

Attachment B9:

Pediatric Mental Health Care Access Program Community Resources Semi-Structured Interview

**Health Resources and Services 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 COMMUNITY RESOURCES 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 cooperative agreement-funded, program-level, informal and formal, community resource partner representatives involved with the PMHCA program. JBS will work with the awardee to determine which community resource partner representatives 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 community resources partner interviews will cover the following topics:

- Organization description
- Collaboration/Involvement with the PMHCA program
- Collaboration/Involvement impacts
- Health equity
- Sustainability

Community Resources 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 cooperative agreement-funded, program-level, informal and formal, community resource partner representatives to learn more about their collaboration/involvement with [insert name of state]'s HRSA PMHCA program. 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.

COMMUNITY RESOURCES SEMI-STRUCTURED INTERVIEW GUIDE

ORGANIZATION DESCRIPTION (8 MINUTES)

We'd like to start by asking you about your and your organization's specific role and involvement with your state's PMHCA program.

1. What is your title and role within [agency/organization]?
2. With your current collaboration, what type of partnership does your organization have with your state's PMHCA program? Describe the following: [SSI questions will flow based on the response to this question]
 - o *Formal partnership: There is a formal agreement (i.e., memorandum of understanding [MOU], memorandum of agreement [MOA], letter of support for the grant application) that describes the agreement between the two parties.*
 - o *Informal partnership: There is no formal agreement (i.e., MOU, MOA, letter of support for the grant application) that describes the agreement between the two parties.*

If the agency has a formal partnership:

Next, we would like to hear more about the structure of your formal partnership with the PMHCA program.

3. Please indicate the types of services and activities provided by your organization and whether they are provided for the PMHCA program.
 - o PROBE 1: What services/activities is your organization required to provide?
 - o PROBE 2: To what extent is your organization involved in the following components of your state's PMHCA program:
 - Clinical behavioral health consultation
 - Care coordination support (i.e., communication/collaboration, accessing resources, referral services)
 - Health professional trainings
 - o PROBE 3: How did your organization and your state's PMHCA program agree upon the specific services and activities your organization would provide?

COLLABORATION WITH THE PMHCA PROGRAM (6 MINUTES)

Next, we'd like to talk with you about your organization's collaboration with your state's PMHCA program.

4. To what extent were you aware of your state's PMHCA program prior to your collaboration?
 - o PROBE 1: How did you become aware of your state's PMHCA program?
5. Please describe how your organization's collaboration with your state's PMHCA program has changed or developed since the beginning of your state's PMHCA program implementation?
6. To what extent have you been involved in any type of planning or Advisory Committee for your state's PMHCA program?
 - o If involved:

- PROBE 1: Please describe your role and involvement in the planning or Advisory Committee.
- 7. To what extent has your organization been involved in any type of outreach or promotional activities for your state's PMHCA program?
 - o If involved:
 - PROBE 1: Please describe your organization's role and involvement in outreach and promotional activities.
 - PROBE 2: To what extent have these activities influenced health professionals and/or clinics to enroll in your state's PMHCA program?

COLLABORATION IMPACTS (5 MINUTES)

Now, we would like to talk with you about the impact of your organization's collaboration with your state's PMHCA program.

8. How do you think your organization's services and activities contribute to the success of your state's PMHCA program?
9. How do you think your state's PMHCA program has contributed to the success of your organization?
10. Please describe any factors that supported your collaboration with your state's PMHCA program.
11. Please describe any challenges you encountered in your collaboration with your state's PMHCA program and strategies implemented to mitigate them.

Continue to Health Equity section.

If the agency has an informal partnership:

3. Please indicate the types of services and activities provided by you and your organization and whether they are provided for the PMHCA program.
 - o PROBE 1: To what extent is your organization involved in the following components of your state's PMHCA program:
 - Clinical behavioral health consultation
 - Care coordination support (i.e., communication/collaboration, accessing resources, referral services)
 - Health professional trainings
 - o PROBE 2: How did you or your organization determine the specific services your organization would provide to your state's PMHCA program?

INVOLVEMENT WITH THE PMHCA PROGRAM (6 MINUTES)

Next, we'd like to talk with you about your organization's involvement with your state's PMHCA program.

4. How did you become aware of your state's PMHCA program?
5. Please describe how your organization's involvement with your state's PMHCA program has changed or developed over time.
6. To what extent have you been involved in any type of planning or advisory committee for your state's PMHCA program?
 - o If involved:

- PROBE 1: Please describe your role and involvement in the planning or advisory committee.
- 7. To what extent has your organization been involved in any type of outreach or promotional activities for your state's PMHCA program?
 - o If involved:
 - PROBE 1: Please describe your organization's role and involvement in outreach and promotional activities.
 - PROBE 2: To what extent have these activities influenced health professionals and/or clinics to enroll in your state's PMHCA program?

INVOLVEMENT IMPACTS (5 MINUTES)

Now, we would like to talk with you about the impact of your organization's involvement with your state's PMHCA program.

8. How do you think your organization's services and activities contribute to the success of your state's PMHCA program?
9. How do you think your state's PMHCA program has contributed to the success of your organization?
10. Please describe any factors that supported your involvement with your state's PMHCA program.
11. Please describe any challenges you encountered in your involvement with your state's PMHCA program and strategies implemented to mitigate them.

Continue to Health Equity section.

HEALTH EQUITY (4 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 questions will be used to inform our goal of improving health equity.

12. How is your organization currently addressing health disparities in access to care or increasing health equity?
13. From your perspective, how did your state's PMHCA program help address health disparities in access to behavioral health care?
14. To what extent are staff at your organization reflective of the population(s) your organization serves (e.g., race, ethnicity)?

SUSTAINABILITY (3 MINUTES)

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

15. Has your organization been involved in your state's PMHCA program's sustainability planning?
 - o If involved: Please describe your organization's role and involvement related to your state's PMHCA program's sustainability.

16. To what extent do you think your organization will continue its partnership (whether informal or formal) with your state's PMHCA program once the HRSA MCHB cooperative agreement funding ends?

CLOSING COMMENTS (2 MINUTES)

Thank you very much for taking the time to meet with us.

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