OMB No. 0930-

03xx

Expiration Date: xx/xx/xx

Appendix 5

State Mental Health Authority 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.

State Mental Health Authority 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 60 minutes.

We are speaking with state mental health leadership in states across the country that have successfully implemented the CSC model in clinics within their state. 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. INTRODUCTION

I'd like to start by asking you to describe your role in the MHBG 10% program. I'd also like to hear about the role of your state in the implementation of CSC programming.

Possible Probes:

- 1. At the state level, who is responsible for monitoring and administering the MHBG 10% program?
- 2. What is your role with the MHBG 10% program in the state? What are some of your responsibilities around the MHBG 10% program?
- 3. How long have you had your current role/position in relation to the MHBG 10% program?

II. FUNDING STRUCTURE AND RESOURCES

Now I'd like to ask you some questions about your state's role in implementing CSC. How does your state determine which centers receive 10% set aside funding? Are there regulations that guide what the centers can use the funding for?

Possible Probes:

- 4. How does your state distribute the MHBG 10% set aside funding? How does the state identify specific sites to receive this funding?
- 5. What are the factors (e.g. geographic location; population density; need-based) that are used to determine the distribution of state MHBG 10% funds?
- 6. Does the state have parameters or rules for how MHBG 10% funds are used by clinics? For example, can they only be used for service delivery or provider salaries? If so, what are the rules or parameters? Are there different parameters for new, start-up, programs?
- 7. Besides the MHBG 10% funds, are there other sources of funding that the state has made available to CSC clinics? (e.g. State insurance, other state or county grants, other endowments or state-level policies?)
- 8. What other sources of funding (besides state supported funds) do clinics use to fund CSC services?

III. CSC PROGRAM COMPONENTS

In this next section, I'd like to ask you about the CSC programs in your state. I'd like to hear about what CSC model(s) are being used at state funded sites and the role of the state at each of the centers.

Possible Probes:

- 9. There are several different CSC program models and technical assistance that is offered to learn how to implement the models (e.g., NAVIGATE, EASA, OnTrack, etc.). Does the state determine which model(s) the centers that are funded by the MHBG use?
- 10. Does the state have a minimum list of required services that must be offered at each of the state funded centers?
- 11. Is there a way that the state tracks which types of services are being offered at the centers? If so, please describe it.

IV. ONGOING COMMUNICATION WITH CSC CENTERS

I'd like to hear about the relationship that the state has with CSC centers. How often does the state communicate with the centers? What kinds of things are covered in your communications with centers?

Possible Probes:

- 12. How often does the state communicate with CSC sites? Are there regular meetings that are scheduled? What are the purposes of the communication with sites?
- 13. Are there any state sponsored technical assistance or training efforts for FEP programs centers (e.g., work force training, funding to outside resource centers or consultants, state funded resource center, etc.)? If so, what technical assistance and/or training are provided and how are they funded?

V. EVALUATION/FIDELITY MONITORING

Now I'd like to focus on any state evaluation efforts of CSC programs funded through the MHBG 10% program. Are there any state reporting requirements for CSC centers funded through the MHBG 10% set aside? What are the requirements and how often are they reported?

Possible Probes:

14. What kind of information/data does the state collect? Does that state collect any client level data from CSC clinics?

VI. RECOMMENDATIONS AND CLOSING

Are there any challenges with administering the 10 percent set aside funds that you wish were somehow different?

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.