Attachment 1
HRSA MCHB PMHCA and MDRBD Instruments

Pediatric Mental Health Care Access 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

Pediatric Mental Health Care Access 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

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 evaluation of the 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 pediatric health care providers who are participating in [insert name of state]'s HRSA PMHCA program. The survey is designed to collect information on your experiences with the PMHCA 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 **PMHCA program** includes creating a **Pediatric Mental Health Care Team**; enrolling pediatric health care providers, such as yourself 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. The questions that follow ask about your experiences obtaining training, clinical behavioral health consultation, referral, and community linkage information from your state's PMHCA program and about your current practices for addressing behavioral health conditions in your pediatric patients.

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
Attention-Deficit/ Hyperactivity Disorder	0	0	0	0	0
Substance Use Disorder (SUD)	0	0	0	0	0
Concomitant Medical and Behavioral Health Conditions	0	0	0	0	O
Other					

2. In the last 12 months, how did you receive training from the PMHCA program? *Select all that apply.*
   o In-person training event *(if selected, go to question 3)*
   o Webinar *(if selected, go to question 3)*
   o Self-study with program resources *(if selected, go to question 3)*
   o Video conferencing *(if selected, go to question 3)*
   o Learning collaborative (e.g., Project ECHO, Project REACH) *(if selected, go to question 3)*
   o Other (specify) *(if selected, go to question 3)*

   o Did not participate in trainings *(if selected, go to question 4)*

3. In the last 12 months, in how many PMHCA program trainings did you participate?
   o 1-2 trainings
   o 3-5 trainings
   o 6-7 trainings

   o 8+ trainings

4. In the last 12 months, have you contacted the Pediatric Mental Health Care Team for clinical behavioral health consultation?
   o Yes (if yes, go to question 5)
   o No (if no go to question 11)

5. In the last 12 months, what were the **most common** reasons you contacted the Pediatric Mental Health Care Team? *Select three.*
   o Interpret screening results
   o Determine appropriate assessment steps
   o Assist with diagnosis
   o Immediately manage patient safety
   o Help with referrals
   o Initiate pharmacotherapy
   o Discontinue pharmacotherapy
   o Determine pharmacotherapy effectiveness
   o Adjust pharmacotherapy to improve effectiveness
   o Adjust treatment due to change in status
   o Other (specify)

6. What patient issue(s) prompted you to contact the Pediatric Mental Health Care Team? *Select all that apply*.
   o Comorbid medical conditions
   o Behavioral health conditions
   o Developmental delay
   o School performance
   o Behavioral concerns
   o Child in foster care
   o Adverse childhood events
   o Parent/Caregiver mental health/SUD
   o Social determinants of health/family environment

   o Other (specify)

7. In the last 12 months, how frequently did you interact with the Pediatric Mental Health Care Team 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 Pediatric Mental Health Care Team via: *Select one.*
   - o Email
   - o Screensharing
   - o Telephone (terrestrial and/or wireless communications)
   - o Text messaging
   - o Video conferencing
   - o Face-to-Face

   - o Other (specify)

9. I can readily obtain input from the Pediatric Mental Health Care Team when I have questions about how to assess or treat pediatric patients with behavioral health conditions.
   - o Strongly Disagree
   - o Disagree
   - o Neither Agree or Disagree
   - o Agree

   - o Strongly Agree

10. In the last 12 months, my interaction with the Pediatric Mental Health Care Team informed my:

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	N/A
Assessments of pediatric patients	o	o	o	o	o	o
Formulations of diagnoses	o	o	o	o	o	o
Use of pharmacotherapy	o	o	o	o	o	o
Referrals to social services	o	o	o	o	o	o
Referrals to counseling services	o	o	o	o	o	o

11. In the last 12 months, as a result of the PMHCA program, more of my pediatric patients **received treatment** (e.g., counseling, medication) for a behavioral health condition either in my office or from a behavioral health clinician.
    - o Strongly Disagree
    - o Disagree
    - o Neither Agree or Disagree
    - o Agree

    - o Strongly Agree

12. In the last 12 months, my interaction with the PMHCA program increased my pediatric 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 your participation in the PMHCA program?

    o [OPEN-ENDED RESPONSE]

14. Overall, how have your pediatric patients benefited from your participation in the PMHCA program?

    o [OPEN-ENDED RESPONSE]

15. Currently, what additional assistance do you still need to improve the behavioral health of your pediatric 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.
    o ACE Screening Tool
    o ASQ: SE-2
    o BSTAD
    o CRAFFT
    o GAD-7
    o NICHQ Vanderbilt Assessment Scales
    o PSC-17
    o PHQ-2
    o PHQ-9/PHQ-9 modified/PHQ-A
    o PIRAT
    o RAAPS
    o S2BI

- o SWYC
- o Other (specify)

17. What behavioral health interventions do you personally provide? *Select all that apply.*
    - o Prescribe medication
    - o Counseling (e.g., Motivational Interviewing, problem-solving therapy)
    - o Other (specify)

18. I am as comfortable assessing and treating pediatric patients with common behavioral health conditions as I am assessing and treating common medical conditions in pediatric patients.
    - o Strongly Disagree
    - o Disagree
    - o Neither Agree or Disagree
    - o Agree
    - o Strongly Agree

DEMOGRAPHIC INFORMATION

19. What type of health care provider are you?
    - o Pediatrician
    - o Family physician
    - o Advanced practice nurse/nurse practitioner
    - o Physician assistant
    - o Other (specify)

20. Which best describes your primary clinical practice site? *Choose one option.*
    - o University-based practice
    - o Non-academic, hospital-based practice
    - o Emergency department
    - o Managed care organization
    - o Private practice
    - o Community health center/Federally Qualified Health Center
    - o School-based health center
    - o Other (specify)

21. In what setting(s) does your patient population live? *Select all that apply*.
    - o Urban, inner city
    - o Urban, non-inner city
    - o Suburban
    - o Rural
    - o Frontier

22. Please provide the ZIP code for the **primary** location in which you practice.
    - o [OPEN-ENDED RESPONSE]

23. Including yourself, how many providers (including physicians, advanced practice nurses, and physician assistants) work in your practice?
   - o   1 (just myself)
   - o   2 – 5
   - o   6 – 10

   - o   ≥ 11

24. What is your ethnicity?
   - o   Hispanic or Latino
   - o   Not Hispanic or Latino

25. What is your race? *Select all that apply.*
   - o   Black or African American
   - o   White
   - o   Asian
   - o   Native Hawaiian or Other Pacific Islander
   - o   American Indian or Alaska Native

   - o   Other

ADDITIONAL FEEDBACK

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

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

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 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.

