

# **2025 Behavioral Health Provider Survey Instrument**

Prepared for:

Division of Behavioral Health and Recovery  
Washington State Health Care Authority  
Olympia, Washington

Submitted by:

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# APPENDIX B. QUESTIONNAIRE

## 2025 BEHAVIORAL HEALTH PROVIDER SURVEY Final

Before beginning the survey, please provide your name and contact information in case we need to contact you with any questions.

Contact information
First name
Last name
Position/Title
Phone (with area code and extension)
Email

### AGENCY CHARACTERISTICS

First, we would like to get some basic information about the specific location listed below.

For agencies with branch sites or multiple locations, please report only for the facility with the physical address and Washington State Department of Health License Number appearing below.

*{Insert facility name, physical address, and DOH License Number here}.*

**Q1. Which of the following best describes this facility? (Select one response.)**

- 1. An independent, community-based agency
- 2. A local branch of a multi-site health care organization (e.g. Multicare)
- 3. The main office of a multi-site health care organization
- 4. Other, please specify: \_\_\_\_\_

*If needed, you can exit the survey and return at a later time. Your answers are saved as you move from screen to screen in the survey. When you return to the survey and enter your PIN on the introduction screen, you are skipped to the last question you answered. From there you can continue answering the questions or review your previous responses.*

**Q2. Does this facility provide treatment services for Apple Health (Medicaid) clients under a contract with a Managed Care Organization (MCO) or Behavioral Health Administrative Services Organization (BH-ASO)?**

- 1. Yes
- 2. No → Go to Q5
- 3. Don't know → Go to Q5

**Q3. Which of the following Managed Care Organizations (MCOs) contract for services with this facility? (Check all that apply.)**

- ☐ Community Health Plan of Washington (CHPW)
- ☐ Coordinated Care of Washington (CCW)
- ☐ Molina Healthcare of Washington (MHW)
- ☐ UnitedHealthcare Community Plan (UHC)
- ☐ Wellpoint (formerly Amerigroup Washington)
  
- ☐ None

**Q4. Which of the following Behavioral Health Administrative Services Organizations (BH-ASOs) contract for service with this facility? (Check all that apply)**

- ☐ Carelon Behavioral Health (formerly Beacon Health Options) – Pierce
- ☐ Carelon Behavioral Health (formerly Beacon Health Options) – North Central
- ☐ Carelon Behavioral Health (formerly Beacon Health Options) – Southwest
- ☐ Great Rivers
- ☐ Greater Columbia
- ☐ King
- ☐ North Sound
- ☐ Thurston Mason
- ☐ Salish
- ☐ Spokane
  
- ☐ None

**Q5. In terms of age, which of these client populations do you serve at this facility? (Check all that apply.)**

- ☐ Adults (18 years and over)
- ☐ Transitional Age Youth (15 – 25 years old)
- ☐ Youth (13 – 17 years old)
- ☐ Children (under 13 years old)

**Q5a. (Ask if Children is checked in Q5) Which of the following age groups of children does this facility serve? (Check all that apply.)**

- ☐ School-aged children (6 – 14 years)
- ☐ Preschoolers (3 – 5 years)
- ☐ Infants/Toddlers (birth – 2 years old)

**Q6. Which of following best describes the services provided at this facility? (Select one response.)**

1. Mental health (MH) treatment services *only* → Go to Q7
2. Substance use disorder (SUD) treatment services *only* → Go to Q8
3. Both mental health and substance use disorder treatment services → Go to Q7

**Q7. (MH & MH/SUD only) Which of the following mental health treatment services do you provide at this facility? (Check all that apply.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Group treatment services  | <input type="checkbox"/> Stabilization services                    |
| <input type="checkbox"/> Individual treatment services   | <input type="checkbox"/> High intensity treatment                  |
| <input type="checkbox"/> Family treatment  | <input type="checkbox"/> Medication management                     |
| <input type="checkbox"/> Dyadic family treatment (parental caregiver along with infant, toddler, or preschooler) | <input type="checkbox"/> Therapeutic psychoeducation               |
| <input type="checkbox"/> Intake evaluation   | <input type="checkbox"/> Wraparound with Intensive Services (WiSe) |
| <input type="checkbox"/> Inpatient evaluation and treatment  | <input type="checkbox"/> First episode psychosis navigation        |
|  | <input type="checkbox"/> Other, specify: _____                     |

