



Massachusetts Child Psychiatry Access Project (MCPAP) FY 2015 Provider Experience Survey Results

Executive Summary

Each year the Massachusetts Child Psychiatry Access Project (MCPAP) conducts a Provider Experience Survey of enrolled providers as an indicator of programmatic performance, user satisfaction, and an opportunity to offer feedback. Results indicate there is a consistent ability of enrolled providers to meet the psychiatric needs of children despite a decreasing longitudinal trend in provider perceptions of adequate access to child psychiatry. MCPAP maintains high marks for usefulness and timeliness of consultations and continues supporting pediatric providers in meeting the behavioral health needs of their pediatric populations. The results of the Fiscal Year 2015 Provider Experience Survey were unique in their sample size and characteristics which permitted several unprecedented analyses. New questions this year have PCPs reporting comfort with treating diagnoses appropriate for the primary care setting. Providers who report having access to co-located behavioral health specialists are less likely to report using MCPAP services in the past year. However, for providers who report using MCPAP services, there are no differences found in the usefulness and timeliness of MCPAP consultations when comparing those who have onsite behavioral health and those who do not. This indicates that MCPAP is capable of serving integrated practices in a complementary role. Analysis of qualitative data supports these findings and offers insights into opportunities for program-wide improvement efforts – some of which are already underway.

Background

MCPAP is a system of children's behavioral health consultation teams whose goal is to improve access to treatment for children with behavioral health issues and their families by making child psychiatry services accessible to primary care providers across the Commonwealth. The regional teams consist of Baystate Medical Center ("Baystate", Western), University of Massachusetts Medical Center ("UMass", Central), North Shore Medical Center ("NSMC", Northeast), McLean Hospital Southeast ("McLean SE", Southeast), Massachusetts General Hospital ("MGH", Boston Metro), Tufts Medical Center/Children's Hospital Boston (Tufts/CHB, Boston Metro), and the mini-hub Cambridge Health Alliance ("CHA", Cambridge/Boston). MCPAP is supported by the Massachusetts Department of Mental Health.

This paper presents the results of the Massachusetts Child Psychiatry Access Project (MCPAP) Provider Experience Survey for Fiscal Year 2015. Since 2008, MCPAP Central Administration has sent a version of this survey to all of the pediatric primary care providers who are enrolled in the program.

Survey Instrument

The survey consists of 11 items with fixed response options with optional comment sections and 2 items with open-ended text responses. Of the multiple choice items, two assessed the availability of onsite co-located or integrated behavioral health specialists within the primary care practice, four assessed agreement with statements regarding the need for child psychiatry and services provided by MCPAP, and four assessed comfort diagnosing and treating common pediatric psychiatric disorders and the

delivery of SBIRT for substance use among adolescents. All surveys contained an identification number associated with the provider designation in the MCPAP database.

Survey data was collected over a five-week period ending on May 15th 2015 through online and paper formats. Paper surveys were entered into the online survey data collection software SurveyMonkey by MCPAP Project Coordinator, Mary Houghton. Qualitative data were reviewed for content and follow-up by Mary Houghton and MCPAP Director, Marcy Ravech. Andrew Scearce, MCPAP Health Policy Analyst, performed data analysis with Microsoft Excel 2013 and SAS Enterprise v 6.1. We incentivized participation by entering respondents contact information into a random drawing for one of two Amazon gift cards valued at \$100. A copy of the survey and cover letter are provided in the appendix of this document.

Response Rate

In April 2015, MCPAP central administration sent a total of 2,960 surveys to primary care providers (PCPs) who were enrolled with MCPAP. Initially, we sent 1,886 online survey links to valid, unblocked email addresses that were registered in the MCPAP database. Of these, we received 285 completed online surveys. 2,675 online survey non-respondents and providers for whom we did not have a valid email address were sent a second paper format survey to their main practice addresses. Of these, we received an additional 375 completed surveys for a total of 660 completed surveys and an overall response rate of 23% statewide. Six respondents returned multiple completed surveys. Regionally, MGH had a response rate of 31%, while the remainder of the hubs had response rates between 21% and 14% while CHA had a response rate of 8%. Provider-level response rates may be found in Table 1.

Table 1. Provider Response Rate by Region								
	Tufts/CHB	Baystate	UMass	NSMC	MGH	McLean	CHA	Statewide
Enrolled Providers	590	425	615	476	370	365	95	2878
Respondent Providers	121	94	145	91	114	82	8	654
Provider Response Rate	21%	22%	24%	19%	31%	22%	8%	23%

We also calculated practice representation response rates in order to aggregate individual providers into their constituent practices. Overall, 62% of the practices enrolled in MCPAP are represented in this survey by at least one respondent. Similar to the individual provider-level response rates, MGH has the largest practice-level response rate (78%). Practice-level response rates are found in Table 2.

Table 2. Practice Response Rate by Region								
	Tufts/CHB	Baystate	UMass	NSMC	MGH	McLean	CHA	Statewide
Enrolled Practices	70	70	104	64	50	76	11	445
Responded Practices	52	36	60	37	39	45	6	275
Practice Response Rate	74%	51%	58%	58%	78%	59%	55%	62%

Survey Sample

Survey respondents consisted of 654 individual PCPs at 275 practices constituting a respective 23% and 62% of all MCPAP enrolled PCPs and practices. Regionally, 25% of the sample were from practices enrolled with the UMass Hub (Central Massachusetts), 16% apiece from practices enrolled with

Tufts/Children’s (Boston), Baystate (Western), and MGH (Boston), 13% apiece from North Shore Medical Center (NSMC, Northeast), and McLean SE (Southeast), and 1% from the Cambridge Health Alliance (CHA) mini-hub that shares a portion of the Boston region.

The sample consists of 56% Pediatricians, 18% Nurse Practitioners, 15% Family Physicians, 3% Physician Assistants, 2% Behavioral Health Clinicians, 2% Care Coordinators, 2% Internal Medicine Physicians. For the remaining 2% we did not have provider type information to reference in the MCPAP database. The provider type ranks of the sample percentages reflect concurrent MCPAP enrollment.

