

A scenic landscape of Alaska featuring rolling green hills, a dense forest of evergreen trees in the foreground, and a range of mountains in the distance under a blue sky with light clouds.

Alaska Systems Provider

Behavioral Health Assessment Survey

Agnew::Beck & Hornby Zeller Associates, Inc.

Let's Begin!

*Please use **one** audience response keypad per organization.
Organizations who serve multiple regions, use one keypad per region.*

I. Organization Information

Click +
Send

Q1. What type of organization do you represent? Please choose all that apply.

1. Detoxification Services
2. Emergency Services (DES/DET)
3. Peer Support
4. Primary Mental Health Provider/ Community Behavioral Health Center
5. Primary Substance Abuse Service Provider / Community Behavioral Health Center
6. Residential Substance Abuse Provider
7. Tribal Health Care
8. Other

Multiple Answer | press **SEND** after each choice | **CLEAR** to start over

I. Organization Information

Q1. What type of organization do you represent?

- 27 Primary Mental Health Provider/ Community Behavioral Health Center
- 19 Primary Substance Abuse Service Provider / Community Behavioral Health Center
- 11 Emergency Services (DES/DET)
- 10 Tribal Health Care
- 9 Residential Substance Abuse Provider
- 8 Other
- 3 Peer Support
- 1 Detoxification Services

I. Organization Information

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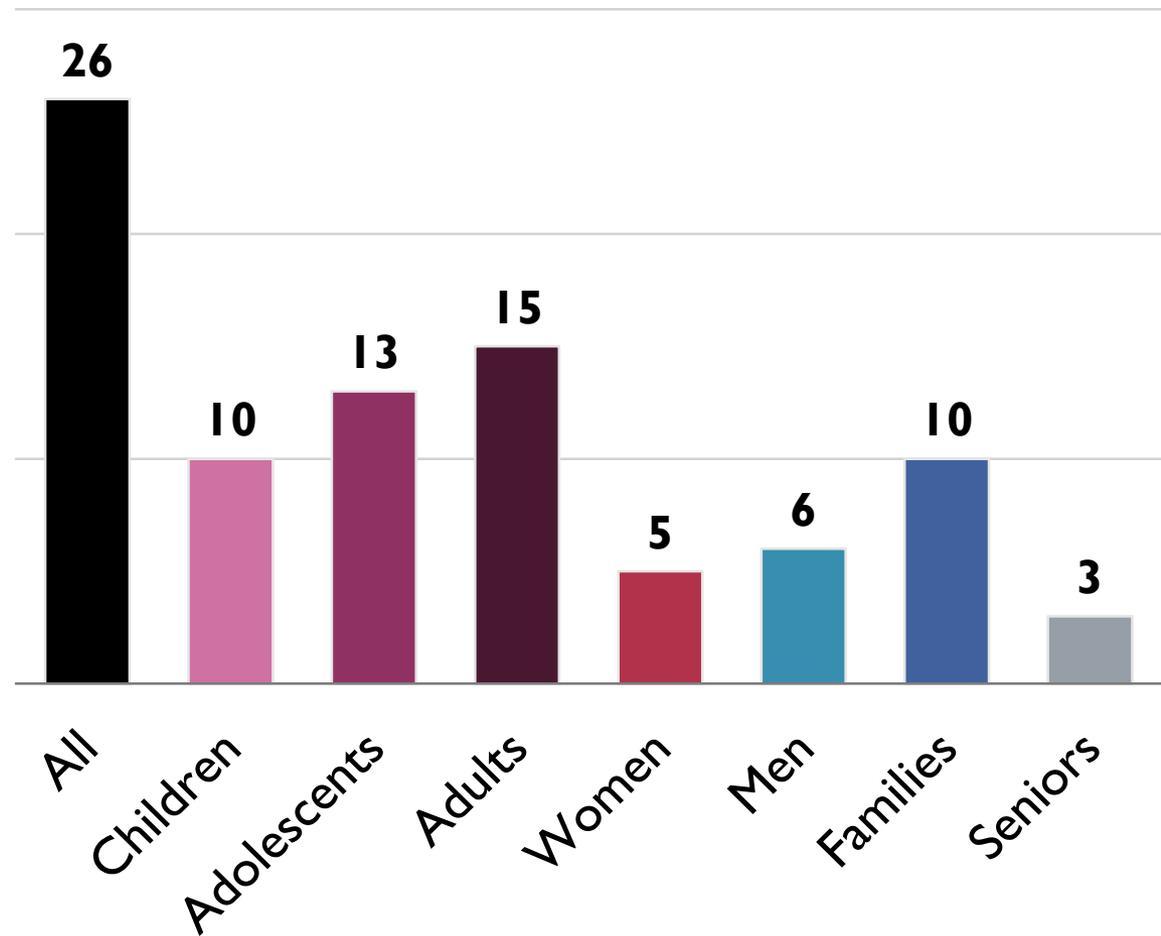
Q2. What is your organization's target population(s)?

1. All
2. Children
3. Adolescents + Young Adults
4. Adults
5. Women
6. Men
7. Families
8. Seniors

Multiple Answer | press **SEND** after each choice | **CLEAR** to start over

I. Organization Information

Q2. What is your organization's target population(s)?



Numbers indicate how many people chose each option. Overall total exceeds number of participants.

2. Access to Care

- We know from the research by the National Council that timely access to care is imperative.
- A same-day appointment has a 10% chance of not being kept while almost 25% of patients with next-day appointments cancel or do not show up.
- We also know that there are many reasons why clients might experience waits for care.

Source: <https://www.thenationalcouncil.org/areas-of-expertise/same-day-access/>

2. Access to Care

Click +
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Q3. Please rank in order the top three (3) reasons why clients are likely to experience long waits for service at your organization.

1. Client seeking second opinion
2. Client schedule conflicts with clinic hours
3. Delay in available services
4. No beds
5. No centralized scheduling
6. Need to arrange childcare
7. Need to arrange housing
8. No health insurance
9. No transportation
10. Not a priority population
11. Too few staff
12. Too few time slots
13. Waiting for court direction
14. Waiting for OCS direction
15. Other

Rank Your Top 3 | press **SEND** after each choice | **CLEAR** to start over

2. Access to Care

Q3. Ranked in order, the top reasons **why** clients are likely to experience long waits for service at your organization.

63	Too few staff	9	Waiting for OCS direction
39	Too few time slots	8	No centralized scheduling
30	No beds	7	Waiting for court direction
26	No transportation	6	Not a priority population
26	Other	5	Client seeking second opinion
22	Client schedule conflicts with clinic hours	4	Need to arrange childcare
18	Delay in available services	4	Need to arrange housing
16	No health insurance		

Results are weighted.

2. Access to Care

Click +
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Q4. What actions has your organization taken to improve access to the necessary level of care?

1. Management of No Shows and cancellations
2. Streamline intake process
3. Triage to group services
4. Centralized scheduling
5. Open access scheduling
6. Collaborative documentation
7. Policies to reduce paperwork + reporting
8. Raise staff awareness of access
9. None
10. Does not apply
11. Other

Multiple Answer | press **SEND** after each choice | **CLEAR** to start over

2. Access to Care

Q4. What actions has your organization taken to improve access to the necessary level of care?

31	Streamline intake process
28	Raise staff awareness of access
25	Management of No Shows and cancellations
14	Centralized scheduling
13	Policies to reduce paperwork + reporting
12	Open access scheduling
10	Collaborative documentation
5	Other
5	Triage to group services
2	None
1	Does not apply

Numbers indicate how many people chose each option. Overall total exceeds number of participants.

2. Access to Care

Click +
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Q5. To what extent are No Shows problematic to your organization's clinical and financial operations?

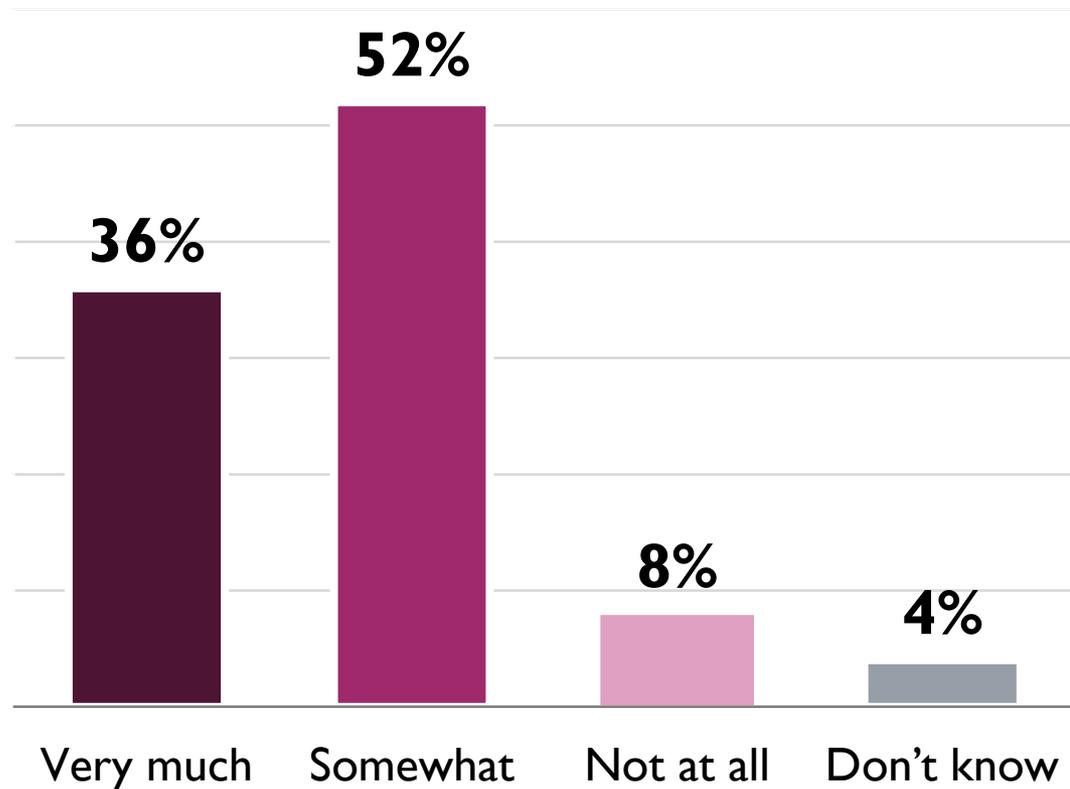
1. Very much
2. Somewhat
3. Not at all
4. Don't know

Single Answer | press **SEND** after your choice | **CLEAR** to start over

2. Access to Care

Results

Q5. To what extent are No Shows problematic to your organization's clinical and financial operations?