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	o	o	o	o	o
Anxiety Disorder	o	o	o	o	o
Bipolar Disorder	o	o	o	o	o
Substance Use Disorder (SUD)	o	o	o	o	o
Concomitant Medical and Behavioral Health Condition	o	o	o	o	O
Other					

2. In the last 12 months, how did you receive training from the MDRBD program? *Select all that apply.*
    o In-person training event *(if selected, go to question 3)*
    o Webinar *(if selected, go to question 3)*
    o Self-study with program resources *(if selected, go to question 3)*
    o Video conferencing *(if selected, go to question 3)*
    o Learning collaborative (e.g., Project ECHO, Project REACH) *(if selected, go to question 3)*
    o Other (specify) *(if selected, go to question 3)*

    o Did not participate in trainings *(if selected, go to question 4)*

3. In the last 12 months, in how many MDRBD program trainings did you participate?
    o 1-2 trainings
    o 3-5 trainings
    o 6-7 trainings
    o 8+ trainings

4. In the last 12 months, have you contacted the MDRBD clinical behavioral health consultation service?
    a. Yes (if yes, go to question 5)
    b. 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.*
   o Interpret screening results
   o Determine appropriate assessment steps
   o Assist with diagnosis
   o Immediately manage patient safety
   o Help with referrals
   o Initiate pharmacotherapy
   o Discontinue pharmacotherapy
   o Determine pharmacotherapy effectiveness
   o Adjust pharmacotherapy to improve effectiveness
   o Adjust treatment due to change in status
   o Other (specify)

6. What patient issue(s) prompted you to contact the MDRBD clinical behavioral health consultation service? *Select all that apply*.
   o Comorbid medical conditions
   o Behavioral health conditions
   o High-risk pregnancy
   o Housing or food insecurity
   o Intimate partner violence
   o Complications at delivery
   o Premature birth
   o Substance-exposed infant
   o Social determinants of health/family environment

   o 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.*
   o Email
   o Screensharing
   o Telephone (terrestrial and/or wireless communications)
   o Text messaging
   o Video conferencing
   o Face-to-Face

     o Other (specify)

9. I can readily obtain input from the MDRBD clinical behavioral health consultation service when I have questions.
    o Strongly Disagree
    o Disagree
    o Neither Agree or Disagree
    o Agree

    o 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	o	o	o	o	o	o
Formulations of a diagnoses	o	o	o	o	o	o
Use of pharmacotherapy	o	o	o	o	o	o
Referrals to social services	o	o	o	o	o	o
Referrals to counseling services	o	o	o	o	o	o

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.
    o Strongly Disagree
    o Disagree
    o Neither Agree or Disagree
    o Agree

    o 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	o	o	o	o	o	o
Employment/job-seeking training	o	o	o	o	o	o
Food programs	o	o	o	o	o	o
Housing support	o	o	o	o	o	o
Parenting support	o	o	o	o	o	o
Support groups	o	o	o	o	o	o
Transportation support	o	o	o	o	o	o
Education support	o	o	o	o	o	o
Other (specify)	o	o	o	o	o	o

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

17. What behavioral health interventions do you personally provide? *Select all that apply.*
    o Prescribe medication
    o Counseling (e.g., Motivational Interviewing, problem-solving therapy)

    o 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.
    o Strongly Disagree
    o Disagree
    o Neither Agree or Disagree
    o Agree

o   Strongly Agree

DEMOGRAPHIC INFORMATION

19. What type of health care provider are you?
    o   Obstetrician/Gynecologist
    o   Family physician
    o   Pediatrician
    o   Advanced practice nurse/nurse practitioner/nurse midwife
    o   Physician assistant
    o   Other (specify)

20. Which best describes your primary clinical practice site? *Choose one option.*
    o   University-based practice
    o   Non-academic, hospital-based practice
    o   Emergency department
    o   Managed care organization
    o   Private practice
    o   Community health center/Federally Qualified Health Center

    o   Other (specify)

21. In what setting(s) does your patient population live? *Select all that apply.*
    o   Urban, inner city
    o   Urban, non-inner city
    o   Suburban

    o   Rural
    o   Frontier

22. Please provide the ZIP code for the **primary** location in which you practice.

    o   [OPEN-ENDED RESPONSE]

23. Including yourself, how many providers (including physicians, advanced practices
    nurses, nurse midwives, and physician assistants) work in your practice?
    o   1 (just myself)
    o   2 – 5
    o   6 – 10

    o   ≥ 11

24. What is your ethnicity? *Choose one option.*
    o   Hispanic or Latino

    o   Not Hispanic or Latino

25. What is your race? *Select all that apply.*
    o   Black or African American
    o   White
    o   Asian

- o   Native Hawaiian or Other Pacific Islander
- o   American Indian or Alaskan Native

- o   Other

ADDITIONAL FEEDBACK

26. What else would you like to share with HRSA about the MDRBD program?

- o   [OPEN-ENDED RESPONSE]

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

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 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?
   o Yes (if yes, go to question 1a)
   o No (if no, go to question 4)
   o 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.*
   o ACE Screening Tool
   o ASQ: SE-2
   o BSTAD
   o CRAFFT
   o EPSDT
   o GAD-7
   o NICHQ Vanderbilt Assessment Scales
   o PSC-17
   o PHQ-2
   o PHQ-9/PHQ-9 modified/PHQ-A
   o PIRAT
   o RAAPS
   o S2BI
   o SWYC
   o Other (specify)

3. Which staff administer behavioral health screening tools in your practice? *Select all that apply.*
   o Pediatricians
   o Family physicians
   o Advanced practice nurses/Nurse practitioners
   o Physician assistants
   o Registered nurses
   o Licensed practical nurses
   o Medical assistants
   o Not applicable – self-administered by family/youth

