

OMB No. 0930-
03xx

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Attachment 2

Agency Director/Administrator Interview

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Agency Director/Administrator Interview

Introduction

Thank you for participating in this interview. My name is [NAME] and I work for Westat, a research organization based in Rockville, MD. Westat is under contract with the Substance Abuse and Mental Health Services Administration (SAMHSA) to evaluate the implementation of Coordinated Specialty Care (CSC) sites funded by the Mental Health Block Grant Ten-Percent Set Aside Funding.

Today we'd like to hear your opinions about the successes and challenges involved in implementing your CSC program.

Before we get started, there are a few things I should mention. This is a research project. Your participation in this interview is voluntary. Your answers to the questions will be de-identified in all reports and analysis for this study. Your name will not be associated with the answers you provide. There is no penalty if you decide not to participate. You may end the interview at any time. If you choose to participate, you can skip questions that make you uncomfortable. We have planned for this interview to last about 60 minutes.

As part of our federal study, we are interviewing the agency directors at 32 sites implementing CSC. At the end of the study, we will present SAMHSA with a report that highlights how CSC programs are operating within unique regional and local environments and the client outcomes associated with CSC programs. Your input will help us better understand the environment and context of your CSC program within the larger health care system in your community.

Do you have any questions?

Finally, with your permission, we would like to record this interview. The recording will be used to help us summarize the information you share with us today. The recordings and any notes we have will be stored on Westat's computer. They will only be available to the Westat project team. We will destroy the recordings after the study is complete. Are you okay with us recording this conversation?

If there are no further questions or concerns, I'd like to start the audio recording now.

[TURN ON THE RECORDER.] For the purpose of recording I am going to ask you: Are you willing to participate in the interview?

Are you willing to have the interview audio-recorded?

I. BACKGROUND

I'd like to start by asking you to describe your role in this agency.

Possible Probes:

1. What is your role at this agency?
2. How long you have been working at this agency?
3. Describe your role/involvement with the CSC Program at your agency.

II. OVERVIEW OF CSC IMPLEMENTATION

Can you tell me a little bit about your CSC program, including how your Agency was selected to receive the mental health block grant 10% set aside funds from your state?

Possible Probes:

4. How does your CSC program fit within the larger health/behavioral health care system that your agency supports?
5. When did your CSC program begin?

6. Was this before or after your State began funding CSC programs through their MHBG set aside funds?
7. If your CSC program began before your agency received MHBG set aside funds, how did the MHBG funds change the way you provide services? For instance, did the funds allow you to add new services or increase the number of CSC staff.
8. How do you use the MHBG 10% set aside funds?
9. How was your agency selected to receive funding through the State's MHBG 10% set aside funds?

III. IMPLEMENTING THE CSC PROGRAM

What were your objectives for starting a CSC program at your Agency?
Why did you decide to have a CSC Program?

Possible Probes:

10. Are your objectives the same now as they were when you started the CSC program? In what ways, if at all, have your objectives changed since then?
11. What are some of the challenges and/or barriers your Agency has faced in implementing CSC? Have these challenges resulted in changes to your implementation of CSC?
12. Are there any adaptations to your CSC program that you had to make due to local conditions? If so, what are they and why? How do you think these affected your ability to provide high fidelity CSC program?
13. Are there policies that have been put in place that have influenced or helped to facilitate increased identification of FEP and referral rates? If so, what are they and how have they helped your agency?
14. In your implementation efforts thus far, what has your process been for incorporating CSC program components into your service system? What resources have you used to ensure that you have all the components of CSC in your program?

15. Does your agency have a board of directors or other group that sets CSC program policies and priorities? If so, can you tell us a little about this group?

IV. FINANCIAL MANAGEMENT

16. Does your organization follow the calendar year or a fiscal year? When does your fiscal year begin and end?
17. Please look at the list below and estimate for the past year, what % of the revenue of your Agency comes from the following sources:

Funding Source	% of Revenue
Medicare	
Medicaid	
Private insurance	
Other insurance (state or county)	
Client payment for services	
Client payment, sliding scale	
Ticket to work, subcontract work	
School contracts, donations	
Federal grant of contract	
Private foundation grant	
State or county grant or contract	
Special program or study	
Agency fundraising, donations, or endowments	

V. TEAM CHARACTERISTICS

Let’s talk about the staff that work on your CSC program at your Agency. Who are the staff that work within your CSC program? What role do they play?

Possible Probes:

18. Who is identified as the CSC Team Leader? What is his/her clinical background and experience?
19. What is the role of the CSC Team Lead? What types of activities (e.g., supervision, provision of guidance, resources) does the Team Lead engage in?
20. What is your role in relation to the Team Lead?
21. How did you determine which clinical staff are part of your CSC program (i.e., what were their qualifications and any other necessary criteria)?
22. Are CSC program staff new hires, or existing staff?
23. How many full-time equivalent (FTE) staff do you have working on your CSC program?
24. Are CSC program staff designated to only the CSC program? How many are designated full time to the CSC program?

VI. ENROLLMENT IN CSC PROGRAM

Now we'd like to focus on how services are delivered to CSC participants.

First tell me a little about how individuals get referred to your CSC program and how your program works?

Possible Probes

25. Does your Agency coordinate with community organizations for referral of clients into your CSC program (e.g., schools, hospitals, community centers, etc.)?
26. How have you educated community organizations about your CSC program?
27. Have you made efforts to educate the public about your program? What type of things have you done?
28. How do you determine whether a person is eligibility for your CSC program?

29. What are some barriers that people have when trying to enroll in your CSC program (i.e., transportation, privacy and information-sharing issues with other providers, paperwork, etc.)?
30. Are the family members of your CSC clients provided with any services? Do you have policies to involve family members in your CSC program?

VII. Professional development of Staff

Now we'd like to discuss training issues for staff involved with CSC. What type of training opportunities do you offer CSC staff?

Possible Probe Questions:

31. Did you encounter any problems with the training existing and new staff on CSC components? If so, please describe.
32. Are there other training areas of which you are aware that you think would better prepare staff to work with people with FEP?

VIII. RECOMMENDATIONS AND CLOSING

Is there anything we didn't ask about that you think is important for us to know about the FEP services and participants?

Thank you for your time.