*Branching instruction for after Q7:*

*If MH only, skip to Q17. All others continue with Q08*

**Q8. (SUD & MH/SUD only) Which of the following substance use disorder treatment modalities do you provide at this facility? (Check all that apply.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Outpatient            | <input type="checkbox"/> Secure withdrawal management |
| <input type="checkbox"/> Recovery house        | <input type="checkbox"/> Withdrawal management        |
| <input type="checkbox"/> Intensive inpatient   | <input type="checkbox"/> Opioid treatment program     |
| <input type="checkbox"/> Long-term residential | <input type="checkbox"/> Other, specify: _____        |

**Q9. (SUD & MH/SUD only) Which of the following medications for substance use disorder services do you provide at this facility? (Check all that apply.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Sub-lingual buprenorphine initiation (AUD)                | <input type="checkbox"/> Naltrexone for alcohol use disorder |
| <input type="checkbox"/> Sub-lingual buprenorphine taper                           | <input type="checkbox"/> Disulfiram                          |
| <input type="checkbox"/> Sub-lingual buprenorphine continuation                    | <input type="checkbox"/> Acamprosate                         |
| <input type="checkbox"/> Long-acting injectable buprenorphine initiation           | <input type="checkbox"/> Referrals for medications for SUD   |
| <input type="checkbox"/> Long-acting injectable buprenorphine continuation         | <input type="checkbox"/> Education on medications for SUD    |
| <input type="checkbox"/> Methadone continuation                                    | <input type="checkbox"/> Other, specify: _____               |
| <input type="checkbox"/> Extended release naltrexone for opioid use disorder (OUD) | <input type="checkbox"/> None of the above                   |

**Q10. (SUD & MH/SUD only) Does your agency provide any of the following harm reduction services?**

- ☐ No, we do not provide harm reduction services at our agency
- ☐ Overdose reversal education and training services
- ☐ Navigation services to ensure linkage to HIV and viral hepatitis prevention, testing, treatment, and care services — including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prevention of mother to child transmission, and partner services
- ☐ Referral to hepatitis A and hepatitis B vaccinations (to reduce risk of viral hepatitis infection)
- ☐ Provision of education on HIV and viral hepatitis prevention, testing, and referral to treatment services
- ☐ Provision of information on local resources and/or referrals for PrEP
- ☐ Motivational interviewing and utilization of stages of change model
- ☐ Other, specify: \_\_\_\_\_

**Q11. (SUD & MH/SUD only) Do you provide safer use supplies to individuals you serve?**

1. Yes, including sterile syringes and injection alternatives
2. Yes, limited to sterile syringes
3. No, but we provide referrals to providers of safer use supplies
4. No, we do not provide referrals to providers of safer use supplies

#### **Opioid Use Disorder**

The next four questions ask about how agencies understand/treat OUD and

**Q12. (SUD & MH/SUD only) Do you provide overdose reversal medication (e.g. naloxone) per State Senate Bill 5195?**

1. Yes
2. No
3. I am not familiar with the requirements outlined in State Senate Bill 5195

**Q13. (SUD & MH/SUD only) During intake, do you ask individuals if they have been diagnosed with an opioid use disorder (OUD) in the last 12 months?**

1. Yes
2. No

**Q14. (SUD & MH/SUD only) During intake, do you ask those who are at risk of an opioid overdose if they have naloxone ready in case of an overdose emergency?**

1. Yes
2. No

**Q15. (SUD & MH/SUD only) During intake or subsequent appointments, when you learn that an individual who is at risk of an opioid overdose does not have naloxone in their possession, which of the following actions do you take? (Check all that apply.)**

