

APPENDIX B

PBHCI GRANTEE FRONTLINE STAFF SURVEY

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Primary and Behavioral Health Care Integration (PBHCI) Evaluation

FRONT LINE STAFF 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, training, providing care, experiences integrating care, and staff interaction.

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 Front Line Staff 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 individuals 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.]

SECTION A. YOUR ROLE AND RESPONSIBILITIES IN THE PBHCI PROGRAM

ALL

PROGRAMMER: IF A1 = 1 AFTER HARD CHECKS, GO TO END SCREEN 1 (INELIGIBLE)
 IF A1 ≠ 1-22, 26-29 AND (A1 = 23, 24, AND/OR 25) AFTER HARD CHECKS, GO TO END SCREEN 2 (INELIGIBLE)

A1. Which of the following best describes your role in the PBHCI program? [A hard edit check will appear to direct respondent to the Director Survey if the first response option is selected. Respondent will not be able to continue with this survey.]

Select all that apply

- PBHCI program manager/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 which manager or administrator role best describes your own role in the PBHCI program (STRING (60))

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

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

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

HARD CHECK: IF A1=1; **You have indicated that you are 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 ≠ 1-22, 26-29 AND (A1 = 23, 24, AND/OR 25): **You have indicated that you are a program evaluator, data manager, or chief financial officer. 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.**

A1 ≠ 1 AND A1 = 2-22, 26-29

A2. Are you an employee of the behavioral health agency/clinic, or are you employed by a separate organization?

- I am employed by the behavioral health agency.....1
- I am employed by a separate organization that provides primary care or physical health services.....2
- I am employed elsewhere (*specify on next screen*).....99
_____ (STRING 60)
- NO RESPONSE (WEB).....M

A2_OtherA. Please specify where you are employed (STRING (60))

SOFT CHECK: IF A2=99 AND Specify=EMPTY; **Please specify where you are employed in the space provided.**

A1 ≠ 1 AND A1 = 2-22, 26-29

A3. Do you coordinate care or provide case management for clients participating in the PBHCI program?

- Yes..... 1
- No..... 0 **GO TO A6**
- NO RESPONSE (WEB)..... M **GO TO A6**

A1 ≠ 1 AND A3 = 1 AND A1 = 2-22, 26-29

A4. Which of the following describes your care coordination or case management role?

Select all that apply

- I coordinate physical health and/or primary care services1
- I coordinate mental health/substance abuse services2
- I coordinate other supportive services (for example, housing, transportation, etc.)3
- I coordinate care or services with providers outside of the PBHCI program or clinic..... 4
- NO RESPONSE (WEB)..... M

A5. Which of the following services do you have difficulty helping PBHCI participants access outside of the PBHCI program?

Select all that apply

- Physical health care..... 1
- Substance abuse treatment..... 2
- Housing..... 3
- Transportation..... 4
- Legal assistance (for example, with child custody issues, probation requirements)..... 5
- Food..... 6
- Clothing..... 7
- Employment services..... 8
- Educational services..... 9
- Child care..... 10
- None of these..... 11
- NO RESPONSE (WEB)..... M

A1 ≠ 1 AND A1 = 2-22, 26-29

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

A6. In which of the following ways does your PBHCI program coordinate referrals for PBHCI participants to external health or behavioral health providers (that is, to providers outside of your PBHCI program)?

A6a. Gives external providers the reason for referral and relevant clinical information.

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

A6b. Tracks whether or not client shows up for referral appointment.

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

A6c. 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.....M

A1 ≠ 1 AND A1 = 2-22, 26-29

A7. Please indicate if any of the following activities describes 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 PBHCI participant.....1
- PBHCI program automatically receives notification when emergency department treats PBHCI participant.....2
- PBHCI program automatically receives notification when substance use treatment facility treats PBHCI participant.....3
- PBHCI program automatically receives clinical information about PBHCI participants from hospitals, emergency departments, or other facilities.....4
- PBHCI program shares clinical information about PBHCI participants with hospitals, emergency departments, or other facilities.....5
- None of these.....6
- NO RESPONSE.....M

A1 ≠ 1 AND A1 = 2-22, 26-29

A8. Approximately how long would it take for a PBHCI participant who needed care coordination to get an appointment with a care coordinator, care manager, or case manager in the PBHCI program?

