

Attachment B3:

Pediatric Mental Health Care Access Program Practice-Level 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**

December 2019

Unique Identifier: _____
(e.g., Good Health Practice in Ohio, ZIP Code 44101 = OH101GO)

OMB No. 0906-XXXX
Expiration Date: XX/XX/202X

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 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

Pediatric Mental Health Care Access Program Practice-Level 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

HRSA funded [insert name of state] to implement a Pediatric Mental Health Care Access (PMHCA) program, [insert program name]. HRSA also funded JBS International, Inc. (JBS) to conduct an outcome and impact evaluation of the Maternal and Child Health Bureau (MCHB) PMHCA 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 practices that have providers who are participating in [insert name of state]'s HRSA PMHCA program. The survey is designed to collect information on your practice's experiences with the PMHCA program (e.g., assessing and treating behavioral health conditions, accessing behavioral health care services for your practice's patients, and capacity to address behavioral health conditions) and assist HRSA in future program implementation.

Survey Instructions: This online survey should take less than fifteen (15) 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 **PMHCA program** includes creating a **Pediatric Mental Health Care Team**; enrolling pediatric health care providers and practices into the program; and providing training on how to consult with the Pediatric Mental Health Care Team in your state and/or to provide behavioral health care in your practice. For the purposes of this survey, behavioral health encompasses both mental health and associated disorders as well as substance use disorders, and staff refers to all staff in your practice – not just physicians. In addition, health care provider refers to primary care providers, not behavioral health providers.

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 practice's Unique Identifier: Use your state abbreviation, last three digits of your practice's ZIP code, and first two letters of your practice name. For example, for the Good Health practice located in Ohio in the ZIP code 44101, the Unique Identifier would be OH101GO.

BEHAVIORAL HEALTH SERVICES

1. Does your practice screen for behavioral health conditions among pediatric patients?
 - ☐ Yes (if yes, go to question 1a)
 - ☐ No (if no, go to question 4)
 - ☐ Question 1a: If yes, when does your practice screen for behavioral health conditions? *Select all that apply.*
 - ☐ Well Child/Health Maintenance Visits
 - ☐ New patients
 - ☐ Provider discretion
 - ☐ Patient complaint
 - ☐ Other (specify)
2. What behavioral health screening tool(s) are used in your practice? *Select all that apply.*
 - ☐ ACE Screening Tool
 - ☐ ASQ: SE-2
 - ☐ BSTAD
 - ☐ CRAFFT
 - ☐ EPSDT
 - ☐ GAD-7
 - ☐ NICHQ Vanderbilt Assessment Scales
 - ☐ PSC-17
 - ☐ PHQ-2
 - ☐ PHQ-9/PHQ-9 modified/PHQ-A
 - ☐ PIRAT
 - ☐ RAAPS
 - ☐ S2BI
 - ☐ SWYC
 - ☐ Other (specify)
3. Which staff administer behavioral health screening tools in your practice? *Select all that apply.*
 - ☐ Pediatricians
 - ☐ Family physicians
 - ☐ Advanced practice nurses/Nurse practitioners
 - ☐ Physician assistants
 - ☐ Registered nurses
 - ☐ Licensed practical nurses
 - ☐ Medical assistants
 - ☐ Not applicable – self-administered by family/youth

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- o Other (specify)

4. In the last 12 months, what changes has your practice made as a result of participating in the PMHCA program? *Select all that apply.*
- ☐ Screen more patients
 - ☐ Adopt screening instrument(s)
 - ☐ Refer more patients to specialty behavioral health treatment
 - ☐ Provide behavioral health treatment (e.g., counseling, medication) in your practice
 - ☐ Coordinate care with behavioral health clinicians
 - ☐ Build professional relationship(s) with community-based service providers
 - ☐ Refer more patients to community-based service providers
5. In the last 12 months, as a result of the PMHCA program, more pediatric patients of your practice are...