- ☐ Provide them with naloxone before the end of their service and bill the individual's Medicaid/private insurance
- ☐ Provide them with naloxone before the end of their service and submit for reimbursement from HCA for uninsured and underinsured individuals
- ☐ Provide the individual with a copy of the Washington State standing order for naloxone and tell them the closest pharmacy they can fill it at
- ☐ Utilize an onsite pharmacy to dispense naloxone via the Washington State standing order
- ☐ Assist the individual in signing up to receive naloxone via mail order
- ☐ Assist the individual in obtaining naloxone utilizing any other resources
- ☐ Provide the individual with naloxone education materials
- ☐ Provide the individual with harm reduction education materials
- ☐ Provide the individual with education materials on medications for Opioid Use Disorder
- ☐ None of the above
- ☐ Not applicable, question does not apply to this agency

*Branching instruction for after Q15:  
If MH only, skip to Q17. All others continue with Q16*

**Q16. (SUD & MH/SUD only) Does this facility offer any primary substance use disorder prevention services?**

*Primary prevention services are strategies directed at individuals prior to the onset of a diagnosis and not identified to be in need of treatment. Programs and strategies must target both the general population and subgroups that are at risk for substance use disorders. Primary prevention approaches focus on helping people develop the knowledge, attitudes, and skills they need to make good choices or change harmful behaviors.*

1. Yes → Continue with Q16a
2. No → Skip to Q16b

**Q16a. (SUD & MH/SUD only) (If yes) What primary substance use disorder prevention services do you offer at this facility? (Check all that apply)**

- ☐ Media campaign(s)/public education
- ☐ Health fairs/health promotion
- ☐ Youth mentoring programs
- ☐ Youth education and skill building
- ☐ School based curriculum
- ☐ Parenting and family education classes
- ☐ Groups for children with a family history of substance use disorder
- ☐ Employee assistance programs
- ☐ DUI education programs
- ☐ Drug take back programs
- ☐ Evidence based prevention programs: please specify: \_\_\_\_\_
- ☐ Other primary substance use disorder prevention services: please specify: \_\_\_\_\_

After answering Q16a,  
skip to Q17

**Q16b. (SUD & MH/SUD only) (If no) What are the reasons you do not provide substance use disorder prevention services? (Check all that apply)**

- ☐ Lack of funding.
- ☐ Lack of staff capacity.
- ☐ Not within scope of the agency.
- ☐ Unfamiliar with these strategies.
- ☐ Other, specify: \_\_\_\_\_

**Q17. (MH, SUD & MH/SUD) Does this facility offer any suicide prevention, intervention and/or postvention services?**

*Suicide prevention services are activities implemented prior to the onset of an adverse health outcome (e.g., dying by suicide) and designed to reduce the potential that the adverse health outcome will take place. Prevention programs and strategies can target both the general population and subgroups that are at risk for suicidal ideation. Suicide intervention services are activities designed to decrease risk factors or increase protective factors in individuals who exhibit symptoms or have been identified by screening or assessment as being at risk for suicidal behavior. Suicide Postvention services are activities following a suicide to help alleviate the suffering and emotional distress of the survivors, and prevent additional trauma and contagion. All approaches focus on helping people develop the knowledge, attitudes, and skills to reduce the risk for suicide.*

1. Yes → **continue with Q17a**
2. No → **Skip to Q17b**

**Q17a. (MH, SUD & MH/SUD) If yes, what suicide prevention, intervention and/or postvention services do you offer at this facility? (Check all that apply.)**

- ☐ Media campaign(s)/public education
- ☐ Gatekeeper trainings
- ☐ Screenings
- ☐ Crisis response services
- ☐ Managed care plan for individuals with suicidal ideation
- ☐ Postvention response services
- ☐ Restriction of lethal means
- ☐ Employee assistance programs
- ☐ Evidence based suicide programs: please specify: \_\_\_\_\_
- ☐ Other suicide prevention services: please specify: \_\_\_\_\_

