

Training for State/Provincial and Community Leaders to Implement Community-Based Systems of Care for Youth with Mental Health Challenges and their Families

Wingspread Conference Center * Racine, WI * October 3-5, 2011

4 Month Impact Survey

EVALUATION SHORT REPORT



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.

The training took place at the Wingspread Conference Center in Racine, WI, from October 3-5, 2011 with leaders from seven states and communities including Colorado, Illinois, Michigan, New Hampshire, Virginia, Washington, and Wisconsin, as well as an international contingent from Australia, New Zealand, and the United Kingdom. The training provided an opportunity for key leaders to learn how to implement and operate the specific structures and processes that comprise systems of care. This operational focus was coupled with training on needed state and local policy and system changes to sustain systems of care.

In particular, the training provided participants with knowledge and skills for system reform in dynamic, real-world environments, building on system change opportunities such as the implementation of health care reform and parity legislation.

Following the delivery of the training, desired outputs include assessments that the training had utility, participants were satisfied, and the curriculum was judged to be relevant and of high quality. We expect that, if accomplished, these activities will have both short-term outcomes and longer-term impacts.

Short-term outcomes linked to the training focus on learning the operational elements of systems of care, identifying strategies for system change to implement and sustain systems of care, and developing an action plan. Longer-term impacts focus on the implementation of system changes at the state level and the components of systems of care in communities with the ultimate goal of improving systems, services, and outcomes for youth with mental health challenges and their families.

Since this training is a pilot, evaluation is critical to determine the effectiveness of the approach and how it should be redefined for future administrations. Accordingly, there is an emphasis on the assessment of outputs, outcomes, and impacts of the training.

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

Evaluation Approach



Training 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

Evaluation Tool:

For the 4 month assessment point, a ***7-item multi-part follow-up survey*** was developed by the Research and Evaluation Team at the Georgetown TA Center to determine the impact and effectiveness of the training

The 4 month impact survey consisted of Likert scale and open-ended questions to determine:

- The extent to which there are ***continued planning efforts*** to implement systems of care in the respondents' states and communities
- The extent to which training-related learning, processes, and materials have been ***useful*** in these efforts



Respondents & Usefulness of Modules

Respondents:

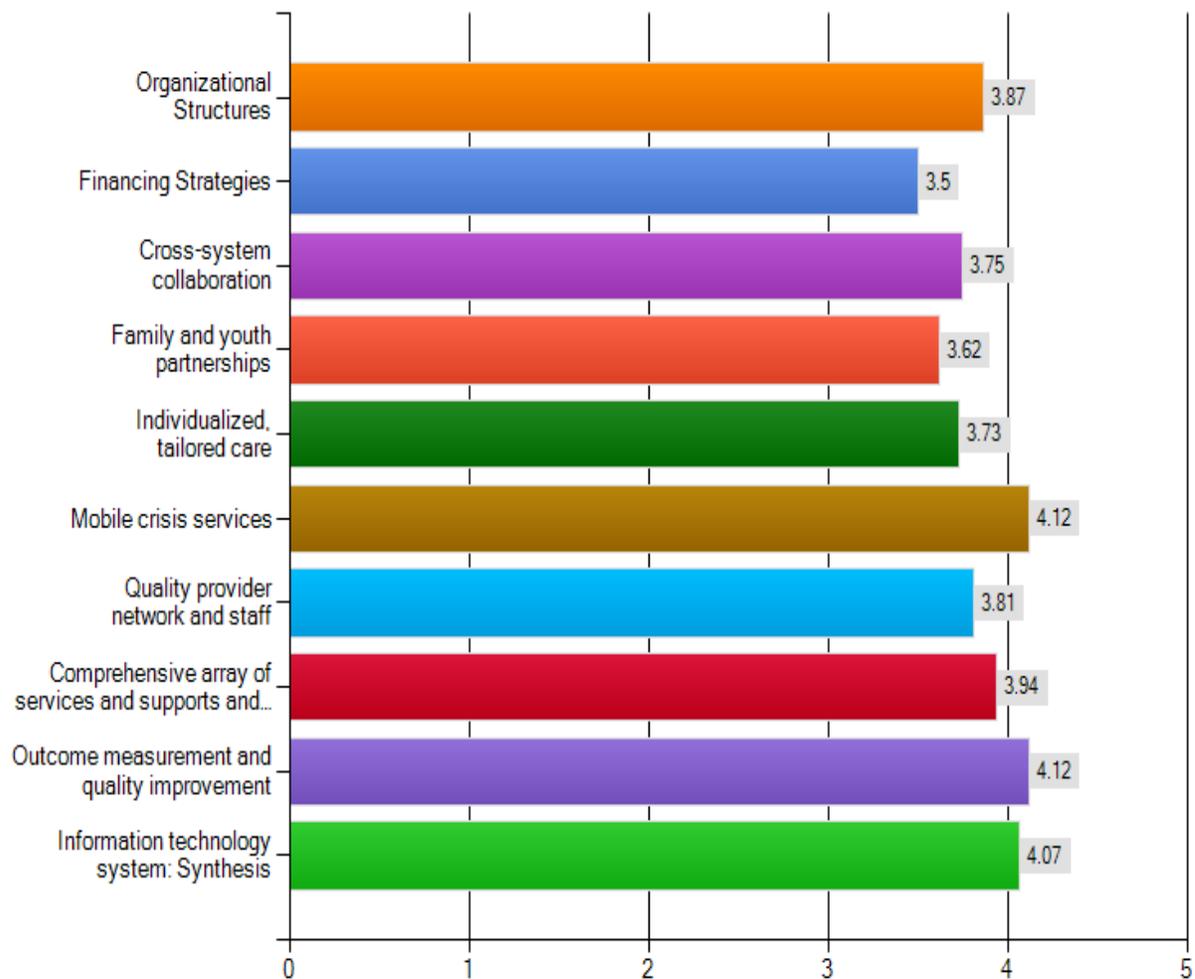
Of the 28 participants who received an invitation to complete the 4 month impact, 16 respondents (57% response rate) completed the short, web-based survey

