

HP Survey, Version 3 – PMHCA

Pediatric Mental Health Care Access Program Health Professional 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 Health and
Substance Use Disorders Programs Project**

May 2025

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 0906-0105 and it is valid until 12/31/2027. 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.

Note for OMB Submission and Survey Implementation: We will tailor the text when referring to awardees' programs (e.g., state, political subdivision of a state, Indian tribe, tribal organization).

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 Professional Survey

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Maternal and Child Health Bureau
Health Resources and Services Administration
U.S. Department of Health and Human Services

The Health Resources and Services Administration (HRSA) funded [insert location] 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 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, patient care navigators) who are enrolled/participating in [insert location]'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 to 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 [location]'s Program: Each **PMHCA program** includes providing clinical behavioral health consultation and care coordination; enrolling health professionals, such as

yourself, into the PMHCA program; and providing training on how to consult with the PMHCA clinical behavioral health consultation services in your [location] 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 [location]'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 to 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.

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:

A health professional includes pediatricians, family physicians, 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 CAPACITY

1. In the last 12 months, how often have you treated the following behavioral health conditions? *(If Other, go to question 2.)*

	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	0
Other	0	0	0	0	0

2. You selected an answer for Other in the question above. *Please specify.*
 - o [OPEN-ENDED RESPONSE]
3. 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 4.)*
 - o Webinar *(If selected, go to question 4.)*
 - o Self-study with program resources *(If selected, go to question 4.)*
 - o Video conferencing *(If selected, go to question 4.)*
 - o Learning collaborative (e.g., Project ECHO, Project REACH) *(If selected, go to question 4.)*
 - o Other *(specify) (If selected, go to question 4.)*
 - o Did not participate in trainings *(If selected, go to question 5.)*

4. In the last 12 months, in how many PMHCA program trainings did you participate?
 - ☐ 1-2 trainings
 - ☐ 3-5 trainings
 - ☐ 6-7 trainings
 - ☐ 8+ trainings
5. In the last 12 months, my [location]'s PMHCA program provided training on the impact of stigma on the behavioral health of pediatric patients and their families.
 - ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Neither Agree nor Disagree
 - ☐ Agree
 - ☐ Strongly Agree
6. In the last 12 months, I have contacted the PMHCA clinical behavioral care consultation service for: *Select all that apply.*
 - ☐ Clinical behavioral health consultation *(If selected, go to question 7)*
 - ☐ Care coordination or navigation services *(If selected, go to question 7)*
 - ☐ I have not contacted the PMHCA clinical behavioral care consultation service in the past 12 months. *(If selected, go to question 15)*
7. In the last 12 months, how frequently did you contact the Pediatric Mental Health Care Team?
 - ☐ Less than once a month
 - ☐ 1-2 times a month
 - ☐ 3-4 times a month
 - ☐ More than 5 times a month
8. In the last 12 months, what were the **most common** reasons you contacted the Pediatric Mental Health Care Team? *Select up to three.*
 - ☐ Interpret screening results
 - ☐ Determine appropriate assessment steps
 - ☐ Assist with diagnosis
 - ☐ Immediately manage patient safety
 - ☐ Help with referrals
 - ☐ Initiate pharmacotherapy
 - ☐ Discontinue pharmacotherapy
 - ☐ Determine pharmacotherapy effectiveness
 - ☐ Adjust pharmacotherapy to improve effectiveness
 - ☐ Adjust treatment due to change in status
 - ☐ Other *(specify)*
9. What patient issue(s) prompted you to contact the Pediatric Mental Health Care Team? *Select all that apply.*

- ☐ Comorbid medical conditions
- ☐ Behavioral health conditions
- ☐ Developmental delay
- ☐ School performance
- ☐ Behavioral concerns
- ☐ Child in foster care
- ☐ Adverse childhood events
- ☐ Parent/Caregiver mental health/SUD
- ☐ Community health factors/family environment
- ☐ Other (*Specify.*)

10. In the last 12 months, how frequently did you interact with the PMHCA clinical behavioral care consultation service using the following methods? (*If Other, go to question 11.*)

Method of Interaction	Never	Rarely	Sometimes	Often	Always
Email	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	0	0	0	0	0

11. You selected an answer for Other in the question above. *Please specify.*

- ☐ [OPEN-ENDED RESPONSE]

12. I prefer to interact with the PMHCA clinical behavioral care consultation service via:
Select one.

- ☐ Email
- ☐ Telephone (terrestrial and/or wireless communications)
- ☐ Text messaging
- ☐ Video conferencing
- ☐ Face to face
- ☐ Other (*Specify.*)