2. Access to Care

Click +
Send

Q6. Which of the following actions has your organization taken to address No Shows and late cancellations?

1. Analysis of No Show data
2. Client engagement strategies
3. Discussed at staff meetings
4. Implemented new policies
5. Incentive programs
6. Overbooking of slots
7. Reminder calls
8. Surveyed clients
9. Use of waitlists
10. No efforts in this area
11. Other

Multiple Answer | press **SEND** after each choice | **CLEAR** to start over

2. Access to Care

Q6. Which of the following actions has your organization taken to address No Shows and late cancellations?

- 35 Reminder calls
- 22 Client engagement strategies
- 21 Discussed at staff meetings
- 18 Analysis of No Show data
- 14 Implemented new policies
- 13 Use of waitlists
- 4 No efforts in this area
- 4 Overbooking of slots
- 4 Surveyed clients
- 3 Incentive programs

Numbers indicate how many people chose each option. Overall total exceeds number of participants.

2. Access to Care

Click +
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Q7. If it were in your power, which one (1) service would you develop in your community or region?

1. Psychiatric services
2. Emergency services (DES/DET)
3. Detoxification services
4. Residential / Behavioral rehabilitation (BRS) for children
5. Residential / Behavioral rehabilitation (BRS) for adults
6. Residential substance use treatment for youth
7. Residential substance use treatment for adults
8. Transitional / supported housing
9. Other

Single Answer | press **SEND** after your choice | **CLEAR** to start over

2. Access to Care

Q7. If it were in your power, which one (1) service would you develop in your community or region?

- 21 Transitional / supported housing
- 9 Detoxification services
- 6 Residential substance use treatment for adults
- 5 Residential / Behavioral rehabilitation (BRS) for adults
- 4 Emergency services (DES/DET)
- 4 Residential / Behavioral rehabilitation (BRS) for children
- 3 Psychiatric services
- 1 Residential substance use treatment for youth
- 1 Other

2. Access to Care

Click +
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Q8. How has completing a **Community Action Plan** benefited your organization?

1. Articulation of community priorities
2. Better understanding of community needs
3. Improved coordination of treatment and care
4. Improved quality of service delivery
5. Increased awareness of available services
6. Increased collaboration with partner organizations
7. Increased engagement from other community members
8. Has not been beneficial
9. Other

Multiple Answer | press **SEND** after each choice | **CLEAR** to start over

2. Access to Care

Q8. How has completing a Community Action Plan benefited your organization?

- 24 Increased collaboration with partner organizations
- 17 Increased awareness of available services
- 17 Better understanding of community needs
- 16 Increased engagement from other community members
- 11 Improved coordination of treatment and care
- 9 Has not been beneficial
- 8 Articulation of community priorities
- 4 Improved quality of service delivery
- 1 Other

Numbers indicate how many people chose each option. Overall total exceeds number of participants.

3. Tele-Behavioral Health

Definition

Use of telecommunications technology to assess, diagnose and provide ongoing treatment to those who cannot access services in person because of rural location or other reasons.

3. Tele-Behavioral Health

Click +
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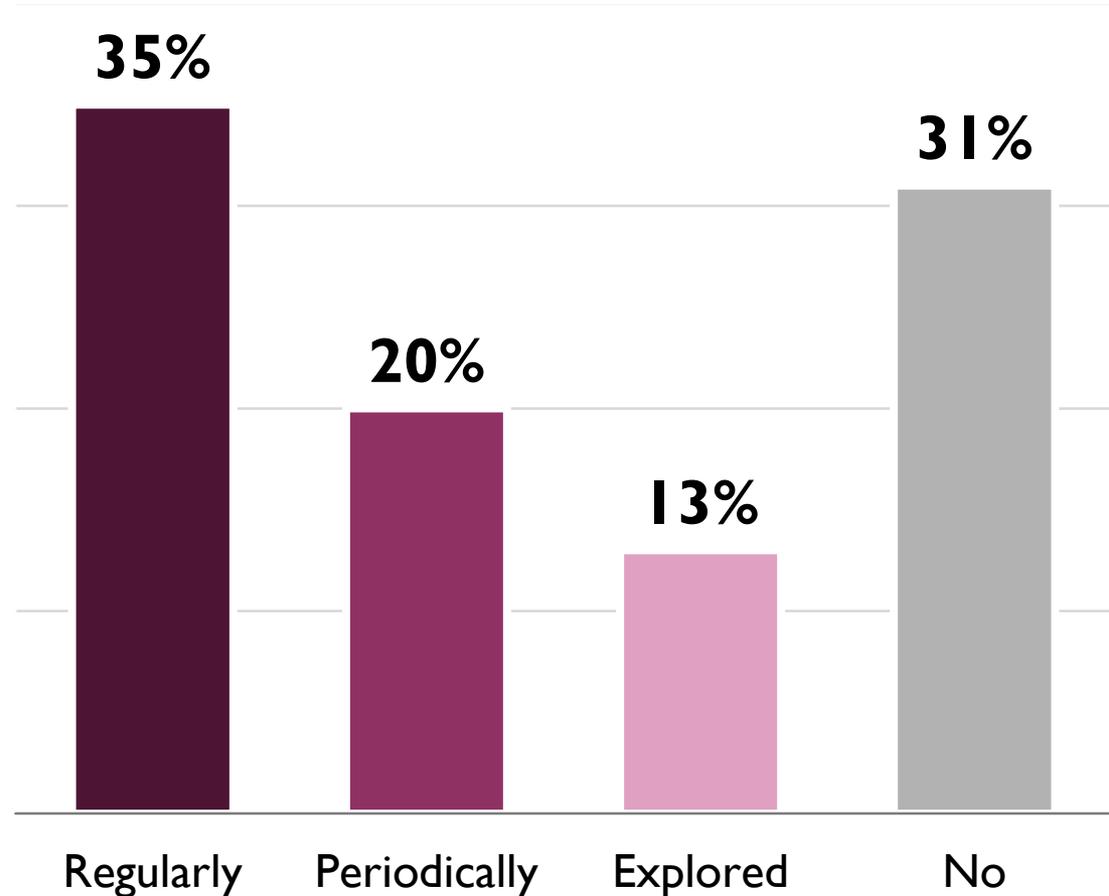
Q9. Does your organization use tele-behavioral health?

1. Yes, regularly
2. Yes, periodically
3. Have explored but not implemented
4. No, not at all

Single Answer | press **SEND** after your choice | **CLEAR** to start over

3. Tele-Behavioral Health

Q9. Does your organization use tele-behavioral health?



3. Tele-Behavioral Health

Click +
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Q10. If you do use tele-behavioral health, for which services?

1. Intake
2. Assessment/Diagnosis
3. Treatment Planning
4. Medication Management
5. Psychotherapy
6. Case Management
7. Crisis intervention
8. Peer Support
9. Discharge
10. My organization does not use tele-behavioral health
11. Other

Multiple Answer | press **SEND** after each choice | **CLEAR** to start over

3. Tele-Behavioral Health

Q3-2. If you do use tele-behavioral health, for which services?

- 20 Psychotherapy
- 16 Medication Management
- 15 Assessment/Diagnosis
- 11 Treatment Planning
- 9 Intake
- 9 Crisis intervention
- 9 My organization does not use tele-behavioral health
- 6 Discharge
- 5 Case Management
- 4 Other

Numbers indicate how many people chose each option. Overall total exceeds number of participants.

3. Tele-Behavioral Health

Click +
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Q11. Please rank the top three (3) barriers to using tele-behavioral health for your organization.

1. Insufficient financial incentive
2. Insufficient Internet bandwidth
3. Lack of equipment
4. Lack of space
5. Lack of staff time
6. Lack of support from organizational leadership
7. Lack of support from staff
8. Perception of unwillingness of clients
9. Unwillingness of clients
10. Other
11. No barriers exist

Rank Your Top 3 | press **SEND** after each choice | **CLEAR** to start over

3. Tele-Behavioral Health

Q11. Ranked in order, the top barriers to using tele-behavioral health for your organization.

- | | | | |
|----|----------------------------------|---|--|
| 52 | Insufficient Internet bandwidth | 6 | Lack of support from organizational leadership |
| 43 | Insufficient financial incentive | 4 | Lack of support from staff |
| 36 | Lack of equipment | 3 | Perception of unwillingness of clients |
| 24 | Other | | |
| 17 | Lack of space | | |
| 15 | No barriers exist | | |
| 14 | Lack of staff time | | |
| 11 | Unwillingness of clients | | |

Results are weighted.

4. Clinical Operations

Clinic operations encompasses a range of topics from evidence based practices to professional development to trauma-informed care.

