Building on a longstanding collaborative relationship, the Georgetown University National Technical Assistance Center for Children’s Mental Health (TA Center) and the Milwaukee County Wraparound Program (Wraparound Milwaukee) submitted a proposal to the Johnson Foundation at Wingspread for the opportunity to pilot and evaluate a new, innovative curriculum with a series of training modules designed to assist state/provincial and community leaders to improve the quality of care and outcomes for youth with mental health challenges and their families by building strong, collaborative, cost-effective, community-based systems of care.

Over the years, Wraparound Milwaukee has demonstrated a “tried and true” model for providing quality services and achieving good outcomes for children and families with complex needs in Milwaukee County, the largest urban setting in the state of Wisconsin. With others seeking strategies to reform their health care and human service systems, the time was right for Wraparound Milwaukee to share its successful strategies for implementing comprehensive systems of care. Coupled with this operational knowledge, the TA Center has developed a strong knowledge base on strategies for system change and the technical and adaptive leadership skills to implement system reforms to strengthen the training.

The proposal was accepted and the training took place at the Wingspread Conference Center in Racine, WI, from October 3-5, 2011 with teams from seven states including Colorado, Illinois, Michigan, New Hampshire, Virginia, Washington, and Wisconsin with each comprised of a state, community and family representative as well as an international contingent from Australia, New Zealand and the United Kingdom that included key mental health leaders. The training provided an opportunity to learn how to implement and operate the specific structures and processes that comprise systems of care. This operational focus was coupled with training designed to equip participants to plan and implement state and local policy and system changes needed to develop and sustain systems of care.

Piloting the curriculum with a cadre of leaders directly assisted participants to become agents of change. This work will also have broader application both in additional administrations and in the creation of resources to inform the work of the broader field of children’s mental health. The contribution will be to learn what it takes to improve the quality of care and outcomes for children with complex needs and their families by building collaborative community-based service systems. Thus, the developmental work involved in this training has the potential for larger impact by informing the system improvement work of other states, provinces and communities in the context of health care reform.

“The thing that always happens that you really believe in; and the belief in a thing makes it happen.” -- Frank Lloyd Wright
Evaluation Approach

Evaluation Tools:
Data collection instruments were developed by the Research and Evaluation Team at the Georgetown University National Technical Assistance Center for Children’s Mental Health to determine the utility, quality, impact, and effectiveness of the training. Since this training is a pilot, evaluation is critical to determine the effectiveness of the approach and how it should be refined for future administrations.

This evaluation short report includes data from:
- Pre-Post Surveys
- Overall Evaluation Forms

Objectives:
1. Using Wraparound Milwaukee as a model, learn how to implement the specific operational components of systems of care
2. Determine the critical changes that are needed in policy, programs and practice in states and communities to support the development and sustainability of systems of care
3. Learn how to develop an action plan to implement these system changes in order to improve services and outcomes for children and their families
4. Increase knowledge and skills to become an effective agent of change

Intended Outcomes/Results and Impact:
The intended short-term outcomes for this training curriculum include the following:
Participants will be able to…
- Identify the operational elements of an effective system of care and describe implementation strategies for each element
- Identify strategies for making the systemic changes needed to implement and sustain systems of care
- Identify and prioritize needed changes in policy, program and practice in their states/provinces and communities
- Select one priority goal for system change and develop an action plan including the goal, strategies, stakeholders, and action steps to implement following the training

The intended longer-term impacts of this training curriculum include:
- Increased skills for making ongoing system changes to improve and sustain effective service delivery systems
- Creation of a team of stakeholders to participate in system of care development at the state and/or community levels
- Establishment of system change goals and priorities
- Creation of a comprehensive strategic action plan to implement the system-level changes needed to develop and sustain systems of care
- Implementation of system change strategies included in the action plan to develop comprehensive, effective systems of care
Overview:
Items on the pre-post survey focused on increased understanding, knowledge and preparedness based on Wraparound Milwaukee’s model. Respondents were asked to rate items on a scale of 1 (not at all) to 5 (extremely). Thirty respondents completed the pre-survey and 28 completed the post-survey.

