PI Survey, Version 2 – MMHSUD

Screening and Treatment for Maternal Mental Health and Substance Use Disorders Program Implementation 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

May 2025

HRSA 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

Maternal Mental Health and Substance Use Disorders Program Program Implementation Survey

Funding for data collection supported by the
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 name of state] to implement a Maternal Mental Health and Substance Use Disorders (MMHSUD) program. 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 to learn more about the implementation of [insert name of state]'s HRSA MMHSUD program. The survey is designed to collect information on your experiences with the MMHSUD program (e.g., program implementation activities, health professional enrollment, health professional training, behavioral health service delivery, care coordination support, community linkages, sustainability) and to 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 <u>current</u> 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 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.

Helpful Terminology: For the purposes of this survey:

- **A health professional includes obstetricians/gynecologists, 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.**

PROGRAM INVOLVEMENT

1. What is your project role in your MMHSUD program?
   - o Project Director
   - o Principal Investigator
   - o Program Manager
   - o Other (*Specify.*)

2. How long have you been in this role?

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

CLINICAL BEHAVIORAL HEALTH CONSULTATION SERVICE DEVELOPMENT

3. How many health professional full-time equivalents (FTEs), by professional type, are funded by the HRSA cooperative agreement for your clinical behavioral health consultation service? For example, if two (2) 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 or care coordinators		
Other (*Specify.*)		

4. To what extent did your MMHSUD program provide direct telehealth services to pregnant and postpartum patients in the past 12 months?
   - 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

HEALTH PROFESSIONAL/PRACTICE ENROLLMENT/PARTICIPATION

5. Are you recruiting individual health professionals or health care practices to enroll/participate into your MMHSUD program? *Select one.*
    - o Only individual health professionals *(If selected, move on to Question 6.)*
    - o Only health care practices *(If selected, move on to Question 8.)*

    - o Both health care practices and individual health professionals *(If selected, move on to Question 6.)*

6. How many individual health **professionals** are enrolled/participating in your MMHSUD program to date?

    - o [OPEN-ENDED RESPONSE – allow numbers only]

7. What types of health professionals are enrolled/participating in your MMHSUD program to date? *Select all that apply.*
    - o Obstetricians/Gynecologists
    - o Pediatricians
    - o Family physicians
    - o Nurse midwives/Advanced practice nurses/Nurse practitioners
    - o Physician assistants
    - o Licensed practical nurses
    - o Registered nurses
    - o Counselors
    - o Social workers
    - o Medical assistants
    - o Patient care navigators
    - o Other (*Specify.*)

8. How many health care **practices** are enrolled/participating in your MMHSUD program to date?

    - o [OPEN-ENDED RESPONSE – allow numbers only]

9. What type(s) of health care **practices** are enrolled/participating in your MMHSUD 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 Tribal Health Center(s)

    - **o** Other (*Specify.*)

HEALTH PROFESSIONAL TRAINING

10. How many health professionals have been trained by your MMHSUD 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   Community resource partner support (whether informal or formal)
   o   Participant engagement
   o   Scheduling
   o   Length of training/training sessions
   o   Training format
   o   Training promotion

   o   Other (*Specify.*)
   o   None

12. What **challenges** did you encounter while implementing health professional training? *Select all that apply.*
   o   Lack of health professional acceptance
   o   Inability to offer CME/CE credits
   o   Infrastructure challenges (e.g., facilities, technology, staffing)
   o   Lack of champion support
   o   Lack of community resource partner support (whether informal or formal)
   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
   o   Other (*Specify.*)
   o   None

CLINICAL BEHAVIORAL HEALTH CONSULTATION, INCLUDING USE OF TELEHEALTH

13. When did you/will you begin implementing **clinical behavioral health consultation** in your MMHSUD program?

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

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

o   Other (*Specify.*)

CARE COORDINATION SUPPORT, INCLUDING USE OF TELEHEALTH

15. When did you/will you begin implementing **care coordination support** (i.e., communication/collaboration, accessing resources, referral services) in your MMHSUD program?

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

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

HEALTH EQUITY OPTIMAL ACCESS TO BEHAVIORAL HEALTH CARE

17. *A goal of the overall MMHSUD 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 question will be used to inform the goal of improving access.* To what extent, if any, has your MMHSUD program encountered or identified differences in access to behavioral health care?
   o   Not at All *(If selected, move on to Question 19.)*
   o   To a Small Extent *(If selected, move on to Question 18.)*
   o   To a Moderate Extent *(If selected, move on to Question 18.)*

   o   To a Great Extent *(If selected, move on to Question 18.)*
   o   To a Very Great Extent *(If selected, move on to Question 18.)*

18. Please describe an example of how your program worked to achieve optimal access to behavioral health care by addressing community health and demographic factors.
   o   [OPEN-ENDED RESPONSE]

19. On what topics has your MMHSUD program provided training for health professionals to address optimal access to behavioral health care? *Select all that apply.*
   o   Barriers to health care
   o   Foundational knowledge of promoting fairness by addressing optimal access to behavioral health care
   o   Sensitivity to patients' demographics and preferences
   o   Impact of adversity, adverse childhood experiences, trauma, or toxic stress
   o   Trauma- and resilience-informed care
   o   Other (*Specify.*)