- **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.*
   o Screen more patients
   o Adopt screening instrument(s)
   o Refer more patients to specialty behavioral health treatment
   o Provide behavioral health treatment (e.g., counseling, medication) in your practice
   o Coordinate care with behavioral health clinicians
   o Build professional relationship(s) with community-based service providers
   o Refer more patients to community-based service providers
   o Provide more information or resources to patients/families
   o No changes have been made

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?
   o 0%
   o 1 – 25%
   o 26 – 50%
   o 51 – 75%
   o 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?
   o 0%
   o 1 – 25%
   o 26 – 50%
   o 51 – 75%
   o 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.
   o Strongly Disagree

o Disagree
o Neither Agree or Disagree
o Agree

o Strongly Agree

9. As a result of the PMHCA program, the continuum of care available for pediatric patients with behavioral health conditions has improved.
   o Strongly Disagree
   o Disagree
   o Neither Agree or Disagree
   o Agree

   o Strongly Agree

10. Practice staff access the Pediatric Mental Health Care Team via: (*Select all that apply*.)
    o Email
    o Screensharing
    o Telephone (terrestrial and/or wireless communications)
    o Text messaging
    o Video conferencing

    o 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?
    o Very Easy
    o Easy
    o Neutral
    o Difficult

    o Very Difficult

COMMUNITY LINKAGES

12. How does your practice identify community resources to link your patients to? *Select all that apply.*
    o PMHCA program facilitates linkages.
    o The practice is approached by service providers in the community.
    o Providers or staff at the practice build professional relationships with community service providers.

    o Community coalitions or governmental entities facilitate linkages.
    o 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.*
    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)

14. With what percentage of these community linkage partners did your practice establish memoranda of understanding?
    - o 0%
    - o 1 – 25%
    - o 26 – 50%
    - o 51 – 75%

    - o 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?
    - o [OPEN-ENDED RESPONSE]

16. How does your practice expect to cover these costs?
    - o [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.*
    - o Provider/staff acceptance
    - o Communication and coordination
    - o Institutional policies
    - o Leadership and support from a clinician champion
    - o Staffing
    - o Reimbursement by payers
    - o Telehealth technology
    - o Workflow
    - o Staff knowledge and skills
    - o 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.*
    - o Provider/staff acceptance
    - o Communication and coordination
    - o Institutional policies
    - o Leadership and support from a clinician champion
    - o Staffing
    - o Reimbursement by payers
    - o Telehealth technology
    - o Workflow
    - o Staff knowledge and skills

    - o 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.*
    o Provider/staff acceptance
    o Communication and coordination
    o Institutional policies
    o Leadership and support from a clinician champion
    o Staffing
    o Reimbursement by payers
    o Telehealth technology
    o Workflow
    o Staff knowledge and skills

    o Other (specify)

20. **How** does your practice disseminate information **about practice changes** related to behavioral health care to pediatric patients? *Select all that apply.*
    o Brochures/Briefs
    o Email/E-blasts
    o Individual provider communications with patients
    o Newsletters
    o Posters/Infographics
    o Social media
    o Videos
    o Websites

    o Other (specify)

STAFF TRAINING

21. Where does your staff receive behavioral health training? *Select all that apply.*
    o State licensing board
    o Professional organization
    o PMHCA program training
    o Other publicly funded training
    o Other (specify)

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

- o Bi-Annually
- o Annually
- o No staff have been trained through the PMHCA program

- o Other (specify)

24. What other behavioral health care training resources are utilized by your staff?
    - o [OPEN-ENDED RESPONSE]

PRACTICE DEMOGRAPHICS

25. Which best describes your primary clinical practice site?
    - o University-based practice
    - o Non-academic, hospital-based practice
    - o Emergency department
    - o Managed care organization
    - o Private practice
    - o Community health center/Federally Qualified Health Center
    - o School-based health center

    - **o** Other (specify)

26. How would you describe your practice setting?
    - o Urban, inner city
    - o Urban, non-inner city/suburban

    - o 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.
    - o [OPEN-ENDED RESPONSE]

28. Is your practice in a federally designated medically underserved area?
    - o Yes
    - o No
    - o Do not know

29. Is your practice in a federally designated rural area?
    - o Yes

    - o No
    - o Do not know

30. What types of clinical and support staff work in your practice? *Select all that apply.*
    - o Pediatricians
    - o Family physicians
    - o Advanced practice nurses/Nurse practitioners
    - o Physician assistants
    - o Registered nurses
    - o Licensed practical nurses
    - o Medical assistants

- o Social Workers
- o Other (specify)

31. How many health care providers work in your practice?
- o 1
- o 2 – 5
- o 6 – 10
- o ≥ 11

32. What is the ethnicity mix for pediatric patients in your practice? Assign approximate percentage to all that apply.
   o   Hispanic or Latino ____%
   o   Not Hispanic or Latino ____%

33. What is the race mix for pediatric patients in your practice? Assign approximate percentage to all that apply.
   o   Black or African American ____%
   o   White ____%
   o   Asian ____%
   o   Native Hawaiian or Other Pacific Islander ____%
   o   American Indian or Alaskan Native ____%

   o   Other ____%

34. What is the payer mix for pediatric patients in your practice? *Assign approximate percentage to all that apply.*
   o   Medicaid ____%
   o   Medicare ____%
   o   Commercial ____%

   o   Sliding fee scale/self-pay ____%

RESPONDENT INFORMATION

35. What is your current employment position?
   o   [OPEN-ENDED RESPONSE]

36. How long have you been in this position?
   o   [OPEN-ENDED RESPONSE]

ADDITIONAL FEEDBACK

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

Screening and Treatment for Maternal Depression and Related Behavioral Disorders 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

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
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 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 evaluation of the Maternal and Child Health Bureau (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 practices that have providers who are participating in [insert name of state]'s HRSA MDRBD program. The survey is designed to collect information on your practice's experiences with the MDRBD 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 **MDRBD program** includes creating a clinical behavioral health consultation service; enrolling health care providers and practices into the 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. 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 pregnant and postpartum patients?
   - o   Yes (if yes, go to question 1a)
   - o   No (if no, go to question 4)
   - *o*   Question 1a: If yes, when does your practice screen for behavioral health conditions? *Select all that apply.*
     - ▪ First trimester
     - ▪ Second trimester
     - ▪ Third trimester
     - ▪ Postpartum
     - ▪ Provider discretion
     - ▪ Patient complaint
     - ▪ Other (specify)

