

**DRAFT Year One Provider/Practice Survey – Blueprint for Health CHT Expansion**

**July 28 ,2023**

Practice Name

Respondent Name/Role

Stage of implementation for Expansion:

- Not participating/Attestation only / CHT Position(s) Posted / CHT Position(s) Hired

**Feasibility**

- Supports and resources have assisted you with implementing the CHT expansion.
  - Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
  - What supports and resources have been the most effective?
- Challenges have been identified or experienced related to the CHT expansion.
  - Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
  - What are your practice challenges that impact implementation success?
- Describe what the practice has had to contribute in order implement the CHT expansion.
- If you are not participating now, what would enable you to participate in the future?

**Appropriateness**

- Standardized screening has assisted our practice to systematically identify patients with mental health, substance use, and social determinant of health needs.
  - Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
- CHT assessment, intervention, and care management services are appropriate for the mental health, substance use, and SDOH needs identified for your patients.
  - Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
- What percentage of time is a Community Health Team member accessible to providers and patients during hours when care is provided?

**Acceptability**

- How satisfied are you with how your CHT has: Developed relationships with your team? Helped to identify patients for potential referral? Maintained communication with busy providers? Helped the practice meet population health goals?
  - Very satisfied / Somewhat satisfied / Neither satisfied nor dissatisfied / Somewhat dissatisfied / Very dissatisfied
- How else has the expansion pilot impacted your practice's ability to meet patient and family needs?

**Patient/Family Centeredness (Inclusion, awareness, access, acceptability)**

- Were families/patients/caregivers involved in planning conversations about the Community Health Team expansion in your community?
  - Y / N / Unsure
- How are patients and families made aware of available Community Health Team services?
- What percentage of the time would you estimate that your patients (presenting with a positive screen and/or referred by the care team) are able to have a same day visit with the CHT for mental health, substance use disorder, and SDOH needs?
- Have any patients declined or prematurely discontinued Community Health Team services within the last three months?
  - Y / N / Unsure

**Other**

Anything else you would like to share?

Would you be willing to be contacted to provide additional information about your responses?

Are you interested in participating/providing feedback about pilot evaluation in Year 2?