

APPENDIX A

PBHCI GRANTEE DIRECTOR SURVEY

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Primary and Behavioral Health Care Integration (PBHCI) Evaluation

DIRECTOR SURVEY

(DRAFT)

ALL

Intro1. This questionnaire is part of the Primary and Behavioral Health Care Integration (PBHCI) Evaluation, a national evaluation being conducted for the Substance Abuse and Mental Health Services Administration (SAMHSA) by Mathematica Policy Research. The questionnaire asks about your role and responsibilities, client services and staff, providing care, experiences integrating care, and other initiatives in your state or community.

ALL

Intro2. We want you to know that:

This survey is voluntary, but your response is critical for producing valid and reliable data. You may skip any questions you do not wish to answer; however, we hope that you answer as many questions as you can. Your answers to questions will not affect your job or any hiring decisions now or in the future and will only be shared with the Mathematica study team. Participation in the director survey will not impose any risks to you as a respondent.

SAMHSA is committed to protecting the privacy of individuals who participate in surveys. All information you provide will be kept strictly confidential and used for research purposes only. Your answers will be combined with other surveys, and no information identifying individual directors or grantees will be released.

If you have any questions about your rights as a research volunteer, contact [NAME] at New England IRB, toll free at 1-800-232-9570.

Thank you for your help with this survey.

ALL

Intro3.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0xxx. Public reporting burden for this collection of information is estimated to average 30 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

[GLOBAL SOFT CHECK: IF ANY RESPONSE = BLANK: Please provide an answer to this question or click Continue.]

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SECTION A. YOUR ROLE AND RESPONSIBILITIES IN THE PBHCI PROGRAM

ALL

PROGRAMMER: IF A1 ≠ 1 AFTER HARD CHECKS, GO TO END SCREEN 1 (INELIGIBLE)

A1. Which of the following best describes your role in the PBHCI program?

Select all that apply

- PBHCI program manager/project director/administrator.....1
- Medical/clinical director.....2
- Therapist/counselor.....3
- Care coordinator/patient navigator/case manager.....4
- Medical assistant/nursing assistant.....5
- Licensed practical nurse.....6
- Registered nurse.....7
- Nurse care manager.....8
- Psychiatric nurse practitioner.....9
- Nurse practitioner (not psychiatric).....10
- Co-occurring substance use disorder counselor.....11
- Peer specialist.....12
- Peer wellness coach.....13
- Nutrition/exercise program provider.....14
- Tobacco cessation program provider.....15
- Chronic disease self-management program provider.....16
- Occupational therapist.....17
- Phlebotomist.....18
- Physician assistant.....19
- Psychiatrist.....20
- Physician (not psychiatrist).....21
- Pharmacist.....22
- Program evaluator.....23
- Data manager.....24
- Chief financial officer.....25
- Receptionist or other administrative support.....26

- Other manager or administrator (*specify on next screen*).....27
_____ (STRING (60))
- Other behavioral health or social services provider (*specify on next screen*).....28
_____ (STRING (60))
- Other primary or physical care provider/specialist (*specify on next screen*).....29
_____ (STRING (60))
- NO RESPONSE (WEB).....M

A1_OtherA. Please specify your manager or administrator role in the PBHCI program.
(STRING (60))

A1_OtherB. Please specify your behavioral health or social services provider role in the PBHCI program. (STRING (60))

A1_OtherC. Please specify your primary or physical care provider/specialist role in the PBHCI program. (STRING (60))

HARD CHECK: IF A1 ≠ 1; You have indicated that you are not a PBHCI program manager, project director, or administrator. Is this correct? If not, please correct your response. If this is correct, please click “continue.”
--

HARD CHECK: IF A1 = M; Please provide an answer to this question.
--

SOFT CHECK: IF A1=27, 28, 29 AND Specify=EMPTY; Please specify your role in the space provided.
--

SECTION B. CLINIC SERVICES & STAFF

A1=1

B1. Which of the following services does your agency/clinic provide for adults with serious mental illness (SMI)? SMI can include schizophrenia, bipolar disorder, major depression, and other chronic behavioral health conditions. Indicate services provided for ANY adults with SMI, NOT just those enrolled in the PBHCI program.

Select all that apply

- Medication management..... 1
- Outpatient individual therapy (for example, psychotherapy)..... 2
- Outpatient group therapy or support groups..... 3
- Outpatient substance use disorder treatment..... 4
- Care coordination/care management/case management (for example, links to housing, community services)..... 5
- Peer support..... 6
- Crisis/emergency care..... 7
- Residential services 8
- None of the above 9

A1=1

B2. Which consumers with SMI are eligible for the PBHCI program?

Select all that apply

- Any with SMI..... 1
- Consumers with SMI taking certain psychiatric medications..... 2
- Consumers with SMI who have or are at risk for chronic physical health conditions..... 3
- Consumers with SMI and no recent primary care contact..... 4
- Other (*specify on next screen*)..... 99
- _____ (STRING 150)
- NO RESPONSE (WEB)..... M

B2_OtherA. Please specify which consumers are eligible for the PBHCI program. (STRING (150))

SOFT CHECK: IF B2=99 AND Specify=EMPTY; Please specify which other consumers are eligible for the PBHCI program in the space provided.

A1=1

B3. Does your PBHCI program specifically target any of the following populations?

Select all that apply

- Consumers with HIV/AIDS.....1
- Consumers with hepatitis.....2
- Consumers who have experienced trauma.....3
- Returning veterans or their families.....4
- Consumers not currently receiving primary care.....5
- Consumers from certain racial or ethnic groups (specify on next screen).....99
_____ (STRING 150)

B3_OtherA. Please specify which populations your PBHCI program targets. (STRING (150))

SOFT CHECK: IF B3=99 AND Specify=EMPTY; Please specify which other populations you target in the space provided.

NO RESPONSE (WEB).....M

Some PBHCI programs have hired individual primary care providers (such as nurses or physicians) as direct employees of their behavioral health agency. Others have partnered with primary care clinics or other health care organizations to provide primary care to PBHCI participants who don't otherwise have primary care providers (PCPs).

A1=1

B4. Does your PBHCI program involve a partnership with a primary care organization?

- Yes, we currently have a primary care partnership.....1
- No, but a primary care partnership is pending.....2
- No, we do not plan to have a partnership.....3 **GO TO B6**
- NO RESPONSE (WEB).....M **GO TO B6**

A1=1 AND (B4 = 1 OR 2)

B5. What type of primary care organization(s) is participating or will participate in your PBHCI program?

Select all that apply

- Federally qualified health center (FQHC).....1
- Hospital affiliated physical health clinic.....2
- University affiliated physical health clinic.....3
- Private practice primary care clinic.....4
- Visiting nurse or home health agency.....5
- Other primary care provider (*specify on next screen*).....99
- _____ (STRING 150)
- NO RESPONSE (WEB).....M

B5_OtherA. Please specify what type of primary care organization(s) is participating or will participate in your PBHCI program. (STRING (150))

SOFT CHECK: IF B5=99 AND Specify=EMPTY; **Please specify what other type of primary care organization(s) is participating or will participate in your PBHCI program.**

A1=1

B6. Has your PBHCI program received any of the following certifications (or does it fall under any of these certifications as part of a larger program)?

