

Thank you for joining us today.

We're here to learn about the care you receive at [clinic]. [Clinic] is part of a new model for behavioral health centers. We would like to hear about the services you receive, what you like, and what could be better.

This conversation today is one of several we are having with people across the country to better understand the care they receive from CCBHCs. We are also speaking with clinic staff and reviewing other data as part of our work. You all will provide such an important perspective to this work, and we are very thankful you are willing to meet with us and reflect on your experience. Your insights will help to inform improvements to behavioral health care in the United States and also help leaders know what is working well and should be continued. We will be providing you with a gift card to show our appreciation for your time and thoughts today.

[Review best practices related to technological platform]

Ground Rules:

We would like to review a few ground rules for our discussion before we begin.

- We will ask questions to guide the conversation. We ask that you speak one at a time, so we can hear your comments and everyone has a chance to talk.
- We would like to hear from everyone, but you do not have to answer any questions that you do not want to.
- Everything you say during today's session will be kept confidential. That means that we will never use your name in our reports or discuss our conversation today with the organizations that provide care or services to you.
- Your participation in the focus group and your responses will not have any effect on your care. We will not share what you say about your care with [clinic]. You should feel free to be open and honest. There are no "right" or "wrong" answers.
- Similarly, we ask that you do not discuss what you hear others share today with anyone outside of this group.
- My colleague, [note-taker], is going to do her best to take notes as we talk. But as you can imagine, at times it will be difficult to keep up with everything that is said. Therefore, we would like to record the discussion to make sure we do not miss anything anyone says. Is that alright with everyone?
- Our discussion will last around 45 minutes to an hour. We will not take any formal breaks, but please feel free to get up at any time if you need to. We have many topics to cover, so at times, I may need to move the conversation along to make sure we cover everything.
- Do you have any questions before we start?

START RECORDING

I. Warm-up

1. Let's go around the virtual room and share in a few sentences- your first name (or the name you'd like to use) and how long you have been receiving services at [clinic].

II. Access to care

1. Let's talk about accessing care at **[clinic]**. Do you feel like you are able to get care from **[clinic]** providers when you need it? Why or why not?
 - a. What kinds of things make it easy to get care from providers at **[clinic]**?
 - b. What kinds of things still get in the way of getting care through **[clinic]**? What would help you to better access care?
 - c. Do you feel like you can get care during times of the day or days of the week that are convenient for you? Why or why not?
 - d. Do you feel like you can get care in a location that is convenient to you? Do any of you receive services in a location that is not the clinic? If yes, has that been helpful?
 - e. Do any of you receive telehealth services from the [clinic]? That is, you talk with your provider over video or the phone?
 - (1) What do you like about this approach?
 - (2) What do you dislike? What could be improved?
 - (3) Do your providers use any other kinds of technology to help you?
 - (4) How happy are you with your ability to get the care you need?
2. I'd like you to think back to when you first reached out to **[clinic]** for an appointment or someone reached out to schedule your first appointment for you.
 - a. How did you first find out about **[clinic]**? For example, did you learn about it from a family member, an advertisement online, another provider, or some other way?
 - b. How long did you need to wait until your first appointment? Do you recall whether you needed to wait awhile, or did you see a provider shortly after?
 - c. How did this wait period compare to your experience with behavioral healthcare elsewhere? Better? Worse?
3. Before you started receiving care at **[clinic]** who would you have contacted or where would you go if you had a behavioral health emergency or crisis?
 - a. Have you and your providers at **[clinic]** discussed what you should do or where you should go if you had a behavioral emergency or crisis?
4. Before you started receiving care at **[clinic]** who would you have contacted or where would you go if you had a behavioral health emergency or crisis?

- a. Have you and your providers at [clinic] discussed what you should do or where you should go if you had a behavioral emergency or crisis?
5. Has your understanding of who you should contact and where to go when changed since you have received care at **[clinic]**?
6. Are you able to get care in the language you prefer?

III. Scope of Services

1. Does this clinic provide you with all the services you need?
2. What types of services do you receive and/or activities do you participate in that are provided by **[clinic]**?

