

Attachment 1

OMB No. 0930-0xxx

Expiration Date: xx/xx/xx

Deployment Strategy and Schedule

Behavioral Health Information Technologies and Standards In-Depth Qualitative Data Collection Activities

Public Burden Statement: 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 0930-0xxx. Public reporting burden for this collection of information is estimated to average 1.5 hours (focus groups) and 8 hours (site visits) per respondent, per year, 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 2-1057, Rockville, Maryland, 20857.

The Behavioral Health Information Technologies and Standards team (BHITS team) will complete in-depth qualitative collective activities (i.e., focus groups and site visits) to further the understanding of health information technology (HIT) and Health Information Exchange (HIE) adoption and use practices among behavioral health providers implementing at least one SAMHSA-funded grant program. The following strategy will be employed to complete the anticipated activities:

Focus Groups:

The BHITS team will complete up to ten (10) focus group sessions to gather behavioral health provider perspectives on health information technologies and the health information exchange. The proposed topical discussion areas are designed to collect in-depth feedback on health information technology priorities, system drivers, facilitators, and barriers to the adoption and use of these technologies. The sessions will identify gaps in understanding and inform the level of sophistication around leveraging technologies.

Focus group sessions will be no less than 60 minutes and no more than 90 minutes in duration. The numbers of participants will be limited to a minimum of six (6) and a maximum of eight (8) individuals. Discussions will be led by a skilled moderator who will be supported by an assistant moderator.

Participants will be led in a discussion of the pre-determined, proposed topical areas listed below. The moderators will follow the Focus Group Moderator Guide (Attachment 4) to ensure that the proposed topical areas are fully covered.

Focus groups will be accomplished by completing the following steps:

1) Identify focus group participants and generate profiles to understand audience:

- Focus group participants will be recruited/nominated from within each of the ten (10) Department of Health and Human Service regions, drawing from the network of SAMHSA-funded behavioral health providers that have demonstrated experience with at least one of the identified health information technologies and exchange categories: certified electronic health record technologies, telehealth, mobile health, and/or social media.
- Participants will include behavioral health leaders. Participants will be selected based on several factors, including their willingness to engage in a focus group discussion concerning the proposed topical areas, their familiarity with the topical areas, and their geographic location.
- Contacting potential focus group participants (outlined in SS-A) will be contingent upon OMB approval. Upon identifying a group of potential participants, the BHITS team will contact participants by phone to confirm interest and availability. A written confirmation letter and a consent form will be shared via email to document the purpose, time commitment, and travel considerations related to participating in the focus group. It will emphasize the value of participating in the focus group and include next steps. It will provide contact information for addressing questions and concerns. Participants will be asked to confirm their willingness to participate by acknowledging receipt and review of the emailed materials.
- The BHITS team will gather and review existing data and reports to capture baseline information on each participant organization, in advance of the focus group sessions. The profiles will highlight organizational capacities and any published information concerning the adoption and use of health information technologies. The profile will also identify factors that influence provider service delivery (e.g., Medicaid expansion state, third-party payer models, and rules/regulations around integrated care).

2) Schedule focus group events and finalize agendas:

- The focus groups will be conducted between February 2016 and August 2016 at a rate of two sessions each month; leaving sufficient time to meet all subsequent reporting requirements (discussed below).
- The agenda for the focus group sessions will include:
 - i. Welcome:
 - o Introductions
 - o Overview of the session's purpose (goals/objectives)
 - o Review of established ground rules/timeline
 - ii. Review of the structured questions
 - iii. Open discussion

iv. Summation and wrap-up

3) Arrange meeting space and equipment:

- The BHITS team will secure all equipment and supplies needed to conduct the focus group sessions, including recording equipment.
- The BHITS team will work with the SAMHSA Regional Administrators to ensure the availability of appropriate meeting space.
- Once confirmed, focus group participants will receive detailed information concerning meeting logistics.

4) Finalize travel arrangements:

- The BHITS team will work with an authorized travel management company to coordinate all logistics pertaining to airfare, hotel accommodations, and ground transportation for the focus group moderator and assistant moderator.
- Focus group participants will be responsible for securing their own transportation to attend their respective session. Reimbursement will be provided for ground transportation and per diem at the Federally approved rate.

5) Conduct the focus group session:

- Focus group sessions will be conducted by a moderator and an assistant moderator who are responsible for following the Focus Group Field Guide (Attachment 4, pages 10-11) to ensure the highest levels of quality and consistency among the focus groups.
- The Focus Group Field Guide includes a process for welcoming participants, providing an overview of the session purpose, a description of how the information will be used, a reminder that the content will be recorded, ground rules for participation, and a request that the participants introduce themselves and briefly describe their organization.
- Guidance to the moderator includes the discussion questions and a list of “Dos” and Don’ts” to support the development of content that is rich in detail around each discussion question.
- Guidance to the assistant moderator defines the parameters of their role and outlines their responsibilities. This supports a comfortable and appropriate setting for the group, the expert operation of recording equipment, and comprehensive notes based on observation of the participants.
- The guide provides instructions for the moderator and assistant moderator to conduct a debrief session immediately after the focus group session ends.

- The moderator will follow up with each focus group participant by developing and transmitting thank you letters that acknowledge their contribution of time and experience to the project in order to expand understanding around health information technology adoption practices among behavioral health providers.

