

Attachment B7:

Pediatric Mental Health Care Access Program Implementation Semi-Structured Interview Guide

**HRSA Evaluation of the Maternal and Child Health Bureau Pediatric
Mental Health Care Access and Screening and Treatment for Maternal
Depression and Related Behavioral Disorders Programs Project**

December 2019

Public Burden Statement: This data collection will provide the Health Resources and Services Administration with information to guide future program and policy decisions regarding increasing health care providers' (i.e., physicians, nurse practitioners, physician assistants, nurse midwives, and other health care professionals) capacity to address patients' behavioral health and access to behavioral health services. 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 information collection is 0906-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. The current project will fully comply with the Privacy Act of 1974 (5 U.S.C. Section 552a, 1998; <https://www.justice.gov/opcl/privacy-act-1974>). The Privacy Act may apply to some data collection activities (e.g., the study will collect email addresses from some respondents). Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, 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 HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

**HRSA EVALUATION OF THE MATERNAL AND CHILD HEALTH BUREAU
PEDIATRIC MENTAL HEALTH CARE ACCESS AND SCREENING AND
TREATMENT FOR MATERNAL DEPRESSION AND RELATED BEHAVIORAL
DISORDERS PROGRAMS PROJECT**

**PEDIATRIC MENTAL HEALTH CARE ACCESS PROGRAM IMPLEMENTATION
SEMI-STRUCTURED INTERVIEW GUIDE**

CONDUCTED BY:

JBS International Inc.

Awardee Name:			
Date Completed:		/	
	Month		Day
			Year

Instructions to Interviewers

The purpose of this guide is to provide an overview of the information that will be gathered through interviews with Project Directors or Principal Investigators involved with the PMHCA program. JBS will work with the awardee to determine which staff person should participate in the SSI. For example, in some states, the Project Director may be in an administrative role, rather than involved in the day-to-day operations and program implementation; in those cases, we will collect data from the Principal Investigator (or individual who fills that role).

Members of the HRSA MCHB evaluation team will conduct and record the interview via WebEx, and a note taker will take detailed notes. Interviews will be transcribed to facilitate qualitative content analysis. The interview will last approximately 60 minutes.

The goals of program implementation interviews conducted as part of the HRSA MCHB evaluation include:

- (1) Documentation of the development and changes in PMHCA program implementation
- (2) Improved understanding of the degree to which community linkages, program outreach, and sustainability plans have developed through the course of the program's operations

Program Implementation Interview Introduction to **Interviewee (2.5 minutes)**

The Health Resources and Services Administration (HRSA) funded [insert name of state] to implement a Pediatric Mental Health Care Access (PMHCA) program. HRSA also funded JBS International, Inc. (JBS) to conduct an outcome and impact evaluation of the Maternal and Child Health Bureau (MCHB) PMHCA program (hereafter referred to as the HRSA MCHB evaluation). JBS is an independent evaluator of the program and is not part of HRSA or any other federal agency. *(Introduce team members, give brief description of qualifications, and describe functions during the interview).*

As part of the HRSA MCHB evaluation, we are conducting semi-structured interviews with awardees, including [awardee name], to learn more about the implementation of [insert name of state]'s HRSA PMHCA program. During the interview, we will discuss the implementation of your PMHCA program – including any successes and challenges – and how your PMHCA program has developed over the course of the cooperative agreement funding. We would also like to gain insight into the degree to which community linkages, program outreach, and sustainability plans have developed through the course of your program's operations. We have prepared some topic areas and questions on which we would like your comments, and we greatly value the information you can provide about your PMHCA program. We expect this will take about 60 minutes.

Your name and title will not appear in reports to HRSA, unless we specifically ask for your approval. Although we are taking detailed notes, we would also like to audio record the interview in case we need to verify our notes with the interview dialogue. Are you comfortable with us recording the interview?

Do you have any questions about what I have explained? If not, let's get started.