A response was received from one or more members of each of the eight participating teams: International (Australia), Colorado, Michigan, New Hampshire, Virginia, Washington, and Wisconsin. Notably, all participants from Colorado, Michigan, Virginia, and Wisconsin responded.

Question 1: Usefulness of Training Modules

On a scale of 1 (not at all) to 5 (extremely), respondents (n=16) were asked to indicate the usefulness of each of the 10 training modules in the curriculum

Please indicate how much you agree or disagree with the following statements by shading the appropriate bubble. How useful were the following modules? (n=16)



Usefulness of Modules (cont'd)

Mean Ratings:

Based on the mean ratings, the highest rated modules include: Mobile crisis services (4.12); Outcome measurement and quality improvement (4.12); and Information technology system: Synthesis (4.07)

The lower rated modules were: Family and youth partnerships (3.62) and Financing strategies (3.50)

Interestingly, the mean ratings for each of the modules decreased from the onsite overall evaluation to the impact survey (e.g., the average for the financing strategies module decreased from a 4.43 to a 3.50 (-0.93))

The discrepancy in ratings could be attributed to the decreased respondent pool to the follow-up survey or suggest the complexities of implementation or barriers to implementation once respondents were back in their state/province/community applying the knowledge gained at the training

Therefore, continued, ongoing technical assistance to states/provinces and communities upon return to their states may be critical

Percentages:

The percentage breakdown of respondents who answered that the modules were very (4) or extremely (5) useful are as follows, from highest to lowest:

- Mobile crisis services = 82%
- Outcome measurement and quality improvement = 82%
- Comprehensive array of services and supports/clinical best practice = 69%
- Organizational structures = 63%
- Quality provider network and staff = 63%
- Information technology system: Synthesis = 63%
- Individualized, tailored care = 57%
- Cross system collaboration = 56%
- Family and youth partnerships = 56%
- Financing strategies = 44%

Comments:

- “It was important to know the need for a dedicated person to truly manage and be responsible for Synthesis and how she connects with the other teams.”
- “The notebook as a resource is very helpful. The financing is helpful - it is just a difficult area to understand and apply.”
- “I would have liked some more specific information presented in the modules on the provider network and comprehensive array of services and supports, clinical best practice. Although there was actually quite a bit of information around the best practice topic in the materials on the USB, from a training perspective, it would have helped to be directed to some of it.”
- “I am the state’s system of care expansion grant team so I have answered insofar as these questions pertain to my region. I think our state still has a lot of room to grow in the areas addressed by the training models.”
- “Extremely useful modules. It was perhaps too much material for the time allotted, however”
- “It was all amazing.”