13. I can readily obtain input from the PMHCA clinical behavioral care consultation service when I have questions about how to assess or treat pediatric patients with behavioral health conditions.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree
- ☐ Agree

- ☐ Strongly Agree

14. In the last 12 months, my interaction with the PMHCA clinical behavioral care consultation service informed my:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A
Assessments of pediatric patients	0	0	0	0	0	0
Formulations of diagnoses	0	0	0	0	0	0
Use of pharmacotherapy	0	0	0	0	0	0
Referrals to social services	0	0	0	0	0	0
Referrals to counseling services	0	0	0	0	0	0
Ability to address barriers to optimal access to behavioral health care	0	0	0	0	0	0

15. As a result of participating in my [location]'s PMHCA program, I am better able to utilize telehealth services to support my patients' access to behavioral health care.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree
- ☐ Agree
- ☐ Strongly Agree

16. In the last 12 months, as a result of my [location]'s 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.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree
- ☐ Agree
- ☐ Strongly Agree
- ☐ Do Not Know

17. In the last 12 months, as a result of my interaction with the PMHCA program, I increased my referrals to services in the community to support pediatric patients and their caregivers' use of behavioral health services. (If Other, go to question 18.)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A
Child care	0	0	0	0	0	0
Substance use treatment						
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	0	0	0	0	0	0

18. You selected an answer for Other in the question above. *Please specify.*

o [OPEN-ENDED RESPONSE]

19. As a result of your interaction with the PMHCA program, how likely are you to refer patients to services in the community to address issues that you cannot or do not feel comfortable addressing yourself?

- o Not at All Likely
- o Not Very Likely
- o Neutral
- o Somewhat Likely
- o Very Likely

20. Currently, what additional assistance do you still need to improve the behavioral health of your pediatric patients?

o [OPEN-ENDED RESPONSE]

PROGRAM USEFULNESS

We would like to hear from you about how your [location]'s PMHCA program is accomplishing its purpose of promoting behavioral health integration into pediatric primary care by supporting pediatric mental health care telehealth access programs.

21. In the last 12 months, how helpful did you find the **training** you received from the PMHCA program? *[Display if answer to Q3 is not "Did not participate in trainings."]*

- ☐ Not at All Helpful
- ☐ Not so Helpful
- ☐ Somewhat Helpful
- ☐ Very Helpful
- ☐ Extremely Helpful

22. In the last 12 months, how helpful did you find the **behavioral health consultation** you received from the PMHCA program? *[Display if the answer to Q6 is "clinical behavioral health consultation."]*

- ☐ Not at All Helpful
- ☐ Not so Helpful
- ☐ Somewhat Helpful
- ☐ Very Helpful
- ☐ Extremely Helpful

23. In the last 12 months, how helpful did you find the **care coordination** you received from the PMHCA program? *[Display if the answer to Q6 is "care coordination or navigation services."]*

- ☐ Not at All Helpful
- ☐ Not so Helpful
- ☐ Somewhat Helpful
- ☐ Very Helpful
- ☐ Extremely Helpful

24. Overall, I feel more confident in my ability to screen, assess, and treat behavioral health conditions as a result of participating in my [location]'s PMHCA program.

	Screen	Assess	Treat
Strongly Disagree	0	0	0
Disagree	0	0	0
Neither Agree nor Disagree	0	0	0
Agree	0	0	0
Strongly Agree	0	0	0

25. I acquired valuable knowledge and information related to screening, assessing, and treating behavioral health conditions, as a result of participating in my [location]'s PMHCA program.

	Screening	Assessing	Treating
Strongly Disagree	0	0	0
Disagree	0	0	0
Neither Agree nor Disagree	0	0	0
Agree	0	0	0
Strongly Agree	0	0	0

26. I plan to use the information and knowledge acquired as a result of participating in my [location]'s PMHCA program to screen, assess, and treat behavioral health in my practice once the program ends.

	Screen	Assess	Treat
Strongly Disagree	0	0	0
Disagree	0	0	0
Neither Agree nor Disagree	0	0	0
Agree	0	0	0
Strongly Agree	0	0	0

27. What clinical practices have you adopted as a result of participating in your [location]'s PMHCA program?

o [OPEN-ENDED RESPONSE]

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

o [OPEN-ENDED RESPONSE]

SCREENING, ASSESSMENT, AND TREATMENT OF BEHAVIORAL HEALTH CONDITIONS

29. 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 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 SCARED
- o SWYC
- o Other (*specify*)

30. What behavioral health interventions do you personally provide? *Select all that apply.*

	In-person	Via telehealth
Prescribe medication	0	0
Counseling (e.g., motivational interviewing, problem-solving therapy)	0	0
Link pediatric patient/caregiver to a specific behavioral health community resource	0	0
Other (<i>Specify</i> .)	0	0

