

CPIC Follow-up Administrator Survey

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INTRODUCTION AND CONSENT

1. You have been asked to complete this administrator survey because your organization, [Agency Name], 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 Partnership, 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).

CONSENT TO PARTICIPATE

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

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IMPORTANT NOTE:**INSTRUCTIONS**

IMPORTANT: Please answer questions for all of [Agency Name], unless specified otherwise.

That is, answer for all sites and programs included in [Agency Name]. At the same time, do not include any sites or programs outside [Agency Name], 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 be able to return and complete it later.

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, or if you have technical questions about the online survey software, please do not hesitate to contact Victoria Valdes at UCLA, telephone 310-794-3783 or email vvaldes@ucla.edu

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

CPIC Follow-up Administrator Survey**1. Organization Staff**

2. Approximately how many people *_ both paid and volunteer _* work in [Agency Name]?

	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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Organization Staff, continued

3. Next, we're interested whether any people who work at [Agency Name] provide lay health, mental health, or substance abuse, and (lay or professional) case management or community outreach services.

Approximately how many *full-time equivalent* (FTE) people work for [Agency Name] 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 (<i>including promotoras and promotores</i>)	<input type="text"/>	<input type="text"/>
Lay* mental health workers (<i>e.g., peer or consumer advocates not professionally licensed, waived, or intern</i>)	<input type="text"/>	<input type="text"/>
Lay* substance abuse workers (<i>not professionally certified, registered or inter</i>)	<input type="text"/>	<input type="text"/>
Case Managers (<i>lay or professional</i>)	<input type="text"/>	<input type="text"/>
Community outreach workers (<i>lay or professional</i>)	<input type="text"/>	<input type="text"/>

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

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Organization Staff, continued

4. Next we're interested whether any people who work at [Agency Name] provide professional mental health, substance abuse treatment, or primary care services.

Approximately how many *full-time equivalent* (FTE) people work for [Agency Name] 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)
Psychiatrists (professional licensed, waived, or intern)*		
Psychologists (professionally licensed, waived, or intern)*		
Social Workers** (professionally licensed, waived, or intern)*		
Marriage & Family Therapists (professionally licensed, waived, or intern)*		
Substance abuse specialists (professionally certified, registered, or intern)*		
Nurses (RN, LVN), Nurse Practitioners, and Medical Assistants (professionally licensed or intern)*		
Primary care physicians (not including psychiatrists)		
Any other types of professionally licensed, waived, or intern mental health, substance abuse, or primary medical care staff		

*NOTE:

- "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 health or mental health staff who are working supervised hours towards their professional qualification.
- "registered" refers to substance abuse staff who have not completed all qualifications for professional license but are permitted by the state to provide services.

NOTE: If social worker provides case management, please include the person both in the count here for Social Workers **and in the previous question on number of Case Managers.

5. Please specify the types of **other professionally** licensed, waived, or intern **mental health, substance abuse, or primary medical care** staff included in the question above, if applicable.

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2. People Served by the Organization

6. Does [Agency Name] **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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People Served by the Organization, continued

7. About how many unduplicated* adults (18 years or older), adolescents (13-17 years), and children (0-12 years) would you estimate [Agency Name] 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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People Served by the Organization, continued

8. Roughly what proportion of the individuals served by [Agency Name] would you estimate are depressed enough to be evaluated or treated for clinical depression? (99999999)

The value must be between 0 and 100, inclusive.

9.

☐ Unsure of the proportion of people who are depressed enough for an evaluation or 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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Organization Health Priorities, continued

10. 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

Depression

Personality Disorders (*Axis II*)

Serious Mental Illness (*Axis I: bipolar, schizophrenia, & other psychotic disorders*)

Suicidality

Other Mental health

Alcohol addiction

Cocaine/Crack addiction

Intravenous drug use

Methamphetamine addiction

Marijuana

Other substance use

Co-Occurring Disorders (any mental health plus substance abuse)

Primary medical care (adults)

Pediatrics

Obstetrics (including high risk OB)

Geriatrics/Elder care

Oral health/ Dental care

Cancer

Lung disease

Congestive Heart disease

Hypertension/ High blood pressure

Diabetes

Obesity

HIV/AIDS

Hepatitis A/B

Hepatitis C

Tuberculosis

Other physical condition

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

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

13. 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 [Agency Name] offers or engages in through any of its efforts (e.g., ongoing programs, outreach initiatives, religious ministries, etc.).

