

# Behavioral Health Consultation Provider SSI Guide, Version 1 – PMHCA

# **Pediatric Mental Health Care Access Program Behavioral Health Consultation Provider Semi- Structured Interview**

**Health Resources and Services 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

**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 45 minutes, including the time for reviewing instructions and completing 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](mailto:paperwork@hrsa.gov). Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.

## **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**

### **PEDIATRIC MENTAL HEALTH CARE ACCESS BEHAVIORAL HEALTH CONSULTATION PROVIDER SEMI-STRUCTURED INTERVIEW GUIDE**

**CONDUCTED BY:**

JBS International, Inc.

Awardee Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

## Background for Interviewers

The purpose of this guide is to provide an overview of the information that will be gathered through interviews with the Pediatric Mental Health Care Access cooperative agreement program behavioral health consultation providers. JBS International, Inc. will work with the awardees to identify and select one behavioral health consultation provider per awardee to participate in the interview.

Members of the Health Resources and Services Administration Maternal and Child Health Bureau evaluation team will conduct and record the interview via a web-based platform (e.g., Microsoft Teams, Zoom), and a notetaker will take detailed notes. Interviews will be transcribed to facilitate qualitative thematic analysis. The interview will last approximately 45 minutes.

The behavioral health consultation provider interviews will cover the following topics:

- Program involvement
- Clinical behavioral health consultation processes
- Clinical behavioral health consultation requests
- Optimal Access to Behavioral Health Care
- Program usefulness

## Behavioral Health Consultation Provider Interview Introduction to **Interviewee (3 minutes)**

The Health Resources and Services Administration (HRSA) funded implementation of the Pediatric Mental Health Care Access (PMHCA) program, called [insert program name], in [insert program location]. HRSA also funded JBS International, Inc. (JBS) to conduct an evaluation of the Maternal and Child Health Bureau (MCHB) overall PMHCA program. This project will be referred to as the HRSA MCHB evaluation throughout the interview. 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 an interview with a behavioral health consultation provider to learn more about the clinical behavioral health consultation for [insert program location]'s HRSA PMHCA program. You have been invited to participate in this interview based on your level of involvement and experience with [insert program name]'s consultation line. Through this interview, we are hoping to learn about [insert program name]'s systems and processes for behavioral health consultations and how they have evolved over time, any challenges encountered, and program usefulness. We understand that you may have roles in multiple organizations and projects, so we are asking that for this interview, you describe only your role on [insert program name]. We have prepared some questions to make sure we cover everything. We welcome your thoughts and comments. We expect this will take about 45 minutes.

Your name, job title, and the PMHCA program name will not be associated with the information you share during this interview; information shared will be reported to HRSA in the aggregate, unless we specifically ask for your approval. Although we are taking detailed notes, we would also like to record the interview in case we need to verify our notes with the interview dialogue. Are you comfortable with us recording the interview?

Before starting our discussion, I'd like to note that during the interview I'll use "the PMHCA program" to refer to [insert program name].

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

# BEHAVIORAL HEALTH CONSULTATION PROVIDER SEMI-STRUCTURED INTERVIEW GUIDE

## PROGRAM INVOLVEMENT (3 MINUTES)

*We'd like to start by asking about you and your involvement with the PMHCA program.*

1. What is your job role with the PMHCA program?
  - PROBE: How long have you been involved in the PMHCA program?
  - PROBE: What are the job roles and professional disciplines of other staff members, besides you, who provide behavioral health consultation for the PMHCA program, if any?

## CLINICAL BEHAVIORAL HEALTH CONSULTATION PROCESSES (12 MINUTES)

*Next, I would like to ask you about the PMHCA program's consultation processes, including the use of telehealth. For this interview, the term "client" refers to the children and/or adolescents in need of services and their families or caregivers.*

2. Please describe the PMHCA program's consultation process.
  - PROBE: How do requests for consultations come in and how are they triaged?
  - PROBE: What is the average amount of time it takes to first respond to a consultation request?
  - PROBE: What is the average length of time to complete each consultation, from the time you receive the consultation request to the time the request is considered fully resolved?
    - PROBE: When is a consultation request considered fully resolved?
  - PROBE: Do you provide consultation directly with health professionals, directly with clients, or both?
    - If both, PROBE: Please describe any differences in the consultation process between consultations with health professionals and consultations with clients.
3. What barriers or challenges have you and/or the PMHCA program experienced to providing consultation?
  - PROBE: How has the PMHCA program addressed these barriers?
4. What factors have supported successful delivery of consultation?
5. How is telehealth used for consultations? Telehealth includes the use of technology, such as telephone, email, text messaging, video conferencing, and screensharing, for consultant-to-provider or consultant-to-client communication.
  - PROBE: Since your involvement in the PMHCA program, please describe any changes in how the program has used telehealth for consultation.
  - PROBE: What barriers do the PMHCA program, health professionals, and/or clients experience related to using telehealth?
    - PROBE: What strategies has the PMHCA program implemented to reduce these barriers?

## CLINICAL BEHAVIORAL HEALTH CONSULTATION REQUESTS (9 MINUTES)

*Now that we've reviewed the consultation process, I'm going to ask some questions about the nature of the consultation requests.*

6. What are the most common topics of requests for consultation?

- PROBE: Have you noticed any trends regarding the consultation requests, such as types of clinical concerns, increases or decreases in the severity or complexity of concerns, or needs of the providers or clients? If yes, please describe.
7. How has the frequency of consultation requests from health professionals changed over the course of the program, if at all?
- PROBE: Have you observed a change in the frequency of requests for repeat users of the consultation line? Please explain.

### OPTIMAL ACCESS TO BEHAVIORAL HEALTH CARE (6 MINUTES)

8. *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 question will be used to inform the goal of improving access. How do you think the PMHCA program is addressing community health factors by supporting access to behavioral health care?*
- PROBE: Have you observed changes over time in consultation requests related to community health or demographic factors? Please explain.

### BEHAVIORAL HEALTH CONSULTATION USEFULNESS (9 MINUTES)

*Now, I would like to hear about how the PMHCA program's consultation line is promoting behavioral health care integration into primary care.*

9. Based on your interactions with health professionals, how receptive do you think they are to providing behavioral health care?
- PROBE: To what extent do you think the consultation line has affected their willingness to provide behavioral health care?
10. To what extent do you think providing consultation has affected health professionals' capacity to provide behavioral health care? By capacity, we mean knowledge, skills, and attitudes of health professionals.

### CLOSING COMMENTS (3 MINUTES)

*Thank you very much for taking the time to meet with us and to discuss your involvement with the PMHCA program.*

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