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CHILDREN'S MENTAL HEALTH INITIATIVE

NATIONAL EVALUATION

KEY PARTNER INTERVIEWS

</div>

Attachment 2

CMHI National Evaluation: Overview of the Key Partner Interviews

Key Partner Interview Purpose

The purpose of the **Key Partner** interviews is to develop a rich qualitative description of grantee implementation and expansion plans and grant efforts. This evaluation component focuses on *jurisdiction-level activities*. Of particular interest are the strategies employed to implement and expand system of care across the broad jurisdiction. Factors that impede and facilitate those efforts will also be explored.

Development of Key Partner Interview Questions Content

The evaluation is designed using a strategic framework (adapted from Stroul and Friedman 2011 and Stroul, Dodge, Goldman, Rider and Friedman, 2015) that provides analytic dimensions

- Policy/ Partnerships;
- Services/Supports;
- Financing;
- Training/Workforce;
- Strategic Communications

These dimensions cut across the State System, Local System and Service Delivery levels and together link to a range of proximal and distal outcomes. The evaluation will identify and assess the mechanisms and strategies employed to implement and expand systems of care, and explore the impact on system performance and child and family outcomes. Evaluation activities are framed by the five strategic areas to examine whether specific mechanisms and strategies lead to proximal and distal outcomes. System of care principles are woven throughout the framework at both the State and Local levels. The evaluation tools are designed to allow analysis across levels.

Key Partner Interview Respondents

Respondents for the Key Partner interviews will be top administrators involved in the expansion grant. Interviews will be conducted with:

- The CMHI Project Director
- The Family Representative
- The Youth Representative
- The Mental Health Agency Representative
- The Child Welfare Agency Representative
- The Juvenile Justice Agency Representative
- The Education Agency Representative
- The Individual Responsible for CMHI Quality Improvement 1) policies, 2) services/supports, 3) financing, 4) training/workforce, and 5) strategic communications.
- State Liaison

Method of Data Collection

Attachment 2

Interviews will be conducted with single respondents (no group interviews) by phone, Skype, and/or video conference in the final quarter of the first 12 months of the funding (Time 1) and in the last 12-18 months of the grant (Time 2). The interview questions are exactly the same for both protocols at Time 1 and Time 2, except for the 4-5 questions in the Introduction section at the beginning of each protocol. The differences between the Time 1 and Time 2 protocols are as follows. In the Time 1 protocol, the questions in the Introduction section ask respondents about (1) what they hope to accomplish with the grant, (2) the current goals of the grant, (3) their planned activities to accomplish those goals, (4) their grant structure and team members, and (5) how they define expansion. The questions in the Introduction section of the Time 2 protocol are slightly different in that they ask for a description of *grantee progress*. Specifically, the questions ask grantees (1) what they accomplished during the grant, (2) what their goals were, (3) what their progress was in achieving those goals, and (4) what their progress was in achieving expansion.

Attachment #2: Key Partner Interview

INFORMED CONSENT

These interviews will be conducted with grantee representatives over the phone. Thus, information about the purpose and scope of the evaluation will be shared at the beginning of the interview over the phone. The respondent will be asked if he/she understands the information shared and voluntarily agrees to respond to the questions. Thus, respondents will provide verbal consent.

CHILDREN'S MENTAL HEALTH INITIATIVE
NATIONAL EVALUATION
KEY PARTNER INTERVIEWS
PROJECT DIRECTOR VERSION

INTRODUCTION

Thank you for your willingness to participate in the Key Partner Interview. The purpose of this interview is to develop a rich qualitative description of grantee plans and early efforts to expand and sustain systems of care from the project director perspective.

CONFIDENTIALITY/INFORMED CONSENT

The National Evaluation team is conducting an evaluation of system of care expansion grantees.

We will be asking you to share your perspectives about various topics on grant-related activities to expand and sustain systems of care. This session will last approximately 1 hour and 30 minutes. We have scheduled some additional time in case we need it.

Your participation is completely voluntary, and you have the right to stop at any time or to refuse to answer any question.

Your responses to these questions will be kept confidential and will not be shared outside of the evaluation team. In any of our reports, your responses will be combined with other people's responses, so your answers will never be attributed to your name.

Do you agree to continue with the interview?

[OBTAIN INFORMED CONSENT]

We would like to record this interview so that we can be sure to accurately capture your responses. A recording would only be reviewed by a small number of National Evaluation staff members. If you do not agree to have the interview recorded, we will still conduct the interview.

Would it be okay with you if we record this interview?

[OBTAIN CONSENT TO RECORD SESSION]

[IF CONSENT IS GIVEN TO RECORD, THEN SAY WHILE RECORDING]*:*

Okay, just for confirmation, you have agreed to participate in this interview and have agreed to

allow this session to be recorded. You understand that your responses will be kept confidential, you can refuse to answer any questions, and you can stop the interview at any time. Is that correct?

INSTRUCTIONS

As I ask you the interview questions, please ask for any clarification as needed and provide as accurate information as possible. There are no right or wrong answers. We are NOT looking for any particular responses from any respondents. These questions are only to help us understand what you are doing at your grant site.

Introduction: (Overall Evaluation Questions)
(Estimated Time: 20 minutes)

1. Before we get started, could you please describe your position and role as it relates to the [*name of system of care expansion grant*]? Could you please tell me how long you have been in this position or role?

2. In one or two sentences, please describe what you intend to accomplish or achieve with the grant?

3. What are your major goals?

4. What will you do to accomplish those goals?

   Probe: Ask respondents what they are implementing already and what they plan to do further.

5. What are the characteristics of the youth and families that you are serving through grant-related activities?

   Characteristics may include age range, ethnicity, service needs, child-serving system involvement, geographic area, etc.

6. How is the administration of your grant structured?

7. How do you define system of care "expansion" in the context of your grant-related efforts? In other words, what do you intend to expand (e.g., new geographical area; to additional populations child serving providers or agencies; innovative funding mechanisms, the array of services and supports; etc.)?

8. What is your approach to state-local partnership? How do you work together to expand systems of care?

9. What structures and/or processes are in place for state-local communication and collaboration?

10. **<u>For local grantee sites</u>**:
    - What resources and supports does the state make available to your community to expand the system of care?
    - How does your community work with the state to promote statewide system of care expansion?

11. **<u>For state grantees:</u>**
    - What resources and supports do you make available to the local communities that you designated as implementation sites?
    - How do local communities work with you at the state level to promote statewide system of care expansion?

12. What is being done to link grant-related system of care expansion activities to other system change initiatives?

    Probe for links with ACA implementation, Medicaid reforms (e.g., managed care implementation), reforms in other child-serving systems, etc.

Subsection 2: Policy/Partnerships
(Estimated Time: 15 minutes)

13. What governmental agencies and providers are involved in planning and implementation of system of care activities?

    Examples of *governmental agencies* include (but are not limited to):
    Mental health, substance abuse, child welfare service sectors, juvenile justice, developmental disabilities, education

    Examples of *providers* include (but are not limited to):
    Private service provider agencies, residential treatment, parent and youth organizations

14. How are representatives of these agencies and organizations involved in grant-related system of care expansion activities?

    Examples could include (but are not limited to):
    Shared leadership or participation on governing and/or advisory bodies; funding or staffing expansion activities

15. What policies or requirements are being implemented to support collaboration across governmental agencies and providers for system of care expansion?

    Examples could include (but are not limited to):

MOUs or other types of interagency agreements; co-location or out-stationing of staff to other agency offices

16. What state or local policies support your grant's SOC expansion activities?

   Examples could include (but are not limited to):
   State Legislation, State Waivers, Local waivers, State funding or match, State or Local policy guidance, or other more informal mechanisms such as leadership development or supports.