After answering Q17a,  
●skip to Q18 if MH or  
MH/SUD  
●skip to Q19 if SUD  
only

**Q17b. (MH, SUD & MH/SUD) (If no) What are the reasons you do not provide suicide prevention, intervention and/or postvention services? (Check all that apply.)**

- ☐ Lack of funding.
- ☐ Lack of staff capacity.
- ☐ Not within scope of the agency.
- ☐ Unfamiliar with these strategies.
- ☐ Other, specify: \_\_\_\_\_

**Q18. (MH & MH/SUD only) Does this facility offer any mental health promotion services?**

*Mental Health Promotion services are strategies directed at individuals prior to the onset of a diagnosis and not identified to need treatment. Mental Health Promotion consists of strategies and interventions that enable positive emotional adjustment and adaptive behavior. Promotion approaches focus on helping people improve, and increase control over, their health. Promotion programs and strategies target both the general population and those experiencing health disparities.*

1. Yes → continue with Q18a
2. No → Skip to Q18b

**Q18a. (MH & MH/SUD only) (If yes) What mental health promotion services do you offer at this facility? (Check all that apply.)**

- ☐ Media campaign(s)/public education
- ☐ Health fairs/health promotion
- ☐ Youth mentoring programs
- ☐ Wellness programs
- ☐ School-based curriculum
- ☐ Employee assistance programs
- ☐ Parenting and/or play groups
- ☐ Infant-early childhood mental health consultation
- ☐ Infant-early childhood home visiting
- ☐ Other mental health promotion services: please specify

After answering Q18a,  
•skip to Q19 if MH/SUD  
•skip to Q20a if MH only  
•skip to Q20a if SUD only

**Q18b. (MH & MH/SUD only) (If no) What are the reasons you do not provide mental health promotion services? (Check all that apply.)**

- ☐ Lack of funding
- ☐ Lack of staff capacity
- ☐ Not within scope of the agency
- ☐ Unfamiliar with these strategies
- ☐ Other, specify:

**Q19. (MH/SUD only) Which of the following categories best describes the staff at this facility? (Select one response.)**

1. Have a separate program or staff for MH and SUD services
2. Have a single or integrated program or staff for both MH and SUD
3. Other, specify: (Write text here)

*Branching instruction for after Q19:*

*If Q5=Adult only skip to Q21*

*If Q5=Youth and/or Children and Q6=MH only, continue to Q20a*

*If Q5=Youth and/or Children and Q6=SUD only, skip to Q21*

*If Q5=Youth and/or Children and Q6=MH and SUD, continue with Q20a*



**Q20a.** [If Q5=Youth and/or Children and Q6=MH treatment services only or MH and SUD treatment services] **Was this facility actively accepting new children and youth clients within the last 12 months for BH treatment?** *(That is, clients who started receiving behavioral health treatment from the agency in the last 12 months, not merely being placed on a waitlist.)*

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

**Q20b.** [If Q5=Youth and Q6=MH treatment services only or MH and SUD treatment services] **Is any of your behavioral health clinical staff qualified to provide any of the following treatment approaches for youth?** *(Check all that apply.)*

- ☐ No, none of our providers is qualified to provide any of these treatment approaches for youth
- ☐ Cognitive Behavioral Therapy for SUD
- ☐ Adolescent Community Reinforcement Approach
- ☐ Contingency Management (CM)
- ☐ Motivational Enhancement Therapy
- ☐ Brief Strategic Family Therapy
- ☐ Family Behavior Therapy
- ☐ Functional Family Therapy
- ☐ Multidimensional Family Therapy
- ☐ Multisystemic Therapy
- ☐ Other, please specify: \_\_\_\_\_
- ☐ Don't know

**Q20c.** [If Q5=Youth and Q6=MH treatment services only or MH and SUD treatment services] **How does your agency support recovery for adolescent clients and their families?** *(Check all that apply.)*

