

Supporting Statement B

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

OMB Control No. 0906-XXXX

B. Collection of Information Employing Statistical Methods

This section presents information about the collection of data for the evaluation of MCHB PMHCA and MDRBD programs. As noted in Supporting Statement A, the goal of this project is to provide HRSA with information to guide future policy decisions regarding increasing HCPs/HPs' capacity to address patients' behavioral health and access to behavioral health services. A comprehensive, multimethod data collection effort is proposed to better understand the implementation of the PMHCA and MDRBD programs, as well as outcomes related to enrolled/participating HCPs/HPs' and practices' service delivery, capacity, and engagement.

1. Respondent Universe and Sampling Methods

The potential respondent universe for each data collection tool is described in the exhibit. The respondent universe for the HP Survey, Practice-Level Survey, and Program Implementation Survey and SSI will comprise all participants from all 24 2021 PMHCA awardees. The reason we elected to collect data from the respondent universe rather than using sampling is that, in actual practice, some sampling bias occurs in almost all studies to some extent; given the variability in how states, political subdivisions of a state, Indian tribes, or tribal organizations are implementing their programs, a sample may not accurately represent enrolled/participating HPs. Selecting the universe will provide the largest number of respondents and be more appropriate for drawing comparisons to state- and national-level data.

Specifically, for the HP Surveys and Practice-Level Surveys, obtaining responses from all participating HPs and practice managers is preferred over sampling to allow for examination within a state, political subdivision of a state, Indian tribe, or tribal organization and/or across PMHCA programs regarding (1) enrolled/participating HPs/practices for screening, referral, and care coordination efforts for behavioral health conditions; (2) provision of behavioral health services for mental health conditions in primary care settings by enrolled/participating

HPs; (3) use of consultative services; and (4) facilitation of access to behavioral health services for mental health conditions.

For the Program Implementation Surveys and SSIs, obtaining responses from all awardee project directors/principal investigators is preferred to sampling to obtain important contextual information about how the program is being implemented across all awardees and in various settings, given the heterogeneity of implementation approaches. The respondent universe for the Care Coordinator SSI will comprise of 1 care coordinator from all 52 PMHCA and MDRBD awardees to obtain important contextual information about how each program’s care coordination processes and services are implemented across all awardees and in various settings, given the heterogeneity of implementation approaches. Sampling or other respondent selection methods will be used for the Champion SSI and FGD and the Community Resources SSI. For the Champion SSI and FGD, each of the 52 PMHCA and MDRBD awardees will identify and select up to 3 champions to participate. The Community Resources SSI will be a case study with up to 5 awardees who identify and select up to 5 formal (i.e., there is a formal agreement, memorandum of understanding [MOU], memorandum of agreement [MOA], letter of support) community resources partner representatives and up to 5 awardees who identify and select up to 5 informal (i.e., there is no formal agreement, MOU, MOA, letter of support) community resources partner representatives to participate. Expected response rates for the data collection activities as a whole are expected to meet or exceed 80% (see Section B.3 for additional information). Data collection tools are included in Attachments B1–B12.

Exhibit: Potential Respondent Universe

Form Name	Number of Entities in the Universe
2021 PMHCA HP Survey	Based on awardee estimates of HPs to be enrolled in the PMHCA program; 8,029 HPs are eligible to be surveyed.
2021 PMHCA Practice-Level Survey	Based on awardee estimates of practices to be enrolled in the PMHCA program; 2,950 practice managers are eligible to be surveyed.
2021 PMHCA Program Implementation Survey	24 individuals (1 from each of the 24 2021 PMHCA awardees) who are in the project director/principal investigator role are eligible to be surveyed.

2021 PMHCA Program Implementation SSI	24 individuals (1 from each of the 24 PMHCA awardees) who are in the project director/principal investigator role are eligible to be interviewed.
2021 PMHCA Champion SSI	48 individuals (up to 3 from each of the 24 PMHCA awardees to participate in the Champion SSI or FGD; we estimated that two-thirds will participate in an SSI, and one-third will participate in the FGD, listed below) who are in the project champion role are eligible to be interviewed.
2021 PMHCA Champion FGD	24 individuals (up to 3 from each of the 24 PMHCA awardees to participate in the Champion SSI or FGD; we estimated that two-thirds will participate in an SSI, listed above, and one-third will participate in the FGD) who are in the project champion role are eligible to participate in an FGD.
2021 PMHCA Community Resources SSI	A case study with (1) up to 5 awardees who have identified up to 5 formal (i.e., formal agreement, MOU, MOA, letter of support) community partnerships and (2) up to 5 awardees who have identified up to 5 informal (i.e., no formal agreement, MOU, MOA, letter of support) community partnerships; there will be up to 25 respondents for each group (i.e., formal, informal) for a total of 50 individuals who are eligible to be interviewed.
2021 PMHCA Care Coordinator SSI	24 individuals (1 from each of the 24 2021 PMHCA awardees) who are in the care coordinator

