# CHILDREN'S MENTAL HEALTH INITIATIVE NATIONAL EVALUATION STRATEGIC FINANCIAL PLANNING INTERVIEW PROTOCOL: YEAR TWO

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 xxxx-xxxx. Public reporting burden for this collection of information is estimated to average 36 minutes per respondent, per year, including the time for participating in the interview and – on a voluntary basis - providing information on plans for measuring Return on Investment. 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, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

## CMHI National Evaluation: Strategic Financial Planning Interview Protocol Overview

The CMHI System of Care (SOC) Expansion and Sustainability grant program requires grantees to, "develop a strategic financial plan that demonstrate how the SOC will financially link and/or coordinate with other child serving systems, how Medicaid dollars will be used, how SOC will be connected and integrated with MH/SA Block Grant activities, and how SOC will be included and integrated in the implementation of the Affordable Care Act." The Request for Funding Announcement (RFA) further requires these plans be developed by the end of year two and implemented by the beginning of year three of the grant program. In order to evaluate the development and use of these plans by grantees, interview protocols were created that will be administered in years two, three, and four of each grant. Each interview protocol is structured to follow the progression of the development, decisions, and implementation of grantees thought the grant lifecycle.

### **Data Collection Instruments**

The data collection instruments will follow the process and progress of development and implementation of the strategic financial plan. The instrument includes three interview protocols, one for each year of three years of administration. The first interview is conducted in Year Two and focuses on how grantees are approaching the development of their financial plan. The second interview protocol, conducted in year three of the grant, is longer and more detailed about the planning process. Prior to conducting this interview, the written strategic plan will be reviewed, and the interview protocol will be prepopulated with available data to avoid requesting information that has already been provided. The third interview, which is conducted in year four of the grant, asks questions about the achievement of the goals of the plan and what has facilitated or hindered goal achievement.

This packet includes the three draft interview protocols as submitted to SAMHSA for OMB approval.

### **Respondents**

Each time the interviews are completed, the respondent will be one leader of the Strategic Financial Planning Work Group for the grant.

#### <u>Analysis</u>

The interview data will allow for comparison of funding sources across grantees and change toward sustainability achieved through the strategic financial planning process. This will include funding sources considered and the reasons for excluding any potential funding sources, agreements achieved to braid or pool funding, and barriers and facilitators to planning. The data will also provide insights into how the financial planning process supported or hindered attainment of sustainable financing, as well as what other factors, such as state, tribal, or local policies, or other barriers or facilitators affected developing sustainable funding sources. The data collected from these interviews will provide important information about what processes and strategies were most helpful, and which may have hindered financial sustainability. These data can be combined with information from financial mapping to enhance understanding of the financial mapping process.

# INTRODUCTIO N

Thank you for your willingness to participate in this interview. We know that you are working on a strategic financing plan for systems of care. The goals of this interview are to:

- Gather some preliminary information about your approach to strategic financing;
- Identify whether you are planning to measure cost savings or return on investment;
- Provide you with some information about technical assistance being offered by the National Evaluation Team (NET) on measurement of cost savings; and
- Introduce information about a special benchmarking study that is a voluntary part of the CMHI Evaluation.

### **CONFIDENTIALITY/INFORMED**

The National Evaluation team is conducting an evaluation of system of care expansion grantees on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA).

We will be asking you to share information about various topics related to generating sustainable funding of system of care implementation and expansion.

This session will last approximately 30 minutes.

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, aggregate data will be used to summarize the findings.

### [OBTAIN INFORMED VERBAL 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 few National Evaluation staff members.

[OBTAIN VERBAL CONSENT TO RECORD SESSION]

# **INSTRUCTIONS**

The interviewer will ask you several questions. Please ask for clarification and provide as accurate information as possible.

