Provider and Practice Demographics (N=22)

Pseudonym*	Gender	Ethnicity	Practice Urbanicity	Years in Practice	Primary Specialty	Weekly Patient Volume
EA1	Female	Caucasian	Urban	18	Pediatrics	25-50
EA2	Female	Caucasian	Suburban	16	Pediatrics	*missing*
EA3	Female	Caucasian	Suburban	7	FP**	51-75
EA4	Female	Caucasian	Urban	20	Pediatrics	<25
EA5	Female	Asian	Urban	27	Pediatrics	100+
EA6	Female	Caucasian	Urban	6	Pediatrics	51-75
EI1	Female	Caucasian	Rural	22	Pediatrics	76-100
EI2	Female	Caucasian	Urban	19	Pediatrics	<25
EI3	Male	Middle Eastern	Rural	17	Pediatrics	100+
EI4	Male	Caucasian	Suburban	31	FP	76-100
EI5	Female	Caucasian	Urban	13	Pediatrics	*missing*
EI6	Female	Caucasian	Rural	22	FP	100+
EI7	Female	*missing*	Urban	9	Pediatrics	76-100
EI8	Female	Caucasian	Urban	25	FP	100+
EI9	Female	Asian	Suburban	4	Pediatrics	51-75
EI10	Female	Caucasian	Suburban	1	FP	25-50
NE1	Female	Caucasian	Urban	39	Other	100+
NE2	Female	Caucasian	Suburban	8	FP	100+
NE3	Female	Caucasian	Urban	28	Pediatrics	100+
NE4	Female	*missing*	Urban	--	FP	*missing*
NE5	Male	Asian	Suburban	9	Pediatrics	100+
NE6	Female	African-American	Urban	30	FP	100+

**Pseudonym indicates engagement status. EA= Enrolled Active* providers, or those who have enrolled and used the consultation line*; EI = Enrolled Inactive*) providers, or those who have enrolled but have not yet used the consultation line*; NE = Nonenrolled* providers, or those who are not yet affiliated with the program but whose contact information was obtained subsequent to program outreach efforts.

***FP = Family Practice*

Stakeholder Characteristics (N=12)

Pseudonym	Type	Practice Urbanicity	Years working on child health	Number of PCPs working with
S1	*missing*	Suburban	10	None
S2	County	Suburban	1	*missing*
S3	City	Suburban	30	6+
S4	City	Suburban	12	6+
S5	County	Rural	13	6+
S6	County	Suburban	*missing*	*missing*
S7	State	Urban	2	6+
S8	County	Rural	39	2-5
S9	State	Urban	15	6+
S10	County	Rural	*missing*	6+

Interview Protocol Questions by Participant Category

Interview Protocol Question Type	**Provider Group**
Perceptions of BH needs in practice and community	EA, EI, NE, S
Access to BH services in community	EA, EI, NE, S
BH services provided in PCP practice	EA, EI, NE
PCP interest in BH consultation	EA, EI, NE, S
Interest in development of BH skills	EA, EI, NE, S
Initial exposure to BHIPP	EA, EI, S
Perceptions of BHIPP – facilitators/barriers to enrolling	EA, EI, NE, S
Perceptions of BHIPP – facilitators/barriers to use	EA, EI, NE, S
Impact of BHIPP (on PCP, on youth/families)	EA
Recommendations for BHIPP program	EA, S
Recommendations to increase enrollment/use	EA, EI, NE, S

Barriers and Facilitators to Using BH Telephone Consultation

Theme	Main Ideas	Barrier or Facilitator	N participants noted	Illustrative Quotes
Organizational Culture	Fast-paced environment, limited time, numerous clients	Barrier	8	*I'm always hesitant to do something like that in the middle of my day because I'm like if I call this number and I get put on hold and transferred a million times and …It would ruin my day." (E17)* *"You know, the problem is there's just not enough time in the practice. So, it's not a matter of developing the mental health skills. I'm not saying I'm perfect. I know there are skills that I could develop, but the reality is I just don't have time to do that." (EA1)* *And frankly … our practice has just kind of so many different priorities that you know that this hasn't been one of them… and I'm sorry to say that because personally I have a very strong interest in mental health but there's just so much going on. (EI8)*
Program Features	Warm line as compared to hot line (after hours, immediate response)	Barrier	7	*"Yeah, I guess for me the tough thing there would be when that call back occurs. If I'm seeing patients, I don't know how much time I would be able to devote. Like when I would call you guys…it would probably be around 4:15, at the end of the day when you know it would help to be able to get a provider then, that way we could spend as much time as we needed…If I get a call back like the next day at 11:00 like chances are I have three patients waiting in the lobby and two more already in rooms and at that point taking that call would be difficult." (NE5)* *The only thing that I remember people having some*

				concern about…was just the delay that they can't get that answer right away while the patient might still be in their in their office. So having to wait and then try to backtrack and then get back to the patient, just that delay was the only concern that they brought up then. (S1)
	Preference for patient-centered consultation	Barrier	2	*"Unfortunately, (we) see a lot of patients who need the service. What I would like to do is to be able to give a number and say, "Go," or connect them to someone who can do the follow-up, and then they can come and see me to see how well things are going." (EA5)*
	Length of enrollment form	Barrier	2	*"And I said, "Let me check into this BHIPP. And then I had – I had a little bit of a challenge doing the enrollment and so then I kind of said, "Oh, this is too much trouble." (EI8)* *Okay. So at this time you have been introduced, you're a little familiar with BHIPP, but you are not enrolled, correct?* *Interviewee: Right, but I do have an application, I do plan on getting enrolled.* *Interviewer: Okay. So what has prevented you from enrolling in the program up until now?* *Interviewee: Well it looks like a pretty long application. [Laughs] (NE6)*

