

ATTACHMENT H

DEMONSTRATION MIDPOINT TELEPHONE INTERVIEW PROTOCOL
STATE BEHAVIORAL HEALTH OFFICIALS

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DEMONSTRATION MIDPOINT TELEPHONE INTERVIEW QUESTIONS - STATE BEHAVIORAL HEALTH OFFICIALS

In spring of 2018, follow-up telephone interviews will be conducted with state behavioral health officials to obtain feedback regarding CCBHC implementation in their state. Telephone interviews will address specific factors that shape CCBHC policies and implementation, and will focus on changes in key CCBHC implementation domains since the first (year 1) interview. 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 demonstration midpoint telephone interviews is presented below.

A. Introduction

1. Please describe your **current role/position and responsibilities**.

B. Implementation successes and barriers

1. Have there been any changes to the way that non-CCBHC community behavioral health clinics are administered in your state since [insert month and year of baseline interview]? In our first interview we heard that non-CCBHC community behavioral health clinics in your state ... *(tailor summary of characteristics or examples based on responses provided in baseline interview)*. If yes, how?
 - a. What are the major differences between the way that CCBHCs are administered compared with how non-CCBHC community behavioral health clinics are currently administered in your state?
2. How is the CCBHC demonstration process going in your state? Has anything changed since [insert month and year of baseline interview] (i.e., baseline telephone interview)?
 - a. What kind of feedback have you received from CCBHCs since [insert month and year of baseline interview] (e.g., since the first year of the demonstration)?
 - b. What are some of the key successes that CCBHCs have had?
 - c. What factors have played a role in CCBHC successes?
 - d. What problems or barriers have CCBHCs in your state faced since [insert month and year of baseline interview]? Were these barriers anticipated or unexpected?
 - e. What steps have been taken to address or resolve these problems? Have these actions been effective?
 - f. How could these problems be avoided or managed by other CCBHCs in the future?

C. Demonstration administration

1. How are the state office(s) of mental health and substance abuse services involved in monitoring compliance of CCBHCs with the certification criteria?

Probe separately for:

- Mental health clinics
- Substance use disorder clinics
 - a. Has this changed since [insert month and year of baseline interview]?

- b. Have any challenges arisen for CCBHCs in maintaining certification or continuing to meet all of the certification criteria?
2. How have **consumers** (including adults with serious mental illness [SMI] and those with long term and serious substance use disorders), **family members** (including of adults with SMI and children with serious emotional disturbances), **providers**, and **other stakeholders** (including American Indian/Native Alaskans, and other local and state agencies) been involved in ongoing demonstration implementation?
 - a. What were the critical issues they raised?
 - b. How did their input influence the demonstration implementation?

D. Staffing and access to care

1. Since [insert month and year of baseline interview], have there been any changes regarding staffing concerns of the CCBHCs in your state?

Probe about the following:

- Cultural competence for specific populations
 - Workforce limitations
 - Licensing
- Monitoring staff in
 - designated collaborating organizations (DCOs)
 -
 - Staffing for new services offered at CCBHCs
2. Since [insert month and year of baseline interview], what have CCBHCs in your state done to improve access to care?

Probe about the following:

- Expanding hours of service
- Increasing number of locations for accessing care
- Outreach efforts (community-based; print advertising; online social networks; etc.) to specific underserved groups, such as children or homeless
- Telemedicine
- Internet/text/app based access

Probe separately for:

- Mental health services
- Substance use disorder services

3. Have CCBHCs attempted to expand access to other specific types of services?

Probe about the following:

- a. Substance use disorder treatment
- b. Services across the lifespan (e.g., child and adolescent; adult; geriatric)