Select all that apply

- National Committee for Quality Assurance Patient-Centered Medical Home (NCQA PCMH).....1
- Medicaid Certified Community Behavioral Health Center (CCBHC).....2
- Medicaid medical or health home.....3
- Medicare accountable care organization.....4
- Other medical or health home (*specify on next screen*).....99
- _____ (STRING 150)
- None of the above.....5
- NO RESPONSE (WEB).....M

B6_OtherA. Please specify which certifications your PBHCI program has received. (STRING (150))

SOFT CHECK: IF B6=5 AND A5=1-4, 99: You indicated that your PBHCI program has not received any of these certifications, but checked one or more of the items on the list. Please correct your response and click "Continue".

SOFT CHECK: IF B6=99 AND Specify=EMPTY; Please specify which other certifications your program has received.

A1=1

B7. How often do behavioral health and primary care leadership have scheduled meetings to discuss the PBHCI program together?

- More than once a week..... 1
- Once a week..... 2
- Once every two weeks..... 3
- Once a month..... 4
- Less than once a month..... 5
- NO RESPONSE (WEB)..... M

A1=1

DISPLAY EACH ITEM AS A SINGLE QUESTION ON A PAGE
DISPLAY FULL QUESTION STEM FOR ALL QUESTIONS

B8. Indicate whether or not your PBHCI program provides the following service.

B8a. Care team conducts pre-visit preparations (for example, review consumer health records in advance of visits)

- Yes, always or almost always..... 1
- Yes, sometimes..... 2
- Yes, rarely..... 3
- No, this is not done..... 0
- NO RESPONSE..... M

B8b. Consumers receive a written care plan

- Yes, always or almost always..... 1
- Yes, sometimes..... 2
- Yes, rarely..... 3
- No, this is not done..... 0
- NO RESPONSE..... M

B8c. Consumers receive a written summary after each visit

- Yes, always or almost always..... 1
- Yes, sometimes..... 2
- Yes, rarely..... 3
- No, this is not done..... 0
- NO RESPONSE..... M

B8d. Care team identifies consumers who require additional care management support

- Yes, always or almost always.....1
- Yes, sometimes.....2
- Yes, rarely.....3
- No, this is not done.....0
- NO RESPONSE.....M

B8e. Care team follows up with consumers who miss appointments

- Yes, always or almost always.....1
- Yes, sometimes.....2
- Yes, rarely.....3
- No, this is not done.....0
- NO RESPONSE.....M

Wellness and self-care services help consumers manage their own health, beyond the counseling or guidance typically provided during office visits. These services can be provided in individual or group settings.

A1=1
IF B9=NONE OF THE ABOVE OR EMPTY, GO TO B11

B9. Over the past year, which of the following wellness or self-care services has your PBHCI program offered consumers?

Select all that apply

- Nutrition/diet.....1
- Cooking healthy foods.....2
- Exercise.....3
- Social support from peers, family, friends.....4
- Stress management/relaxation training.....5
- Diabetes self-management/education.....6
- Other chronic physical health condition self-management/education.....7
- Chronic mental health condition self-management/education.....8
- Substance use disorder support.....9
- Smoking or tobacco cessation.....10
- Sexual health education.....11
- Other wellness or self-care services (*specify on next screen*).....99
- None of the above.....12

_____ (STRING (150))

B9_OtherA. Please specify which wellness or self-care services your PBHCI program provides. (STRING (150))

SOFT CHECK: IF B9A.I=1 AND Specify=EMPTY; Please specify which other wellness or self-care services you provide.

B10. Which of the following activities are part of your PBHCI wellness or self-care program(s)?

Select all that apply

- We assess consumers' readiness to change.....1
- Wellness or self-care goals are documented in treatment plans.....2
- Consumers' progress with wellness or self-care plans is documented.....3
- Consumers' abilities to engage in self-care are documented.....4
- Consumers receive tools to monitor or record self-care results (such as diaries, pedometers).....5
- Consumers receive resources to assist in self-care (for example, booklets, exercise bands).....6
- None of the above.....7
- NO RESPONSE (WEB).....M

SOFT CHECK: IF B10=7 AND B10=1-6; You indicated that none of these activities are part of your PBHCI wellness or self-care programs, but selected one or more items on the list. Please correct your response and click "Continue."

A1=1

B11. Which tobacco cessation programs do you offer or plan to offer to PBHCI participants?

Select all that apply

- DIMENSIONS Tobacco Free Program (formally known as Peer-to-Peer Tobacco Dependence Recovery Program as part of the Behavioral Health & Wellness Program [BHWP] developed at the University of Colorado).....1
- Learning About Healthy Living (disseminated by Consumers Helping Others Improve Their Condition by Ending Smoking [CHOICES] at the University of Medicine and Dentistry of New Jersey [UMDNJ]; modified version was implemented in North Carolina as Breathe Easy, Live Well).....2
- Intensive Tobacco Dependence Intervention for Persons Challenged by Mental Illness.....3
- Other tobacco cessation program (specify on next screen)..... 99
_____ (STRING (150))
- None of the above—we are not offering specific tobacco cessation services to PBHCI consumers.....4 **GO TO B13**
- NO RESPONSE (WEB).....M **GO TO B13**

B11_OtherA. Please describe the tobacco cessation approach you offer to PBHCI participants and the intervention name, if known. (STRING (150))

SOFT CHECK: IF B11=4 AND B11=1-3; You indicated that you offer none of these tobacco cessation programs, but selected one or more items on the list. Please check your response and click “continue.”

SOFT CHECK: IF B11=99 AND Specify=EMPTY; **Please indicate which other tobacco cessation approach you are using in the space provided.**

A1=1 AND (B11 ≠ 4 OR M)

B12. What is the status of your tobacco cessation program?

- We have not yet begun to implement this program.....1
- We are making efforts to implement the program but have not yet enrolled any PBHCI participants in it.....2
- The program is fully implemented for other populations served by our organization, but we have not yet enrolled any PBHCI participants in it.....3
- We already have PBHCI participants enrolled in the program.....4
- We previously enrolled PBHCI participants in the program, but it has been discontinued.....5
- NO RESPONSE (WEB).....M

A1=1

B13. Which of the following nutrition and/or exercise programs do you offer or plan to offer to PBHCI participants?

Select all that apply

- Nutrition and Exercise for Wellness and Recovery (NEW-R) or RENEW.....1
- Diabetes Awareness and Rehabilitation Training (DART).....2
- Solutions for Wellness.....3
- Weight Watchers (only select if you are systematically and formally providing a Weight Watchers program to PBHCI participants—do not include ad hoc referrals to Weight Watchers).....4
- InSHAPE.....5
- Stoplight Diet.....6
- Achieving Healthy Lifestyles in Psychiatric Rehabilitation (ACHIEVE).....7
-
- Other nutrition and/or exercise program (specify on next screen)..... 99
_____ (STRING 150)
- None of the above—we are not offering specific nutrition and/or exercise services to PBHCI consumers.....8 **GO TO B15**
- NO RESPONSE (WEB).....M **GO TO B15**

B13_OtherA. Please describe the nutrition and/or exercise program you offer to PBHCI participants and the intervention name, if known. (STRING (150))

SOFT CHECK: IF B13=8 AND B13=1-8; You indicated that you do not provide any of these nutrition and/or exercise programs, but selected one or more items on the list. Please correct your response and click "continue."