	role are eligible to be interviewed.
2018/2019 PMHCA and 2018 MDRBD Champion SSI	56 individuals (up to 3 from each of the 28 2018/2019 PMHCA and 2018 MDRBD awardees to participate in the Champion SSI or FGD; we estimated that two-thirds will participate in an SSI, and one-third will participate in the FGD, listed below) who are in the project champion role are eligible to be interviewed.
2018/2019 PMHCA and 2018 MDRBD Champion FGD	28 individuals (up to 3 from each of the 28 2018/2019 PMHCA and 2018 MDRBD awardees to participate in the Champion SSI or FGD; we estimated that two-thirds will participate in an SSI, listed above, and one-third will participate in the FGD) who are in the project champion role are eligible to participate in an FGD.
2018/2019 PMHCA and 2018 MDRBD Community Resources SSI	A case study with (1) up to 5 awardees who have identified up to 5 formal (i.e., formal agreement, MOU, MOA, letter of support) community partnerships and (2) up to 5 awardees who have identified up to 5 informal (i.e., no formal agreement, MOU, MOA, letter of support) community partnerships; there will be up to 25 respondents for each group (i.e., formal, informal) for a total of 50 individuals who are eligible to be interviewed.
2018/2019 PMHCA and 2018 MDRBD Care Coordinator SSI	28 individuals (1 from each of the 28 2018/2019 PMHCA and 2018 MDRBD awardees) who are in the care coordinator role are eligible to be interviewed.

2. Procedures for the Collection of Information

To conduct the evaluation, data will be collected using three data collection methods (i.e., surveys, SSIs, FGDs). Each data collection method supports the evaluation's goals and objectives. The data collection process will follow a systematic, mixed-methods data collection approach to gathering high-quality data from each 2021 PMHCA cooperative agreement-funded program and its participating HPs and practices; a program-level project director/principal investigator; cooperative agreement-funded program care coordinators; and up to 3 cooperative agreement-funded program champions.

The data collection for the 2018/2019 PMHCA and 2018 MDRBD programs will include cooperative agreement-funded program care coordinators and up to 3 cooperative agreement-funded program champions, in addition to the previously approved OMB (OMB Control No. 0906-0052) evaluation tools (i.e., HCP Survey, Practice-Level Survey, Program Implementation Survey, Program Implementation SSI).

For the 2021 PMHCA cooperative agreement-funded program cohort and for the 2018/2019 PMHCA and 2018 MDRBD cooperative agreement-funded program cohort, a case study with (1) up to 5 awardees who have identified up to 5 formal (i.e., formal agreement, MOU, MOA, letter of support) community partnerships and (2) up to 5 awardees who have identified up to 5 informal (i.e., no formal agreement, MOU, MOA, letter of support) community partnerships will be conducted. There will be up to 25 respondents for each group (i.e., formal, informal) for a total of 50 individuals for each cohort (i.e., 2021 PMHCA; 2018/2019 PMHCA and 2018 MDRBD) who are eligible to be interviewed. Surveys, SSIs, and FGDs will be used to collect data from the target population. A general description of key data collection procedures is provided below. Emails referenced in the sections below are included as attachments in Supporting Statement A.

HP Surveys. HP surveys will be administered annually to HPs enrolled in 2021 PMHCA programs, with anticipated data collection in 2023, 2024, and 2025. The survey will take approximately 15 minutes to complete, be administered via a web-based platform (e.g., Alchemer), and sent directly to all HPs via an email with a link to the online survey. At each time point, the survey link will be available for a minimum of 3 weeks. To facilitate completion, the web-based platform will allow participants to complete the survey in more than one sitting, if needed.

