

INTERVIEW GUIDE FOR STATE STAFF INVOLVED WITH THE CMHS BG PROGRAM**Estimates of Burden for the Collection of Information.**

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 project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 150 minutes per interview, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing 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 SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

State: _____

Interviewer: _____

Date of Interview: _____

Study ID No: _____

Organization: _____

Address: _____

Respondent 1: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

Respondent 2: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

Respondent 3: _____

Title: _____

Phone: _____

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Respondent 4: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

Respondent 5: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

Respondent 6: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

INTRODUCTION

Thank you so much for taking the time to participate in this interview. We know that you are extremely busy, and we greatly appreciate your input. As you know, the Center for Mental Health Services contracted with Altarum to conduct an evaluation of the Community Mental Health Services Block Grant Program (CMHS BG). The purpose of our discussion today is to learn how the CMHS BG is implemented in your State and to understand the impact of the CMHS BG in your State. As part of this evaluation, we are collecting information about activities in Fiscal Year (FY) 2006 and the planning process for these activities.

As described in the letter we sent you earlier, your agency's name, location, and your general job title (e.g., State Mental Health Commissioner, State Planner) may be identified in reports prepared for this study and in data files provided to the Center for Mental Health Services. However, none of your responses during the interview will be released in a form that identifies you or any other State staff member by name. Please remember that this study is not part of an audit or management review of State operations. Your participation in the interview is completely voluntary. Failure to complete the interview will not affect your State's CMHS BG in any way.

The estimated total time to complete this interview is 120 minutes, which can be done over two sessions.

Do you have any questions before we begin?

BACKGROUND

1. What is your title and how long have you been in this position?
2. Briefly describe your responsibilities with regard to the CMHS BG (please be sure to gather this information from all State participants).

FEDERAL ACTIVITIES

3. Do you feel the allocation formula can be improved? If so, in what ways?

Application Guidance for States

4. Is there a formal mechanism for your State to provide feedback on the application guidance?
5. For the FY 2005 application year, there were changes to the application guidance. Was there any official notification regarding these changes prior to the release of the application guidance?
6. For the FY 2005 application, how far in advance of the application deadline did your State receive the guidance? Were you satisfied with this time frame?
7. How would you improve the application guidance or its dissemination?
8. Do the five criteria provide an adequate framework to describe your State mental health system? Please explain.
9. Are there other criteria that could be helpful in developing your State's plan?

Application Review and Approval

10. What are the benefits of the peer consultative review of applications?
11. What is the impact of State team members participating in the regional reviews?
12. What are the weaknesses of the regional reviews as they are currently conducted?
13. During the regional reviews for the FY 2005 applications, did your State receive any specific programmatic or policy advice from the peer reviewers? From other State teams? From Federal Project Officers? If so, please describe the advice and whether your State was able to use it.

14. To what extent would you agree that each of the following potential changes would improve the regional review process?

Potential changes:

- a) Submit a joint CMHS BG application and implementation report on December 1.
- b) Develop a more structured CMHS BG application in order to make it easier to review.
- c) Review the CMHS BG application and previous year's implementation report simultaneously.
- d) Formally identify State technical assistance (TA) needs as part of the regional review.
- e) Utilize technology to determine CMHS BG compliance prior to the onsite regional review.
- f) Create a regional partnership program to promote opportunities for inter-State information exchange.
- g) Provide separate TA to States and reviewers on developing appropriate performance indicators.
- h) Provide TA on developing the CMHS BG State plan.
- i) Provide TA on submitting National Outcome Measures.
- j) Provide TA on evidence-based practices.

Interviewer Note: please prompt respondents to explain their responses to each potential change.

Implementation Report Review and Approval

- 15. What is the purpose of the implementation report review?
- 16. Does your State receive any feedback on its implementation report? If so, from whom? (e.g., Federal Project Officer, reviewer)
- 17. What are the benefits of the implementation report review?
- 18. What are the weaknesses of the implementation report review?
- 19. How would you improve the review of implementation reports?

Program Oversight

- 20. What is the purpose of the monitoring site visits? (e.g., compliance, program improvement)
- 21. Prior to a monitoring site visit, does your State receive guidance from the Federal staff about expectations of State staff members or materials that should be prepared for the site visit? If so, please describe.
- 22. What products does your State receive after a monitoring site visit? Approximately how long after a site visit do you receive the products? Are you satisfied with this time frame?