Select one only

- Same day.....1
- 1-7 days.....2
- 8-14 days.....3
- 15-30 days.....4
- 31-60 days.....5
- 61 days or longer.....6
- Don't know.....d
- NO RESPONSE (WEB).....M

A1 ≠ 1 AND A1 = 2-22, 26-29

A9. Which of the following activities describe your PBHCI program?

Select all that apply

- PBHCI participants select a personal primary care provider.....1
- PBHCI program documents participants' choice of primary care provider.....2
- PBHCI program monitors how many visits a client has with a specific primary care provider or team.....3
- NO RESPONSE (WEB).....M

A1 ≠ 1 AND A1 = 2-22, 26-29

A10. Are you personally involved in delivering services to help PBHCI participants stop smoking or using tobacco?

- Yes.....1
- No.....0 **GO TO A13**
- NO RESPONSE (WEB).....M **GO TO A13**

A1 ≠ 1 AND A10 = 1 AND A1 = 2-22, 26-29

A11. Which of the following describes the tobacco cessation services you provide to PBHCI participants?

Select all that apply

- I use a manual or structured curriculum to guide my services.....1
- I encourage participants to use nicotine replacement medications (for example, Nicorette) 2
- I encourage participants to use other tobacco cessation medications (Wellbutrin, bupropion, Chantix, varenicline)..... 3
- I assess participants' readiness to stop using tobacco.....4
- I have scheduled one-on-one meetings with participants to provide these services. 5
- I facilitate group meetings of participants who receive these services.....6
- In sessions with participants, I provide education about tobacco use and its effects..... 7
- My sessions with participants include hands-on activities and interactive discussions (such as how to put on a patch or calculating how much participants spend on cigarettes)..... 8
- I help participants establish long-term goals regarding tobacco cessation.....9
- I give or loan participants equipment or materials that may help them meet their goals.....10
- I provide worksheets, handouts, homework, or other concrete activity assignments to participants..... 11
- I regularly measure or monitor participants' progress regarding tobacco cessation in concrete ways (for example, number of cigarettes smoked in a given period of time, CO monitoring, etc.).....12
- I provide rewards for achieving tobacco cessation goals.....13
- None of the above.....14
- NO RESPONSE (WEB).....M

SOFT CHECK: IF A11= 14 AND A11=1-13; You indicated that you provide none of the above tobacco cessation services to PBHCI participants, but checked one or more of the items on the list. Please correct your response and click "Continue."

A1 ≠ 1 AND A10 = 1 AND A1 = 2-22, 26-29

A12. On average, for how long do PBHCI participants receive the tobacco cessation services that you provide?

- Fewer than 3 months.....1
- 3-6 months.....2
- More than 6 months.....3
- NO RESPONSE (WEB).....M

A1 ≠ 1 AND A1 = 2-22, 26-29

A13. Are you personally involved in delivering services to help PBHCI participants with their nutrition and/or exercise?

- Yes.....1
- No.....0 **GO TO A16**
- NO RESPONSE (WEB).....M **GO TO A16**

A1 ≠ 1 AND A13 = 1 AND A1 = 2-22, 26-29

A14. Which of the following describes the nutrition and/or exercise services that you provide?

Select all that apply

- I use a manual or structured curriculum to guide my services.....1
- I assess participants' readiness to change their nutrition and/or exercise routines.....2
- I have scheduled one-on-one meetings with participants to provide these services.....3
- I facilitate group meetings of participants who receive these services.....4
- I provide education about nutrition during sessions with participants.....5
- I provide education about exercise during sessions with participants.....6
- My sessions with participants include hands-on activities and interactive discussions regarding nutrition (for example, healthy cooking workshops).....7
- During my sessions with participants, we exercise together.....8
- I help participants establish long-term goals regarding nutrition and/or exercise.....9
- I give or loan participants equipment, materials, or other concrete resources that may help them to meet their goals.....10
- I provide worksheets, handouts, homework, or concrete activity assignments to participants.....11
- I regularly measure or monitor participants' progress regarding nutrition and/or exercise in concrete ways (for example, weigh-ins, review of food diaries, etc.).....12
- I provide rewards for achieving goals.....13
- None of the above.....14
- NO RESPONSE (WEB).....M