In general, on the pre-survey, respondents felt a little/somewhat knowledgeable and prepared (approximately 70% of respondents selected a 2 or 3 for each item). On the post-survey, respondents felt somewhat/very knowledgeable and prepared (approximately 80-90% of respondents selected a 3 or 4 for each item).

Results:
Unpaired T Tests revealed significance levels of less than .05 for all items. Therefore, there is a significant difference between pre- and post-survey ratings. The training did lead to substantial changes in understanding, knowledge and preparedness.

The increases from pre- to post-survey are listed below:
1. Operational understanding of the specific components of system of care (+1.24)
2. Know how to achieve systems change to improve the quality of care and outcomes for youth with mental health challenges and their families (+1.33)
3. Prepared to determine critical changes in policy, program and practice in your state/province/community to implement and sustain systems of care (+1.08)
4. Know how to develop an action plan for systems change (+1.04)

“I valued content related to the model, working and supporting families, the opportunity to network, and discuss how to move ideas forward.”
Overview:
An on-site assessment was conducted to determine the utility, quality, and effectiveness of the training. In particular, the overall evaluation determined the perceived usefulness of the training, the relevance and quality of the materials, and the satisfaction of the participants. The evaluation results elicited ratings of the structure and objectives, usefulness and satisfaction with training components, achievement of specified objectives, most and least valued features, and suggestions for future administrations.

Twenty-eight respondents completed the overall evaluation.

Primary Area of Work:

Role:

“Excellent speakers. Very well organized. Incredible resource materials that will be useful for years to come! Also, the environment was wonderful.”
Overall Structure and Objectives:
On a scale of 1 (poor) to 5 (excellent), respondents were asked to rate the structure of the training (n=28). Items in the structure section were rated highly. The overall mean rating for the training was a 4.54 with 96% of respondents selecting a 4 or 5 for this item.

Other highly rated items include:
- Accommodations (mean=4.96; 100% of respondents selecting a 4 or 5)
- Materials and resources (mean=4.82; 100% of respondents selecting a 4 or 5)
- Usefulness of the information (mean=4.64; 93% of respondents selecting a 4 or 5)
- Effectiveness of the presenters (mean=4.57; 93% of respondents selecting a 4 or 5)

Items that received lower ratings include:
- Format (mean=4.07; 82% of respondents selecting a 4 or 5)
- Balance of module presentations, action planning sessions and consultative resources (mean=3.64; 53% of respondents selecting a 4 or 5)

“The networking opportunities and the opportunities to meet with my state were very valuable. Those informal learning opportunities were what I appreciated most.”
Objectives

Overall Structure and Objectives (cont'd):
Additionally, on a scale of 1 (strongly disagree) to 5 (strongly agree), respondents were asked to rate whether the objectives of the training were met.

Respondents strongly agreed that the training provided a *supportive, safe environment* for their state/provincial/community work (mean=4.82) with 100% of respondents selecting a 4 or 5 for this item. The majority of respondents also agreed that they *gained information and strategies* from peers, presenters, and/or facilitators that they can use in their work (mean=4.57). Lastly, respondents agreed that there were sufficient *networking opportunities* at the training (mean=4.39).

Comments:
• “The structure was so unique and meaningful.”
• “The accommodations were…wow!”
• “Excellent presentations! Only wish there was more time for interaction with others outside of our state delegation.”
• “Although the program was a little rushed, there was still plenty of time to talk and discuss. People, family, etc. were very approachable.”
• “Lots of information packed in…good stuff. Probably needed one more day (at least).”
• “Would have liked more opportunity to pause and reflect on modules and consider use and applicability. A lot of information packed into a short space of hours.”
• “Needs to be more interactive with participants and additional planning sessions.”
• “Not sufficient time for action planning.”
• “Sharing learnings and action plans.”
Components

Training Components:
On a scale of 1 (strongly disagree) to 5 (strongly agree), respondents were asked to indicate which parts of the training they found to be helpful (n=28).