SOFT CHECK: IF B13=99 AND Specify=EMPTY; **Please specify which other nutrition and/or exercise programs you offer.**

A1=1 AND (B13 ≠ 8 OR M)

B14. What is the status of your nutrition and/or exercise program?

- We have not yet begun to implement this program.....1
- We are making efforts to implement the program but have not yet enrolled any PBHCI participants in it.....2
- The program is fully implemented for other populations served by our organization, but we have not yet enrolled any PBHCI participants in it.....3
- We already have PBHCI participants enrolled in the program.....4
- We previously enrolled PBHCI participants in the program, but it has been discontinued.....5
- NO RESPONSE (WEB).....M

A1=1

B15. Which of the following chronic disease self-management programs do you offer or plan to offer to PBHCI participants?

Select all that apply

- Whole Health Action Management (WHAM) (based on the Peer Support Whole Health and Resiliency Program [PSWHR], created by the Appalachian Consulting Group, Georgia Mental Health Consumer Network)....1
- Health and Recovery Peer (HARP) Program.....2
- Stanford Chronic Disease Self-Management Program (CDMP).....3
- Other chronic disease self-management program (specify)99
_____ (STRING 150)
- None of the above—we are not offering specific chronic disease self-management services to PBHCI participants.....4 **GO TO B17**
- NO RESPONSE (WEB).....M **GO TO B17**

B15_OtherA. Please describe your chronic disease self-management program and the intervention name, if known. (STRING (150))

SOFT CHECK: IF B15=4 AND B15=13; You indicated that you do not offer any of these chronic disease self-management programs, but selected one or more items on the list. Please correct your response and click "continue."

SOFT CHECK: IF B15=99 AND Specify=EMPTY; Please specify your approach to chronic disease self-management in the space provided.

A1=1 AND (B15 ≠ 4 OR M)

B16. What is the status of the chronic disease self-management program?

- We have not yet begun to implement this program.....1
- We are making efforts to implement the program but have not yet enrolled any PBHCI participants in it.....2
- The program is fully implemented for other populations served by our organization, but we have not yet enrolled any PBHCI participants in it.....3
- We already have PBHCI participants enrolled in the program.....4
- We previously enrolled PBHCI participants in the program, but it has been discontinued.....5
- NO RESPONSE (WEB).....M

A1=1

B17. Which of the following providers have time reserved in their daily schedules for same-day or walk-in visits with PBHCI participants? Do not include adding same-day visits to fully scheduled days.

Select all that apply

- Behavioral health providers.....1
- Primary care providers.....2
- Care coordinators/managers.....3
- Peer support staff.....4
- Pharmacists.....5
- Laboratory staff.....6
- Other (specify on next screen).....99
- _____ (STRING 60)
- None of the above have time reserved for same-day or walk-in visits.....7
- NO RESPONSE (WEB).....M

B17_OtherA. Please specify which providers have time reserved in their daily schedules for same-day or walk-in visits with PBHCI participants. (STRING (60))

SOFT CHECK: IF B17=7 AND B17=1-6; 99: You indicated that no providers have time reserved in their daily schedules for same-day or walk-in visits with PBHCI participants, but selected one or more of the provider types on the list. Please correct your response and click "continue."

SOFT CHECK: IF B17=99 AND Specify=EMPTY; Please specify which other providers have time reserved in their daily schedules for same-day or walk-in visits.

A1=1

B18. Please indicate whether your PBHCI program provides the following types of clinical advice to consumers by phone or secure electronic messages.

Clinical advice involves consultation about a health or behavioral health issue or help managing chronic conditions. It does not include scheduling appointments by phone or email.

Select all that apply

- Behavioral health clinical advice is provided by phone.....1
- Behavioral health clinical advice is provided electronically (such as secure electronic messages).....2
- Primary care/physical health clinical advice is provided by phone.....3
- Primary care/physical health clinical advice is provided electronically (such as secure electronic messages).....4
- None of the above.....5

NO RESPONSE (WEB).....M

PROGRAMMER SKIP BOX B18
IF B18=NONE OF THE ABOVE OR EMPTY, GO TO B21
ELSE, GO TO B19

A1=1 AND B18=RESPONSE

FILL ITEMS FROM B18

B19. You indicated that you provide the following types of clinical advice. Please indicate which of these are provided DURING regular office hours.

Select all that apply

- Behavioral health clinical advice is provided by phone.....1
- Behavioral health clinical advice is provided electronically (such as secure electronic messages).....3
- Primary care/physical health clinical advice is provided by phone.....
- Primary care/physical health clinical advice is provided electronically (such as secure electronic messages).....4
- None of these are provided during regular office hours.....5

NO RESPONSE (WEB).....M

A1=1 AND B18=RESPONSE

FILL ITEMS FROM B18

B20. You indicated that you provide the following types of clinical advice. Please indicate which of these are provided OUTSIDE of regular office hours.

Select all that apply

- Behavioral health clinical advice is provided by phone.....1
- Behavioral health clinical advice is provided electronically (such as secure electronic messages).....2
- Primary care/physical health clinical advice is provided by phone.....3
- Primary care/physical health clinical advice is provided electronically (such as secure electronic messages).....4
- None of these are provided outside of regular office hours.....5
- NO RESPONSE (WEB).....M

A1=1

B21. Please indicate whether your PBHCI program provides any of the following other services by phone or electronically (for example, by email, web portal, or other secure website).

Select all that apply

- Requests for appointments.....1
- Requests for prescription refills.....2
- Requests for referrals.....3
- Test or lab results.....4
- Clinical visit summaries.....5
- Chronic disease or wellness self-management (for example, health self-assessment tools and symptom tracking).....6
- Notifications of specific needs (for example, lab tests or clinical alerts).....7
- Appointment reminders.....8
- None of the above.....9
- NO RESPONSE (WEB).....M

PROGRAMMER SKIP BOX B21

IF B21=NONE OF THE ABOVE OR EMPTY, GO TO B24

ELSE, GO TO B22

A1=1 AND B21=RESPONSE

FILL ITEMS FROM B21

B22. You indicated that your PBHCl program provides the following services. Of these, please indicate which are provided by phone.

Select all that apply

- Requests for appointments.....1
- Requests for prescription refills.....2
- Requests for referrals.....3
- Test or lab results.....4
- Clinical visit summaries.....5
- Chronic disease or wellness self-management (for example, health self-assessment tools and symptom tracking).....6
- Notifications of specific needs (for example, lab tests or clinical alerts).....7
- Appointment reminders.....8
- None of these are provided by phone.....9
- NO RESPONSE (WEB).....M

A1=1 AND B21=RESPONSE

FILL ITEMS FROM B21

B23. You indicated that your PBHCl program provides the following services. Of these, please indicate which are provided electronically.