Use of MCPAP services in the past year

Of the 658 respondents who answered this item, 79% self-reported that they used MCPAP services in the past year. The remaining 21% survey respondents who report not using MCPAP in the previous year (“FY15 Non-Users”) will serve as a comparison group for select analyses later in this paper. A “non-user” remains an enrolled provider. Individual provider utilization of MCPAP varies year-to-year. Table 3 presents self-reported use and non-use of MCPAP in the previous year by type of provider.

Table 3. Self-Reported Use of MCPAP by Provider Type			
Provider Type	Use MCPAP	FY15 Non-Users	% Sample Using MCPAP
Pediatrician	317	54	85%
Nurse Practitioner	84	33	72%
Family Physician	67	29	70%
Other*	54	20	73%
Total	522	136	79%

*Other includes Physician Assistants, Care Coordinators, Behavioral Health Clinicians, Internal Medicine Physicians, RN/LPN, and unknown provider type designations.

Co-location of Behavioral Health Specialists

Two items assessed the presence of co-located and/or integrated specialists (Behavioral Health Therapists and Child Psychiatrists) by asking respondents to indicate how often per week they have access to such providers on a 5-point scale (*Never, ≤1 day/week, 2-3 days/week, 4-5 days/week, 6-7 days/week*). We grouped all responses other than “*Never*” to provide an indicator of providers with *some* access to co-located and/or integrated specialty behavioral health providers.

I have access to co-located and/or integrated behavioral health therapists on-site.

Statewide, 44% of the survey respondents reported that they have some access to co-located or integrated behavioral health therapists on-site. Distribution of responses to this item are presented in Table 4.

Table 4. I have access to co-located and/or integrated behavioral health therapists on-site.								
	Tufts-CHB	Baystate	UMass	NSMC	MGH	McLean	CHA	Statewide
Never	45%	46%	61%	60%	58%	70%	0%	56%
Some*	55%	54%	39%	40%	42%	30%	100%	44%
≤ 1 day/week	2%	8%	12%	8%	3%	15%	25%	8%
2-3 days/week	9%	16%	8%	13%	3%	1%	13%	8%
4-5 days/week	37%	30%	17%	15%	31%	12%	63%	25%
6-7 days/week	7%	0%	1%	3%	6%	1%	0%	3%

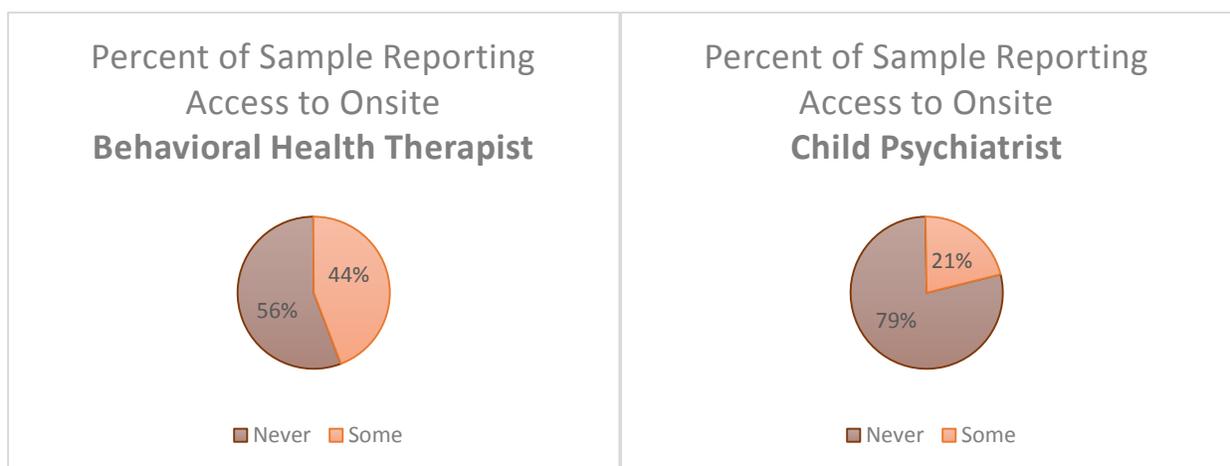
*total of all responses other than “Never”

I have access to co-located and/or integrated child psychiatrists on-site.

Statewide, only 21% of the respondents indicate that have access to co-located or integrated child psychiatrists. This resource is scarcest in the Southeast where 93% of the respondents enrolled at the McLean SE hub indicated that they do not have any onsite access to child psychiatrists.

Table 5. I have access to co-located and/or integrated child psychiatrists on-site.								
	Tufts-CHB	Baystate	UMass	NSMC	MGH	McLean	CHA	Statewide
Never	72%	82%	77%	82%	75%	93%	25%	79%
Some*	28%	18%	23%	18%	25%	7%	75%	21%
≤ 1 day/week	6%	6%	11%	2%	4%	5%	25%	6%
2-3 days/week	9%	4%	3%	3%	5%	1%	38%	5%
4-5 days/week	11%	7%	8%	11%	11%	1%	13%	8%
6-7 days/week	2%	0%	1%	1%	4%	0%	0%	2%

*total of all responses other than “Never”