SOFT CHECK: IF A14= 14 AND A14=1-13; You indicated that you provide none of the above nutrition and/or exercise services to PBHCI participants, but checked one or more of the items on the list. Please correct your response and click "Continue."

A1 ≠ 1 AND A13 = 1 AND A1 = 2-22, 26-29

A15. On average, how long do PBHCI participants receive nutrition and/or exercise services that you provide?

- Fewer than 3 months.....1
- 3-6 months.....2
- More than 6 months.....3
- NO RESPONSE (WEB).....M

A1 ≠ 1 AND A1 = 2-22, 26-29

A16. Are you personally involved in delivering services related to chronic disease or wellness self-management to PBHCI participants?

- Yes.....1
- No.....0 **GO TO B1**
- NO RESPONSE (WEB).....M **GO TO B1**

A17. Which of the following describes the services you provide to PBHCI participants related to chronic disease or wellness self-management?

Select all that apply

- I use a manual or structured curriculum to guide my services.....1
- I assess participants' readiness to change.....2
- I have scheduled one-on-one meetings with participants to provide these services.....3
- I facilitate group meetings of participants who receive these services.....4
- In sessions with participants, I provide education about chronic disease, wellness self-management, and/or related topics.....5
- My sessions with participants include hands-on activities and interactive discussions.....6
- During my sessions with participants, we exercise together.....7
- I help participants establish long-term goals regarding chronic disease or wellness self-management.....8
- I give or loan participants equipment, materials, or other concrete resources that may help them to meet their goals.....9
- I provide worksheets, handouts, homework, or other concrete activity assignments to participants.....10
- I regularly provide feedback to participants about their concrete progress in achieving chronic disease or wellness self-management goals (for example, in terms of glucose levels, weight, exercise levels, etc.).....11
- I provide rewards for achieving goals.....12
- None of the above.....13
- NO RESPONSE (WEB).....M

SOFT CHECK: IF A17= 13 AND A17=1-12; You indicated that you provide none of the above chronic disease or wellness self-management services to PBHCI participants, but checked one or more of the items on the list. Please correct your response and click "Continue."

A1 ≠ 1 AND A16 = 1 AND A1 = 2-22, 26-29

A18. On average, how long do PBHCI clients participate in the chronic disease or wellness self-management services that you provide?

- Fewer than 3 months.....1
- 3-6 months.....2
- More than 6 months.....3
- NO RESPONSE (WEB).....M

SECTION B. TRAINING

A1 ≠ 1 AND A1 = 2-22, 26-29

B1. Indicate whether or not you received education or training on any of the following topics during the past 12 months. Include education or training provided by your agency/clinic and external training.

Select all that apply

- Chronic conditions common to PBHCI participants.....1
- Risky health behaviors (for example, unhealthy eating, unsafe sex, smoking)..... 2
- Helping clients reach their physical health goals.....3
- Helping clients maintain healthy weight4
- Helping clients stop using tobacco.....5
- Helping clients with chronic disease and wellness self-management6
- Helping clients with acute physical health problems (for example, colds and flu)..... 7
- How to use new health information technology (for example, electronic health records or e-prescribing).....8
- How to better communicate with other members of the care team.....9
- Which providers or member(s) of the care team are responsible for clients' physical health concerns.....10
- Which providers or member(s) of the care team are responsible for clients' mental health concerns.....11
- Which providers or member(s) of the care team are responsible for helping clients manage substance use disorders.....12
- When to refer clients to other providers/specialists.....13
- How to better communicate with providers outside of the PBHCI program.....14
- How to use new treatment protocols.....15
- How to document visits or sessions with clients.....16
- How to bill for services.....17
- How to help clients with different cultural or racial/ethnic backgrounds.....18
- Specific needs of veterans.....19
- Specific needs of women.....20
- How to help clients who have experienced trauma.....21
- Helping clients access community services (housing, transportation, etc.).....22
- None of the above.....23
- NO RESPONSE.....M

