

Attachment B1:
**Pediatric Mental Health Care Access Program
(PMHCA) Health Professional Impact Survey**

**Health Resources and Services and Administration (HRSA)
Maternal and Child Health Bureau (MCHB)
PMHCA Program National Impact Study**

March 2024

Public Burden Statement: [INSERT]

HRSA MCHB PMHCA Program National Impact Study

PMHCA Health Professional Impact Survey

Funding for data collection supported by the
HRSA MCHB
U.S. Department of Health and Human Services

HRSA MCHB funds PMHCA programs to increase access to behavioral health care by supporting behavioral health integration into pediatric primary care. Support includes building capacity for pediatricians and other health professionals to diagnose; treat; and, as needed, refer children and adolescents for behavioral health conditions to behavioral health specialists. Key program components include behavioral health consultation; care coordination, navigation services, and/or resource referral services to community services to support children and adolescents and their families/caregivers, and training.

HRSA also funded JBS International, Inc. (JBS) to examine the impact of the PMHCA program. JBS is an independent evaluator of the program and is not part of HRSA or any other federal agency.

Survey Purpose:

- The survey is designed to identify impacts of the PMHCA program by collecting information from health professionals about their experiences with screening, diagnosing, treating, and referring children and adolescents for behavioral health conditions.
- The survey is being administered to pediatric health professionals (e.g., pediatricians, family physicians, physician assistants, advanced practice nurse/nurse practitioners, licensed practical nurses, registered nurses, counselors, social workers, medical assistants) who provide services in the HRSA-funded [*Insert awardee PMHCA program name.*] service location.

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 (you are not required to review data to answer the questions). There are no right or wrong answers to the survey questions.

Please note:

- We request that you enter your first and last name and primary practice ZIP code to link your PMHCA data with other data sources (e.g., Medicaid data). We are linking data **solely** for the purpose of identifying impacts of the entire PMHCA program on access to behavioral health care; neither you nor your practice will be individually evaluated.
- Your responses will remain **private and are voluntary**. Survey results will only be reported in the aggregate. No individually identifying information will appear in the evaluation reports nor will any individually identifiable data be provided to HRSA.

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DEMOGRAPHIC QUESTIONS

**Required*

1. Please enter your:*

First Name: _____

Last Name: _____

Validation: Max character count = 5 Min character count = 5

Primary Practice ZIP Code: _____

Practice ZIP Code, if more than one location: _____

Practice ZIP Code, if more than two locations: _____

Validation: email format expected

Email address used for receiving communication from [Insert PMHCA program name.] program:

Email addresses will only be used to track survey administration and completion.

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DEMOGRAPHIC QUESTIONS

2. Please select the primary type of health professional that best describes you. *

() Pediatrician

() Developmental-Behavioral Pediatrician

() Family Medicine Physician

() Internal Medicine Physician

() Child and Adolescent Psychiatrist

() Psychiatrist

() Other Specialist Physician (*Specify type*): _____ *

() Physician Assistant

() Medical Assistant

- ☐ Advanced Practice Nurse/Nurse Practitioner
- ☐ Licensed Practical Nurse
- ☐ Registered Nurse
- ☐ Nurse
- ☐ Psychologist
- ☐ Therapist/Counselor
- ☐ Social Worker
- ☐ Other (*Specify type.*): _____ *

3. Which best describes your primary practice site? (Choose one option.) *

- ☐ University-based Practice
- ☐ Non-academic, Hospital-based Practice
- ☐ Emergency Department
- ☐ Managed Care Organization
- ☐ Private Practice
- ☐ Community Health Center/Federally Qualified Health Center
- ☐ School
- ☐ School-based Health Center
- ☐ Tribal Health System
- ☐ Other (*Specify.*): _____ *

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Note that any references to the PMHCA program denotes your area's HRSA-funded PMHCA program:

PMHCA program = [Insert awardee PMHCA program name.]

Logic: Show/hide trigger exists.

4. Which PMHCA program services or trainings have you used or participated in during the last 12 months? (Select all that apply.)*

- ☐ Behavioral Health Consultation (regarding mental health, including substance use)
- ☐ Care Coordination, Navigation Services, and/or Resource Referral Services
- ☐ Training Activities (e.g., Project ECHO)
- ☐ Other (*Specify.*): _____

☐ I have not used the PMHCA program's services or participated in the PMHCA program's trainings.

