

BHSS Educator Survey

Please complete the survey below. Results of the survey will help the BHSS team advocate for future funding to support curriculum enhancement, practicum development, supervisor support, and employment connections. The survey should take less than less than 8 minutes to complete.

Thank you!

School Information

What is the name of your school?

- Big Bend CC
- Centralia
- Central Washington University (CWU)
- Eastern Washington University (EWU)
- Evergreen College
- Lake Washington Institute of Technology
- Olympic College
- Seattle University
- Spokane Falls Community College
- Wenatchee Valley College
- Other- please describe below

Please write in the name of your school

Today's Date

What field(s) of study do you offer students interested in BHSS? (select all that apply)

- Bachelor's and Registered Apprenticeship
- Behavioral Healthcare
- Integrated Behavioral Healthcare
- Psychology
- Social Work
- Other- please describe below

Please describe

How many students completed their BHSS specialization or training in the last 6 months
([first_educator_sur_arm_1][timeframe_value]
[first_educator_sur_arm_1][year_value])

How many students did NOT complete their BHSS specialization or training in the last 6 months
([first_educator_sur_arm_1][timeframe_value]
[first_educator_sur_arm_1][year_value]) as anticipated by the education program?

Calc for month

1= Jan-Jun, 2=Jul-Dec

timeframe

 Year _____

 Contact Information

To improve and support BHSS programs, short surveys will be sent twice a year to educators to provide updated information on student cohorts that have graduated in the last 6 months. To prevent disruption in data collection, we are asking for both a primary and secondary contact that is able to provide data on your school's BHSS program.

Please provide the following information for the primary contact person for [edu_school_name]'s Behavioral Health Support Specialist (BHSS) program.

First Name: _____ Last Name: _____
 Email: _____ Phone Number: _____

In order to ensure consistent data collection, please provide the following information for a secondary contact person who is familiar with [edu_school_name]'s Behavioral Health Support Specialist (BHSS) Program. This person will only be contacted if we fail to receive responses from the primary contact.

First Name: _____ Last Name: _____
 Email: _____ Phone Number: _____

 Student Demographic Information

We are interested in understanding more about workforce diversity. To do this, we are going to ask for information on the race and ethnicity of your BHSS students. You may be able to get this data from your registrar's office. Are you currently able to provide race and ethnicity information on your BHSS program's graduates?

- Yes
 No

What percent of BHSS students that completed their BHSS-specialization or training in the last 6 months ([first_educator_sur_arm_1][timeframe_value] [first_educator_sur_arm_1][year_value]) identify as the following:

If you do not know, please use the "no data available" option.

American Indian or Alaska Native

 Asian

 Black or African American

 Hispanic or Latin(a/e/o/x)

 Middle Eastern or North African

 Native Hawaiian or Other Pacific Islander

 White

No Data Available

What percent of BHSS students that completed their BHSS-specialization or training in the last 6 months ([first_educator_sur_arm_1][timeframe_value] [first_educator_sur_arm_1][year_value]) fall into each age range?

18-22 _____
23-26 _____
27-30 _____
31-35 _____
36-39 _____
40+ _____

Use of Educator Materials

Have you consulted any chapters or units from the BHSS Educator's Guide?

- Yes
 No
-

What domains have been most helpful to you? (select all that apply)

- Part 1 Assessment Resources
 - MC 1 Health Equity
 - MC 2 Helping Relationships
 - MC 3 Cultural Responsiveness
 - MC 4 Team Based Care
 - MC 5 Screening and Assessment
 - MC 6 Care Planning and Care Coordination
 - MC 7a Motivational Interviewing
 - MC 7b Psychoeducation
 - MC7c Distress Tolerance, Problem Solving, and Relaxation Training
 - MC 7d Behavioral Activation
 - MC 7e CBT-Anxiety
 - MC 7f Part 1 SBIRT
 - MC7f Part 2 Harm reduction for substance use conditions
 - MC 7g Brief Interventions
 - MC 8 Legal, Ethical, and Professional Issues
-

What is missing that you wish were available?

Skill Competency and Assessment

Which of the following skills required for competency does your program currently teach to?

- Behavioral Activation for Depression
- CBT for Anxiety
- Distress Tolerance
- Harm Reduction Counseling Strategies
- Motivational Interviewing
- Problem Solving
- Psychoeducation
- Relaxation Training
- SBIRT
- Other

Please describe other

How does your program assess student competency in the following skills:

	Written exam	Role-play with rubric	Other (please describe)
Behavioral Activation for Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe how your program assesses competency for Behavioral Activation for Depression skills.

	Written exam	Role-play with rubric	Other (please describe)
CBT for Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe how your program assesses competency for CBT for Anxiety skills.

	Written exam	Role-play with rubric	Other (please describe)
Distress Tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe how your program assesses competency for Distress Tolerance skills

	Written exam	Role-play with rubric	Other (please describe)
Harm Reduction Counseling Strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe how your program assesses competency for Harm Reduction Counseling Strategies

	Written exam	Role-play with rubric	Other (please describe)
Motivational Interviewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe how your program assesses competency for Motivational Interviewing skills.

	Written exam	Role-play with rubric	Other (please describe)
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe how your program assesses competency for Problem Solving skills.

	Written exam	Role-play with rubric	Other (please describe)
Psychoeducation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe how your program assesses competency for Psychoeducation skills.

	Written exam	Role-play with rubric	Other (please describe)
Relaxation Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe how your program assesses competency for Relaxation Training skills.

	Written exam	Role-play with rubric	Other (please describe)
SBIRT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe how your program assesses competency for SBIRT skills

	Written exam	Role-play with rubric	Other (please describe)
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe how your program assesses competency for other skills.

Screening and Assessment

What screening instruments does your program teach to? (select all that apply)

- AUDIT
- Columbia Suicide Severity Rating Scale (C-SSRS)
- DAST
- GAD-7
- Mental Status Exam (MSE)
- PCL-5
- PHQ-9
- None at this time
- Other- Please describe below

Please describe

How does your program assess student proficiency in the following areas:

	Written exam	Role-play with rubric	Other (please describe)
Suicide screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe how your program assesses student proficiency with suicide screening.

	Written exam	Role-play with rubric	Other (please describe)
Suicide assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe how your program assesses student proficiency conducting suicide assessments.

	Written exam	Role-play with rubric	Other (please describe)
Suicide management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe how your program assesses student proficiency with suicide management.

Practicum Placement

How are students connected with a practicum site?

- The student is responsible for finding their practicum site.
 The school helps students identify practicum sites
 Other- please describe

Please describe how students are connected with their practicum site.

What types of practicum sites have students been placed at over the last 6 months
 ([[first_educator_sur_arm_1]][timeframe_value]
 [first_educator_sur_arm_1][year_value]).

- Community Mental Health
 Co-occurring Disorder Treatment
 Crisis Services
 Higher Education
 Hospital
 Human Services
 Integrated Primary Care
 Licensed Behavioral Health Agency
 Secondary education
 Substance Use Disorder Treatment
 Other

Please describe the other types of practicum sites that students are placed at.