Date of Interview:	Interviewer's Initials:
Agency/Organization Name:	
Interviewee 1 Name & Position:	
Interviewee 2 Name & Position:	
Interviewee 3 Name & Position:	

### **Use of Expansion Grant Funds**

1) How are you using SAMHSA's expansion grant to develop sustainable financing for the services introduced as part of systems of care? Are you using the grant to:

		Yes	No
a)	Establish and demonstrate value of new services?		
b)	Develop and demonstrate new financing strategies?		
c)	Negotiate cross-system investments to serve other agency's service populations with the system of care approach?		
d)	Modify what existing financing streams will pay for (e.g., adding new covered services under Medicaid)?		
e)	Secure commitments to redirect existing funds from out-of-home care to more cost-effective home- and community-based services and supports?		
f)	Demonstrate cost offsets or cost savings (i.e., or return on investment – ROI)?		
g)	Are you using the grant in any other way to develop sustainable financing?		
	(Specify)		

### **Key Services for Systems of Care**

2) Of the services listed below, or other services provided in your system of care, which are the 3 to 5 services you regard as most critical for securing funds to expand and/or sustain in order to have your system of care function optimally?

		Y if most critical
Crisis Response and Stabilization		
Psychiatric Crisis Intervention		
Mobile Crisis Services		
Crisis Stabilization		
Service Planning and Coordination		
Wraparound Planning		
Intensive Care Coordination		
Psychosocial Rehabilitation		
Intensive Home and Community Based Services		
Door Cupport Convices	Family	
Peer Support Services	Youth	
Day Treatment		
Other Home and Community Based S	Supports	
Flexible Funding		
Respite		
Other (specify)		

### **Financing Strategies**

3) What financing strategies are you most actively considering to expand and sustain the system of care?

		Yes	No
a)	Increasing the use of Medicaid		
b)	Increasing the use of Mental Health or Substance Abuse Block Grants		
c)	Increasing the use of state mental health and substance use funds		
d)	Increasing the use of funds from other child-serving systems (e.g., child welfare, juvenile justice, education, etc.		
e)	Increasing the use of local funds		
f)	Increasing the use of federal entitlements other than Medicaid		
g)	Redeploying funds from higher-cost to lower-cost home- and community-based services		
h)	Implementing case rates or other risk-based financing approaches		
i)	Accessing new financing structures and funding streams created by the Affordable Care Act or state Health Reform (e.g., health homes under the Affordable Care Act)		

### Financing System of Care Infrastructure

4) What are the current funding sources for the infrastructure of the system of care, including policy making, management, coordination, and oversight?

Probe: Is the funding provided by federal, state, county or tribal funds?

Funding Source	Through Federal (F) State (S), County (C) or Tribe (T)?

		Yes	No
5)	Will your financing plan address sustainable funding for this infrastructure?		

### Analyzing Return on Investment (ROI)

		Yes	No
6)	Have you set goals for generating cost offsets, cost savings or return on investment from the SOC approach?		
	If so, please describe.		

		Yes	No
7)	Are you collecting or planning to collect data to measure these cost offsets or cost		
	savings? If <b>No</b> , skip to Question 7) f.		

### 7) a. If so, what measures are you collecting?

Cost offset, cost savings, ROI goals	What funding source or sources are measured?	What specific measures will be collected
Decreased use of inpatient psychiatric services		
Decreased use of residential treatment		
Decreased used of juvenile corrections placements (e.g., detention)		
Decreased use of other out-of-home placements		
Decreased use of medical services		
Decreased use of emergency room services		
Decreased children entering state custody		

Cost offset, cost savings, ROI goals	What funding source or sources are measured?	What specific measures will be collected
Decreased repeated grades		
Decreased school dropout rates		
Decreased use of TANF and Food Stamps		
Decreased caregiver days of work missed		
Decreased caregiver unemployment		
Decreased overall cost of services		
Other (Specify)		
Other (Specify)		

7) b. How are you collecting data on client outcomes?