Probe on specific services if needed:

- Peer supports/family support specialists
- Outpatient services for behavioral health or substance use disorder
- Crisis behavioral health services
- Person-centered treatment planning
- Psychiatric rehabilitation services (e.g., housing, employment, education support)

- a. What do you like about these services/ activities?
 - b. What could be improved?
 - (1) Are there services you need that are not provided?
 - (2) Are there services that you need that you have to go elsewhere for?
 - (3) Would it be easier for you if they were at the CCBHC?
3. Where do you receive services that are provided by **[clinic]**? For example, does **[clinic]** provide the services you receive at their office, at your home, somewhere else?
4. Have your families received any services or supports from this clinic? For example, have they participated in therapy with you or met with a peer specialist or recovery coach?
 - a. [If yes]: What was this experience like?
 - (1) Was it helpful to have your families receive services and supports too? Why or why not?
 - (2) What could be improved?
5. How do the services you receive through **[clinic]** compare to services you have received elsewhere?
 - a. Do you receive care in different ways than you did when you were not receiving services at **[clinic]**? For example, are you in groups whereas you weren't before?

6. Do providers at **[clinic]** help connect you with other services and supports, such as other medical care, social services, transportation?
 - a. What is working well?
 - b. What could be improved?
7. Have you always been able to receive other health care services, such as primary care services for things like a sore throat or heart condition, or has **[clinic]** helped you become connected to this care?
8. Are your families involved in helping to coordinate your care? If so, how?
 - a. Do providers work with your families too to help connect you with services and supports?
 - b. Do you feel like your families are able to be involved as much as you would like for them to be?
9. Do providers at **[clinic]** communicate with your other providers and agencies that provide services to you?
 - a. To what extent do you feel like providers at **[clinic]** know about the care or services you receive from providers not at **[clinic]** and follow up with you about it?
 - b. What could be improved in coordinating your care across providers at **[clinic]** and not at **[clinic]**?
 - c. Do your providers at **[clinic]** receive information from other providers about your physical health conditions? Do they seem well-informed?
 - (1) [If yes] Do you think that this has improved the quality of your care? Why or why not?
10. How do your providers at this clinic know if you're doing well? What would help staff keep track of your behavioral health conditions better? How could the ways your providers keep track of your behavioral health conditions be improved?
 - a. What would help staff better monitor how behavioral treatment is working for you? What could be improved?
11. Do you feel like you are able to make decisions about your behavioral health care and that providers at this clinic listen to your preferences and needs when planning your treatment and coordinating your care? Why or why not?
 - a. What could be improved?
12. Let's talk about primary care screening and monitoring now. Clinics may help with keep track of your physical health, such as your weight and blood pressure, and have conversations with you about it.

- a. Does **[clinic]** assess your physical health? What kinds of support do staff provide that help you take care of your physical health, if any?
 - (1) [If yes:] Do you like that your clinic helps you with your physical health?
 - (2) What kind of screenings do you remember receiving related to your physical health from [clinic]? What does the **[clinic]** do with this information? For example, have you been referred to other doctors?
 - (3) What parts of your physical health do you think are important for **[clinic]** to be aware of?
 - How would you prefer **[clinic]** to keep track your physical health?
 - How could **[clinic]** help you keep better track of your physical health?
- b. Can you easily get care from a primary care provider to help with physical health problems? Why or why not?
- c. [If primary care is provided on-site] Do you receive primary care services at **[clinic]**? What has that experience been like?

II. Quality of Care

1. Now that we've talked about various aspects of your care at **[clinic]**, we'd like to hear your thoughts on the quality of the care you've received overall.
 - a. What aspects of your care are you especially satisfied with?
 - b. Which aspects of your care could be improved?
2. Do you feel like you are getting the right amount of care? Or too little or too much?
3. Were you able to choose your provider or providers at **[clinic]** or do you think you would have the option to switch if you wanted to?
4. Have your providers at **[clinic]** asked you about your goals and preferences for your treatment at any point?
 - a. Do you feel like your goals and preferences have been taken into consideration as you've received care from **[clinic]**?
 - b. Were you able to decide for yourself which services you receive?
5. Is the care you receive from **[clinic]** respectful of your values and needs, including those associated with your cultural background?
6. Do you feel like **[clinic]** provides you with all of the information you need to make informed decisions about your treatment? If not, what could be improved?
7. Have your families been involved in decisions about your care if you wanted them to?

- a. [If yes]: How are they involved?
 - b. [If no]: Do you think you would have the ability to involve them if you wanted to?
8. How has the quality of your care changed over time at **[clinic]**? Have you noticed any improvements? Has anything gotten worse?
9. How has receiving services at **[clinic]** affected you? Has it changed your health or other parts of your life?
10. How has your experience at **[clinic]** compared with your experience with behavioral health care elsewhere?

A. Wrap-up

1. Is there anything else that we haven't talked about that you want to share?

Thank you so much for meeting with us today. We really appreciate your time and your willingness to share your thoughts with us.

[Note: If participants have questions about their services or care, or want to discuss personal topics outside of the scope of the focus group, refer them to (contact at site).]