17. What is being done to actively involve family members/family organizations as partners in system of care expansion activities?

   Examples could include (but are not limited to):
   Family members regularly attend system of care planning, policy development, and implementation meetings; family members participate on committees and workgroups (e.g., social marketing, evaluation, cultural competence); family members serve in leadership positions; contracts with family organizations for system-level participation.

18. What is being done to actively involve youth/youth organizations as partners in system of care expansion activities?'

   Examples could include (but are not limited to):
   Youth regularly attend system of care planning and implementation meetings; youth participate in committees and workgroups (e.g., social marketing, evaluation, cultural competence); youth serve in other roles (e.g., leadership positions); contracts with youth organizations for system-level participation.

19. What is being done to support the development of family and youth organizations?

20. What is being done to ensure that system of care implementation is culturally and linguistically competent?

   Examples could include (but are not limited to):
   Cultural, linguistic, and ethnic diversity on planning/policy bodies; accommodations for language differences in meetings and communications.

21. What are the most significant challenges for policy and partnerships for system of care expansion and what is being done to address them?

Subsection 3: Services and Supports
(Estimated Time: 17 minutes)

22. What is being done to identify and develop interventions for youth at risk of or already experiencing serious mental illnesses?

23. What specific evidenced-based or evidenced-informed practices are being implemented?

Examples of "evidenced-based or informed practices" include, but are not limited to: Manualized peer to peer support models or other family support models interventions (e.g., Parent-Child Interaction Therapy [PCIT]; Functional Family Therapy [FFT]; Multisystemic Therapy [MST], etc.); using components of evidence-based practices.

24. What is being done to support the delivery of evidence-based or informed practices?
Examples could include (but are not limited to):
Providing or funding training, coaching, and supervision and other implementation support; providing or funding fidelity monitoring; forming task forces focused on evidence-based practice implementation.

25. What is being done to provide training to practitioners on evidence-informed services and treatments or evidence-based practice components?

Examples could include (but are not limited to):
Providing materials and manuals; initial training; ongoing supervision and coaching; booster training; ongoing professional development.

26. What is being done to improve and expand care coordination?

Examples could include (but are not limited to):
Implementing Wraparound approach; implementing intensive care coordination for high-need youth; establishing maximum or minimum caseload sizes; including Medicaid billing code for individualized service planning meetings; coordinating care across agencies; co-locating providers and services; creating interagency sector teams.

27. What is being done to increase access to services, particularly for youth and families who have been underserved in the past?

Examples include (but are not limited to):
Outreach efforts and social marketing; broadening times and locations of services to improve accessibility; transportation; colocation of providers/agencies; tele-psychiatry; insurance enrollment navigators; culturally and linguistically appropriate outreach.

28. What is being done to provide treatment services and supports to youth in their own homes and communities?

Examples may include (but are not limited to):
Expanding the array and capacity of home- and community-based services and supports; establishing policies that prioritize home- and community-based care, including contractual requirements for providers and managed care organizations.

29. What is being done to reduce the use of unnecessary residential and inpatient services?

Examples could include (but are not limited to):
Implementing policies and procedures to reduce admissions; providing mobile crisis and stabilization services; implementing case review teams for youth at high-risk for residential

placement; utilization review processes; discharging plan with linkage to home and community-based services.

30. What is being done to use technology in service delivery (e.g., electronic health records, tele-behavioral health approaches, etc.)?
31. What is being done to assess and monitor child and family outcomes and the quality of services and supports? How are results used to improve the system of care and services?

32. What are the most significant challenges for expanding effective services and what is being done to address those challenges?

Subsection 4: Financing
(Estimated Time: 10 minutes)

33. What are the primary funding sources that are being used for expanding and sustaining systems of care?

    Examples could include (but are not limited to):
    Medicaid, other third party payers, Affordable Care Act (e.g., Medicaid health homes), child-serving systems (e.g., mental health, child welfare, juvenile justice, substance use), federal block grants, Certified Community Behavioral Health Clinics.

34. What are the primary ways that the SAMHSA system of care expansion grant funds are being used?   How are grant funds being used to leverage long-term, sustainable financing?

35. How are braided and blended funds used in your grant activities?

36. How are flexible funds used in your grant activities?

Subsection 5: Training and Workforce
(Estimated Time: 10 minutes)

37. What is being done to provide training and technical assistance (TA) to the workforce to support system of care expansion?

    Examples include (but are not limited to):
    Training and TA on the system of care approach, evidence-informed practices, specific services and supports, family-driven and youth-guided care, Wraparound, cultural and linguistic competence; coaching and supervision.

38. What is being done to create ongoing capacity for training and workforce development?

    Examples include (but are not limited to):
    Creating structures (e.g., centers of excellence, institutes), identifying communities with expertise to provide training to others, establishing ongoing positions for trainers and coaches.

39. What is being done to diversify the workforce?

    Examples include (but are not limited to):
    Including staff with cultural and language diversity, paraprofessionals, families and youth.

40. What are you doing to prepare a future workforce to work within a system of care framework?

    Examples include (but are not limited to):
    Collaborating with professional pre-service education programs; providing internships.

41. What are the most significant challenges for training and workforce development and what is being done to address them?

Subsection 6: Strategic Communications
(Estimated Time: 10 minutes)

42. What communications strategies are being implemented to generate support for system of care expansion and sustainability?

    Probe for communication strategies to generate support from constituencies (e.g., family and youth; and family and youth organizations, child-serving agency partners, etc.)

43. How do your communication strategies support outreach to underserved populations?

44. What is being done to use strategic communications to generate support among high-level policy and decision makers for expanding and sustaining systems of care? How effective are your efforts to engage and generate their support?

    Examples of strategic communications include (but are not limited to):
    Presentations to legislators, using outcomes data or cost data to show return on investment.

45. What are the most significant challenges for strategic communications and what is being done to address them?

Subsection 7: Barriers and Facilitators
(Estimated Time: 8 minutes)

The next set of questions is about facilitators and barriers to your system of care expansion efforts.

46.   Overall, what factors have facilitated your system of care expansion efforts up to this point? How are you building on these factors?

47.   What are the major barriers have you encountered in your system of care expansion efforts up to this point? How are you addressing these barriers?

> End of Instrument:
>
> Thank you for participating in the Key Partner interview portion of the National Systems of Care

KEY PARTNER INTERVIEW 2015
FAMILY REPRESENTATIVE VERSION

INTRODUCTION

Thank you for your willingness to participate in the Key Partner Interview. The purpose of this interview is to develop a rich qualitative description of grantee plans and early efforts to expand and sustain systems of care from the Family Representative perspective.

CONFIDENTIALITY/INFORMED CONSENT

The National Evaluation team is conducting an evaluation of system of care expansion grantees.

We will be asking you to share your perspectives about various topics on grant-related activities to expand and sustain systems of care. This session will last approximately 1 hour and 30 minutes. We have scheduled some additional time in case we need it.

Your participation is completely voluntary, and you have the right to stop at any time or to refuse to answer any question.

Your responses to these questions will be kept confidential and will not be shared outside of the evaluation team. In any of our reports, your responses will be combined with other people's responses, so your answers will never be attributed to your name.

Do you agree to continue with the interview?

[OBTAIN INFORMED CONSENT]

We would like to record this interview so that we can be sure to accurately capture your responses. A recording would only be reviewed by a small number of National Evaluation staff members. If you do not agree to have the interview recorded, we will still conduct the interview.

Would it be okay with you if we record this interview?

[OBTAIN CONSENT TO RECORD SESSION]

[IF CONSENT IS GIVEN TO RECORD, THEN SAY WHILE RECORDING]:

Okay, just for confirmation, you have agreed to participate in this interview and have agreed to allow this session to be recorded. You understand that your responses will be kept confidential, you can refuse to answer any questions, and you can stop the interview at any time. Is that correct?