PROGRAM IMPLEMENTATION SEMI-STRUCTURED INTERVIEW GUIDE

PROGRAM INVOLVEMENT (5 MINUTES)

We'd like to ask you about your overall involvement with the PMHCA program and your specific role in the program.

1. Can you please describe your current role in the PMHCA program?
 - a. PROBE 1: How long have you been involved in the program?
 - b. PROBE 2: Have there been any changes to your project role over the course of the program (e.g., additional/different responsibilities)?
2. What was your involvement in the initial planning and implementation of the PMHCA program?

PROGRAM IMPLEMENTATION (25 MINUTES)

Next, we'd like to talk with you about your PMHCA activities. From our previous conversations, we understand that your PMHCA program is a [new/expansion of an existing] program. We would like to get an understanding of how various aspects of your program implementation are progressing within your PMHCA program, including behavioral health provider team/network development, health care provider/practice recruitment and enrollment, health care provider training, clinical behavioral health consultation, and care coordination support.

Behavioral Health Provider Team/Network Development

(HRSA reporting indicated number and types of behavioral health providers). Next, we would like to talk about your behavioral health provider [team/network], which is composed of [number and types of behavioral health providers].

3. How did you identify behavioral health providers for your [team/network]?
4. Describe the roles and responsibilities of your behavioral health provider [team/network].
5. What changes have there been, if any, to your behavioral health provider [team/network], for example, changes in [team/network] size or composition?
6. What factors enhanced or impeded your behavioral health provider [team/network] development?

Health Care Provider/Practice Recruitment and Enrollment

Based on our review of your required HRSA reporting, we understand that you began recruiting and enrolling health care providers/practices into your PMHCA program on [date].

7. Describe your health care provider/practice recruitment and enrollment approach.
8. What strategies have you found most effective in recruiting and enrolling health care providers/practices?
9. What challenges have you experienced in recruiting and enrolling health care providers/practices?
 - a. PROBE 1: If you experienced challenges, what changes have you made to improve recruitment and enrollment?

Health Care Provider Training

Based on our review of your required HRSA reporting, we understand that health care provider trainings for your PMHCA program began between [dates].

10. Describe your approach to health care provider training.
11. What factors have facilitated your delivery of health care provider training?
12. What have been the challenges in training health care providers?
 - a. PROBE 1: What changes have you made to your health care provider training based on those challenges?

Clinical Behavioral Health Consultation, Including Use of Telehealth

(Survey response indicated date consultations began). Your survey response indicated that your program began implementing clinical behavioral health consultations on [date].

13. Describe the processes for provision of clinical behavioral health consultation within your program.
14. How has the frequency of clinical behavioral health consultation requests changed over the course of your PMHCA program?
15. How have topics for providers' clinical behavioral health consultation requests changed over the course of the program?
16. How are telehealth mechanisms—email, screensharing, telephone, text messaging, and video conferencing—being used for your PMHCA program's clinical behavioral health consultations?
 - a. PROBE 1: Have there been changes to how your program has used telehealth mechanisms for clinical behavioral health consultation?

Care Coordination Support, Including Use of Telehealth

Next, we want to discuss care coordination support (i.e., communication/collaboration, accessing resources, referral services) in your program. We are defining care coordination support as including communication/collaboration, helping providers/practices with accessing resources, and referral services for providers/practices.

(Survey response indicated date care coordination began). Your survey response indicated that your program began implementing behavioral health care coordination support on [date].

17. Describe the processes for delivery care coordination support within your program.
18. What types of resources have been requested by health care providers through care coordination support?
 - a. PROBE 1: How have the topics for care coordination support requests changed over time?
19. What has been the process for developing and maintaining or accessing your program's referral database?
20. Describe the process of how and when patients are referred to community-based behavioral health providers for services.
 - a. PROBE 1: Describe the level or frequency of contact that your PMHCA program has with these community providers.
21. How are telehealth mechanisms—email, screensharing, telephone, text messaging, and video conferencing—being used for your PMHCA program's care coordination support?
 - a. PROBE 1: Have there been changes to how your program has used telehealth mechanisms for care coordination support?

