

TSIG Evaluation



**New Day Ohio Update
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TSIG Evaluation

The Office of Program Evaluation and Research (OPER) at ODMH is evaluating the activities of the Transformation State Incentive Grant (TSIG) for the state and the Substance Abuse Mental Health Services Administration (SAMHSA). The main purpose of the evaluation is to assess Ohio's progress in meeting the goals specified in both the TSIG proposal and the state's Comprehensive Mental Health Plan (CMHP).

This section of the newsletter will communicate the progress of the evaluation, as well as important findings that may help the Content Working Groups in their continued efforts to improve mental health services to persons with mental illness in Ohio.

How can you learn more about "A New Day"?

Visit www.anewdayohio.org for a number of materials to help consumers of mental health services, their families, advocates, mental health professionals and others learn more about transforming Ohio's mental health system.

Challenges Influencing cross-system transformation in Ohio: Perspectives from Content Working Group Members

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Summary: *Objective:* This evaluation report explores the opinions of Content Working Group members with regard to the challenges that exist in transforming Ohio's public mental health system. *Method:* Content Working Group members (N=90) affiliated with Ohio's Mental Health Transformation State Incentive Grant participated in hour-long interviews about the challenges to be overcome in the quest to transform Ohio's mental health system. *Results:* Participant comments centered on four cross-cutting concerns related to mental health system transformation: the capacity to work together, establishing and executing a plan to address on going system finance issues, addressing attitudinal issues about mental illness and change within and outside the mental health system, and finally, investing in workforce development. *Conclusion:* Feedback from Content Working Group members indicates a need for capacity building in the areas of inter-system collaboration, finance, workforce training, and education about the capabilities of persons with mental illness.

Data from this project were collected as a part of the larger TSIG system level longitudinal evaluation study assessing the process of mental health transformation in the state of Ohio. Confidential interviews were conducted with 90 members of the TSIG Content Working groups and Strategic Advisory Committee between July and December 2006. Twenty-six (26) participants represented persons working in state or local mental health systems, 39 were working for other state agencies (e.g., Ohio Department of Rehabilitation and Corrections) and their local systems, and 25 respondents were from other agencies that were made up of trade or advocacy organizations or entities that work within the mental health arena, but are not part of the state system. The Content Working Groups and the Strategic Advisory Committee are committees comprised of mental health system stakeholders, meeting for the expressed purpose of pursuing

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cross-system improvements in Ohio's public mental health system. Participants in these groups were asked a question about the existing challenges to transforming the mental health system in Ohio.

Methods

Eighty-seven (87) out of the 90 respondents answered this question. Answers about system challenges were transcribed by the TSIG research assistant. Two reviewers independently read and coded the 87 answers two times. To code the interviews, each reviewer flagged sections of the text that participants frequently mentioned. Repeated observations in the interviews were labeled by each reviewer. Similar themes that were identified by both reviewers were jointly named. After developing the themes, the two reviewers read the transcripts and randomly coded 40 percent of the responses to establish inter-rater reliability. The reviewers agreed on the codes 75% of the time ($\kappa = .75$). Given the modest inter-rater agreement, the reviewers discussed the discrepancies in the codes and revised the study's code book to more accurately reflect new interpretations. Problems with the codes include redundant codes for the same belief, vague code definitions, a lack of mutual exclusivity between codes, and a lack of a shared understanding in the procedures for using specific codes. After correcting the codes, the two reviewers coded another randomly selected 40 percent of the quotes using the revised code book. During the second round of coding the raters agreed 95% of the time ($\kappa = .95$), indicating considerable improvement in inter-rater agreement. Reviewers also agreed upon quotes that would be used to represent the themes in this evaluation report. Themes were tabulated and are presented below.

Findings

Capacity to Work Together

Fifty-four percent (54%) of the responses to this question suggested that people's capacity to work together was the biggest challenge to achieving cross-system transformation in Ohio (see Table 1). Participants named several areas that could deter systems from working together, including: not having key stakeholders participate who are in positions that can influence system change, restrictive rules and regulations that prevent cross-system collaboration, the need to maintain momentum over the long period of the grant, fragmented communication between different state and local agencies, the need for active support from the new governor and department directors, poor understanding of the TSIG grant itself, and finally, the inability of working groups to make decisions that would influence system change. Respondents suggested that working together to solve common problems is severely compromised by these issues.