Does [Agency Name] 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?

14. 1. Depression services

Check all that apply

	DIRECTLY PROVIDE <i>Our organization directly provides this</i>	REFER or COLLABORATE <i>Our organization refers or collaborates</i>	DOES NOT OFFER <i>Our organization does not offer this service</i>

	service on its own	with another organization to offer this service	
Case finding for depression care (identifying individuals who are sad or depressed and might benefit from depression treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression screening/evaluation (using standardized assessments or instruments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression education (written information or education classes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression counseling by mental health professionals (professionally trained or licensed mental health counselors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression counseling by other types of staff (e.g. lay mental health counselors)	<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 (e.g., support groups for managing symptoms or adhering to treatments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious or spiritual support for people with depression (e.g., pastoral care by clergy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Outreach related to depression (e.g., public education or awareness campaigns)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Organization Services & Activities, continued

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

15. 2. Services for other Mental Health conditions
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>
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"/>

16. 3. Services for Substance Abuse conditions
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>
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"/>

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Organization Services & Activities, continued

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

17. 4. Medical 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>
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"/>

18. 5. Social 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 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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Partner Organizations

If you indicated that [Agency Name] 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 [Agency Name] 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 [Agency Name] 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.

19. 1st organization – *Name (including specific department or program) & General location*

20. 2nd organization – *Name (including specific department or program) & General location*

21. 3rd organization – *Name (including specific department or program) & General location*

22. 4th organization – *Name (including specific department or program) & General location*

23. 5th organization – *Name (including specific department or program) & General location*

24. 6th organization – *Name (including specific department or program) & General location*

25. 7th organization – *Name (including specific department or program) & General location*

26. 8th organization – *Name (including specific department or program) & General location*

27. 9th organization – *Name (including specific department or program) & General location*

28. 10th organization – *Name (including specific department or program) & General location*

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Partner Organization 1

29. 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)*

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

☐ Sends clients to .

☐ DIRECTLY PROVIDE

Our organization directly provides this service on its own

☐ REFER or COLLABORATE

Our organization refers or collaborates with another organization to offer this service

☐ Receives clients from .

☐ Joint case management or coordination of care

☐ DOES NOT OFFER

Our organization does not offer this service

☐ Joint administration or funding or programs

☐ Joint public education or advocacy

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Partner Organization 2

31. 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)*

32. 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

33. 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)*
34. 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

35. 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)*
36. 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

37. 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)*
38. 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

39. 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)*

40. 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 7

41. 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)*

42. 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 8

43. 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)*

44. 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 9

45. 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)*

46. 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 10

47. 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*)

48. 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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49. If you indicated that [Agency Name] 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 within or outside your organization. The CPIC research team will only report responses in an aggregated form that does not allow identifying the answers of any individual.

50. First, we're interested in general organizational challenges that [Agency Name] has been facing.

In the last 12 months, has [Agency Name]:
(Check all that apply)

- ☐ Had to lay off any paid staff?
- ☐ Had to freeze salaries, cut salaries, or institute staff furloughs?
- ☐ Lost funding for existing programs?
- ☐ Experienced a delay in reimbursement/funding from a state agency or state contractor?
- ☐ Had to close sites or terminate programs?
- ☐ Observed larger demand for services due to the economy (e.g., from people who lost jobs or health insurance and are now seeking services in safety-net agencies).
- ☐ Other general organizational challenges (please describe):

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Challenges in Addressing Depression, continued

51. Next we're interested in constraints that may be specific to providing depression care.

In the last 6 months, what (if any) funding constraints have made it difficult for [Agency Name] 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):

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Challenges in Addressing Depression, continued

52. In the last 6 months, what (if any) other organizational or system constraints have made it difficult for [Agency Name] 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):

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Challenges in Addressing Depression, continued

53. In the last 6 months, what (if any) challenges has [Agency Name] 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

54. To the best of your knowledge, please indicate whether people within [Agency Name] have participated in any of the following types of training and education, and from whom, within the

past 6 months:
(Check all that apply)

	CPIC provided	DMH* provided	Other education/training provided	None attended in last 6 months
Training on depression or depression care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training on other mental health or substance abuse care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conferences on depression or depression care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conferences on other mental health or substance abuse care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*DMH = Los Angeles County Department of Mental Health.