2. What behavioral health screening tool(s) are used in your practice? *Select all that apply.*
   - o   4 Ps/4 Ps Plus/5 Ps
   - o   ASSIST/Modified ASSIST
   - o   AUDIT
   - o   DAST
   - o   EPDS
   - o   GAD-7
   - o   OFWBA
   - o   PASS-3
   - o   PHQ-2
   - o   PHQ-9
   - o   T-ACE
   - o   TWEAK
   - **o**   Other (specify)

3. Which staff administer behavioral health screening tools in your practice? *Select all that apply.*
   - o   Obstetricians/Gynecologists
   - o   Pediatricians
   - o   Family physicians
   - o   Nurse midwives/Advanced practice nurses/Nurse practitioners
   - o   Physician assistants
   - o   Registered nurses
   - o   Licensed practical nurses
   - o   Medical assistants

- o   Not applicable – self-administered by patient
- o   Other (specify)

4. In the last 12 months, what changes has your practice made as a result of participating in the MDRBD program? *Select all that apply.*
    - o   Screen more patients
    - o   Adopt screening instrument(s)
    - o   Refer more patients to specialty behavioral health treatment
    - o   Provide behavioral health treatment (e.g., counseling, medication) in your practice
    - o   Coordinate care with behavioral health clinicians

    - o   Build professional relationship(s) with community-based service providers
    - o   Refer more patients to community-based service providers
    - o   Provide more information or resources to patients
    - o   No changes have been made

5. In the last 12 months, as a result of the MDRBD program, more pregnant and postpartum patients of your practice are…

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

PRACTICE BEHAVIORAL HEALTH CAPACITY

6. In the last 12 months, approximately what percentage of pregnant and postpartum patients were seen for complaints related to a behavioral health condition?
    - o   0%
    - o   1 – 25%
    - o   26 – 50%
    - o   51 – 75%
    - o   76 – 100%

7. In the last 12 months, approximately what percentage of pregnant and postpartum patients received treatment for a behavioral health condition by one or more of the health care providers in your practice?
    - o   0%
    - o   1 – 25%
    - o   26 – 50%
    - o   51 – 75%

    - a.   76 – 100%

8. As a result of the MDRBD program, the practice is better able to meet the needs of pregnant and postpartum patients with behavioral health conditions.

   - o Strongly Disagree
   - o Disagree
   - o Neither Agree or Disagree
   - o Agree

   - o Strongly Agree

9. As a result of the MDRBD program, the continuum of care available for pregnant and postpartum patients with behavioral health conditions has improved.

   - o Strongly Disagree
   - o Disagree
   - o Neither Agree or Disagree
   - o Agree

   - o Strongly Agree

10. Practice staff access the MDRBD clinical behavioral health consultation service via: (*Select all that apply*.)
    - o Email
    - o Screensharing
    - o Telephone (terrestrial and/or wireless communications)
    - o Text messaging
    - o Video conferencing

    - o Other (specify)

11. How easy was it for your practice to incorporate these telehealth mechanism(s) listed above for consulting with the MDRBD clinical behavioral health consultation service?
    - o Very Easy
    - o Easy
    - o Neutral
    - o Difficult

    - o Very Difficult

COMMUNITY LINKAGES

12. How does your practice identify community resources to link your patients to? *Select all that apply.*
    - o MDRBD Program facilitates linkages.
    - o The practice is approached by service providers in the community.
    - o Providers or staff at the practice build a professional relationship with community service providers.

    - o Community coalitions or governmental entities facilitated.
    - o Other (specify)

13. As a result of the MDRBD program, the practice has established linkages with the following types of community resources, programs, or services. *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)

14. With what percentage of these community linkage partners did your practice establish memoranda of understanding?
    o 0%
    o 1 – 25%
    o 26 – 50%
    o 51 – 75%
    o 76 – 100%

PRACTICE OPERATIONS

15. What additional costs have been incurred by the practice because of changes related to behavioral health care for pregnant and postpartum patients?
    o [OPEN-ENDED RESPONSE]

16. How does your practice expect to cover these costs?
    o [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?
    o Provider/staff acceptance
    o Communication and coordination
    o Institutional policies
    o Leadership and support from a clinician champion
    o Staffing
    o Reimbursement by payers
    o Telehealth technology
    o Workflow
    o Staff knowledge and skills
    o Other (specify)

18. Which one factor **actually presented** the greatest challenge to **implementing** screening, assessment, and treatment of behavioral health conditions in your practice?
    o Provider/staff acceptance
    o Communication and coordination
    o Institutional policies
    o Leadership and support from a clinician champion
    o Staffing
    o Reimbursement by payers
    o Telehealth technology
    o Workflow
    o Staff knowledge and skills
    o 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?
    o Provider/staff acceptance
    o Communication and coordination
    o Institutional policies
    o Leadership and support from a clinician champion
    o Staffing
    o Reimbursement by payers
    o Telehealth technology
    o Workflow
    o Staff knowledge and skills

    o Other (specify)

20. **How** does your practice disseminate information **about practice changes** related to behavioral health care to pregnant and postpartum patients? *Select all that apply.*
    o Brochures/Briefs
    o Email/E-blasts
    o Individual provider communications with patients
    o Newsletters
    o Posters/Infographics
    o Social media
    o Videos
    o Websites

    o Other (specify)

STAFF TRAINING

21. Where does your staff to receive behavioral health training? *Select all that apply.*
    o State licensing board
    o Professional organization
    o MDRBD program training
    o Other publicly funded training
    o Other (specify)

22. How do staff access training in behavioral health care through the MDRBD program? *Select all that apply.*
    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 MDRBD program
    o Other (specify)

23. How often do staff participate in trainings through the MDRBD program?
    o Monthly

- o Quarterly
- o Bi-Annually
- o Annually

- o No staff have been trained through the MDRBD program
- o Other (specify)

24. What other behavioral health care training resources are utilized by your staff?
    - o [OPEN-ENDED RESPONSE]

PRACTICE DEMOGRAPHICS

25. Which best describes your primary clinical practice site?
    - o University-based practice
    - o Non-academic, hospital-based practice
    - o Emergency department
    - o Managed care organization
    - o Private practice
    - o Community health center/Federally Qualified Health Center