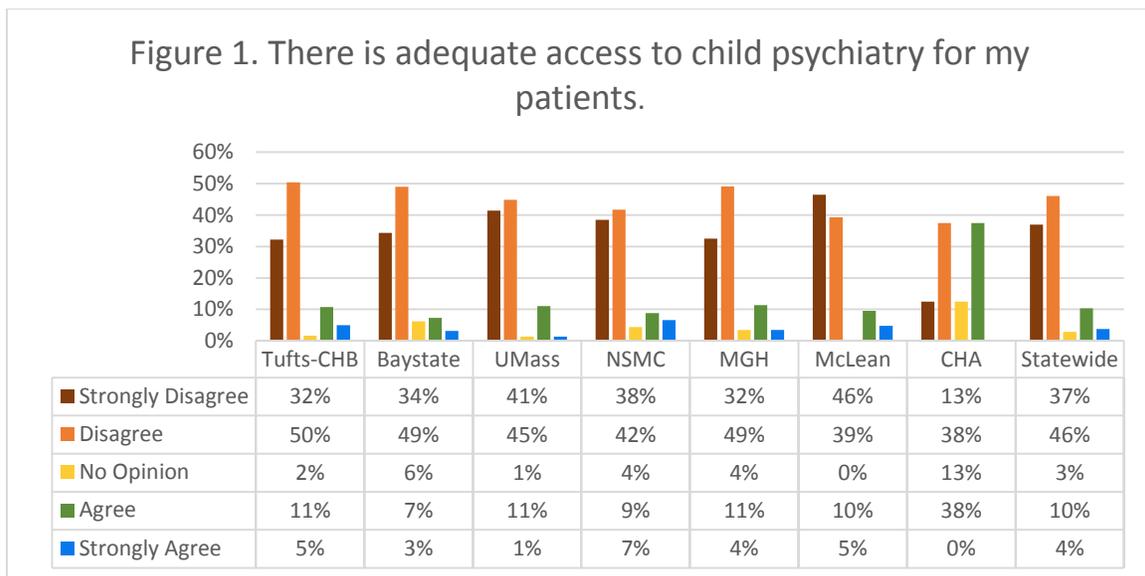
Survey Items

For every fiscal year since 2008 the provider experience survey has included four items that assess respondents' access to child psychiatry, ability to meet the psychiatric needs of pediatric patients, the timeliness, and the usefulness of MCPAP consultations. Respondents indicated their level of agreement with these statements on a 5-point Likert-style response scale ranging from *Strongly Disagree* to *Strongly Agree*. The items discussed in this section refer only to the FY 2015 survey results. A longitudinal assessment is provided later in this paper.

Response distributions for these items are presented for the entire sample of 660 survey respondents. For each item we have provided figures presenting the proportional distribution of responses by regional hub as well as statewide.

There is adequate access to child psychiatry for my patients.

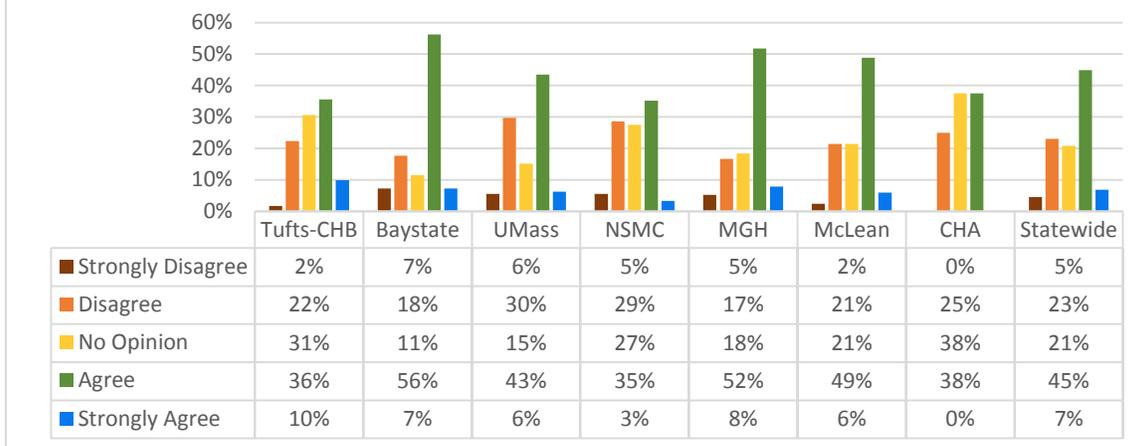
Referring to Figure 1, the vast majority (83%) of survey respondents across the state report that there is not adequate access to child psychiatry for their patients.



Since participating in MCPAP, I am able to meet the needs of children with psychiatric problems.

Over half (52%) of the survey respondents report being able to meet the psychiatric needs of their pediatric patients as a result of participating in MCPAP. Only 28% disagree with this statement. Response distributions are provided in Figure 2, below.

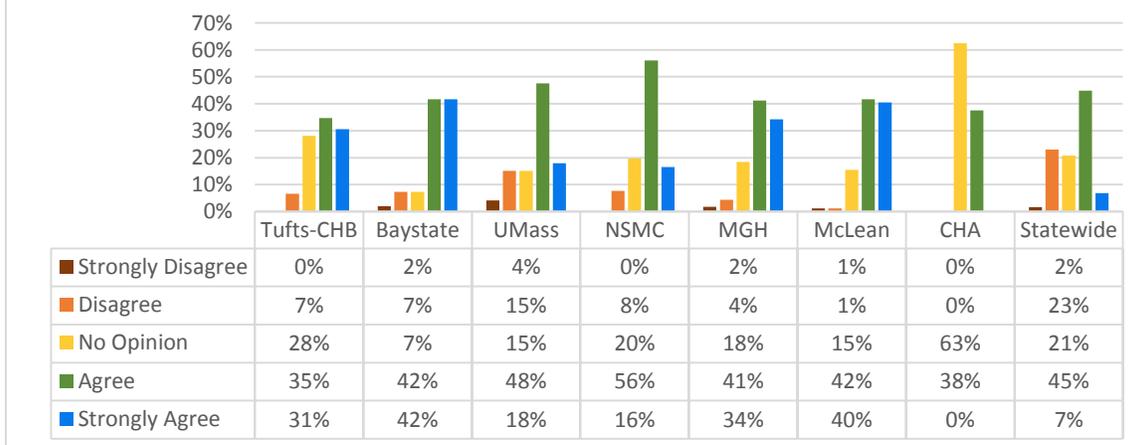
Figure 2. Since participating in MCPAP, I am able to meet the needs of children with psychiatric problems.