22. What service gaps or barriers have you encountered in your implementation of care coordination support?

COMMUNITY LINKAGES (5 MINUTES)

We would also like to discuss any community linkages that have developed over the course of your PMHCA program and how they are addressing social determinants of health.

23. Describe the range of community-based mental health, substance use disorder, and recovery support services with which your PMHCA program has linkages.
- PROBE 1: How have your linkages with community-based services developed/progressed over time?
 - PROBE 2: How do you use the community linkages for your PMHCA program?
 - PROBE 3: What do you estimate is the typical time period between linking your patients with community-based services and their receipt of those services?
24. How do your community linkages help address social determinants of health for your pediatric patients? As defined in Healthy People 2020, social determinants of health include economic stability, neighborhood and built environment, health and health care, social and community context, and education.
25. How do you feel the formation or development of your community linkages has contributed to your program?
26. What have been some lessons learned from the process of establishing these community linkages that would facilitate future development of linkages?

PROGRAM OUTREACH AND DISSEMINATION (5 MINUTES)

Now, we would like to talk with you about your PMHCA program's outreach and dissemination activities.

(Survey response indicated dissemination mechanisms used). Your survey response indicated that your program uses the following mechanism(s) to disseminate your PMHCA program's outreach efforts [mechanism(s)].

27. Please describe the outreach activities that occur with different stakeholders (e.g., providers; patients; partners, including your Advisory Committee; the public) as part of your PMHCA program.
- PROBE 1: How often do you disseminate information to your stakeholders?
28. With which mechanism(s) have you had the most success in disseminating your PMHCA program outreach efforts?
- PROBE 1: Please describe how you measure the success of your program outreach and dissemination efforts.
29. What have been some lessons learned from your program outreach and dissemination efforts that would facilitate future efforts?

SUSTAINABILITY (10 MINUTES)

We are also interested in whether your agency has plans in place for sustaining your PMHCA program services following the end of the 21st Century Cures Act cooperative agreement funding.

30. Describe any sustainability planning to date for your PMHCA program.
 - a. PROBE 1: What aspects of your current sustainability planning do you feel will be most useful in facilitating programmatic sustainability following the end of HRSA cooperative agreement funding?
 - b. PROBE 2: What aspects of sustainability planning do you feel have been most difficult?
 - c. PROBE 3: Has the requirement of matching funds aided in sustainability planning?
31. *(Survey response indicated funding allocation after cooperative agreement funding ends).* Your survey response indicated that once the cooperative agreement funding ends, funding for your PMHCA program will come from [insert funding allocation].
 - a. PROBE 1: Describe any plans your PMHCA program has with regards to this funding allocation(s).

PROGRAM IMPLEMENTATION FACILITATORS AND BARRIERS (5 MINUTES)

We have discussed facilitators and barriers for program implementation throughout our conversation.

32. We would like to invite you to share any other factors that have facilitated your program implementation, as well as any implementation barriers or challenges you have faced.
 - a. PROBE 1: What steps has your program taken to attempt to overcome any of the challenges or barriers you have identified, and how will you sustain these steps?
 - b. PROBE 2: Are there any ways that you feel that HRSA can provide assistance (e.g., training) to help address the challenges or barriers you have faced?
33. Please describe any patient-level success stories or challenges encountered by your PMHCA program.
34. Similarly, please describe any provider-level success stories or challenges your PMHCA program has encountered.

CLOSING COMMENTS (2.5 MINUTES)

Thank you very much for taking the time to meet with us and to discuss your PMHCA program activities and how they have developed over the past year.

35. Do you have any additional questions, comments, or feedback at this time?
36. Are there any topic areas, issues, or concerns relating to the HRSA MCHB evaluation that you would like to discuss, clarify, or have clarified?