PL Survey, Version 2 – MMHSUD

Screening and Treatment for Maternal Mental Health and Substance Use Disorders Program Practice-Level Survey

Health Resources and Services and Administration Evaluation of the Maternal and Child Health Bureau Pediatric Mental Health Care Access and Screening and Treatment for Maternal Mental Health and Substance Use Disorders Programs Project

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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

**Maternal Mental Health and Substance Use Disorders Program
Practice-Level Survey**

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Maternal and Child Health Bureau
Health Resources and Services Administration
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The Health Resources and Services Administration (HRSA) funded [insert name of state] to implement a Maternal Mental Health and Substance Use Disorders (MMHSUD) program, [insert program name]. HRSA also funded JBS International, Inc. (JBS) to conduct an evaluation of the Maternal and Child Health Bureau (MCHB) MMHSUD 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 health professionals who are enrolled/participating in [insert name of state]'s HRSA MMHSUD program. The survey is designed to collect information on your practice's experiences with the MMHSUD program (e.g., assessing and treating behavioral health conditions, accessing behavioral health care services for your practice's patients, capacity to address behavioral health conditions) and assist HRSA in future program implementation.

Survey Instructions: This online survey should take less than twenty (20) 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), 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: Each state's **MMHSUD program** includes providing clinical behavioral health consultation and care coordination; enrolling health professionals, such as yourself into the MMHSUD program; and providing training on how to consult with the MMHSUD clinical behavioral health consultation service in your state and/or to provide behavioral health care in your practice.

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.

Email address used for receiving communication from [insert program name]:

Note: Email addresses will only be used to confirm enrollment in the program and to track survey administration and completion.

Helpful Terminology: For the purposes of this survey:

- **Behavioral health encompasses mental health and substance use disorders.**
- **Staff refers to all staff in your practice, not just physicians.**
- **Health professional refers to obstetricians/gynecologists, family physicians, pediatricians, physician assistants, advanced practice nurses/nurse practitioners, licensed practical nurses, registered nurses, counselors, social workers, medical assistants, patient care navigators, etc.**
- **Behavioral health consultation refers to tele-consultation service provided by a program's team of behavioral health experts for advising health professionals on providing behavioral health care.**
- **Care coordination support refers to a program service providing resources and referrals to a provider when they contact the program, or to the patient/family when the program works with patients/families directly.**

BEHAVIORAL HEALTH SERVICES

1. Does your practice screen for behavioral health conditions among pregnant and postpartum patients?
   a. Yes (*If yes, go to question 1a.*)
   b. No (*If no, go to question 4.*)
   c. 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 AUDIT
   o DAST
   o EPDS
   o GAD-7
   o MDQ
   o PHQ-2
   o PHQ-9/PHQ-9 modified/PHQ-A
   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 Counselors
- o Social workers
- o Medical assistants
- o Patient care navigators
- o Not applicable – Self-administered by caregiver/youth

- o Other (*Specify.*)

4. In the last 12 months, what changes has your practice made as a result of enrolling/participating in your state's MMHSUD 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 your state's MMHSUD program, more pregnant and postpartum patients of your practice are...

	Strongly Disagree	Disagree	Neither Agree nor 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 pregnant and postpartum patients was seen for a behavioral health concern related to a behavioral health condition?
   - o [PROGRAM AS PERCENTAGE SLIDER]

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 health professionals in your practice?
   - o [PROGRAM AS PERCENTAGE SLIDER]

8. In the last 12 months, approximately what percentage of pregnant and postpartum patients was referred for a behavioral health condition by your practice?
    o [PROGRAM AS PERCENTAGE SLIDER]

9. My practice has a structured process in place to follow-up with patients to confirm whether they accessed a referral for behavioral health services.
    o Strongly Disagree
    o Disagree
    o Neither Agree nor Disagree
    o Agree
    o Strongly Agree

10. To what extent are behavioral health professional services integrated into your practice?
    o Not at All
    o Provided at a Co-Location
    o Integrated Directly Into the Practice

11. As a result of participating in my state's MMHSUD program, my 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 nor Disagree
    o Agree

    o Strongly Agree

12. As a result of participating in my state's MMHSUD program, the continuum of care available for pregnant and postpartum patients with behavioral health conditions at my practice has improved.
    o Strongly Disagree
    o Disagree
    o Neither Agree nor Disagree
    o Agree

    o Strongly Agree

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

    o Other (*Specify.*)

14. How easy was it for your practice to incorporate these telehealth mechanism(s) listed above for consulting with the MMHSUD clinical behavioral health consultation service?

