable.

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2. Organization Clients & Constituents

12. Does **provide direct care, services or support to individuals** (which may include clients or community members, whether or not they pay for services)?

☐ Yes ☐ No

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13. About how many unduplicated* adults (18 years or older), adolescents (13-17 years), and children (0-12 years) would you estimate serves in a typical month in Los Angeles County?

Adults (age 18+) served/month

Adolescents (age 13-17 years) served/month

Children (age 0-12 years) served/month

* "unduplicated" refers to all individuals served (whether new or continuing), but only counted once (even if they were served more than one time during the month period).

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14. Is a membership organization or association (such as a church or community coalition)?

☐ Yes ☐ No

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15. About how many individual or organizational members does have at this time (regardless whether membership requires payment or not)?

	Number of members
Individual members (e.g., congregants, grassroots community members, etc.)	<input type="text"/>
Organizational members (e.g., other agencies formally represented in your organization)	<input type="text"/>

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16. To what degree does engage in advocacy with political or community leaders and/or in grassroots community organizing?

☐ None ☐ A little ☐ Some ☐ A lot

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17. Does specifically focus on any of the following particular age, gender, or disease groups in its services or activities (even if it serves or involves other types of people as well)?

- ☐ Children (0-12 years old)
☐ Adolescents (13-17 years old)
☐ Young Adults (18-25 years old)
☐ Adults (26-64 years old)
☐ Elderly (65 years and older)

☐ Women

☐ Men

☐ Pregnant Women

☐ Gay, Lesbian, or Bi-sexual

☐ Transgender

☐ Severely Mentally Ill

☐ HIV+

☐ We do not specifically focus on any of the above groups.

☐ Other age, gender or disease group (please specify)

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18. Roughly what proportion of the individuals served by are:

	%
Male	<input type="text"/>
Female	<input type="text"/>

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19. Roughly what proportion of the individuals served by are in the following ethnic or racial groups? (Check one category on each line)

	None (0%)	25% or Less	26 - 50%	51 - 75%	76 - 100%
African-American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latino or Latina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White/Caucasian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other racial/ethnic group 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other racial/ethnic group 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Please specify other racial or ethnic group 1 above:

21. Please specify other racial or ethnic group 2 above:

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22. Roughly what proportion of the individuals served by are in the following social or economic groups? (Check one category on each line)

	None (0%)	25% or Less	26 - 50%	51 - 75%	76 - 100%
Homeless individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low income individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uninsured individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants or undocumented individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other social or economic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Please specify other social or economic groups reported above:

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24. In its services or support to individuals, can accommodate people who speak the following languages? (Check all that apply)

	Yes	No	Do not know
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Please specify any other language groups (if any) served by your organization:

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26. Roughly what proportion of the individuals served by have the following kinds of health insurance? (Check one category on each line)

	None (0%)	25% or Less	26 - 50%	51 - 75%	76 - 100%	Do not know
Medicaid/Medi-Cal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Please specify any other insurance type (if any) reported above:

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28. Roughly what proportion of the individuals served by would you estimate are depressed enough to be evaluated or treated for clinical depression?

The value must be between 0 and 100, inclusive.

- 29.

☐ Unsure of the proportion of people that are depressed enough for a referral.

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3. Organization Health Priorities

We recognize that most organizations must balance a variety of objectives and needs. On the next page we are interested in the relative emphasis your organization would place on different health issues in deciding which ones to address in the communities that it serves.

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30. If your organization only had a \$1,000 budget, how would it allocate this money across the

following physical health, mental health, and substance abuse issues?

Please enter the amount you think your organization would allocate to each condition on the line next to it.

It is ok not to allocate any of the budget to health conditions that would not be a priority for your organization (you may leave the entry blank for those conditions). Please specify additional physical health, mental health, and substance abuse issues in the 'Other' spaces on the list below.

The sum of the numbers entered must equal 1000.