Approximately 1 month prior to distributing each survey, HPs will be invited to participate in the survey either by JBS or by the programs, depending on decisions made while coordinating with the awardees. The introductory email will include an email address that HPs can use to submit any questions or concerns about the survey.

At the time of each survey administration, JBS or the awardees will send a second email to the HPs that contains the link to complete the survey. If HPs have difficulties accessing the web-based survey (e.g., due to firewall issues or other technical problems), we will email a fillable and printable PDF and include instructions for completing and returning it. Each participant will create a unique identifier, regardless of administration method, to match and compare the participants' survey results over time.

Practice-Level Survey. The Practice-Level Surveys will be administered annually, with anticipated data collection in 2023, 2024, and 2025. The survey will be administered via a web-based platform (e.g., Alchemer) and take approximately 15 minutes to complete. At each time point, the survey link will be available for a minimum of 3 weeks. To facilitate completion, the web-based platform will allow participants to complete the survey in more than one sitting, if needed.

Approximately 1 month prior to distributing each survey, each practice's office manager/office leadership will be invited to participate in the survey either by JBS or by the cooperative agreement-funded programs, depending on the decision made while coordinating with the awardees. The introductory email to the practice representatives will include an email address that practice representatives can use to submit any questions or concerns about the survey.

At the time of each survey administration, JBS or the awardees will send a second email to the office manager/office leadership that contains the link to complete the survey. If participants have difficulties accessing the web-based survey (e.g., due to firewall issues or other technical problems), we will email a fillable and printable PDF and include instructions for completing and returning it. Each participant will create a unique identifier, regardless of administration method, to match and compare the participants' survey results over time.

Program Implementation Survey. The Program Implementation Survey will be administered annually in 2023, 2024, and 2025. The survey will be administered via a web-based platform (e.g., Alchemer) and take approximately 20 minutes to complete. Identified participants will be sent a link to complete it. As with the other surveys, participants can complete the survey in more than one sitting, if needed, saving information as they progress through the questions. At each time point, the survey link will be available for a minimum of 2 weeks. To facilitate completion, the web-based platform will allow participants to complete the survey in more than one sitting, if needed.

Approximately 1 month prior to distributing each program implementation survey, JBS plans to email each cooperative agreement awardee to inform it of the upcoming survey and to provide it with an overview of the content, procedures, and time commitment to complete it. We will inform awardees that they do not have to complete the survey in one sitting and that answers will save automatically in the web-based platform as they are entered. JBS will provide

awardees with an email address they can use to submit questions about the survey and other data collection activities. Awardees can also use this email to suggest that the survey be sent to a different project representative within the state/political subdivision of a state/Indian tribe/tribal organization, but only one response to the survey should be provided for each program.

At the time of each survey administration, JBS will send a second email to the cooperative agreement-funded awardees, via the web-based platform, that contains the link to complete the survey. If awardees have difficulties accessing the web-based survey (e.g., due to firewall issues or other technical problems), we will email a fillable and printable PDF and include instructions for completing and returning it.

Program Implementation SSI. SSIs will be conducted one time in 2025. JBS will email the project director to invite them to participate in the interview and will provide an overview of the SSI goals, procedures, and time commitment. In the initial email, we will ask whether the project director or another individual should participate in the Program Implementation SSI and for the project director (or designee) to provide at least 3 dates and times that they are available during a 2-week period to facilitate scheduling the SSI. If we do not hear back on the initial email request, we will follow up by email. If the project director (or designee) does not respond to the second email, JBS will inform HRSA and request that Project Officers (POs) reach out to their awardees to facilitate scheduling.

Two-person teams will conduct the SSIs. The interviews will be led by a senior evaluation team member, who will describe the purpose of the interview, ask respondents to describe their position and role within the project, guide the discussion to gather information on the topics of interest, and summarize the discussion at the end of the interview. The interviewer will prepare for the interview by reviewing any applicable awardee documents (e.g., cooperative agreement application, progress reports) and results from the Program Implementation Survey (described above). The interviews will provide an opportunity to further elaborate on the survey responses. The interviewer will use the written SSI guide to conduct the discussion, and a notetaker from the evaluation team will take detailed notes.

The interview will take about 60 minutes to complete. Interviewers will seek permission from participants to audio record the interview. The SSIs will be conducted and recorded (if permission is granted) via a web-based platform (e.g., Microsoft Teams, Zoom). We will transcribe the recorded interviews to facilitate qualitative content analysis and make follow-up telephone calls, if necessary, to clarify information obtained during the interview. After we complete the transcripts, the audio recordings will be destroyed.