When I need a child psychiatric consultation with MCPAP, I am able to receive one in a timely manner.

Statewide, 52% of the respondents reported that they are able to receive a consultation by a MCPAP psychiatrist in a timely manner. Response distributions for this item are provided in Figure 3.

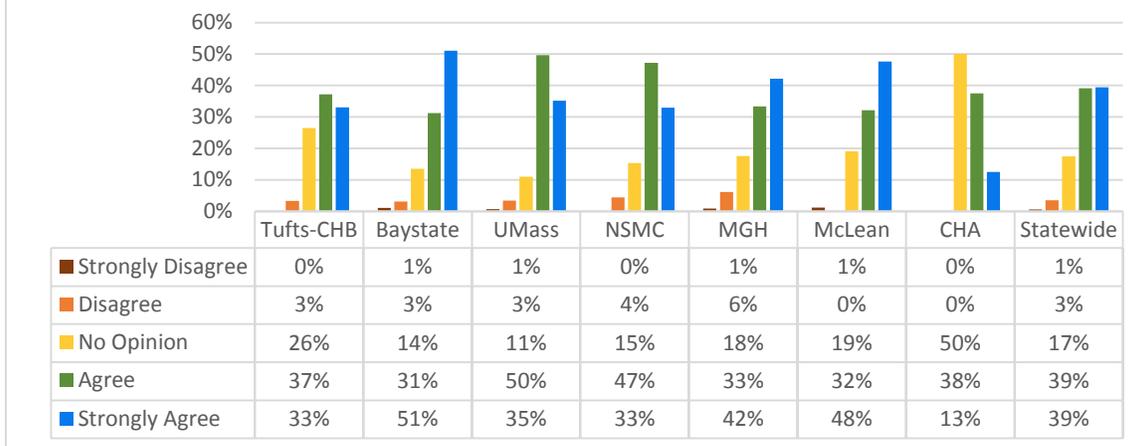
Figure 3. When I need a child psychiatric consultation with MCPAP, I am able to receive on in a timely manner.



I find the child psychiatric consultation that MCPAP offers to be helpful.

The vast majority (78%) of the survey respondents indicated that MCPAP consultations are useful. Response distributions for this item are provided in Figure 4.

Figure 4. I find the child psychiatric consultation that MCPAP offers to be helpful.

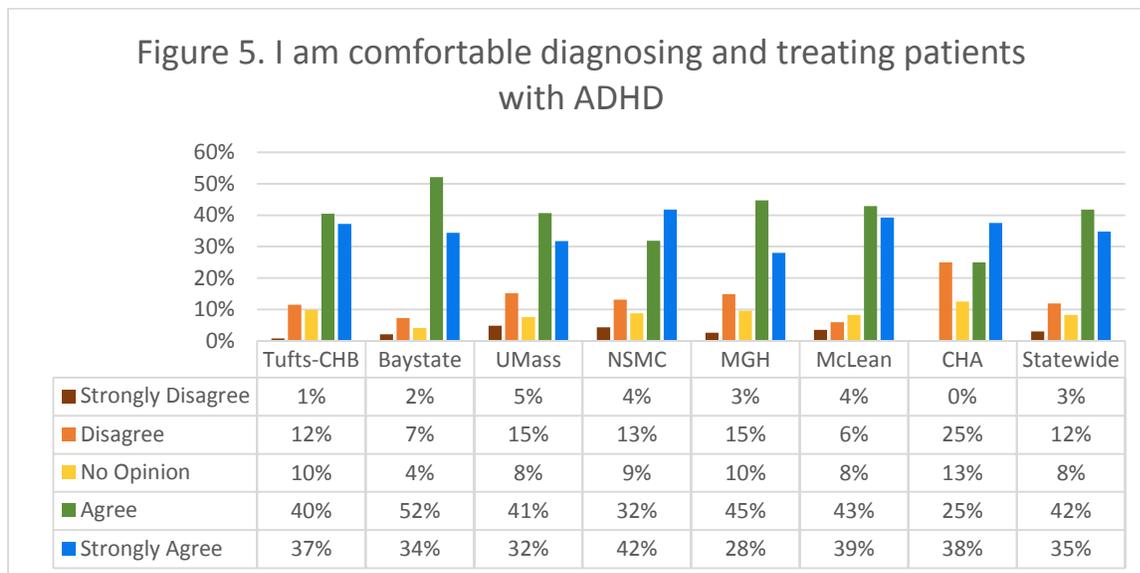


Items Introduced in the FY 2015 Experience Survey

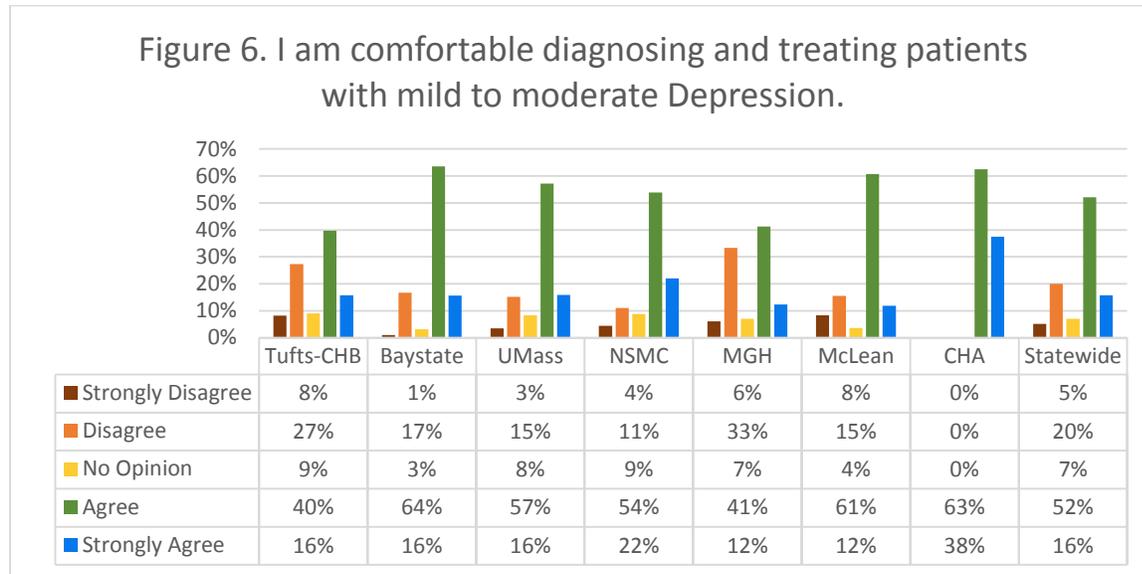
Four new items were included in this fiscal year’s survey. Three items measure comfort in dealing with the three most common pediatric diagnoses encountered in MCPAP consultations (Depression, Anxiety, and ADHD), and one assesses familiarity with and comfort using SBIRT (Screening, Brief Intervention and Referral to Treatment) for substance use.