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Depression Care and Quality Improvement, continued

55. To the best of your knowledge, please indicate whether [Agency Name] has implemented any of the following efforts to improve depression, other mental health, or substance abuse services within the past 6 months:
(Check all that apply)

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

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Depression Care and Quality Improvement, continued

56. Please indicate which, if any, of the following practices or methods [Agency Name] currently uses to improve its services or performance.

Check all that apply.

- ☐ 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):

57. If [Agency Name] provides incentives to staff for improving the quality of depression or other services, please describe:

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Depression Care and Quality Improvement, continued

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

58. During the past six months, to what extent has [Agency Name] 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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Depression Care and Quality Improvement, continued

59. How beneficial has participation in such collaborative efforts to improve depression-related services been for [Agency Name]?

☐ Not At All ☐ Not much ☐ Some ☐ A fair amount ☐ A lot

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Depression Care and Quality Improvement, continued

60. 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?

☐ Not At All ☐ Not much ☐ Some ☐ A fair amount ☐ A lot

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Depression Care and Quality Improvement, continued

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

☐ Not At All ☐ Not much ☐ Some ☐ A fair amount ☐ A lot

Depression Care and Quality Improvement, continued

62. Compared to six months ago, how much do you think the following services for depressed people have changed within [Agency Name] ?

	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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression screening/evaluation (using standardized assessment instruments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression education (written information or education classes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression counseling by mental health professionals (professionally trained or licensed mental health counselors)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression counseling by other types of staff (e.g., lay mental health counselors)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribing of depression medication or medication management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referring to mental health specialty care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social support for people with depression (e.g., support groups for managing symptoms or adhering to treatments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>	<input type="radio"/>	<input type="radio"/>
Community outreach related to depression (e.g., public awareness or education campaigns)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Depression Care and Quality Improvement, continued

The next set of questions asks about areas of improvement that [Agency Name] considers important.

63. HOW IMPORTANT is it to improve each of the following to [Agency Name]?

	Not Important 1	2	3	Moderately Important 4	5	6	Extremely Important 7
A. Improving overall <u>depression care</u> for people <u>served by [Agency Name]</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Improving overall <u>depression care</u> for people <u>in the community</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Improving <u>access</u> to depression services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Improving <u>quality</u> of depression services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Improving <u>continuity of care</u> for people with depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Improving people's <u>involvement</u> in their depression care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Improving people's <u>symptoms, functioning, or quality of life</u> related to depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Improving <u>skills and abilities</u> of staff for depression care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Improving your organization's <u>ability to collaborate</u> with others for depression care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Improving <u>coordination within the community as a whole for depression services</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Improving <u>awareness</u> about depression or depression care in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CPIC Follow-up Administrator Survey

Depression Care and Quality Improvement, continued

64. HOW HELPFUL do you or would you consider each of the following service activities for improving overall depression care (whether or not [Agency Name] currently does them)?

	Not at all Helpful 1	2	3	Moderately Helpful 4	5	6	Extremely Helpful 7
A. <u>Screening</u> 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. <u>Educating</u> 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 <u>referral relationships</u> to other organizations that can provide <u>depression counseling</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Establishing <u>referral relationships</u> to other organizations that can provide <u>depression medication management</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Establishing <u>referral relationships</u> to other organizations that can provide <u>other depression-related services</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. <u>Training</u> staff within your own organization to provide evidence-based <u>depression counseling</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. <u>Training</u> staff within your organization to provide evidence-based <u>depression medication treatment</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. <u>Training</u> staff within your own organization to provide <u>care management for depression</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Community <u>outreach</u> to find people in need of depression-related services (i.e. ' <u>case finding</u> ')	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Community <u>outreach</u> to <u>increase awareness</u> 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"/>
K. Joining community <u>collaboratives</u> or coalitions to <u>improve depression services or referrals</u> in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Joining community <u>collaboratives</u> or coalitions to <u>improve awareness</u> of depression or depression care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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[illegible][illegible][illegible]

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8. Personal Background

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

66. What is your official job title?

67. 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:

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

Years

Months

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

Years

Months

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Oops!

Please ***click the back button below*** to return to the last page. Once there, please ***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 Victoria Valdes at UCLA, telephone 310-794-3783 or email vvaldes@ucla.edu

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