

# Community-Based and Other Resources SSI, Version 2 – PMHCA

# **Pediatric Mental Health Care Access Program Community-Based and Other 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 Mental Health and  
Substance Use Disorders Programs Project**

June 2024

**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 COMMUNITY-BASEDD AND OTHER  
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, community-based and other resource partner representatives involved with the Pediatric Mental Health Care Access (PMHCA) program. JBS International, Inc. will work with the awardee to determine which community-based or other resource partner representatives 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 community resources partner interviews will cover the following topics:

- Organization description
- Collaboration with the PMHCA program
- Collaboration impacts
- Health equity

Community-Based and Other Resources Interview Introduction to **Interviewee (2.5 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 interviews with cooperative agreement-funded, program-level, community-based and other resource partner representatives to learn more about their collaboration and involvement with [insert location]'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, 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?

Before starting our discussion, I'd like to note that during the interview I'll use "the PMHCA program" to refer to [insert program name].

Do you have any questions about what I have explained? If not, we'll get started.

# COMMUNITY-BASED AND OTHER RESOURCES SEMI-STRUCTURED INTERVIEW GUIDE

## ORGANIZATION DESCRIPTION (7 MINUTES)

*We'd like to start by asking you about your and your organization's involvement with the PMHCA program.*

1. What is your job title within [agency/organization]?
2. Please describe the types of services and activities provided by your organization for the PMHCA program.
  - PROBE 1: To what extent is your organization involved in the following PMHCA program components:
    - Clinical behavioral health consultation
    - Care coordination support, that is, communication and collaboration, support for accessing resources, and referral services
    - Health professional trainings

## COLLABORATION WITH THE PMHCA PROGRAM (6 MINUTES)

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

3. How did you and your organization become aware of the PMHCA program?
4. Please describe how your organization's collaboration with the PMHCA program has changed over time.
5. To what extent has your organization been involved in outreach or promotional activities for the PMHCA program?
  - *If involved:*
    - PROBE 1: Please describe your organization's role in outreach and promotional activities.
    - PROBE 2: How have these activities facilitated health professional and/or practice participation in the PMHCA program?
  - *If not involved: Proceed to question #6.*

## COLLABORATION IMPACTS (6 MINUTES)

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

6. How do you think your organization's services and activities contribute to the success of the PMHCA program?
7. Please describe any factors supporting your collaboration with the PMHCA program.
8. Please describe any challenges in your collaboration with the PMHCA program and strategies implemented to address them.

## HEALTH EQUITY (6 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.*

9. What SDOH needs, or populations impacted by health disparities, does your organization prioritize to address health equity?
10. Do clients request community-based or other resource service providers with similar backgrounds, cultures, and/or demographics.

- PROBE 1: How has your organization supported clients in accessing representative resource service providers?

### CLOSING COMMENTS (2.5 MINUTES)

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

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](mailto:paperwork@hrsa.gov). Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.