- ☐ No, this agency does not provide any of these services
- ☐ Teen only peer support recovery groups
- ☐ Family-based sessions
- ☐ Education advocacy, communication with schools
- ☐ Employment advocacy, communication with job sites
- ☐ Housing advocacy, communication with housing resources
- ☐ Routine monitoring of client progress using standard measures
- ☐ Support families to meet physical and social needs through service referrals
- ☐ Other, please specify: \_\_\_\_\_
- ☐ Don't know

**Q20d.** [If Q5b=Infants, Toddlers and/or Preschoolers and Q6=MH treatment services only or MH and SUD treatment services] **Was this facility actively accepting new infant, toddler, and/or preschool clients within the last 12 months?**

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

Infants, young children, and preschoolers have unique developmental needs when it comes to their mental health. The *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (DC:05™) is the internationally accepted system for developmentally appropriate assessment of young children's mental health. The DC:05™ uses developmentally specific diagnostic criteria that reflects mental health disorders that are typically diagnosed in infancy and early childhood. To learn more about the DC:05™ and its implementation within the Apple Health system, visit [our website](https://www.hca.wa.gov/about-hca/behavioral-health-recovery/mental-health-assessment-young-children). (<https://www.hca.wa.gov/about-hca/behavioral-health-recovery/mental-health-assessment-young-children>)

**Q20e.** [If Q5b=Infants, Toddlers and/or Preschoolers and Q6=MH treatment services only or MH and SUD treatment services] **For the diagnostic assessment of children birth through age five, does your agency offer any guidance on using the DC:05™ ([Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood](#))?**

1. No, we do not offer any specific guidance on using the DC:05™.
2. Yes, we recommend that clinicians use the DC:05 for the diagnostic assessment of children birth through age five.
3. Yes, we require that clinicians use the DC:05™ for the diagnostic assessment of children birth through age five.
4. Don't know

**Q20f.** **Are any of your behavioral health clinical staff qualified to provide any of the following treatment approaches for infants, toddlers, or preschoolers? (Check all that apply.)**

- ☐ Parent-Child Psychotherapy (CPP)
- ☐ Attachment & Biobehavioral Catch-up (ABC)
- ☐ Promoting First Relationships (PFR)
- ☐ Parent-Child Interaction Therapy (PCIT)
- ☐ Incredible Years (IY)
- ☐ Triple P (Positive Parenting Program)
- ☐ Other, please specify: \_\_\_\_\_
- ☐ Don't know

**Q20g.** [If Q5b= Infants, Toddlers and/or Preschoolers and Q6=Mental health treatment services only or MH and SUD treatment services] **Do you experience barriers to accessing Medicaid reimbursement for IECMH (Infant-Early Childhood Mental Health) assessment, diagnosis, and/or treatment?**

1. Yes
2. No → **Skip to Q21**
3. Don't know → **Skip to Q21**

**Q20h.** [If yes to Q18g] **Are you willing to be contacted with additional questions about these barriers?**

1. Yes
2. No

**Q21. Do you provide specifically defined co-occurring disorders treatment services at this facility?**

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

**Q22. Which of the following categories best describes this facility: (Select one response.)**

1. Treat the mental health *only* and refer the person to another facility for substance use disorder treatment
2. Treat the substance use disorder *only* and refer the person to another facility for mental health treatment
3. Treat *both* mental health and substance use disorders in this facility
4. Refer the person to another facility that specializes in co-occurring disorders treatment
5. Other, specify: \_\_\_\_\_
6. Don't know

**Q23. Does this facility have a policy that requires staff to complete a cultural competency training?**

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

**Q24. Do you provide population-specific services for any of the following at this facility? (Check all that apply.)**

- ☐ No, we do not provide any population-specific services in this facility
- ☐ Women
- ☐ Men
- ☐ Older adults
- ☐ Youth
- ☐ American Indian, Alaska Native, Indigenous Persons
- ☐ Hispanics
- ☐ African American
- ☐ Asian/Pacific Islander
- ☐ Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual, + (LGBTQIA+)
- ☐ Individuals who are deaf or hard of hearing
- ☐ Individuals who are blind or visually impaired
- ☐ Individuals with developmental disabilities
- ☐ Individuals who are experiencing homelessness
- ☐ PPW (Pregnant or parenting women)
- ☐ Individuals involved in the criminal legal system
- ☐ Other, please specify: \_\_\_\_\_
- ☐ Don't know

## QUALITY IMPROVEMENT

Now, please let us know what you are doing with respect to quality improvement at this facility.