23. What changes, if any, have been made as a result of monitoring site visits and the subsequent products (e.g., report and recommendations)?
24. How does your State use the monitoring site visit reports?
25. If there are issues with State compliance, who decides what action should be taken? (Federal level and State level)
26. What are the benefits of the current monitoring process? Are the monitoring site visits worthwhile?
27. What are the weaknesses of the current monitoring process?
28. How would you improve the Federal oversight process (including the site visits)?

CMHS BG TA and Training (Federal to State)

29. In the past year, has your State received TA and training through Federal CMHS BG resources? If yes, in what areas? In what formats?
30. What, if any, specific changes has your State made as a direct result of Federal TA or training?
31. How would you improve Federal TA and training to States?

Data Collection, Analysis, and Reporting

32. Does the Center for Mental Health Services solicit feedback from the States about federally expected data collection? If so, how?
33. How useful are CMHS's data collection activities (including the NOMS and URS) in helping describe your State's mental health agency activities?
34. Has your State ever provided feedback – either officially or unofficially – about CMHS BG data collection for Uniform Reporting System and National Outcome Measures? If so, please describe. Was the Center for Mental Health Services responsive to your feedback? Please explain.
35. Does your State receive Federal reports based on data from the CMHS BG Program? If so, how does your State use these reports?
36. Have there been any unanticipated positive or negative results from complying with CMHS BG data collection, analysis, and reporting? If so, please describe.
37. What are the strengths of the federally required CMHS BG data collection?

38. What are the weaknesses of the federally required CMHS BG data collection?

39. How would you improve the data collection process?

STATE ACTIVITIES

CMHS BG State Plan

40. Is the CMHS BG State plan the same as the overall State plan for a mental health system of care? If not, how do the two plans differ?

41. Please describe the CMHS BG State plan development process.

Probes:

- a) Who is involved?
- b) How long does it take to produce the plan?

42. Please describe how your State's CMHS BG Planning Council reviews the CMHS BG State plan.

43. How much time did the CMHS BG Planning Council have to review the FY 2005 BG State plan?

44. Are CMHS BG Planning Council recommendations incorporated into the plan? If so, please provide examples of incorporated feedback.

45. If CMHS BG Planning Council recommendations are not incorporated, is there a formal way to communicate the reasons that their input was not accepted? If so, please describe.

Planning Council

46. Please describe the activities of your State's CMHS BG Planning Council.

Probes:

- a) Reviewing the State mental health plan submitted as part of the CMHS BG application
- b) Serving as advocates for adults with serious mental illness and children with severe emotional disorders
- c) Monitoring the allocation of resources and services in the State.
- d) Other activities

47. Does the CMHS BG Planning Council have responsibilities other than working on the CMHS BG? If so, please describe.

Probe:

- a) Is their expertise leveraged in any way?

48. What are the advantages of having a CMHS BG Planning Council?

49. What are the disadvantages of having a CMHS BG Planning Council?
50. How would you improve the involvement of the CMHS BG Planning Council in CMHS BG activities?
51. Have there been any unanticipated positive or negative results from the CMHS BG Planning Council's involvement with the CMHS BG? If so, please describe.

BG Application Development

52. Please describe the CMHS BG application development process.
- Probes:
- a) Who is involved (roles rather than names)?
 - b) How long does the process take?
 - c) What feedback is sought?
53. What are the strengths and benefits of the application process?
54. What are the weaknesses of the application process?
55. How would you improve the CMHS BG application process?
56. Have there been any unanticipated positive or negative results from producing the CMHS BG application? If so, please describe.

Implementation Report

57. Please describe the CMHS BG implementation report development process.
- Probes:
- a) Who is involved (roles rather than names)?
 - b) How long does the process take?
 - c) What feedback is sought?
58. Is the implementation report used for any purposes at the State-level other than fulfilling the CMHS BG requirement? If so, please describe.
59. Could the implementation report be made more useful for States? If so, how?
60. What are the benefits of developing an implementation report?
61. What are the disadvantages of developing an implementation report?

State Funding Allocation

62. What is the process by which your State allocates CMHS BG funds (e.g., allocation formula)?

Probes:

- a) Who is involved (roles rather than names)?
- b) How long does the process take?