INSTRUCTIONS

As I ask you the interview questions, please ask for any clarification as needed and provide as accurate information as possible. There are no right or wrong answers. We are NOT looking for any particular responses from any respondents. These questions are only to help us understand what you are doing at your grant site.

Introduction: (Overall Evaluation Questions)
(Estimated Time: 20 minutes)

1. Before we get started, could you please describe your position and role as it relates to the [*name of system of care expansion grant*]? Could you please tell me how long you have been in this position or role?

2. In one or two sentences, please describe what you intend to accomplish or achieve with the grant?

3. What are your major goals?

4. What will you do to accomplish those goals?

   Probe: Ask respondents what they are implementing already and what they plan to do further.

5. What are the characteristics of the youth and families that you are serving through grant-related activities?

   Characteristics may include age range, ethnicity, service needs, child-serving system involvement, geographic area, etc.

6. How is the administration of the SOC grant structured?

7. How do you define system of care "expansion" in the context of your grant-related efforts? In other words, what do you intend to expand (e.g., new geographical area; to additional populations child serving providers or agencies; innovative funding mechanisms, the array of services and supports; etc.)?

8. What is your approach to state-local partnership? How do you work together to expand systems of care?

9. What structures and/or processes are in place for state-local communication and collaboration?

10. **<u>For local grantee sites</u>**:
    - What resources and supports does the state make available to your community to expand the system of care?
    - How does your community work with the state to promote statewide system of care expansion?

11. **<u>For state grantees:</u>**

    - What resources and supports do you make available to the local communities that you designated as implementation sites?
    - How do local communities work with you at the state level to promote statewide system of care expansion?

12. What is being done to link grant-related system of care expansion activities to other system change initiatives?

    Probe for links with ACA implementation, Medicaid reforms (e.g., managed care implementation), reforms in other child-serving systems, etc.

Subsection 2: Policy/Partnerships
(Estimated Time: 15 minutes)

13. What governmental agencies and providers are involved in planning and implementation of system of care activities?

    Examples of *governmental agencies* include (but are not limited to):
    Mental health, substance abuse, child welfare service sectors, juvenile justice, developmental disabilities, education

    Examples of *providers* include (but are not limited to):
    Private service provider agencies, residential treatment, parent and youth organizations

14. How are representatives of these agencies and organizations involved in grant-related system of care expansion activities?

    Examples could include (but are not limited to):
    Shared leadership or participation on governing and/or advisory bodies; funding or staffing expansion activities

15. What policies or requirements are being implemented to support collaboration across governmental agencies and providers for system of care expansion?

    Examples could include (but are not limited to):
    MOUs or other types of interagency agreements; co-location or out-stationing of staff to other agency offices

16. What state or local policies support your grant's SOC expansion activities?

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21. What are the most significant challenges for policy and partnerships for system of care expansion and what is being done to address them?

Subsection 3: Services and Supports

(Estimated Time: 17 minutes)

22. What is being done to identify and develop interventions for youth at risk of or already experiencing serious mental illnesses?

23. What specific evidenced-based or evidenced-informed practices are being implemented?

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    Examples could include (but are not limited to):
    Providing or funding training, coaching, and supervision and other implementation support; providing or funding fidelity monitoring; forming task forces focused on evidence-based practice implementation.

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    Examples could include (but are not limited to):
    Providing materials and manuals; initial training; ongoing supervision and coaching; booster training; ongoing professional development.

26. What is being done to improve and expand care coordination?

    Examples could include (but are not limited to):
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    Outreach efforts and social marketing; broadening times and locations of services to improve accessibility; transportation; colocation of providers/agencies; tele-psychiatry; insurance enrollment navigators; culturally and linguistically appropriate outreach.

28. What is being done to provide treatment services and supports to youth in their own homes and communities?

    Examples may include (but are not limited to):

Expanding the array and capacity of home- and community-based services and supports; establishing policies that prioritize home- and community-based care, including contractual requirements for providers and managed care organizations.

29. What is being done to reduce the use of unnecessary residential and inpatient services?

    Examples could include (but are not limited to):
    Implementing policies and procedures to reduce admissions; providing mobile crisis and stabilization services; implementing case review teams for youth at high-risk for residential placement; utilization review processes; discharging plan with linkage to home and community-based services.

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32. What are the most significant challenges for expanding effective services and what is being done to address those challenges?

Subsection 4: Financing
(Estimated Time: 10 minutes)

33. What are the primary funding sources that are being used for expanding and sustaining systems of care?

    Examples could include (but are not limited to):
    Medicaid, other third party payers, Affordable Care Act (e.g., Medicaid health homes), child-serving systems (e.g., mental health, child welfare, juvenile justice, substance use), federal block grants, Certified Community Behavioral Health Clinics.

34. What are the primary ways that the SAMHSA system of care expansion grant funds are being used?   How are grant funds being used to leverage long-term, sustainable financing?

35. How are braided and blended funds used in your grant activities?

36. How are flexible funds used in your grant activities?

Subsection 5: Training and Workforce
(Estimated Time: 10 minutes)

37. What is being done to provide training and technical assistance (TA) to the workforce to support system of care expansion?

    Examples include (but are not limited to):

Training and TA on the system of care approach, evidence-informed practices, specific services and supports, family-driven and youth-guided care, Wraparound, cultural and linguistic competence; coaching and supervision.

38. What is being done to create ongoing capacity for training and workforce development?

    Examples include (but are not limited to):
    Creating structures (e.g., centers of excellence, institutes), identifying communities with expertise to provide training to others, establishing ongoing positions for trainers and coaches.

39. What is being done to diversify the workforce?

    Examples include (but are not limited to):
    Including staff with cultural and language diversity, paraprofessionals, families and youth.

40. What are you doing to prepare a future workforce to work within a system of care framework?

    Examples include (but are not limited to):
    Collaborating with professional pre-service education programs; providing internships.

41. What are the most significant challenges for training and workforce development and what is being done to address them?

Subsection 6: Strategic Communications
(Estimated Time: 10 minutes)

42. What communications strategies are being implemented to generate support for system of care expansion and sustainability?

    Probe for communication strategies to generate support from constituencies (e.g., family and youth; and family and youth organizations, child-serving agency partners, etc.)

43. How do your communication strategies support outreach to underserved populations?

44. What is being done to use strategic communications to generate support among high-level policy and decision makers for expanding and sustaining systems of care? How effective are your efforts to engage and generate their support?

    Examples of strategic communications include (but are not limited to):
    Presentations to legislators, using outcomes data or cost data to show return on investment.

45. What are the most significant challenges for strategic communications and what is being done to address them?

Subsection 7: Barriers and Facilitators
(Estimated Time: 8 minutes)

The next set of questions is about facilitators and barriers to your system of care expansion efforts.

46.   Overall, what factors have facilitated your system of care expansion efforts up to this point? How are you building on these factors?

47.   What are the major barriers have you encountered in your system of care expansion efforts up to this point? How are you addressing these barriers?

> End of Instrument:
>
> Thank you for participating in the Key Partner interview portion of the National Systems of Care

KEY PARTNER INTERVIEW 2015
YOUTH REPRESENTATIVE VERSION

INTRODUCTION

Thank you for your willingness to participate in the Key Partner Interview. The purpose of this interview is to develop a rich qualitative description of grantee plans and early efforts to expand and sustain systems of care from the Youth Representative perspective.

CONFIDENTIALITY/INFORMED CONSENT

The National Evaluation team is conducting an evaluation of system of care expansion grantees.

We will be asking you to share your perspectives about various topics on grant-related activities to expand and sustain systems of care. This session will last approximately 1 hour and 30 minutes. We have scheduled some additional time in case we need it.