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	N/A
Screened for behavioral health conditions	0	0	0	0	0	0
Referred for behavioral health conditions	0	0	0	0	0	0
Treated for behavioral health conditions	0	0	0	0	0	0

PRACTICE BEHAVIORAL HEALTH CAPACITY

6. In the last 12 months, approximately what percentage of pediatric patients were seen for complaints related to a behavioral health condition?
- ☐ 0%
 - ☐ 1 – 25%
 - ☐ 26 – 50%
 - ☐ 51 – 75%
 - ☐ 76 – 100%
7. In the last 12 months, approximately what percentage of pediatric patients received treatment for a behavioral health condition by one or more health care providers in your practice?
- ☐ 0%
 - ☐ 1 – 25%
 - ☐ 26 – 50%
 - ☐ 51 – 75%
 - ☐ 76 – 100%

8. As a result of the PMHCA program, the practice is better able to meet the needs of pediatric patients with behavioral health conditions.
- ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Neither Agree or Disagree
 - ☐ Agree
 - ☐ Strongly Agree
9. As a result of the PMHCA program, the continuum of care available for pediatric patients with behavioral health conditions has improved.
- ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Neither Agree or Disagree
 - ☐ Agree
 - ☐ Strongly Agree
10. Practice staff access the Pediatric Mental Health Care Team via: *(Select all that apply.)*
- ☐ Email
 - ☐ Screensharing
 - ☐ Telephone (terrestrial and/or wireless communications)
 - ☐ Text messaging
 - ☐ Video conferencing
 - ☐ Other (specify)
11. How easy was it for your practice to incorporate these telehealth mechanism(s) listed above for consulting with the Pediatric Mental Health Care Team?
- ☐ Very Easy
 - ☐ Easy
 - ☐ Neutral
 - ☐ Difficult
 - ☐ Very Difficult

COMMUNITY LINKAGES

12. How does your practice identify community resources to link your patients to? *Select all that apply.*
- ☐ PMHCA program facilitates linkages.
 - ☐ The practice is approached by service providers in the community.
 - ☐ Providers or staff at the practice build professional relationships with community service providers.
 - ☐ Community coalitions or governmental entities facilitate linkages.
 - ☐ Other (specify)

13. As a result of the PMHCA program, the practice has established linkages with the following types of community resources, programs, or services. *Select all that apply.*
- ☐ Counseling
 - ☐ Childcare
 - ☐ Employment/job-seeking training
 - ☐ Food programs
 - ☐ Housing support
 - ☐ Parenting support
 - ☐ Support groups
 - ☐ Transportation support
 - ☐ Education support
 - ☐ Other (specify)
14. With what percentage of these community linkage partners did your practice establish memoranda of understanding?
- ☐ 0%
 - ☐ 1 – 25%
 - ☐ 26 – 50%
 - ☐ 51 – 75%
 - ☐ 76 –100%

PRACTICE OPERATIONS

15. What additional costs have been incurred by the practice because of changes related to behavioral health care for pediatric patients?
- ☐ [OPEN-ENDED RESPONSE]
16. How does your practice expect to cover these costs?
- ☐ [OPEN-ENDED RESPONSE]
17. Which one factor ***did you expect*** would be most challenging in ***implementing*** screening, assessment, and treatment for behavioral health conditions in your practice? *Select one.*
- ☐ Provider/staff acceptance
 - ☐ Communication and coordination
 - ☐ Institutional policies
 - ☐ Leadership and support from a clinician champion
 - ☐ Staffing
 - ☐ Reimbursement by payers
 - ☐ Telehealth technology
 - ☐ Workflow
 - ☐ Staff knowledge and skills
 - ☐ Other (specify)
18. Which one factor ***actually presented*** the greatest challenge to ***implementing*** screening, assessment, and treatment of behavioral health conditions in your practice? *Select one.*
- ☐ Provider/staff acceptance

- ☐ Communication and coordination
- ☐ Institutional policies
- ☐ Leadership and support from a clinician champion
- ☐ Staffing
- ☐ Reimbursement by payers
- ☐ Telehealth technology
- ☐ Workflow
- ☐ Staff knowledge and skills
- ☐ Other (specify)

19. Which one factor **do you expect** will be most challenging in **sustaining** screening, assessment, and treatment for behavioral health conditions in your practice when grant-funded support is no longer available? *Select one.*

