

Attachment B5:

Pediatric Mental Health Care Access Program Champion Semi-Structured Interview

**Health Resources and Services and Administration 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**

June 2022

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 professionals' (e.g., pediatricians, family physicians, physician assistants, advanced practice nurse/nurse practitioners, licensed practical nurses, registered nurses, counselors, social workers, medical assistants, patient care navigators) 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 30 minutes 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.

Note for OMB Submission and Conducting Interviews: We will tailor the text when referring to awardees' programs (e.g., state, political subdivision of a state, Indian tribe, or tribal organization). Additionally, questions discussing "the last 12 months" will be adjusted to "the last 24 months" based on the year of administration.

**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 CHAMPION 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 champions involved with the PMHCA program. JBS will work with the awardee to determine which champions should participate in the SSI.

Members of the HRSA MCHB evaluation team will conduct and record the interview via a web-based platform (e.g., Microsoft Teams, Zoom), and a notetaker will take detailed notes. Interviews will be transcribed to facilitate qualitative content analysis. The interview will last approximately 30 minutes.

The champion interviews will cover the following topics:

- Program involvement
- Program implementation
- Health professional and practice communications
- Health equity
- Program usefulness
- Program outcomes
- Sustainability
- Advocacy activities

Champion Interview Introduction to **Interviewee (2 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 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 champions to learn more about the implementation of [insert name of state]'s HRSA PMHCA program. Through this interview, we are hoping to learn about your experience with the implementation of the PMHCA program and how it has evolved over time, any challenges encountered, and program successes. We have prepared some questions to make sure we cover everything. We welcome your thoughts and comments. We expect this will take about 30 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, we'll get started.

CHAMPION SEMI-STRUCTURED INTERVIEW GUIDE

PROGRAM INVOLVEMENT (4 MINUTES)

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

1. Please describe your current role in your state's PMHCA program.
 - o PROBE 1: In your PMHCA program role, do you primarily interact with health professionals, practices, or both? *[SSI questions will be tailored based on response to this question.]*
 - o PROBE 2: How long have you been involved in your state's PMHCA program?
 - o PROBE 3: How has your role in your state's PMHCA program changed over time (e.g., additional/different responsibilities)?
 - o PROBE 4: To what extent were you involved in planning the PMHCA program in your state?

PROGRAM IMPLEMENTATION (4 MINUTES)

Next, we'd like to talk with you about implementation of your state's PMHCA program, including facilitators and challenges to program implementation.

2. What factors supported the successful implementation of the PMHCA program in your state?
3. Please describe any challenges of which you are aware related to the implementation of the following PMHCA program components in your state:
 - o Clinical behavioral health consultation
 - o Care coordination support (i.e., communication/collaboration, accessing resources, referral services)
 - o Health professional trainings
 - PROBE 1: How have these challenges changed over time?
 - If there are current challenges to any of the program components:
PROBE 2: Please describe any ideas or suggestions you have that could help mitigate the current challenges you mentioned.
4. What changes to practice workflow have you observed among enrolled/participating health professionals and practices to facilitate participation in your state's PMHCA program?
5. Which community resource partnerships (whether informal or formal) do you think have been most successful in supporting your state's PMHCA program?
 - o PROBE 1: What services did these partnerships provide?
 - o PROBE 2: What type of partnership did the community resource have with your state's PMHCA program (i.e., informal, formal)?
 - o PROBE 3: Why do you think these community resource partnerships were most successful?
 - o PROBE 4: In your opinion, what challenges would your state's PMHCA program have had without these established community resource partnerships?

HEALTH PROFESSIONAL AND PRACTICE COMMUNICATIONS (4 MINUTES)

Now, we would like to talk with you about your communications with [health professionals and/or practices] enrolled/participating in your state's PMHCA program.

6. To what extent did you communicate directly with [health professionals and/or practices] enrolled/participating with your state's PMHCA program?
 - o PROBE 1: How did you communicate with [health professionals and/or practices]?
 - o PROBE 2: How frequently did you communicate with [health professionals and/or practices]?
 - o PROBE 3: What were the most common information/resource needs among [health professionals and/or practices]?
 - o PROBE 4: What strategies have you found to be most successful to engage [health professionals and/or practices] in your state's PMHCA program?
7. Which aspects of your state's PMHCA program (i.e., health professional trainings, care coordination support, clinical behavioral health consultation) do you think [health professionals and/or practices] find most valuable?
8. What are the common barriers or challenges that [health professionals and/or practices] face in participating in your state's PMHCA program?
 - o PROBE 1: What are solutions to mitigate or overcome these challenges?
9. What feedback have you received from [health professionals and/or practices] related to the benefits of participating in your state's PMHCA program?

HEALTH EQUITY (1.5 MINUTES)

A goal of the PMHCA program is to focus on achieving health equity related to social determinants of health (SDOH) and racial, ethnic, and geographic disparities in access to behavioral health care, especially in rural and other underserved areas. The following question will be used to inform our goal of improving health equity.

10. How does your state's PMHCA program support health equity related to access to behavioral health care?

PROGRAM USEFULNESS (3 MINUTES)

We would like to hear from you about how your state's PMHCA program is accomplishing its purpose of promoting behavioral health integration into pediatric primary care by supporting pediatric mental health care telehealth access programs.

11. To what extent do you think your state's PMHCA program has affected health professional capacity to address behavioral health?
12. To what extent do you think your state's PMHCA program is meeting the behavioral health needs of pediatric patients and their caregivers?

PROGRAM OUTCOMES (3.5 MINUTES)

Next, we would like to talk with you about the impact of the PMHCA program and any outcomes/accomplishments.

13. How do you think you, in your role as the program champion, contributed to the success of your state's PMHCA program?
14. From your perspective, what are the biggest accomplishments of the program?
 - o PROBE 1: What have been the most significant outcomes?
 - o PROBE 2: Please describe any factors that supported these accomplishments/outcomes.
15. From your perspective, please describe what have been the biggest challenges or needed areas of improvement for the program?

- o PROBE 1: What were some of the challenges/barriers to addressing these areas of improvement?
- o PROBE 2: In your opinion, what support would the program need to overcome these challenges?

SUSTAINABILITY (4 MINUTES)

We are also interested in hearing your thoughts on sustainability of your state's PMHCA program services following the end of the HRSA cooperative agreement funding.

16. To what extent have you been involved in the sustainability planning for your state's PMHCA program?
17. What recommendations do you have to support the sustainability of your state's PMHCA program once cooperative agreement funding ends?
18. What suggestions do you have to facilitate [health professionals and/or practices] to sustain behavioral-health-related practice changes made as a result of participating in your state's PMHCA program?

ADVOCACY ACTIVITIES (4 MINUTES)

Lastly, we are interested in hearing your efforts related to advocacy activities for your state's PMHCA program.

19. To what extent have you been involved in advocacy activities for your state's PMHCA program (e.g., advocating for funding, educating stakeholders, meeting with public officials)?
 - o *If not involved: Skip to closing comments.*
 - o If involved:
 - PROBE 1: Can you please share about specific advocacy activities in which you have participated?
 - PROBE 2: How responsive/interested have stakeholders/representatives been to your advocacy efforts?
20. Please describe any lessons learned from participating in advocacy activities.

CLOSING COMMENTS (2 MINUTES)

Thank you very much for taking the time to meet with us and to discuss your PMHCA program activities.

21. Do you have any additional questions, comments, or feedback at this time?