31. I follow up (or someone from my practice follows up) with pediatric patients to ensure that they have acted upon behavioral health referrals.
- ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Neither Agree nor Disagree
 - ☐ Agree
 - ☐ Strongly Agree
32. 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.
- ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Neither Agree nor Disagree
 - ☐ Agree
 - ☐ Strongly Agree
33. I am **as willing** to assess and treat pediatric patients with common behavioral health conditions as I am to assess and treat common medical conditions in pediatric patients.
- ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Neither Agree nor Disagree
 - ☐ Agree
 - ☐ Strongly Agree

OPTIMAL ACCESS TO BEHAVIORAL HEALTH CARE

A goal of the overall PMHCA program is to address barriers to optimal access to behavioral health care related to community health factors and demographic factors. Optimal access is intended to result in healthy outcomes for all. The following questions will be used to inform our goal of improving access.

34. In the last 12 months, how often have you engaged in the following activities to support optimal access to behavioral health care for your patients as a result of participating in your [location]'s PMHCA program?

	Never	Rarely	Sometimes	Often	Always
Assess community health factors (e.g., food insecurity, housing insecurity)	0	0	0	0	0
Provide referrals to community resources to address needs related to community health factors	0	0	0	0	0
Make culturally and linguistically appropriate recommendations to promote	0	0	0	0	0

	Never	Rarely	Sometimes	Often	Always
behavioral health					

35. As a result of participating in my [location]'s PMHCA program, I am better able to address barriers to optimal access to behavioral health care.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree
- ☐ Agree
- ☐ Strongly Agree

36. As a result of participating in my [location]'s PMHCA program, I have incorporated telehealth services in my practice to improve optimal access to behavioral health care.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree
- ☐ Agree
- ☐ Strongly Agree

37. What would be helpful from your [location]'s PMHCA program to address health disparities in access to behavioral health care among your patients?

- ☐ [OPEN-ENDED RESPONSE]

DEMOGRAPHIC INFORMATION

38. What type of health professional are you?

- ☐ Pediatrician
- ☐ Family physician
- ☐ Physician assistant
- ☐ Advanced practice nurse/nurse practitioner
- ☐ Licensed practical nurse
- ☐ Registered Nurse
- ☐ Counselor
- ☐ Social worker
- ☐ Medical assistant
- ☐ Patient care navigator
- ☐ Other (*specify*)

39. Which best describes your primary clinical 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-based health center
- ☐ Tribal Health System
- ☐ Other (*specify*)

40. In what setting(s) does your patient population live? *Select all that apply.*

- ☐ Urban
- ☐ Suburban
- ☐ Rural
- ☐ Frontier

41. What is the race and/or ethnicity breakdown for pediatric patients that you treat? *Assign approximate percentage to all that apply; patients can be in more than one category and percentages can add up to more than 100%.*

- ☐ American Indian or Alaskan Native ____%
- ☐ Asian ____%
- ☐ Black or African American ____%
- ☐ Hispanic or Latino ____%
- ☐ Middle Eastern or North African ____%
- ☐ Native Hawaiian or Pacific Islander ____%
- ☐ White ____%
- ☐ Unknown ____%

42. What is the payer breakdown for pediatric patients that you treat? *Assign approximate percentage to all that apply.*

- ☐ Medicaid ____%
- ☐ Medicare ____%
- ☐ Commercial ____%
- ☐ Sliding fee scale/Self-pay ____%
- ☐ Indian Health Service ____%
- ☒ TRICARE ____%

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

- ☐ [OPEN-ENDED RESPONSE]

44. Including yourself, how many health professionals (including pediatricians, family physicians, physician assistants, advanced practice nurse/nurse practitioners, licensed practical nurses, registered nurses, counselors, social workers, medical assistants, and patient care navigators) work in your practice?

- ☐ 1 (just me)
- ☐ 2-5
- ☐ 6-10
- ☐ 11-15

- o Native Hawaiian or Pacific Islander – Provide details below.
 - o Native Hawaiian

- ☐ Samoan
 - ☐ Chamorro
 - ☐ Tongan
 - ☐ Fijian
 - ☐ Marshallese
 - ☐ Enter, for example, Chuukese, Palauan, Tahitian: _____
- ☐ White – Provide details below.
 - ☐ English
 - ☐ German
 - ☐ Irish
 - ☐ Italian
 - ☐ Polish
 - ☐ Scottish
 - ☐ Enter, for example, French, Swedish, Norwegian, etc. _____

ADDITIONAL FEEDBACK

46. How can your [location]'s PMHCA program be improved to better suit the needs of health professionals and/or patients?

[OPEN-ENDED RESPONSE]