

# Assessment of Cancer Prevention Services at Community Mental Health Centers: Interview Guide for Administrators (No Cancer Prevention Services at the CMHC)

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## About the Interview

As part of the Division of Cancer Prevention and Control (DCPC), Centers for Disease Control and Prevention (CDC) Assessment of Cancer Prevention Services at Community Mental Health Centers, Abt Associates is conducting interviews with a sample of community mental health center (CMHC) administrators.

The purposes of the study are to better understand capacities of CMHCs to provide cancer prevention and screening services to persons with mental illness, to identify barriers to providing such services, and to propose strategies to addressing these barriers and facilitating such services. Your perspective will inform the CDC's understanding of the factors that impact cancer prevention services disparities, with the ultimate goal of improving services.

We anticipate interviewing 25 CMHC administrators in total. Please note:

- Your participation is voluntary, and you may choose not to participate in the study.
- The interview will last approximately one hour.
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Do you have any questions about this before we get started?

Do I have your permission to record the interview?

**Date of Interview:**

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**Note taker:**

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**Cancer prevention services are activities implemented to assist individuals/populations to minimize their risk factors and maximize their protective factors and promote positive lifestyle habits with the goal of minimizing an individual’s odds of developing cancer and maximizing opportunities for early treatment should cancer occur or reoccur.**

**Cancer prevention services include:**

- **one-on-one or group education,**
- **routine screening,**
- **screening reminders,**
- **navigation services (peer or other) to increase screening uptake,**
- **smoking cessation interventions,**
- **use of social media to promote smoking cessation, and**
- **early cancer detection.**

Examples of Evidence on Cancer Risk Factors	Examples of Evidence on Cancer Protective Factors
Smoking	Not smoking
Exposure to second-hand smoke	No exposure to second-hand smoke
Overweight/Obesity	Maintaining a healthy weight
High intake of processed foods with low consumption of fresh produce	Eating a healthy diet with fresh fruits and vegetables
Lack of exercise	Regular exercise
Exposure to toxins and other environmental hazards	Living in a healthy environment
No HPV vaccine (for women)	HPV vaccine (for women)
Family history of cancer	No family history of cancer
No receipt of routine recommended cancer screenings	Getting routine recommended cancer screenings
Lack of physician recommendation for cancer screenings	Physician recommendation for cancer screenings
Excessive alcohol consumption	Abstaining from alcohol

## **General Health and Prevention**

1. What services does your CMHC provide for individuals with other chronic health conditions such as diabetes, asthma, and heart disease, if any?
2. What relationships do you have with primary care providers or clinics?
  - a. What processes do you have to track referrals?
3. How do you use peer support specialists or health navigators to assist in screening, referrals, other prevention activities? (Please describe)
4. What barriers to health care, including cancer prevention services, do people served by your CMHC face? Are the barriers different for children/adolescents and adults? If so, how? How do your staff try to eliminate these barriers?
5. What specific strategies, such as motivational interviewing, peer wellness coaching, etc. do you think would be most helpful to engage individuals in their own health and wellness? How are the strategies you use different for children and adolescents as compared to adults?

## **Cancer Prevention Services**

6. What factors influenced your decision to not implement cancer prevention services at your CMHC?
  - a. Prompts: Importance of good patient care, importance of impacting the quality of life and lifespan of people served, funding, influence of advocacy local or national, research, integration, state regulations, relationships with other providers?
7. Where could cancer prevention fit within your CMHC's mission?

8. What supports do you think individuals with mental health diagnoses (and substance use or co-occurring substance use disorder) need to engage in for screening, smoking cessation, and other cancer prevention activities? How are needed supports for adults, children, and adolescents different, if at all?
  - a. How does culture play a role in the supports that individuals with mental health diagnoses need to engage in healthy behaviors and cancer prevention activities like screening?

### **Reimbursement**

9. What reimbursement sources are available for cancer prevention services in your state?
10. What reimbursement would you need to fully support integration of cancer prevention services into your CMHC?
11. Please describe the most common type(s) of insurance coverage held by the people your CMHC serves (i.e., Medicaid, Medicaid expansion, Medicare, private insurance, no insurance etc.).