Access to Referral Sources	Existing access to referral sources both outside the practice and within (colocation)	Barrier	6	*"What's really helpful is we have an excellent social worker here so she's very well trained. I always sort of go to her truthfully. Maybe if she weren't here [I would call for consultation]." (EI2)* *Interviewer: So at this time you have enrolled in the program but you haven't used it in the sense that you haven't called the line?* *No actually because I have the world's best intern…As a matter of fact I'm hiring her when she graduates because I've seen what she can do to augment the services here. (EI6)*
Personal Relationships	Knowing someone who used the service or knowing the person involved in outreach	Facilitator	4	*"The BHIPP program came to one of our grand rounds and presented and I have a long history going back with [the PI] so I'm gonna just do that. And then also I think the program came to a workshop that was put on for something called the Maryland Multi-Payer Pilot. It's the patient centered medical home program and talked about treating kids with ADD I think it was. And then shortly thereafter I saw a kid in my practice and I said, "Gee, should I do this or should I do that? I'm not sure." And I said, "Let me check into this BHIPP."*
Exposure	Importance of reminders and easy access to contact information	Barrier	3	*"I see so many patients and just to think about doing another thing after I see patients, it just probably just slipped out my radar." (EI8)*
		Facilitator	3	*"You all sent things like pens and all sorts of other stuff, which is nice to kind of remember. (EA1)*

Beliefs About Consultation	Acceptability or feasibility of telephone consultation	Barrier	3	*"[Phone consultation] still leaves us just as isolated, and just as liable if we have a problem… So I don't think there was a lot of receptivity among this group to be getting on the phone and asking questions. I mean we kind of already feel poorly supported in the mental health aspect, and I think everybody felt that just a phone call wasn't going to be as supportive as we wanted."* (EI1) *I think that it's hard to give a robust enough picture…I think if it was something quick like, what dose of, you know, Vyvanse should I give for this kid? That's one thing and that's doable. But when the whole social situation is so complicated, I think it's really hard to do the kid and the family justifiable service by just describing my history over the phone… (EA8)*
	Preference for in-house consultation or referral	Barrier	3	*"For instance, if I had a child with depression and we're treating her with some medication and I'm not sure – and I'm thinking, oh, maybe this isn't working, we want to switch to something else, I would most readily consult with another pediatrician who is sitting right next to me. …If it got more complicated than that and the child wasn't responding or there were comorbidities, I would not manage them, I would refer them." (NE3)* *I love the idea of BHIPP but in a busy, busy primary care practice I just don't think it's that feasible… I feel like I'm doing a better job closing the loop when I actually do a handoff. Well except that it's not really a handoff. You know when I'm referring them to therapy or developmental or behavioral peds or psychiatry – peds psychiatry, in some sense you know they're getting another person, another set of eyes. On the other hand it may not be for several months later so you know it's not a perfect situation. (EI8)*

	Telephone consultation may provide faster access to BH care	Facilitator	2	*"Maybe it's just a matter of changing a simple medicine, and if someone can help me with that, then that's more beneficial to the family than just saying okay here's the number, call them, and they gotta wait three months. Because when you're dealing with a mental health in your kids and anxiety, depression, anxiety issues, three months is a long time. So I was like oh this [phone consultation] will be great, maybe we can get intervention quicker than three months, and it might be something simple that we could just do here in the office."(EA2)*
Knowledge About BH	Perceived lack of BH needs among patients or confusion about BH generally	Barrier	3	*"The majority of our patients are still young…under five. We do have, you know, some school age kids. So … other than the behavioral issues and the ADHD, there's not really a lot there. I guess we do have some adolescents. I haven't -- the ones I've seen haven't -- seem to have any, like, depression issues…" (EI8)* *I have not had anything that I've needed to call for. (EI5)*

Recommendations for Improving Use of Telephone Consultation Service

Recommendation	Examples	N participants noted
Outreach Activities	Provide consistent, targeted, multi-modal outreach	8
	Build and maintain relationships with providers	4
	Highlight “selling points”	3
	Use a program champion (other PCP, stakeholder, or parent)	2
	Partner with professional organizations	2
Program Features	Offer immediate call back / extend operating hours (evenings/weekends)	3
	Offer patient-centered consultation/ Serve as a referral source itself	2
	Have a PCP designee (e.g., case manager or scheduler) call the line	1