Attachment B6:

Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program

Program Implementation 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

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

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Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program
Program Implementation 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 Screening and Treatment for Maternal Depression and Related Behavioral Disorders (MDRBD) program. 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 to learn more about the implementation of [insert name of state]'s HRSA MDRBD program. The survey is designed to collect information on your experiences with the MDRBD program (e.g., program implementation activities, health care provider enrollment, health care provider training, behavioral health service delivery, care coordination support, community linkages, sustainability) and assist HRSA in future program implementation.

Survey Instructions: This online survey should take twenty (20) minutes or less 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 feel free to consult with your colleagues to gather information, as necessary, to complete this survey. Please note that your responses will remain private. 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.

OMB No. 0906-XXXX
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Program Involvement

1. What is your current employment position?
    - o [OPEN-ENDED RESPONSE]
2. How long have you been in this position?
    - o [OPEN-ENDED RESPONSE]
3. What is your project role in your MDRBD program?
    - o Project Director
    - o Principal Investigator
    - o Program Manger
    - o Other (specify)

Clinical Behavioral Health Consultation Service Development

4. How many provider FTEs, by provider type, are funded by this HRSA-funded cooperative agreement for your clinical behavioral health consultation service? For example, if two psychiatrists are funded, the first at 1 FTE and the second at .5 FTE, indicate 2 in the Number column and 1.5 in the FTE column.

	Number	FTE
Psychiatrists		
Psychologists		
Advanced practice nurses		
Social workers		
Licensed mental health counselors		
Substance use disorder counselors		
Case coordinators		
Other (specify)		

Health Care Provider/Practice Recruitment and Enrollment

5. Are you enrolling health care practices or individual health care providers into your MDRBD program? *Select one.*
    - o Only health care practices *(If selected, move on to Question 6)*
    - o Only individual health care providers *(If selected, move on to Question 8)*
    - o Both health care practices and individual health care providers *(If selected, move on to Question 6)*
6. How many health care **practices** have been enrolled in your MDRBD program to date?
    - o [OPEN-ENDED RESPONSE]

7. What type(s) of health care **practices** have been enrolled in your MDRBD program to date? *Select all that apply.*
    - o University-based practice(s)
    - o Non-academic, hospital-based practice(s)
    - o Emergency department(s)
    - o Managed care organization(s)
    - o Private practice(s)
    - o Community health center(s)/Federally Qualified Health Center(s)
    - o Other (specify)

8. How many individual health care **providers** have been enrolled in your MDRBD program to date?
    - o [OPEN-ENDED RESPONSE]

9. How many and what types of health professionals have enrolled in your MDRBD program to date? *Assign approximate number to all that apply.*
    - o Obstetricians/Gynecologists _____
    - o Pediatricians _____
    - o Family physicians _____
    - o Nurse midwives/Advance practice nurses/nurse practitioners _____
    - o Physician assistants _____
    - o Medical assistants _____
    - o Nurses _____
    - o Social workers _____
    - o Other (specify) _____

Health Care Provider Training

10. How many health professionals have been trained by your MDRBD program to date (e.g., via Webinar, in-person trainings)?
    - o [OPEN-ENDED RESPONSE]

11. What factor(s) **facilitated** your implementation of health professional training? *Select all that apply.*
    - o Provider acceptance
    - o Ability to offer Continuing Medical Education (CME)/Continuing Education (CE) credits
    - o Champion support
    - o Participant engagement
    - o Scheduling
    - o Length of training/training sessions
    - o Training format
    - o Training promotion
    - o Other (specify)

12. What **challenges** did you encounter while implementing health professional training? *Select all that apply.*
    - o Lack of provider acceptance
    - o Inability to offer CME/CE credits
    - o Infrastructure challenges (e.g., facilities, technology, staffing)
    - o Lack of champion support
    - o Lack of participant engagement
    - o Scheduling
    - o Length of training/training sessions
    - o Training format
    - o Training promotion
    - o Other (specify)

Clinical Behavioral Health Consultation, Including Use of Telehealth

13. [Note: This question will only be asked in Option Year 1.] When did you begin implementing **clinical behavioral health consultation** in your MDRBD program?
    - o [RESPONSE TO BE PROVIDED IN MONTH/YEAR FORMAT]