    - **o** Other (specify)

26. How would you describe your practice setting?
    - o Urban, inner city
    - o Urban, non-inner city/suburban

    - o 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.
    - o [OPEN-ENDED RESPONSE]

28. Is your practice in a federally designated medically underserved area?
    - o Yes

    - o No
    - o Do not know

29. Is your practice in a federally designated rural area?
    - o Yes

    - o No
    - o Do not know

30. What types of clinical and support staff work in your practice? Select all that apply.
    - o Obstetricians/Gynecologists
    - o Family physicians
    - o Pediatricians
    - o Nurse midwives/Advanced practice nurses/Nurse practitioners
    - o Physician assistants
    - o Registered nurses
    - o Licensed practical nurses

- o   Medical assistants
- o   Social workers

- o   Other (specify)

31. How many health care providers work in your practice?
- o   1
- o   2 – 5
- o   6 – 10

- o   ≥ 11

32. What is the ethnicity mix for pregnant and postpartum patients in your practice? Assign approximate percentage to all that apply.
    o   Hispanic or Latino _____%
    o   Not Hispanic or Latino _____%

33. What is the race mix for pregnant and postpartum patients in your practice? Assign approximate percentage to all that apply.
    o   Black or African American _____%s
    o   White _____%
    o   Asian _____%
    o   Native Hawaiian or Other Pacific Islander _____%
    o   American Indian or Alaskan Native _____%

    o   Other _____%

34. What is the payer mix for pregnant and postpartum patients in your practice? Assign approximate percentage to all that apply.
    o   Medicaid _____%
    o   Medicare _____%
    o   Commercial _____%
    o   Sliding fee scale/self-pay _____%

RESPONDENT INFORMATION

35. What is your current employment position?
    o   [OPEN-ENDED RESPONSE]

36. How long have you been in this position?
    o   [OPEN-ENDED RESPONSE]

ADDITIONAL FEEDBACK

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

Pediatric Mental Health Care Access 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

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
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 Pediatric Mental Health Care Access (PMHCA) program. HRSA also funded JBS International, Inc. (JBS) to conduct an evaluation of the 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 to learn more about the implementation of [insert name of state]'s HRSA PMHCA program. The survey is designed to collect information on your experiences with the PMHCA 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.

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 PMHCA program?
     o Project Director
     o Principal Investigator
     o Program Manager
     o Other (specify)

CLINICAL BEHAVIORAL HEALTH CONSULTATION SERVICE DEVELOPMENT

4. How many provider full-time equivalents (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 PMHCA 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 PMHCA program to date?

     o [OPEN-ENDED RESPONSE]

7. What type(s) of health care **practices** have been enrolled in your PMHCA 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   School-based health center(s)

o   Other (specify)

8. How many individual health care **providers** have been enrolled in your PMHCA program to date?

o   [OPEN-ENDED RESPONSE]

9. What types of health professionals have enrolled in your PMHCA program to date?
    Select all that apply.
    o   Pediatricians
    o   Family physicians
    o   Advanced 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 PMHCA 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 Impact of public health emergency (e.g., COVID-19)
- 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/will you begin implementing **clinical behavioral health consultation** in your PMHCA program?

    - o [RESPONSE TO BE PROVIDED IN MONTH/YEAR FORMAT]

14. What telehealth mechanism(s) do you use in your PMHCA 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/will you begin implementing **care coordination support** (i.e., communication/collaboration, accessing resources, referral services) in your PMHCA program?

    - o [RESPONSE TO BE PROVIDED IN MONTH/YEAR FORMAT]

16. What telehealth mechanism(s) do you use in your PMHCA 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)

COMMUNITY LINKAGES

17. What types of community linkages has your PMHCA 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 PMHCA 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 PMHCA 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 PMHCA 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 PMHCA 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 PMHCA 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 PMHCA 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 PMHCA program once HRSA cooperative agreement funding ends?
    o Yes
    o No

26. How do you anticipate supporting your PMHCA 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
    0 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 Impact of public health emergency (e.g., COVID-19)
    - o Other (specify)

EVALUATION CAPACITY-BUILDING SUPPORT

29. Will your PMHCA 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 Systems/platforms used for data collection
    - 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 PMHCA program?
    - o [OPEN-ENDED RESPONSE]

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

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
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 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.

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 full-time equivalents (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 Impact of public health emergency (e.g., COVID-19)
- 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)

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   Impact of public health emergency (e.g., COVID-19)
    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   Systems/platforms used for data collection
    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?
    o   [OPEN-ENDED RESPONSE]

Pediatric Mental Health Care Access Program Implementation Semi-Structured Interview Guide

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

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 IMPLEMENTATION SEMI-STRUCTURED INTERVIEW GUIDE

CONDUCTED BY:

JBS International Inc.

Awardee Name: _____

Date Completed: _____ / _____ / _____
                Month   Day   Year

Instructions to Interviewers

The purpose of this guide is to provide an overview of the information that will be gathered through interviews with Project Directors or Principal Investigators involved with the PMHCA program. JBS will work with the awardee to determine which staff person should participate in the SSI. For example, in some states, the Project Director may be in an administrative role, rather than involved in the day-to-day operations and program implementation; in those cases, we will collect data from the Principal Investigator (or individual who fills that role).

Members of the HRSA MCHB evaluation team will conduct and record the interview via WebEx, and a note taker will take detailed notes. Interviews will be transcribed to facilitate qualitative content analysis. The interview will last approximately 60 minutes.

The goals of program implementation interviews conducted as part of the HRSA MCHB evaluation include:

(1) Documentation of the development and changes in PMHCA program implementation

(2) Improved understanding of the degree to which community linkages, program outreach, and sustainability plans have developed through the course of the program's operations

Program Implementation Interview Introduction to **Interviewee** *(2.5 minutes)*

The Health Resources and Services Administration (HRSA) funded [insert name of state] to implement a Pediatric Mental Health Care Access (PMHCA) program. HRSA also funded JBS International, Inc. (JBS) to conduct an 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. *(Introduce team members, give brief description of qualifications, and describe functions during the interview)*.