20. To what extent have you developed an Advisory Committee, comprising interested parties and agencies, to support a statewide or regional MMHSUD program? *(Key stakeholders may include mental health, public health, pediatric health, and behavioral health clinicians; human services; health insurers;; and families.)*

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

21. What supports does your MMHSUD program need to address community health factors and demographic factors?
    o [OPEN-ENDED RESPONSE]

COMMUNITY LINKAGES

22. What types of community resources has your MMHSUD program established relationships with to support behavioral health care? *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.*)

23. To what extent is your MMHSUD program using the established community resources?
    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

24. How difficult was the process of establishing relationships with the following community resources?

	Very Difficult	Difficult	Neutral	Easy	Very Easy	N/A
Counseling	0	0	0	0	0	0
Child care	0	0	0	0	0	0
Substance use treatment	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

25. What community resources have been the most effective in addressing optimal access to behavioral health care in your state?
   o   Counseling
   o   Child care
   o   Substance use treatment
   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.*)

26. Please describe any goals your program has established with community linkages to support optimal access to behavioral health care.
   o   [OPEN-ENDED RESPONSE]

PROGRAM OUTREACH AND DISSEMINATION

27. To whom does your MMHSUD program disseminate information about program services? *Select all that apply.*
   o   Health professionals
   o   Behavioral health professionals
   o   Patients
   o   Partners
   o   Public
   o   Other (*Specify.*)

28. How are you promoting your MMHSUD program? *Select all that apply.*
   o   Brochures/Briefs
   o   Email/E-blasts
   o   Journal publications
   o   Newsletters
   o   Posters/Infographics
   o   Presentations
   o   Social media
   o   Videos
   o   Websites
   o   Other (*Specify.*)

29. Which promotion strategies have been the most effective at engaging health professionals and practices in the MMHSUD program*? Select up to three responses.*
   o   Brochures/Briefs
   o   Email/E-blasts

- o Journal publications
- o Newsletters
- o Posters/Infographics
- o Presentations
- o Social media
- o Videos
- o Websites
- o Other (*Specify.*)

SUSTAINABILITY

30. Did your state have funding in place to support activities similar to your MMHSUD program prior to receiving your state's current HRSA cooperative agreement funding?
    - o Yes *(If yes, move on to Question 31.)*

    - o No *(If no, move on to Question 32.)*
    - o Do Not Know

31. What additional funding did your state have in place to support activities similar to your MMHSUD program prior to receiving your state's current HRSA cooperative agreement funding? (*Select all that apply*.)
    - o Medicaid
    - o Third-party payer reimbursement
    - o Other federal funding (excluding prior HRSA cooperative agreement funding for your MMHSUD program)
    - o State budget allocation
    - o State/Tribal/Jurisdiction grants
    - o Foundation/Nonprofit organization grants

    - o Other (*Specify.*)

32. Since receiving HRSA cooperative agreement funding, has your state received other funding to support MMHSUD program activities?
    - o Yes *(If yes, move on to Question 33.)*

    - o No *(If no, move on to Question 35.)*

33. What additional funding has your state received for your MMHSUD program? *Select all that apply, and specify the dollar amount your state has received.*
    - o Medicaid *(Please specify amount.)*
    - o Third-party payer reimbursement *(Please specify amount.)*
    - o Other federal funding *(Please specify amount.)*
    - o State budget allocation *(Please specify amount.)*
    - o State/Tribal/Jurisdiction grants *(Please specify amount.)*
    - o Foundation/Nonprofit organization grants *(Please specify amount.)*
    - o Other (*Specify.*) *(Please specify amount.)*

34. What percentage of your state's MMHSUD program activities is supported by the funding sources your state has received? Assign approximate percentage to all that apply.

- o HRSA funding: ___%
- 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.*): ___%

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

    - o No

36. Please describe your local data collection activities used to support MMHSUD program sustainability planning.

    - o [OPEN-ENDED RESPONSE]

37. How do you anticipate supporting your MMHSUD 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

38. What factors have **facilitated** your program implementation? *Select all that apply.*
    - o Health professional recruitment
    - o Health professional engagement
    - o Stakeholder communication and coordination
    - o Champion support
    - o Community resource partner support (whether informal or formal)
    - o Telehealth technology
    - o Workflow
    - o Data collection/Reporting
    - o Advisory Committee involvement

    - o Other (*Specify.*)

39. What factors have **challenged** your program implementation? *Select all that apply.*
    - o Lack of health professional recruitment
    - o Lack of health professional engagement
    - o Lack of stakeholder communication and coordination
    - o Lack of champion support

o Lack of community resource partner support (whether informal or formal)
o Telehealth technology
o Workflow
o Data collection/Reporting
o Lack of Advisory Committee involvement
o Impact of public health emergency
o Other (*Specify.*)

EVALUATION CAPACITY-BUILDING SUPPORT

40. Will your MMHSUD 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 Health professional training evaluation
    o Data analysis
    o Dissemination of evaluation results
    o Other (*Specify.*)

ADDITIONAL FEEDBACK

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