### **Lessons Learned/Needs**

12. What are the biggest barriers to providing cancer prevention services at your CMHC?
13. What training would your staff need in order to implement evidence-based cancer prevention services?

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(Refer out from the CMHC for Cancer Prevention Services)

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Lack of exercise	Regular exercise
Exposure to toxins and other environmental hazards	Living in a healthy environment
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Excessive alcohol consumption	Abstaining from alcohol

## **General Health and Prevention Services**

1. What services does your CMHC provide for individuals with other chronic health conditions such as diabetes, asthma, and heart disease, if any?
2. How do staff at your CMHC track referrals to primary and specialty care?
3. How does your CMHC use peer support specialists or health navigators to assist in screening, referrals, other prevention activities? (Please describe)
4. What barriers to health care, including cancer prevention services, do people served by your CMHC face? Are the barriers different for children/adolescents and adults? If so, how? How do your staff try to eliminate these barriers?
5. What specific strategies, such as motivational interviewing, peer wellness coaching, etc. do you think would be most helpful to engage individuals in their own health and wellness? How are the strategies you use different for children and adolescents as compared to adults?

## **Cancer Prevention Services**

6. Where does cancer prevention fit within your CMHC's mission?
7. What factors influenced your decision to support referrals for cancer prevention services? Prompts: How did integration [Health Home/PCMH/part of FQHC), state regulations, wanted to help people served improve their quality of life and lifespan served, lack of funding for direct provision of cancer prevention services, influence of advocacy, research, relationships with other providers influence your decision not to directly provide cancer prevention services? Were there competing demands?
  - a. Where do you look to find information on cancer prevention interventions designed for the populations you serve? In the language(s) spoken by the populations you serve?

- b. What technical assistance, if any, has your CMHC received on implementation of cancer prevention services? (Who provided the technical assistance?)
8. Are cancer prevention referrals universally available to all the people you serve? If not, tell me more about **when** you provide cancer prevention referrals? To **whom** are these referrals provided? And if not, **why**?
9. What agreements do you have with primary care providers and/or FQHCs for cancer prevention service referrals? (Screening, HPV vaccines, etc.)
10. How do you track referrals for cancer prevention services?
  - a. To whom does your CMHC refer? What cancer prevention services are provided at these locations?
11. What has helped you and/or your CMHC staff to develop partnerships with other organizations and providers who might assist your CMHC to implement cancer prevention for individuals who have diagnoses of mental illness?
  - a. What infrastructure is needed to support these cancer prevention referrals?
12. How do the populations you serve influence the referrals you provide for cancer prevention services? Prompts: children, adolescents, adults, people from diverse cultural backgrounds?
13. What supports do you think individuals with mental health diagnoses (and substance use or co-occurring substance use disorder) need to engage in for screening, smoking cessation, and other cancer prevention activities? How are needed supports for adults, children, and adolescents different, if at all?
  - a. How does culture play a role in the supports that individuals with mental health diagnoses need to engage in healthy behaviors and cancer prevention activities like screening?

## **Reimbursement**

14. What reimbursement for cancer prevention services is available in your state?
  
15. What reimbursement would you need to fully support integration of cancer prevention services into your CMHC?
  
16. What are some other ways that you could fund cancer prevention services?
  
17. Please describe the most common type(s) of insurance coverage held by the people your CMHC serves (i.e., Medicaid, Medicaid expansion, Medicare, private insurance, no insurance etc.).

## **Lessons Learned/Needs**

18. What are the biggest barriers to your CMHC providing direct cancer prevention services?
  
19. What training, would your staff need in order to directly implement cancer prevention services?  
Evidence-based cancer prevention services?
  
20. What procedures does your CMHC implement to encourage staff to ask about cancer screening, risk behaviors, etc.? How well do those procedures work?