4. Clinical Operations

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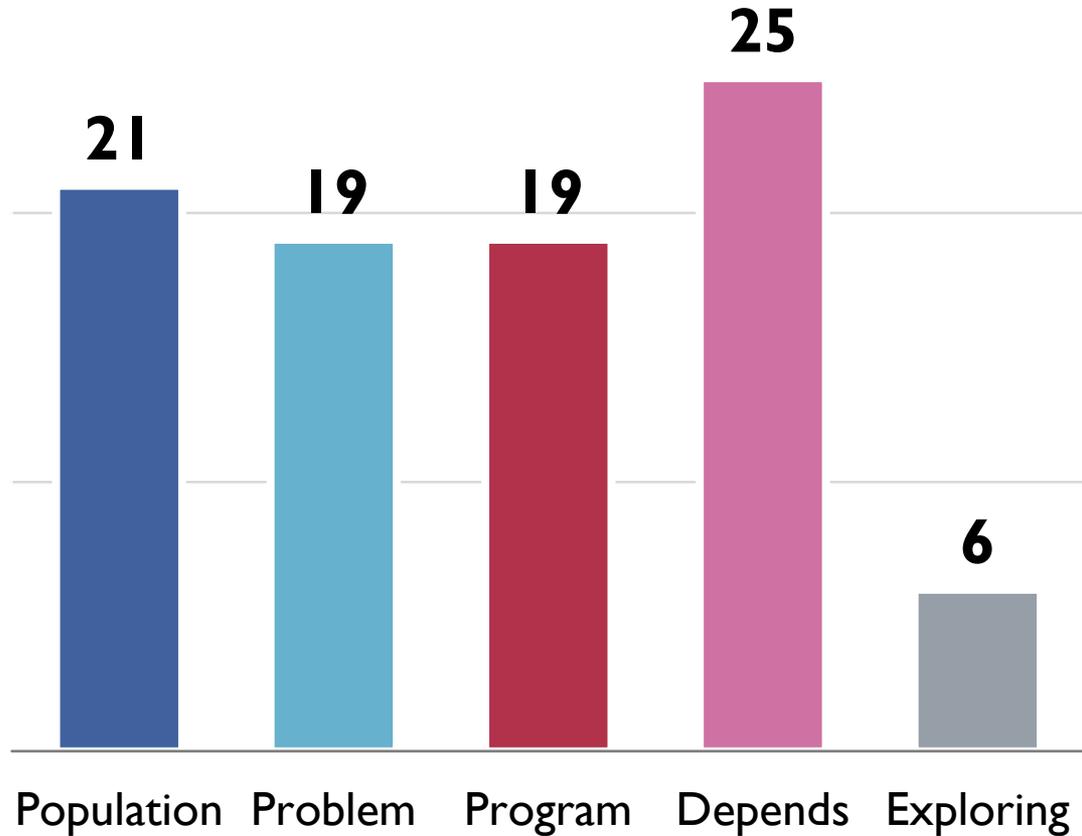
Q12. How does your organization use evidence-based practices (EBPs)?

1. For specific populations
2. For specific presenting problems
3. For specific programs
4. Usage depends on staff training, experience, and education
5. Still exploring most appropriate EBPs

Multiple Answer | press **SEND** after each choice | **CLEAR** to start over

4. Clinical Operations

Q12. How does your organization use evidence-based practices (EBPs)?



Numbers indicate how many people chose each option. Overall total exceeds number of participants.

4. Clinical Operations

Click +
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Q13. Which types of professional support does your organization offer to staff?

1. Clinical supervision
2. Coaching/staff peer mentoring programs
3. Self-care programs
4. Support continuing education for certifications
5. Support for attaining certifications
6. Trainings in evidence-based practices
7. Other trainings
8. Attending opportunities outside trainings
9. None offered
10. Other

Multiple Answer | press **SEND** after each choice | **CLEAR** to start over

4. Clinical Operations

Q13. Which types of professional support does your organization offer to staff?

- 38 Attending opportunities outside trainings
- 36 Clinical supervision
- 34 Support continuing education for certifications
- 34 Support for attaining certifications
- 30 Trainings in evidence-based practices
- 24 Coaching/staff peer mentoring programs
- 23 Other trainings
- 10 Self-care programs
- 1 Other

Numbers indicate how many people chose each option. Overall total exceeds number of participants.

4. Clinical Operations

The next question is about **trauma-informed care**.

Definition

A trauma informed care training seeks to instill an appreciation for the high prevalence of traumatic experiences in persons who receive behavioral health services and a thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual.

Jennings 2004 as cited in Is Your Organization Trauma-Informed? 2012 Presentation By Cheryl Sharp and Linda Ligenza, The National Council on Community Behavioral Health Care

4. Clinical Operations

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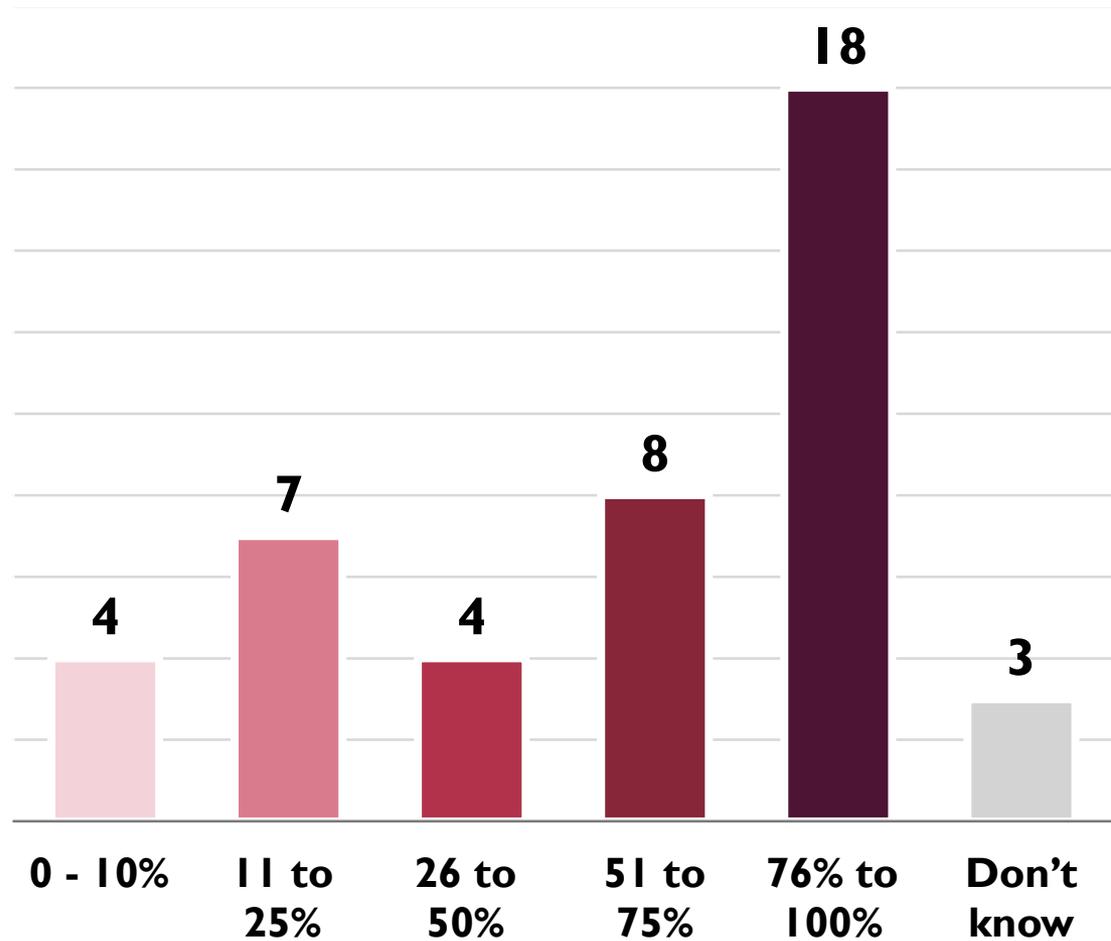
Q14. Approximately what percent of your organization's staff has been trained in trauma-informed care?

1. Less than **10%**
2. Between **10** and **25%**
3. Between **26** and **50%**
4. Between **51** and **75%**
5. Between **76%** and **100%**
6. Don't know

Single Answer | press **SEND** after your choice | **CLEAR** to start over

4. Clinical Operations

Q14. Approximately what percent of your organization's staff has been trained in trauma-informed care?



4. Clinical Operations

Click +
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Q15. We have taken the following steps to create a trauma-informed organization:

1. Adopted trauma-informed clinical practices
2. Changed policies and practices that may re-traumatize
3. Culturally relevant screening and assessment processes
4. Engaged current + former clients to play other roles (e.g., employee, volunteer, committee members, peer specialists)
5. Taken measures to create a safe and healing environment
6. Trained staff to be responsive and trauma-informed
7. Other

Multiple Answer | press **SEND** after each choice | **CLEAR** to start over

4. Clinical Operations

Q15. We have taken the following steps to create a trauma-informed organization:

- 36 Trained staff to be responsive and trauma-informed
- 34 Taken measures to create a safe and healing environment
- 27 Adopted trauma-informed clinical practices
- 13 Changed policies and practices that may re-traumatize
- 13 Culturally relevant screening and assessment processes
- 8 Engaged current + former clients to play other roles (e.g., employee, volunteer, committee members, peer specialists)
- 1 Other

*Numbers indicate how many people chose each option.
Overall total exceeds number of participants.*