Within this group of comments, respondents most frequently mentioned the need to have the right people at the table as the largest barrier to working together. "I mean, you have to have that whole group there and you have to make those agreements to stay and debate those hard issues. And as soon as one of them walks away from the table and decides to use another process to achieve their means, usually the political process, the whole thing falls

Table 1

Comments of the 87 respondents about potential challenges to Transformation

Theme and comment	N	%
Capacity to Work Together (97 quotes)		
Have right people at the table	21	24
Various systems' rules, regulations, and culture restrict cross-system collaboration	20	23
Maintaining momentum over the entire grant--long period of time	16	18
Inability to communicate between systems openly and frequently	10	11
Need support from new governor and new department directors	11	13
Understanding the TSIG grant and its processes	11	13
The inability to, or lacking the power to make decisions about system changes	8	9

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apart”. Other comments included “We have [people] who could do a better job of reading the information, as well as being accountable to attend meetings to hear what’s going on,” and “we need to learn how to really create effective consumer-survivor-professional partnerships.” As these observations illustrate, participants in the Content Working Groups have encountered a number of times when meetings were not well attended, or not all stakeholders were well represented. Having sufficient advance notice of meetings was frequently suggested as a way to increase attendance.

Participants also reported the rules and regulations of various systems as being a barrier to working together. Participants continually mentioned how “siloes” systems and restrictions on the sharing of resources could hinder cross-system transformation. “I think there are still siloes resources and sometimes rules and administrative rules can get in the way of true collaboration, or trying new things. People are aware and are figuring out solutions, but I think you still run into challenges in appropriately using resources across systems,” and “the main thing is trying to get everybody on the same page...our system is siloes, and for any of this to work that’s going to be a major barrier to break down—the siloes in our state system, and, actually, the county system.”

Many mentioned the bureaucracy of state and local government as being a challenge: “I’d say dotting our i’s and crossing our t’s. The thing that I’ve learned after being in state and county governments as long as I have is that things take time, and especially [at the] state, there’s a lot of red tape you have to go through to get anything accomplished.” Finally, several respondents suggested Ohio’s reputation as a home-rule state stood in the way of state-wide transformation: “I think you’re going to have a lot of battles at the local level, trying to get people to change their minds...and that’s why I am most skeptical about TSIG, because we’ve got this home-rule thing going on here, where you can’t tell locals what to do...we’ve encountered it time and time again— getting change implemented locally is the biggest challenge.” As demonstrated by these comments, participants continually mentioned the need in Ohio to think about transformation as state-wide, but to focus on implementation efforts locally.

Funding

The second most common challenge brought up by the respondents was funding (see Table 2). Twenty percent (20%) of responses mentioned system financing as a significant challenge. Major themes in this category included the need for new revenue streams or being creative with existing ones, too many restrictions on the use of Medicaid funds, Medicaid eligibility issues, and the increasing dependency on Medicaid for system financing.

The need for new revenue or the creative use of existing revenue streams to fund mental health services was the most frequently mentioned challenge. When describing this challenge, one respondent suggested we needed a whole new view of looking for funds: “there are pots of funding, pools of funding, and streams of funding. And the pots taste good, go quick. The pools, like a pool of water you jump in, feels good but it goes away. And the streams, which continue to come. Most of us are only able to get funded in the pot and the pool categories. And that seems to be what’s offered these days. And we are all chasing the pots and the pools, and we can’t find the streams. So, it’s a short way of saying we are struggling to find ongoing funding opportunities.”

Many commented on the restrictions placed on the use of Medicaid funds as a barrier to transformation, especially when funding evidence-based practices or innovative programming. “In terms of funding, that’s a really big barrier. And programs would like to extend supportive employment, but there’s an increasing wariness about using Medicaid funds to

Table 2
Comments of the 87 respondents about potential challenges to Transformation

Theme and comment	N	%
Funding (35 quotes)		
New or creative use of revenue streams are needed for the mental health system	14	16
Too many restrictions on use of Medicaid funds	11	13
Many people are not covered by Medicaid	7	8
The mental health system is too dependent on Medicaid	3	3

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do that,” and “On the Medicaid side...training people to look very narrowly at medical necessity—that it requires us to frankly have to gerrymander and put together with paperclips and chewing gum...string together services that way they can be reimbursable.” These comments show the frustration that respondents have experienced due to the lack of funding for mental health services and the restrictions placed on providers when billing for these services.

