

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) Joint National Committee (NHLBI)
- 2) Elements Associated with Effective Adoption and Use of a Protocol (Million Hearts)
- 3) An Effective Approach to High Blood Pressure Control (AHA, ACC, CDC)
- 4) Protocol-Based Treatment of Hypertension: A Critical Step on the Pathway to Progress (JAMA)
- 5) 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.

E.g., 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.