

## **Attachment B4:**

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

**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 60 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](mailto: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 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 a web-based platform (e.g., Microsoft Teams, Zoom), 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:

- Documentation of the development and changes in PMHCA program implementation
- 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 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 your PMHCA program? (Approved – OMB Control No. 0906-0052)
  - o PROBE 1: How long have you been involved in your PMHCA program? (Approved – OMB Control No. 0906-0052)
  - o PROBE 2: Have there been any changes to your project role over the course of your PMHCA program (e.g., additional/different responsibilities)? (Approved – OMB Control No. 0906-0052)
2. What was your involvement in the initial planning and implementation of your PMHCA program? (Approved – OMB Control No. 0906-0052)

## PROGRAM IMPLEMENTATION (25 MINUTES)

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

### Behavioral Health Professional Team/Network Development

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

3. How did you identify behavioral health professionals for your [team/network] to recruit and engage?
4. What changes have there been, if any, to your behavioral health professional [team/network], for example, changes in [team/network] size or composition?
5. How did you recruit and engage behavioral health professionals who are representative of underserved and underrepresented populations in your state?

### Program Implementation Model

*Next, we would like to talk about your program implementation model.*

6. [Statewide model only] Your PMHCA program is available statewide. Did you originally only have services available in certain areas and expand, or was your program always available statewide?
7. [Regional model only] Your PMHCA program is implemented in certain regions of your state. Do you anticipate expanding to other areas in the state?
8. Did you make changes to your PMHCA program implementation model (i.e., statewide, regional) to ensure that the program was reaching the intended target population(s)?

- o PROBE 1: What changes have you made and why?

## Health Equity Priorities

*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 questions will be used to inform our goal of improving health equity.*

9. How has your PMHCA program addressed health disparities in access to behavioral health care identified in your state?
  - o PROBE 1: What data sources are you using to examine health disparities in access to behavioral health care in your state?
10. How has your PMHCA program supported health care professionals/practices' use of telehealth services to address health equity in access to behavioral health care?
11. What policies, procedures, or protocols has your PMHCA program developed to facilitate health equity in access to behavioral health care?

## Health Professional/Practice Recruitment and Enrollment

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

12. Describe your health professional/practice recruitment approach, including any program visibility and promotion activities.
  - o PROBE 1: Have incentives been used?
13. How did you recruit and engage health professionals who are representative of underserved and underrepresented populations in your state?
14. What strategies have you found most effective in recruiting health professionals/practices?
15. What challenges have you experienced in recruiting health professionals/practices? (Approved – OMB Control No. 0906-0052)
  - o PROBE 1: If you experienced challenges, what changes have you made to improve recruitment? (Approved – OMB Control No. 0906-0052)

## Health Professional Training

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

16. Describe your approach to health professional training. (Approved – OMB Control No. 0906-0052)
  - o PROBE 1: Are the PMHCA trainings you offer available to everyone or only to those who are enrolled?
17. What factors have facilitated your delivery of health professional training? (Approved – OMB Control No. 0906-0052)
18. What have been the challenges in training health professionals? (Approved – OMB Control No. 0906-0052)
  - o PROBE 1: What changes have you made to your health professional training based on those challenges? (Approved – OMB Control No. 0906-0052)

## 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].*

19. How, if at all, has the frequency of clinical behavioral health consultation requests changed over the course of your PMHCA program?
20. How have the topics for health professional clinical behavioral health consultation requests changed over the course of your PMHCA program? (Approved – OMB Control No. 0906-0052)
  - o PROBE 1: Have you noticed any trends regarding the continuum of severity for consultation requests? If yes, please describe.
21. How are telehealth mechanisms (e.g., email, screensharing, telephone, text messaging, video conferencing) being used for your PMHCA program's clinical behavioral health consultations?
  - o PROBE 1: Have there been changes to how your PMHCA program has used telehealth mechanisms for clinical behavioral health consultation? If yes, please describe.