Attitude

Sixteen percent (16%) of the comments indicated that long-standing stigmatizing beliefs and attitudes about mental illness are an obstacle to change (see Table 3). These comments reflected the challenge of changing the beliefs of the existing workforce and general public about persons with mental illness.

Many respondents indicated that the general public and the mental health workforce still hold long-standing beliefs that people with mental illness are not capable of caring for themselves. Examples of such comments include, “people [the professional workforce] perceive people with mental illness as a problem and a ‘pain in the butt’... even in the community.

Society as a whole’s perception of mental illness is “psycho”; they don’t see the normal people with mental illness day-to-day taking jobs. They see people wandering the streets or the homeless people,” and “I don’t think by and large that the world thinks recovery is a real thing. And until they do, then there’s going to be conscious and unconscious roadblocks....there’s a lot of well-meaning people that work in this field [mental health], but I think there is still resistance to recognizing that people have the right and, with support, even the ability to make a decision for themselves.” Repeatedly, respondents suggested that addressing the stigma associated with mental illness needs to be one of the top priorities in cross-system transformation.

Workforce

The fourth and final challenge identified in the interviews was related to issues of workforce development. Nine percent (9%) of the responses suggested this to be a significant challenge to transforming the mental health system. In this category respondents suggested that all systems, and in particular the mental health system, need to better train and recruit staff to work with persons who have mental illness.

Respondents were particularly concerned about the lack of training available to the mental health workforce and those in other systems. “We’re coming up with some, and reinforcing some, best practices. But we really are challenged across the state to have the workforce trained and available to do these things,” and “we need to include universities, because we are not being trained; students are coming out without the training. They come to the mental health system, since we employ quite a few, and we’re then required to train them or they get training on the job as they work with people, and that doesn’t always work—it takes a long time to do that” and finally, “I think that workforce development issues are huge. We don’t know how to train staff. We don’t know how to recruit or retain staff. We don’t have any kind of staff development plan once we even have people. And I’m thinking even at the simple levels. I’m talking about basic clinical skills and basic resource knowledge. So, I think workforce development is actually a huge issue that pervades all of this TSIG stuff.” These themes suggest that issues of workforce development, particularly around competency and recruitment, should be a central component to the transformation of mental health care in Ohio.

Table 3
Comments of the 87 respondents about potential challenges to Transformation

Theme and comment	N	%
Attitude (29 quotes)		
Lack of knowledge and understanding of mental illness	18	21
Resistant to change	11	13

Table 4
Comments of the 87 respondents about potential challenges to Transformation

Theme and comment	N	%
Workforce (17 quotes)		
Better training of direct care staff	14	16
Better recruiting and retaining of qualified staff	3	3

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Discussion

The findings suggest that one of the biggest challenges to the transformation process is the capacity to work together. In fact, 54% of all responses were related to this issue. Although funding is often considered “the pressing issue” in system change, it came in second with only 20% of the responses. So, why is the capacity to work together such a prevalent issue? Without this seemingly basic ability, respondents suggested that overcoming other challenges will be difficult and have little significant effect. There was a general sense of frustration among respondents related to this issue, which appeared to lower motivation and hamper creativity around transformation. When suggesting solutions, respondents were quick to point out that not only did the right people need to be at the table, but that they needed to be engaged, contribute, take risks, and be empowered to make decisions that would result in cross-system change.

“It takes a lot of commitment and perseverance. That’s the key to keeping people involved. Otherwise, in projects like this, I think the process of making improvements can lose steam over time in terms of systems cooperating, communicating, collaborating - that can run out of steam.”

- Participant Comment

What strategies have been successful for you in working on other initiatives or in other workgroups? Send your ideas for building the capacity for intersystem collaboration to overcome challenges in transforming Ohio’s mental health system to communications@mh.state.oh.us.