Action Planning Process

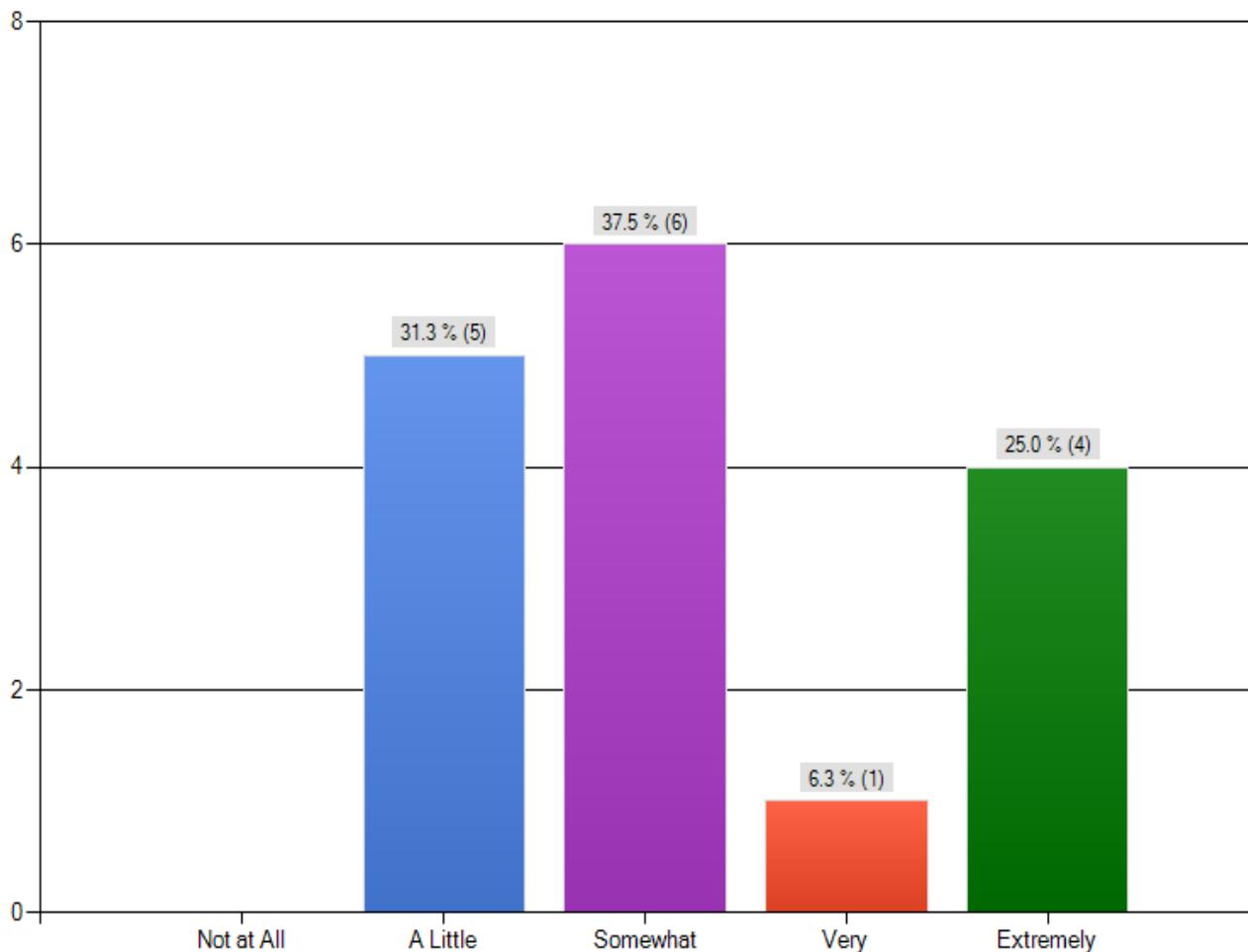
Question 2: Action Planning Process

On a scale of 1 (not at all) to 5 (extremely), respondents (n=16) were asked to reflect on whether the overall action planning process at the training was useful

Percentages & Mean Ratings:

- The majority of respondents (approximately 69%) selected a little or somewhat useful to describe the action planning process
- A quarter of the respondents indicated that it was extremely useful
- None of the respondents rated the action planning as not at all useful
- The mean rating for this item was a 3.25 (standard deviation = 1.18) indicating that the overall action planning process was somewhat helpful to respondents as a whole
- The lower rating reiterated the need for more time to think and process during the action planning sessions suggested from the onsite overall evaluation

Was the overall action planning process at the training useful? (n=16)



"I appreciate your staff, expertise, and the opportunity to spend time with them and other communities. It has helped with developing a framework, resources, etc."