The highest rated items include (96% of respondents selected a 4 or 5 for these items):
- **Day 2: Module 1 – Organizational Structures** (mean=4.54)
- **Day 2: Module 6 – Mobile Crisis Services** (mean=4.54)
- **Day 1: Overview of Wraparound Milwaukee** (mean=4.50)
- **Day 3: Module 10 – Information Technology Systems** (mean=4.50)

Although respondents agreed that each of the components were helpful, the lower rated items were (less than 80% of respondents selected a 4 or 5 for these items):
- **Day 3: Next Steps** (mean=4.08)
- **Day 2: Action Planning I – Structuring and Financing of Systems of Care** (mean=4.07)
**Action Planning Sessions:**

On a scale of 1 (strongly disagree) to 5 (strongly agree), respondents were asked whether the action planning sessions accomplished their specific objectives (n=28).

In the first session, participants selected and discussed one or two organizational or financing approaches that they were interested in applying. In the second session, participants selected and discussed one or two approaches in modules 3 to 6 that they were interested in applying. In the third session, participants determined a major goal for their state/province to be implemented to move systems of care forward.

Overall, ratings for this section were lower.

The highest rated item was around the **facilitator assisting the team** (mean=4.11) with 86% of respondents selecting a 4 or 5 for this item. Respondents also agreed that they were provided with the **tools needed** in the action planning sessions (mean=3.89) with 75% choosing a 4 or 5 for this item.

Respondents thought the sessions were not as successful with regard to selecting a **key system of care component** (mean=3.46) with 53% of respondents choosing a 4 of 5 for this item. The lowest rated item was selecting an **organizational structure or financing approach** that the team was interested in applying based on Wraparound Milwaukee’s model (3.36) with 50% of respondents selecting a 4 or 5 for this item.

“We had very useful discussions...we used the time to ask questions and to tease out whether the concepts were transferable.”
Impact

Overall Impact:
On a scale of 1 (strongly disagree) to 5 (strongly agree), respondents were asked about the impact and effectiveness of the training (n=28).

Respondents strongly agreed that their knowledge of the operational elements of an effective system of care was increased (4.50) with 96% of respondents selecting a 4 or 5 for this item. Respondents also agreed that the training increased their understanding of implementation strategies for specific operational components of system of care (4.32) with 89% choosing a 4 or 5.

It seemed the training was less successful in helping teams learn how to develop an action plan that will be implemented (3.59) with 59% of respondents selecting a 4 or 5 for this item.

“I gained knowledge of the whole Wraparound approach especially how to involve and deliver family focused and strength-based services using multi-agency funding streams.”
Overall Impact (cont’d):
On a scale of 1 (strongly disagree) to 5 (strongly agree), respondents were asked to indicate how much they agreed with the following statement (n=28).

After attending this training...
• ...I have **new skills/tools/knowledge** that I can apply to implement community-based systems of care in my state/province/community (mean=4.14; 90% of respondents selecting a 4 or 5 for this item)

More specifically, respondents described the following **new skills/tools/knowledge** gained from attending the training:

- **Increased knowledge and understanding of:**
  - Wraparound Milwaukee’s model
  - Who needs to be at the table for this work to be successful
  - Values to anchor the work
  - A guiding framework
  - A framework for understanding Wraparound and the child and family team
  - How the child and family team and the care coordinator relate to the authorization of services
  - The importance of strategic planning
  - The importance of partnerships and networking
  - The importance of interagency cooperation
  - Organizational structures and processes
  - State and county structures
  - Translation from the local to state level
  - Financing strategies
  - Medicaid
  - How to involve and deliver family focused and strength-based services using multi-agency funding streams
  - Information technology
  - The need for stronger quality assurance, continuous quality improvement and management information systems
  - Data-driven decision-making and evaluation activities

- **Increased ability to:**
  - Identify additional stakeholders
  - Start conversations
  - Spot areas of win-win to develop common ground
  - Elicit buy-in from others
  - Build a shared vision
  - Engage in value-based planning for system change
  - Build an organization that reflects values
  - Utilize operational tools to bring about organizational changes in program design and financing
  - Use collaborative strategies
  - Develop cross-system and multi-level partnerships
  - Promote interagency cooperation

- **Increased confidence that the system of care concept can be implemented in another country by focusing on key principles and central operational elements**
Impact (cont’d)

Overall Impact (cont’d):
Respondents were asked to please list 3 action steps that they will take in the next few months to further their team’s work.