4. Clinical Operations

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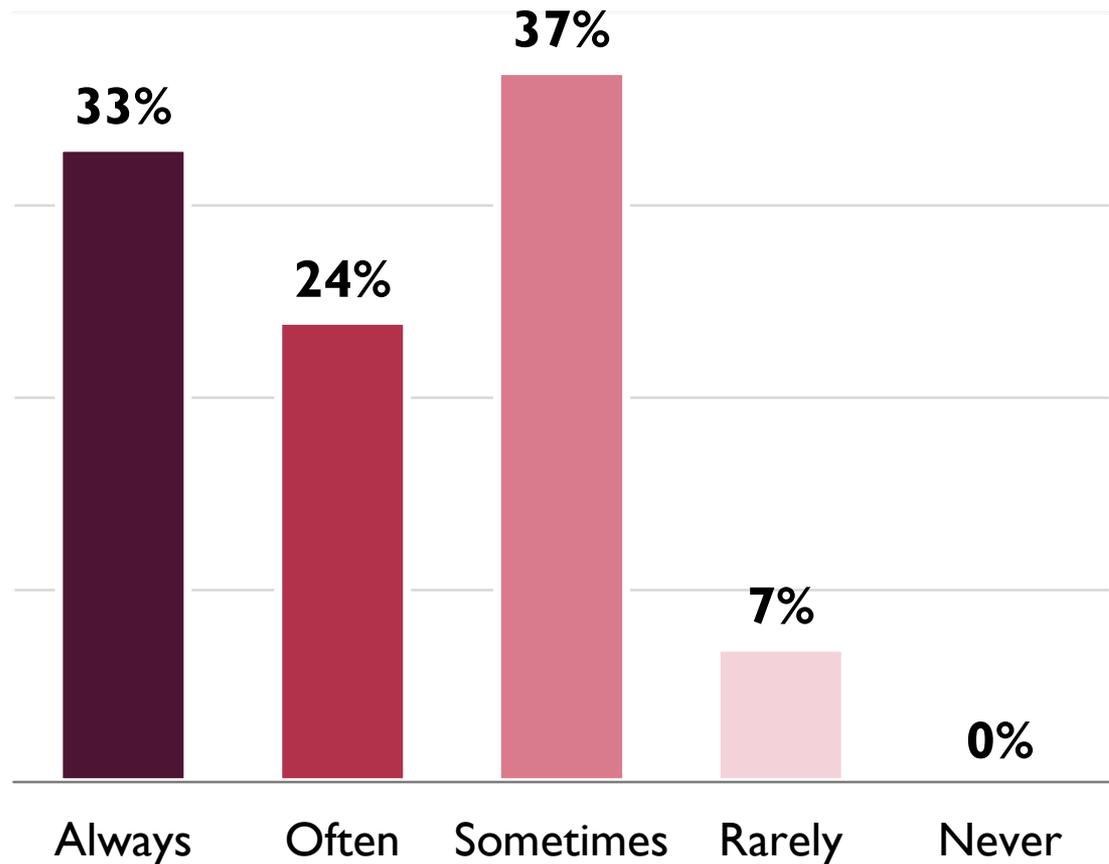
Q16. How often does your organization actively engage families in treatment?

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never

Single Answer | press **SEND** after your choice | **CLEAR** to start over

4. Clinical Operations

Q16. How often does your organization actively engage families in treatment?



5. Integrated Care

Integrated care refers to the integration of behavioral health care and primary care.

5. Integrated Care

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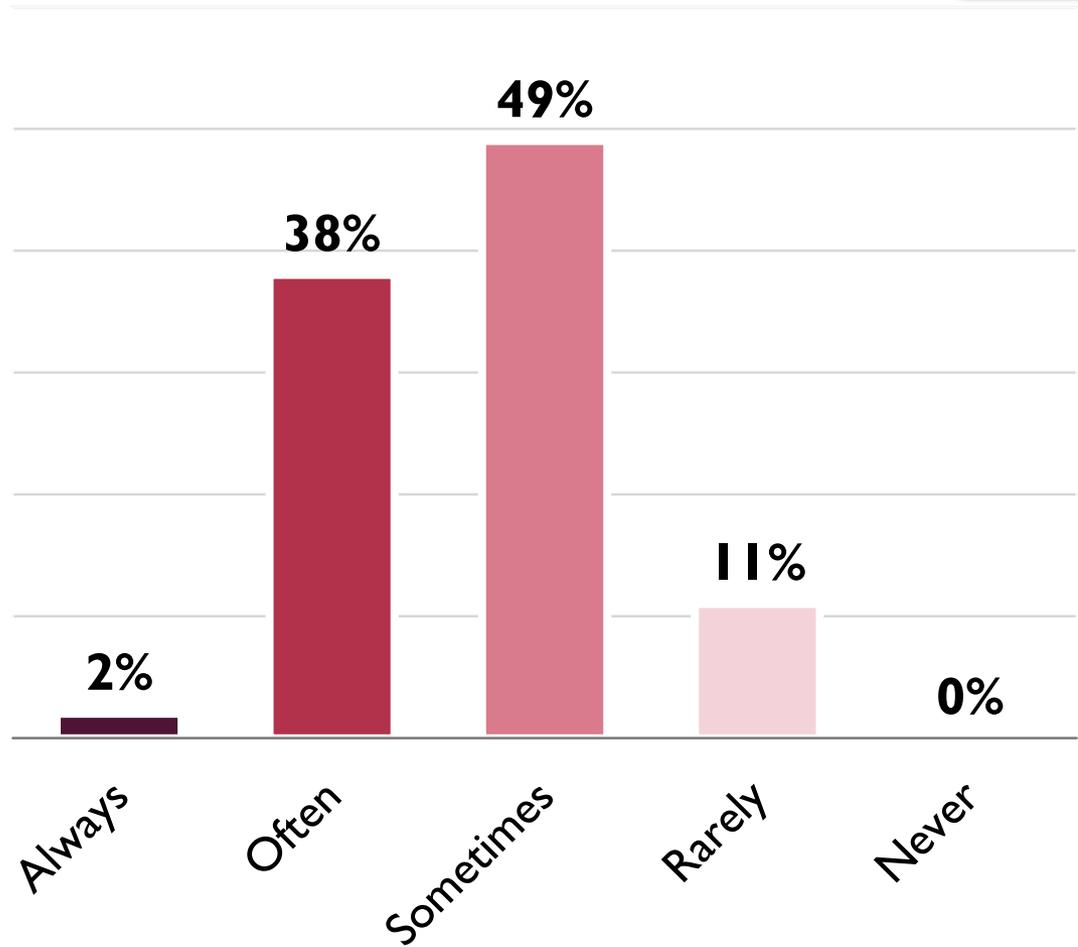
Q17. How often does your organization actively share client data and coordinate treatment with their primary care provider?

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never

Single Answer | press **SEND** after your choice | **CLEAR** to start over

5. Integrated Care

Q17. How often does your organization actively share client data and coordinate treatment with their primary care provider?



5. Integrated Care

Click +
Send

Q18. To what degree has your organization considered participating in the health information exchange, the Alaska eHealth Network (AeHN)?

1. Very high priority (actively participating)
2. High priority (planning to participate in 2015)
3. Medium priority (planning to participate within next 5 years)
4. Low priority (passively tracking this issue)
5. Not a priority
6. Don't know

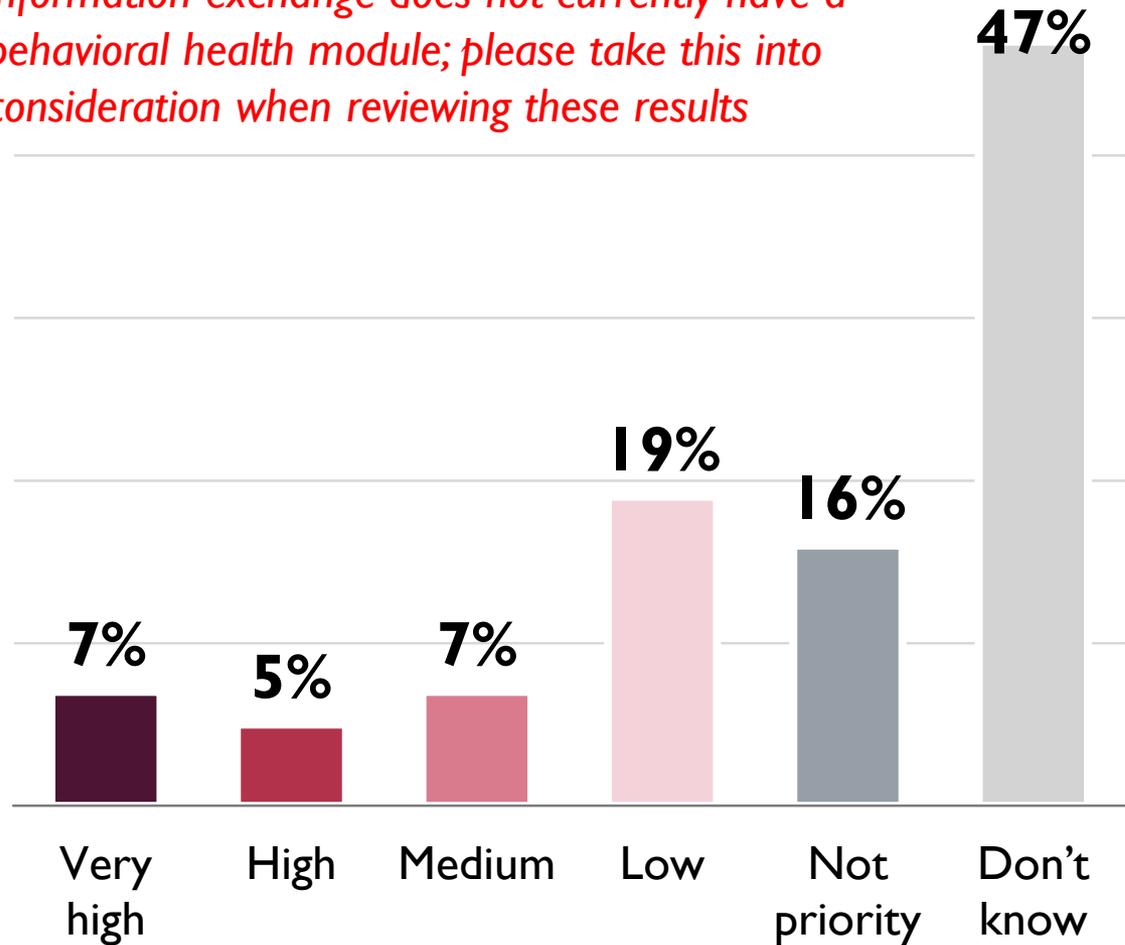
NOTE: The audience observed that the health information exchange does not currently have a behavioral health module; please take this into consideration when reviewing these results

Single Answer | press **SEND** after your choice | **CLEAR** to start over

5. Integrated Care

Q18. To what degree has your organization considered participating in the Alaska eHealth Network (AeHN)?