I am comfortable diagnosing and treating patients with ADHD.

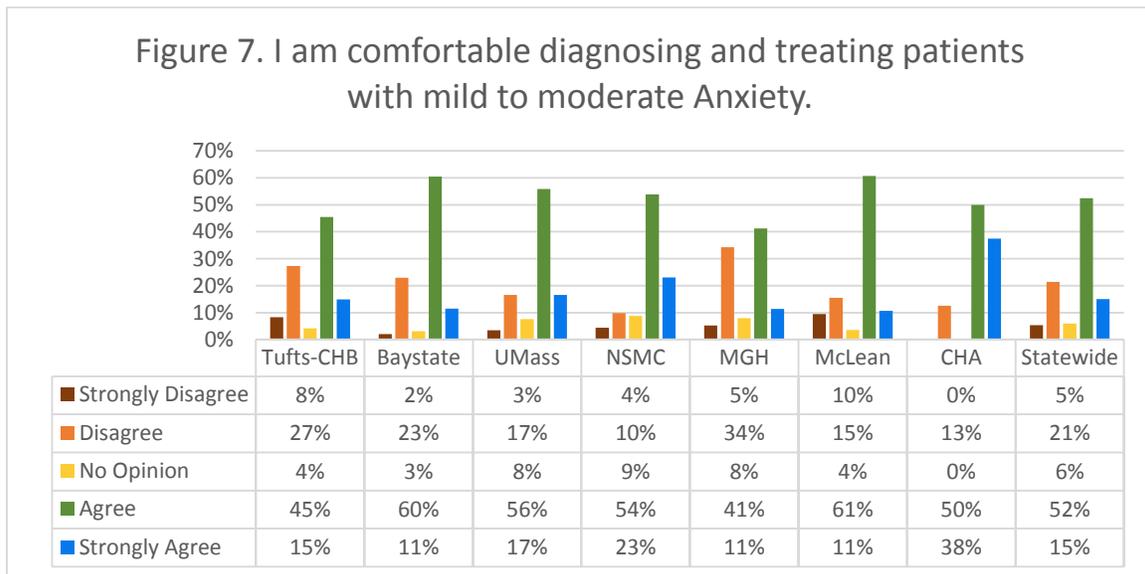
Seventy-seven percent of the sample reported feeling comfortable diagnosing and treating patients with ADHD. Response Distributions for this item are provided in Figure 5.



I am comfortable diagnosing and treating patients with mild to moderate Depression. Sixty-eight percent of the sample similarly reported that they felt comfortable diagnosing and treating mild to moderate depression. Response distributions for this item are provided in Figure 6.

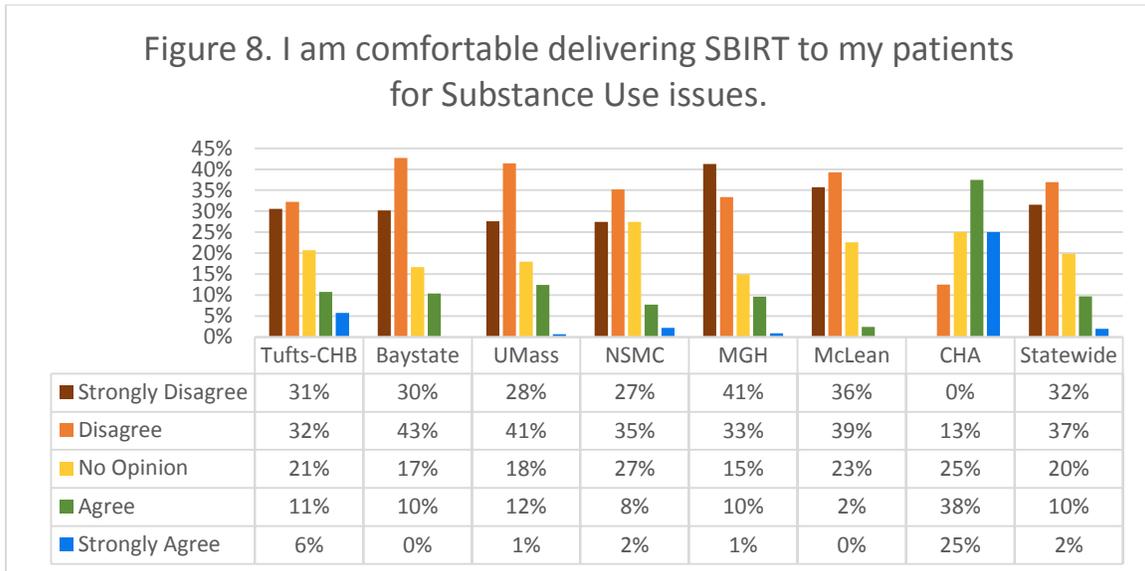


I am comfortable diagnosing and treating patients with mild to moderate Anxiety. Sixty-seven percent of the survey respondents felt comfortable diagnosing and treating patients with mild to moderate Anxiety. Response distributions for this item are provided in Figure 7.