Champion SSI. SSIs will be conducted once in 2023 for 2018/2019 PMHCA and 2018 MDRBD awardees and once in 2025 for 2021 PMHCA awardees. JBS will email program staff to identify and select up to 3 champions. If the program

identifies 1 champion, JBS will then email the selected champion to ask them to participate in the interview and provide an overview of the SSI goals, procedures, and time commitment. If the program identifies more than 1 champion, in the initial email, we will also ask the champion if they would prefer to participate in a FGD or SSI. We will then ask the champion to provide at least 3 dates and times that they are available during a 2-week period to facilitate scheduling the SSI (or FGD). If we do not hear back on the initial email request, we will follow up by email. If the champion does not respond to the second email, JBS will inform HRSA and request that POs reach out to their awardees to facilitate scheduling.

Two-person teams will conduct the SSIs. The interviews will be led by a senior evaluation team member, who will describe the purpose of the interview, ask respondents to describe their position and role within the project, guide the discussion to gather information on the topics of interest, and summarize the discussion at the end of the interview. The interviewer will prepare for the interview by reviewing any applicable awardee documents (e.g., cooperative agreement application, progress reports). The interviewer will use the written SSI guide to conduct the discussion, and a notetaker from the evaluation team will take detailed notes.

The interview will take about 30 minutes to complete. Interviewers will seek permission from participants to audio record the interview. The SSIs will be conducted and recorded (if permission is granted) via a web-based platform (e.g., Microsoft Teams, Zoom). JBS will transcribe the recorded interviews to facilitate qualitative content analysis and make follow-up telephone calls, if necessary, to clarify information obtained during the interview. After we complete the transcripts, the audio recordings will be destroyed.

Champion FGD. FGDs will be conducted once in 2023 for 2018/2019 PMHCA and 2018 MDRBD awardees and once in 2025 for 2021 PMHCA awardees. JBS will email program staff to identify and select up to 3 champions. If the program identifies more than 1 champion, JBS will email the champions to ask them if they would prefer to participate in an FGD or SSI and provide an overview of the FGD goals, procedures, and time commitment. If the program identifies 1 champion, JBS will email the selected champion to ask them to participate in the SSI. We will also ask the champions to provide at least 3 dates and times that they are available during a 2-week period to facilitate scheduling the FGD (or interview). If we do not hear back on the initial email request, we will follow up by email. If the champions do not respond to the second email, JBS will inform HRSA and request that POs reach out to their awardees to facilitate scheduling.

Two-person teams will conduct the FGDs. The FGDs will be led by a senior evaluation team member, who will describe the purpose of the FGD, ask respondents to describe their position and role within the project, guide the discussion to gather information on the topics of interest, and summarize the discussion at the end of the FGD. The facilitator will prepare for the FGD by reviewing any applicable awardee documents (e.g., cooperative agreement

application, progress reports), then will use the written FGD guide to conduct the discussion, and a notetaker from the evaluation team will take detailed notes.

The FGD will take about 1 hour to complete. Facilitators will seek permission from participants to audio record the FGD. The FGD will be conducted and recorded (if permission is granted) via a web-based platform (e.g., Microsoft Teams, Zoom). JBS will transcribe the recorded discussions to facilitate qualitative content analysis and make follow-up telephone calls, if necessary, to clarify information obtained during the FGD. After we complete the transcripts, the audio recordings will be destroyed.

Community Resources SSI. SSIs will be conducted once in 2023 for 2018/2019 PMHCA and 2018 MDRBD awardees and once in 2025 for 2021 PMHCA awardees. JBS will email program staff to select up to 5 informal and up to 5 formal program-level community resources partner representatives to participate in the SSI. JBS will then email the selected community resources partner representatives to ask them to participate in the interview and provide an overview of the SSI goals, procedures, and time commitment. We will also ask the community resources partner representatives to provide at least 3 dates and times that they are available during a 2-week period to facilitate scheduling the SSI. If we do not hear back on the initial email request, we will follow up by email. If the community resources partner representative does not respond to the second email, JBS will inform HRSA and request that POs reach out to their awardees to facilitate scheduling.