Validation: Min = 1 Must be numeric Whole numbers only Positive numbers only

Logic: Hidden unless: Question "Which PMHCA program services or trainings have you used or participated in during the last 12 months? *Select all that apply.*" is one of the following answers ("Behavioral Health Consultation (regarding mental health, including substance use)")

5. Approximately how many times have you used the PMHCA program's **behavioral health consultation** (regarding mental health, including substance use) in the last 12 months?*

Validation: Min = 1 Must be numeric Whole numbers only Positive numbers only

Logic: Hidden unless: Question "Which PMHCA program services or trainings have you used or participated in during the last 12 months? *Select all that apply.*" is one of the following answers ("Care Coordination, Navigation Services, and/or Resource Referral Services")

5. Approximately how many times have you used the PMHCA program's **care coordination, navigation services, and/or resource referral services** in the last 12 months?*

Validation: Min = 1 Must be numeric Whole numbers only Positive numbers only

Logic: Hidden unless: Question "Which PMHCA program services or trainings have you used or participated in during the last 12 months? *Select all that apply.*" is one of the following answers ("Training Activities (e.g., Project ECHO)")

5. Approximately how many times have you participated in the PMHCA program's **training activities** in the last 12 months?*

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ACCESS

For the purpose of this survey, **Behavioral Health Disorder** is defined as common, recurrent mental health or substance use disorder that affects an individual's behavioral health, including the ability to cope with life stressors, learn well, work productively, and contribute to the community.

Validation: Must be numeric Whole numbers only Positive numbers only

6. Approximately how many patients between the ages of 0 and 21 years do you see per week on average?

Logic: Show/hide trigger exists.

7. Which type of behavioral health screenings does your practice conduct with patients between the ages of 0 and 21 years? (Select all that apply.)

☐ Screening for general/multidimensional behavioral health disorders (e.g., NICHQ Vanderbilt Assessment Scale, BASC-3 Behavioral and Emotional Screening System)

☐ Screening for specific behavioral health disorders (e.g., GAD-7 for anxiety, PHQ-9 for depression, SNAP-IV for attention-deficit/hyperactivity disorder [ADHD], M-CHAT-RF for autism spectrum disorder [ASD])

☐ My practice does not conduct behavioral health screenings.

Validation: Must be numeric Whole numbers only Positive numbers only

Logic: Hidden unless: Question Which type of behavioral health screenings does your practice conduct with patients between the ages of 0 and 21 years? Select all that apply. "is one of the following answers ("Screening for general/multidimensional behavioral health disorders (e.g., NICHQ Vanderbilt Assessment Scale, BASC-3 Behavioral and Emotional Screening System)","Screening for specific behavioral health disorders (e.g., GAD-7 for anxiety, PHQ-9 for depression, SNAP-IV for ADHD, M-CHAT-RF for ASD)")

8. In the past 30 days, how many of the patients you saw between the ages of 0 and 21 years were screened for behavioral health disorders either by you or by other practice staff? *Your best estimate is fine. By screening, we mean using a question guide or screening tool intended to identify behavioral health disorders.*

Logic: Hidden unless: Question Which type of behavioral health screenings does your practice conduct with patients between the ages of 0 and 21 years? (Select all that apply.) "" is one of the following answers ("Screening for specific behavioral health disorders (e.g., GAD-7 for anxiety, PHQ-9 for depression, SNAP-IV for ADHD), M-CHAT-RF for autism spectrum ASD)")

9. In the past 30 days, which behavioral health disorders did your practice screen for among patients between the ages of 0 and 21 years? (Select all that apply).

☐ Anxiety Disorders

☐ Depressive Disorders

☐ Bipolar and Related Disorders

☐ Attention-Deficit/Hyperactivity Disorder (ADHD)

☐ Autism Spectrum Disorder (ASD)

☐ Disruptive, Impulse-control, and Conduct Disorders

☐ Feeding and Eating Disorders

☐ Elimination Disorders (e.g., enuresis [bedwetting]; encopresis [fecal soiling])

☐ Obsessive-compulsive and Related Disorders (e.g., body dysmorphic disorder, hoarding disorder)

☐ Trauma and Stressor-related Disorders

☐ Schizophrenia Spectrum and Other Psychotic Disorders

☐ Substance-related Disorders (e.g., alcohol, marijuana, nicotine, opioids)

☐ Suicidality or Self-harm

☐ Other (*Please specify*): _____ *

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Must be numeric Whole numbers only Positive numbers only

Logic: Show/hide trigger exists.