**Q25. Do you conduct any of following quality improvement activities at this facility beyond those specified by accreditation requirements? (Check all that apply.)**

- ☐ No, we do not conduct any quality improvement activity at this facility beyond those specified by accreditation requirements.
- ☐ Review counselor-specific reports
- ☐ Performance measurement
- ☐ Periodic quality management meetings
- ☐ Walkthroughs
- ☐ Chart reviews
- ☐ Satisfaction surveys
- ☐ Other activities, specify: \_\_\_\_\_
- ☐ Don't know

**Q26. What strategies do you use at this facility to improve client retention and outcomes? (Check all that apply.)**

- ☐ No, we do not use any strategy to improve client retention and outcomes
- ☐ Flexible scheduling (e.g., evenings and/or weekends; appointments held off-site)
- ☐ Meetings or other contact with family members to provide education/support around recovery
- ☐ Active voice of client/family is present in treatment plans and all decision-making
- ☐ Provide transportation or transportation vouchers
- ☐ Follow-up with clients (e.g., reminder postcards/call for upcoming or missed appointments)
- ☐ Engage clinicians in trainings (e.g., cultural competency, principles of recovery, motivational work, recovery support)
- ☐ Provide case management/care coordination services
- ☐ Integrate client's cultural beliefs, practices, and traditions in treatment planning
- ☐ Provide interpreter services to individuals or families whose primary language is not English
- ☐ Provide interpreter services to individuals or families who are deaf and hard of hearing
- ☐ Monitor client outcomes (e.g., homelessness, unemployment rates, incarceration, hospitalization)
- ☐ Assess housing needs of youth and young adult clients at discharge
- ☐ Monitor clinical outcomes for targeted subgroups of patients (e.g., those with depression, or are overweight, or receiving medication for opioid use disorder)
- ☐ Assist clients with housing needs
- ☐ Assist clients with employment needs
- ☐ Assist clients with accessing legal services
- ☐ Assist clients experiencing food insecurity
- ☐ Provide peer support recovery groups
- ☐ Other strategies, specify: \_\_\_\_\_
- ☐ Don't know

**Q27. Do you use any of these approaches to assess clients' perception of the quality of care they receive at this facility? (Check all that apply.)**

- ☐ No, we do not assess clients' perception of the quality of care they receive at this facility.
- ☐ In-house satisfaction, or client experience of care, surveys administered during treatment or at discharge
- ☐ Suggestion box
- ☐ Formal grievance procedures
- ☐ Clinician dialogue with clients/families on a regular basis (month, quarterly) about how services are working and/or what could be improved
- ☐ Consumer-delivered surveys (Quality Review Teams)
- ☐ Community Advisory Board
- ☐ Other, specify: \_\_\_\_\_
- ☐ Don't know

## **BEHAVIORAL HEALTH STAFFING**

In this section, we will be asking questions about the *behavioral health clinical staff* working at this facility.

- *Behavioral health clinical staff refers to professionals who provide direct services such as assessment, diagnosis, and treatment to mental health and/or substance use disorder clients.*

**Q28. First, what is the total number of paid behavioral health staff at this facility?** For the total number of paid behavioral health staff, please include clinical and non-clinical staff, whether they work full-time, part-time, or on-call, and paid clinical and non-clinical interns. *Do NOT include volunteers.*

\_\_\_\_\_ total number of paid behavioral health staff

**Q29. Now, of the total number of paid behavioral health staff at this facility, how many are considered behavioral health clinical staff, including paid and unpaid clinical interns?**