- c. Specific EBPs and evidence-based medications listed in the state demonstration application. For example:
- Motivational Interviewing; Cognitive Behavioral individual, group and on-line Therapies (CBT); Dialectical Behavior 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)
 - Medications for psychiatric conditions; medication assisted treatment for alcohol and opioid substance use disorders; prescription long-acting injectable medications for both mental and substance use disorders; smoking cessation medications
 - Community wrap-around services for youth and children; and specialty clinical interventions to treat mental and substance use disorders experienced by youth
4. What did CCBHCs in your state do to ensure access to services for consumers regardless of ability to pay?
- Probe about the following:
- Duration of efforts to ensure access to services regardless of ability to pay (e.g., Are these programs/policies/procedures new or longstanding?)
 - Provision of services on a sliding scale basis or provision of services regardless of ability to pay
5. Are CCBHCs in your state conducting any outreach or other activities to ensure access to services for those who live outside a clinic's service area or are experiencing homelessness?
- Probe about the following:
- Protocols regarding addressing the needs of consumers who do not live close to a CCBHC or within the CCBHC catchment area as established by the state
6. In addition to the CCBHC, is your state implementing other delivery system reforms designed to improve access to or quality of mental health or substance use disorder services?
- Probe about the following:
- Crisis services
 - Substance use disorder services, recovery-oriented care
 - CMS or health reform demonstrations
 - Health homes
 - Behavioral health-related waiver or demonstration activity
 - Olmstead
 - Medicaid expansion
 - ACA

- a. What types of funding sources currently support these efforts (e.g., existing grants, county-specific services funded through county taxes, 1115 waivers, general revenue)?
- b. Do efforts/funding vary by region within the state?
- c. How do these efforts interact with CCBHC efforts?

E. Scope of services and coordination of care

1. What are some barriers that clinics in your state have faced in providing the full CCBHC scope of services since [insert month and year of baseline interview]?
2. In our first interview, we heard that all services within the CCBHC scope of services [are/are not] reimbursable by Medicaid in your state. Have there been any changes since [insert month and year of baseline interview]? If yes, what changes?
 - a. Which services required by the CCBHC criteria were not historically provided in community behavioral health clinics in your state?
 - b. Have DCO arrangements been important to providing the full scope of services by CCBHCs? If so, which services in particular are being provided by DCOs?
 - c. What are the barriers that clinics in your state might face in providing the full CCBHC scope of services?
 - d. Have CCBHCs experienced any challenges surrounding care coordination for individuals who are dually eligible/enrolled in both Medicaid and Medicare?
 - e. Have CCBHCs experienced any challenges surrounding care coordination for individuals who recipients of 1915(c) Waivers?
3. In our first interview, we heard that the care coordination services in the CCBHCs [are/are not] substantially different from what is available in other non-CCBHC community behavioral health clinics in your state. Has this **changed** since [insert month and year of baseline interview]? If yes, how?
 - a. If different, how are they different? What changes were required to meet the CCBHC standard?
 - b. If not different, how are those services paid for in other settings?
4. In our first interview, we heard that CCBHCs established care coordination with community or regional supports and providers by [provide description from baseline interview]. Have there been **any changes** in these **care coordination efforts** since [insert month and year of baseline interview]? If yes, what changes?

Probe about the following:

- Schools
- Hospitals (e.g., to obtain discharge notifications for inpatient/ED care)
- Child welfare agencies
- Juvenile and criminal justice agencies and facilities (including drug, mental health, veterans and other specialty courts)

- Active military/VA facilities
- Indian Health Service youth regional treatment centers
- State licensed and nationally accredited child placing agencies for therapeutic foster care service
- FQHCs
- Other social and human services

5. Have there been any changes to health IT systems requirements or utilization of IT systems by non-CCBHC community behavioral health clinics since [insert month and year of baseline interview]? If yes, what changes? How do CCBHCs compare with non-CCBHC community behavioral health clinics in use of electronic health records?
 - a. Has demonstration funding been used to upgrade electronic health record capabilities?

F. Quality of care

1. How have quality measures data been collected during the demonstration?
 - a. Are quality measures data being collected according to plan? Have there been any changes to plans for collecting quality measures data?