		Yes	No
(1)	Through existing state or county administrative systems		
(2)	Establishing new systems in the state or county		
(3)	Establishing new requirements for provider reporting		
(4)	Special data collection for a study or evaluation (specify if sample basis or full		
	client group)		
(5)	Other		
	(Specify)		

7) c. How are you collecting data on costs of services?

Yes	No
	Yes

	Yes	No
7) d. Are there limitations in your capacity to collect these data?		
(sSpecify)		
(1) If Yes, how are you planning to address them?		

7) e. What are your plans to report on and analyze results?

(proceed to section on Training and TA on ROI Analysis)
7) f. If No to Q5: Why aren't you planning to collect such data? Are you facing any barriers or challenges that make this difficult?

### **Training and Technical Assistance on ROI Analyses**

The NET is offering a training session and some technical assistance in planning for and implementing measurement of return on investment in Medicaid or MHA expenditures, as well as through measurement of child outcomes that would impact expenditure rates for other child, youth, or young adult agencies. [specific information on timing and method will be inserted here]

					Yes	No
8)	,	interested in assistance to collect current	and future	e data related to		
	measur	rement of return on investment?				
9)	Are you willing to share such data with the NET?					
		a. If so, with whom should we communicate to pursue this possibility?				
	Name		Position			
	Email		Phone			

### Special Benchmarking Study - Non-Tribal Grantees Only

The NET is also conducting a Benchmarking Study with the goal of examining how penetration, utilization and expenditures vary across CMHI grantee jurisdictions and over time. The National Evaluation Team (NET) will compare data on the utilization and costs of children's Medicaid and/or Mental Health Authority (MHA) mental health services of participating states and counties during Grant Year 1 to provide a baseline. As soon as volunteering grantees can finalize their prior year data, and extract the needed data, the NET will collect and analyze these data. The NET will present the data in comparative format that will allow participants to benchmark their penetration rates, expenditure rates, costs, and relative use of inpatient, residential and outpatient services with other jurisdictions who are expanding systems of care.

In Grant Year 4, the NET will collect data from the same jurisdictions on their utilization and expenditures in Grant Year 3. This will allow analysis of change over time, potentially showing a return on investment in systems of care.

This is a voluntary component of the evaluation. Our goal is to have 5 to 8 participating jurisdictions,

offering multiple points of comparison. Many counties are comparable in size to some states and therefore offer relevant comparisons.

		Yes	No	
10	Are you interested in an opportunity to compare your Medicaid and MHA expenditure			
)	rates over time, and to other states or counties with system of care expansion grants?			

# CHILDREN'S MENTAL HEALTH INITIATIVE NATIONAL EVALUATION STRATEGIC FINANCIAL PLANNING INTERVIEW PROTOCOL: YEAR THREE

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# INTRODUCTIO N

Thank you for your willingness to participate in this interview which concerns your strategic financing plan. We have read and will be analyzing the plan that you submitted. The goal of this interview is to gather more qualitative information about your planning process, including:

- How agency leadership was involved in planning;
- What strategic options you decided not to pursue, and the reasons why; and
- What factors facilitated the planning process, and what barriers you encountered.

# **CONFIDENTIALITY/INFORMED**

The National Evaluation team is conducting an evaluation of system of care expansion grantees on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA).

We will be asking you to share information about various topics related to generating sustainable funding of system of care implementation and expansion.

This session will last approximately 60 minutes.

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, aggregate data will be used to summarize the findings.

#### [OBTAIN INFORMED VERBAL 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 few National Evaluation staff members.

[OBTAIN VERBAL CONSENT TO RECORD SESSION]

# **INSTRUCTIONS**

To best use your time, if the information we request is included in your Financing Plan, feel free to refer us to the plan. Please ask for clarification and provide as accurate information as possible.

Date of Interview:	Interviewer's Initials:
Agency/Organization Name:	
Interviewee 1 Name & Position:	
Interviewee 2 Name & Position:	
Interviewee 3 Name & Position:	

Interviewer, check to indicate the interview subject's organization type.

