

Attachment B2:

Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program Health Care Provider Survey

**HRSA Evaluation of the Maternal and Child Health Bureau Pediatric
Mental Health Care Access and Screening and Treatment for Maternal
Depression and Related Behavioral Disorders Programs Project**

April 2020

HRSA Evaluation of the Maternal and Child Health Bureau Pediatric Mental Health
Care Access and Screening and Treatment for Maternal Depression and Related
Behavioral Disorders Programs Project

**Screening and Treatment for Maternal Depression and Related Behavioral
Disorders Program
Health Care Provider Survey**

Funding for data collection supported by the
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)
U.S. Department of Health and Human Services

Public Burden Statement: This data collection will provide the Health Resources and Services Administration with information to guide future program and policy decisions regarding increasing health care providers' (i.e., physicians, nurse practitioners, physician assistants, nurse midwives, and other health care professionals) capacity to address patients' behavioral health and access to behavioral health services. 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 information collection is 0906-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. The current project will fully comply with the Privacy Act of 1974 (5 U.S.C. Section 552a, 1998; <https://www.justice.gov/opcl/privacy-act-1974>). The Privacy Act may apply to some data collection activities (e.g., the study will collect email addresses from some respondents). Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, 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 HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

HRSA funded [insert name of state] to implement a Screening and Treatment for Maternal Depression and Related Behavioral Disorders (MDRBD) program, [insert program name]. HRSA also funded JBS International, Inc. (JBS) to conduct an outcome and impact evaluation of the MCHB MDRBD program (hereafter referred to as the HRSA MCHB evaluation). JBS is an independent evaluator of the program and is not part of HRSA or any other federal agency.

Survey Purpose: As part of the HRSA MCHB evaluation, we are conducting a survey of maternal health care providers who are participating in [insert name of state]'s HRSA MDRBD program. The survey is designed to collect information on your experiences with the MDRBD program (e.g., assessing and treating behavioral health conditions, accessing behavioral health care services for your patients, capacity to address behavioral health conditions) and assist HRSA in future program implementation.

Survey Instructions: This online survey should take less than ten (10) minutes for you to complete. Please answer based on your current practice and understanding, unless otherwise indicated. There are no right or wrong answers to the survey questions. Please note that your responses will remain private and are voluntary. Survey results will be reported to HRSA in the aggregate, and no identifying information will appear in the evaluation reports without your prior approval. No identifiable data will be provided to HRSA.

About Your State's Program and Helpful Terminology: Each state's **MDRBD program** includes creating a clinical behavioral health consultation service; enrolling health care providers, such as yourself into the MDRBD program; and providing training on how to consult with the clinical behavioral health consultation service in your state and/or to provide behavioral health care in your practice. The questions that follow ask about your experiences obtaining training, clinical behavioral health consultation, referral, and community linkage information from your state's MDRBD program and about your current practices for addressing behavioral health conditions in your pregnant and postpartum patients.

Unique Identifier: ____ (e.g., John Smith, born in May = JOSM05)

OMB No. 0906-XXXX Expiration Date: XX/XX/202X
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Please create a Unique Identifier for your survey to maintain the privacy of your responses and allow us to match your future survey responses.

How to create your Unique Identifier: Use the first two letters of your first name, the first two letters of your last name, and the month of your birthday. For example, for John Smith, born in May, the Unique Identifier would be JOSM05.

BEHAVIORAL HEALTH CAPACITY

1. In the last 12 months, how often have you managed treatment for the following behavioral health conditions?

	Never	Rarely	Sometimes	Often	Always
Depressive Disorder	0	0	0	0	0
Anxiety Disorder	0	0	0	0	0
Bipolar Disorder	0	0	0	0	0
Substance Use Disorder (SUD)	0	0	0	0	0
Concomitant Medical and Behavioral Health Condition	0	0	0	0	0

2. In the last 12 months, how did you receive training from the MDRBD program? *Select all that apply.*
 - ☐ In-person training event (*3question go to qf selected, i*)
 - ☐ Webinar (*3question go to qf selected, i*)
 - ☐ Self-study with program resources (*3question go to qf selected, i*)
 - ☐ Video conferencing (*3question go to qf selected, i*)
 - ☐ Learning collaborative (e.g., Project ECHO, Project REACH) (*3question go to qf selected, i*)
 - ☐ Other (specify) (*3question go to qf selected, i*)
 - ☐ Did not participate in trainings (*question go to qf selected, i4*)
3. In the last 12 months, in how many MDRBD program trainings did you participate?
 - ☐ 1-2 trainings
 - ☐ 3-5 trainings
 - ☐ 6-7 trainings
 - ☐ 8+ trainings
4. In the last 12 months, have you contacted the MDRBD clinical behavioral health consultation service?
 - ☐ Yes (if yes, go to question 5)
 - ☐ No (if no go to question 11)

5. In the last 12 months, what were the **most common** reasons you contacted the MDRBD clinical behavioral health consultation service? *Select three.*
- ☐ Interpret screening results
 - ☐ Determine appropriate assessment steps
 - ☐ Assist with diagnosis
 - ☐ Immediately manage patient safety
 - ☐ Help with referrals
 - ☐ Initiate pharmacotherapy
 - ☐ Discontinue pharmacotherapy
 - ☐ Determine pharmacotherapy effectiveness
 - ☐ Adjust pharmacotherapy to improve effectiveness
 - ☐ Adjust treatment due to change in status
 - ☐ Other (specify)
6. What patient issue(s) prompted you to contact the MDRBD clinical behavioral health consultation service? *Select all that apply.*
- ☐ Comorbid medical conditions
 - ☐ Behavioral health conditions
 - ☐ High-risk pregnancy
 - ☐ Housing or food insecurity
 - ☐ Intimate partner violence
 - ☐ Complications at delivery
 - ☐ Premature birth
 - ☐ Substance-exposed infant
 - ☐ Social determinants of health/family environment
 - ☐ Other (specify)
7. In the last 12 months, how frequently did you interact with the MDRBD clinical behavioral health consultation service using the following methods?

