ATTACHMENT C  
  
Site Interview Protocol  
Ccbhc PROVIDERS

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site visit Interview questions- ccbhc PROVIDERS

On-site interviews will be conducted with program leadership, providers, and administrative staff from CCBHC demonstration sites in 4 states. The interviews will address specific factors that shape CCBHC policies, and will be tailored based on the information already gathered through applications and other sources—or gaps in that information—regarding participating sites’ program characteristics. The interviewer will transfer the information gathered from the interviews into a Debrief Template that organizes data by criteria domain and corresponding research questions. The general protocol for site visit interviews with CCBHC providers is presented below.

A. Introduction

1. Please describe your current role/position.

a. For how long have you held this position?

b. [For CCBHC staff] What are your key responsibilities in the CCBHC?

c. [For CCBHC staff] If you were at this agency prior to CCBHC certification, how has your role changed with CCBHC certification?

B. Changes associated with CCBHC certification

1. In what ways has your clinic changed since CCBHC certification? How has care in the clinic changed since it became a CCBHC?

a. How is your work at the CCBHC different now (e.g., services you provide, certifications or training requirements, documentation practices, etc.) relative to before CCBHC certification?

b. Compared to other community behavioral health clinics (e.g., CMHCs) in which you have worked?

C. Scope of services

1. What services do you provide? Let’s talk about them one by one.

a. Services:

* + - Outpatient MH services
    - Outpatient SUD services
    - Assisted Outpatient Treatment
    - Management of psychoactive drugs
    - Medication assisted treatment
    - Crisis planning services
    - Screening/assessment/diagnostic services
    - Crisis services/Urgent care
    - Treatment planning services
    - Psychiatric rehabilitation services
    - Peer support services for clients
    - Support services for families
    - Targeted case management
    - Primary health screening and monitoring
    - Armed forces and veteran’s services
    - Other (specify)

Probe for:

–How are these services provided (e.g., in-person, phone, telehealth, etc.)

b. Evidence-based behavioral health practices

* + - * Motivational Interviewing
      * Cognitive Behavioral individual, group, and on-line therapies (CBT)
      * Dialectical Behavioral Therapy (DBT)
      * Addiction technologies
      * Recovery supports
      * First episode early intervention for psychosis
      * Multi-systemic therapy
      * Assertive Community Treatment (ACT)
      * Forensic Assertive Community Treatment (F-ACT)
      * Medication evaluation and management
      * Community wrap-around services for youth
      * Specialty clinical interventions to treat youth
      * Other (describe)

2. Which clients get which services, and how is this determined?

a. Please describe the types of clients that you serve (e.g., demographic characteristics, diagnoses, languages, etc.).

Probe for:

-What are the ages of the clients you serve?

-Do you specialize in treating certain client populations?

3. Do you screen clients for physical health conditions? For mental health conditions? For substance use disorders? [By screening, we mean specific tools used to assess/monitor symptoms or behaviors.]

a. Which clients receive screenings?

b. When are initial screenings provided?

c. What screening tools do you use, and for which clients? [Evaluate whether screening tools are standardized and validated for the client population.]

d. When someone screens positive, how do you go about connecting them with treatment or support?

e. Do you conduct follow-up screenings at regular intervals? If so, what screenings and how often?

D. Care coordination

1. Who in the clinic do you work with on a regular basis to coordinate care for your clients (e.g., care manager, other providers, etc.)?

a. Describe the care planning process.

- Who is responsible for overseeing/updating care plans?

2. What is done to manage CCBHC clients’ medications across prescribers?

a. Does the program keep up-to-date lists of clients’ current medications?

3. What is your role, if any, in connecting CCBHC clients with a personal PC physician (e.g., for primary health screening and monitoring)?

a. How is their PC physician choice documented?

b. How do you know if a client visits with a specific clinician or team and receives care for physcial health conditions?

c. How do you know if a client visits the emergency department for physical health problems?

E. Referral practices

1. When you refer a patient to see another clinician in the CCBHC, how do you know whether the patient actually saw that clinician?

a. What if the clinician is at a designated collaborating organization (DCO)?

b. What if the clinician is at an unaffiliated community provider?

c. Are there any systems that you use to track these referrals?

d. How do you know if your client accessed crisis services or was admitted to a hospital?

F. Data sharing

1. Please describe your CCBHC’s use of an electronic health record (EHR)?

a. Does your CCBHC use and EHR?

b. Is it new or was it in place prior to becoming a CCBHC (e.g., as part of CCBHC certification)?

c. Other than for simply recording patient information, what do you use the EHR for?

- Referral tracking?

- Checking medical information from other MH providers? DCO providers?

- Checking medical information from primary care or other general medical providers?

d. Are there limitations to the medical information you can access through the clinic EHR?

e. How do you access medical information that is not available in the EHR?

2. Does your CCBHC have a system to track and follow-up on lab test or imaging orders?

a. If yes, please describe.

b. Does the system have a documented process for notifying CCBHC clients of normal and abnormal results?

c. Does the system have a documented process to flag and follow-up on results that are overdue to be shared with a client?

G. Accessibility

1. Are resources now available to you to offer your clients that were not available before your organization became a CCBHC?  Please describe.

a. How have you discussed these with your clients?

2. Are you carrying out any outreach activities to reach clients who are not engaged in services?

a. What kinds of outreach (e.g., developing relationships with community organizations, advertising, etc.)?

b. Specific target population(s)?

H. Quality and other reporting

1. Have paperwork or other reporting requirements changed since the clinic became a CCBHC? How has this affected your work?

2. Are you involved with any quality measurement activities going on in the clinic?

a. What kind of activities?

b. Are you required to report any information related to quality of care?

c. Do you participate in any quality improvement projects within the clinic?

d. Do you receive information from clinic administration on the quality of care provided by the clinic as a whole? By you personally?

3. Do you receive feedback about your own performance or productivity? How about for CCBHC -specific measures? If yes, please describe feedback and how it’s used.

4. Do you receive information about the performance or productivity of the CCBHC program? If yes, describe feedback and how it’s used.

I. CCBHC benefits and challenges

1. What do you think has been the best part or greatest benefits of working in a CCBHC?

2. What do you think have been the most challenging parts of working in a CCBHC?

a. Is there anything you would like to change/anything that could be improved? How?

J. Interviewee feedback/open discussion

1. What have we missed? What else do we need to know that we haven’t asked you?

2. Are there any other providers (e.g., individuals who have an integral role in the CCBHC) who should be included in these interviews?