	Very Difficult	Difficult	Neutral	Easy	Very Easy
Email	0	0	0	0	0
Telephone (terrestrial	0	0	0	0	0

and/or wireless communications)					
Text messaging	0	0	0	0	0
Video conferencing	0	0	0	0	0
Other (specify)	0	0	0	0	0

15. As a result of participating in my state's MMHSUD program, my practice is better able to utilize telehealth services to support patients' access to behavioral health care.
    o Strongly Disagree
    o Disagree
    o Neither Agree nor Disagree
    o Agree
    o Strongly Agree

COMMUNITY LINKAGES

16. How does your practice identify community resources (e.g., counseling, substance use treatment, child care, employment, food programs, housing support) to refer your patients to? *Select all that apply.*
    o The MMHSUD program facilitates relationships with community resources.
    o The practice is approached by service providers in the community.
    o Health professionals or staff at the practice build professional relationships with community service providers.

    o Community coalitions or governmental entities facilitate relationships with community resources.
    o Other *(Specify.)*

17. As a result of your state's MMHSUD program, with which of the following types of community resources, programs, or services has your practice established relationships to support the behavioral health of pregnant and postpartum patients? *Select all that apply.*
    o Counseling
    o Substance use treatment
    o Child care
    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. With what percentage of these community resources did your practice establish memoranda of understanding?
    o [PROGRAM AS PERCENTAGE SLIDER]

PRACTICE OPERATIONS

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

20. How does your practice expect to cover these costs?
     o [OPEN-ENDED RESPONSE]

21. 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 Insufficient time
     o Health professional/Staff acceptance
     o Communication and coordination
     o Institutional policies
     o Leadership and support from a champion
     o Staffing
     o Reimbursement by payers
     o Telehealth technology
     o Workflow
     o Addressing social determinants of health (SDOH)-related needs
     o Staff knowledge and skills
     o Impact of public health emergency (e.g., COVID-19)
     o Other (*Specify.*)

22. Which one factor **actually presented** the greatest challenge to **implementing** screening, assessment, and treatment of behavioral health conditions in your practice? *Select one.*
     o Insufficient time
     o Health professional/Staff acceptance
     o Communication and coordination
     o Institutional policies
     o Leadership and support from a champion
     o Staffing
     o Reimbursement by payers
     o Telehealth technology
     o Workflow
     o Addressing SDOH-related needs
     o Staff knowledge and skills
     o Impact of public health emergency (e.g., COVID-19)
     o Other (*Specify.*)

23. Which one factor **do you expect** will be most challenging in **sustaining** screening, assessment, and treatment for behavioral health conditions in your practice when HRSA MCHB MMHSUD grant-funded support is no longer available? *Select one.*
     o Insufficient time
     o Health professional/Staff acceptance
     o Communication and coordination

- o Institutional policies
- o Leadership and support from a champion
- o Staffing
- o Reimbursement by payers
- o Telehealth technology
- o Workflow
- o Addressing SDOH-related needs
- o Staff knowledge and skills
- o Impact of public health emergency (e.g., COVID-19)
- o Other (*Specify.*)

24. Once cooperative agreement funding ends, what support will your practice need to continue offering the behavioral health services that are currently being provided through your state's MMHSUD program?