Anxiety disorders	<input type="text"/>
Depression	<input type="text"/>
Personality Disorders (Axis II)	<input type="text"/>
Serious Mental Illness (Axis I: bipolar, schizophrenia, & other psychotic disorders)	<input type="text"/>
Suicidality	<input type="text"/>
Other Mental health	<input type="text"/>
Alcohol addiction	<input type="text"/>
Cocaine/Crack addiction	<input type="text"/>
Intravenous drug use	<input type="text"/>
Methamphetamine addiction	<input type="text"/>
Marijuana	<input type="text"/>
Other substance use	<input type="text"/>
Co-Occurring Disorders (any mental health plus substance abuse)	<input type="text"/>
Primary medical care (adults)	<input type="text"/>
Pediatrics	<input type="text"/>
Obstetrics (including high risk OB)	<input type="text"/>
Geriatrics/Elder care	<input type="text"/>
Oral health/ Dental care	<input type="text"/>
Cancer	<input type="text"/>
Lung disease	<input type="text"/>
Congestive Heart disease	<input type="text"/>
Hypertension/ High blood pressure	<input type="text"/>
Diabetes	<input type="text"/>
Obesity	<input type="text"/>
HIV/AIDS	<input type="text"/>
Hepatitis A/B	<input type="text"/>
Hepatitis C	<input type="text"/>
Tuberculosis	<input type="text"/>
Other physical condition	<input type="text"/>

31. If you allocated funds to **Other mental health condition(s)**, please specify what condition(s):

32. If you allocated funds to **Other substance abuse**, please specify what kind of substance abuse:

33. If you allocated funds to **Other physical condition(s)**, please specify what kind of physical condition(s):

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4. Organization Services & Activities

We're interested in services that offers or engages in through any of its efforts (e.g., ongoing programs, outreach initiatives, religious ministries, etc.).

Does offer any of the following services to individuals in Los Angeles County by:
 (a) directly providing the service on its own, and/or
 (b) referring or collaborating with another organization?

34. 1. Depression services
 Check all that apply

	DIRECTLY PROVIDE <i>Our organization directly provides this service on its own</i>	REFER or COLLABORATE <i>Our organization refers or collaborates with another organization to offer this service</i>	DOES NOT OFFER <i>Our organization does not offer this service</i>
Case finding for depression care <i>(identifying individuals who are sad or depressed and might benefit from depression treatment)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression screening/evaluation <i>(using standardized assessments or instruments)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression education <i>(written information or education classes)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression counseling by mental health professionals <i>(professionally trained or licensed mental health counselors)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression counseling by others <i>(e.g., lay mental health counselors)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression medication or medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social support for people with depression <i>(e.g., support groups for managing symptoms or adhering to treatments)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious or spiritual support for people with depression <i>(e.g., pastoral care by clergy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Outreach related to depression <i>(e.g., public education or awareness campaigns)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Organization Services & Activities, continued

Please continue to indicate whether offers any of the following services to individuals in Los Angeles County:

35. 2. Services for other Mental Health conditions
 Check all that apply.

	DIRECTLY PROVIDE <i>Our organizaion directly provides this service on its own</i>	REFER or COLLABORATE <i>Our organization refers or collaboraes with another organization to offer this service</i>	DOES NOT OFFER <i>Our organization does not offer this service</i>
Serious Mental Illness <i>(incl. schizophrenia, bipolar & other psychotic illnesses)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other mental health conditions <i>(e.g., anxiety, panic, trauma, crisis/suicide)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. 3. Services for Substance Abuse conditions
 Check all that apply.

	DIRECTLY PROVIDE <i>Our organizaion directly provides this service on its own</i>	REFER or COLLABORATE <i>Our organization refers or collaboraes with another organization to offer this service</i>	DOES NOT OFFER <i>Our organization does not offer this service</i>
Alcohol and other substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-occurring disorders <i>(any substance abuse plus mental illness)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Organization Services & Activities, continued

Please continue to indicate whether offers any of the following services to individuals in Los Angeles County:

37. 4. Medical Services
Check all that apply.

	DIRECTLY PROVIDE <i>Our organizaion directly provides this service on its own</i>	REFER or COLLABORATE <i>Our organization refers or collaboraes with another organization to offer this service</i>	DOES NOT OFFER <i>Our organization does not offer this service</i>
Primary Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS Medical Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. 5. Social services
Check all that apply.

	DIRECTLY PROVIDE <i>Our organizaion directly provides this service on its own</i>	REFER or COLLABORATE <i>Our organization refers or collaboraes with another organization to offer this service</i>	DOES NOT OFFER <i>Our organization does not offer this service</i>
Case management (for any services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other social services (e.g., housing or benefits assistance, vocational or employment, legal aid, food pantry, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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If you indicated that REFERS and/or COLLABORATES with other organizations for any Depression, Other Mental Health, Substance Abuse, or Co-Occurring Disorder services:

Please list up to 10 of the main organizations REFERS and/or COLLABORATES with for any Depression, Other Mental Health, Substance Abuse, or Co-Occurring Disorder services.