Select all that apply

- Requests for appointments.....1
- Requests for prescription refills.....2
- Requests for referrals.....3
- Test or lab results.....4
- Clinical visit summaries.....5
- Chronic disease or wellness self-management (for example, health self-assessment tools and symptom tracking).....6
- Notifications of specific needs (for example, lab tests or clinical alerts).....7
- Appointment reminders.....8
- None of these are provided electronically.....9
- NO RESPONSE (WEB).....M

B24. Which of the following direct-care staff are involved in your PBHCI program? Include staff who are funded by the PBHCI grant and those who are not.

Select all that apply

- PBHCI program manager/project director/administrator.....1
- Medical/clinical director.....2
- Therapist/counselor.....3
- Care coordinator/patient navigator/case manager.....4
- Medical assistant/nursing assistant.....5
- Licensed practical nurse.....6
- Registered nurse.....7
- Nurse care manager.....8
- Psychiatric nurse practitioner.....9
- Nurse practitioner (not psychiatric).....10
- Co-occurring substance use disorder counselor.....11
- Peer specialist.....12
- Peer wellness coach.....13
- Nutrition/exercise program provider.....14
- Tobacco cessation program provider.....15
- Chronic disease self-management program provider.....16
- Physician assistant.....17
- Psychiatrist.....18
- Physician (not psychiatrist).....19
- Pharmacist.....20
- Occupational therapist.....21
- Phlebotomist.....22
- Receptionist.....23
- Other manager or administrator (*specify on next screen*).....24
 _____ (STRING (60))
- Other behavioral health or social services provider (*specify on next screen*).....25
 _____ (STRING (60))
- Other primary or physical health care provider/specialist (*specify on next screen*).....26
 _____ (STRING (60))
- NO RESPONSE (WEB).....M

B24_OtherA. Please specify which manager or administrator staff are involved in your PBHCI program. (STRING (60))

B24_OtherB. Please specify which behavioral health or social services provider staff are involved in your PBHCI program. (STRING (60))

B24_OtherC. Please specify which primary or physical health care provider/specialist staff are involved in your PBHCI program. (STRING (60))

SOFT CHECK: IF B24=24, 25, 26 AND Specify=EMPTY; Please specify which other direct-care staff are involved in your program.

SECTION C. PROVIDING CARE

A1=1

C1. What is the distance between primary care and behavioral health providers participating in the PBHCI program? If there is more than one PBHCI site, respond for the site that serves the largest number of PBHCI participants.

- In the same building..... 1
- In different buildings, but in the same block or office park..... 2
- Within a half (.5) mile of one another..... 3
- Within one (1) mile of one another..... 4
- Within five (5) miles of one another..... 5
- More than five (5) miles apart..... 6
- NO RESPONSE (WEB)..... M

A1=1

C2. Which of the following services are provided at the same location as the PBHCI clinic? Select only those services that are available to PBHCI participants at the location where they receive integrated care.

Select all that apply

- Pharmacy..... 1
- Phlebotomy/blood drawing..... 2
- CLIA-accredited laboratory testing..... 3
- Imaging..... 4
- Other pharmacy- or lab-related resources (*specify on next screen*)..... 99
- _____ (STRING 150)
- None of the above..... 5
- NO RESPONSE (WEB)..... M

C2_OtherA. Please specify which pharmacy or lab-related resources are provided at the PBHCI clinic. (STRING (150))

SOFT CHECK: IF C2=5 AND C2=1-4, 99: You indicated that you provide none of these services, but selected one or more services on the list. Please correct your response and click "continue."

SOFT CHECK: IF A1=99 AND Specify=EMPTY; Please specify which other pharmacy or lab-related resources are provided at the PBHCI clinic.

A1=1

C3. Are behavioral health and physical health treatment plans for PBHCI participants separate or integrated?

- Separate treatment plans for physical and behavioral health.....1
- Single, integrated treatment plan.....2
- NO RESPONSE (WEB).....M

A1=1

DISPLAY EACH ITEM AS A SINGLE QUESTION ON A PAGE

DISPLAY FULL QUESTION STEM FOR C4a ONLY. THEN JUST THE FIRST SENTENCE FOR THE REST.

C4. Which behavioral health providers in your PBHCI program have access to each type of health care record? Please use your best judgement.

C4a. Behavioral health staff (such as psychologists, psychiatrist, psychiatric nurse practitioner, co-occurring substance use disorder counselor, and/or therapists/counselors)

- Mental health records.....1
- Substance use records.....2
- Case management or care coordination notes.....3
- Primary care.....4
- Emergency room notes.....5
- Hospital notes.....6
- Not applicable (we do not have this provider).....7
- NO RESPONSE.....M

C4b. Case manager/ care coordinator/ care manager

- Mental health records.....1
- Substance use records.....2
- Case management or care coordination notes.....3
- Primary care.....4
- Emergency room notes.....5
- Hospital notes.....6
- Not applicable (we do not have this provider).....7
- NO RESPONSE.....M

C4c. Peer specialists and/or other peer staff

- Mental health records.....1
- Substance use records.....2
- Case management or care coordination notes.....3
- Primary care.....4
- Emergency room notes.....5
- Hospital notes.....6
- Not applicable (we do not have this provider).....7
- NO RESPONSE.....M

SOFT CHECK: IF ANY C4=7 AND 1-6; You indicated that you do not have this type of provider, but selected one or more of health record types. Please correct your response and click "continue."

A1=1

DISPLAY EACH ITEM AS A SINGLE QUESTION ON A PAGE
DISPLAY FULL QUESTION STEM FOR ALL QUESTIONS.

C5. What types of records can your primary care providers access for PBHCI participants?

C5a. Medical staff (such as physician, physician assistant, nurse practitioner, medical or nursing assistant, registered nurse, or licensed practical nurse)

Select all that apply.

- Mental health records.....1
- Substance use records.....2
- Case management or care coordination notes.....3
- Emergency room notes.....4
- Hospital notes.....5
- Not applicable (we do not have this provider).....6
- NO RESPONSE.....M

C5b. Pharmacist

Select all that apply.

- Mental health records.....1
- Substance use records.....2
- Case management or care coordination notes.....3
- Emergency room notes.....4
- Hospital notes.....5
- Not applicable (we do not have this provider).....6
- NO RESPONSE.....M

SOFT CHECK: IF ANY C5=6 AND 1-5; You indicated that you do not have this type of provider, but selected one or more of the health record types on the list. Please correct your response and click "continue."

A1=1

DISPLAY EACH ITEM AS A SINGLE QUESTION ON A PAGE
DISPLAY FULL QUESTION STEM FOR C6a ONLY. THEN JUST THE SECOND SENTENCE FOR THE REST

C6. Does your PBHCI program use electronic health records (EHRs)? Indicate if the following types of records are fully electronic, partially electronic (that is, only certain types of information are electronic), or not electronic.

