

Attachment 3

Coordinated Specialty Care (CSC) Program Staff Interview

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Coordinated Specialty Care (CSC) Program Staff Interview

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 120 minutes.

We are speaking with program staff from sites implementing CSC model in treating people with early psychosis all across the country. 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? [Answer all 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. INTRODUCTION

I'd like to start by asking you to describe your background and role in the CSC program and this agency. Please tell me how long you have been working at this agency and as part of the CSC program. Also, please describe your role in the CSC program.

Possible Probes:

1. What is your role at this agency?
2. How long you have been working at this agency?
3. Describe your involvement with the CSC Program at your agency and your role on the CSC Team.
4. Do you work with only CSC program participants (clients) or other clients as well?
5. How much of your time is spent working as part of the CSC program?
6. Which model(s) of CSC are you trained in?

II. CSC PROGRAM PARTICIPANTS

I'd like to hear a bit about the CSC program participants that you work with. How do CSC program participants come into your program? How are they identified and engaged in your program? How do you address the unique needs of clients?

Possible Probes:

7. How would you describe your typical CSC client (i.e., age group, ethnicity, etc.)?
8. Can you describe how case identification typically occurs? (i.e., does that occur in primary care settings or in schools, for instance?)
9. What specific efforts or activities has your program engaged in to identify and enroll individuals in your CSC program? If applicable, to what extent has that been successful or challenging?
10. Compared to the other patients you see at this facility, are FEP participants identified and engaged differently?
11. What sorts of modifications did you need to make to your usual treatment protocols to accommodate the needs of CSC participants and the model? What are some barriers and challenges with making these modifications?
12. What sorts of modifications are made to address cultural diversity within the population you serve?
13. How do you keep CSC participants engaged in services? What happens if a person stops participating in CSC programming? Discharge?
14. What are the enrollment/admissions criteria for your program?
15. What are the criteria for graduating from your CSC program? How long are people in the program before they graduate?
16. Are there situations in which a CSC participant must be hospitalized? Describe how this process might occur.

III. COMPONENTS OF CSC

I'd like to spend a few minutes talking about specific CSC components that your program offers. Which CSC components are offered to new clients entering the CSC program? Are they encouraged to engage in all components of the model, or

Case Management

Possible Probes:

17. How many case managers work within your CSC program?
18. How do case managers work with clients? Is there a specific case management model followed in this center?
19. Are there any funding issues related to providing effective case management?

Supported Employment and Education

Possible Probes:

20. How do employment and education related services fit within your CSC program?
21. What model of supported employment and education do you use?
22. Are there any funding issues related to providing effective supported employment and education?
23. What strategies work well to help participants find jobs? What do you do to help participants maintain their employment? What are your strategies for assisting participants who appear to lack job readiness?
24. Do you have partners from business and/or educational institutions?
25. Does the state department of vocational rehabilitation have any role in your center? What are their roles?

Psychotherapy

Possible Probes:

26. What are the principles of psychotherapy for FEP at this site?
27. How often do the clients receive psychotherapy? Is psychotherapy offered to CSC clients as one-on-one or in groups?
28. To what extent are clients involved in determining their own needs and treatment plan?

Family Education and Support

Possible Probes:

29. Are families involved as part of your CSC program? How are they involved?
30. Are there any funding issues related to providing services to families?
31. Do you have policies that guide family involvement and services for families of individuals enrolled in your CSC program?
32. If you offer family psychoeducation, is that service usually provided in a group format, or one-on-one?

Pharmacotherapy and Primary Care Coordination

Possible Probes:

33. How are the primary care needs of individuals in your CSC program addressed?
34. How are the psychiatric medication needs of individuals in your CSC program addressed?
35. Are the primary care and pharmacotherapy components of the CSC program integrated with the other components? If so, how (i.e., do they discuss these needs at team meetings; is there discussion of the lowest dosage of medication; is there discussion of evidence based prescribing)?
36. Is there an effort to help prescribers maintain close contact with primary care providers? If so, how does this happen?

37. Is there emphasis on identifying and addressing certain physical factors for individuals enrolled in your CSC program (e.g., smoking, weight gain, hypertension, dyslipidemia, and pre-diabetes)?

IV. OUTCOMES

Let's move on to talk about how you measure progress and improvement in your CSC clients. What type of measures do you use to assess whether program participants' are getting better?

38. What types of behavioral health services have been the most successful with helping participants manage their symptoms? Why do you think those services are successful?
39. What happens when a person does not get better? What is the process for addressing the needs of clients that are not improving?
40. When participants stop engaging in the CSC program, what is the main reason? What types of efforts are made to reengage the person? When is a person discharged from the program (due to non-attendance)?
41. Are there specific subgroups of FEP participants who have unique barriers? For example, participants with specific health issues (e.g. co-occurring substance use and mental illness), or specific demographic characteristics (e.g. minorities, LGBT)? What do you think is creating the barrier for members of these populations?

V. RECOMMENDATIONS AND CLOSING

42. FEP participants are persons at risk of dropping out of the work force or discontinue their education due to a psychiatric problem. What suggestions do you have for how they, and others who are at risk, may be better served?
43. Is there anything we didn't ask about that you think is important for us to know about the CSC services and FEP participants?

Thank you for your time!