PROGRAMMER SKIP BOX B1

IF B1=NONE OF THE ABOVE OR EMPTY, GO TO C1 ELSE, GO TO B2
A1 ≠ 1 AND A1 = 2-22, 26-29 AND B1=RESPONSE
FILL ITEMS FROM B1

B2. You indicated that you received training on the following topics during the past 12 months. Of these, please indicate which of those were helpful.

Select all that apply

- Chronic conditions common to PBHCI participants.....1
- Risky health behaviors (for example, unhealthy eating, unsafe sex, smoking)..... 2
- Helping clients reach their physical health goals.....3
- Helping clients maintain healthy weight4
- Helping clients stop using tobacco.....5
- Helping clients with chronic disease and wellness self-management6
- Helping clients with acute physical health problems (for example, colds and flu)..... 7
- How to use new health information technology (for example, electronic health records or e-prescribing).....8
- How to better communicate with other members of the care team.....9
- Which providers or member(s) of the care team are responsible for clients' physical health concerns.....10
- Which providers or member(s) of the care team are responsible for clients' mental health concerns.....11
- Which providers or member(s) of the care team are responsible for helping clients manage substance use disorders.....12
- When to refer clients to other providers/specialists.....13
- How to better communicate with providers outside of the PBHCI program.....14
- How to use new treatment protocols.....15
- How to document visits or sessions with clients.....16
- How to bill for services.....17
- How to help clients with different cultural or racial/ethnic backgrounds.....18
- Specific needs of veterans.....19
- Specific needs of women.....20
- How to help clients who have experienced trauma.....21
- Helping clients access community services (housing, transportation, etc.).....22
- NO RESPONSE.....M

A1 ≠ 1 AND A1 = 2-22, 26-29 AND B1=RESPONSE

B3. In the past 12 months, estimate the total number of hours of training or education you received on all of these topics.

- 1-5 hours..... 1
- 6-10 hours..... 2
- 11-20 hours..... 3
- 21-30 hours..... 4
- 31-40 hours..... 5
- More than 40 hours..... 6
- NO RESPONSE (WEB)..... M

A1 ≠ 1 AND A1 = 2-22, 26-29 AND B1=RESPONSE

B4. What was most helpful about the training you received in the past 12 months?

Select all that apply

- I learned how to better help clients with their physical health problems..... 1
- I learned how to better help clients with their mental health problems or substance use disorder 2
- I learned how to identify resources in the community for clients..... 3
- I learned how to work as part of an interdisciplinary, integrated team..... 4
- I learned how to help clients better manage their 'whole' health needs (i.e., behavioral health and physical health conditions)..... 5
- I learned something else (*specify on next screen*)..... 99
- _____ (STRING 150)
- NO RESPONSE (WEB)..... M

B4_OtherA. Please specify what was most helpful about the training you received in the past 12 months (STRING (150))

SOFT CHECK: IF B4 = 99 AND Specify = EMPTY; Please specify what was most helpful about the training you received in the past 12 months in the space provided.

SECTION C. PROVIDING CARE

A1 ≠ 1 AND A1 = 2-22, 26-29

C1. Do you share clinical information about PBHCI participants with any of the following staff in your program?

This can include communication in person or by phone, fax, email, secure electronic messaging, or other types of communication.