Your participation is completely voluntary, and you have the right to stop at any time or to refuse to answer any question.

Your responses to these questions will be kept confidential and will not be shared outside of the evaluation team. In any of our reports, your responses will be combined with other people's responses, so your answers will never be attributed to your name.

Do you agree to continue with the interview?

[OBTAIN INFORMED CONSENT]

We would like to record this interview so that we can be sure to accurately capture your responses. A recording would only be reviewed by a small number of National Evaluation staff members. If you do not agree to have the interview recorded, we will still conduct the interview.

Would it be okay with you if we record this interview?

[OBTAIN CONSENT TO RECORD SESSION]

[IF CONSENT IS GIVEN TO RECORD, THEN SAY WHILE RECORDING]:

Okay, just for confirmation, you have agreed to participate in this interview and have agreed to allow this session to be recorded. You understand that your responses will be kept confidential, you can refuse to answer any questions, and you can stop the interview at any time. Is that correct?

INSTRUCTIONS

As I ask you the interview questions, please ask for any clarification as needed and provide as accurate information as possible. There are no right or wrong answers. We are NOT looking for any particular responses from any respondents. These questions are only to help us understand what you are doing at your grant site.

Introduction: (Overall Evaluation Questions)
(Estimated Time: 20 minutes)

1. Before we get started, could you please describe your position and role as it relates to the [*name of system of care expansion grant*]? Could you please tell me how long you have been in this position or role?

2. In one or two sentences, please describe what you intend to accomplish or achieve with the grant?

3. What are your major goals?

4. What will you do to accomplish those goals?

    Probe: Ask respondents what they are implementing already and what they plan to do further.

5. What are the characteristics of the youth and families that you are serving through grant-related activities?

    Characteristics may include age range, ethnicity, service needs, child-serving system involvement, geographic area, etc.

6. How is the administration of the SOC grant structured?

7. How do you define system of care "expansion" in the context of your grant-related efforts? In other words, what do you intend to expand (e.g., new geographical area; to additional populations child serving providers or agencies; innovative funding mechanisms, the array of services and supports; etc.)?

8. What is your approach to state-local partnership? How do you work together to expand systems of care?

9. What structures and/or processes are in place for state-local communication and collaboration?

10. **<u>For local grantee sites</u>**:
    - What resources and supports does the state make available to your community to expand the system of care?
    - How does your community work with the state to promote statewide system of care expansion?

11. **<u>For state grantees:</u>**
    - What resources and supports do you make available to the local communities that you designated as implementation sites?
    - How do local communities work with you at the state level to promote statewide system of care expansion?

12. What is being done to link grant-related system of care expansion activities to other system change initiatives?

    Probe for links with ACA implementation, Medicaid reforms (e.g., managed care implementation), reforms in other child-serving systems, etc.

Subsection 2: Policy/Partnerships
(Estimated Time: 15 minutes)

13. What governmental agencies and providers are involved in planning and implementation of system of care activities?

Examples of *governmental agencies* include (but are not limited to):
Mental health, substance abuse, child welfare service sectors, juvenile justice, developmental disabilities, education

Examples of *providers* include (but are not limited to):
Private service provider agencies, residential treatment, parent and youth organizations

14. How are representatives of these agencies and organizations involved in grant-related system of care expansion activities?

    Examples could include (but are not limited to):
    Shared leadership or participation on governing and/or advisory bodies; funding or staffing expansion activities

15. What policies or requirements are being implemented to support collaboration across governmental agencies and providers for system of care expansion?

    Examples could include (but are not limited to):
    MOUs or other types of interagency agreements; co-location or out-stationing of staff to other agency offices

16. What state or local policies support your grant's SOC expansion activities?

    Examples could include (but are not limited to):
    State Legislation, State Waivers, Local waivers, State funding or match, State or Local policy guidance, or other more informal mechanisms such as leadership development or supports.

17. What is being done to actively involve family members/family organizations as partners in system of care expansion activities?

    Examples could include (but are not limited to):
    Family members regularly attend system of care planning, policy development, and implementation meetings; family members participate on committees and workgroups (e.g., social marketing, evaluation, cultural competence); family members serve in leadership positions; contracts with family organizations for system-level participation.

18. What is being done to actively involve youth/youth organizations as partners in system of care expansion activities?'

    Examples could include (but are not limited to):
    Youth regularly attend system of care planning and implementation meetings; youth participate in committees and workgroups (e.g., social marketing, evaluation, cultural competence); youth serve in other roles (e.g., leadership positions); contracts with youth organizations for system-level participation.

19. What is being done to support the development of family and youth organizations?

20. What is being done to ensure that system of care implementation is culturally and linguistically competent?

    Examples could include (but are not limited to):
    Cultural, linguistic, and ethnic diversity on planning/policy bodies; accommodations for language differences in meetings and communications.

21. What are the most significant challenges for policy and partnerships for system of care expansion and what is being done to address them?

Subsection 3: Services and Supports
(Estimated Time: 17 minutes)

22. What is being done to identify and develop interventions for youth at risk of or already experiencing serious mental illnesses?

23. What specific evidenced-based or evidenced-informed practices are being implemented?

    Examples of "evidenced-based or informed practices" include, but are not limited to:
    Manualized peer to peer support models or other family support models interventions (e.g., Parent-Child Interaction Therapy [PCIT]; Functional Family Therapy [FFT]; Multisystemic Therapy [MST], etc.); using components of evidence-based practices.

24. What is being done to support the delivery of evidence-based or informed practices?
    Examples could include (but are not limited to):
    Providing or funding training, coaching, and supervision and other implementation support; providing or funding fidelity monitoring; forming task forces focused on evidence-based practice implementation.

25. What is being done to provide training to practitioners on evidence-informed services and treatments or evidence-based practice components?

    Examples could include (but are not limited to):
    Providing materials and manuals; initial training; ongoing supervision and coaching; booster training; ongoing professional development.

26. What is being done to improve and expand care coordination?

    Examples could include (but are not limited to):
    Implementing Wraparound approach; implementing intensive care coordination for high-need youth; establishing maximum or minimum caseload sizes; including Medicaid billing code for individualized service planning meetings; coordinating care across agencies; co-locating providers and services; creating interagency sector teams.

27. What is being done to increase access to services, particularly for youth and families who have been underserved in the past?

Examples include (but are not limited to):
Outreach efforts and social marketing; broadening times and locations of services to improve accessibility; transportation; colocation of providers/agencies; tele-psychiatry; insurance enrollment navigators; culturally and linguistically appropriate outreach.

28. What is being done to provide treatment services and supports to youth in their own homes and communities?

    Examples may include (but are not limited to):
    Expanding the array and capacity of home- and community-based services and supports; establishing policies that prioritize home- and community-based care, including contractual requirements for providers and managed care organizations.

29. What is being done to reduce the use of unnecessary residential and inpatient services?

    Examples could include (but are not limited to):
    Implementing policies and procedures to reduce admissions; providing mobile crisis and stabilization services; implementing case review teams for youth at high-risk for residential placement; utilization review processes; discharging plan with linkage to home and community-based services.

30. What is being done to use technology in service delivery (e.g., electronic health records, tele-behavioral health approaches, etc.)?
31. What is being done to assess and monitor child and family outcomes and the quality of services and supports? How are results used to improve the system of care and services?

32. What are the most significant challenges for expanding effective services and what is being done to address those challenges?

Subsection 4: Financing
(Estimated Time: 10 minutes)

33. What are the primary funding sources that are being used for expanding and sustaining systems of care?

    Examples could include (but are not limited to):
    Medicaid, other third party payers, Affordable Care Act (e.g., Medicaid health homes), child-serving systems (e.g., mental health, child welfare, juvenile justice, substance use), federal block grants, Certified Community Behavioral Health Clinics.