\_\_\_\_\_ number of behavioral health clinical staff

**Q30. Please indicate the number of your behavioral health clinical staff that have the following titles or positions.**

Title or Position	Number of staff	Title or Position	Number of staff
Administrator		Mental Health Professional	
Advanced Registered Nurse Practitioner (ARNP)		Nurse	
Behavioral Health Clinician		Outreach worker	
Case Manager		Outpatient Counselor	
Certified Nursing Assistant (CNA)		Peer Counselor	
Certified Prevention Professional (CPP)		Phlebotomist	
Clinical Director		Physician Assistant	
Clinical Manager		Primary Counselor	
Clinical Supervisor		Program Manager	
Clinician		Psychiatrist	
Community-based Outreach and Referral Navigator/Coordinator		Psychologist	
Co-occurring Disorder Specialist		Registered Nurse	
Counselor		Supervisor	
Counselor Interns/Practicum		Social Worker	
Counselor Trainee		Substance Use Disorder Counselor	
Director		Substance Use Disorder Professional (SUDP)	
Domestic Violence Counselor		Substance Use Disorder Professional Trainee (SUDPT)	
Executive Director		Supervisory Counseling Psychologist	
Homeless Outreach Specialist		Supported Employment Specialist	
Inpatient Counselor		Supportive Housing Specialist	
Lead Counselor		Therapist	
Medical assistant		Treatment Director	
Medical Doctor		Treatment Supervisor	
Mental Health Counselor		Other titles or positions not listed (please specify)	

**Q30a. (Ask if Question 30 total is greater than Question 29). Your total number of positions listed in question 30 is greater than the number of employees listed in question 29. Is that because an employee or employees fill multiple positions or some other reason?**

1. An employee or employees fill multiple positions
2. Some other reason (please specify) \_\_\_\_\_

**Q31. How many of your behavioral health clinical staff work part-time or full-time?** *(Total should equal your total behavioral health staff listed in Q29.)*

Average hours worked per week	Number of staff
Part-time (less than 32 hours per week)	_____
Full-time (32 hours per week or more)	_____
Total number of behavioral health clinical staff	_____

**Q32. How many of your behavioral health clinical staff work on an on-call basis?**

On-call staff	Number of staff
Number of on-call staff who are called <i>only</i> when services are needed	_____
Number of on-call staff who are scheduled outside, or in addition to, their regular hours	_____
Total number of on-call behavioral health clinical staff	_____

**Q33. How many of your behavioral health clinical staff receive the following annual base salary?**  
Do not include benefits such as retirement, health insurance, or annual leave, etc. *(Total should equal your total behavioral health clinical staff listed in Q29.)*

Annual salary	Number of staff
\$20,000 per year or less	_____
\$20,001 - \$30,000 per year	_____
\$30,001 - \$40,000 per year	_____
\$40,001 - \$50,000 per year	_____
\$50,001 - \$60,000 per year	_____
\$60,001 - \$70,000 per year	_____
\$70,001 - \$80,000 per year	_____
\$80,001 - \$90,000 per year	_____
\$90,001 - \$100,000 per year	_____
More than \$100,000 per year	_____
Total number of behavioral health clinical staff	_____

**Q34. How many of your behavioral health clinical staff fit into each of the following gender categories?** *(Total should equal your total behavioral health clinical staff listed in Q29.)*

Gender	Number of staff
Woman	_____
Man	_____
Trans woman	_____
Trans man	_____
Nonbinary	_____
Other identification	_____
Total number of behavioral health clinical staff	_____

**Q35. How many of your behavioral health clinical staff are in each of the following race and/or ethnicity categories?**

Race/ethnicity	Number of staff
White, Non-Hispanic	_____
Black or African American	_____
Hispanic	_____
American Indian or Alaska Native	_____
Asian/Pacific Islander	_____
Middle Eastern or North African (MENA)	_____
Multiracial	_____
Don't know	_____
Prefer not to answer	_____
Other, specify: Write text here	_____
<b>Total number of behavioral health clinical staff</b>	_____