C6a. Primary care or physical health records

- Yes, fully electronic.....1
- Yes, partially electronic.....2
- Not electronic.....3
- NO RESPONSE.....M

C6b. Mental health records

- Yes, fully electronic.....1
- Yes, partially electronic.....2
- Not electronic.....3
- NO RESPONSE.....M

C6c. Substance use disorder treatment

- Yes, fully electronic.....1
- Yes, partially electronic.....2
- Not electronic.....3
- NO RESPONSE.....M

C6d. Case management or care coordination records

- Yes, fully electronic.....1
- Yes, partially electronic.....2
- Not electronic.....3
- NO RESPONSE.....M

A clinical registry is a list or collection of clinical information (for example, diagnoses, individual service use encounters) for a group of consumers, such as those served by the PBHCI program. A clinical registry can be paper based or electronic. Some EHRs also function as clinical registries—for example, some EHRs can be used to generate lists of all consumers with a specific diagnosis.

A1=1

C7. Does your program use a clinical registry for documenting primary care or behavioral health conditions and/or service use for individual PBHCI participants?

- Yes.....1
- No.....0 **GO TO C10**
- NO RESPONSE (WEB).....M **GO TO C10**

A1=1 AND C7=1

C8. What is the format of your PBHCI program’s clinical registry?

- Electronic, and integrated with electronic health record.....1
- Electronic, but not integrated with electronic health record.....2
- Paper based.....3 **GO TO C10**
- Other (*specify on next screen*).....99 **GO TO C10**
- _____ (STRING (150))
- NO RESPONSE (WEB).....M **GO TO C10**

C8_OtherA. Please specify the format of your program’s clinical registry. (STRING (150))

SOFT CHECK: IF C8=99 AND Specify=EMPTY; Please specify the format of your program’s clinical registry.

C9. Which of the following clinical information about PBHCI participants is recorded in your electronic system as structured or searchable data?

By “structured or searchable” data, we mean the system can generate lists of PBHCI consumers who meet specific criteria—for example, all those who have diabetes or who smoke tobacco.

Select all that apply

- Physical health diagnoses.....1
- Mental health diagnoses.....2
- Substance use diagnoses.....3
- Allergies (including medication allergies and adverse reactions).....4
- Blood pressure.....5
- Height.....6
- Weight.....7
- BMI (calculated by the system).....8
- Waist circumference.....9
- Tobacco use.....10
- HIV status.....11
- Hepatitis.....12
- Race/ethnicity.....13
- Veteran status.....14
- Trauma history.....15
- Medications.....16
- Housing status.....17
- NO RESPONSE (WEB).....M

A1=1

C10. Does your PBHCI program use a systematic process to identify high-risk consumers or those with complex health conditions? Consumers may be considered high-risk or complex for many reasons, such as multiple conditions, frequent service use, or noncompliance with prescribed treatments/medications.

- Yes..... 1
- No..... 0
- NO RESPONSE (WEB)..... M

A1=1

C11. Does your PBHCI program routinely remind providers to deliver the following services (for example, by generating lists of consumers who are eligible for these services)?

Select all that apply

- Preventive physical health care (for example, mammograms, immunizations)..... 1
- Physical health exams..... 2
- Follow-up for chronic physical health conditions (for example, diabetes, hypertension)..... 3
- Lab tests (for example, to monitor medication use and levels)..... 4
- Follow up with consumers not recently seen by the program..... 5
- NO RESPONSE (WEB)..... M

A1=1

C12. Does your PBHCI program have a system to remind providers about a consumer's preventive physical health care needs *at the time of the visit*?

- Yes, we have an electronic system to remind providers about preventive care needs *at the time of the visit*.....1
- Yes, we have a non-electronic system to remind providers about preventive care needs *at the time of the visit*.....2
- No.....0 **GO TO C14**
- NO RESPONSE (WEB).....M **GO TO C14**

A1=1 AND (C12 = 1 OR 2)

C13. Do providers receive reminders for any of the following *at the time of the visit*?

Select all that apply

- Age-appropriate screening tests.....1
- Age-appropriate immunizations (for example, influenza vaccines).....2
- Age-appropriate risk assessments (for example, assessments of smoking, diet).....3
- Counseling about health behaviors (for example, smoking cessation programs).....4
- None of the above.....5
- Other (*specify on next screen*).....99

_____ (STRING (150))

NO RESPONSE (WEB).....M

C13_OtherA. Please specify which reminders providers receive at the time of the visit.
(STRING (150))

SOFT CHECK: IF C13=5 AND C13=1-4, 99; You indicated that providers do not receive any of the reminders listed, but checked one or more of the reminders on the list. Please correct your response and click "continue".

SOFT CHECK: IF C13=99 AND Specify=EMPTY; Please specify which other reminders providers receive at the time of the visit.

A1=1

C14. Does your program have a system to order, track, and/or follow up on laboratory tests for PBHCI participants? The system can be electronic or paper based.

- Yes, for all or almost all lab tests.....1
- Yes, but only for some lab tests.....2
- No.....0 **GO TO C16**
- NO RESPONSE (WEB).....M **GO TO C16**

A1=1 AND (C14=1 OR 2)

C15. Indicate whether your program's system for order, tracking, and follow-up on laboratory tests has the following functions.

Select all that apply

- Communicates with labs to order tests.....1
- Communicates with labs to retrieve results.....2
- Tracks tests until results are available3
- Flags and follows up if results are overdue.....4
- Flags and notifies provider of abnormal test results.....5
- Incorporates lab test results into structured fields in health records.....6
- None of the above.....7

PROGRAMMER SKIP BOX C15

IF C15=NONE OF THE ABOVE OR EMPTY, GO TO C17

ELSE, GO TO C16

A1=1 AND (C14=1 OR 2) AND (C15=RESPONSE)

FILL ITEMS FROM C15

C16. You indicated that your program's system for order, tracking, and follow-up on laboratory tests has the following functions. Please indicate which of these functions are electronic.

Select all that apply

- Communicates with labs to order tests.....1
- Communicates with labs to retrieve results.....2
- Tracks tests until results are available3
- Flags and follows up if results are overdue.....4
- Flags and notifies provider of abnormal test results.....5
- Incorporates lab test results into structured fields in health records.....6
- None of these functions are electronic.....7

A1=1

C17. In which of the following ways does your program manage medications for PBHCI participants?

Select all that apply

- A full list of current psychiatric and medical prescriptions is available to behavioral health and primary care providers within the PBHCI program.....1
- When care is provided by an external agency, PBHCI providers review and reconcile any new medications with consumers.....2
- PBHCI providers assess consumers' adherence to prescribed medications.....3
- None of the above.....4
- NO RESPONSE (WEB).....M

SOFT CHECK: IF C17=4 AND C17=1-3; You indicated that you do not manage medication in any of the ways listed, but checked one or more on the list. Please correct your response and click "continue."

A1=1

C18. Which of the following activities describes your PBHCI program?

Select all that apply

- Participants select a personal primary care provider.....1
- Participants' choice of primary care provider is documented.....2
- Program monitors the number of visits a client has with a specific primary care provider or team.....3
- Other (*specify on next screen*).....99

_____ (STRING 150)

NO RESPONSE (WEB).....M

C18_OtherA. Please specify which activities describe your PBHCI program. (STRING (150))

SOFT CHECK: IF C18=99 AND Specify=EMPTY; Please specify which activities describe your PBHCI program.