# Assessment of Cancer Prevention Services at Community Mental Health Centers: Interview Guide for Administrators (Cancer Prevention Services at the CMHC)

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### **General Health and Prevention Services**

1. What services does your CMHC provide for individuals with other chronic health conditions such as diabetes, asthma, and heart disease, if any?
2. How do you track referrals for primary and specialty care?
3. What agreements do you have with primary care providers and/or FQHCs for staffing support and referrals?
4. How does your CMHC use peer support specialists or health navigators to assist in screening, referrals, other prevention activities? (Please describe)
5. What barriers to health care, including cancer prevention services, do people served by your CMHC face? Are the barriers different for children/adolescents and adults? If so, how? How do your staff help to eliminate these barriers?
6. What specific strategies, such as motivational interviewing, peer wellness coaching, etc. do you think would be most helpful to engage individuals in their own health and wellness? How are the strategies you use different for children and adolescents as compared to adults?

### **Cancer Prevention Services**

7. What factors influenced your decision to implement cancer prevention services? Prompts: Integration [Health Home/PCMH/part of FQHC), state regulations, wanted to help people served improve their quality of life and lifespan served, funding, influence of advocacy, research, relationships with other providers?)

8. [Note to interviewer: Ask only if administrator had previously noted that they are working on /are implementing a Health Home, PCMH, are part of an FQHC, etc.] How do existing or planned integration activities compete with implementation of cancer prevention services?
  - a. How do existing or planned integration activities align with implementation of cancer prevention services?
  
9. Where does cancer prevention fit within your CMHC's mission?
  
10. Where do you look for research or information focused on best practices in cancer prevention or general health care and health screenings?
  - a. Where do you look to find information on cancer prevention interventions designed for the populations you serve? In the language(s) spoken by the populations you serve?
  
  - b. What technical assistance, if any, has your CMHC received on implementation of cancer prevention services? (Who provided the technical assistance?)
  
  - c. What training, if any, have your staff received related to cancer prevention services? (Who provided the training? Who was trained? What changes were implemented after the training(s)? Where those changes sustained?)
  
11. Are cancer prevention services universally available to all the people you serve? If not, tell me more about **when** you provide cancer prevention services? To **whom** are these services provided? And if not, why?
  - a. What types of cancer prevention interventions does your CMHC use?
  
  - b. How does the make-up of the populations you serve influence the cancer prevention interventions you provide? Do you regularly look at demographic data for the people you serve? Do those data influence your decisions about cancer prevention services?
  
  - c. What infrastructure do you have in place to support implementation of cancer prevention services? What infrastructure is needed?

- d. What role does the state or any state agency play in supporting the prevention services you provide?
  
- 12. What has helped you and/or your CMHC staff to develop partnerships with other organizations and providers who might assist your CMHC to implement cancer prevention for individuals who have diagnoses of mental illness?
  
- 13. How do staff at your CMHC culturally tailor cancer prevention interventions and materials based on demographics of populations your CMHC serves?
  
- 14. How are families/significant others involved in cancer prevention activities, if at all?

**Reimbursement**

- 15. What reimbursement for cancer prevention services is available in your state?
  
- 16. What reimbursement would you need to fully support integration of cancer prevention services into your CMHC?
  
- 17. What are some other ways that you fund cancer prevention services?
  
- 18. Please describe the most common type(s) of insurance coverage held by the people your CMHC serves (i.e., Medicaid, Medicaid expansion, Medicare, private insurance, no insurance etc.).

**Lessons Learned/Needs**

- 19. What are the biggest challenges to providing cancer prevention services at your CMHC? What has helped your CMHC to implement cancer prevention services?
  
- 20. What training do staff need in order to implement evidence-based cancer prevention services?

21. What procedures does your CMHC implement to encourage staff to ask about cancer screening, risk behaviors, etc.? How well do those procedures work?

# Assessment of Cancer Prevention Services at Community Mental Health Centers: Interview Guide for Psychiatric Clinicians (No Cancer Prevention Services at the CMHC)

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The purposes of the study are to better understand capacities of CMHCs to provide cancer prevention and screening services to persons with mental illness, to identify barriers to providing such services, and to propose strategies to address these barriers and facilitate cancer prevention and screening services. Your perspective will inform the CDC's understanding of the factors that impact cancer prevention services disparities, with the ultimate goal of improving services.

