

Healthy Minds Policy Initiative Provider Survey – Cognito Form

Healthy Minds Policy Initiative is conducting a short survey to gather information about Oklahoma's behavioral health providers. Your participation is voluntary, but will help inform our efforts to accurately describe Oklahoma's behavioral health workforce and better quantify the services that are actually available to individuals in our state. The responses you provide will not be attached to any identifiable information if you choose to provide personal information. The data collected from this survey will contribute to policy reform that will support the development, recruitment, and retention of behavioral health providers in Oklahoma. The survey will take you less than 10 minutes. For any questions or concerns, please contact Whitney Cipolla at wcipolla@healthymindspolicy.org.

Current Work

1. Which behavioral health certification(s) or license(s) do you have? (Please select all that apply)
 - APRN-PMHNP - Advanced Practice Registered Nurse – Psychiatric and Mental Health Nurse Practitioner
 - CADC – Certified Alcohol and Drug Counselor
 - LADC – Licensed Alcohol and Drug Counselor
 - LADC/ MH - Licensed Alcohol and Drug Counselor/ Mental Health
 - LCSW – Licensed Clinical Social Worker
 - LMFT – Licensed Marriage and Family Therapist
 - LPC – Licensed Professional Counselor
 - PRSS - Certified Peer Recovery Support Specialists
 - Psychiatrist D.O.
 - Psychiatrist M.D.
 - Licensed Psychologist
2. Which best describes your current participation in the behavioral health workforce?
 - In the behavioral health workforce
 - Not in behavioral health care, but still in the social services sector
 - Not in behavioral health care, and not in the social services sector
 - Unemployed
 - Student
 - Retired
3. If you are not currently in the behavioral health workforce, which reason(s) best describe why? (Please select all that apply)
 - Continued supervision hours
 - Family/ personal reasons
 - Insufficient compensation
 - Reciprocity issues
 - Stress/ burnout
 - Other
4. If you selected "Other," please specify.
5. Are you currently providing direct behavioral health services to clients from the certification(s) or license(s) you selected?

- Yes
 - No
6. How do you primarily provide treatment to clients?
 - In-person
 - Through telehealth, phone, text, or online services
 - Both in-person and telehealth
 7. Which setting best describes where you provide behavioral health services?
 - Certified community behavioral health center
 - Community mental health center
 - Correctional facility
 - Hospital
 - Inpatient psychiatric hospital
 - Inpatient substance use treatment center
 - Nonprofit organization
 - Primary care setting with integrated behavioral health services
 - Private practice
 - K-12 school(s)
 - State hospital
 - University or college counseling center
 - Veterans Administration facility
 - Other
 8. If you selected "Other," please specify.
 9. Please select the number of hours that best reflects how much time you spend per week providing behavioral health services.
 - 1–10 hours
 - 11–20 hours
 - 21–30 hours
 - 31–40 hours
 - 41–50 hours
 - 51+ hours
 10. What is the zip code of the location in which you primarily provide behavioral health services?

Clients

1. Do all or most of your clients live in Oklahoma?
 - Yes
 - No
2. In which counties do your clients reside? (You may select up to 3 counties if your clients reside across multiple counties)
 - All 77 counties in addition to “Statewide” were listed as options
3. Which client ages do you serve? (Please select all that apply)
 - 0–5
 - 5–12
 - 13–17

- 18–25
 - 26–60
 - 60+
4. If you serve more than one age group, which age group do you primarily serve?
- 0–5
 - 5–12
 - 13–17
 - 18–25
 - 26–60
 - 60+
5. What is your treatment specialty? (Please select all that apply)
- ADD/ ADHD
 - Any serious mental illnesses
 - Co-occurring mental health and substance use disorders
 - Eating disorders
 - First episode psychosis
 - Mild to moderate anxiety
 - Mild to moderate depression
 - Severe anxiety
 - Severe depression
 - Substance use disorder
 - Other
6. If you selected "Other," please specify.
7. How long does it typically take a new client (non-emergency) to secure an initial visit with you?
- A week or less
 - A month or less
 - 1–3 months
 - 3–6 months
 - 6+ months
 - I am not currently accepting new patients

Payer Sources and Networks

1. What payer sources do you or your employer accept? (Please select all that apply)
- Blue Cross Blue Shield of Oklahoma
 - Community Care
 - GlobalHealth
 - HealthChoice
 - Medicaid and CHIP
 - Medicare
 - Uninsured or ODMHSAS
 - UnitedHealthcare
 - VA/ TRICARE
 - Self-pay
 - Other

2. If you selected "Other" for the payer sources above, please specify.
3. Please identify the insurer network(s) you are enrolled in as an in-network provider. (Please select all that apply)
 - Blue Cross Blue Shield of Oklahoma
 - Community Care
 - GlobalHealth
 - HealthChoice
 - Medicaid and CHIP
 - Medicare
 - Uninsured or ODMHSAS
 - UnitedHealthcare
 - VA/ TRICARE
 - Self-pay
 - I am not enrolled as a provider in any insurance network
 - Other
4. If you selected "Other" for the insurer network(s) you are enrolled in as an in-network provider above, please specify.

Open to Follow-Up (All Optional)

1. First name
2. Last name
3. Email
4. Phone
5. Can Healthy Minds Policy Initiative contact you?
 - Yes
 - No