Change

Question 3: Change

When asked if the action planning process led to change once back in their state/province/community, respondents shared the following *mixed reactions*:

Some effect to date

- “It was great background for our current system of care planning grant. It will be helpful as we move forward.”
- “It provided an opportunity to connect with Statewide Family System leads that is helping us with our new strategy now.”
- “Yes - although the action planning at the meeting didn’t lead to identifying many specific actions or implementation details, it provided a space to consider what might need to be thought through in terms of implementation.”
- “Since I had not been involved in the statewide planning process prior to this event, I had a lot of catching up to do. But I have since been appointed to the planning group and we have been able to make some use of our planning at the event.”
- “Yes and no. We are in such a state of change that we have not been able to meet or work on our change project. However, some of the ideas about change have been useful in other change projects.”
- “Some...didn’t feel like we had the right people there.”
- “Some, but probably not enough since my direct supervisor is not interested in actually “living” the System of Care principles. She knows it but does not practice it routinely.”

Neutral

- “We are in the process of gathering information at this point.”
- “The process is ongoing.”

Little or no effect thus far

- “We were a bit too rushed and needed one more day to work on those. As we work on our own plans the process will be more helpful.”
- “No, our state just wants to wander around in circles and continue to get “buy-in” when they already have it from the leadership. They just can’t figure out how to get it down to the level of where interactions with families are actually occurring.”
- “To be honest, not really. It helped with all of us getting to know each other and bonding, but we haven’t really made any progress.”
- “No.”

Recommendations:

Based on the respondent comments, it seems that the action planning process did not create a tremendous amount of momentum

Change takes times and in the 4 months since the training, *respondents have only started the lengthy and involved process of implementation*

With *additional technical assistance, support, and resources*, respondents could be even greater agents of change in their states/provinces and communities



Facilitators

Question 4: Facilitators

To better understand the impact of the training, participants were asked to indicate whether the training helped *facilitate change in different areas* on a scale of 1 (not at all) to 5 (extremely)

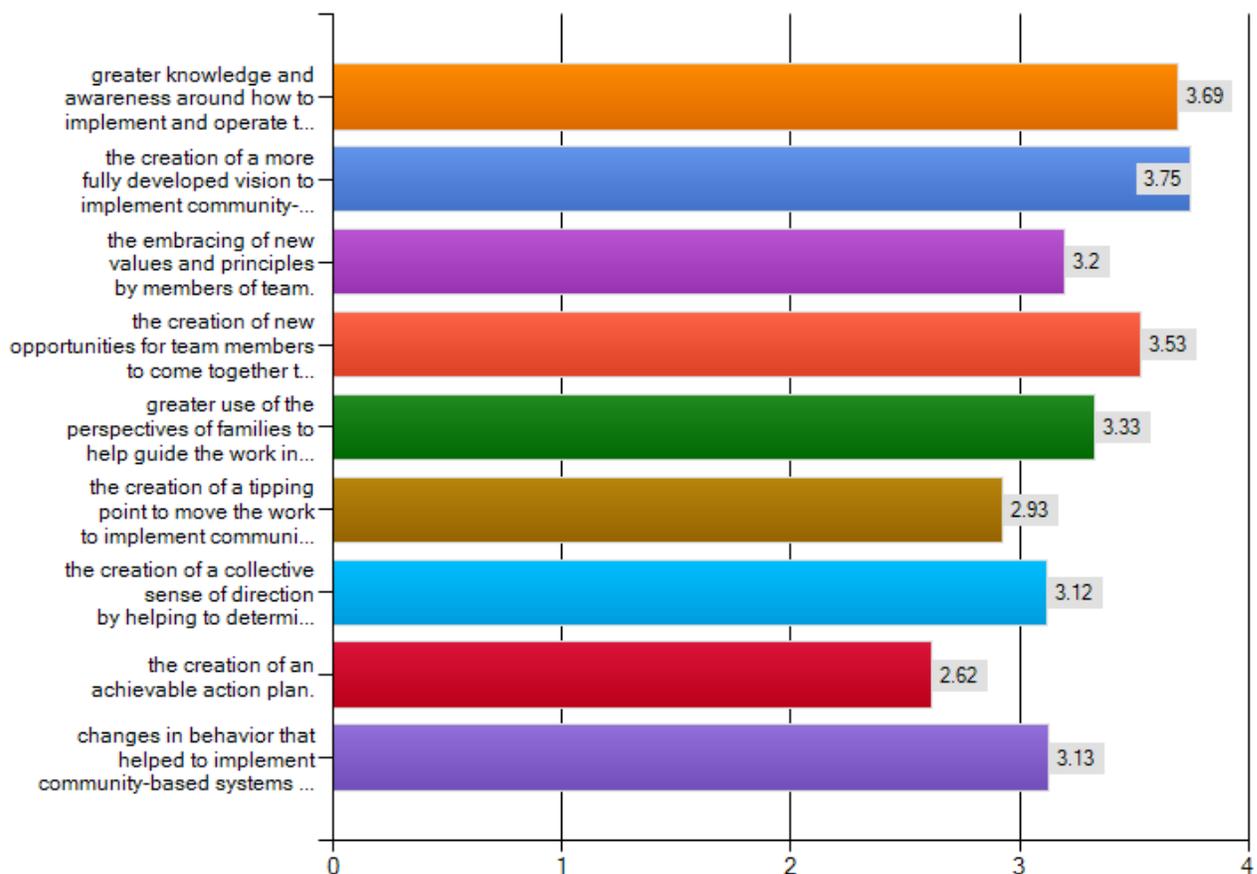
Mean Ratings:

The highest rated items include:

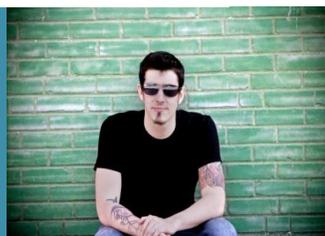
- The creation of a *more fully developed vision* to implement community-based systems of care
 - (3.75; 69% of respondents selecting a 4 or 5 for this item)
- *Greater knowledge and awareness* around how to implement and operate the specific structures and processes that comprise systems of care
 - (3.69; 62% of respondents selecting a 4 or 5 for this item)
- The creation of *new opportunities* for team members to come together to support an action plan to implement comprehensive systems of care
 - (3.53; 50% of respondents selecting a 4 or 5 for this item)

The lower rated items were: The creation of a tipping point to move the work to implement community-based systems of care forward (2.93); and The creation of an achievable action plan (2.62)

Please indicate how much you agree or disagree with the following statements by shading the appropriate bubble. The training helped to facilitate... (n=16)



"I am grateful that I had the opportunity to take this training. I am also encouraged about the successful programs giving children the support they need occurring around the world."



Barriers

Question 5: Barriers

When asked about barriers encountered upon returning to their state/province or community, respondents shared issues around lack of leadership, buy-in, cross-system collaboration, political will, decision-making power, sense of urgency, coordination, and prioritization, insufficient knowledge of how to implement systems of care, funding issues, hesitance and resistance, inability to meet as a team, and lack of time (n=14):

- “Lack of interest by my superiors to take advantage of the opportunity to move systems of care forward. Lots of “turfism.” Each state agency has its own objectives and I don’t see us working across systems very well like we did a few years ago under a different Governor’s administration.”
- “There is a lack of leadership in our state. We don’t have enough allies among those with positions of power. For example, in our expansion team meetings, the people that come are the staffers, not the ones that have any decision making power or real influence. We also need concrete ways on how systems of care can be implemented. The values of systems of care have been hammered into our heads, but where we struggle is how it can actually be implemented. However, again, we don’t have any buy-in from the people at the top, so you can’t help but feel like nothing is going to happen at the end of the day.”
- “Our state is contracting with a managed care entity to manage Medicaid behavioral health services, and the two initiatives are not that well coordinated.”
- “At a time of government restructuring and major agency reforms, it is both a barrier and an opportunity to get the wraparound model/systems of care onto the agenda. Some partner agencies are a bit wary to commit to something that may mean more service development at a time when they are “stretched.” However, the overall service model fits very well with current government priorities and that is helpful. There is also a fine balance between sounding motivated and helpful and too zealous about a particular model/program!”
- “We continue to have a “statewide” planning team that operated out of the capital with limited connections to regions, counties, communities outside of the capital and nearby areas. The state is willing to “plan” across systems, but so far, is not able to finance, contract, or implement across systems.”
- “Again, we needed other state leaders there so the limit on attendance did impact building a sense of urgency on our action plan.”
- “Financing barriers and the system silos, but willingness for parties to come together towards a plan.”
- “Funding challenges. Political will to change systems. Resistance.”
- “The grant for this was obtained by a new group that wasn’t very involved in the original system of care work in our state so the biggest barrier has been to bring that group up to speed on what has already been accomplished. Also, the group involved some who have become well known for just giving lip service to system of care principles by those who have been at the work for awhile which has slowed the process down considerably.”
- “Not enough hours in a day and complete system change due to financial issues.”
- “Not enough time. We are starting a planning process this month. Re-survey in 6 months and I will have lots of comments.”
- “Scheduling follow-up meetings with stakeholders.”



