

# **Evaluation of the Certified Community Behavioral Health Clinic Demonstration**

## **Supporting Statement – Section B**

**Submitted:** July 12, 2017

### **Program Official/Project Officer**

Judith Dey, Ph.D. - Social Science Analyst  
U.S. Department of Health and Human Services  
Office of the Assistant Secretary for Planning and Evaluation  
200 Independence Avenue SW, Washington DC 20201

## **PART B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS**

## 1. Respondent universe and sampling methods

**Site visit interviews with CCBHC site leadership, care managers, frontline mental health providers, and administration/finance staff:** We will purposively select four of the states participating in the demonstration to reflect its different payment models and organizational structures. The evaluation team will collaborate with ASPE and SAMHSA to select states and CCBHCs. The final selections will likely be informed by factors such as the geographic proximity of CCBHCs to each other (to maximize visiting as many clinics are possible), visiting states that use each of the prospective payment system models available to demonstration states, the types of partnerships between CCBHCs and Designated Collaborative Organizations (DCOs), early successes or challenges with planning and implementation, and whether the state is included in the evaluation's impact/claims analyses. Select clinic staff who have significant roles in CCBHC implementation at each site will take part in these interviews. The evaluation team will work with CCBHC leadership to determine which staff should be included in the interviews. The project directors at each site will provide any updates to the staffing mix, name individuals in various positions, and facilitate meeting arrangements. We will conduct both individual and group interviews as part of the site visits to facilitate inclusion of relevant staff.

**Telephone interviews with state Medicaid and mental health officials:** The evaluation team will work with demonstration leadership in each CCBHC demonstration state to determine which state officials can provide the most comprehensive information.

**CCBHC annual progress reports:** We will ask all CCBHCs participating in the demonstration to submit progress reports annually. We will not use sampling methods.

## 2. Procedures for the collection of information

- **Site visit interviews for CCBHC site leaders, site administration/finance staff, care managers, and frontline providers.** We will gather information in one- to two-person interviews arranged by the evaluator and CCBHC leadership. A researcher will lead these interviews, and a note taker will record them. We will audio record interviews for later reference if informants agree to allow it.
- **Telephone interviews with state Medicaid and behavioral health officials, and consumer/family representatives.** We will gather information in one- to two-person interviews arranged by the evaluator and state leadership. A researcher will lead these interviews, and a note taker will record them. We will audio record interviews for later reference if informants agree to allow it.
- **CCBHC annual progress reports.** Using the approved template (Attachment L), CCBHCs will complete annual progress reports and submit them to the evaluator via a secure SharePoint site. The evaluation team will share the templates with CCBHC leadership and follow up as needed to ensure timely submission.

## 3. Methods to maximize response rates and deal with nonresponse

As recipients of CCBHC demonstration funding, states are expected to demonstrate high levels of cooperation and be fully engaged as partners in the evaluation, encouraging CCBHCs to

collaborate with the evaluators regarding the site visits and submission of progress reports. The evaluators will work with CCBHC leadership to identify a mutually convenient date and time to conduct the site visits and interviews. The annual progress report template has been designed for ease of use, and evaluation team members will follow up with CCBHC leadership by phone and email as needed to ensure timely submission.

**4. Tests of procedures or methods to be undertaken**

There will be no official pre-test for the interview protocols or the clinic progress report template because both are similar to instruments used without difficulty in previous studies the evaluator has conducted.

**5. Consultants on statistical aspects of the design and people who will collect and analyze the information**

In September 2016, ASPE awarded a task order to Mathematica and its subcontractor, the RAND Corporation, to design and conduct the evaluation (Task Order number HHSP23337005T). Mathematica designed the evaluation in conjunction with ASPE task order officers Emily Jones and Judith Dey. The evaluation design team includes Jonathan Brown (Mathematica) and Joshua Breslau (RAND). The evaluation will be conducted by Mathematica under contract with ASPE.

## LIST OF ATTACHMENTS

---

Attachment A: CCBHC site leadership interview protocol

Attachment B: CCBHC administration/finance staff interview protocol

Attachment C: CCBHC frontline provider interview protocol

Attachment D: CCBHC care manager interview protocol

Attachment E: CCBHC baseline state Medicaid official interview guide

Attachment F: CCBHC baseline state mental health official interview guide

Attachment G: CCBHC midpoint state Medicaid official interview guide

Attachment H: CCBHC midpoint state mental health official interview guide

Attachment I: CCBHC demonstration end state Medicaid official interview guide

Attachment J: CCBHC demonstration end state mental health official interview guide

Attachment K: CCBHC demonstration end consumer/family representative interview guide

Attachment L: CCBHC clinic demonstration year 1 progress report template

Attachment M: CCBHC clinic demonstration year 2 progress report template

Attachment N: Protecting Access to Medicare Act