NOTE: The audience observed that the health information exchange does not currently have a behavioral health module; please take this into consideration when reviewing these results



6. Crisis and Suicide Response

Crises refer to acute mental, emotional, behavioral, or psychiatric episodes affecting an individual, family , or community.

6. Crisis and Suicide Response

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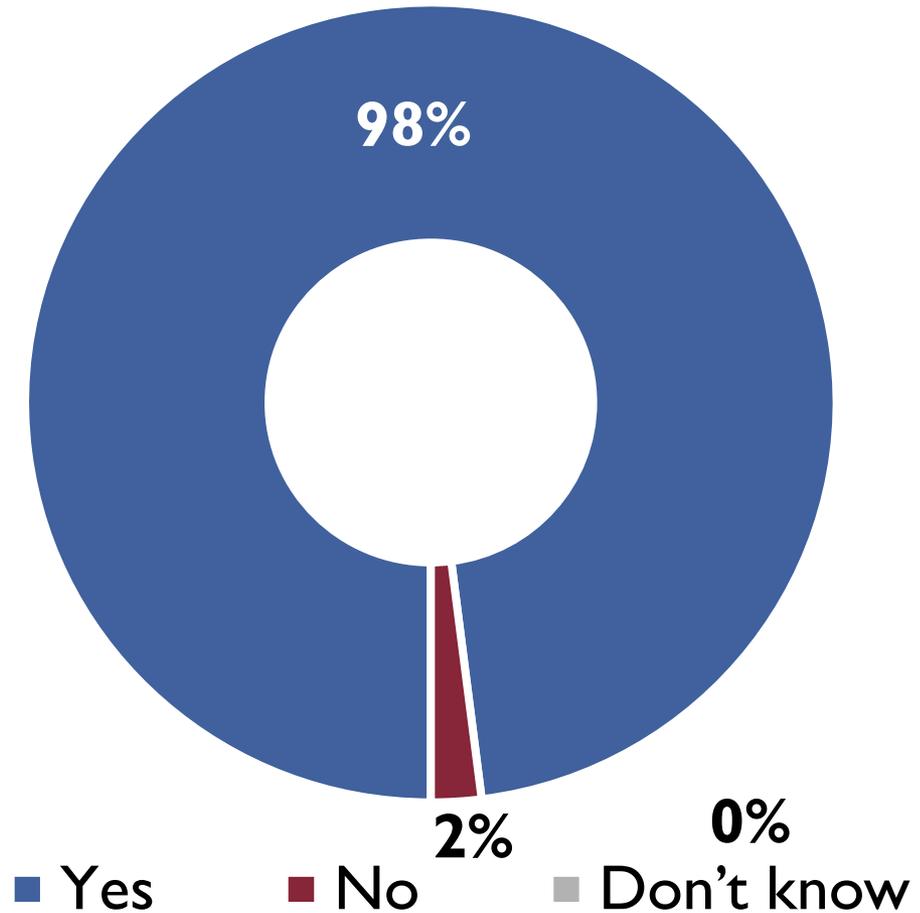
Q19. Does your organization have policies and treatment protocols for crisis response and suicide intervention?

1. Yes
2. No
3. Don't know

Single Answer | press **SEND** after your choice | **CLEAR** to start over

6. Crisis and Suicide Response

Q19. Does your organization have policies and treatment protocols for crisis response and suicide intervention?



6. Crisis and Suicide Response

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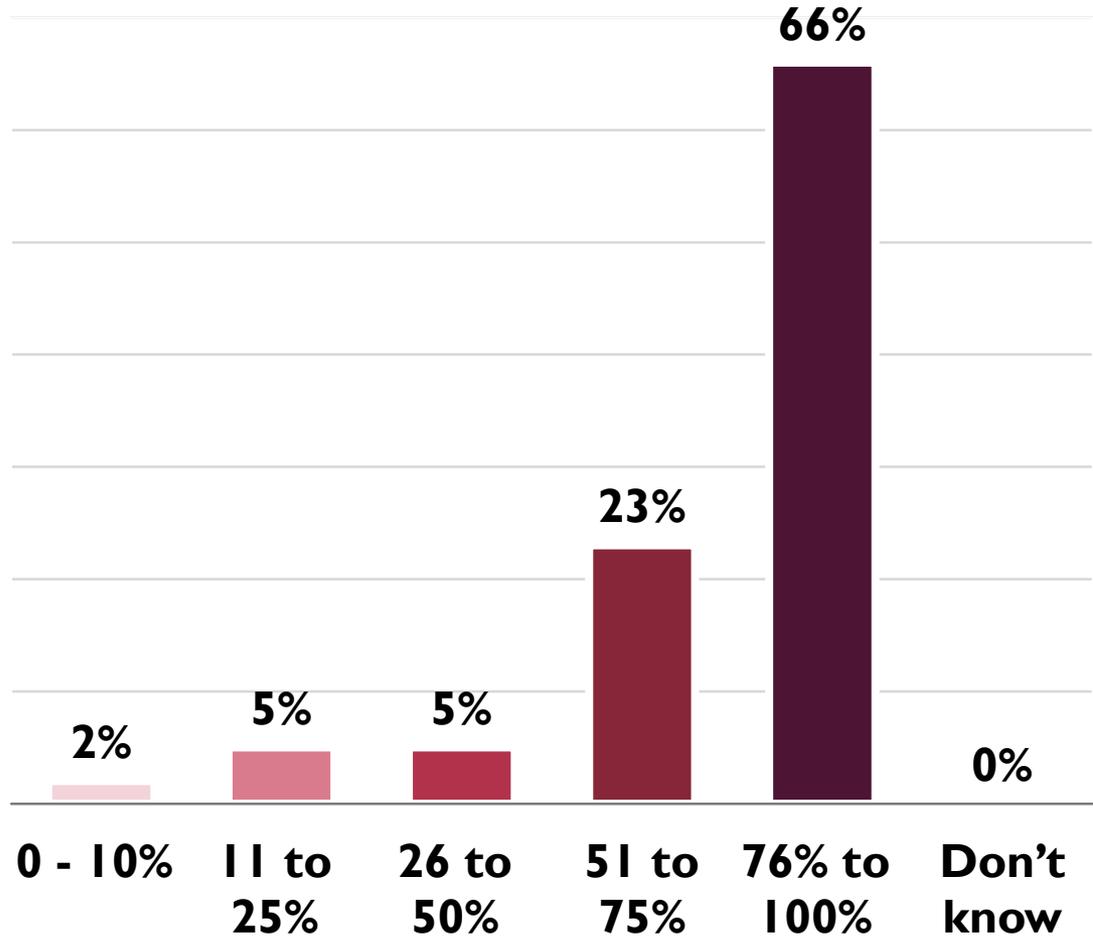
Q20. What percent of your staff is trained in crisis response?

1. Less than **10%**
2. Between **11** and **25%**
3. Between **26** and **50%**
4. Between **51** and **75%**
5. Between **76%** and **100%**
6. Don't know

Single Answer | press **SEND** after your choice | **CLEAR** to start over

6. Crisis and Suicide Response

Q20. What percent of your staff is trained in crisis response?



6. Crisis and Suicide Response

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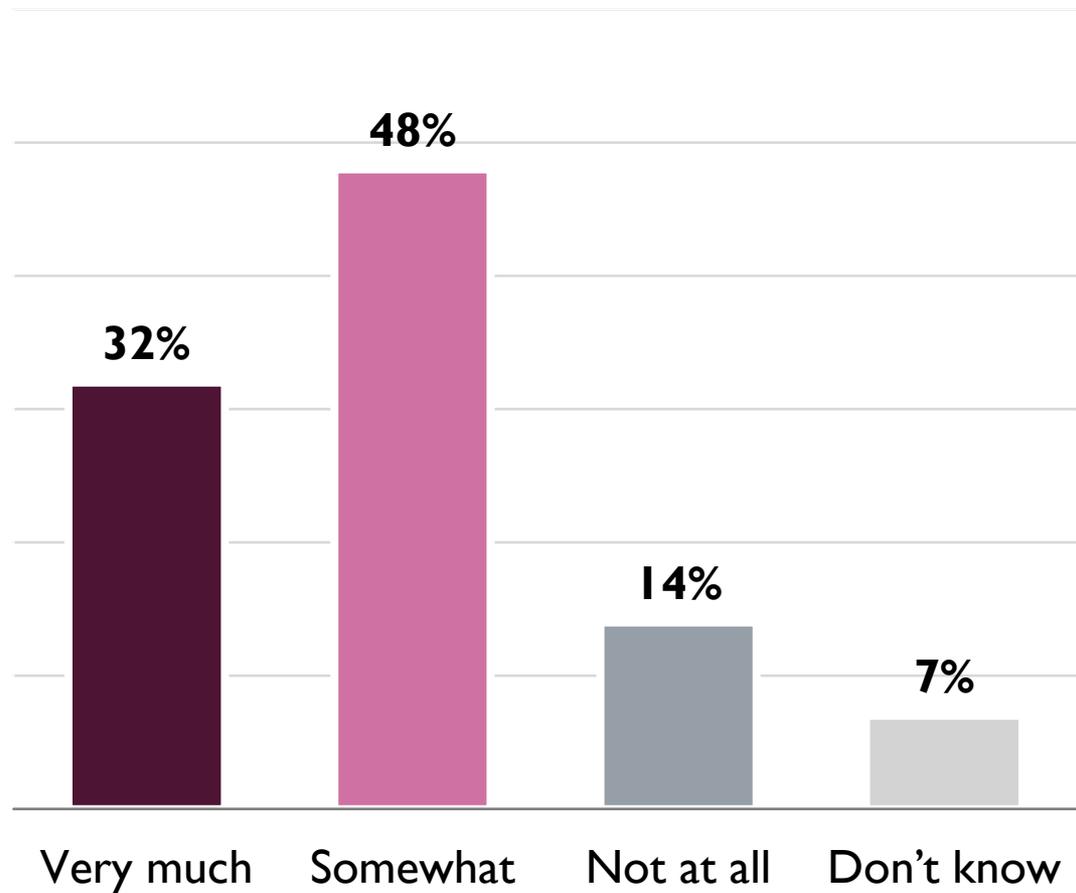
Q21. To what extent does your organization promote use of the CARELINE?