We anticipate interviewing 25 psychiatric providers in total. Please note:

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## General Health and Prevention Services

1. How do you assess health-related risk factors such as:
  - a. Smoking or tobacco use?
  - b. Diet and nutrition?
  - c. Physical activity?
  - d. Others? If at all
2. What would help trigger you and other psychiatric providers at your CMHC to ask about health-related risk factors such as smoking, physical activity, diet and nutrition, health screenings, etc.? Are triggers different for adults, children, and adolescents? If so, how?
3. How do psychiatric providers at your CMHC track referrals for health services?
  - a. Track referrals for primary care?
  - b. Track HPV vaccinations for adolescent girls and young women?
  - c. Track cancer risk factors such as smoking, alcohol, risky sexual behaviors, etc.?

4. What is your relationship with local primary care and/or FQHC providers?
  
5. What specific strategies, such as motivational interviewing, peer wellness coaching, etc. do you think are most needed to engage your clients in their own health and wellness? How are your strategies for adults, children, and adolescents different, if at all?

### **Cancer Prevention Services**

6. Where could cancer prevention fit within your CMHC's mission?
  
7. What community resources for cancer prevention are available? How could they be mobilized to support cancer prevention in individuals with mental health diagnoses?
  
8. How could any relationships with primary care providers and or FQHCs be used to extend capacity of your staff to provide cancer prevention services?
  
9. Are there billing codes psychiatric providers can use for cancer prevention services? If so, what are they and how available are they?
  
10. Do you use health navigators or peer support specialists at your CMHC?
  - a. What role might/do health navigators and peer support specialists play in cancer prevention education, screening, and referrals?

11. What supports do you think individuals with mental health diagnoses need to engage in screening, smoking cessation, and other cancer prevention activities? How are needed supports for adults, children, and adolescents different, if at all?

- a. How does culture play a role in the supports that individuals with mental health diagnoses need to engage in healthy behaviors and cancer prevention activities like screening?

**Needs/Lessons Learned**

12. What resources would be needed for your CMHC to implement cancer prevention services?

13. What clinical and support staffing would be needed to implement cancer prevention services?

14. What training would clinical and support staff need to implement evidence-based cancer prevention services?

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- **screening reminders,**
- **navigation services (peer or other) to increase screening uptake,**
- **smoking cessation interventions,**
- **use of social media to promote smoking cessation, and**
- **early cancer detection.**

Examples of Evidence on Cancer Risk Factors	Examples of Evidence on Cancer Protective Factors
Smoking	Not smoking
Exposure to second-hand smoke	No exposure to second-hand smoke
Overweight/Obesity	Maintaining a healthy weight
High intake of processed foods with low consumption of fresh produce	Eating a healthy diet with fresh fruits and vegetables
Lack of exercise	Regular exercise
Exposure to toxins and other environmental hazards	Living in a healthy environment
No HPV vaccine (for women)	HPV vaccine (for women)
Family history of cancer	No family history of cancer
No receipt of routine recommended cancer screenings	Getting routine recommended cancer screenings
Lack of physician recommendation for cancer screenings	Physician recommendation for cancer screenings
Excessive alcohol consumption	Abstaining from alcohol



## General Health and Prevention Services

1. How do psychiatric providers at your CMHC assess health-related risk factors such as:
  - a. Smoking or tobacco use?
  - b. Diet and nutrition?
  - c. Physical activity?
  - d. Others?
2. What would help trigger you and other psychiatric providers at your CMHC to ask about health-related risk factors such as smoking, physical activity, diet and nutrition, health screenings, etc.? Are triggers different for adults, children, and adolescents? If so, how?
3. What client health risks would trigger a referral to primary or specialty care?
  - a. How do you track those referrals?
4. What is your relationship with local primary care and/or FQHC providers?
5. What specific strategies, such as motivational interviewing, peer wellness coaching, etc. do you think are most needed to engage individuals in their own health and wellness? How are the strategies you use different for children and adolescents as compared to adults?