6) Compile, analyze, and synthesize responses:

- Recordings of individual focus group sessions will be transcribed and inputted into software for thematic analysis. Individual participants will be identified in the transcription and in the database with an alphanumeric code. This will allow attribution of comments and related themes to individual organizations, in support of geographical setting analysis. Content will be coded for anticipated and unanticipated themes.
- Coded sources from all focus groups will be cross-referenced for discovery of commonalities and differences in themes by geographic settings, SAMHSA Regions and populations served.
- Session notes will be used to provide an analytic frame of reference. Final thematic analysis will include a discussion of both individual focus group and synthesized focus groups.

7) Generate summary reports to include organization-specific and aggregate profiles):

- Analyses will include a formal narrative report to summarize findings, inclusive of an executive summary, background section, methodology, major findings, conclusions, and recommendations. The report will highlight session-specific material and provide aggregate profiles of the individual and synthesized focus group encounters.
- Compilation and analysis of the focus materials will be conducted in parallel to the focus groups themselves. This will support rapid synthesis of materials for the final report. The final report will be submitted to SAMHSA for formal approval no later than September 15, 2016 in compliance with the Option Year 1 contract period (ends September 30, 2016).

Site Visits:

The BHITS team will conduct up to ten (10), in-person site visits of an estimated four hours duration at SAMHSA-funded grant program sites that have demonstrated excellence in health information technology implementation strategies in at least one of the identified health information technologies and exchange categories: certified electronic health records, telehealth, mobile health, and/or social media.

Site visits will be conducted by no more than two (2) contractor subject matter experts. Site visit participants will include no more than two (2) individuals capable of speaking in detail to planning and implementation activities concerning the technology initiative.

Site visits will be accomplished by completing the following steps:

1) Identify site visit participants and generate profiles to understand audience:

- Site visit participants will be recruited/nominated from within each of the ten (10) Department of Health and Human Service regions as proposed by SAMHSA-funded program Government Project Officers and as screened and assessed by subject matter experts.
- Potential participants will be evaluated over five categories: response to drivers for adoption; methodology used for planning and implementation; challenges and barriers encountered and addressed; quality, availability and utility of the data; financing and sustainability issues addressed.
- Initial contact with potential participants will occur via email to summarize the nature of the research project, explain the purpose of the site visit, and determine initial interest and willingness to participate.
- A positive response to the email will trigger a second email thanking the potential participant for their interest and providing additional information. The body of the message will include details regarding the amount of time and level of effort the site visit entails and next steps. It will emphasize the significance of the site visit goals and objectives and provide contact information for addressing questions and concerns. Understanding of the commitment will be confirmed via response to the email and email attachments. The attachments will include a consent form that documents potential participant understanding of the site visit purpose, time commitment, and willingness/ability to provide the desired information. A draft agenda will also be attached. Participants will be asked confirm their willingness to participate by acknowledging receipt and review of the emailed materials.

2) Scheduling site visits:

- Site visits will be conducted between February 2016 and August 2016. Each day-long site visit will take place between regular business hours (with scheduled mid-morning and mid-afternoon breaks and a break for lunch) and will last no longer than 8 hours. The proposed template for the agenda will include:
 - i. Team member introductions
 - ii. Overview/purpose of the site visit
 - iii. Demonstration of the technology
 - iv. Interviews with key personnel
 - v. Summation of findings and wrap-up
- Once participating sites are confirmed, subject matter experts will begin site visit preparations. Participants will be asked via email to identify a date for the site visit within a given timeframe that is most convenient for them.

- Participants will receive an invitation to a planning conference call (scheduled at their convenience) to shape the agenda and confirm essential logistics. Development of the agenda will help to ensure the shared understanding of the requirements for each agenda item.
- Participants will be familiarized with the proposed case study format topical areas (Attachment 5). Population of the case study format proposed topical areas will further guide agenda planning efforts.

3) Arrange meeting space and equipment:

- Participants will confirm that appropriate meeting space is available.
- Recording equipment will not be required.

4) Finalize travel arrangements:

- The subject matter experts charged with conducting the site visits will work with an authorized travel management company to coordinate all logistics pertaining to airfare, hotel accommodations, and ground transportation for the BHITS members selected to facilitate the site visit session.
- Contractor site visit travel will be planned in conjunction with focus group travel to maximize scarce resources.

5) Conduct the site visits:

- The site visit will adhere to rigorous qualitative methods that include opportunities for observation, interviews, and document collection.
- Using the site visit case study proposed template, the subject matter experts conducting the site visit will gather detailed step-by-step experiential accounts of demonstrated success in the adoption and use of the technology studied, to include an assessment of portability of the approach for other behavioral health providers.

6) Compile, analyze and synthesize data:

- Summaries of individual site visits developed using the site visit templates will be transcribed and inputted into software for thematic analysis. Individual participants will be identified in the transcription and in the database with an alphanumeric code. This will allow attribution of comments and related themes to individual organizations and technologies, in support of geographical setting analysis by technology.

- Content will be coded for anticipated and unanticipated themes. Coded sources from all site visits will be cross-referenced for discovery of commonalities and differences in themes by geographic settings and by technology.
- Site visit notes will be used to provide a frame of reference for the analysis. Final thematic analysis will include a discussion of both individual site visit case studies, and synthesized case studies.

7) Generate summary reports to include organization-specific and aggregate profiles:

- The BHITS team subject matter experts will use the site visit materials to generate ten (10) case studies following the proposed topical areas template for the case studies.
- The individual case studies will summarize the site visits and provide an explanation for the case study “exemplary” designation.
- The individual case studies will integrate tips and lessons learned to support portability of the exemplary initiative to other behavioral health provider settings.
- The report will be submitted to SAMHSA before the end of the Option Year 1 contract period (September 2016).