Probe for:

- a. CCBHC reported measures (9 required)
 - New clients – days until initial evaluation/percent of new clients evaluated within 10 days
 - Preventive care and screening: BMI
 - Preventive care and screening: Tobacco
 - Preventive care and screening: Alcohol
 - Weight assessment/nutrition counseling; Phys Activity for child/adolescent
 - Child/adolescent: MDD-Suicide risk
 - Adult: MDD-Suicide risk
 - Depression screening and follow-up plan
 - Depression remission- 12 months
- b. State reported measures (12 required)
 - Housing status
 - Follow-up after discharge from ED for mental health
 - Follow-up after discharge from ED for substance use disorders
 - Plan all-cause readmission rate
 - Diabetes screening for individuals with schizophrenia or bipolar disorder using antipsychotic meds
 - Adherence to antipsychotic medication for individuals with schizophrenia
 - Adult (21+): Follow-up after hospitalization for mental illness
 - Child/adolescent: Follow-up after hospitalization for mental illness
 - Follow-up for children prescribed ADHD medication
 - Antidepressant medication management
 - Initiation/engagement of substance use disorder treatment
 - Patient/family experience of care (Survey Measures)

- c. Who is responsible for collecting quality data when care is covered by an MCO or provided by a DCO?

Probe for:

-Have there been any changes in this arrangement (i.e., who is responsible for collecting this quality data) since the beginning of the demonstration?

-How is this process working so far? Any challenges or barriers to collecting quality data when care is covered by an MCO or provided by a DCO?

2. How has your state used CCBHC information on quality of care in the last year?
- Reporting to CCBHC?
 - Compliance monitoring?
 - Quality bonus payment?
 - Public reporting?
 - Other benchmarking?
3. Since [insert month and year of baseline interview], how has information on CCBHC quality measures been shared among various state agencies, with CCBHCs and with the public?
- How has CCBHC quality data been shared between clinics, managed care organizations, state Medicaid offices and state mental health departments?
4. In our first interview, we heard that your state [does/does not] require CMHCs or other behavioral health providers to report quality measures. Has this **changed**? If yes, how?
- Probe about changes in:
- Which measures
 - Which providers
 - What is done with the information
5. In our first interview, we heard that your state [does/does not] analyze claims data to help improve the quality of behavioral health care. Has this **changed**?
- If so, how?
 - Which measures are monitored?
 - How is the information used?
 - How does your state collect data on the National Outcomes Measures (NOMs) to meet your block grant reporting obligations?
6. In our first interview, we heard that the state office of mental health [monitors/does not monitor] utilization of care in the CCBHCs. Has this **changed** since [insert month and year of baseline interview]?
- What are the data sources for the Office of Mental Health (OMH)?
 - Who receives information on the CCBHCs and how do they respond?

- c. Does monitoring for CCBHCs differ from other community behavioral health clinics in the state?
 - d. Does the state OMH monitor utilization of care at DCOs?
7. How has your state used CCBHC information on utilization?

G. Cost and payment

1. Since [insert month and year of baseline interview], have you received any feedback from CCBHCs regarding use of the prospective payment system? Please describe.
- a. How burdensome has the PPS been for CCBHCs in your state?
 - b. Have CCBHCs encountered any issues regarding use of the PPS (e.g., payment of DCOs)?
 - c. If yes, what steps have been taken to address/resolve these issues? Please describe.
2. Since [insert month and year of baseline interview], have CCBHC costs been **consistent with your expectations**? Please describe.
- a. How do costs compare with those under the previous payment system?
 - b. How do costs vary across CCBHCs? Is the PPS appropriate/fair for different CCBHCs in your state?

H. Data availability

1. In our first interview, we heard [provide description of NOMs data collection from baseline interview]. Has this **changed** since [insert month and year of baseline interview]? If yes, how?
2. Have you identified **any new sources of comparison data** since [insert month and year of baseline interview]?

I. Governance

1. Have there been any changes to state requirements surrounding accreditation for CCBHCs?
- a. If yes, what type/agency (e.g., CARF, COA, TJC) is required?
 - b. Have CCBHCs encountered any issues with accreditation?
2. Have there been any changes to the process for ensuring that CCBHC boards are “reasonably” representative of the communities they serve (e.g., demographically, consumer perspectives, etc.)?

Probe for the following:

- a. Perspectives of behavioral health consumers, families, and communities are represented in CCBHC governance?
- b. Representation of consumer/family/community perspectives in CCBHCs?

J. Interviewee feedback/open discussion

1. What have we missed? What else do we need to know that we haven't asked you?
2. Is there anyone else from the state office(s) of mental health and substance abuse services who should be included in these interviews?
3. Is there anyone else from the state office(s) of Medicaid who should be included in these interviews?