

BHSS Graduated Student Survey

Please complete the survey below.

Thank you!

First Name: _____

Last Name: _____

Email Address: (Please provide at least one email not tied to your school or work.)

Primary Email: _____

Secondary Email: _____

Age: _____

Race and Ethnicity (select all that apply):

- 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
- Another Race
- Prefer not to answer

Please describe your race _____

What is the highest level of education achieved by any of your parents/guardians?

- No Degree
- GED
- High School Diploma
- Some College, No Degree
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree
- I do not know

Please complete the following questions about your Behavioral Health Support Specialist program

What field of study did you complete your degree in?

- Bachelor's and Registered Apprenticeship
- Behavioral Healthcare
- Psychology
- Social Work
- Other- please describe below
(Degree related to your BHSS course work)

Please describe _____

Where did you complete your degree?

- 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 Describe

When did you graduate?

Month: _____ Year _____

Do you have any other degrees?

- Yes
- No

What other degree(s) do you have?

Why did you pursue a BHSS program? Select all that apply.

- Obtain experience to apply to future graduate or professional schools
- Obtain a job with direct relevance to my undergraduate degree
- Obtain clinical experience with patient populations
- Obtain real-world experience to figure out my future career path
- Other- Please Describe

Please Describe

Are you currently BHSS Certified?

- Yes
- No

Do you plan on getting BHSS Certified in the next year?

- Yes
- No

When does your BHSS certification expire?

Month _____ Year _____

Please tell us why you are not interested in pursuing BHSS Certification

The next few questions ask about your BHSS practicum experience.

What is the name of the clinic where you completed your BHSS practicum?

What is the address of where you completed your practicum?

(Please include Zipcode)

What type of site did you work at for your practicum?

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

Other- Please describe

License of your practicum supervisor

- ARNP
- DNP
- Licensed Agency Affiliated Counselor
- LASW
- LASWA
- LCSW
- LCSWA
- LMFT
- LMFTA
- LMHC
- LMHCA
- MD/DO
- Physician's Assistant (PA)
- Psychologist
- Other
- Do not know
(ex: LCSW)

Please describe your practicum supervisor's license

How many patients or clients did you see as part of your practicum?

(Best estimate)

The next few questions ask about your current BHSS related work.

Do you currently practice under your BHSS Certification?

- Yes
 No

Why not?

_____ (ex: pursuing a graduate degree)

What is the zipcode of the clinic you work at?

What type of clinic do you currently work at?

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

Other clinic type

License of your clinical work supervisor

- ARNP
 DNP
 Licensed Agency Affiliated Counselor
 LASW
 LASWA
 LCSW
 LCSWA
 LMFT
 LMFTA
 LMHC
 LMHCA
 MD/DO
 Physician's Assistant (PA)
 Psychologist
 Other
 Do not know
(ex: LCSW)

Please Describe

How many patients or clients do you typically see per month as a BHSS?

_____ (Best Estimate)

Do you feel the BHSS program prepared you to work in your current setting?

- Yes
 No

Please explain why you do not feel prepared

How satisfied are you at your job?

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied or Dissatisfied
- Satisfied
- Very Satisfied

Please explain your response

How likely are you to leave your job within the next year?

- Extremely likely
- Somewhat likely
- Somewhat unlikely
- Extremely unlikely

Please explain your response

In order to continue to enhance the BHSS programs offered, we would like to re-survey participants annually over the next few years. Do you consent to be surveyed?

- Yes
- No