Select all that apply

- PBHCI program manager/director/administrator.....
- Medical/clinical director.....
- Therapist/counselor.....
- Care coordinator/patient navigator/ case manager.....
- Medical assistant/nursing assistant.....
- Licensed practical nurse.....
- Registered nurse.....
- Nurse care manager.....
- Psychiatric nurse practitioner.....
- Nurse practitioner (not psychiatric).....
- Co-occurring substance use disorder counselor.....
- Peer specialist.....
- Peer wellness coach.....
- Nutrition/exercise program provider.....
- Tobacco cessation program provider.....
- Chronic disease self-management program provider.....
- Occupational therapist.....
- Phlebotomist.....
- Physician assistant.....
- Psychiatrist.....
- Physician (not psychiatrist).....
- Pharmacist.....
- Program evaluator.....
- Data manager.....
- Chief financial officer.....
- Receptionist or other administrative support.....
- Other manager or administrator (*specify on next screen*)

_____ (STRING 60)

- Other behavioral health or social services provider (*specify on next screen*)
_____ (STRING 60)
- Other primary care provider/specialist (*specify on next screen*)
_____ (STRING 60)
- None of the above

C1_OtherA. Please specify which managers or administrators you share clinical information about PBHCI participants with (STRING (60))

C1_OtherB. Please specify which behavioral health or social services providers you share clinical information about PBHCI participants with (STRING (60))

C1_OtherC. Please specify which primary care provider/specialists you share clinical information about PBHCI participants with (STRING (60))

SOFT CHECK: IF C1 OTHER IS SELECTED AND Specify = EMPTY; Please specify which other providers you share clinical information about PBHCI participants with in the space provided.

PROGRAMMER SKIP BOX C1
IF C1=NONE OF THE ABOVE OR EMPTY, GO TO C3
ELSE, GO TO C2

A1 ≠ 1 AND A1 = 2-22, 26-29 AND C1=RESPONSE
FILL ITEMS FROM C1
DISPLAY EACH ITEM ON A SEPARATE SCREEN WITH RESPONSE OPTIONS: MORE THAN THREE TIMES PER WEEK, TWICE PER WEEK, ONCE EVERY TWO WEEKS, ONCE A MONTH, OR LESS THAN ONCE A MONTH
DISPLAY FULL QUESTION STEM FOR EACH ITEM

C2. You indicated that you share clinical information about PBHCI participants with the following staff in your program. Please indicate how often you share clinical information with this type of provider.

C2a. Nutrition/exercise program provider

- More than three times per week.....1
- Twice per week.....2
- Once every two weeks.....3
- Once a month.....4
- Less than once a month.....5
- NO RESPONSE.....M

C2b. Tobacco cessation program provider

- More than three times per week.....1
- Twice per week.....2
- Once every two weeks.....3
- Once a month.....4
- Less than once a month.....5
- NO RESPONSE.....M

C2c. Chronic disease self-management program provider

- More than three times per week.....1
- Twice per week.....2
- Once every two weeks.....3
- Once a month.....4
- Less than once a month.....5
- NO RESPONSE.....M

C2d. Occupational therapist

- More than three times per week.....1
- Twice per week.....2
- Once every two weeks.....3
- Once a month.....4
- Less than once a month.....5
- NO RESPONSE.....M

C2e. Phlebotomist

- More than three times per week.....1
- Twice per week.....2
- Once every two weeks.....3
- Once a month.....4
- Less than once a month.....5
- NO RESPONSE.....M

C2f. Physician assistant

- More than three times per week.....1
- Twice per week.....2
- Once every two weeks.....3
- Once a month.....4
- Less than once a month.....5
- NO RESPONSE.....M

C2g. Psychiatrist

- More than three times per week.....1
- Twice per week.....2
- Once every two weeks.....3
- Once a month.....4
- Less than once a month.....5
- NO RESPONSE.....M

C2h. Physician (not psychiatrist)

- More than three times per week.....1
- Twice per week.....2
- Once every two weeks.....3
- Once a month.....4
- Less than once a month.....5
- NO RESPONSE.....M

C2i. Pharmacist

- More than three times per week.....1
- Twice per week.....2
- Once every two weeks.....3
- Once a month.....4
- Less than once a month.....5
- NO RESPONSE.....M

C2j. Program evaluator

- More than three times per week.....1
- Twice per week.....2
- Once every two weeks.....3
- Once a month.....4
- Less than once a month.....5
- NO RESPONSE.....M

C2k. Data manager

- More than three times per week.....1
- Twice per week.....2
- Once every two weeks.....3
- Once a month.....4
- Less than once a month.....5
- NO RESPONSE.....M