Two-person teams will conduct the SSIs. The interviews will be led by a senior evaluation team member, who will describe the purpose of the interview, ask respondents to describe their position and role within the project, guide the discussion to gather information on the topics of interest, and summarize the discussion at the end of the interview. The interviewer will prepare for the interview by reviewing any applicable awardee documents (e.g., cooperative agreement application, progress reports). The interviewer will use the written SSI guide to conduct the discussion, and a notetaker from the evaluation team will take detailed notes.

The interview will take about 30 minutes to complete. Interviewers will seek permission from participants to audio record the interview. The SSIs will be conducted and recorded (if permission is granted) via a web-based platform (e.g., Microsoft Teams, Zoom). JBS will transcribe the recorded interviews to facilitate qualitative content analysis and make follow-up telephone calls, if necessary, to clarify information obtained during the interview. After we complete the transcripts, the audio recordings will be destroyed.

Care Coordinator SSI. The SSIs will be conducted once in 2023 for 2018/2019 PMHCA and 2018 MDRBD awardees and once in 2023 and 2025 for 2021 PMHCA awardees. JBS will email program staff to select and identify 1 care coordinator (or care coordinator designee) to participate in the SSI. JBS will then

email the care coordinator to ask them to participate in the interview and provide an overview of the SSI goals, procedures, and time commitment. We will also ask the care coordinator to provide at least 3 dates and times that they are available during a 2-week period to facilitate scheduling the SSI. If we do not hear back on the initial email request, we will follow up by email. If the care coordinator does not respond to the second email, JBS will inform HRSA and request that POs reach out to their awardees to facilitate scheduling.

Two-person teams will conduct the SSIs. The interviews will be led by a senior evaluation team member, who will describe the purpose of the interview, ask respondents to describe their position and role within the project, guide the discussion to gather information on the topics of interest, and summarize the discussion at the end of the interview. The interviewer will prepare for the interview by reviewing any applicable awardee documents (e.g., cooperative agreement application, progress reports). The interviewer will use the written SSI guide to conduct the discussion, and a notetaker from the evaluation team will take detailed notes.

The interview will take about 30 minutes to complete. Interviewers will seek permission from participants to audio record the interview. The SSIs will be conducted and recorded (if permission is granted) via a web-based platform (e.g., Microsoft Teams, Zoom). JBS will transcribe the recorded interviews to facilitate qualitative content analysis and make follow-up telephone calls, if necessary, to clarify information obtained during the interview. After we complete the transcripts, the audio recordings will be destroyed.

3. Methods to Maximize Response Rates and Deal With Nonresponse

The ability to gain the cooperation of potential respondents is important to the success of the evaluation of the PMHCA and MDRBD programs. All potential respondents will be informed of the data collection activities before being contacted to participate, which will maximize response rates. For the Program Implementation Survey and SSIs, project directors are especially important because they are integrally involved in the program and have been informed about all data collection activities and timelines through their participation in regular meetings with HRSA and regular evaluation capacity-building webinars presented by JBS.

Awardees are aware that they are required to participate in this evaluation as a condition of funding. For the HP Survey and Practice-Level Survey, participating providers and practices are informed of the evaluation upon participation/enrollment in PMHCA programs. For the Champion SSI and FGDs and the Community Resources SSI, awardees will identify and select participants who are eligible and interested in participating in data collection. For the Care Coordinator SSI, programs will inform their designated care coordinator that they will be asked to participate in the SSI. Awardees will be provided with materials (e.g., graphics, PowerPoint slides, newsletter blurbs) to promote engagement

with their programs and with feedback on the evaluation data collection. A discussion of methods to maximize response rates for the different data collection methods is presented below.

HP Surveys. Following the invitation email to HPs for each time point, we will access the web-based system and track surveys each week to assess the number of HPs who have initiated and completed the HP survey. After sending the initial invitation email, JBS or the awardees will send a reminder email to HPs who have not completed the web-based survey and continue to send them at specified intervals to the HPs who have not responded; JBS estimates between four and six reminder emails, depending on completions and on coordination with HRSA. If an awardee has decided to communicate directly with HPs in its state/political subdivision of a state/Indian tribe/tribal organization during the survey process, JBS will provide the cooperative agreement-funded program with draft email content for all necessary communications discussed above. We will provide HRSA with updates on the response rates during the standing, biweekly contract calls.