	Yes	No
a) The state Medicaid agency		
b) The state Mental Health Authority		
c) Another state agency		
(Specify)		
d\ A sounty agangy responsible for administering Madisaid sowiess		
d) A county agency responsible for administering Medicaid services		
e) A county agency responsible for administering Mental health services		
f) A tribal organization responsible for administering health services		
g) A tribal organization responsible for delivering health services		
h) Other		
(Specify)	•	
i) Other		
(Specify)		

Composition and Activity of Final	ncing Plan	Workgroup
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		Yes	No	
1)	Did your grant establish a workgroup to develop the strategic financing plan?			
	If Yes, continue. If No, go to QXxx.			

2)	What is the position title and agency/organizational affiliation of the person who serves as the
	leader of your financing plan workgroup?

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Position	Agency/	
Title	Organization Name	

3) What organizations were represented on your financing plan workgroup, what kinds of personnel were used and are they considered to be a member of the SOC expansion grant team?

Agency/Organization	Yes or No	State, County or Tribal?	Program Staff or Financial Staff?	Member of Expansion grant team?
Medicaid Agency				
Mental Health Authority				
Child Welfare Agency				
Juvenile Justice Agency				
Combined Children's Agency				
Provider Organization				
Family Organization				
Youth Organization				
Other				
(Specify)				
Other				
(Specify)				

		Yes	No
4)	a. Are family members represented on the workgroup?		
	b. If yes, how many?	·	

		Yes	No
5)	a. Are youth or young adults represented on the workgroup?		
	b. If yes, how many?		

### **Involvement of Agency Executives in Financing Planning**

6)	Which agency leaders were involved in your financial planning workgroup?	(Please specify position
	titles)	

Agency	State, County, Tribal?	Position Title
Medicaid agency		
МНА		
Child Welfare agency		
Juvenile Justice agency		
Combined children's agency		
Other		
(Specify)		

7	How frequently/actively	v did agency	/ leaders	participate?
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Agency	Participation level (1-6)	Code	
Medicaid agency	1 = Did not attend any meetings		
MHA		2 = Attended few meetings	
Child Welfare agency		3 = Attended some meetings	
Juvenile Justice agency	le Justice agency 4 = Attended most or all meetings		
Combined children's agency			
Other (specify)		6 = Delegated participation to staff, but were consulted on strategies, progress, barriers, etc.	

8)	What roles did agency leaders take in your financial planning workgroup? (Describe)

9) How consistently did the financial planning workgroup have timely access to agency heads for consultation and approval of financing strategies proposed by the workgroup? Would you say:

Always	Usually	Some of the time	Rarely

10) Were there any members that you needed, but could not include in your workgroup? (Specify the agency or organization and the type of representative needed)

Agency/Organization	State, County or Tribal?	Type of representative needed

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11 )	How frequently did your financial planning workgroup meet while you were developing your financing plan? (Select the category that	More than Monthly	
	best indicates the frequency of your meetings on average.)	Monthly	
		Quarterly	
	Other (Specify)		

			Yes	No
12 )	Is your financial planning workgroup continuing to meet as you move timplementation of your financing plan?	oward		
	If so, select the category that best indicates the frequency of your	More than Month	nly	
	meetings on average.	Monthly		
		Quarterly		
	Other (Specify)			

## Stakeholder Input in Financing Planning

13) What kinds of stakeholders provided input to the financing plan?

	Yes	No
a) Community Behavioral Health Providers		
b) Residential Behavioral Health Providers		
c) Hospital Providers		
d) Youth and Families		
e) Other State or County child serving agencies		
f) State or County financial managers		
g) Other		
(Specify)		

14) Which of the following methods did you use to invite stakeholders participation or input?

		Yes	No
a)	Meetings early in the process to gather information		
b)	Meetings during the planning process		
c)	Surveys to gather information		
d)	Surveys to gather opinions		
e)	Shared intermediate work products		
f)	Shared the final plan		
g)	Other		
	(Specify)		
h)	Other		
	(Specify)		

## Analysis of Current Expenditures and Financing Needs

		Yes	No
15	Did the workgroup review and analyze current expenditures across systems for		
)	children's behavioral health services?		