As part of the HRSA MCHB evaluation, we are conducting semi-structured interviews with awardees, including [awardee name], to learn more about the implementation of [insert name of state]'s HRSA PMHCA program. During the interview, we will discuss the implementation of your PMHCA program – including any successes and challenges – and how your PMHCA program has developed over the course of the cooperative agreement funding. We would also like to gain insight into the degree to which community linkages, program outreach, and sustainability plans have developed through the course of your program's operations. We have prepared some topic areas and questions on which we would like your comments, and we greatly value the information you can provide about your PMHCA program. We expect this will take about 60 minutes.

Your name and title will not appear in reports to HRSA, unless we specifically ask for your approval. Although we are taking detailed notes, we would also like to audio record the interview in case we need to verify our notes with the interview dialogue. Are you comfortable with us recording the interview?

Do you have any questions about what I have explained? If not, let's get started.

Program Implementation Semi-Structured Interview Guide

PROGRAM INVOLVEMENT *(5 MINUTES)*

We'd like to ask you about your overall involvement with the PMHCA program and your specific role in the program.

1. Can you please describe your current role in the PMHCA program?
    a. PROBE 1: How long have you been involved in the program?
    b. PROBE 2: Have there been any changes to your project role over the course of the program (e.g., additional/different responsibilities)?

2. What was your involvement in the initial planning and implementation of the PMHCA program?

PROGRAM IMPLEMENTATION *(25 MINUTES)*

Next, we'd like to talk with you about your PMHCA activities. From our previous conversations, we understand that your PMHCA program is a [new/expansion of an existing] program. We would like to get an understanding of how various aspects of your program implementation are progressing within your PMHCA program, including behavioral health provider team/network development, health care provider/practice recruitment and enrollment, health care provider training, clinical behavioral health consultation, and care coordination support.

Behavioral Health Provider Team/Network Development

(HRSA reporting indicated number and types of behavioral health providers). Next, we would like to talk about your behavioral health provider [team/network], which is composed of [number and types of behavioral health providers].

3. How did you identify behavioral health providers for your [team/network]?
4. Describe the roles and responsibilities of your behavioral health provider [team/network].
5. What changes have there been, if any, to your behavioral health provider [team/network], for example, changes in [team/network] size or composition?
6. What factors enhanced or impeded your behavioral health provider [team/network] development?

Health Care Provider/Practice Recruitment and Enrollment

Based on our review of your required HRSA reporting, we understand that you began recruiting and enrolling health care providers/practices into your PMHCA program on [date].

7. Describe your health care provider/practice recruitment and enrollment approach.
    a. PROBE 1: Have incentives been used?
8. What strategies have you found most effective in recruiting and enrolling health care providers/practices?

9. What challenges have you experienced in recruiting and enrolling health care providers/practices?
    a. PROBE 1: If you experienced challenges, what changes have you made to improve recruitment and enrollment?

Health Care Provider Training

Based on our review of your required HRSA reporting, we understand that health care provider trainings for your PMHCA program began between [dates].

10. Describe your approach to health care provider training.
11. What factors have facilitated your delivery of health care provider training?
12. What have been the challenges in training health care providers?
    a. PROBE 1: What changes have you made to your health care provider training based on those challenges?

Clinical Behavioral Health Consultation, Including Use of Telehealth

(Survey response indicated date consultations began). Your survey response indicated that your program began implementing clinical behavioral health consultations on [date].

13. Describe the processes for provision of clinical behavioral health consultation within your program.
14. How has the frequency of clinical behavioral health consultation requests changed over the course of your PMHCA program?
15. How have topics for providers' clinical behavioral health consultation requests changed over the course of the program?
16. How are telehealth mechanisms—email, screensharing, telephone, text messaging, and video conferencing—being used for your PMHCA program's clinical behavioral health consultations?
    a. PROBE 1: Have there been changes to how your program has used telehealth mechanisms for clinical behavioral health consultation?

Care Coordination Support, Including Use of Telehealth

Next, we want to discuss care coordination support (i.e., communication/collaboration, accessing resources, referral services) in your program. We are defining care coordination support as including communication/collaboration, helping providers/practices with accessing resources, and referral services for providers/practices.

(Survey response indicated date care coordination began). Your survey response indicated that your program began implementing behavioral health care coordination support on [date].

17. Describe the processes for delivery care coordination support within your program.
18. What types of resources have been requested by health care providers through care coordination support?
    a. PROBE 1: How have the topics for care coordination support requests changed over time?
19. What has been the process for developing and maintaining or accessing your program's referral database?
20. Describe the process of how and when patients are referred to community-based behavioral health providers for services.
    a. PROBE 1: Describe the level or frequency of contact that your PMHCA program has with these community providers.
21. How are telehealth mechanisms—email, screensharing, telephone, text messaging, and video conferencing—being used for your PMHCA program's care coordination support?
    a. PROBE 1: Have there been changes to how your program has used telehealth mechanisms for care coordination support?

22. What service gaps or barriers have you encountered in your implementation of care coordination support?

COMMUNITY LINKAGES *(5 MINUTES)*

We would also like to discuss any community linkages that have developed over the course of your PMHCA program and how they are addressing social determinants of health.

23. Describe the range of community-based mental health, substance use disorder, and recovery support services with which your PMHCA program has linkages.
    a. PROBE 1: How have your linkages with community-based services developed/progressed over time?
    b. PROBE 2: How do you use the community linkages for your PMHCA program?
    c. PROBE 3: What do you estimate is the typical time period between linking your patients with community-based services and their receipt of those services?
24. How do your community linkages help address social determinants of health for your pediatric patients? As defined in Healthy People 2020, social determinants of health include economic stability, neighborhood and built environment, health and health care, social and community context, and education.
25. How do you feel the formation or development of your community linkages has contributed to your program?
26. What have been some lessons learned from the process of establishing these community linkages that would facilitate future development of linkages?

PROGRAM OUTREACH AND DISSEMINATION *(5 MINUTES)*

Now, we would like to talk with you about your PMHCA program's outreach and dissemination activities.

(Survey response indicated dissemination mechanisms used). Your survey response indicated that your program uses the following mechanism(s) to disseminate your PMHCA program's outreach efforts [mechanism(s)].

27. Please describe the outreach activities that occur with different stakeholders (e.g., providers; patients; partners, including your Advisory Committee; the public) as part of your PMHCA program.
    a. PROBE 1: How often do you disseminate information to your stakeholders?