34. What are the primary ways that the SAMHSA system of care expansion grant funds are being used?   How are grant funds being used to leverage long-term, sustainable financing?

35. How are braided and blended funds used in your grant activities?

36. How are flexible funds used in your grant activities?

Subsection 5: Training and Workforce
(Estimated Time: 10 minutes)

37. What is being done to provide training and technical assistance (TA) to the workforce to support system of care expansion?

    Examples include (but are not limited to):
    Training and TA on the system of care approach, evidence-informed practices, specific services and supports, family-driven and youth-guided care, Wraparound, cultural and linguistic competence; coaching and supervision.

38. What is being done to create ongoing capacity for training and workforce development?

    Examples include (but are not limited to):
    Creating structures (e.g., centers of excellence, institutes), identifying communities with expertise to provide training to others, establishing ongoing positions for trainers and coaches.

39. What is being done to diversify the workforce?

    Examples include (but are not limited to):
    Including staff with cultural and language diversity, paraprofessionals, families and youth.

40. What are you doing to prepare a future workforce to work within a system of care framework?

    Examples include (but are not limited to):
    Collaborating with professional pre-service education programs; providing internships.

41. What are the most significant challenges for training and workforce development and what is being done to address them?

Subsection 6: Strategic Communications
(Estimated Time: 10 minutes)

42. What communications strategies are being implemented to generate support for system of care expansion and sustainability?

    Probe for communication strategies to generate support from constituencies (e.g., family and youth; and family and youth organizations, child-serving agency partners, etc.)

43. How do your communication strategies support outreach to underserved populations?

44. What is being done to use strategic communications to generate support among high-level policy and decision makers for expanding and sustaining systems of care? How effective are your efforts to engage and generate their support?

Examples of strategic communications include (but are not limited to):
Presentations to legislators, using outcomes data or cost data to show return on investment.

45. What are the most significant challenges for strategic communications and what is being done to address them?

Subsection 7: Barriers and Facilitators
(Estimated Time: 8 minutes)

The next set of questions is about facilitators and barriers to your system of care expansion efforts.

46. Overall, what factors have facilitated your system of care expansion efforts up to this point? How are you building on these factors?

47. What are the major barriers have you encountered in your system of care expansion efforts up to this point? How are you addressing these barriers?

> End of Instrument:
>
> Thank you for participating in the Key Partner interview portion of the National Systems of Care

STATE LIAISON VERSION

INTRODUCTION

Thank you for your willingness to participate in the Key Partner Interview. The purpose of this interview is to develop a rich qualitative description of grantee plans and early efforts to expand and sustain systems of care from the State Liaison perspective.

CONFIDENTIALITY/INFORMED CONSENT

The National Evaluation team is conducting an evaluation of system of care expansion grantees.

We will be asking you to share your perspectives about various topics on grant-related activities to expand and sustain systems of care. This session will last approximately 1 hour and 30 minutes. We have scheduled some additional time in case we need it.

Your participation is completely voluntary, and you have the right to stop at any time or to refuse to answer any question.

Your responses to these questions will be kept confidential and will not be shared outside of the evaluation team. In any of our reports, your responses will be combined with other people's responses, so your answers will never be attributed to your name.

Do you agree to continue with the interview?

[OBTAIN INFORMED CONSENT]

We would like to record this interview so that we can be sure to accurately capture your responses. A recording would only be reviewed by a small number of National Evaluation staff members. If you do not agree to have the interview recorded, we will still conduct the interview.

Would it be okay with you if we record this interview?

[OBTAIN CONSENT TO RECORD SESSION]

[IF CONSENT IS GIVEN TO RECORD, THEN SAY WHILE RECORDING]*:*

Okay, just for confirmation, you have agreed to participate in this interview and have agreed to allow this session to be recorded. You understand that your responses will be kept confidential, you can refuse to answer any questions, and you can stop the interview at any time. Is that correct?

INSTRUCTIONS

As I ask you the interview questions, please ask for any clarification as needed and provide as accurate information as possible. There are no right or wrong answers. We are NOT looking for any particular responses from any respondents. These questions are only to help us understand the State's role in the implementation of (insert Local Grantee name)'s SOC grant.

Introduction: (Overall Evaluation Questions)
(Estimated Time: 20 minutes)

1. Before we get started, could you please describe your position and role as it relates to the [*name of system of care expansion grant*]? Could you please tell me how long you have been in this position or role?

2. In one or two sentences, please describe what you intend to accomplish or achieve with the SOC grant?

3. What are the major goals of the SOC grant?

4. What will be done to accomplish those goals?

Probe: Ask respondents what they are implementing already and what they plan to do further.

5. What are the characteristics of the youth and families served through grant-related activities?

   Characteristics may include age range, ethnicity, service needs, child-serving system involvement, geographic area, etc.

6. How is the administration of the SOC grant structured?

7. How do you define system of care "expansion" in the context of your grant-related efforts? In other words, what do you intend to expand (e.g., new geographical area; to additional populations child serving providers or agencies; innovative funding mechanisms, the array of services and supports; etc.)?

8. What is your approach to state-local partnership? How do you work together to expand systems of care?

9. What structures and/or processes are in place for state-local communication and collaboration?

10. **<u>For local grantee sites</u>**:
    • What resources and supports does the state make available to your community to expand the system of care?
    • How does your community work with the state to promote statewide system of care expansion?

11. **<u>For state grantees:</u>**
    • What resources and supports do you make available to the local communities that you designated as implementation sites?
    • How do local communities work with you at the state level to promote statewide system of care expansion?

12. What is being done to link grant-related system of care expansion activities to other system change initiatives?

    Probe for links with ACA implementation, Medicaid reforms (e.g., managed care implementation), reforms in other child-serving systems, etc.

Subsection 2: Policy/Partnerships

(Estimated Time: 15 minutes)

13. What governmental agencies and providers are involved in planning and implementation of system of care activities?

    Examples of *governmental agencies* include (but are not limited to):
    Mental health, substance abuse, child welfare service sectors, juvenile justice, developmental disabilities, education

    Examples of *providers* include (but are not limited to):
    Private service provider agencies, residential treatment, parent and youth organizations

14. How are representatives of these agencies and organizations involved in grant-related system of care expansion activities?

    Examples could include (but are not limited to):
    Shared leadership or participation on governing and/or advisory bodies; funding or staffing expansion activities

15. What policies or requirements are being implemented to support collaboration across governmental agencies and providers for system of care expansion?

    Examples could include (but are not limited to):
    MOUs or other types of interagency agreements; co-location or out-stationing of staff to other agency offices

16. What state or local policies support your grant's SOC expansion activities?

    Examples could include (but are not limited to):
    State Legislation, State Waivers, Local waivers, State funding or match, State or Local policy guidance, or other more informal mechanisms such as leadership development or supports.

17. What is being done to actively involve family members/family organizations as partners in system of care expansion activities?

    Examples could include (but are not limited to):
    Family members regularly attend system of care planning, policy development, and implementation meetings; family members participate on committees and workgroups (e.g., social marketing, evaluation, cultural competence); family members serve in leadership positions; contracts with family organizations for system-level participation.

18. What is being done to actively involve youth/youth organizations as partners in system of care expansion activities?'

    Examples could include (but are not limited to):
    Youth regularly attend system of care planning and implementation meetings; youth participate in committees and workgroups (e.g., social marketing, evaluation, cultural

competence); youth serve in other roles (e.g., leadership positions); contracts with youth organizations for system-level participation.