1. Very much
2. Somewhat
3. Not at all
4. Don't know

Single Answer | press **SEND** after your choice | **CLEAR** to start over

6. Crisis and Suicide Response

Q21. To what extent does your organization promote use of the CARELINE?



6. Crisis and Suicide Response

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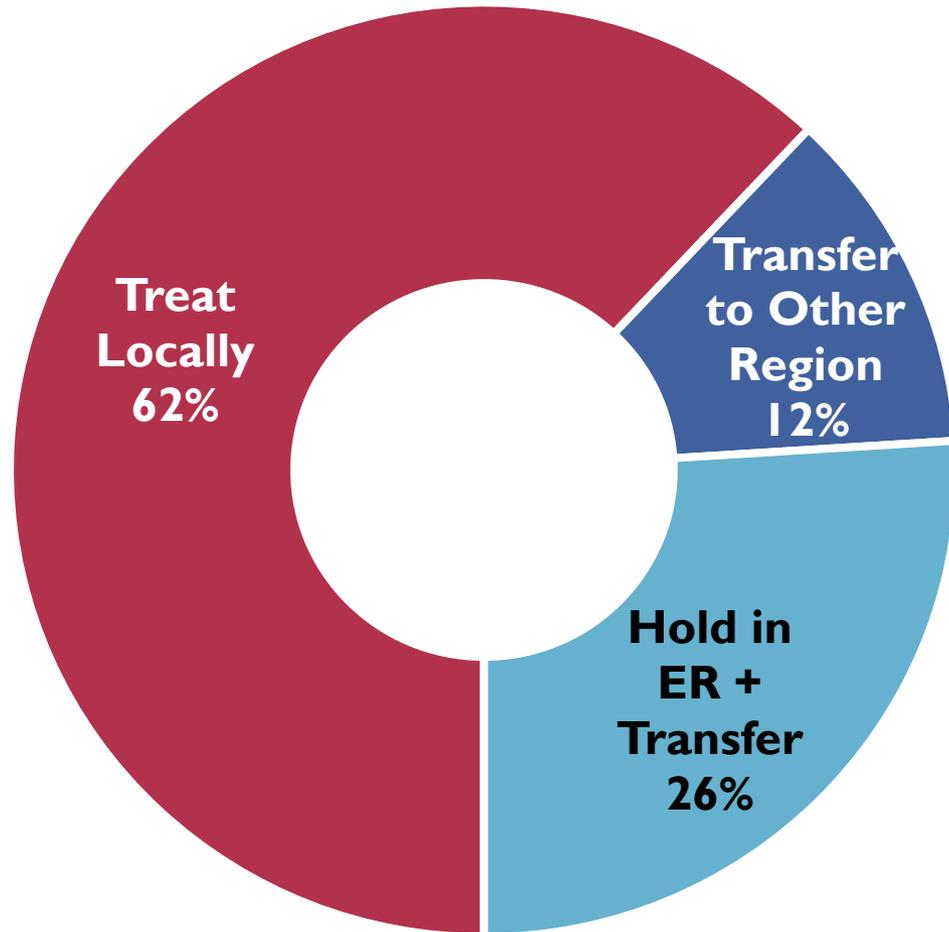
Q22. What is the most common course of action in your community or region when a person experiences a psychiatric crisis?

1. Stabilize and treat locally
2. Transfer for treatment to API, Bartlett Regional or Fairbanks Memorial Hospital
3. Hold at an emergency department and then transfer for treatment to API, Bartlett Regional or Fairbanks Memorial Hospital

Single Answer | press **SEND** after your choice | **CLEAR** to start over

6. Crisis and Suicide Response

Q22. What is the **most common** course of action in your community or region when a person experiences a psychiatric crisis?



6. Crisis and Suicide Response

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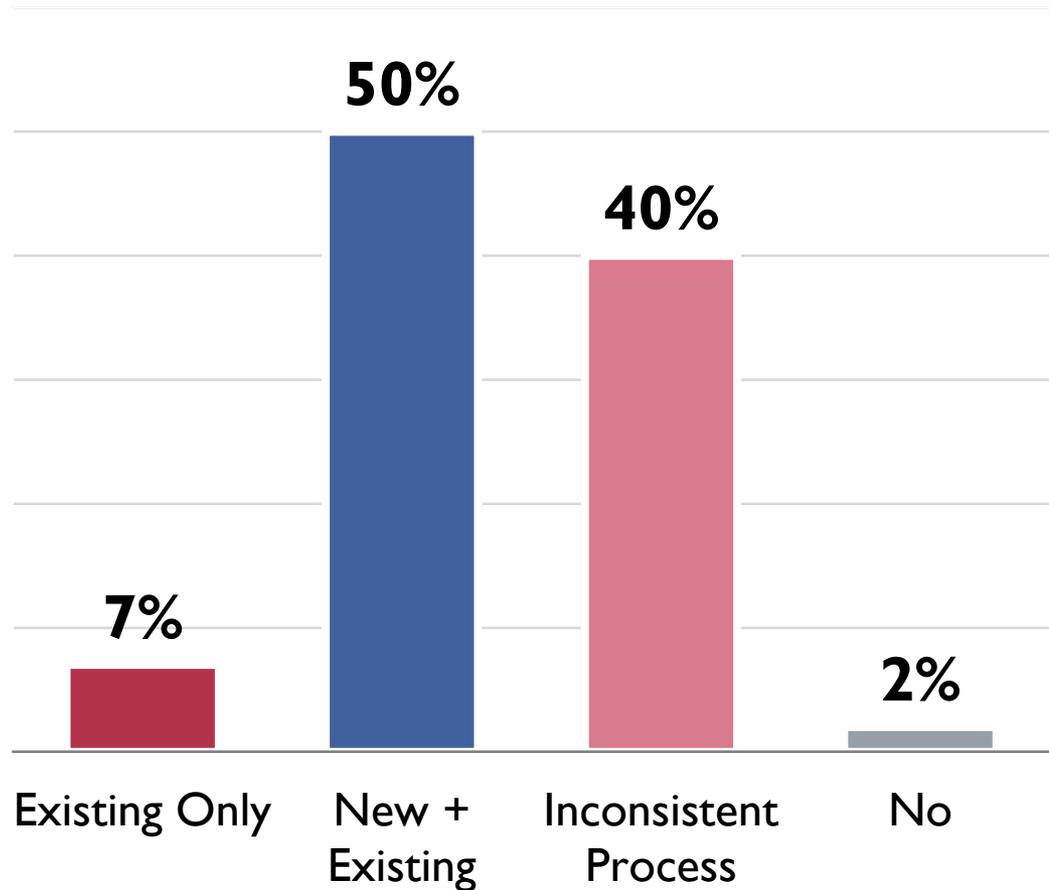
Q23. Does your organization have a process to connect clients to services upon return from inpatient stabilization or treatment?

1. Yes, existing clients only
2. Yes, new and existing clients
3. We have a process but it does not always work
4. No

Single Answer | press **SEND** after your choice | **CLEAR** to start over

6. Crisis and Suicide Response

Q23. Does your organization have a process to connect clients to services upon return from inpatient stabilization or treatment?



7. Data Utilization

This section asks about the ways in which organizations use data.