Please also provide the specific *department or program name* within the organization (if applicable) and its *general location* (e.g., street or cross-streets, city, etc).

If does not REFER and/or COLLABORATES with other organizations for any Depression, Other Mental Health, Substance Abuse, or Co-Occurring Disorder services please click 'Next' at the bottom of the page.

39. 1st organization – Name (including specific department or program) & General location

40. 2nd organization – Name (including specific department or program) & General location

41. 3rd organization – Name (including specific department or program) & General location

42. 4th organization – Name (including specific department or program) & General location

43. 5th organization – Name (including specific department or program) & General location

44. 6th organization – Name (including specific department or program) & General location

45. 7th organization – Name (including specific department or program) & General location

46. 8th organization – Name (including specific department or program) & General location

47. 9th organization – Name (including specific department or program) & General location

48. 10th organization – Name (including specific department or program) & General location

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Partner Organization 1

49. You have reported that your organization refers clients or collaborates with . For what types of services do you collaborate or refer clients with ? (Check all that apply)

- ☐ Depression Care (any)
- ☐ Other Mental Health (any)
- ☐ Alcohol or Other Substance Abuse (any)
- ☐ Co-Occurring Disorders (any)

50. What options best describe your agency's relationship with ? (Check all that apply)

- ☐ Sends clients to .
- ☐ Receives clients **from** .
- ☐ Joint case management or coordination of care
- ☐ Joint administration or funding or programs
- ☐ Joint public education or advocacy

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Partner Organization 2

51. You have reported that your organization refers clients or collaborates with . For what types of services do you collaborate or refer clients with ? (Check all that apply)

- ☐ Depression Care (any)
- ☐ Other Mental Health (any)
- ☐ Alcohol or Other Substance Abuse (any)
- ☐ Co-Occurring Disorders (any)

52. What options best describe your agency's relationship with ? (Check all that apply)

- ☐ Sends clients to .
- ☐ Receives clients from .
- ☐ Joint case management or coordination of care
- ☐ Joint administration or funding or programs
- ☐ Joint public education or advocacy

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Partner Organization 3

53. You have reported that your organization refers clients or collaborates with . For what types of services do you collaborate or refer clients with ? (Check all that apply)

- ☐ Depression Care (any)
- ☐ Other Mental Health (any)
- ☐ Alcohol or Other Substance Abuse (any)
- ☐ Co-Occurring Disorders (any)

54. What options best describe your agency's relationship with ? (Check all that apply)

- ☐ Sends clients to .
- ☐ Receives clients from .

- ☐ Joint case management or coordination of care
- ☐ Joint administration or funding or programs
- ☐ Joint public education or advocacy

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Partner Organization 4

55. You have reported that your organization refers clients or collaborates with . For what types of services do you collaborate or refer clients with ? *(Check all that apply)*
- ☐ Depression Care *(any)*
 - ☐ Other Mental Health *(any)*
 - ☐ Alcohol or Other Substance Abuse *(any)*
 - ☐ Co-Occurring Disorders *(any)*
56. What options best describe your agency's relationship with ? *(Check all that apply)*
- ☐ Sends clients to .
 - ☐ Receives clients from .
 - ☐ Joint case management or coordination of care
 - ☐ Joint administration or funding or programs
 - ☐ Joint public education or advocacy

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Partner Organization 5

57. You have reported that your organization refers clients or collaborates with . For what types of services do you collaborate or refer clients with ? *(Check all that apply)*
- ☐ Depression Care *(any)*
 - ☐ Other Mental Health *(any)*
 - ☐ Alcohol or Other Substance Abuse *(any)*
 - ☐ Co-Occurring Disorders *(any)*
58. What options best describe your agency's relationship with ? *(Check all that apply)*
- ☐ Sends clients to .
 - ☐ Receives clients from .
 - ☐ Joint case management or coordination of care
 - ☐ Joint administration or funding or programs
 - ☐ Joint public education or advocacy

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Partner Organization 6

59. You have reported that your organization refers clients or collaborates with . For what types of services do you collaborate or refer clients with ? *(Check all that apply)*
- ☐ Depression Care *(any)*
 - ☐ Other Mental Health *(any)*
 - ☐ Alcohol or Other Substance Abuse *(any)*
 - ☐ Co-Occurring Disorders *(any)*
60. What options best describe your agency's relationship with ? *(Check all that apply)*
- ☐ Sends clients to .
 - ☐ Receives clients from .
 - ☐ Joint case management or coordination of care
 - ☐ Joint administration or funding or programs
 - ☐ Joint public education or advocacy