  - O [OPEN-ENDED RESPONSE]

25. 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 Posters/Infographics
  - o Social media
  - o Websites

  - o Other (*Specify.*)

STAFF TRAINING

26. Where does your staff receive behavioral health training? *Select all that apply.*
  - o State licensing board
  - o Professional organization
  - o MMHSUD program training
  - o Other publicly funded training
  - o Other (*Specify.*)

27. How do staff access training in behavioral health care through your state's MMHSUD 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 MMHSUD program. (If selected, go to Question 29)
  - o Other (*Specify.*)

28. How often do staff participate in trainings through your state's MMHSUD program?

- o Monthly
- o Quarterly
- o Biannually
- o Annually

- o Other (*Specify.*)

29. What other behavioral health care training resources are utilized by your staff?

- o [OPEN-ENDED RESPONSE]

HEALTH EQUITY

A goal of the MMHSUD program is to focus on achieving health equity related to SDOH and racial, ethnic, and geographic disparities in access to behavioral health care, especially in rural and other underserved areas. The following questions will be used to inform our goal of improving health equity.

30. In the last 12 months, as a result of participation in my state's MMHSUD program, my practice increased provision of resources to pregnant and postpartum patients to address the following SDOH-related needs:

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
Education	0	0	0	0	0
Food security	0	0	0	0	0
Housing	0	0	0	0	0
Transportation	0	0	0	0	0
Language/Translation services	0	0	0	0	0

31. In the last 12 months, as a result of participation in my state's MMHSUD program, my practice has incorporated telehealth services to reduce health disparities in access to behavioral health care.
    - o Strongly Disagree
    - o Disagree
    - o Neither Agree nor Disagree
    - o Agree
    - o Strongly Agree

32. In the last 12 months, my state's MMHSUD program provided training on the impact of discrimination, stereotyping, and stigma on the behavioral health of pregnant and postpartum patients.
    - o Strongly Disagree
    - o Disagree
    - o Neither Agree nor Disagree
    - o Agree
    - o Strongly Agree

33. Please describe steps your practice has taken to improve health equity in access to behavioral health care for pregnant and postpartum patients and their families, as a result of participation in your state's MMHSUD program.

   o [OPEN-ENDED RESPONSE]

34. To what extent is the ethnicity and/or race of health professionals employed by your practice representative of the ethnicity and/or race of the pregnant and postpartum patients your practice treats?
   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

PRACTICE DEMOGRAPHICS

35. 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 Tribal Health System

   o Other (*Specify.*)

36. How would you describe your practice setting? (*Select all that apply*)
   o Urban
   o Suburban

   o Rural
   o Frontier

37. 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]

38. Is your practice in a federally designated medically underserved area?
   o Yes
   o No
   o Do Not Know

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

   o No
   o Do Not Know

40. 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   Counselors
    o   Social workers
    o   Medical assistants
    o   Patient care navigators

    o   Other *(Specify.)*

41. How many health professionals work in your practice?
    o   1
    o   2-5
    o   6-10
    o   11-15
    o   16-20
    o   21-25
    o   26-30
    o   ≥ 31

42. What is the race and/or ethnicity breakdown for pregnant and postpartum patients in your practice? *Assign approximate percentage to all that apply; patients can be in more than one category and percentages can add up to more than 100%.*
    o   American Indian or Alaskan Native _____%
    o   Asian ____%
    o   Black or African American ____%
    o   Hispanic or Latino ____%
    o   Middle Eastern or North African ____%
    o   Native Hawaiian or Pacific Islander ____%
    o   White ____%
    o   Unknown ____%

43. What is the payer breakdown 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 _____%
    o   Indian Health Service _____%
    o   TRICARE _____%

RESPONDENT INFORMATION

44. What is your current title?
    o   [OPEN-ENDED RESPONSE]

45. How long have you been in this position (in months)?
    [OPEN-ENDED RESPONSE]

ADDITIONAL FEEDBACK

46. How can your state's MMHSUD program be improved to better suit the needs of your practice?
    O   [OPEN-ENDED RESPONSE]

Public Burden Statement: This data collection is for the evaluation of the Maternal and Child Health Bureau Pediatric Mental Health Care Access and Screening and Treatment for Maternal Mental Health and Substance Use Disorders programs. This project will collect data to provide HRSA with information to guide future program decisions regarding increasing health professionals' (HPs) capacity to address patients' behavioral health and access to behavioral health services. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915/0906-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average approximately 20 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see https://www.hrsa.gov/about/508-resources for the HRSA digital accessibility statement.