I am comfortable delivering SBIRT to my patients for Substance Use issues.

This question was added this year as MCPAP begins to implement a training initiative promoting substance use screening for adolescents. It will be informative to track any change in responses from next year’s survey. We consciously made the decision to use the “SBIRT” acronym rather than spell out the meaning. As expected, comfort delivering SBIRT was very low in this population (12%). Response distributions for this item are provided in Figure 8.



Qualitative Analysis

Each year the Provider Experience Survey elicits feedback via two open-ended items. The first assesses reasons why providers have not used MCPAP and the second asks for specific suggestions for improvement. Members of MCPAP Central Administration team reviewed all qualitative responses and addressed specific concerns with individual providers. Responses to both items were categorized and tallied for the analysis.

If you have not used MCPAP in the past year, why not?

Of those survey respondents who self-reported not using MCPAP in the past year (21% of all survey respondents), 94% included a response to this question. Of these, responses fell into a few general categories: no need/ have an alternate resource (45%); unaware of MCPAP or forgot about the program (20%); do not like the model (6%); had a negative experience or did not find the services helpful (11%); used MCPAP previously but did not have a need in the past year. The remaining 9% included providers who said they see primarily adults with a very low volume of pediatrics or they work only in urgent care and refer back to the PCP. Respondents who do not like the model made comments such as “I don’t want to be a psychiatrist” and “I don’t want to prescribe medications.”

In addition to these comments, MCPAP team members have anecdotal knowledge of specific providers and practices they have attempted to engage that are not comfortable addressing behavioral health. The MCPAP Director or the specific MCPAP Hub Medical Director attempted to contact every

respondent who expressed a concern or a negative experience with the program to discuss the issues and correct the problem moving forward.

MCPAP has initiated a “Practice Engagement Project” in which one component involves identifying practices that are not enrolled and practices that have not used their team in the past 12 months. Teams reach out to these practices to engage, orient, or re-orient providers about MCPAP. Practice re-orientation is especially critical for new providers that join previously enrolled practices and may not be familiar with MCPAP.

Please give suggestions for improving the project and/or comment on your experience with the project. We are particularly interested in clinical areas in which you would like assistance.

Of surveys returned, 37% included a response to this item. Twenty-five percent of these wrote in very positive comments about their experiences with MCPAP, several mentioning specific team members by name for exceptional service. Most comments focused on suggestions (including desperate pleas for increased community-based child psychiatry capacity).

Suggestions for improvement covered a wide range of topics including: improved communication with PCPs relative referrals given to families; access issues including use of secure email and evening hours; several requests for follow-up visits after face-to-face consultations; and difficulties linking families with community-based services.

MCPAP has initiated several activities that address these noted concerns. In the August 2015 issue of the MCPAP News we publicized a process for using email communication with MCPAP teams. We have implemented a care coordination follow-up process earlier in 2015 which is just beginning to result in reliable data and should address some PCP communication issues as well as provide a basis for quality improvement throughout our care coordination process. In addition, a MCPAP work group is currently developing “best practices” for MCPAP care coordination which will be standardized across our teams. The program continues to strive to achieve successful connections for families with recommended community-based services in spite of long waiting lists and the multiple challenges of making a good “match” among the child, family and service provider (i.e. insurance, availability, language, transportation, geography, etc.).

The most frequently expressed clinical need was for regular, ongoing clinical education sessions, many specifically mentioned sessions to address medications. Numerous respondents expressed interest in education about teen substance use, comorbid psychiatric and substance use disorders, and implementing SBIRT. It is curious whether this interest was promoted by the SBIRT question on the survey. Similarly, there were many requests for sessions on managing depression, anxiety and ADHD; again, the three conditions mentioned in the survey. However, these are also the three conditions most appropriately managed in the primary care setting. A few requests were made for parenting skill training and behavioral management for young children. This was of particular interest as MCPAP implemented training of behavioral health clinicians in the Primary Care Positive Parenting Program over the previous 15 months, with MCPAP team therapists available to accept referrals from PCPs for the program. The availability of Triple P was well-publicized via the MCPAP News as well as many email blasts to MCPAP enrolled practices recruiting co-located/integrated behavioral health clinicians for training. Moving forward we will need to think of new ways to provide information.

Quantitative Analyses

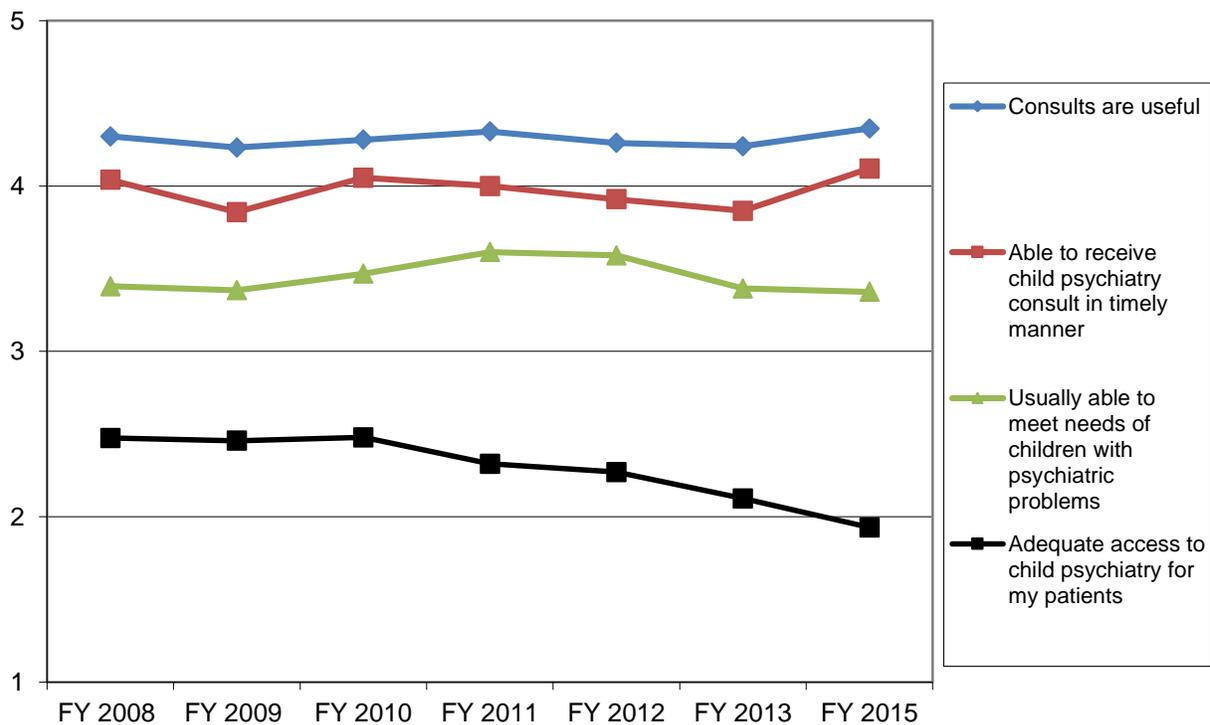
Several specific comparisons were made from the results of this survey. First, we have plotted the mean responses of four items that have been presented in each annual survey since 2008. Second, we compared the survey responses between participants who reported that they have used MCPAP services in the past year with those who report not using MCPAP. Third, we assessed how self-reported presence of having access to an onsite behavioral health specialist effects self-reported use and perceptions of MCPAP.