A1=1

C19. Do your PBHCI providers use electronic prescribing?

- Yes.....1
- No.....0 **GO TO C21**
- NO RESPONSE (WEB).....M **GO TO C21**

A1=1 AND C18=1

C20. What are the capabilities of the electronic prescription system used by your PBHCI program?

Select all that apply

- Generates and transmits prescriptions to pharmacies.....1
- Enters electronic medication orders into the medical record.....2
- Performs consumer-specific checks for drug-drug and drug-allergy interactions.....3
- Alerts prescribers to generic alternatives.....4
- Alerts prescribers to formulary status.....5
- Other (*specify on next screen*).....99
- _____ (STRING 150)
- NO RESPONSE (WEB).....M

C20_OtherA. Please specify the capabilities of your electronic prescription system. (STRING (150))

SOFT CHECK: IF C20=99 AND Specify=EMPTY; Please specify the other capabilities of your electronic prescription system.

A1=1 OR (C19=0 OR M)

C21. About how long would it typically take for a consumer who needed help with care coordination to get an appointment with a care coordinator, care manager, or case manager in the PBHCI program?

- Visit available within the day.....1
- 1-7 days.....2
- 8-14 days.....3
- 15-30 days.....4
- 31-60 days.....5
- 61 days or longer.....6
- NO RESPONSE (WEB).....M

A1=1

DISPLAY EACH ITEM AS A SINGLE QUESTION ON A PAGE
DISPLAY FULL QUESTION STEM FOR ALL QUESTIONS

C22. In which of the following ways does your program coordinate referrals for PBHCI participants to external health or behavioral health providers (that is, to providers outside of your PBHCI program)?

C22a. Gives external providers the reason for referral, along with relevant clinical information

- Yes, always or almost always.....1
- Yes, sometimes.....2
- Yes, rarely.....3
- No, this does not occur.....0
- NO RESPONSE (WEB).....M

C22b. Tracks whether or not consumer follows through with referral

- Yes, always or almost always.....1
- Yes, sometimes.....2
- Yes, rarely.....3
- No, this does not occur.....0
- NO RESPONSE (WEB).....M

C22c. Tracks whether or not external provider reports have been received and follows up if necessary to obtain reports

- Yes, always or almost always.....1
- Yes, sometimes.....2
- Yes, rarely.....3
- No, this does not occur.....0
- NO RESPONSE (WEB).....M

C22d. Provides an electronic summary of care record to external providers

- Yes, always or almost always.....1
- Yes, sometimes.....2
- Yes, rarely.....3
- No, this does not occur.....0
- NO RESPONSE (WEB).....M

C23. Indicate if your PBHCI program has difficulty getting appointments with these types of providers.

Select all that apply

- Primary care/general medical care.....1
- Substance abuse provider.....2
- Pain management.....3
- Infectious disease.....4
- Endocrinology.....5
- Cardiology.....6
- Pulmonology.....7
- Ear, nose, and throat specialist.....8
- Neurology.....9
- Radiology.....10
- Oncology.....11
- Gastroenterology.....12
- Sleep clinic.....13
- Dentist.....14
- Optometrist.....15
- Other (*specify on next screen*).....99
- _____ (STRING 60)
- NO RESPONSE (WEB).....M
- None of the above.....16

C23_OtherA. Please specify a type of provider. (STRING (60))

SOFT CHECK: IF C23 OTHER IS SELECTED AND Specify=EMPTY; **Please specify other type of provider.**

A1=1

C24. Please indicate if any of the following activities describe how your PBHCI program coordinates care with external facilities/providers for PBHCI participants.

Select all that apply

- PBHCI program automatically receives notification when hospital treats participant1
- PBHCI program shares clinical information with hospitals.....2
- PBHCI program automatically receives discharge summary from hospital3
- PBHCI program automatically receives notification when emergency department treats participant.....4
- PBHCI program shares clinical information with emergency departments.....5
- PBHCI program automatically receives discharge summary from emergency department.....6
- PBHCI program automatically receives notification when mobile crisis team treats participant7
- PBHCI program shares clinical information with mobile crisis team.....8
- PBHCI program automatically receives clinical information from mobile crisis team.....9
- None of the above.....10
- NO RESPONSE (WEB).....M

A1=1

C25. Which of the following electronic services does your program use to coordinate care for PBHCI participants who also receive health care from external facilities?

Select all that apply

- Clinical information is electronically exchanged with external facilities.....1
- Electronic summary-of-care records are provided to other facilities for transitions of care.....2
- NO RESPONSE (WEB).....M

A1=1

C26. Indicate whether or not your PBHCI program has a systematic process in place to do any of the following.

Select all that apply

- Follow up with PBHCI participants after hospitalizations.....1
- Follow up with PBHCI participants after emergency department visit.....2
- Follow up with PBHCI participants after receipt of crisis services.....3
- NO RESPONSE (WEB).....M

A1=1

C27. Does your PBHCI program track any of the following for PBHCI participants?

Select all that apply

- Participant enrollment (for example, % of enrollment target reached).....1
 - Receipt of preventive care (for example, % of appropriate immunizations provided).....2
 - Receipt of care for chronic conditions (for example, diabetes, asthma).....3
 - Receipt of care for acute conditions (for example, bronchitis, flu).....4
 - Emergency room utilization.....5
 - Hospitalizations.....6
 - Costs of care.....7
 - None of the above.....8 **GO TO C30**
 - Other (*specify on next screen*).....99
- _____ (STRING 150)
- NO RESPONSE (WEB).....M

C27_OtherA. Please specify what data you track for PBHCI participants. (STRING (150))

SOFT CHECK: IF C27=8 AND C27=1-7, 99; You indicated that your program does not track any of the items on the list, but selected one or more items on the list. Please correct your response and click "continue."

SOFT CHECK: IF C27= 99 AND Specify=EMPTY; Please indicate what other data you track for participants.

A1=1 AND C27=1-7, 99

C28. What data do you use to track this information?

Select all that apply

- Encounters/visits in our clinic.....1
 - Encounters/visits outside of our clinic.....2
 - Consumer surveys/assessments.....3
- NO RESPONSE (WEB).....M

A1=1 AND C27=1-7, 99

C29. How do you use this information?

Select all that apply

- PBHCI director reviews performance on measures.....1
- Primary care and behavioral health providers jointly review performance on these measures during routine meetings.....2
- Measures inform Continuous Quality Improvement process.....3
- Measures are reported to an external agency (for example, SAMHSA, state mental health, Medicaid, etc.).....4
- NO RESPONSE (WEB).....M

A1=1

C30. Do some or all PBHCI providers receive individual productivity reports (for example, reports on the number of consumers seen per week or number of consumers who have received screening)?

- Yes.....1
- No.....0
- NO RESPONSE (WEB).....M

A1=1

C31. Do some or all PBHCI providers receive performance reports (for example, reports on the proportion of consumers with diabetes who have their diabetes under control)?

- Yes.....1
- No.....0
- NO RESPONSE (WEB).....M

A1=1

C32. Which of the following activities describes how your program addresses the diversity of PBHCI participants?