Partner Organization 7

61. You have reported that your organization refers clients or collaborates with . For what types of services do you collaborate or refer clients with ? *(Check all that apply)*
- ☐ Depression Care *(any)*
 - ☐ Other Mental Health *(any)*
 - ☐ Alcohol or Other Substance Abuse *(any)*
 - ☐ Co-Occurring Disorders *(any)*
62. What options best describe your agency's relationship with ? *(Check all that apply)*
- ☐ Sends clients to .
 - ☐ Receives clients from .
 - ☐ Joint case management or coordination of care
 - ☐ Joint administration or funding or programs
 - ☐ Joint public education or advocacy

Partner Organization 8

63. You have reported that your organization refers clients or collaborates with . For what types of services do you collaborate or refer clients with ? *(Check all that apply)*
- ☐ Depression Care *(any)*
 - ☐ Other Mental Health *(any)*
 - ☐ Alcohol or Other Substance Abuse *(any)*
 - ☐ Co-Occurring Disorders *(any)*
64. What options best describe your agency's relationship with ? *(Check all that apply)*
- ☐ Sends clients to .
 - ☐ Receives clients from .
 - ☐ Joint case management or coordination of care
 - ☐ Joint administration or funding or programs
 - ☐ Joint public education or advocacy

Partner Organization 9

65. You have reported that your organization refers clients or collaborates with . For what types of services do you collaborate or refer clients with ? *(Check all that apply)*
- ☐ Depression Care *(any)*
 - ☐ Other Mental Health *(any)*
 - ☐ Alcohol or Other Substance Abuse *(any)*
 - ☐ Co-Occurring Disorders *(any)*
66. What options best describe your agency's relationship with ? *(Check all that apply)*
- ☐ Sends clients to .
 - ☐ Receives clients from .
 - ☐ Joint case management or coordination of care
 - ☐ Joint administration or funding or programs
 - ☐ Joint public education or advocacy

Partner Organization 10

67. You have reported that your organization refers clients or collaborates with . For what types of services do you collaborate or refer clients with ? *(Check all that apply)*

- ☐ Depression Care *(any)*
- ☐ Other Mental Health *(any)*
- ☐ Alcohol or Other Substance Abuse *(any)*
- ☐ Co-Occurring Disorders *(any)*

68. What options best describe your agency's relationship with ? *(Check all that apply)*

- ☐ Sends clients to .
- ☐ Receives clients from .
- ☐ Joint case management or coordination of care
- ☐ Joint administration or funding or programs
- ☐ Joint public education or advocacy

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69. To your knowledge, does (or its larger agency, if it is part of one) currently participate in any community coalitions, commissions or boards that address Depression, Other Mental Health, Substance Abuse, or Co-Occurring Disorder needs?
Do not include collaborations reported in the previous question.

☐ Yes ☐ No

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70. Please list the community coalitions, commissions, or boards that address depression or other mental health issues:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.
- j.

71. Please list the community coalitions, commissions, or boards that address substance abuse or co-occurring disorder issues:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.
- j.

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72. If you indicated that offers Depression Screening/Evaluation (on its own or by referral or collaboration with another organization):

Does this depression screening/evaluation occur *(Check all that apply)*:

- ☐ For individuals showing depressive symptoms
- ☐ For individuals at-risk for depression
- ☐ Routinely for all clients or constituents
- ☐ Not Applicable—we do not offer Depression Screening/Evaluation
- ☐ Other, please specify

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5. Challenges in Addressing Depression

We recognize that some challenges in addressing depression care may touch on sensitive issues. Please note again that your answers are confidential and will not be shared with anyone else in your organization. Individual responses will not be available to anyone other than research staff.

73. What (if any) funding constraints have made it difficult for to address the needs of people with depression? *(Check all that apply)*

- ☐ No such constraints
- ☐ Not enough funding for depression care
- ☐ Instability of funding for depression care
- ☐ Categorical or other restrictions on use of funding
- ☐ Other funding constraints (please describe):

74. What (if any) other organizational or system constraints have made it difficult for to address the needs of people with depression? *(Check all that apply)*

- ☐ No such constraints
- ☐ Lack of top leadership support for depression care
- ☐ Competing priorities for needs other than depression care
- ☐ Lack of interest among staff for depression care
- ☐ Lack of staff with appropriate skills in depression care
- ☐ Staff turnover or retention issues
- ☐ Lack of sufficient numbers of clients identified with depression
- ☐ Other organizational or system constraints (please describe):