19. What is being done to support the development of family and youth organizations?

20. What is being done to ensure that system of care implementation is culturally and linguistically competent?

    Examples could include (but are not limited to):
    Cultural, linguistic, and ethnic diversity on planning/policy bodies; accommodations for language differences in meetings and communications.

21. What are the most significant challenges for policy and partnerships for system of care expansion and what is being done to address them?

Subsection 3: Services and Supports
(Estimated Time: 17 minutes)

22. Are you working with the Local Site to identify and develop interventions for youth at risk of or already experiencing serious mental illnesses?

23. What specific evidenced-based or evidenced-informed practices are being implemented?

    Examples of "evidenced-based or informed practices" include, but are not limited to:
    Manualized peer to peer support models or other family support models interventions (e.g., Parent-Child Interaction Therapy [PCIT]; Functional Family Therapy [FFT]; Multisystemic Therapy [MST], etc.); using components of evidence-based practices.

24. What is being done to support the delivery of evidence-based or informed practices?
    Examples could include (but are not limited to):
    Providing or funding training, coaching, and supervision and other implementation support; providing or funding fidelity monitoring; forming task forces focused on evidence-based practice implementation.

25. What is being done to provide training to practitioners on evidence-informed services and treatments or evidence-based practice components?

    Examples could include (but are not limited to):
    Providing materials and manuals; initial training; ongoing supervision and coaching; booster training; ongoing professional development.

26. What is being done to improve and expand care coordination?

    Examples could include (but are not limited to):
    Implementing Wraparound approach; implementing intensive care coordination for high-need youth; establishing maximum or minimum caseload sizes; including Medicaid billing

code for individualized service planning meetings; coordinating care across agencies; co-locating providers and services; creating interagency sector teams.

27. What is being done to increase access to services, particularly for youth and families who have been underserved in the past?

    Examples include (but are not limited to):
    Outreach efforts and social marketing; broadening times and locations of services to improve accessibility; transportation; colocation of providers/agencies; tele-psychiatry; insurance enrollment navigators; culturally and linguistically appropriate outreach.

28. What is being done to provide treatment services and supports to youth in their own homes and communities?

    Examples may include (but are not limited to):
    Expanding the array and capacity of home- and community-based services and supports; establishing policies that prioritize home- and community-based care, including contractual requirements for providers and managed care organizations.

29. What is being done to reduce the use of unnecessary residential and inpatient services?

    Examples could include (but are not limited to):
    Implementing policies and procedures to reduce admissions; providing mobile crisis and stabilization services; implementing case review teams for youth at high-risk for residential placement; utilization review processes; discharging plan with linkage to home and community-based services.

30. What is being done to use technology in service delivery (e.g., electronic health records, tele-behavioral health approaches, etc.)?
31. What is being done to assess and monitor child and family outcomes and the quality of services and supports? How are results used to improve the system of care and services?

32. What are the most significant challenges for expanding effective services and what is being done to address those challenges?

Subsection 4: Financing
(Estimated Time: 10 minutes)

33. What are the primary funding sources that are being used for expanding and sustaining systems of care?

    Examples could include (but are not limited to):
    Medicaid, other third party payers, Affordable Care Act (e.g., Medicaid health homes), child-serving systems (e.g., mental health, child welfare, juvenile justice, substance use), federal block grants, Certified Community Behavioral Health Clinics.

34. What are the primary ways that the SAMHSA system of care expansion grant funds are being used?   How are grant funds being used to leverage long-term, sustainable financing?

35. How are braided and blended funds used in your grant activities?

36. How are flexible funds used in your grant activities?

Subsection 5: Training and Workforce
(Estimated Time: 10 minutes)

37. What is being done to provide training and technical assistance (TA) to the workforce to support system of care expansion?

    Examples include (but are not limited to):
    Training and TA on the system of care approach, evidence-informed practices, specific services and supports, family-driven and youth-guided care, Wraparound, cultural and linguistic competence; coaching and supervision.

38. What is being done to create ongoing capacity for training and workforce development?

    Examples include (but are not limited to):
    Creating structures (e.g., centers of excellence, institutes), identifying communities with expertise to provide training to others, establishing ongoing positions for trainers and coaches.

39. What is being done to diversify the workforce?

    Examples include (but are not limited to):
    Including staff with cultural and language diversity, paraprofessionals, families and youth.
40. What are you doing to prepare a future workforce to work within a system of care framework?

    Examples include (but are not limited to):
    Collaborating with professional pre-service education programs; providing internships.

41. What are the most significant challenges for training and workforce development and what is being done to address them?

Subsection 6: Strategic Communications
(Estimated Time: 10 minutes)

42. What communications strategies are being implemented to generate support for system of care expansion and sustainability?

    Probe for communication strategies to generate support from constituencies (e.g., family and youth; and family and youth organizations, child-serving agency partners, etc.)

43. How do your communication strategies support outreach to underserved populations?

44. What is being done to use strategic communications to generate support among high-level policy and decision makers for expanding and sustaining systems of care? How effective are your efforts to engage and generate their support?

    Examples of strategic communications include (but are not limited to):
    Presentations to legislators, using outcomes data or cost data to show return on investment.

45. What are the most significant challenges for strategic communications and what is being done to address them?

Subsection 7: Barriers and Facilitators (Estimated Time: 8 minutes)

The next set of questions is about facilitators and barriers to your system of care expansion efforts.

46.   Overall, what factors have facilitated your system of care expansion efforts up to this point? How are you building on these factors?

47.   What are the major barriers have you encountered in your system of care expansion efforts up to this point? How are you addressing these barriers?

> End of Instrument:
>
> Thank you for participating in the Key Partner interview portion of the National Systems of Care

MENTAL HEALTH AGENCY VERSION

INTRODUCTION

Thank you for your willingness to participate in the Key Partner Interview. You have been identified as a key planning partner of the (enter name of SOC grantee) SAMHSA System of Care expansion grant. The purpose of this interview is to develop a rich qualitative description of grantee plans and early efforts to expand and sustain systems of care from a mental health agency perspective.

CONFIDENTIALITY/INFORMED CONSENT

The National Evaluation team is conducting an evaluation of system of care expansion grantees.

We will be asking you to share your perspectives about various topics on grant-related activities to expand and sustain systems of care. This session will last approximately 1 hour and 30 minutes. We have scheduled some additional time in case we need it.

Your participation is completely voluntary, and you have the right to stop at any time or to refuse to answer any question.

Your responses to these questions will be kept confidential and will not be shared outside of the evaluation team. In any of our reports, your responses will be combined with other people's responses, so your answers will never be attributed to your name.

Do you agree to continue with the interview?

[OBTAIN INFORMED CONSENT]

We would like to record this interview so that we can be sure to accurately capture your responses. A recording would only be reviewed by a small number of National Evaluation staff members. If you do not agree to have the interview recorded, we will still conduct the interview.

Would it be okay with you if we record this interview?

[OBTAIN CONSENT TO RECORD SESSION]

[IF CONSENT IS GIVEN TO RECORD, THEN SAY WHILE RECORDING]*:*

Okay, just for confirmation, you have agreed to participate in this interview and have agreed to allow this session to be recorded. You understand that your responses will be kept confidential, you can refuse to answer any questions, and you can stop the interview at any time. Is that correct?

INSTRUCTIONS

We understand that not all the questions in this interview may be applicable to your system of care, but we have to ask these questions of everyone, so we thank you for your understanding. As I ask you the interview questions, please ask for any clarification as needed and provide as accurate information as possible. There are no right or wrong answers. We are NOT looking for any particular responses from any respondents. These questions are only to help us understand your organization's role in the implementation of the SOC grant.

Introduction: (Overall Evaluation Questions)
(Estimated Time: 20 minutes)

1. Before we get started, could you please describe your position and role as it relates to the [*name of system of care expansion grant*]? Could you please tell me how long you have been in this position or role?