Select all that apply

- Provides interpretation or bilingual services for consumers.....1 **GO TO D1**
- Has a committee to address culture-related issues in treatment.....2 **GO TO D1**
- Provides trauma-informed care.....3 **GO TO D1**
- Offers cultural competency training for staff.....4
- Requires cultural competency training for staff.....5
- None of the above.....6 **GO TO D1**
- Other (*specify on next screen*).....99 **GO TO D1**

_____ (STRING 150)

NO RESPONSE (WEB).....M **GO TO D1**

C32_OtherA. Please specify which activities describe how your program addresses the diversity of PBHCI participants. (STRING (150))

SOFT CHECK: IF C32=1-5, 99; You indicated that none of the activities describe how your program addresses the diversity of PBHCI participants, but selected one or more of the activities on the list. Please correct your response and click "continue."

SOFT CHECK: IF C32=99 AND Specify=EMPTY; Please specify which other activities describe how your program addresses the diversity of participants.

A1=1 AND (C32=4 OR 5)

C33. Which of the following types of cultural competency training do PBHCI program staff receive?

Select all that apply

- Gender (for example, women's needs).....1
- Country of origin (for example, how people from different cultures express their symptoms).....2
- Providing racially or ethnically appropriate care.....3
- Providing care for different age groups (for example, youth or older adults).....4
- LGBT or sexual orientation.....5
- Religious beliefs.....6
- Trauma-informed care.....7
- Other (*specify on next screen*).....99

_____ (STRING 150)

NO RESPONSE (WEB).....M

C33_OtherA. Please specify the type of cultural competency training PBHCI staff receive.
(STRING (150))

SOFT CHECK: IF C33=99 AND Specify=EMPTY; Please specify the other types of cultural competency training PBHCI staff receive.

SECTION D. EXPERIENCES INTEGRATING CARE

A1=1

D1. Indicate which of the following services your PBHCI program has put into place.

Select all that apply

- Screening for physical health conditions and risk factors.....1
 - Preventive physical health services.....2
 - Acute care for physical health problems.....3
 - Referrals to external physical health providers.....4
 - Tracking consumer health information (for example, by registry).....5
 - Sharing health information with primary care and behavioral health providers.....6
 - Sharing consumer health information with them (for example, to motivate behavior change).....7
 - Care management and coordination of services.....8
 - Implementation of evidence-based tobacco cessation, nutrition/exercise, and chronic disease self-management9
 - None of the above.....10
- NO RESPONSE (WEB).....M

PROGRAMMER SKIP BOX D1
IF D1=NONE OF THE ABOVE OR EMPTY, GO TO D3
ELSE, GO TO D2

A1=1 AND D1=RESPONSE

FILL ITEMS FROM D1

D2. You indicated that your PBHCI program has put the following services into place. Of these services, please select those which you feel have been fully and successfully put into place.

Select all that apply

- Screening for physical health conditions and risk factors.....1
- Preventive physical health services.....2
- Acute care for physical health problems.....3
- Referrals to external physical health providers.....4
- Tracking consumer health information (for example, by registry).....5
- Sharing health information with primary care and behavioral health providers.....6
- Sharing consumer health information with them (for example, to motivate behavior change).....7
- Care management and coordination of services.....8
- Implementation of evidence-based tobacco cessation, nutrition/exercise, and chronic disease self-management9
- None of the above.....10

- NO RESPONSE (WEB).....M

D3. Indicate whether or not any of the following have been challenges for the PBHCI program.

Select all that apply

- Adequate space for primary care services (for example, reception, exam rooms, etc.).....1
- Collecting data for PBHCI grant.....2
- Tracking consumer health information.....3
- Sharing consumer health information with primary care and behavioral health providers.....4
- Using electronic health records.....5
- Using clinical registries.....6
- Using electronic prescribing.....7
- Disagreement between primary care and behavioral health leadership.....8
- Tension between primary care and behavioral health clinical staff.....9
- Billing Medicaid or other payers.....10
- Limitations on consumers' health insurance benefits.....11
- Recruiting consumers for PBHCI.....12
- Getting consumers to visit their primary care provider.....13
- Getting consumers to participate in wellness or preventive care programs.....14
- Transportation to clinic services for consumers.....15
- Hiring.....16
- Staff turnover.....17
- Optometrist.....15
- Other (*specify on next screen*).....99
- _____ (STRING 150)
- None of these.....16

D3_OtherA. Please specify which challenges your program has experienced. (STRING (150))

SOFT CHECK: IF D3r=2 OR 3 AND Specify=EMPTY; Please specify which other challenges your program has experienced.

PROGRAMMER SKIP BOX D3
IF D3=NONE OF THESE OR EMPTY, GO TO D5
ELSE, GO TO D4

A1=1 AND D3=RESPONSE
FILL ITEMS FROM D3
IF D3 OTHER IS SELECTED, FILL SPECIFY TEXT

D4. You indicated that the following have been challenges for the PBHCI program. Of these, please indicate which continue to be an ongoing challenge (i.e., have not been resolved).

Select all that apply

- Adequate space for primary care services (for example, reception, exam rooms, etc.)..... 1
- Collecting data for PBHCI grant..... 2
- Tracking consumer health information..... 3
- Sharing consumer health information with primary care and behavioral health providers..... 4
- Using electronic health records..... 5
- Using clinical registries..... 6
- Using electronic prescribing..... 7
- Disagreement between primary care and behavioral health leadership..... 8
- Tension between primary care and behavioral health clinical staff..... 9
- Billing Medicaid or other payers..... 10
- Limitations on consumers' health insurance benefits..... 11
- Recruiting consumers for PBHCI..... 12
- Getting consumers to visit their primary care provider..... 13
- Getting consumers to participate in wellness or preventive care programs..... 14
- Transportation to clinic services for consumers..... 15
- Hiring..... 16
- Staff turnover..... 17
- Other..... 18
- None of these..... 19

D5. What types of staff have you had difficulty hiring?

Select all that apply

- PBHCI program manager/project director/administrator.....1
- Medical/clinical director.....2
- Therapist/counselor.....3
- Care coordinator/patient navigator/case manager.....4
- Medical assistant/nursing assistant.....5
- Licensed practical nurse.....6
- Registered nurse.....7
- Nurse care manager.....8
- Psychiatric nurse practitioner.....9
- Nurse practitioner (not psychiatric).....10
- Co-occurring substance use disorder counselor.....11
- Peer specialist.....12
- Peer wellness coach.....13
- Nutrition/exercise program provider.....14
- Tobacco cessation program provider.....15
- Chronic disease self-management program provider.....16
- Occupational therapist.....17
- Phlebotomist.....18
- Physician assistant.....19
- Psychiatrist.....20
- Physician (not psychiatrist).....21
- Pharmacist.....22
- Program evaluator.....23
- Data manager.....24
- Chief financial officer.....25
- Receptionist or other administrative support.....26
- Other manager or administrator (*specify on next screen*).....27
 _____ (STRING 60)
- Other behavioral health or social services provider (*specify on next screen*).....28
 _____ (STRING 60)
- Other primary care or physical health care provider/specialist (*specify on next screen*).....29
 _____ (STRING 60)

|
D5_OtherA. Please specify what types of manager or administrator staff you have had difficulty hiring. (STRING (60))

D5_OtherB. Please specify what types of behavioral health or social services provider staff you have had difficulty hiring. (STRING (60))

D5_OtherC. Please specify what types of primary care or physical health care provider/specialist staff you have had difficulty hiring. (STRING (60))

SOFT CHECK: IF D5=27, 28, 29 AND Specify=EMPTY; Please specify which other staff you have had difficulty hiring.