Method of Interaction	Never	Rarely	Sometimes	Often	Always
Email	0	0	0	0	0
Screensharing	0	0	0	0	0
Telephone (terrestrial and/or wireless communications)	0	0	0	0	0
Text messaging	0	0	0	0	0
Video conferencing	0	0	0	0	0
Face-to-Face	0	0	0	0	0
Other (specify)	0	0	0	0	0

8. I prefer to interact with the MDRBD clinical behavioral health consultation service via:

Select one.

- ☐ Email
- ☐ Screensharing
- ☐ Telephone (terrestrial and/or wireless communications)
- ☐ Text messaging
- ☐ Video conferencing
- ☐ Face-to-Face
- ☐ Other (specify)

9. I can readily obtain input from the MDRBD clinical behavioral health consultation service when I have questions.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree or Disagree
- ☐ Agree
- ☐ Strongly Agree

10. In the last 12 months, my interaction with the MDRBD clinical behavioral health consultation service informed my:

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	N/A
Assessments of pregnant or postpartum patients	0	0	0	0	0	0
Formulations of a diagnoses	0	0	0	0	0	0
Use of pharmacotherapy	0	0	0	0	0	0
Referrals to social services	0	0	0	0	0	0
Referrals to counseling services	0	0	0	0	0	0

11. In the last 12 months, as a result of the MDRBD program, more of my pregnant and postpartum patients **received treatment** (e.g., counseling, medication) for a behavioral health condition either in my office or from a behavioral health clinician.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree or Disagree
- ☐ Agree
- ☐ Strongly Agree

12. In the last 12 months, my interaction with the MDRBD program increased my pregnant and postpartum patients' use of services in the community to support their behavioral health.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	N/A
Childcare	0	0	0	0	0	0
Employment/job-seeking training	0	0	0	0	0	0
Food programs	0	0	0	0	0	0
Housing support	0	0	0	0	0	0
Parenting support	0	0	0	0	0	0
Support groups	0	0	0	0	0	0
Transportation support	0	0	0	0	0	0
Education support	0	0	0	0	0	0
Other (specify)	0	0	0	0	0	0

13. What clinical practices have you adopted as a result of participation in the MDRBD program?

o [OPEN-ENDED RESPONSE]

14. Overall, how have your pregnant and post-partum patients benefited from your participation in the MDRBD program?

o [OPEN-ENDED RESPONSE]

15. Currently, what additional assistance do you still need to improve the behavioral health of your pregnant and postpartum patients?

o [OPEN-ENDED RESPONSE]

SCREENING, ASSESSMENT, AND TREATMENT OF BEHAVIORAL HEALTH CONDITIONS

16. What behavioral health screening tool(s) do you administer, interpret, or act upon?

Select all that apply.

- ☐ 4 Ps/4 Ps Plus/5 Ps
- ☐ ASSIST/Modified ASSIST
- ☐ AUDIT
- ☐ DAST
- ☐ EPDS
- ☐ GAD-7
- ☐ OFWBA
- ☐ PASS-3
- ☐ PHQ-2
- ☐ PHQ-9
- ☐ T-ACE
- ☐ TWEAK
- ☐ Other (specify)

17. What behavioral health interventions do you personally provide? *Select all that apply.*

- ☐ Prescribe medication
- ☐ Counseling (e.g., Motivational Interviewing, problem-solving therapy)
- ☐ Other (specify)

18. I am as comfortable assessing and treating pregnant and postpartum patients with common behavioral health conditions as I am assessing and treating common medical conditions in pregnant and postpartum patients.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree or Disagree
- ☐ Agree
- ☐ Strongly Agree

DEMOGRAPHIC INFORMATION

19. What type of health care provider are you?

- ☐ Obstetrician/Gynecologist
- ☐ Family physician
- ☐ Pediatrician
- ☐ Advanced practice nurse/nurse practitioner/nurse midwife
- ☐ Physician assistant
- ☐ Other (specify)

20. Which best describes your primary clinical practice site? *Choose one option.*
- ☐ University-based practice
 - ☐ Non-academic, hospital-based practice
 - ☐ Emergency department
 - ☐ Managed care organization
 - ☐ Private practice
 - ☐ Community health center/Federally Qualified Health Center
 - ☐ Other (specify)
21. In what setting(s) does your patient population live? *Select all that apply.*
- ☐ Urban, inner city
 - ☐ Urban, non-inner city
 - ☐ Suburban
 - ☐ Rural
 - ☐ Frontier
22. Please provide the ZIP code for the **primary** location in which you practice.
- ☐ [OPEN-ENDED RESPONSE]
23. Including yourself, how many providers (including physicians, advanced practices nurses, nurse midwives, and physician assistants) work in your practice?
- ☐ 1 (just myself)
 - ☐ 2 – 5
 - ☐ 6 – 10
 - ☐ ≥ 11
24. What is your ethnicity? *Choose one option.*
- ☐ Hispanic or Latino
 - ☐ Not Hispanic or Latino
25. What is your race? *Select all that apply.*
- ☐ Black or African American
 - ☐ White
 - ☐ Asian
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ American Indian or Alaskan Native
 - ☐ Other

ADDITIONAL FEEDBACK

26. What else would you like to share with HRSA about the MDRBD program?
- ☐ [OPEN-ENDED RESPONSE]

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