Behavioral Health Care Manager Assessment Tool

[The purpose of this tool is to assess your knowledge and attitudes towards collaborative care for treatment of patients with depression. This information will help us understand how effective our online training was in helping you build CoCM skills and knowledge. A similar survey will be sent to you after you complete the online training so we can compare knowledge and skills before the training to knowledge and skills after the training. After you complete the online training, we will also ask you to participate in a phone interview so we may better understand what aspects of the training went well and what could be improved.

The survey should take around 15-20 minutes. You do not need to finish the survey in one sitting. You will be able to save your responses and continue at a later time.]

[Assessment and Treatment]

How often…	Never (1)	Less than half the time (2)	More than half the time (3)	All of the time (4)
1.) …are you comfortable talking with the primary care provider (PCP) and psychiatric consultant about medication treatment plans and changes?				
2.) …do you assess and record potential medication side effects information from your patients?				
3.) …do you use various reference resources to develop and/or enhance your knowledge of medications?				
4.) …do you use validated behavioral health screeners (PHQ-9, GAD-7, etc.) to identify patients that need help?				
5.) …do you use symptom measures (PHQ-9, GAD-7, etc.) at follow-up contacts to measure treatment outcomes?				
6.) …do you participate in developing a differential diagnosis with the PCP and/or the psychiatric consultant?				

[Safety and Risk Assessment]

If a patient endorses suicidal thoughts (for example, a non-zero answer to question 9 of the PHQ-9), how frequently do you…	Never (1)	Less than half the time (2)	More than half the time (3)	All of the time (4)
7.) …include an additional assessment of suicidal intent?				
8.) …include an additional assessment of their suicide plan/means to die by suicide?				
9.) …make an emergency/safety plan?				

[Team Communication]

How often do you…	Never (1)	Less than half the time (2)	More than half the time (3)	All of the time (4)
10.) …feel confident that you understand/know the PCP's preferred method of communication?				
11.) …utilize the PCP's preferred method of communication?				
12.) …regularly update the PCP on their patients who are actively engaging in collaborative care?				
13.) …follow up on whether or not recommended treatment changes occurred from any provider?				
14.) …communicate to the PCP when a patient is transitioning out of active collaborative care management?				
15.) …communicate to the PCP what the maintenance care plan is for a patient transitioning out of active collaborative care management?				

16.) …have a regularly scheduled, recurring (usually weekly) meeting with the psychiatric consultant to discuss the patients based on your agreed upon priorities?				
17.) …agree upon a prioritized list of patients to discuss with the psychiatric consultant?				
18.) …prepare in advance for the weekly meeting by using the prioritized list to structure the meeting with the psychiatric consultant?				
19.) …communicate to the psychiatric consultant your priorities for the weekly caseload review?				
20.) …prepare and provide a brief, concise patient presentation to the psychiatric consultant?				
21.) …If you share care management responsibilities, how often do you regularly communicate with the clinical team member that shares responsibility with you for patient care?				

[Patient Identification and Engagement]

How often do you…	Never (1)	Less than half the time (2)	More than half the time (3)	All of the time (4)
22.) …provide education to your patient about their mental health and/or substance use disorders (what the symptoms are, education on their condition, explaining diagnosis)?				
23.) …connect the patient's answers to the PHQ-9 to their symptoms and diagnosis?				
24.) For every patient identified as needing help, how often do you describe what the collaborative care treatment approach is (how it works and what it looks like) to a patient?				

25.) …introduce and describe collaborative care as a goal directed, time limited intervention, that is focused on symptom reduction?				
26.) When introducing a patient to treatment, how often do you discuss both behavioral and medication interventions?				
27.) When introducing a patient to treatment, how often do you discuss that changes in treatment are common and to be expected?				
28.) …regularly screen your active caseload to identify when a patient no longer needs active care management?				
29.) …initiate a conversation with the patient about how they no longer need active care management?				
30.) Prior to ending active care management with patients, how often do you discuss warning signs of relapse with them?				
31.) …help patients create an action plan if their warning signs develop in the future?				

[Experience with Evidence-based Brief Behavioral Interventions]

(Check all that apply) Which of the following evidence-based brief behavioral interventions have you…	Behavioral Activation	Cognitive Behavioral Therapy (CBT)	Dialectical Behavioral Therapy (DBT)	Motivational Interviewing	Problem Solving Therapy (PST)	Other
32.) …had formal training in? (class, workshop, online training, etc.)						
33.) …had on-the-job training in?						

[Regular Use of Evidence-based Brief Behavioral Interventions]

During the past month (30 days), to what extent have you used the following brief behavioral interventions?	Never (1)	Less than half the time (2)	More than half the time (3)	All of the time (4)
34.) Behavioral Activation				
35.) Cognitive Behavioral Therapy (CBT)				
36.) Dialectical Behavioral Therapy (DBT)				
37.) Motivational Interviewing				
38.) Problem Solving Therapy (PST)				
39.) Other