75. What (if any) challenges has faced in partnering with other organizations to address the needs of people with depression? *(Check all that apply)*

- ☐ No such challenges
- ☐ Lack of suitable partner organizations
- ☐ Lack of interest among suitable partner organizations in collaborating
- ☐ Time/effort required to initiate or maintain partnerships
- ☐ Lack of dedicated support or funding for partnership activities
- ☐ Competitive funding environment
- ☐ Regulation or bureaucratic "red tape" required by other organizations to collaborate
- ☐ Differences in strategy or goals with (potential) partnering organizations
- ☐ Differences in professional or work culture with (potential) partnering organizations
- ☐ Other partnering challenges (please describe):

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6. Depression Care and Quality Improvement

76. To the best of your knowledge, please indicate whether people within have participated in any of the following: *(Check all that apply)*

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.

	Within the <u>past 6 months?</u>	More than <u>6 months ago</u>	Never (as far as I'm aware)
Training on depression or depression care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training on other mental health or substance abuse care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Conferences on depression or depression care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conferences on other mental health or substance abuse care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

77. To the best of your knowledge, please indicate whether has implemented any of the following efforts to improve depression, other mental health, or substance abuse services within the past 2 years: *(Check all that apply)*

	<u>Depression care</u>	<u>Other mental health care</u>	<u>Substance abuse services</u>	<u>None (that I know of)</u>
Clinical guidelines, standards, or treatment protocols	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standardized or manualized treatment programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standardized assessment tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inter-disciplinary treatment teams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs to improve access or outreach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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78. Please indicate which, if any, of the following practices or methods uses to improve its services or performance.

☐ We do not use any formal practices or methods to improve services or performance (continue to next page).

☐ A standing committee that oversees quality improvement (QI) or quality assurance (QA) activities within the organization

☐ Formal quality improvement or assurance teams that address specific performance issues

☐ Training for administrators in formal quality improvement or assurance techniques (e.g., rapid cycle improvement, Plan-Do-Study-Act, Six Sigma, Lean, root cause analysis, audit, etc.)

☐ Training for frontline staff in formal quality improvement or assurance techniques

☐ A permanent staff, group, or department dedicated to providing training, guidance and support for quality improvement or assurance activities within the organization (e.g., a Quality Department)

☐ A written, formal quality improvement/assurance plan or strategy for the organization

☐ Incentives to staff for improving the quality of services or performance

☐ Incentives to staff for improving the quality of depression services in particular

☐ Other practices or methods to improve services or performance (please describe):

79. If provides incentives to staff for improving the quality of depression or other services, please describe:

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We next ask specifically about collaborative improvement efforts with other organizations or groups.

80. During the past six months, to what extent has been involved in collaborative efforts with other agencies or groups to improve depression-related services?

☐ Not at all ☐ Not much ☐ Some ☐ A fair amount ☐ A lot

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81. During the past six months, to what extent have you personally been involved in collaborative

efforts with other agencies or groups to improve depression-related services?

၂၇ Not at all ၂၇ Not much ၂၇ Some ၂၇ A fair amount ၂၇ A lot

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82. How beneficial has participation in such collaborative efforts to improve depression-related services been for?

၂၇ Not at all ၂၇ Not much ၂၇ Some ၂၇ A fair amount ၂၇ A lot

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83. How beneficial has participation in such collaborative efforts to improve depression-related services been for you personally?

၂၇ Not at all ၂၇ Not much ၂၇ Some ၂၇ A fair amount ၂၇ A lot

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84. Compared to six months ago, how much do you think the following services for depressed people have changed within ?

	Much Worse Now	Worse Now	About the Same Now	Better Now	Much Better Now	Not provided 6 months ago
Case finding for depression care (Identifying individuals who are sad or depressed and might benefit from depression treatment)	၂၇	၂၇	၂၇	၂၇	၂၇	၂၇
Depression screening/evaluation (using standardized assessment instruments)	၂၇	၂၇	၂၇	၂၇	၂၇	၂၇
Depression education (written information or education classes)	၂၇	၂၇	၂၇	၂၇	၂၇	၂၇
Depression counseling by mental health professionals (professionally trained or licensed mental health counselors)	၂၇	၂၇	၂၇	၂၇	၂၇	၂၇
Depression counseling by others (e.g., lay mental health counselors)	၂၇	၂၇	၂၇	၂၇	၂၇	၂၇
Prescribing of depression medication or medication management	၂၇	၂၇	၂၇	၂၇	၂၇	၂၇
Referring to mental health specialty care	၂၇	၂၇	၂၇	၂၇	၂၇	၂၇
Social support for people with depression (e.g., support groups for managing symptoms or adhering to treatments)	၂၇	၂၇	၂၇	၂၇	၂၇	၂၇
Religious or spiritual support for people with depression (e.g., pastoral care by clergy)	၂၇	၂၇	၂၇	၂၇	၂၇	၂၇
Community outreach related to depression (e.g., public awareness or education campaigns)	၂၇	၂၇	၂၇	၂၇	၂၇	၂၇