Longitudinal Assessment

In line with the previous years, we assessed mean scores of the following items for respondents who reported that they have used MCPAP services in the past year

Referring to Figure 9, access to child psychiatry has become more problematic but PCPs still feel that they are usually able to meet the needs of children with psychiatric problems. Our belief is that MCPAP has contributed positively to this pattern, as PCPs feel they are able to receive child psychiatry consults in a timely manner and that the consults are useful.

**Figure 9. Mean MCPAP Provider Experience Survey Responses:
FY 2008, FY 2009, FY 2010, FY 2011, FY 2012,
FY 2013, and FY 2015 (N_{used}=522)**



MCPAP Users vs. Non-Users

We compared mean responses between respondents who indicated that they have used MCPAP in the past year (n=523) with those who indicated that they have not (n=124). Unfortunately, we were unable

to assess between group differences on several items that contained wording which directly implied participation in MCPAP (e.g. “Since Participation in MCPAP, I feel that I am able to meet the needs of children with psychiatric problems”).

As shown in Table 6, we found that PCPs who do not use MCPAP (FY15 Non-Users) are more likely to report that their patients have adequate access to child psychiatry than PCPs who reported using MCPAP in the past year (FY15 Users). We found no differences between FY15 Users and FY15 Non-Users in terms of comfort with diagnosing and treating mild to moderate depression or anxiety, but we did find higher scores for FY15 Users in terms of comfort working with patients with ADHD. However, FY15 Non-Users reported higher mean scores in terms of comfort using SBIRT for patients with substance use issues. Results of the t-tests of the difference in scores between MCPAP users and non-users are found in Table 6.

	Sample n = 659	Used MCPAP n = 523	FY15 Non-Users n = 136	Results of t-test
Survey Item	M	M	M	p (one-tail)
<i>There is adequate access to child psychiatry for my patients</i>	1.97	1.94	2.15	0.034
<i>I am comfortable diagnosing and treating patients with mild to moderate Depression.</i>	3.53	3.56	3.43	0.285
<i>I am comfortable diagnosing and treating patients with mild to moderate Anxiety.</i>	3.5	3.53	3.42	0.363
<i>I am comfortable diagnosing and treating patients with mild to moderate ADHD.</i>	3.93	3.99	3.73	0.013
<i>I am comfortable delivering SBIRT to my patients for Substance Use issues.</i>	2.14	2.09	2.33	0.023

Co-location/Integration of Behavioral Health Specialists.

We compared self-reported use of MCPAP in FY15 with presence of any behavioral health specialists in the practice. Chi-square analysis indicates that use of MCPAP is significantly related to the absence of on-site behavioral health specialist (Chi-sq= 24.89, p<.001).

Colocation Status	Counts			Percent	
	FY15 Non-user	FY15 User	Grand Total	FY15 Non-user	FY15 User
All Respondents	136	523	659	21%	79%
No BH Specialist	47	306	353	13%	86%
Co-located/Integrated	89	217	306	29%	71%

In order to assess how co-location of a behavioral health specialist (psychiatrist or therapist) is associated with variation in satisfaction survey item scores, we ran a series of t-tests between the two groups for the sample of respondents who reported using MCPAP in the past year.

The following analysis interpretations refer to the results among users of MCPAP found in Table 8. PCPs who have integrated and/or co-located behavioral health specialists onsite report that they have greater access to child psychiatry for their patients than providers who do not have onsite behavioral health specialists. Despite having co-located and/or integrated behavioral health specialists onsite, we found no significant difference in terms of being able to meet the behavioral health needs of their patients.

In terms of the timeliness and helpfulness of MCPAP consultations, there are no differences in mean scores between PCPs with or without behavioral health specialists. Significant differences are noted with regards to the three diagnostic items; with significantly higher mean scores attributed to PCPs with behavioral health specialists on site in terms of self-reported comfort with diagnosing and treating Depression and Anxiety in their pediatric offices, but there are no observed differences in comfort with diagnosing and treating ADHD. Lastly, PCPs with behavioral health specialists in their offices report that they are more comfortable delivering SBIRT for substance use issues than PCPs who do not have behavioral health specialists onsite.

