

Name (please print) \_\_\_\_\_  
Grantee Organization (please print) \_\_\_\_\_

## Questions from SAMHSA

Please submit one form per organization

**1. Please circle which blood pressure protocol your organization is implementing:**

- 1) Million Hearts
- 2) Joint National Commission
- 3) Other, please list:

**2. Has your organization changed primary care models during your PBHCI grant period if yes, please explain what change occurred and why.**

Ex. Began partnering with an FQHC and moved to providing primary care in-house model.

**3. Is your organization partnering with a hospital or primary care setting to implement behavioral health services? If yes, please select which type of setting you are implementing these services.**

- 1) FQHC/FQHC lookalike
- 2) Hospital System
- 3) Other primary care setting – (please describe) \_\_\_\_\_
- 4) We are not implementing behavioral health services in primary care settings currently

**Please provide a brief overview of the nature of the partnership you selected.**