63. Are there any State laws that impact how CMHS BG funds are allocated? If so, please describe.

64. What are the advantages of your State's CMHS BG funding allocation process?

65. What are the disadvantages of your State's CMHS BG funding allocation process?

66. How would you improve your State's process for allocating CMHS BG funds?

Programs and Services Funded Through the CMHS BG

67. What types of service modalities are funded, at least in part, by the CMHS BG?

68. What types of programs offered through the State system receive funding from the CMHS BG?

69. Which populations are served by programs that receive funding from the CMHS BG?

70. Please describe any evidence-based practices or innovative programs that receive funding from the CMHS BG.

71. Using your best estimate, how many individuals receive services from organizations and programs that are funded in part by the CMHS BG?

Probe:

- a) Discuss organizations that provide direct services as well as organizations that conduct other activities.

72. Have any programs developed or supported using CMHS BG funds graduated to other means of support? If so, please describe the programs.

73. Are there any State-level administrative activities that are directly supported by CMHS BG funds? If so, please describe.

TA and Training Provided to Subrecipients

74. In the past year, has your State used CMHS BG resources to provide TA or training to subrecipients? If so, please describe the types of TA and training that your State has provided.

75. What is the process for deciding what TA and training should be offered to CMHS BG subrecipients?

Probe:

a) Who identifies training or TA needs?

76. Who has provided TA or training? State staff members, contractors, other?

77. Using your best estimate, how many TA and training events were conducted in the past year?

78. Using your best estimate, how many different subrecipients participated in the TA and training events?

79. To the extent that you are aware, please describe any programmatic changes that have occurred as a result of receiving TA or training.

80. How would you improve TA and training to subrecipients?

81. Have there been any unanticipated positive or negative results from providing TA and training to subrecipients? If so, please describe.

State Monitoring of Programs and Services that Receive CMHS BG Funding

82. How does your State collect data from subrecipients? Does your State provide data collection forms or templates to subrecipients? If so, please describe.

83. Is there a formal process for subrecipients to provide feedback to the State about the data collection for the CMHS BG? If so, please describe the process.

84. What types of feedback have subrecipients provided to the State about data collection?

85. Has this feedback been incorporated? If so, please provide examples of incorporated feedback.

86. How does your State use the data provided by CMHS BG subrecipients (e.g., produce CMHS BG State plan, implementation report, other reports)?

87. Have CMHS BG program data been used for purposes other than those originally intended?

88. Have there been any unanticipated positive or negative results from collecting, analyzing, and reporting subrecipient CMHS BG data? If so, please describe.

89. How would you improve the subrecipient-to-State data collection process?

CMHS BG PROGRAM OUTCOMES

Federal Outcomes

90. Do the regional reviews and monitoring site visits improve State and Federal communication and information exchange? Please explain.
91. Does the Center for Mental Health Services provide leadership to States related to the CMHS BG program? If so, please describe.
92. Through the CMHS BG program, does the Center for Mental Health Services play a national leadership role in mental health system transformation? If so, how?

State Outcomes

93. As a result of CMHS BG activities, has your State improved its coordination of mental health services and programs? If so, please describe any improvements and how the CMHS BG contributed to them.
94. Has there been an increase in the number of evidence-based practices and innovative services available because of the CMHS BG program? If so, please describe the newer services and how the CMHS BG contributed to their availability.
95. Has the CMHS BG program contributed to a decrease in unmet treatment need? If so, how?
96. As a result of the CMHS BG, has there been an increase in consumer involvement in the State mental health system? If so, please describe.
97. As a result of the CMHS BG, has there been an increase in utilization of community-based treatment services? If so, please describe.
98. As a result of the CMHS BG, have there been any changes in the number and types of mental health workers who have credentials? If so, please describe.
99. Approximately how many mental health workers in the State currently possess individual credentials? What types of credentials are common?
100. As a result of the CMHS BG, have there been any changes in the number and types of programs that are accredited? If so, please describe.
101. How many programs does each accrediting body currently accredit?
102. As a result of the CMHS BG, is there TA and training available to support workforce development that otherwise would not be available?

103. As a result of the CMHS BG, has the SSA strengthened its formal connections with other State agencies, including MOUs, joint appointments, and joint funding for projects? If so, please provide examples.
104. As a result of the CMHS BG, has your State implemented any new policies or changes to existing policies regarding the mental health system of care? If so, please provide examples.
105. As a result of the CMHS BG, has your State initiated but not yet implemented any new policies or changes to existing policies? If so, please provide examples.

CLOSING

Thank you very much for your time. Your participation is greatly appreciated. If you think of anything else you would like to add, feel free to get in touch with me.