14. What telehealth mechanism(s) do you use in your MDRBD program for **clinical behavioral health consultation**? *Select all that apply.*
    - o Email
    - o Screensharing
    - o Telephone (terrestrial and/or wireless communications)
    - o Text messaging
    - o Video conferencing
    - o Other (specify)

Care Coordination Support, Including Use of Telehealth

15. [Note: This question will only be asked in Option Year 1.] When did you begin implementing **care coordination support** (i.e., communication/collaboration, accessing resources, referral services) in your MDRBD program?
    - o [RESPONSE TO BE PROVIDED IN MONTH/YEAR FORMAT]

16. What telehealth mechanism(s) do you use in your MDRBD program for **care coordination support**? *Select all that apply.*
    - o Email
    - o Screensharing
    - o Telephone (terrestrial and/or wireless communications)
    - o Text messaging
    - o Video conferencing
    - o Other (specify)

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COMMUNITY LINKAGES

17. What types of community linkages has your MDRBD program established to support behavioral health care? *Select all that apply.*
    - o Counseling
    - o Childcare
    - o Employment/job-seeking training
    - o Food programs
    - o Housing support
    - o Parenting support
    - o Support groups
    - o Transportation support
    - o Education support
    - o Other (specify)

18. To what extent is your MDRBD program using the established community linkages?
    - o Not at all
    - o To a small extent
    - o To a moderate extent
    - o To a great extent
    - o To a very great extent

19. How was the process of establishing the following community linkages?

	Very difficult	Difficult	Neutral	Easy	Very easy	N/A
Counseling	0	0	0	0	0	0
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

Program Outreach and Dissemination

20. To whom does your MDRBD program disseminate information about program services? *Select all that apply.*
    - o Health care providers
    - o Behavioral health care providers
    - o Patients
    - o Partners
    - o Public
    - o Other (specify)

21. How are you promoting your MDRBD program? *Select all that apply.*
    - o Brochures/Briefs
    - o Conferences/Workgroup presentations
    - o Email/E-blasts
    - o Newsletters
    - o Posters/Infographics
    - o Social media
    - o Videos
    - o Websites
    - o Other (specify)

Sustainability

22. Did your state have funding in place to support activities similar to your MDRBD program prior to receiving HRSA cooperative agreement funding?
    - o Yes
    - o No
    - o Do not know

23. Since receiving HRSA cooperative agreement funding, has your state received other funding to support MDRBD program activities?
    - o Yes (If yes, move on to Question 24).
    - o No (If no, move on to Question 25).

24. What additional funding have you received for your MDRBD program? *Select all that apply.*
    - o Medicaid
    - o Third-party payer reimbursement
    - o Other federal funding
    - o State budget allocation
    - o State/tribal/jurisdiction grants
    - o Foundation/nonprofit organization grants
    - o Other (specify)

25. Do you have a sustainability plan for funding for your MDRBD program once HRSA cooperative agreement funding ends?
    - o Yes

o No

26. How do you anticipate supporting your MDRBD program once HRSA cooperative agreement funding ends? *Select all that apply.*
    - o Medicaid
    - o Third-party payer reimbursement
    - o Other federal funding
    - o State budget allocation
    - o State/tribal/jurisdiction grants
    - o Foundation/nonprofit organization grants
    - o Other (specify)

Program Implementation Facilitators and Barriers

27. What factors have **facilitated** your program implementation? *Select all that apply.*
    - o Health care provider recruitment
    - o Health care provider engagement
    - o Stakeholder communication and coordination
    - o Champion support
    - o Telehealth technology
    - o Workflow
    - o Data collection/reporting
    - o Advisory Committee involvement
    - o Other (specify)

28. What factors have **challenged** your program implementation? *Select all that apply.*
    - o Health care provider recruitment
    - o Health care provider engagement
    - o Stakeholder communication and coordination
    - o Champion support
    - o Telehealth technology
    - o Workflow
    - o Data collection/reporting
    - o Advisory Committee involvement
    - o Other (specify)

Evaluation Capacity-Building Support

29. Will your MDRBD program require any of the following evaluation capacity-building support or technical assistance in the upcoming year? *Select all that apply.*
    - o Program evaluation design refinement
    - o Development of data collection tools/instruments
    - o Collection and reporting of HRSA-required measures
    - o Provider training evaluation
    - o Data analysis
    - o Dissemination of evaluation results
    - o Other (specify)

ADDITIONAL FEEDBACK

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