10. In the past 30 days, how many of your patients (between the ages of 0 and 21 years) did you personally diagnose with a behavioral health disorder? *Your best estimate is fine.*

Must be numeric Whole numbers only Positive numbers only

Logic: Hidden unless: Question "In the past 30 days, how many of your patients (between the ages of 0 and 21 years) did you personally diagnose with a behavioral health disorder? *Your best estimate is fine.*" is greater than or equal to "1"

11. Of your patients (between the ages of 0 and 21 years) that you personally diagnosed with a behavioral health disorder, how many primary diagnoses fell into the following categories? *Your best estimate is fine.*

_____ Anxiety Disorders

_____ Depressive Disorders

_____ Bipolar and Related Disorders

_____ Attention-Deficit/Hyperactivity Disorder (ADHD)

_____ Autism Spectrum Disorder (ASD)

_____ Disruptive, Impulse-control, and Conduct Disorders

_____ Feeding and Eating Disorders

_____ Elimination Disorders (e.g., enuresis [bedwetting]; encopresis [fecal soiling])

_____ Obsessive-compulsive and Related Disorders (e.g., body dysmorphic disorder, hoarding disorder)

_____ Trauma and Stressor-related Disorders

_____ Schizophrenia Spectrum and Other Psychotic Disorders

_____ Substance-related Disorders (e.g., alcohol, marijuana, nicotine, opioids)

_____ Other (*Please specify below.*)

Logic: Hidden unless: Question "In the past 30 days, how many of your patients (between the ages of 0 and 21 years) did you personally diagnose with a behavioral health disorder? *Your best estimate is fine.*" is greater than or equal to "1"

11. If you selected an answer for "other" in the question above, please specify "other" diagnosis:

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RECEIPT

Validation: Must be numeric Whole numbers only Positive numbers only

Logic: Show/hide trigger exists.

12. In the past 30 days, how many of your patients (between the ages of 0 and 21 years) did you personally refer for behavioral health care? *Your best estimate is fine.*

Logic: Hidden unless: Question " In the past 30 days, how many of your patients (between the ages of 0 and 21 years) did you personally refer for behavioral health care? Your best estimate is fine.

" is greater than or equal to "1"

13. To which types of behavioral health care have you personally referred your patients (between the ages of 0 and 21 years)? Select all that apply.

☐ Emergency Department

☐ Psychiatric Medication Management

☐ Counseling or Therapy

☐ Psychological Testing or Assessment

☐ Inpatient Behavioral Health Treatment

☐ Partial Hospitalization/Day Hospital

☐ Residential Treatment (i.e., specialized, longer-term behavioral care)

☐ School-based Intervention Supports (e.g., Individualized Education Plan (IEP), Section 504 Plan)

☐ Other (*Please specify.*): _____ *

Validation: Must be numeric Whole numbers only Positive numbers only

Logic: Hidden unless: Question " In the past 30 days, how many of your patients (between the ages of 0 and 21 years) did you personally refer for behavioral health care? Your best estimate is fine.

" is greater than or equal to "1"

14. How many of your behavioral health care referrals for patients (between the ages of 0 and 21 years) resulted in a visit to a behavioral health specialist (e.g., psychiatrist, psychologist, behavioral health therapists/counselors/social worker) within 90 days of you referring them?

() Number: _____ *

() Unknown/I do not track this information.

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BEHAVIORAL HEALTH IMPACTS

Validation: Must be numeric Whole numbers only Positive numbers only Asked only in Round 1

15. **Before participating in the PMHCA program**, on average what percentage of your patients (between the ages of 0 and 21 years) were **screened** for behavioral health disorders? *Your best estimate is fine.*

Validation: Must be numeric Whole numbers only Positive numbers only Asked only in Round 1

16. **Before participating in the PMHCA program**, on average what percentage of your patients (between the ages of 0 and 21 years) did you personally **diagnose** with a behavioral health disorder? *Your best estimate is fine.*

Validation: Must be numeric Whole numbers only Positive numbers only Asked only in Round 1

17. **Before participating in the PMHCA program**, on average what percentage of your patients (between the ages of 0 and 21 years) did you personally **refer** to behavioral health care? *Your best estimate is fine.*

18. How much has the PMHCA program helped to better address the behavioral health care needs of your child and adolescent patients (*between the ages of 0 and 21 years*)?

- () It has not helped at all.
- () It has helped a little.
- () It has helped a lot.
- () I'm not sure how much it has helped.

19. In what ways has the PMHCA program helped to better address the behavioral health care needs of your child and adolescent patients (*between the ages of 0 and 21 years*)?

20. Is there anything else you would like us to know about the impact of the PMHCA program?