		Yes	No
16 )	Is there any research or analysis of current expenditures that the workgroup desired but could not do?		
	a) If yes, what kind of research or analysis could not be done?		
	b) If yes, what prevented this (e.g. federal, state, local, tribal or organizational barriers)	?	

### **Financing Strategies for Expanding and Sustaining SOCs:**

17) What criteria did the financing plan workgroup use to evaluate the available strategies for accessing or leveraging funding? Please rate the relative importance of the following criteria.

		Rating	Code
a)	Overall cost		1 = not considered
b)	Risk for future cost growth		2 = low importance
c)	Potential for capturing cost offset		3 = moderate importance
d)	Potential for return on investment		4 = high importance
e)	Nonfinancial value of improved quality of care		5 = highest priority
f)	Nonfinancial value of improved child outcomes		
g)	Political feasibility		
h)	Administrative feasibility		
i)	Other		
	(Specify)		
j)	Other		
	(Specify)		

18) For the following list of potential funding strategies, please indicate if you used the strategy (U); considered the strategy, but decided not to use it in your financing plan (C), or if you did not consider the strategy at all (N). For those you did not use, why was each not used?

Financing Strategy	U, C or N	If C or N, why not?
Code: U = Used the strategy C = Considered the strategy but decided not to use it in N = Did not consider the strategy at all	your financing	plan
Mental Health Authority		
(1) Changing the use of Mental Health Block Grant funds		
(2) Redeploying other MHA resources		

Financing Strategy	U, C or N	If C or N, why not?
Code: U = Used the strategy		
C = Considered the strategy but decided not to use it in N = Did not consider the strategy at all	your financing p	olan
(3) Braiding or coordinating MHA funds with		
Medicaid or other agencies		
(4) Developing new financing structures or processes		
Medicaid		
(1) Shift funding from inpatient and residential care to home- and community-based care		
a) Pay for expanded home- and community-		
based care from savings on inpatient and residential		
b) Money Follows the Person Rebalancing Demonstration		
(2) Cover new services		
a) State plan amendments		
b) Targeted case management and/or rehabilitative services - 1905(a) Authority		
c) Home- and community-based services		
i) 1915(i) State Plan Amendments		
ii) 1915(c) HCBS Waiver		
iii) Balancing Incentives Program		
iv) Other		
d) Section 2703 Health Homes		
(3) Medicaid redesign		
a) Managed care – 1915(b)		
b) Research and Demonstration waiver – 1115 authority		
c) New financing structures or processes		
i) Case rates		
ii) Rate cells		
iii) Care management entities		
iv) Integrated care models		
Federal Fund Maximization		
(1) Move state funded services into Medicaid and use freed up state funds for match		
(2) Title IV-E waiver		
Braid or coordinate funds across other child servin	g systems fo	r shared financing
(1) Child Welfare		
(2) Juvenile Justice		
(3) Education		
(4) Early Childhood		
(5) TANF		
(6) Housing		

	Financing Strategy	U, C or N	If C or N, why not?
	Code: U = Used the strategy		
	C = Considered the strategy but decided not to use it in N = Did not consider the strategy at all	your financing	plan
	(7) Labor		
	(8) Other (specify)		
	Promote or require commercial coverage of		
	home- and community-based services		
	Other innovative approaches to generate "income	" for system	s of care
	(1) New public-private partnerships		
	(2) Tax levies		
	(3) Housing		
	(4) Nontraditional workforce development opportunities		
	(5) Timebanks		
	(6) Other (specify)		
19)	a) What aspects made them beneficial?	the highest	priority?
20)	Did the working group review the joint CMS-SAMHS services for children with significant conditions?	A bulletin or	coverage of behavioral health
21)	Did this bulletin have an impact on your ability to co services through Medicaid?	onsider cove	ring Home and Community Based
Ch	allenges to Developing the Financing Plan		
22)	What challenges and barriers did you face in develo	ping the fina	ncing plan?