Table 8. Comparisons Between PCPS With and Without Behavioral Health Specialists Onsite

	Sample, Used MCPAP n = 523	No BH Specialist n = 306	Co-located/ Integrated n = 217	
Survey Item	M	M	M	p (one-tail)
<i>There is adequate access to child psychiatry for my patients</i>	1.94	1.83	2.08	0.018
<i>Since participating in MCPAP, I feel that I am able to meet the needs of children with psychiatric problems.</i>	3.36	3.31	3.43	0.178
<i>When I need a child psychiatric consultation with MCPAP, I am able to receive one in a timely manner.</i>	4.11	4.11	4.10	0.860
<i>I find the child psychiatric consultation that MCPAP offers to be helpful.</i>	4.35	4.33	4.37	0.598
<i>I am comfortable diagnosing and treating patients with mild to moderate Depression.</i>	3.56	3.42	3.77	0.0003
<i>I am comfortable diagnosing and treating patients with mild to moderate Anxiety.</i>	3.53	3.44	3.66	0.0226
<i>I am comfortable diagnosing and treating patients with mild to moderate ADHD.</i>	3.99	4.01	3.95	0.500
<i>I am comfortable delivering SBIRT to my patients for Substance Use issues.</i>	2.09	1.99	2.24	0.0068

Limitations

We were very fortunate to have collected responses from a sample large enough to conduct a variety of between-group analyses across factors such as presence or absence of co-located behavioral health specialists, and self-reported use or non-use of MCPAP in the past year. However, it is important to note these analyses were performed on a convenience sample of survey respondents and thus may provide limited extrapolation into the population at large.

Despite a program wide update of enrolled practices and providers in the past fiscal year, the MCPAP database is still missing valid email addresses for over a thousand enrolled providers, and over two hundred paper surveys were returned as undeliverable by the postal department and returned to MCPAP central administration. According to representatives from the regional hubs it has been anecdotally noted that some of the providers who did not receive surveys were some of the more frequent users of MCPAP.

Several items were of limited use in between group comparisons due to the phrasing of the items on the survey itself. Although this was done to maintain consistency for longitudinal analysis, we may want to begin a new set of questions in FY 2016.

Implications

There are several implications that came from the results of the FY 2015 Survey that should be discussed and considered in planning and quality improvement moving forward.

First, a common theme in the commentary of the surveys reflected unfamiliarity with MCPAP or lack of awareness of the program's services. Through efforts such as our Provider Engagement Project, implemented in January 2015, we are seeking to enhance the relationships between our regional MCPAP team members and their enrolled PCPs, as well as to offer educational opportunities for providers. One such opportunity also supported by results of this survey is training in the use of SBIRT for adolescents, already planned as a major MCPAP initiative for the coming fiscal year. In response to the results of this survey MCPAP will also be implementing a monthly educational series via webinar for all enrolled providers.

Second, as behavioral health integration in primary care practices becomes more commonplace in pediatric practices across the Commonwealth, the changing needs of PCPs will need to be assessed. The results of this survey have begun to shed light on the relationship between use of MCPAP and behavioral health integration in pediatric settings, but more research is needed.

Appendix 1: Cover Letter and Survey

Dear Provider,

The Massachusetts Child Psychiatry Access Project (MCPAP) conducts an annual survey to measure providers' experience with child psychiatry in their practices and satisfaction with MCPAP's services.

Your responses to this brief (13 item) survey helps us assess our services, identify areas for improvement, and gain a front-line perspective on the changing healthcare environment regarding child psychiatry and behavioral health in primary care practices.

We appreciate a few minutes of your time to complete the survey. Your time and input are greatly valued. Survey responses are reviewed by our administrative team; you may be contacted by one of us to address specific issues.

To thank you for participating, all respondents who have returned their surveys by **May 15th** will be entered into a lottery to win one of two \$100 Amazon gift cards.

If you have any questions or concerns, please contact Andrew Scearce, Health Policy Analyst via email at Andrew.Scearce@valueoptions.com, or by phone 617-350-1990.

Sincerely,

Marcy Ravech
MCPAP Director

Dr. John Straus
MCPAP Founding Director

Andrew Scearce
MCPAP Health Policy Analyst

Thank you for taking a few minutes to complete this survey.
 We will use your responses to help us improve the services that we offer to better meet your needs. You may write in comments beneath items and use the back of the form as needed.

The following questions refer to your experiences over the past year.

- 1) I have access to co-located and/or integrated behavioral health therapists on-site.

1	2	3	4	5
Never	≤ 1 day/week	2-3 days/week	4-5 days/week	6-7 days/week

- 2) I have access to co-located and/or integrated child psychiatrists on-site.

1	2	3	4	5
Never	≤ 1 day/week	2-3 days/week	4-5 days/week	6-7 days/week

- 3) There is adequate access to child psychiatry for my patients.

1	2	3	4	5
Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

- 4) Since participating in MCPAP, I feel that I am able to meet the needs of children with psychiatric problems.

1	2	3	4	5
Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

- 5) When I need a child psychiatric consultation with MCPAP, I am able to receive one in a timely manner

1	2	3	4	5
Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

- 6) I find the child psychiatric consultation that MCPAP offers to be helpful.

1	2	3	4	5
Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

- 7) I am comfortable diagnosing and treating patients with mild to moderate Depression.

1	2	3	4	5
Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

- 8) I am comfortable diagnosing and treating patients with mild to moderate Anxiety.

1	2	3	4	5
Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

9) I am comfortable diagnosing and treating patients with ADHD.

1	2	3	4	5
Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

10) I am comfortable delivering SBIRT to my patients for Substance Use issues.

1	2	3	4	5
Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

11) Have you used the services of MCPAP in the past year? Yes () No ()

Question and Comment

- 1) If you have not used MCPAP in the last year, why not?

- 2) Please give suggestions for improving the project and/or comment on your experience with the project. We are particularly interested in clinical areas in which you would like assistance.

Please provide your email to take next year’s survey online and receive our bi-monthly MCPAP Newsletter.

E-Mail: _____

After a year-long hiatus, MCPAP is revitalizing our Advisory Group to ensure that we are obtaining input from a cross-section of our enrolled provider practices. The group will meet quarterly from 8:00-9:00 am via teleconference on a day TBD.

If you are interested in participating please email: Marcy.Ravech@valueoptions.com.