C2l. Chief financial officer

- More than three times per week.....1
- Twice per week.....2
- Once every two weeks.....3
- Once a month.....4
- Less than once a month.....5
- NO RESPONSE.....M

C2m. Receptionist or other administrative support

- More than three times per week.....1
- Twice per week.....2
- Once every two weeks.....3
- Once a month.....4
- Less than once a month.....5
- NO RESPONSE.....M

C2n. Other manager or administrator (SPECIFY)

_____ (STRING (NUM))

- More than three times per week.....1
- Twice per week.....2
- Once every two weeks.....3
- Once a month.....4
- Less than once a month.....5
- NO RESPONSE.....M

C2o. Other behavioral health or social services provider (SPECIFY)

_____ (STRING (NUM))

- More than three times per week.....1
- Twice per week.....2
- Once every two weeks.....3
- Once a month.....4
- Less than once a month.....5
- NO RESPONSE.....M

C2p. Other primary care provider/specialist

- More than three times per week.....1
- Twice per week.....2
- Once every two weeks.....3
- Once a month.....4
- Less than once a month.....5
- NO RESPONSE.....M

A1 ≠ 1 AND A1 = 2-22, 26-29

C3. On average, how often have behavioral health and primary care providers had scheduled meetings to share clinical information about individual PBHCI participants?

Include meetings that occur in person, by phone, or virtual meetings that involve at least one behavioral health provider and at least one primary care provider. Do not include unplanned calls or meetings.

- Three or more times a week.....1
- Twice a week.....2
- Once a week.....3
- Once every 2 weeks.....4
- Once a month.....5
- Less than once a month.....6
- Never.....7
- Don't know.....d
- NO RESPONSE (WEB).....M

A1 ≠ 1 AND A1 = 2-22, 26-29

C4. To what extent do behavioral health and primary care providers typically work together to develop an integrated treatment plan for each PBHCI participant?

- They do not work together to develop treatment plans.....1
- A little collaboration on the treatment plans.....2 **GO TO C7**
- Some collaboration.....3 **GO TO C7**
- Close collaboration.....4 **GO TO C7**
- Don't know.....d **GO TO C7**
- NO RESPONSE (WEB).....M **GO TO C7**

A1 ≠ 1 AND C4 = 1 AND A1 = 2-22, 26-29

C5. How often do behavioral health and primary care providers consult with each other when they develop separate treatment plans for a PBHCI participant?

- Often..... 1
- Rarely..... 2
- Never..... 3
- Don't know..... d
- NO RESPONSE (WEB)..... M

A1 ≠ 1 AND C4 = 1 AND A1 = 2-22, 26-29

C6. What percentage of PBHCI participants have both their behavioral and physical health treatment plans reviewed by both behavioral health and primary care providers?

- 76-100%..... 1
- 51-75%..... 2
- 26-50%..... 3
- 1-25%..... 4
- 0%..... 5
- Don't know..... d
- NO RESPONSE (WEB)..... M

A1 ≠ 1 AND A1 = 2-22, 26-29

C7. In your opinion, how often do behavioral health and primary care providers in your PBHCI program communicate about individual PBHCI participants?

- More than necessary..... 1
- Enough..... 2
- Not enough..... 3
- NO RESPONSE (WEB)..... M

A1 ≠ 1 AND A1 = 2-22, 26-29

C8. Do you regularly access any of the following health records for PBHCI participants?

Select all that apply

- Mental health treatment records.....1
- Substance abuse treatment records.....2
- Physical health care records.....3
- Case management or care coordination records.....4
- Hospital records.....5
- Emergency department records.....6
- NO RESPONSE (WEB).....M

A1 ≠ 1 AND A1 = 2-22, 26-29

C9. Are you personally involved in helping PBHCI participants manage their medications?

- Yes.....1
- No.....0 **GO TO D1**
- NO RESPONSE (WEB).....M **GO TO D1**

A1 ≠ 1 AND C9 = 1 AND A1 = 2-22, 26-29

C10. Do you do any of the following to help PBHCI participants manage their medications?