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

85. HOW IMPORTANT is improving each of the following to ?
Services

	Not Important 1	2	3	Moderately Important 4	5	6	Extremely Important 7
A. <u>access</u> to depression	၂၇	၂၇	၂၇	၂၇	၂၇	၂၇	၂၇

services							
B. <u>quality</u> of depression services	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
C. <u>efficiency or cost-effectiveness</u> of depression services	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
D. <u>continuity of care</u> for people with depression	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
86. <i>Recipients of Depression Care</i>							
	Not Important 1	2	3	Moderately Important 4	5	6	Extremely Important 7
E. People's <u>satisfaction</u> with depression care	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
F. People's <u>involvement</u> in their depression care	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
G. People's <u>symptoms, functioning, or quality of life</u> related to depression	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈

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87. HOW IMPORTANT is improving each of the following to ?
Staff

	Not Important 1	2	3	Moderately Important 4	5	6	Extremely Important 7
H. <u>skills and abilities</u> of staff related to depression care	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
I. <u>recognition</u> of staff (e.g., praise, promotion) for depression care	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
J. sense of <u>accomplishing something worthwhile</u>	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈

88. *Organization*

	Not Important 1	2	3	Moderately Important 4	5	6	Extremely Important 7
K. <u>recognition</u> of your organization within the community (e.g., greater visibility or reputation)	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
L. your organization's <u>ability to collaborate</u> with others for depression care	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈

89. *Community*

	Not Important 1	2	3	Moderately Important 4	5	6	Extremely Important 7
M. <u>coordination</u> within the community as a whole for depression services	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈
N. <u>awareness</u> about depression or depression care in the community	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈	၂၈

7. Organizational Culture

Finally, we'd like to ask about your general impressions of .

Each item below contains descriptions of four types of organizations. Please distribute 100 points among the four descriptions depending on how similar the description is to your organization. None of these descriptions is any better than the others; they are just different. For each question, please use all 100 points.

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 and the remaining 30 points to B.

Please note to answer these items for all of . That is, for all sites and programs included in .

90. A. Organizational Character

The sum of the numbers entered must equal 100.

Organization A is a very personal place.

It is a lot like an extended family. People seem to share a lot of themselves.

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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Please distribute 100 points among the four types of organizations depending on how similar the description is to your organization. None of these descriptions is any better than the others; they are just different. For each question, please use all 100 points.

91. B. Organization's Managers

The sum of the numbers entered must equal 100.

Managers in Organization A are warm and caring.

They seek to develop employees' full potential and act as their mentors or guides.

Managers in Organization B are risk-takers.

They encourage employees to take risks and be innovative.

Managers in Organization C are rule-enforcers.

They expect employees to follow established rules, policies, and procedures.

Managers in Organization D are coordinators and coaches.

They help employees meet the organization's goals and objectives.

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7. Organizational Culture (continued)

Please distribute 100 points among the four types of organizations depending on how similar the description is to your organization. None of these descriptions is any better than the others; they are just different. For each question, please use all 100 points.

92. C. Organizational Cohesion

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.

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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Please distribute 100 points among the four types of organizations depending on how similar the description is to your organization. None of these descriptions is any better than the others; they are just different. For each question, please use all 100 points.

93. **D. Organizational Emphases**

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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Please distribute 100 points among the four types of organizations depending on how similar the description is to your organization. None of these descriptions is any better than the others; they are just different. For each question, please use all 100 points.

94. **E. Organizational Rewards**

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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8. Personal Background

Before we conclude, we'd just like to find out a little bit about your background.

95. What is your official job title?

96. Which of the following advanced degrees or professional certifications do you have?

☐ BA

☐ MA

☐ MSW

☐ MD

☐ PhD

☐ Other degree(s) or certification(s), please specify:

97. How long have you worked in your present organization?

Years

Months

98. How long have you done this type of work (or related jobs) in the Los Angeles area?

Years

Months

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Thank you for completing the CPIC Administrator Survey. Please click "DONE" to submit your answers.