Action steps:
• Share knowledge and resources widely with others to promote the system of care concept
  o Incorporate knowledge into the strategic planning process
  o Adapt content to international settings
  o Brief others within organizations and externally
• Stay connected with state team members
• Develop a stakeholder group
• Elicit buy-in of all key stakeholders and decision-makers
• Identify opportunities for partnership and collaborate more effectively
  o Increase collaboration between county and state
  o Increase linkages with the juvenile justice system
  o Identify barriers to partnership with Education
  o Strengthen family organizations
  o Work with government leaders to agree on a vision for a Care Management Entity
  o Gain support of Commissioner of Mental Health
• Foster better and more consistent communication
• Examine expectations of group members
• Develop shared outcomes to guide the work
• Identify barriers to and opportunities for implementation
• Learn more about the statewide models identified in the training
• Explore mobile crisis services, expanding care coordination to cover all youth in residential and most youth at risk, and how to leverage strengths to move the process forward
• Develop ways to preserve systems of care in the context of health care reform
• Incite legislative change by identifying legislative issues and legislative champions
• Focus on strengthening family and youth involvement
  o Offer ideas on how to increase family involvement
  o Increase youth focused advocacy efforts
• Collect data on use of juvenile justice placements, inpatient mental health beds, children going into care, school exclusions, and cost
• Analyze policy barriers at the state level that impact provider panels, financing strategies/section 1937, and data on mental health funding across systems
• Promote enhanced continuous quality improvement
• Reinforce the quality assurance processes used by Wraparound Milwaukee
• Revise residential pre-authorization system to be similar to Wraparound Milwaukee
• Continue to develop action plans to implement comprehensive systems of care
• Implement a multi-agency pilot initiative using the system of care concept and Wraparound approach to help decrease use of youth juvenile justice placements, decrease impatient beds, and increase families staying together
• Read the training manual more carefully and thoroughly
• Follow-up with presenters and facilitators for additional technical assistance
Likes & Dislikes

Likes, Dislikes and Suggestions: Since this training was a pilot, respondents were asked to provide descriptive feedback by answering a few open-ended questions.

What respondents liked or valued most about the training:
- Retreat venue, setting and locale provided a welcoming environment
- Time away to focus
- Networking, learning from others and working in teams
- Informal learning opportunities with deep conversations outside of the training
- Excellent presenters
- Access to peers
- Opportunity to dialogue with experts and speak directly with the Wraparound Milwaukee staff
- Inclusion of provinces provided additional learning opportunities
- Connecting the state and county roles to systems of care and Wraparound
- High quality information including the training manual and resource materials
- Detailed information on Wraparound Milwaukee
- The clarity of the modules
- Context setting
- Organization of the training
- Combination of didactic sessions and discussion
- Time to have questions answered
- Opportunities to plan with others from their states
- Small group attendance
- Emphasis on partnering with and supporting families
- Watching the video and having the youth, families and staff members present
- Generating ideas on how to move the work forward
- The hope instilled from the training

What respondents liked or valued least about the training:
- Insufficient time to go in-depth, reflect and conduct action planning
- Lack of an opportunity to study the training manual then discuss
- Too much content and information
- Too focused on didactic presentations
- The time schedule felt too fast, too rushed and too quick
- Insufficient amount of how-to information
- More preparation going into the training would have been helpful
- Format could be improved
- More background information on what Wraparound Milwaukee looked like in the beginning would have been helpful
- More interactive discussion time
- Rapid breakouts more frequently might have been helpful
- Difficult to understand the American system, at times, and transfer the approach over
- Sole focus on Wraparound Milwaukee – it might have been helpful to also hear about other models particularly in states that have effectively utilized the role of family support providers
- Three person team was not always the best method for action planning
- Insufficient breaks
- Tables were not available for use
Suggestions