**Q36a. How many of your behavioral health clinical staff are bilingual or multi-lingual and are able to provide BH services in a non-English language?**

\_\_\_\_\_ number of bilingual or multi-lingual staff (if zero, skip to Q37)

**Q36b. How many of your behavioral health clinical staff speak a language other than English?**

*(Since a person may speak more than one language, you may count that person more than once for this question.)*

Language	Number of staff	Language	Number of staff
American Sign Language	_____	Malay	_____
Arabic	_____	Mien	_____
Bengali	_____	Native American (e.g., Cowlitz, Makah, Ojibwe, Quileute)	_____
Chinese	_____	Norwegian	_____
Czech	_____	Persian (Farsi)	_____
Danish	_____	Polish	_____
Dutch	_____	Portuguese	_____
Estonian	_____	Romanian	_____
Finnish	_____	Russian	_____
French	_____	Serbian	_____
German	_____	Slovak	_____
Greek	_____	Slovenian	_____
Hebrew	_____	Somali	_____
Hindi	_____	Spanish	_____
Hungarian	_____	Swahili	_____
Ilocano	_____	Swedish	_____
Indonesian	_____	Tagalog	_____
Italian	_____	Thai	_____
Japanese	_____	Tongan	_____
Khmer	_____	Turkish	_____
Korean	_____	Ukrainian	_____
Laotian	_____	Urdu	_____
Lithuanian	_____	Vietnamese	_____
If not in the above list, please specify:			_____



**Q37. How many of your behavioral health clinical staff are in each of the following educational categories?**

Educational category	Number of staff
High school, GED or less	_____
Some college	_____
Associate degree	_____
Bachelor's degree	_____
Master's degree	_____
Doctorate degree	_____
Don't know	_____
Other, specify:	_____

**Q38. How many of your behavioral health clinical staff have the following Washington State Department of Health professional credentials?**

Washington State Department of Health Credential Type	Number of staff
Advanced registered nurse practitioner (ARNP)	_____
Agency affiliated counselor	_____
Certified behavior technician	_____
Certified counselor	_____
Certified adviser	_____
Co-occurring disorder specialist	_____
Hypnotherapist	_____
Licensed assistant behavior analyst	_____
Licensed behavior analyst	_____
Licensed marriage and family therapist (LMFT)	_____
Licensed marriage and family therapist associate (LMFTA)	_____
Licensed mental health counselor (LMHC)	_____
Licensed mental health counselor associate (LMHCA)	_____
Licensed advanced social worker (LASW)	_____
Licensed social worker associate advanced (LSWAA)	_____
Licensed independent clinical social worker (LICSW)	_____
Licensed independent clinical social worker associate (LICSWA)	_____
Occupational therapist (OT)	_____
Certified occupational therapy assistants (COTA)	_____
Physician	_____
Physician assistant	_____
Psychologist	_____
Registered nurse	_____
Nursing assistant	_____
Sex offender treatment provider	_____
Substance use disorder professional (SUDP)	_____
Substance use disorder professional trainee (SUDPT)	_____
Don't know	_____
Other, specify:	_____

**Q39.** (If any of the Agency Affiliated Counselor credential is greater than 0) **How many of your (number from Q36) Agency Affiliated Counselors are in the following roles?**

Agency Affiliated Counselor roles	Number of staff
Mental Health Professional	_____
Designated Mental Health Professional	_____
Certified Peer Counselor	_____
Mental Health Care Provider	_____

**Q40.** How many of your behavioral health clinical staff are dually credentialed to provide both Mental Health and Substance Use Disorder treatment services?

\_\_\_\_\_ number of dually credentialed staff

**Q41.** Thank you for completing our survey. Is there anything else you would like to tell us about your facility?

**Thank you very much for completing the survey. We appreciate your help.**

**If you have any questions about the survey, please feel free to contact:**

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Pullman, WA 99164-1801



WASHINGTON STATE UNIVERSITY

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