OMB No. 0930-

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Appendix 4

Coordinated Specialty Care (CSC) Participant Interview

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0xxx. Public reporting burden for this collection of information is estimated to average 60 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

Coordinated Specialty Care (CSC) Participant 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 Coordinated Specialty Care (CSC) programs funded by the Mental Health Block Grant Ten-Percent Set Aside Funding.

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.

We are speaking with participants of Coordinated Specialty Care programs 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 more about 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. INTRODUCTIONS

I'd like to start by asking you a little about how you came to know about the CSC program and begin participating in the program. How long you have been participating in the CSC program?

Possible Probes:

- 1. How did you learn about this program?
- 2. Who referred you to the program? Why did they refer you to the program?
- 3. How did you get enrolled in the program? What was the process like?
- 4. What made you want to participate in this program?
- 5. What kind of services do you receive at this center?
 - education
 - employment
 - housing
 - mental health/substance abuse
 - family therapy
 - medications
 - healthcare
 - other
- 6. What do these services help you with?

- 7. Did you receive any help in applying for financial benefits, mental health or veterans' services, or finding housing?
- 8. Do you have to pay for the services that you are offered in the program?

II. PERSON-CENTERED APPROACH

I'd like to know more about what your goals related to completing the CSC program. Tell me a little more about what the CSC program is helping you accomplish.

Possible Probes:

- 9. Are you interested in getting a job or furthering your education? If so, how are you working with CSC staff to help you get a job or get back to school? What are your goals related to employment and education? Were you asked for your opinions and given choices in the direction you might want to take?
- 10. Do you feel that staff that work with you in the CSC program listened to your concerns? Do they provide you with options and explain those options to you? Can you give me an example?
- 11. Did you feel that you could tell the staff your honest opinions about the help they gave you? Please explain.
- 12. Do you have family members that are involved in your life? Are they involved in the CSC program? Do they receive education about mental health and/or do they attend treatment sessions with you?
- 13. Do you think it is helpful to have family members involved in treatment? Why?

III. SATISFACTION

In general, were you satisfied with the help you received from the program? Was it easy to get the services that you needed? Were there any challenges or barriers to receiving care you needed?

Possible Probes:

- 14. What do you like about the program?
- 15. How were you treated by staff at this program?
- 16. What do you think could be improved with this program?
- 17. How easy/difficult was it to get services? Was the location and place easily reachable for you? Was it easy to communicate what type of services you wanted? Did costs of the program make it hard to get the services you wanted?
- 18. Was there anything else that made it difficult for you to get help from the program?
- 19. If you had a friend who was looking for help in the same ways you were, would you recommend that your friend come to this program for help? Why or why not?

IV. OUTCOMES

I'd like to know more about how the program has helped you. How have things changed for you since you started coming here for services? Are there any changes in your employment, education, involvement with criminal justice, overall health, housing, or other parts of your life as a result of your participation in this program?

Possible Probes:

- 20. Has your employment or education status changed since starting the program? If so, how and why?
- 21. Has your housing status changed since starting the program? If so, how and why?
- 22. Has your overall health changed since starting the program? If so, how and why?
- 23. Has your overall quality of life improved since starting the program? If so, how and why?

24. When you think about the help you have received from this program, how would you rate the help you received on a scale of 1 to 10 (10 is the most amount of help)? Why?

V. THANK YOU AND CONCLUSION

Is there anything we didn't ask about that you think is important for us to know to understand your experiences receiving services from this program?

Thank you for your time.