Suggestions to improve the curriculum, process and outcomes of subsequent trainings:

• Engage in pre-work (reading, homework) prior to arrival at the training
  o To help teams ask questions beforehand
  o To make the on-site training time more efficient
• Share the agenda and action planning worksheets before the training
  o To provide more insight into the content
  o To allow participants to pre-plan with other team members
• Extend the length of the training, perhaps by a day, to alleviate the feeling of being rushed
• Involve more people from partner agencies to help teams anticipate barriers
• Revise the format and content of the modules to allow for more depth
  o Go more in-depth with certain modules and spend less time on others
  o Less time on the Day 1 presentations and more on the Day 2 morning presentations
  o Build in time to share with the larger group
  o Integrate other system of care learnings across participants to draw on the collective intelligence of the group
  o Streamline the training into core modules and provide participants with workshop options for other content areas
  o Provide an overview of the 10 components, then let participants choose 2-3 components and attend 1-2 hour sessions on those areas of interest
  o Layout the Wraparound program and financing module separately
  o Additional emphasis on the information technology component
  o Focus on core concepts with Wraparound as an illustration
  o More information on other states and models
  o Focus on how to get around common objections
  o Include a module on the role of the family partner and youth mentor in Wraparound
  o Provide more down time to synthesize and process the knowledge
  o Focus more on the how-to piece to better enable participants to move into action
• Revamp the action planning sessions to make them more effective
  o Build in more time for team work
  o Have more structured facilitation of the action planning sessions
• Slow down the pace to allow for greater knowledge gain
• Incorporate more adult learning techniques to keep the audience engaged and make the curriculum more interactive
  o More opportunities for discussion throughout the training
  o Hold topical discussions
  o Hold more small group interactions after some of the presentations
  o Engage in activities that illustrate important points in the curriculum
  o Provide an opportunity to workshop some key elements
• Greater recognition that elements need to be adapted for an international audience
• Improve logistics
  o Change the set-up to have tables available
  o Hold the training in a less crowded room
• Follow-up with participants to check on progress and technical assistance needs
Follow-Up & Next Steps

Follow-up support from Wraparound Milwaukee and the Georgetown TA Center that would be most helpful:

- Accessibility and availability for ongoing questions and answers
- Ongoing support, coaching and periodic check-ins
  - To further assist with the development of action plans
  - To support continued opportunities for collaboration beyond the training
  - To strategize how to carry the work forward with supervisory and organizational support
- Follow-up to see how teams are progressing
  - Email participants to see if action steps have been completed
- Formal opportunities for continued technical assistance
  - Monthly topical calls
  - Consultative phone calls to discuss action plan and challenges
- Additional information on:
  - Financing strategies
  - How family organizations are sustained through Wraparound Milwaukee
  - How to get administrators to buy into system of care values
- In-state consultation with the Wraparound Milwaukee team
- Ability to access and view the Synthesis system
  - Links to documentation and data about successes
- Organize a follow-up training in 1 year (Fall 2012) or 18 months (Spring 2013)

Next Steps:

Methods for assessing outcomes and impact will be implemented at three data collection points:

- At approximately four months post-training, a short, web-based impact survey of all participants will be completed to determine TA needs and short-term outcomes (February 2012)
- At approximately 6 months post-training, brief key informant interviews will be conducted with one or more participants from each state/province/community team to gather more in-depth information on progress and outcomes (April 2012)
  - At both assessment points, participants will be asked to respond to scaled and open-ended questions to determine the extent to which: They have implemented training-related action steps; There are continued planning efforts to implement systems of care; and Which training-related learning, processes and materials have been useful
- At the 1 year assessment point, an additional focus will be added to determine the extent to which action steps have led to concrete system changes to further the goal of implementing systems of care (October 2012)

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