D6. What types of staff have you had difficulty retaining?

Select all that apply

- PBHCI program manager/project director/administrator.....1
- Medical/clinical director.....2
- Therapist/counselor.....3
- Care coordinator/patient navigator/case manager.....4
- Medical assistant/nursing assistant.....5
- Licensed practical nurse.....6
- Registered nurse.....7
- Nurse care manager.....8
- Psychiatric nurse practitioner.....9
- Nurse practitioner (not psychiatric).....10
- Co-occurring substance use disorder counselor.....11
- Peer specialist.....12
- Peer wellness coach.....13
- Nutrition/exercise program provider.....14
- Tobacco cessation program provider.....15
- Chronic disease self-management program provider.....16
- Occupational therapist.....17
- Phlebotomist.....18
- Physician assistant.....19
- Psychiatrist.....20
- Physician (not psychiatrist).....21
- Pharmacist.....22
- Program evaluator.....23
- Data manager.....24
- Chief financial officer.....25
- Receptionist or other administrative support.....26
- Other manager or administrator (*specify on next screen*).....27
- _____ (STRING 60)
- Other behavioral health or social services provider (*specify on next screen*).....28
- _____ (STRING 60)
- Other primary or physical health care provider/specialist (*specify on next screen*).....29
- _____ (STRING 60)
- NO RESPONSE (WEB).....M

D6_OtherA. Please specify what types of manager or administrator staff you have had difficulty retaining. (STRING (60))

D6_OtherB. Please specify what types of behavioral health or social services provider staff you have had difficulty retaining. (STRING (60))

D6_OtherC. Please specify what types of primary care or physical health care provider/specialist staff you have had difficulty retaining. (STRING (60))

SOFT CHECK: IF D6=27, 28, 29 AND Specify=EMPTY; Please specify which other staff you have had difficulty retaining.

A1=1

D7. In your opinion, how adequate is the level of communication between behavioral health and primary care providers in your PBHCI program?

- Behavioral health and primary care providers communicate more often than necessary to provide fully integrated care for PBHCI participants.....1
- Behavioral health and primary care communicate often enough to provide fully integrated care for PBHCI participants.....2
- Behavioral health and primary care do not communicate often enough to provide fully integrated care for PBHCI participants.....3
- NO RESPONSE (WEB).....M

A1=1

D8. What percentage of your target number of PBHCI participants have you enrolled?

- 0-25%..... 1
- 26-50%..... 2
- 51-75%..... 3
- 76-100%..... 4
- NO RESPONSE (WEB).....M

SECTION E. OTHER INITIATIVES IN YOUR STATE OR COMMUNITY

A1=1

E1. Please indicate whether any of the following have helped your PBHCI program provide integrated services.

Select all that apply

- State/county mental health or substance abuse budget1
- Medicaid eligibility requirements.....2
- Medicaid coverage for home and community-based services.....3
- Medicaid coverage for substance abuse services.....4
- Medicaid managed care arrangements.....5
- Adoption of Certified Community Behavioral Health standards.....6
- Medicaid PACE program.....7
- Other state Medicaid initiatives.....8
- Parity for mental health and substance abuse benefits.....9
- Implementation of medical or health homes.....10
- Accountable care organizations.....11
- Accountable health communities.....12
- Other integration efforts.....13
- Other changes in payment or delivery systems14
- None of the above.....15
- NO RESPONSE (WEB).....M

E2. Please indicate whether any of the following have hindered the ability of your PBHCI program to provide integrated services.

Select all that apply

- State/county mental health or substance abuse budget1
- Medicaid eligibility requirements.....2
- Medicaid coverage for home and community-based services.....3
- Medicaid coverage for substance abuse services.....4
- Medicaid managed care arrangements.....5
- Adoption of Certified Community Behavioral Health standards.....6
- Medicaid PACE program.....7
- Other state Medicaid initiatives.....8
- Parity for mental health and substance abuse benefits.....9
- Implementation of medical or health homes.....10
- Accountable care organizations.....11
- Accountable health communities.....12
- Other integration efforts.....13
- Other changes in payment or delivery systems14
- None of the above.....15
- NO RESPONSE (WEB).....M

A1=1 AND (OTHER STATE MEDICAID INITIATIVES AT E1 IS SELECTED)

- E3. Briefly explain what the “Other state Medicaid initiatives” are in your state/community and how they helped the delivery of PBHCI services:**

_____ (STRING (255))

A1=1 AND (OTHER INTEGRATION EFFORTS AT E1 IS SELECTED)

- E4. Briefly explain what the “Other integration efforts” are in your state/community and how they helped the delivery of PBHCI services:**

_____ (STRING (255))

A1=1 AND (OTHER CHANGES IN PAYMENT OR DELIVERY SYSTEMS AT E1 IS SELECTED)

- E5. Briefly explain what the “Other changes in payment or delivery systems” are in your state/community and how they helped the delivery of PBHCI services:**

_____ (STRING (255))

A1=1 AND (OTHER STATE MEDICAID INITIATIVES AT E2 IS SELECTED)

- E6. Briefly explain what the “Other state Medicaid initiatives” are in your state/community and how they hindered the delivery of PBHCI services:**

_____ (STRING (255))

A1=1 AND (OTHER INTEGRATION EFFORTS AT E2 IS SELECTED)

- E7. Briefly explain what the “Other integration efforts” are in your state/community and how they hindered the delivery of PBHCI services:**

_____ (STRING (255))

A1=1 AND (OTHER CHANGES IN PAYMENT OR DELIVERY SYSTEMS AT E2 IS SELECTED)

- E8. Briefly explain what the “Other changes in payment or delivery systems” are in your state/community and how they hindered the delivery of PBHCI services:**

_____ (STRING (255))

A1=1

- E9. What works best about your PBHCI program?**

_____ (STRING (255))

A1=1

E10. What has been the biggest challenge of your PBHCI program?

(STRING (255))

A1=1

E11. What are your main goals for the next year of your PBHCI program?

(STRING (255))

(End Screen 1: End of survey for those who should be re-routed to Front Line Staff survey)

Since you have indicated that you are not a PBHCI program manager, project director, or administrator, you will be redirected to the Front Line Staff survey. Please send an email to pbhcisurvey@mathematica-mpr.com at this time with a short description of your role in the PBHCI program, and we will get back to you as soon as possible. Thank you.

(End Screen 3: End of survey for those who complete)

Thank you for completing the PBHCI Director Survey!

(End Screen 4: End of survey for those who already completed)

Thank you for visiting the PBHCI Director survey. We appreciate your interest, however, according to our records, your survey is complete. If you have questions, please send an email to pbhcisurvey@mathematica-mpr.com.