2. In one or two sentences, please describe what you intend to accomplish or achieve with the SOC grant?

3. What are the major goals of the SOC grant?

4. What will be done to accomplish those goals?

   Probe: Ask respondents what they are implementing already and what they plan to do further.

5. Does your organization plan to provide services to youth as part of grant activities? What are the characteristics of the youth and families that you are serving through grant-related activities?

   Characteristics may include age range, ethnicity, service needs, child-serving system involvement, geographic area, etc.

6. How is your organization involved in the administration of the SOC grant?

7. How do you define system of care "expansion" in the context of your grant-related efforts? In other words, what do you intend to expand (e.g., new geographical area; to additional populations child serving providers or agencies; innovative funding mechanisms, the array of services and supports; etc.)?

8. What is the role of your organization in the SOC Grant state-local partnership?

9. **If MH Agency is a local site**:
   - What resources and supports does the state make available to your organization to expand the system of care?
   - How does your organization work with the state to promote statewide system of care expansion?

10. **If MH Agency is State level:**

    - What resources and supports do you make available to the local communities that you designated as implementation sites?

- How do local communities work with you at the state level to promote statewide system of care expansion?

11. What is being done to link grant-related system of care expansion activities to other system change initiatives?

    Probe for links with ACA implementation, Medicaid reforms (e.g., managed care implementation), reforms in other child-serving systems, etc.

Subsection 2: Policy/Partnerships
(Estimated Time: 15 minutes)

12. How is your organization involved in the planning and implementation of system of care activities?

13. What activities or policies support your organization's collaboration in system of care expansion?

    Examples could include (but are not limited to):
    MOUs or other types of interagency agreements; co-location or out-stationing of staff to other agency offices

14. What state or local policies support SOC expansion activities?

    Examples could include (but are not limited to):
    State Legislation, State Waivers, Local waivers, State funding or match, State or Local policy guidance, or other more informal mechanisms such as leadership development or supports.

15. How does your organization support family members/family organizations active involvement as partners in system of care expansion activities?

    Examples could include (but are not limited to):
    Family members regularly attend system of care planning, policy development, and implementation meetings; family members participate on committees and workgroups (e.g., social marketing, evaluation, cultural competence); family members serve in leadership positions; contracts with family organizations for system-level participation.

16. How does your organization support youth/youth organizations active involvement as partners in system of care expansion activities?'

    Examples could include (but are not limited to):
    Youth regularly attend system of care planning and implementation meetings; youth participate in committees and workgroups (e.g., social marketing, evaluation, cultural competence); youth serve in other roles (e.g., leadership positions); contracts with youth organizations for system-level participation

17. What is your organization doing to support the development of family and youth organizations?

18. What strategies does your organization have in place to ensure that system of care implementation is culturally and linguistically competent?

    Examples could include (but are not limited to):
    Cultural, linguistic, and ethnic diversity on planning/policy bodies; accommodations for language differences in meetings and communications.

19. What are the most significant challenges for policy and partnerships for system of care expansion and what is being done to address them?

Subsection 3: Services and Supports
(Estimated Time: 17 minutes)

20. How is your organization involved in SOC grant activities to identify and develop interventions for youth at risk of or already experiencing serious mental illnesses?

21. What specific evidenced-based or evidenced-informed practices are being implemented?

    Examples of "evidenced-based or informed practices" include, but are not limited to:
    Manualized peer to peer support models or other family support models interventions (e.g., Parent-Child Interaction Therapy [PCIT]; Functional Family Therapy [FFT]; Multisystemic Therapy [MST], etc.); using components of evidence-based practices.

22. What is being done to support the delivery of evidence-based or informed practices?

    Examples could include (but are not limited to):
    Providing or funding training, coaching, and supervision and other implementation support; providing or funding fidelity monitoring; forming task forces focused on evidence-based practice implementation.

23. What is being done to provide training to practitioners on evidence-informed services and treatments or evidence-based practice components?

    Examples could include (but are not limited to):
    Providing materials and manuals; initial training; ongoing supervision and coaching; booster training; ongoing professional development.

24. What is being done to improve and expand care coordination?

    Examples could include (but are not limited to):
    Implementing Wraparound approach; implementing intensive care coordination for high-need youth; establishing maximum or minimum caseload sizes; including Medicaid billing code for individualized service planning meetings; coordinating care across agencies; co-locating providers and services; creating interagency sector teams.

25. What is being done to increase access to services, particularly for youth and families who have been underserved in the past?

    Examples include (but are not limited to):
    Outreach efforts and social marketing; broadening times and locations of services to improve accessibility; transportation; colocation of providers/agencies; tele-psychiatry; insurance enrollment navigators; culturally and linguistically appropriate outreach.

26. What is being done to provide treatment services and supports to youth in their own homes and communities?

    Examples may include (but are not limited to):
    Expanding the array and capacity of home- and community-based services and supports; establishing policies that prioritize home- and community-based care; including contractual requirements for providers and managed care organizations to provide home and community-based services.

27. What is being done to reduce the use of unnecessary residential and inpatient services?

    Examples could include (but are not limited to):
    Implementing policies and procedures to reduce admissions; providing mobile crisis and stabilization services; implementing case review teams for youth at high-risk for residential placement; utilization review processes; discharging plan with linkage to home and community-based services.

28. What is being done to use technology in service delivery (e.g., electronic health records, tele-behavioral health approaches, etc.)?

29. What is being done to assess and monitor child and family outcomes and the quality of services and supports? How are results used to improve the system of care and services?

30. What are the most significant challenges for expanding effective services and what is being done to address those challenges?

Subsection 4: Financing
(Estimated Time: 10 minutes)

31. What are the primary funding sources that are being used for expanding and sustaining systems of care?

    Examples could include (but are not limited to):

Medicaid, other third party payers, Affordable Care Act (e.g., Medicaid health homes), child-serving systems (e.g., mental health, child welfare, juvenile justice, substance use), federal block grants, Certified Community Behavioral Health Clinics.

32. What are the primary ways that the SAMHSA system of care expansion grant funds are being used?   How are the grant funds being used to obtain or leverage long-term, sustainable financing?

33. How are braided and blended funds used in your grant activities?

34. How are flexible funds used in your grant activities?

Subsection 5: Training and Workforce
(Estimated Time: 10 minutes)

35. What is being done to provide training and technical assistance (TA) to the workforce to support system of care expansion?

    Examples include (but are not limited to):
    Training and TA on the system of care approach, evidence-informed practices, specific services and supports, family-driven and youth-guided care, Wraparound, cultural and linguistic competence; coaching and supervision.

36. What is being done to create ongoing capacity for training and workforce development?

    Examples include (but are not limited to):
    Creating structures (e.g., centers of excellence, institutes), identifying communities with expertise to provide training to others, establishing ongoing positions for trainers and coaches.

37. What is being done to diversify the workforce?

    Examples include (but are not limited to):
    Including staff with cultural and language diversity, paraprofessionals, families and youth.

38. What is your organization doing to prepare a future workforce to work within a system of care framework?

    Examples include (but are not limited to):
    Collaborating with professional pre-service education programs; providing internships.
39. What are the most significant challenges for training and workforce development and what is being done to address them?

Subsection 6: Strategic Communications
(Estimated Time: 10 minutes)

40. What communications strategies are being implemented to generate support for system of care expansion and sustainability?

    Probe for communication strategies to generate support from constituencies (e.g., family and youth; and family and youth organizations, child-serving agency partners, etc.)

41. How does your organization's communication strategies support outreach to underserved populations?

42. What is being done to use strategic communications to generate support among high-level policy and decision makers for expanding and sustaining systems of care? How effective are your organization's efforts to engage and generate their support?