Select all that apply

- I am able to access a list of current psychiatric and medical prescriptions.....1
- When care is provided by an external agency, I review and reconcile any new medications with clients.....2
- I provide clients with educational materials about new medications.....3
- I assess clients' understanding about their medications.....4
- I assess clients' adherence to prescribed medications.....5
- I document clients' use of over-the-counter medications, herbal therapies, and supplements.....6
- NO RESPONSE (WEB).....M

SECTION D. EXPERIENCE INTEGRATING CARE

A1 ≠ 1 AND A1 = 2-22, 26-29

D1. Please indicate whether your PBHCI program has put the following services in 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 client health information (for example, by registry).....5
- Sharing health information among primary care and behavioral health providers.....6
- Sharing clients' health information with them (for example, to motivate a change in behavior).....7
- Care management and coordination of services.....8
- Implementation of evidence-based tobacco cessation, nutrition/exercise, and chronic disease or wellness self-management9
- None of the above.....10
- NO RESPONSE.....M

PROGRAMMER SKIP BOX D1

IF D1=NONE OF THE ABOVE OR EMPTY, GO TOD3

ELSE, GO TO D2

A1 ≠ 1 AND A1 = 2-22, 26-29 AND D1=RESPONSE

FILL ITEMS FROM D1

D2. You indicated that your PBHCI program has put the following services in place. Of these, please indicate those which are fully and successfully in 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 client health information (for example, by registry).....5
- Sharing health information among primary care and behavioral health providers.....6
- Sharing clients' health information with them (for example, to motivate a change in behavior).....7
- Care management and coordination of services.....8
- Implementation of evidence-based tobacco cessation, nutrition/exercise, and chronic disease or wellness self-management9
- None of the above.....10
- NO RESPONSE.....M

D3. Indicate whether or not any of the following have been challenges for your 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
- Other (*specify on next screen*).....99
- _____ (STRING 150)
- None of the above.....18

D3_OtherA. Please specify which activity has been a challenge for your PBHCI program (STRING (150))

SOFT CHECK: IF OTHER IS SELECTED AT D3 AND Specify = EMPTY; Please specify which activity has been a challenge for your PBHCI program in the space provided.

PROGRAMMER SKIP D3
IF D3=NONE OF THE ABOVE OR EMPTY, GO TO E1

ELSE, GO TO D4

A1 ≠ 1 AND A1 = 2-22, 26-29 AND D3=RESPONSE

FILL ITEMS FROM D3

IF D3 OTHER IS SELECTED, FILL OTHER SPECIFY TEXT

D4. You indicated that the following have been challenges for your PBHCI program. Of these, please indicate which are still ongoing (i.e., have not yet 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
- Other99
- None of these.....18

SECTION E. Staff Interaction

A1 ≠ 1 AND A1 = 2-22, 26-29

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

E1. Rate the extent to which you agree with each statement about your PBHCI program.

E1a. Physical health and mental health providers work well together

- Disagree..... 1
- Neither agree nor disagree..... 2
- Agree..... 3
- NO RESPONSE..... M

E1b. Physical health providers respect mental health staff

- Disagree..... 1
- Neither agree nor disagree..... 2
- Agree..... 3
- NO RESPONSE..... M

E1c. Mental health staff respect physical health providers

- Disagree..... 1
- Neither agree nor disagree..... 2
- Agree..... 3
- NO RESPONSE..... M

(End Screen 1: End of survey for those who should be re-routed to the Director survey)

Since you have indicated that you are a PBHCI program manager, project director, or administrator, you will be redirected to the Director survey. Please send an email to pbhcisurvey@mathematica-mpr.com stating your role in the PBHCI program, and we will get back to you as soon as possible. Thank you.

(End Screen 2: End of survey for those who are ineligible for both Director/Front Line Staff surveys)

Since you have indicated that you are a program evaluator, data manager, or chief financial officer, we will remove you from our contact list for this survey. Thank you for your time.

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

Thank you for completing the PBHCI Front Line Staff Survey!

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

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