28. With which mechanism(s) have you had the most success in disseminating your PMHCA program outreach efforts?
    a. PROBE 1: Please describe how you measure the success of your program outreach and dissemination efforts.
29. What have been some lessons learned from your program outreach and dissemination efforts that would facilitate future efforts?

SUSTAINABILITY *(8 MINUTES)*

We are also interested in whether your agency has plans in place for sustaining your PMHCA program services following the end of the 21st Century Cures Act cooperative agreement funding.

30. Describe any sustainability planning to date for your PMHCA program.
    a. PROBE 1: What aspects of your current sustainability planning do you feel will be most useful in facilitating programmatic sustainability following the end of HRSA cooperative agreement funding?

     b.   PROBE 2: What aspects of sustainability planning do you feel have been most difficult?

     c.   PROBE 3: Has the requirement of matching funds aided in sustainability planning?

31. *(Survey response indicated funding allocation after cooperative agreement funding ends).* Your survey response indicated that once the cooperative agreement funding ends, funding for your PMHCA program will come from [insert funding allocation].

     a.   PROBE 1: Describe any plans your PMHCA program has with regards to this funding allocation(s).

PROGRAM IMPLEMENTATION FACILITATORS AND BARRIERS *(4 MINUTES)*

We have discussed facilitators and barriers for program implementation throughout our conversation.

32. We would like to invite you to share any other factors that have facilitated your program implementation, as well as any implementation barriers or challenges you have faced.

     a.   PROBE 1: What steps has your program taken to attempt to overcome any of the challenges or barriers you have identified, and how will you sustain these steps?

     b.   PROBE 2: Are there any ways that you feel that HRSA can provide assistance (e.g., training) to help address the challenges or barriers you have faced?

     c.   PROBE 3: Please describe how your program has utilized community resource partners (whether informal or formal) to support program implementation and any related barriers and/or facilitators to these partnerships.

33. Please describe any patient-level success stories or challenges encountered by your PMHCA program.

34. Similarly, please describe any provider-level success stories or challenges your PMHCA program has encountered.

35. Please describe how access to pediatric behavioral health services has changed as a result to your state's PMHCA program.

36. What program? PMHCA are the biggest accomplishments of the

     o   PROBE 1: What have been the most significant outcomes?

     o   PROBE 2: Please describe any factors that supported these accomplishments/outcomes.

CLOSING COMMENTS *(1.5 MINUTES)*

Thank you very much for taking the time to meet with us and to discuss your PMHCA program activities and how they have developed over the past year.

37. Do you have any additional questions, comments, or feedback at this time?

38. Are there any topic areas, issues, or concerns relating to the HRSA MCHB evaluation that you would like to discuss, clarify, or have clarified?

Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program Implementation Semi-Structured Interview Guide

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

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 IMPLEMENTATION SEMI-STRUCTURED INTERVIEW GUIDE

CONDUCTED BY:

JBS International Inc.

Awardee Name: _____

Date Completed: _____ / _____ / _____
Month   Day   Year

Instructions to Interviewers

The purpose of this guide is to provide an overview of the information that will be gathered through interviews with Project Directors or Principal Investigators involved with the MDRBD program. JBS will work with the awardee to determine which staff person should participate in the SSI. For example, in some states, the Project Director may be in an administrative role, rather than involved in the day-to-day operations and program implementation; in those cases, we will collect data from the Principal Investigator (or individual who fills that role).

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As part of the HRSA MCHB evaluation, we are conducting semi-structured interviews with awardees, including [awardee name], to learn more about the implementation of [insert name of state]'s HRSA MDRBD program. During the interview, we will discuss the implementation of your MDRBD program – including any successes and challenges – and how your MDRBD program has developed over the course of the cooperative agreement funding. We would also like to gain insight into the degree to which community linkages, program outreach, and sustainability plans have developed through the course of your program's operations. We have prepared some topic areas and questions on which we would like your comments, and we greatly value the information you can provide about your MDRBD program. We expect this will take about 60 minutes.

Your name and title will not appear in reports to HRSA, unless we specifically ask for your approval. Although we are taking detailed notes, we would also like to audio record the interview in case we need to verify our notes with the interview dialogue. Are you comfortable with us recording the interview?

Do you have any questions about what I have explained? If not, let's get started.

PROGRAM IMPLEMENTATION SEMI-STRUCTURED INTERVIEW GUIDE

PROGRAM INVOLVEMENT *(5 MINUTES)*

We'd like to ask you about your overall involvement with the MDRBD program and your specific role in the program.

1. Can you please describe your current role in the MDRBD program?
   a. PROBE 1: How long have you been involved in the program?
   b. PROBE 2: Have there been any changes to your project role over the course of the program (e.g., additional/different responsibilities)?
2. What was your involvement in the initial planning and implementation of the MDRBD program?

PROGRAM IMPLEMENTATION *(25 MINUTES)*

Next, we'd like to talk with you about your MDRBD activities. From our previous conversations, we understand that your MDRBD program is a [new/expansion of an existing] program. We would like to get an understanding of how various aspects of your program implementation are progressing within your MDRBD program, including clinical behavioral health consultation service development, health care provider/practice recruitment and enrollment, health care provider training, clinical behavioral health consultation, and care coordination support.

Clinical Behavioral Health Consultation Service Development

(Survey response indicated number and types of behavioral health providers). Next, we would like to talk about your clinical behavioral health consultation service, which is composed of [number and types of behavioral health providers].

3. How did you identify behavioral health providers for your clinical behavioral health consultation service?
4. Describe the roles and responsibilities of your clinical behavioral health consultation service.
5. What changes have there been, if any, to your clinical behavioral health consultation service, for example, changes in size or composition?
6. What factors enhanced or impeded your clinical behavioral health consultation service development?

Health Care Provider/Practice Recruitment and Enrollment

Based on our review of your required HRSA reporting, we understand that you began recruiting and enrolling health care providers/practices into your MDRBD program on [date].

7. Describe your health care provider/practice recruitment and enrollment approach.
   a. PROBE 1: Have incentives been used?
8. What strategies have you found most effective in recruiting and enrolling health care providers/practices?