    Examples of strategic communications include (but are not limited to):
    Presentations to legislators, using outcomes data or cost data to show return on investment.

43. What are the most significant challenges for strategic communications and what is being done to address them?

Subsection 9: Barriers and Facilitators

(Estimated Time: 8 minutes)

The next set of questions is about facilitators and barriers to your system of care expansion efforts.

44.   Overall, what factors have facilitated your system of care expansion efforts up to this point? How are you building on these factors?

45.   What are the major barriers have you encountered in your system of care expansion efforts up to this point? How are you addressing these barriers?

End of Instrument:

Thank you for participating in the Key Partner interview portion of the National Systems of Care Expansion Evaluation.

KEY PARTNER INTERVIEW 2015
OTHER PARTNER VERSION

INTRODUCTION

Thank you for your willingness to participate in the Key Partner Interview. You have been identified as a key planning partner of the (enter name of SOC grantee) SAMHSA System of Care expansion grant. The purpose of this interview is to develop a rich qualitative description of grantee plans and early efforts to expand and sustain systems of care from a (*insert agency name*) perspective.

CONFIDENTIALITY/INFORMED CONSENT

The National Evaluation team is conducting an evaluation of system of care expansion grantees.

We will be asking you to share your perspectives about various topics on grant-related activities to expand and sustain systems of care. This session will last approximately 45 minutes. We have scheduled some additional time in case we need it.

Your participation is completely voluntary, and you have the right to stop at any time or to refuse to answer any question.

Your responses to these questions will be kept confidential and will not be shared outside of the evaluation team. In any of our reports, your responses will be combined with other people's responses, so your answers will never be attributed to your name.

Do you agree to continue with the interview?

[OBTAIN INFORMED CONSENT]

We would like to record this interview so that we can be sure to accurately capture your responses. A recording would only be reviewed by a small number of National Evaluation staff members. If you do not agree to have the interview recorded, we will still conduct the interview.

Would it be okay with you if we record this interview?

[OBTAIN CONSENT TO RECORD SESSION]

[IF CONSENT IS GIVEN TO RECORD, THEN SAY WHILE RECORDING]*:*

Okay, just for confirmation, you have agreed to participate in this interview and have agreed to allow this session to be recorded. You understand that your responses will be kept confidential, you can refuse to answer any questions, and you can stop the interview at any time. Is that correct?

INSTRUCTIONS

We understand that not all the questions in this interview may be applicable to your system of care, but we have to ask these questions of everyone, so we thank you for your understanding. As I ask you the interview questions, please ask for any clarification as needed and provide as accurate information as possible. There are no right or wrong answers. We are NOT looking for any particular responses from any respondents. These questions are only to help us understand your organization's role in the implementation of the SOC grant.

Introduction: (Overall Evaluation Questions)
(Estimated Time: 10 minutes)

1. Before we get started, could you please describe your position and role as it relates to the [*name of system of care expansion grant*]? Could you please tell me how long you have been in this position or role?

2. In one or two sentences, please describe what you intend to accomplish or achieve with the SOC grant?

3. Does your organization plan to provide services to youth as part of grant activities? What are the characteristics of the youth and families that you are serving through grant-related activities?

   Characteristics may include age range, ethnicity, service needs, child-serving system involvement, geographic area, etc.

4. How is your organization involved in the administration of the SOC grant?

5. What is the role of your organization in the SOC Grant state-local partnership?

6. What resources and supports does the state make available to your organization to expand the system of care?

7. How does your organization work with the state to promote statewide system of care expansion?

Subsection 2: Policy/Partnerships
(Estimated Time: 8 minutes)

8. How is your organization involved in the planning and implementation of system of care activities?
9. How does your organization support family members/family organizations or youth/youth organizations active involvement as partners in system of care expansion activities?

Examples could include (but are not limited to):
Family/youth regularly attend system of care planning, policy development, and implementation meetings; family/youth participate on committees and workgroups (e.g., social marketing, evaluation, cultural competence; family/youth serve in leadership positions; contracts with family/youth organizations for system-level participation.

10. What is your organization doing to support the development of family and youth organizations?

11. What strategies does your organization have in place to ensure that system of care implementation is culturally and linguistically competent?

    Examples could include (but are not limited to):
    Cultural, linguistic, and ethnic diversity on planning/policy bodies; accommodations for language differences in meetings and communications.

12. What are the most significant challenges for policy and partnerships for system of care expansion and what is being done to address them?

Subsection 3: Services and Supports
(Estimated Time: 8 minutes)

13. What specific evidenced-based or evidenced-informed practices are being implemented?

    Examples of "evidenced-based or informed practices" include, but are not limited to: Manualized peer to peer support models or other family support models interventions (e.g., Parent-Child Interaction Therapy [PCIT]; Functional Family Therapy [FFT]; Multisystemic Therapy [MST], etc.); using components of evidence-based practices.

14. What is being done to improve and expand care coordination?

    Examples could include (but are not limited to):
    Implementing Wraparound approach; implementing intensive care coordination for high-need youth; establishing maximum or minimum caseload sizes; including Medicaid billing code for individualized service planning meetings; coordinating care across agencies; co-locating providers and services; creating interagency sector teams.

15. What is being done to increase access to services, particularly for youth and families who have been underserved in the past?

    Examples include (but are not limited to):
    Outreach efforts and social marketing; broadening times and locations of services to improve accessibility; transportation; colocation of providers/agencies; tele-psychiatry; insurance enrollment navigators; culturally and linguistically appropriate outreach.

16. What is being done to provide treatment services and supports to youth in their own homes and communities?

    Examples may include (but are not limited to):
    Expanding the array and capacity of home- and community-based services and supports; establishing policies that prioritize home- and community-based care; including contractual requirements for providers and managed care organizations to provide home and community-based services.

17. What are the most significant challenges for expanding effective services and what is being done to address those challenges?

Subsection 4: Financing
(Estimated Time: 5 minutes)

18. What are the primary funding sources that are being used for expanding and sustaining systems of care?

    Examples could include (but are not limited to):
    Medicaid, other third party payers, Affordable Care Act (e.g., Medicaid health homes), child-serving systems (e.g., mental health, child welfare, juvenile justice, substance use), federal block grants, Certified Community Behavioral Health Clinics.

19. How are braided and blended funds used in your grant activities?

20. How are flexible funds used in your grant activities?

Subsection 5: Training and Workforce
(Estimated Time: 5 minutes)

21. What is being done to provide training and technical assistance (TA) to the workforce to support system of care expansion?

    Examples include (but are not limited to):
    Training and TA on the system of care approach, evidence-informed practices, specific services and supports, family-driven and youth-guided care, Wraparound, cultural and linguistic competence; coaching and supervision.

22. What is being done to diversify the workforce?

    Examples include (but are not limited to):
    Including staff with cultural and language diversity, paraprofessionals, families and youth.

23. What are the most significant challenges for training and workforce development and what is being done to address them?

Subsection 6: Strategic Communications
(Estimated Time: 4 minutes)

24. What communications strategies are being implemented to generate support for system of care expansion and sustainability?

    Probe for communication strategies to generate support from constituencies (e.g., family and youth; and family and youth organizations, child-serving agency partners, etc.)

25. What are the most significant challenges for strategic communications and what is being done to address them?

Subsection 9: Barriers and Facilitators
(Estimated Time: 5 minutes)

The next set of questions is about facilitators and barriers to your system of care expansion efforts.

26.   Overall, what factors have facilitated your system of care expansion efforts up to this point? How are you building on these factors?

27.   What are the major barriers have you encountered in your system of care expansion efforts up to this point? How are you addressing these barriers?

> End of Instrument:
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> Thank you for participating in the Key Partner interview portion of the National Systems of Care Expansion Evaluation.