

Evaluation of the Pediatric Mental Health Care Access and Screening and Treatment for Maternal Mental Health and Substance Use Disorders Programs



Background

Through the 21st Century Cures Act, the American Rescue Plan Act of the Public Health Service Act, the Bipartisan Safer Communities Act, and Title 42 of the U.S. Code, the Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB) aims to increase the identification and treatment of behavioral health conditions via two programs: the Pediatric Mental Health Care Access Program (PMHCA) program and the Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD) program.

Programs

Pediatric Mental Health Care Access (PMHCA)

The purpose of the PMHCA Program is to improve health professionals’ (HPs’) capacity to screen, assess, treat, and refer pediatric patients with behavioral health conditions by supporting the development of new statewide, regional, tribal, or territory-wide PMHCA programs and the expansion of existing programs via telehealth.

Networks of pediatric mental health care teams offer tele-consultation, training, technical assistance, and care coordination to support and equip HPs

in settings such as primary care, schools, and emergency departments with the knowledge and skills needed to address pediatric behavioral health conditions.

There are currently 54 PMHCA award recipients, including 46 states, the District of Columbia, U.S. Virgin Islands, Republic of Palau, the Chickasaw Nation, the Red Lake Band of Chippewa Indians, the Federated States of Micronesia, the Commonwealth of Northern Mariana Islands, and Guam.



Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD)

The purpose of the MMHSUD program is to expand HPs' capacity to screen, assess, treat, and refer pregnant and postpartum women for maternal depression and other behavioral health disorders in settings such as primary and obstetric care, including in rural and medically underserved areas. There are currently thirteen MMHSUD funding awards to twelve states and one regional program in Los Angeles, California.

Evaluation

JBS International, Inc. is conducting a national mixed methods, process and outcome evaluation of the PMHCA and MMHSUD programs (Evaluation Project) and an impact mixed methods assessment and cost-benefit analysis of the PMHCA program (Impact Study).



The Evaluation Project describes and characterizes awardee program implementation models including program components (e.g., consultation line, care coordination, training) and settings (e.g., school-based health centers, emergency departments), barriers and facilitators to implementation, sustainability plans, and efforts to address inadequate access to behavioral health care and resources, among other factors.



The Evaluation Project assesses program implementation aiming to increase access to behavioral health care and health professionals' capacity to address patients' behavioral health. The evaluation is grounded in the theoretical framework of access (i.e., accessibility, availability, acceptability, affordability, adequacy [accommodation], and awareness) and the conceptual framework of collaborative care (patient-centered team care, population-based care, measurement-based treatment to target, evidence-based care, and accountable care).



The Impact Study examines the impact of the PMHCA program on changes in children's/adolescents' and caregivers'/families' access to behavioral health care; their subsequent receipt and use of behavioral health care services including respectful and relevant care; and related behavioral health impacts; as well as program cost benefits (e.g., monetary and societal).

The **Evaluation Project** will answer seven key questions:

1. What activities did the cooperative agreement-funded programs implement to support HPs' behavioral health knowledge, skills, practice, and attitudes to address patients' behavioral health?
2. How and why do HPs access and use program components (i.e., behavioral health consultation, care coordination, and training)?
3. How did HPs' behavioral health knowledge, skills, practice, and attitudes change over time?

4. How did health care practices' processes to address patients' behavioral health change among cooperative agreement-funded programs over time?
5. How do cooperative agreement-funded program activities address inadequate access to behavioral health care and resources needs in behavioral health?
6. What program implementation models did the cooperative agreement-funded programs establish to address behavioral health?
7. How do awardees plan to sustain their programs once cooperative agreement funding ends?

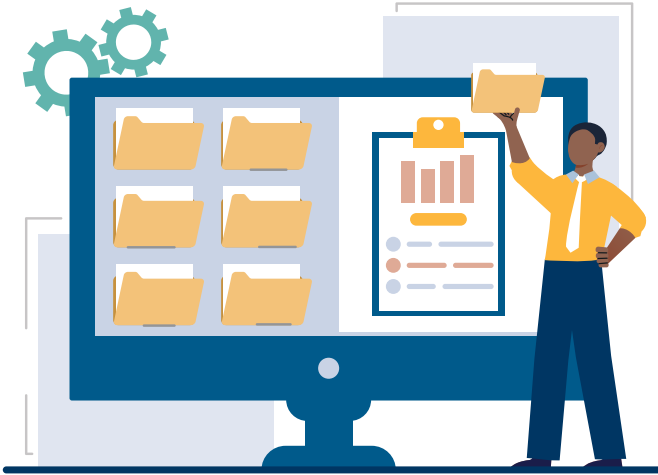


The **Impact Study** will answer key research questions that were developed to identify the impact of the PMHCA program on six areas of interest:

1. Children and adolescents' access to behavioral health care, including areas with health professional shortages
2. Children and adolescents' initial receipt of behavioral health services
3. Children and adolescents' subsequent behavioral health care utilization
4. Receipt of respectful and relevant behavioral health care
5. Children and adolescents' behavioral health impacts
6. PMHCA program cost-benefit

Evaluation Features

The Evaluation Project uses primary (new) data collected from people in multiple roles (e.g., program directors, care coordinators, participating health professionals and practices) to gain a comprehensive view of program implementation. Evaluators also examine secondary (existing) data sources, such as the National Survey on Drug Use and Health, American Community Survey, and HRSA's database, [MUA Find](#), to understand program outcomes against the backdrop of nationwide data.