- ☐ Provider/staff acceptance
- ☐ Communication and coordination
- ☐ Institutional policies
- ☐ Leadership and support from a clinician champion
- ☐ Staffing
- ☐ Reimbursement by payers
- ☐ Telehealth technology
- ☒ Workflow
- ☐ Staff knowledge and skills
- ☐ Other (specify)

20. **How** does your practice disseminate information **about practice changes** related to behavioral health care to pediatric patients? *Select all that apply.*

- ☐ Brochures/Briefs
- ☐ Email/E-blasts
- ☐ Individual provider communications with patients
- ☐ Newsletters
- ☐ Posters/Infographics
- ☐ Social media
- ☐ Videos
- ☐ Websites
- ☐ Other (specify)

STAFF TRAINING

21. Where does your staff receive behavioral health training? *Select all that apply.*

- ☐ State licensing board
- ☐ Professional organization
- ☐ PMHCA program training
- ☐ Other publicly funded training
- ☐ Other (specify)

22. How do staff access training in behavioral health care through the PMHCA program? *Select all that apply.*

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- o In-person training event
- o Webinar
- o Self-study with program resources
- o Video conferencing
- o Learning collaborative (e.g., Project ECHO, Project REACH)
- o No staff have been trained through the PMHCA program.
- o Other (specify)

23. How often do staff participate in trainings through the PMHCA program?
- ☐ Monthly
 - ☐ Quarterly
 - ☐ Bi-Annually
 - ☐ Annually
 - ☐ No staff have been trained through the PMHCA program
 - ☐ Other (specify)
24. What other behavioral health care training resources are utilized by your staff?
- ☐ [OPEN-ENDED RESPONSE]

PRACTICE DEMOGRAPHICS

25. Which best describes your primary clinical practice site?
- ☐ University-based practice
 - ☐ Non-academic, hospital-based practice
 - ☐ Emergency department
 - ☐ Managed care organization
 - ☐ Private practice
 - ☐ Community health center/Federally Qualified Health Center
 - ☐ School-based health center
 - ☐ Other (specify)
26. How would you describe your practice setting?
- ☐ Urban, inner city
 - ☐ Urban, non-inner city/suburban
 - ☐ Rural
27. Please provide the ZIP code in which your practice is located. If your practice has multiple locations, please indicate the ZIP code for the primary location.
- ☐ [OPEN-ENDED RESPONSE]
28. Is your practice in a federally designated medically underserved area?
- ☐ Yes
 - ☐ No
 - ☐ Do not know
29. Is your practice in a federally designated rural area?
- ☐ Yes
 - ☐ No
 - ☐ Do not know
30. What types of clinical and support staff work in your practice? *Select all that apply.*
- ☐ Pediatricians
 - ☐ Family physicians
 - ☐ Advanced practice nurses/Nurse practitioners
 - ☐ Physician assistants

- ☐ Registered nurses
 - ☐ Licensed practical nurses
 - ☐ Medical assistants
 - ☐ Social Workers
 - ☐ Other (specify)
31. How many health care providers work in your practice?
- ☐ 1
 - ☐ 2 – 5
 - ☐ 6 – 10
 - ☐ ≥ 11
32. What is the ethnicity mix for pediatric patients in your practice? Assign approximate percentage to all that apply.
- ☐ Hispanic or Latino ____%
 - ☐ Not Hispanic or Latino ____%
33. What is the race mix for pediatric patients in your practice? Assign approximate percentage to all that apply.
- ☐ Black or African American ____%
 - ☐ White ____%
 - ☐ Asian ____%
 - ☐ Native Hawaiian or Other Pacific Islander ____%
 - ☐ American Indian or Alaskan Native ____%
 - ☐ Other ____%
34. What is the payer mix for pediatric patients in your practice? *Assign approximate percentage to all that apply.*
- ☐ Medicaid ____%
 - ☐ Medicare ____%
 - ☐ Commercial ____%
 - ☐ Sliding fee scale/self-pay ____%

RESPONDENT INFORMATION

35. What is your current employment position?
- ☐ [OPEN-ENDED RESPONSE]
36. How long have you been in this position?
- ☐ [OPEN-ENDED RESPONSE]

ADDITIONAL FEEDBACK

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

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