Practice-Level Surveys. Following the invitation email to office manager/office leadership for each time point, JBS will access the web-based system and track surveys on a weekly basis to assess the number of people who have initiated and completed the Practice-Level Survey. After sending the initial invitation email, JBS or the awardees will send a reminder email to participants who have not completed the web-based survey and continue to send them at specified time points to the office manager/office leadership representatives who have not responded; JBS estimates between four and six reminder emails, depending on completions and on coordination with HRSA. If an awardee has decided to communicate with the practices in its state/political subdivision of a state/Indian tribe/tribal organization during the survey process, JBS will provide the cooperative agreement-funded program with draft email content for all necessary communications discussed above. We will provide HRSA with updates on the survey response rates during the standing, biweekly contract calls.

Program Implementation Surveys. It is anticipated that 2021 PMHCA Program Implementation Surveys will be completed by 100% of awardee staff members who are asked to participate. To maximize participation rates, introductory emails to the awardees will indicate that completion is important to the HRSA MCHB evaluation. Following the invitation email to awardees for each time point, we will access the web-based system and track surveys each day to assess the number of awardees who have initiated and completed the survey. One, 2, and 3 weeks after sending the initial invitation email, JBS will send a reminder email to awardees who have not completed the web-based survey. We will continue to send weekly email reminders to awardees who have not responded until we receive a response, or they refuse to complete the survey (which we do not anticipate). JBS will provide HRSA with updates of the response rates during the standing, biweekly contract calls and determine if HRSA would like for the POs to

reach out to awardees to encourage their completion of the surveys.

Program Implementation SSIs. It is anticipated that 2021 PMHCA Program Implementation SSIs will be completed by 100% of the awardee staff members who are asked to participate. JBS will email the project director to invite them to participate in the interview and will provide an overview of the SSI goals, procedures, and time commitment. In the initial email, we will ask whether the project director or another individual should participate in the Program Implementation SSI and for the project director (or designee) to provide at least 3 dates and times that they are available during a 2-week period to facilitate scheduling the SSI. If we do not hear back on the initial email request, we will follow up by email. If the project director (or designee) does not respond to the second email, JBS will inform HRSA and request that POs reach out to their awardees to facilitate scheduling. JBS will employ methods to engage awardee staff to maximize participation rates and to reduce the burden on participating awardee staff (e.g., engagement of HRSA POs, accommodating schedules, advance notification of timing of the SSI). Planning and preparation in advance of the interviews are crucial to these protocols, which will include proper timing and scheduling of the interviews to accommodate awardee staff members. Awardee staff will be informed, in advance, of the purpose and significance of the interview.

Champion SSI and FGD. Once the program has identified and selected up to 3 program champions, JBS will email the selected champion(s) to ask them to participate in the interview or FGD and provide an overview of the SSI/FGD goals, procedures, and time commitment. We will then ask the champion to provide at least 3 dates and times that they are available during a 2-week period to facilitate scheduling the SSI/FGD. If we do not hear back on the initial email request, we will follow up by email. If the champion does not respond to the second email, JBS will inform HRSA and request that POs reach out to their awardees to facilitate scheduling. JBS will employ methods to reduce the burden on participating champions (e.g., accommodating schedules, advance notification of timing of the SSI/FGD). Planning and preparation in advance of the interviews are crucial to these protocols, which will include proper timing and scheduling of the interviews to accommodate awardee champions.

Community Resources SSI. Once the program has identified and selected up to 5 informal and/or 5 formal community resource partner representatives, JBS will email the selected community resources representative(s) to ask them to participate in the interview and provide an overview of the SSI goals, procedures, and time commitment. We will then ask the community resources representative to provide at least 3 dates and times that they are available during a 2-week period to facilitate scheduling the SSI. If we do not hear back on the initial email request, we will follow up by email. If the community resources partner representative does not respond to the second email, JBS will inform HRSA and request that POs reach out to their awardees to facilitate scheduling. JBS will

employ methods to reduce the burden on participating community resources representatives (e.g., accommodating schedules, advance notification of timing of the SSI). Planning and preparation in advance of the interviews are crucial to these protocols, which will include proper timing and scheduling of the interviews to accommodate community resource representatives.