The Impact Study primarily uses secondary data sources, including data that HRSA requires PMHCA awardees to report, Evaluation Project data, publicly available national survey data, and Medicaid claims data. Additionally, evaluators are collecting primary quantitative and qualitative data to fill knowledge gaps inherent to secondary data sources. New data collection includes a survey of enrolled/participating health professionals and a focus group discussion with families and caregivers of children and adolescents about their experiences and challenges with behavioral health care. JBS coordinates with HRSA and an External Partner Group of research and pediatric subject matter experts to determine gaps and areas where more data could enhance the understanding of the key impact areas.

Evaluation and Impact Study Design

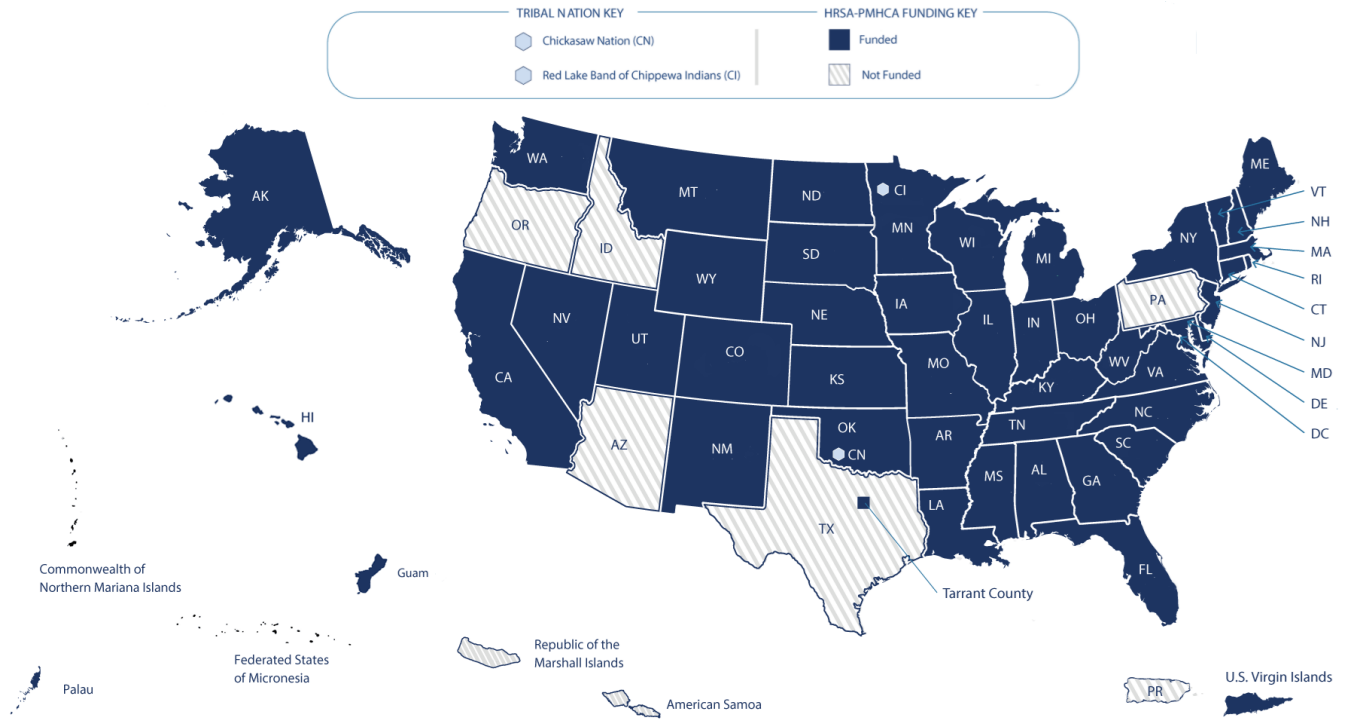
- The Evaluation Project is designed to give evidence of the efforts of awardee programs on key awardee outcomes (e.g., increases in access to behavioral health services, health professionals trained, and available resources) and to measure whether and to what extent awardee programs are associated with changes in these outcomes. The process evaluation is designed to describe the parts of and barriers and facilitators to program implementation. The Evaluation Project will use a mixed-methods design, with primary and secondary quantitative and qualitative data collection activities across all HRSA MCHB PMHCA and MMHSUD awardees.
- The Impact Study is designed to identify the impact of the PMHCA program on the impact areas of interest (see above). The Impact Study uses a mixed-methods design, with primary and secondary quantitative and qualitative data collection activities across HRSA MCHB PMHCA awardees. For quantitative analyses, The “treatment group” will be those areas in which a HRSA-funded PMHCA program is present, while areas without a PMHCA program will serve as the “control group”. Consequently, differences between the treatment and control groups before and after the implementation of PMHCA will be compared, while controlling for other covariates available in the data sources, such as program intensity. Analyses of a single PMHCA program or a group of PMHCA programs before and after implementation of the PMHCA initiative may also be conducted. The Impact Study will use a difference-in-differences, between-groups quasi-experimental analytic approach as well as a within-groups design, such as interrupted time series or one-way repeated measures ANOVA analyses.

Timeline

Data collection for the Evaluation Project began in 2020 and will continue through 2025. The Evaluation Project’s final report is anticipated to be completed by September 2026.

For the Impact Study, data collection began in 2024 and will continue through 2025. The Impact Study’s final report is anticipated to be completed by October 2026.

Map



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The Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS) provided financial support for this publication. The award provided [100%] of total costs and totaled [\$6,349,084.18]. The contents are those of the author. They may not reflect the policies of HRSA, HHS, or the U.S. Government