9. What challenges have you experienced in recruiting and enrolling health care providers/practices?
   a. PROBE 1: If you experienced challenges, what changes have you made to improve recruitment and enrollment?

Health Care Provider Training

Based on our review of your required HRSA reporting, we understand that health care provider trainings for your MDRBD program began between [dates].

10. Describe your approach to health care provider training.
11. What factors have facilitated your delivery of health care provider training?

12. What have been the challenges in training health care providers?

   a. PROBE 1: What changes have you made to your health care provider training based on those challenges?

Clinical Behavioral Health Consultation, Including Use of Telehealth

(Survey response indicated date consultations began). Your survey response indicated that your program began implementing clinical behavioral health consultations on [date].

13. Describe the processes for provision of clinical behavioral health consultation within your program.
14. How has the frequency of clinical behavioral health consultation requests changed over the course of your MDRBD program?
15. How have the topics for providers' clinical behavioral health consultation requests changed over the course of the program?
16. How are telehealth mechanisms—email, screensharing, telephone, text messaging, and video conferencing—being used for your MDRBD program's clinical behavioral health consultations?

   a. PROBE 1: Have there been changes to how your program has used telehealth mechanisms for clinical behavioral health consultation?

Care Coordination Support, Including Use of Telehealth

Next, we want to discuss care coordination support (i.e., communication/collaboration, accessing resources, referral services) in your program. We are defining care coordination support as including communication/collaboration, helping providers/practices with accessing resources, and referral services for providers/practices.

(Survey response indicated date care coordination began). Your survey response indicated that your program began implementing care coordination support on [date].

17. Describe the processes for delivery of care coordination support within your program.
18. What types of resources have been requested by health care providers through care coordination support?
   a. PROBE 1: How have the topics for care coordination support requests changed over time?
19. What has been the process for developing/maintaining or accessing your program's referral database?
20. Describe the process of how and when patients are referred to community-based behavioral health providers for services.
   a. PROBE 1: Describe the level or frequency of contact that your MDRBD program has with these community providers.
21. How are telehealth mechanisms—email, screensharing, telephone, text messaging, and video conferencing—being used for your MDRBD program's care coordination support?

a. PROBE 1: Have there been changes to how your program has used telehealth mechanisms for care coordination support?
22. What service gaps or barriers have you encountered in your implementation of care coordination support?

COMMUNITY LINKAGES *(5 MINUTES)*

We would also like to discuss any community linkages that have developed over the course of your MDRBD program and how they are addressing social determinants of health.

23. Describe the range of community-based mental health, substance use disorder, and recovery support services with which your MDRBD program has linkages.
      a. PROBE 1: How have your linkages with community-based services developed/progressed over time?
      b. PROBE 2: How do you use the community linkages for your MDRBD program?
      c. PROBE 3: What do you estimate is the typical time period between linking your patients with community-based services and their receipt of those services?
24. How do your community linkages help address social determinants of health for pregnant and postpartum patients? As defined by Healthy People 2020, social determinants of health include economic stability, neighborhood and built environment, health and health care, social and community context, and education.
25. How do you feel the formation or development of your community linkages has contributed to your program?

26. What have been some lessons learned from the process of establishing these community linkages that would facilitate future development of linkages?

PROGRAM OUTREACH AND DISSEMINATION *(5 MINUTES)*

Now, we would like to talk with you about your MDRBD program's outreach and dissemination activities.

(Survey response indicated dissemination mechanisms used). Your survey response indicated that your program uses the following mechanism(s) to disseminate your MDRBD program's outreach efforts [mechanism(s)].

27. Please describe the outreach activities that occur with different stakeholders (e.g., providers; patients; partners, including your Advisory Committee; the public) as part of your MDRBD program.
      a. PROBE 1: How often do you disseminate information to your stakeholders?
28. With which mechanism(s) have you had the most success in disseminating your MDRBD program outreach efforts?
      a. PROBE 1: Please describe how you measure the success of your program outreach and dissemination efforts.

29. What have been some lessons learned from your program outreach and dissemination efforts that would facilitate future efforts?

SUSTAINABILITY *(8 MINUTES)*

We are also interested in whether your agency has plans in place for sustaining your MDRBD program services following the end of the 21st Century Cures Act cooperative agreement funding.

30. Describe any sustainability planning to date for your MDRBD program.
    a. PROBE 1: What aspects of your current sustainability planning do you feel will be most useful in facilitating programmatic sustainability following the end of HRSA cooperative agreement funding?
    b. PROBE 2: What aspects of sustainability planning do you feel have been most difficult?
31. *(Survey response indicated funding allocation after cooperative agreement funding ends).* Your survey response indicated that once the cooperative agreement funding ends, funding for your MDRBD program will come from [insert funding allocation].
    a. PROBE 1: Describe any plans your MDRBD program has with regards to this funding allocation(s).

PROGRAM IMPLEMENTATION FACILITATORS AND BARRIERS *(4 MINUTES)*

We have discussed facilitators and barriers for program implementation throughout our conversation.

32. We would like to invite you to share any other factors that have facilitated your program implementation, as well as any implementation barriers or challenges you have faced.
    a. PROBE 1: What steps has your program taken to attempt to overcome any of the challenges or barriers you have identified, and how will you sustain these steps?
    b. PROBE 2: Are there any ways that you feel that HRSA can provide assistance (e.g., training) to help address the challenges or barriers you have faced?
    c. PROBE 3: Please describe how your program has utilized community resource partners (whether informal or formal) to support program implementation and any related barriers and/or facilitators to these partnerships.
33. Please describe any patient-level success stories or challenges encountered by your MDRBD program.
34. Similarly, please describe any provider-level success stories or challenges your MDRBD program has encountered.
35. Please describe how access to behavioral health services has changed as a result to your state's program. MDRBD
36. What are the biggest accomplishments of the MDRBD program?
    o PROBE 1: What have been the most significant outcomes?
    o PROBE 2: Please describe any factors that supported these accomplishments/outcomes.

CLOSING COMMENTS *(1.5 MINUTES)*

Thank you very much for taking the time to meet with us and to discuss your MDRBD program activities and how they have developed over the past year.

37. Do you have any additional questions, comments, or feedback at this time?
38. Are there any topic areas, issues, or concerns relating to the HRSA MCHB evaluation that you would like to discuss, clarify, or have clarified?

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