## **Cancer Prevention Services**

6. What factors influenced your CMHC's decision to refer clients out for cancer prevention services rather than providing prevention services in-house?
7. When do psychiatric providers at your CMHC refer someone for cancer screening? What would trigger such a referral?
8. What training, if any, have psychiatric providers at your CMHC received related to cancer prevention services? Who provided the training?
9. Does your CMHC use your EHR to track referrals for cancer prevention services?
  - a. Track referrals for prevention services?
  - b. Track HPV vaccinations for adolescent girls and young women?
  - c. Track cancer risk factors such as smoking, alcohol, risky sexual behaviors, etc.?
10. What community resources are available for cancer prevention? How could they be mobilized to support cancer prevention in individuals with mental health diagnoses?
11. Are there billing codes psychiatric providers can use for cancer prevention services? If so, what are they and how available are they?
12. Do you use health navigators or peer support specialists at your CMHC?

- a. What role might/do health navigators and peer support specialists play in cancer prevention education, screening, and referrals?
13. What supports do you think individuals with mental health diagnoses need to engage in screening, smoking cessation, and other cancer prevention activities? How are needed supports for adults, children, and adolescents different, if at all?
- a. How does culture play a role in the supports that individuals with mental health diagnoses need to engage in healthy behaviors and cancer prevention activities like screening?

### **Lessons Learned/Needs**

14. What resources would you need to implement cancer prevention services at your CMHC?
15. What training would clinical and support staff need to implement evidence-based cancer prevention services?
16. How does the physical space at your CMHC impact the ability of psychiatric providers to implement cancer prevention services?
17. What clinical and support staffing would be needed to implement cancer prevention services?

# Assessment of Cancer Prevention Services at Community Mental Health Centers: Interview Guide for Psychiatric Clinicians (Cancer Prevention Services at the CMHC)

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**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 XXXX-XXXX. Public reporting burden for this collection of information is estimated to average 1 hour 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 CDC Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, GA 30329; ATTN: PRA (XXXX-XXXX)

## About the Interview

As part of the Division of Cancer Prevention and Control (DCPC), Centers for Disease Control and Prevention (CDC) Assessment of Cancer Prevention Services at Community Mental Health Centers, Abt Associates is conducting interviews with a sample of psychiatric clinicians, primarily psychiatrists and psychiatric nurse practitioners, at community mental health centers (CMHCs).

The purposes of the study are to better understand capacities of CMHCs to provide cancer prevention and screening services to persons with mental illness, to identify barriers to providing such services, and to propose strategies to addressing these barriers and facilitating such services. Your perspective will inform the CDC's understanding of the factors that impact cancer prevention services disparities, with the ultimate goal of improving services.

We anticipate interviewing 25 psychiatric providers in total. Please note:

- Your participation is voluntary, and you may choose not to participate in the study.
- The interview will last approximately one hour.
- We would like to audio record the discussion to ensure that we capture everything that is said. The recording will only be used to check our notes and will be destroyed once we have completed our analyses. The recordings will not be shared with anyone outside Abt Associates.
- The discussion will be confidential. Your answers will be combined with those of respondents from other CMHCs. Your responses will not be linked with your name or the name of your practice. The research team has procedures in place to protect your confidentiality and minimize risk.
- Your name and the name of your practice will not be shared, without your permission, with any other entity outside of the research team at Abt Associates or appear in any reports. At the end of the study all data from all interviews will be provided to the CDC, omitting identifying information.
- You can also refuse to answer any particular question during the discussion, without affecting your continued participation in the interview.

If you have any questions about the study, please contact Project Director, Sue Pfefferle at [Sue.Pfefferle@abtassoc.com](mailto:Sue.Pfefferle@abtassoc.com), or at (617) 520-2699 or Brooke Steele at [Bsteele1@cdc.gov](mailto:Bsteele1@cdc.gov), or at (770) 488-4261.

Do you have any questions about this before we get started?

Do I have your permission to record the interview?

