

Champion SSI Guide, Version 2 – PMHCA

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 Mental Health and
Substance Use Disorders Programs Project**

June 2024

Public Burden Statement: ADD

**HRSA EVALUATION OF THE MATERNAL AND CHILD HEALTH BUREAU
PEDIATRIC MENTAL HEALTH CARE ACCESS AND SCREENING AND
TREATMENT FOR MATERNAL MENTAL HEALTH AND SUBSTANCE USE
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 Pediatric Mental Health Care Access program. JBS International, Inc. will work with the awardee to determine which champion should participate in the semi-structured interview.

Members of the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (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
- Overall interactions
- Program implementation
- Health equity
- Program outcomes

Champion Interview Introduction to **Interviewee (2 minutes)**

The Health Resources and Services Administration (HRSA) funded [insert program location] to implement a Pediatric Mental Health Care Access (PMHCA) program, called [insert program name]. HRSA also funded JBS International, Inc. (JBS) to conduct an evaluation of the Maternal and Child Health Bureau (MCHB) PMHCA program. This project will be referred to as the HRSA MCHB evaluation throughout the interview. 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 an interview with a program champion to learn more about the implementation of [insert program location]'s HRSA PMHCA program. Through this interview, we are hoping to learn about your involvement with 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, job title, organization, or PMHCA program affiliation will not be associated with the information you share during this interview; information shared will be reported to HRSA in the aggregate, unless we specifically ask for your approval. Although we are taking detailed notes, we would also like to 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 (5 MINUTES)

First, we'd like to discuss your involvement with the PMHCA program.

1. How did you become involved in the PMHCA program?

- PROBE 1: How long have you been involved?
2. How would you describe your role in the PMHCA program?
 - PROBE 1: What do you see as the most important aspect of your role?
 - PROBE 2: How has your role in the PMHCA program changed over time? For example, do you have additional or different responsibilities?
 3. To what extent were you involved in planning the PMHCA program?

OVERALL INTERACTIONS (4 MINUTES)

Next, we would like to talk with you about your interactions with organizations and other individuals about the PMHCA program in your role as program champion.

4. Please describe your interactions regarding the PMHCA program with organizations or individuals, such as health professionals.
 - PROBE 1: With what types of organizations or individuals are you interacting?
 - PROBE 2: What is the purpose of these interactions?
 - PROBE 3: What information do you share about the PMHCA program, if any?

Ask if champion interacts with health professionals and/or practices:

INTERACTIONS WITH HEALTH PROFESSIONALS AND PRACTICES (4 MINUTES)

Now, we would like to ask you questions about your interactions with individual health professionals and with health care practice leadership or administrative staff.

5. Based on your interactions with pediatric primary care health professionals, how receptive are they to providing behavioral health care services?
 - PROBE 1: To what extent do you think the PMHCA program has affected health professionals' willingness to provide behavioral health care services?
6. What common barriers or challenges do health professionals and/or practices face in participating in the PMHCA program?
 - PROBE 1: What suggestions, if any, do you have to mitigate these barriers or challenges?

PROGRAM IMPLEMENTATION (5 MINUTES)

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

7. What factors do you think support successful implementation of the PMHCA program?
8. Please describe any challenges of which you are aware related to the implementation of the following PMHCA program components:
 - Clinical behavioral health consultation
 - Care coordination support, including communication and collaboration, support accessing resources, and referral services
 - Health professional trainings
 - PROBE 1: How have these challenges changed over time?
 - PROBE 2: Please describe any ideas or suggestions you have to address the challenges you mentioned.

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 question will be used to inform the goal of improving health equity.

9. How do you think the PMHCA program is addressing SDOH, including supporting access to behavioral health care?

PROGRAM OUTCOMES (4 MINUTES)

Next, we would like to talk about the impact of the PMHCA program and your role in its success.

10. How do you think you, as the program champion, contributed to the PMHCA program's success?

CLOSING COMMENTS (2 MINUTES)

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

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

Public Burden Statement: This data collection is for the evaluation of the Maternal and Child Health Bureau Pediatric Mental Health Care Access and Screening and Treatment for Maternal Mental Health and Substance Use Disorders programs. This project will collect data to provide HRSA with information to guide future program decisions regarding increasing health professionals' (HPs) 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 0915/0906-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average approximately 20 minutes per response, including the time for reviewing instructions 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.