## 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 provision of resources and referrals by the program to health professionals or to the patient/caregiver(s) when the program works directly with patients/caregiver(s).*

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

22. What types of resources have been requested by health professionals through care coordination support? (Approved – OMB Control No. 0906-0052)
23. What is the process for developing and maintaining or accessing your PMHCA program's referral database?
24. Describe the process of how and when patients are referred to community-based behavioral health professionals for services. (Approved – OMB Control No. 0906-0052)
  - o PROBE 1: Describe the level or frequency of contact that your PMHCA program has with these community providers. (Approved – OMB Control No. 0906-0052)
25. How are telehealth mechanisms (e.g., email, screensharing, telephone, text messaging, video conferencing) being used for your PMHCA program's care coordination support?
  - o PROBE 1: Have there been changes to how your PMHCA program has used telehealth mechanisms for care coordination support? If yes, please describe.

## 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 SDOH.*

26. Describe the range of community-based mental health, substance use disorder, SDOH, and recovery support services with which your PMHCA program has linkages.
  - o PROBE 1: How have your linkages with community-based services developed/progressed over time? (Approved – OMB Control No. 0906-0052)
  - o PROBE 2: What do you estimate is the typical time period between linking your patients with community-based services and their receipt of those services? (Approved – OMB Control No. 0906-0052)
27. How do your community linkages help address SDOH for your pediatric patients? As defined in [Healthy People 2030](#), SDOH include economic stability, neighborhood and built environment, health care access and quality, social and community context, and education access and quality.
28. What are some lessons learned from the process of establishing 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)].*

29. Please describe the outreach activities that occur with different interested parties (e.g., health professionals; patients; partners, including your Advisory Committee; the public) as part of your PMHCA program).
  - o PROBE 1: Please describe how you measure the success of your PMHCA program's outreach and dissemination efforts.

## SUSTAINABILITY (8 MINUTES)

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

30. Describe any sustainability planning to date for your PMHCA program. (Approved – OMB Control No. 0906-0052)
  - o PROBE 1: What aspects of sustainability planning do you feel have been most difficult? (Approved – OMB Control No. 0906-0052)
  - o PROBE 2: Has the requirement of matching funds aided in sustainability planning? (Approved – OMB Control No. 0906-0052)
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]. (Approved – OMB Control No. 0906-0052)
  - o PROBE 1: Describe any plans your PMHCA program has with regards to this funding allocation(s). (Approved – OMB Control No. 0906-0052)
  - o PROBE 2: What plans do you have in place to establish and/or expand your network of community linkages to support your PMHCA program once cooperative agreement funding ends?
  - o PROBE 3: How do you anticipate your PMHCA program model and workflow adapting once cooperative agreement funding ends to ensure sustainability of the program?
32. In addition to other analyses your program has run, do you intend to conduct any economic analyses to support your sustainability efforts?

## PROGRAM IMPLEMENTATION FACILITATORS AND BARRIERS (4 MINUTES)

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

33. We would like to invite you to share any other factors that have facilitated your PMHCA program implementation, as well as any implementation barriers or challenges you have faced. (Approved – OMB Control No. 0906-0052)
  - o PROBE 1: What other challenges did you encounter?
    - i. PROBE 1a: What steps has your PMHCA program taken to overcome these challenges or barriers?
    - ii. PROBE 1b: How can HRSA provide assistance (e.g., training) to help address the challenges or barriers you have faced?
  - o PROBE 2: What facilitated your PMHCA program implementation?



- o PROBE 3: Please describe how your program has utilized community resource partners (whether informal or formal) to support program implementation and any related barriers and/or facilitators to these partnerships.
- 34. Please describe any patient- and/or health-professional-level success stories or challenges encountered by your PMHCA program.
- 35. Please describe how access to pediatric behavioral health services has changed as a result to your state's PMHCA program.
- 36. What are the biggest accomplishments of your PMHCA program?
  - o PROBE 1: What have been the most significant outcomes?
  - o PROBE 2: Please describe any factors that supported these accomplishments/outcomes.

### **CLOSING COMMENTS (1.5 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.*

- 37. Do you have any additional questions, comments, or feedback at this time? (Approved – OMB Control No. 0906-0052)
- 38. Are there any topic areas, issues, or concerns relating to the HRSA MCHB evaluation that you would like to discuss, clarify, or have clarified? (Approved – OMB Control No. 0906-0052)