**Date of Interview:**

**Participant Name:**

**Interviewer:**

**Note taker:**

Permission to Record: Yes • No • (In this case we will only take notes)

**Cancer prevention services are activities implemented to assist individuals/populations to minimize their risk factors and maximize their protective factors and promote positive lifestyle habits with the goal of minimizing an individual’s odds of developing cancer and maximizing opportunities for early treatment should cancer occur or reoccur.**

**Cancer prevention services include:**

- **one-on-one or group education,**
- **routine screening,**
- **screening reminders,**
- **navigation services (peer or other) to increase screening uptake,**
- **smoking cessation interventions,**
- **use of social media to promote smoking cessation, and**
- **early cancer detection.**

Examples of Evidence on Cancer Risk Factors	Examples of Evidence on Cancer Protective Factors
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Family history of cancer	No family history of cancer
No receipt of routine recommended cancer screenings	Getting routine recommended cancer screenings
Lack of physician recommendation for cancer screenings	Physician recommendation for cancer screenings
Excessive alcohol consumption	Abstaining from alcohol

## General Health and Prevention Services

1. How do psychiatric providers at your CMHC assess health-related risk factors such as:
  - a. Smoking or tobacco use?
  - b. Diet and nutrition?
  - c. Physical activity?
  - d. Others?
2. What would help trigger you and other psychiatric providers at your CMHC to ask about health-related risk factors such as smoking, physical activity, diet and nutrition, health screenings, etc.? Are triggers different for adults, children, and adolescents? If so, how?
3. What health-related risks would trigger a referral to primary or specialty care?
  - a. How do you track those referrals?
4. What is your relationship with local primary care and/or FQHC providers?
  - a. How could relationships with these staff be used to extend capacity of your staff to provide cancer prevention services?



5. What specific strategies, such as motivational interviewing, peer wellness coaching, etc. do you think are most needed to engage your clients in their own health and wellness? How are the strategies you use different for children and adolescents as compared to adults?

### **Cancer Prevention Services**

6. What is the experience of psychiatric providers at your CMHC in planning, implementing, or attempting to implement cancer prevention services?
7. Where does cancer screening and prevention fit within your CMHC's mission?
8. Thinking about the populations your CMHC serves, how do you (would you) consider cultural competence and tailoring of interventions and materials when implementing cancer prevention services?
9. Who do you screen for cancer risk? When do you and other providers perform or refer for cancer screening?
10. Are there billing codes psychiatric providers can use for cancer prevention services? If so, what are they and how available are they?
11. How do you track screenings and cancer prevention services?
  - a. Track referrals for prevention services?

- b. Track HPV vaccinations for adolescent girls and young women?
  
  - c. Track cancer risk factors such as smoking, alcohol, risky sexual behaviors, etc.?
12. What community resources are available and how can you mobilize to support cancer prevention in individuals with mental health diagnoses?
13. What supports do you think individuals with mental health diagnoses need to engage in screening, smoking cessation, and other cancer prevention activities? How are needed supports for adults, children, and adolescents different, if at all?
- a. How does culture play a role in the supports that individuals with mental health diagnoses need to engage in healthy behaviors and cancer prevention activities like screening?
14. Do you use health navigators or peer support specialists at your CMHC?
- a. What role might/do health navigators and peer support specialists play in cancer prevention education, screening, and referrals?

**Lessons Learned/Needs**

15. What infrastructure is needed to support cancer prevention services at your CMHC?
16. What challenges to implementation of cancer prevention services have you encountered?
- a. How do these challenges impact your ability (and the ability of other providers) to provide cancer prevention services?

17. How does your CMHC's current physical space impact the ability of psychiatric providers to implement cancer prevention services?
  
18. What clinical and support staffing is needed to implement cancer prevention services?
  
19. What training do clinical and support staff need to implement evidence-based cancer prevention services?
  - a. What training, if any, have psychiatrists/APRNs at your CMHC received related to cancer prevention services? Who provided the training?
  
20. What are some best practices for cancer prevention? What would you recommend to others? What has not worked?