Linkages



Question 6: Linkages

When asked if their work to implement comprehensive systems of care was linked to *other initiatives to develop and sustain systems of care*, respondents described the following linkages:

System of care expansion planning grants

- “Linked with system of care expansion planning grant.”
- “Yes, we are in the middle of the system of care planning grant.”
- “I am now part of the state design team, also one of the pilot communities. I am also working on behavioral health care integration (in medical clinics) that has some common components. I also am beginning to work on a trauma informed system of care model.”



Medicaid mandates and waivers

- “Yes, through the membership of the initiative, the work around healthcare reform is touching upon as well as strengthening Medicaid mandates, such as EPSDT.”
- “Yes, our Medicaid waivers, program development.”



Comprehensive Services Act

- “We have the planning grant. Also, we have the Comprehensive Services Act, which pools state funding for purchase of services.”

Cross-system collaboration and use of family case management

- “Yes. There is some current work across agencies around clients with multiple and other complex needs and integration of programs across agencies and a renewed family focus and trials of family case management for those with high needs. So, the system of care/wraparound model fits very nicely within some of these developments.”



Development of a strong and active family network

- “We are trying to work with NAMI to grown an active and involved family network in our state. I think this could be a huge way to move the system in our state.”

Partnerships between child-serving agencies

- “Somewhat. There is local synergy between our local child welfare, education, and mental health.”



Heightened awareness of linkages

- “There is an awareness of linkages.”

Not specified

- “I would very much like to use our learning to support systems of care, however, my partners have other thoughts.”
- “Not as near as I can tell.”
- “Unknown.”



“There was a nice balance between facts/information and the real experiences of the model in the program. There was also a good amount of time to talk with others who were as keen and interested as I was in implementing the model and the setting was really conducive to working and thinking about the critical issues. The resources on the USB have been like a little goldmine and have come in very handy as we start to develop a program.”

Training/TA Needs & Next Steps

Question 7: Training and TA Needs

When asked about additional training and TA needs, respondents shared the following requests: how to get buy-in from high level leaders, increase family involvement, develop family and youth networks, integrate care coordination models, and implement financing strategies, as well as providing wraparound training, follow-ups, and periodic refreshers:

- “Again, we need concrete ways to implement systems of care. At the end of the day, we need help getting the buy-in among those from the top. It’s one thing for the staffers to learn about systems of care, attend the webinars, get the resources, but until we get buy-in, none of it matters.”
- “We need to know how to get past just running around and getting “buy-in” from actual managers and policy-makers and actually figure out how to get this into actual practice where the interactions with families are actually happening. Just because we say that we can use these principles does not mean that we actually are. There also needs to be help in figuring out how to get actual feedback from families and then implement changes based on their experiences.”
- “How to develop family and youth networks from the grassroots up. How to lead from the middle.”
- “Integration of care coordination models that reflect healthcare reform and their impact on children and families by states moving toward this model.”
- “There are none currently but if the model is agreed on, it would seem most helpful to work out more of the logistics on the clinical and care components and supports for positions such as care coordinators.”
- “Financing, actual implementation. The state sent out numerous TA sites, materials though and my guess is that I just need to spend a lot of time reading!”
- “We need wraparound training for sure. Though our state Medicaid agency Innovations Institute in Maryland may be doing some.”
- “There needs to be TA when you return to make sure that participants actually follow through on the work done at the training.”
- “Periodic refresher opportunities.”
- “We are working with eight communities and may want to bring some of this to them.”
- “This will become more apparent to me after the next meeting of our task force.”
- “I think the state needs to answer this.”

Next Steps:

- Wraparound Milwaukee and the Georgetown TA Center are currently exploring different training options to continue providing the opportunity for leaders to learn how to implement and operate specific structures and processes of systems of care and incite state and local policy and system changes to sustain systems of care

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