Care Coordinator SSI. It is anticipated that PMHCA and MDRBD Care Coordinator SSIs will be completed by 100% of the awardee care coordinators who are asked to participate. JBS will email the program to identify and select 1 care coordinator (or designee) to participate in the Care Coordinator SSI. Once the program has identified and selected the care coordinator, JBS will email the selected care coordinator to ask them to participate in the interview and provide an overview of the SSI goals, procedures, and time commitment. We will then ask the care coordinator to provide at least 3 dates and times that they are available during a 2-week period to facilitate scheduling the SSI. If we do not hear back on the initial email request, we will follow up by email. If the care coordinator does not respond to the second email, JBS will inform HRSA and request that POs reach out to their awardees to facilitate scheduling. JBS will employ methods to reduce the burden on participating care coordinators (e.g., accommodating schedules, advance notification of timing of the SSI). Planning and preparation in advance of the interviews are crucial to these protocols, which will include proper timing and scheduling of the interviews to accommodate awardee care coordinators.

4. Tests of Procedures or Methods to be Undertaken

Pilot tests of the data collection tools to be used in the evaluation were conducted with representative subsamples of the target populations and representatives with experience in (1) health, public health, and/or behavioral health research and evaluation, including study design; instrument development; and data collection, analysis, and reporting; and (2) medical advisors (e.g., physicians specializing in family medicine, preventive medicine, addiction medicine) with current or previous practice in clinical practice sites (e.g., private practice, non-academic hospital-based practice), as well as positions in academic settings and the Federal Government. All pilot tests were conducted with 9 or fewer individuals.

Attachments B13–24 provide a summary of pilot test feedback for each data collection tool tested and outline the changes that were made to the data collection tools based on this feedback. Portions of the HP Survey, Practice-Level Survey, and Program Implementation Survey and SSI have been previously used and approved by OMB (OMB Control No. 0906-0052; expiration 06/30/2023). In attachments B1-B12, we have specified which questions, response options, and probes have received prior OMB approval by including “(Approved – OMB Control No. 0906-0052)” next to the question, response option, or probe.

A pilot test of the HP, Practice-Level, and Program Implementation surveys; the Program Implementation, Community Resources, and Care Coordinator SSIs; and the Champion SSIs and FGDs were conducted with medical advisors (e.g., physicians specializing in family medicine, preventive medicine, addiction medicine) with current or previous practice in clinical practice sites (e.g., private practice, non-academic hospital-based practice), as well as positions in academic settings and the Federal Government, and with professionals with experience in health, public health, and/or behavioral health research and evaluation, including study design; instrument development; and data collection, analysis, and reporting. Pilot test participants were asked to complete the survey questions and to provide feedback on the time to complete the survey and on the clarity and format of the questions; for the SSIs and FGDs, they were asked to review the questions and to provide feedback on the clarity, appropriateness of the questions and procedures for the intended audience, and estimated amount of time to complete the SSI or FGD.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

As noted in Section A.8, consultations on the evaluation design, data collection instruments (i.e., HCP Survey, Practice-Level Survey, Program Implementation Survey, and Program Implementation SSI) and protocols, survey and SSI questions, data management, and analysis of the initial evaluation of programs funded by HRSA in 2018 and 2019 (September 2018 – September 2021) occurred throughout the planning phase of the initial project. The current evaluation (September 2021 – September 2026) is a continuation of the initial evaluation to incorporate additional awardees. The current evaluation design and data collection instruments have been refined based on information learned in the previous evaluation and to account for differences in the new awardee program requirements. These consultations have provided, and will continue to provide, the opportunity to ensure the technical quality and appropriateness of the overall evaluation design and data analysis plans, obtain advice and recommendations concerning the data collection instruments, and structure the evaluation and instruments to minimize overall and individual response burden. Consultations have occurred with the following individuals in connection with this study (listed in alphabetical order):

John Straus, MD, Director of Special Projects Massachusetts Behavioral Health Partnership, Co-Founder National Network of Child Psychiatry Access Programs, 617-790-4120, John.Straus@beaconhealthoptions.com. Years and areas of consultation: 2018–present, serves as a representative of those from whom information is to be obtained.

Min Qi Wang, PhD, Professor, Behavioral and Community Health, University of Maryland School of Public Health, 301-405-6652, mqw@umd.edu. Years and areas of consultation: 2019–present, methodological and analytic expertise.

JBS staff designed the data collection instruments and will lead the data collection and analysis efforts. Dr. Straus and Dr. Wang provided consultation on the data collection design, and Dr. Wang will provide support on the data collection analysis.