23) What factors have facilitated and supported the development of the financing plan?

24)	How will the progress of plan implementation be measured?
25)	How frequently will the plan be reviewed and refined?
26)	Is there anything else that we should understand about your financing plan and the process for developing it?

Thank you for your time and participation.

# CHILDREN'S MENTAL HEALTH INITIATIVE NATIONAL EVALUATION STRATEGIC FINANCIAL PLANNING INTERVIEW PROTOCOL: YEAR FOUR

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 xxxx-xxxx. Public reporting burden for this collection of information is estimated to average 36 minutes per respondent, per year, including the time for participating in the interview and submitting – on a voluntary basis – measurement of return on investment. 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, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

# INTRODUCTIO N

Thank you for your willingness to participate in this interview which concerns the implementation of your strategic financing plan. The goals of this interview are to:

- Learn how you are currently funding the infrastructure for systems of care;
- Get updated on what aspects of your financing plan have been implemented, and what factors facilitated or impeded implementation; and
- If you planned to measure cost savings, to get your assessment of success in doing so.

## **CONFIDENTIALITY/INFORMED**

The National Evaluation team is conducting an evaluation of system of care expansion grantees on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA).

We will be asking you to share information about various topics related to generating sustainable funding of system of care implementation and expansion.

This session will last approximately 30 minutes.

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, aggregate data will be used to summarize the findings.

#### [OBTAIN INFORMED VERBAL 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 few National Evaluation staff members.

[OBTAIN VERBAL CONSENT TO RECORD SESSION]

# **INSTRUCTIONS**

Please ask for clarification and provide as accurate information as possible.

D	ate of Interview:Interviewer's Initials:	
Α	gency/Organization Name:	
In	nterviewee 1 Name & Position:	
Ir	nterviewee 2 Name & Position:	
Ir	nterviewee 3 Name & Position:	
1)	HI 2015 National Evaluation: Financial Component  What are the current funding sources for the system of care infras management, coordination, and oversight?  Probe: Is the funding provided by federal, state, county or tribal fur	
	Funding Source	Through Federal (F) State (S), County (C) or Tribe (T)?
	Thinking of all the goals in your strategic financing plan, how close them? Would you say:  N/A not intended to be implemented yet  1 = just getting started	are you to fully implementing
	2 = a quarter of the way toward full implementation 3 = about half way to full implementation	
	4 = about three-quarters of the way to full implementation	

3)	What are the three most important accomplishments to date achieved by implementation of the financing plan?		
	1.		
	2.		
	3.		
4)	What factors have facilitated or supported implementation of the financing plan?		
	a) What governmental or organizational polices facilitated implementation?		
5)	What factors have created barriers to implementation of the financing plan?		
	a) What governmental or organizational polices created barriers?		
6)	What factors have facilitated or supported SOC expansion and sustainable financing?		
7)	What factors have created barriers to SOC expansion and sustainable financing?		

# **Return on Investment** For grantees that did not set ROI goals, Go to Q12. 8) For grantees that set ROI goals: Approximately what percentage of your planned savings or return targets have you achieved? Would you say: \_\_\_\_\_ N/A = not intended to be achieved yet1 = just getting started 2 = a quarter of the way toward target 3 = about half way to target 4 = about three-quarters of the way to target 5 = we have fully met or exceeded our target 9) What factors have facilitated or supported attaining ROI goals? 10) What factors have created barriers to attaining ROI goals? Yes No Have you been able to measure intended returns? 11 a) If so, what has facilitated measurement of returns? Are you able to share your results with the NET? b) If not, what barriers have prevented you from measuring intended returns?

12) Is there anything else we should understand about the implementation of your financing plan so far?

Thank you for your time and participation.

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