7. Data Utilization

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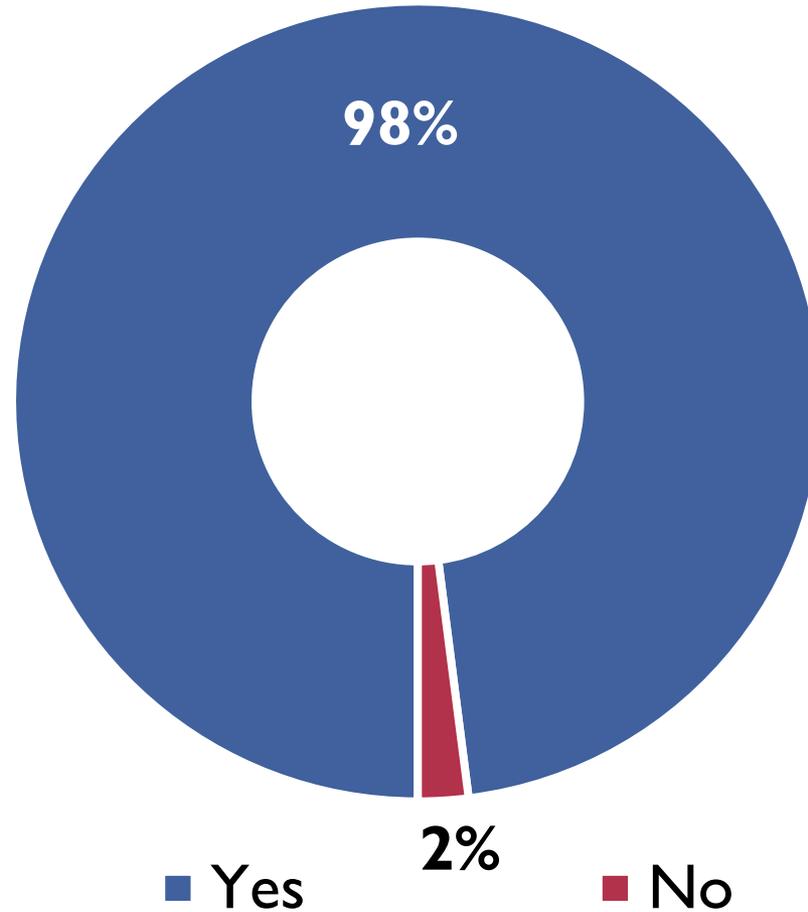
Q24. Do you collect data to inform improvement efforts?

1. Yes
2. No

Single Answer | press **SEND** after your choice | **CLEAR** to start over

7. Data Utilization

Q24. Do you collect data to inform improvement efforts?



7. Data Utilization

Click +
Send

Q25. What are you using the data for?

1. Make staff assignments
2. Monitor consumer outcomes
3. Monitor individual client progress
4. Monitor program effectiveness
5. Monitor staff productivity
6. Monitor treatment effectiveness
7. Optimize billing
8. Streamline operations
9. Other

Multiple Answer | press **SEND** after each choice | **CLEAR** to start over

7. Data Utilization

Q25. What are you using the data for?

- 29 Monitor program effectiveness
- 29 Monitor staff productivity
- 27 Monitor treatment effectiveness
- 26 Monitor consumer outcomes
- 24 Streamline operations
- 23 Monitor individual client progress
- 22 Make staff assignments
- 18 Optimize billing
- 6 Other

Numbers indicate how many people chose each option. Overall total exceeds number of participants.

7. Data Utilization

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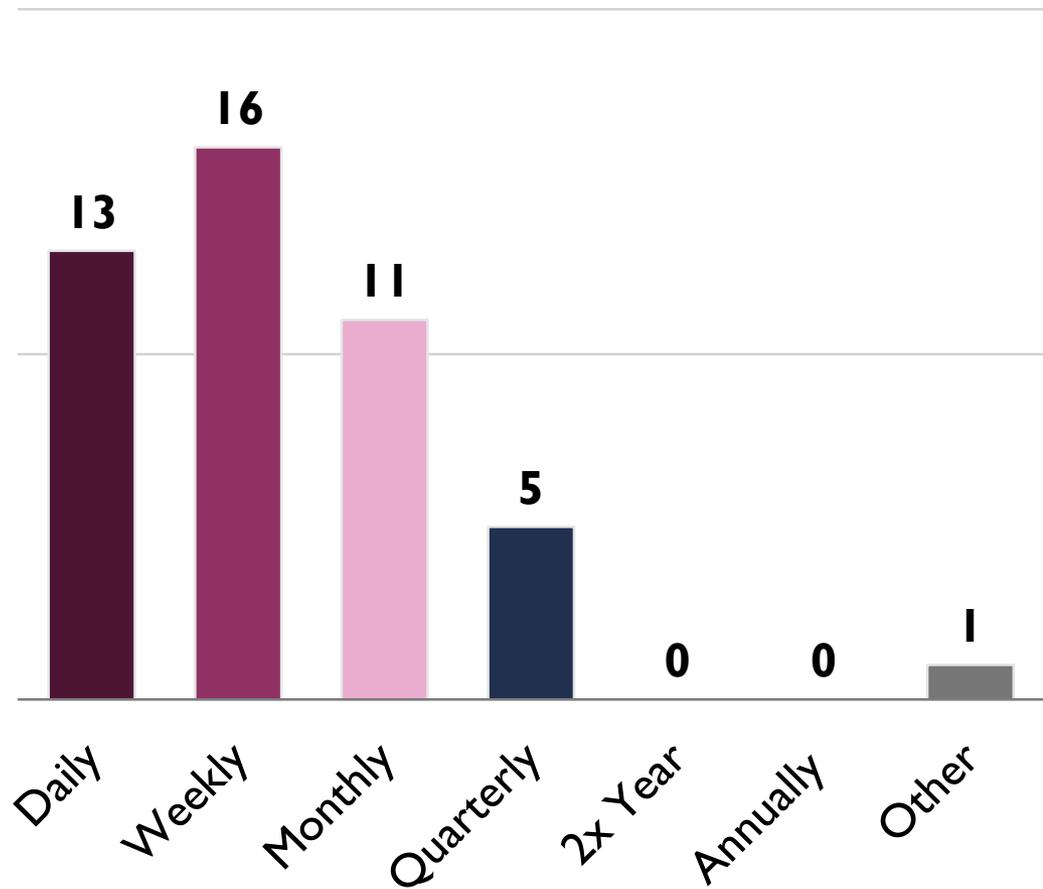
Q26. How often do you use data to improve performance (of any kind)?

1. Daily
2. Weekly
3. Monthly
4. Quarterly
5. Twice per year
6. Annually
7. Other

Single Answer | press **SEND** after your choice | **CLEAR** to start over

7. Data Utilization

Q26. How often do you use data to improve performance (of any kind)?



8. Quality Improvement (QI)

Definition

Quality Improvement is a formal process of analyzing an organization's performance and deploying systematic efforts to improve performance in a variety of areas.

8. Quality Improvement (QI)

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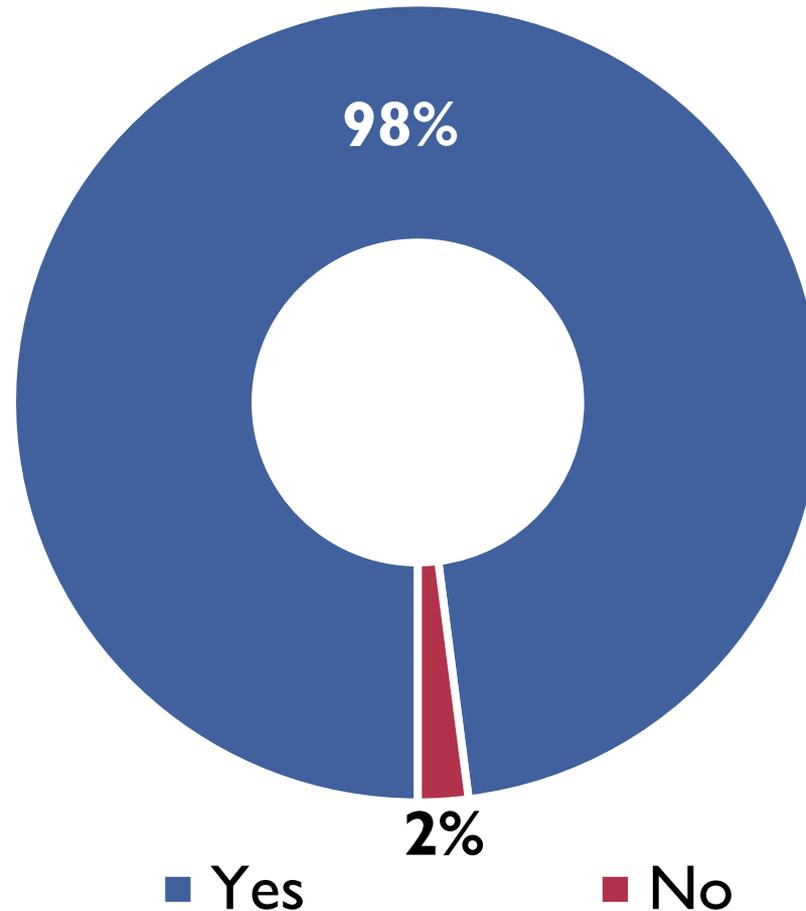
Q27. Does your organization have one or more continuous quality improvement processes that staff regularly participate in?

1. Yes
2. No

Single Answer | press **SEND** after your choice | **CLEAR** to start over

8. Quality Improvement (QI)

Q27. Does your organization have one or more continuous quality improvement processes that staff regularly participate in?



8. Quality Improvement (QI)

Click +
Send

Q28. In which of the following areas do you use continuous quality improvement?

1. Billing processes
2. Clinical record management
3. Clinical risk management
4. Data quality
5. Care environment
6. Patient processing
7. Revenue management
8. Staff productivity
9. Treatment effectiveness
10. Other

Multiple Answer | press **SEND** after each choice | **CLEAR** to start over

8. Quality Improvement (QI)

Q28. In which of the following areas do you use continuous quality improvement?

37	Clinical record management
30	Treatment effectiveness
29	Staff productivity
27	Data quality
26	Billing processes
21	Revenue management
18	Patient processing
17	Clinical risk management
17	Care environment
5	Other

Numbers indicate how many people chose each option. Overall total exceeds number of participants.

8. Quality Improvement (QI)

Click +
Send

Q29. If your organization is accredited, in what ways do you perceive it has benefited your organization?

1. Improved accountability
2. Improved administrative management
3. Improved quality of clinical operations
4. Increased capacity to provide services
5. Increased safety
6. Streamlined business operations
7. No or neutral impact
8. Negative impact to agency (excluding financial)
9. Not yet accredited

Multiple Answer | press **SEND** after each choice | **CLEAR** to start over

8. Quality Improvement

Q29. If your organization is accredited, in what ways do you perceive it has benefited your organization?

19	Improved quality of clinical operations
18	Not yet accredited
17	Increased safety
16	Improved accountability
13	Improved administrative management
8	Streamlined business operations
3	Increased capacity to provide services
1	Negative impact to agency (excluding financial)
1	No or neutral impact

Numbers indicate how many people chose each option. Overall total exceeds number of participants.

9. Revenue Management

Click +
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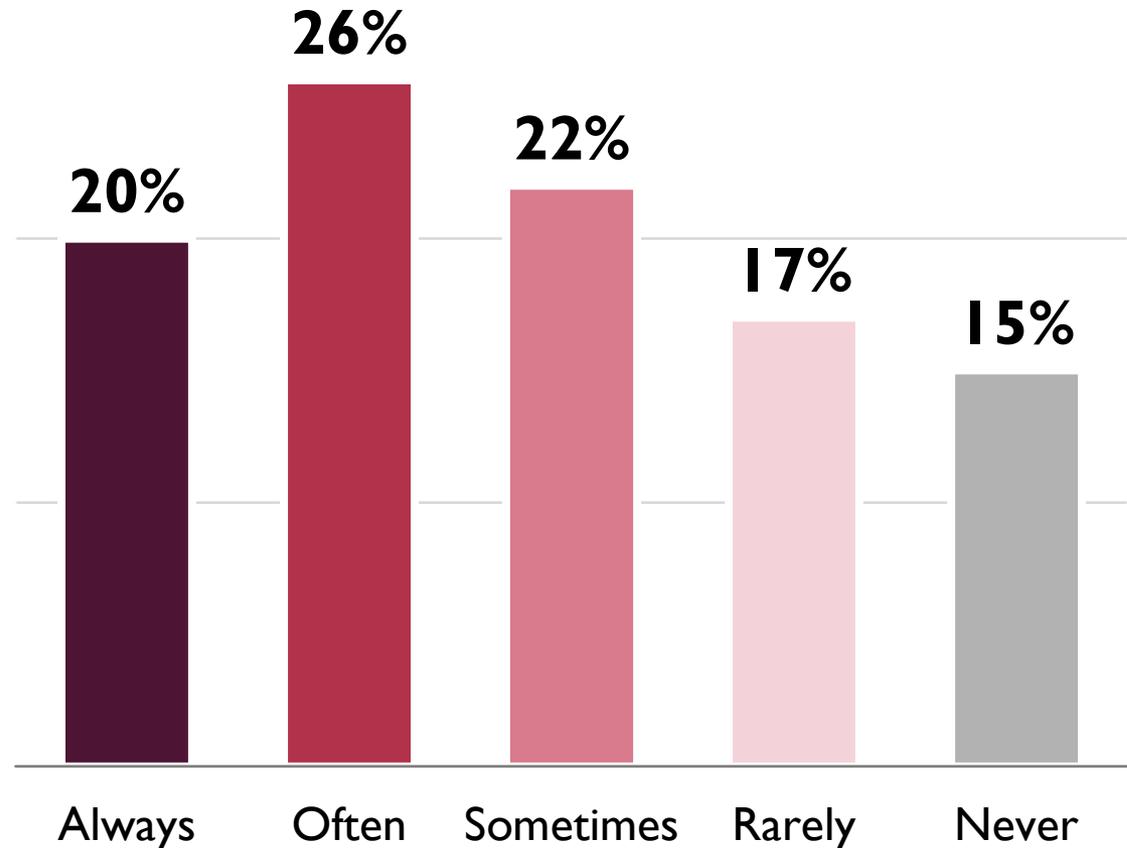
Q30. In the past year, have you ever been concerned about your organization's financial solvency?

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never

Single Answer | press **SEND** after your choice | **CLEAR** to start over

9. Revenue Management

Q30. In the past year, have you ever been concerned about your organization's financial solvency?



9. Revenue Management

Click +
Send

Q3 I. What financial tools does your organization use?

1. General accounting staff
2. Annual audits by outside firm
3. Financial indicators dashboard
4. Financial training for executive leadership
5. Financial updates to board
6. Financial updates to executive leadership
7. Staff + tools to collect all possible sources of revenue
8. Staff + tools to ensure appropriate Medicaid billing
9. Staff + tools to monitor actual and budgeted expenses
10. Staff + tools to monitor actual versus budgeted income
11. Tracking system for accounts receivable
12. Other

Multiple Answer | press **SEND** after each choice | **CLEAR** to start over

9. Revenue Management

Q31. What financial tools does your organization use?

- 32 Annual audits by outside firm
- 31 Financial updates to board
- 29 Staff + tools to monitor actual and budgeted expenses
- 28 Tracking system for accounts receivable
- 27 Financial updates to executive leadership
- 27 Staff + tools to ensure appropriate Medicaid billing
- 25 General accounting staff
- 23 Staff + tools to monitor actual versus budgeted income
- 17 Financial training for executive leadership
- 14 Staff + tools to collect all possible sources of revenue
- 12 Financial indicators dashboard
- 4 Other

Numbers indicate how many people chose each option. Overall total exceeds number of participants.

9. Revenue Management

Click +
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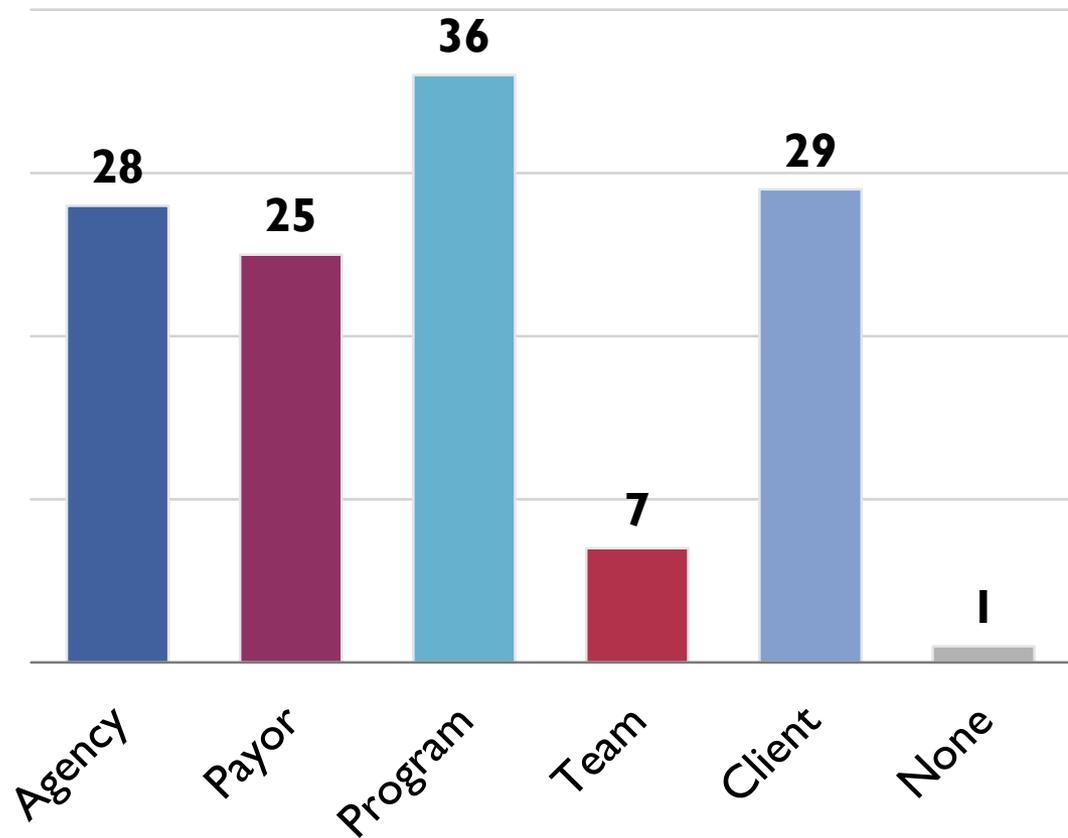
Q32. Our organization is able to track and analyze actual costs by:

1. Agency
2. Payor
3. Program
4. Team
5. Client
6. None of the above

Multiple Answer | press **SEND** after each choice | **CLEAR** to start over

9. Revenue Management

Q32. Our organization is able to track and analyze actual costs by:



Numbers indicate how many people chose each option. Overall total exceeds number of participants.

10. The Future

One final question as you plan ahead for the next five years...

10. The Future

Click +
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Q33. What do you believe will be the three (3) most important challenges facing your organization in the next five years?

1. New compensation models
2. Adopting alternative clinical and business operations
3. Becoming a data-driven organization
4. Changes in federal law
5. Changes in funding streams
6. Connecting to the health information exchange
7. Creating a trauma-capable organization
8. Demonstrating treatment effectiveness
9. Electronic health record implementation
10. Improving financial management
11. Integration with primary care
12. Maximizing service capacity with limited revenue
13. Reduction in public funds
14. Workforce development issues
15. Other

Rank Your Top 3 | press **SEND** after each choice | **CLEAR** to start over

I 0. The Future

Q33. What do you believe will be the **three (3)** most important challenges facing your organization in the next five years?

49	Changes in funding streams	7	Integration with primary care
45	Reduction in public funds	6	Changes in federal law
38	Maximizing service capacity with limited revenue	5	Improving financial management
28	Workforce development issues	3	Creating a trauma-capable organization
15	Demonstrating treatment effectiveness	1	Other
15	Electronic health record implementation		
10	New compensation models		
9	Adopting alternative clinical and business operations		
7	Becoming a data-driven organization		

Results are weighted.

Thank You!

Thank you very much for your feedback!

Your participation and input are invaluable to our efforts to assess Alaska's publicly funded behavioral health system.

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