



In-Depth

Executive Summary of a CT Health Evaluation

February 2008

CONNECTICUT HEALTH FOUNDATION'S CHILDREN'S MENTAL HEALTH INITIATIVE

Final Evaluation Report

Summary of the full report prepared by Ronda Zakocs, Ph.D., MPH, and Meridith Mueller, MPH, Boston University School of Public Health

OVERVIEW

Since the mid-1980s, the State of Connecticut has worked to reform delivery of public services for children with severe behavioral health problems by embracing a system-of-care model, which recommends that services be:

- Comprehensive
- Coordinated
- Community-based
- Child-centered
- Family-focused

Initial reform efforts established geographically defined local systems of care and mandated coordinating bodies to oversee them.

Beginning in the early 2000s, the state embarked upon an historic, major statewide reform effort known as Connecticut Community KidCare (KidCare), which most notably:

- Established efficient administrative infrastructures
- Expanded community-based services

This reform effort, however, provided little support to the local coordinating bodies, commonly referred to as community collaboratives, which are charged with reforming local systems of care.

As the state reformed its children's behavioral health delivery system, the Connecticut Health Foundation (CT Health) expanded its focus on children's mental health. Noting the absence of support for community collaboratives, in 2002 the foundation approved a three-year children's mental health initiative designed to support community collaboratives in becoming change agents for reforming local systems of care.

*Twelve community collaboratives
out of 25 across the state received funding.*

ABOUT THE FOUNDATION'S CHILDREN'S MENTAL HEALTH INITIATIVE

The initiative's goal was to "support the infrastructure and capacity of local community collaboratives to ensure that services for children with severe mental health conditions are family-centered, community-based and culturally competent, and provide quality, evidence-based treatment." (CT Health, 2003) This aligns with the state's focus see Overview page 1.

Three consistent objectives guided the initiative:

- Improve the infrastructure (structure and processes) of community collaboratives to enable them to be system-change agents.
- Improve local delivery of services for children with behavioral health problems by making them more family-friendly and culturally competent, and by using evidence-based services.

- Increase parents' participation in their children's treatment planning and delivery processes.

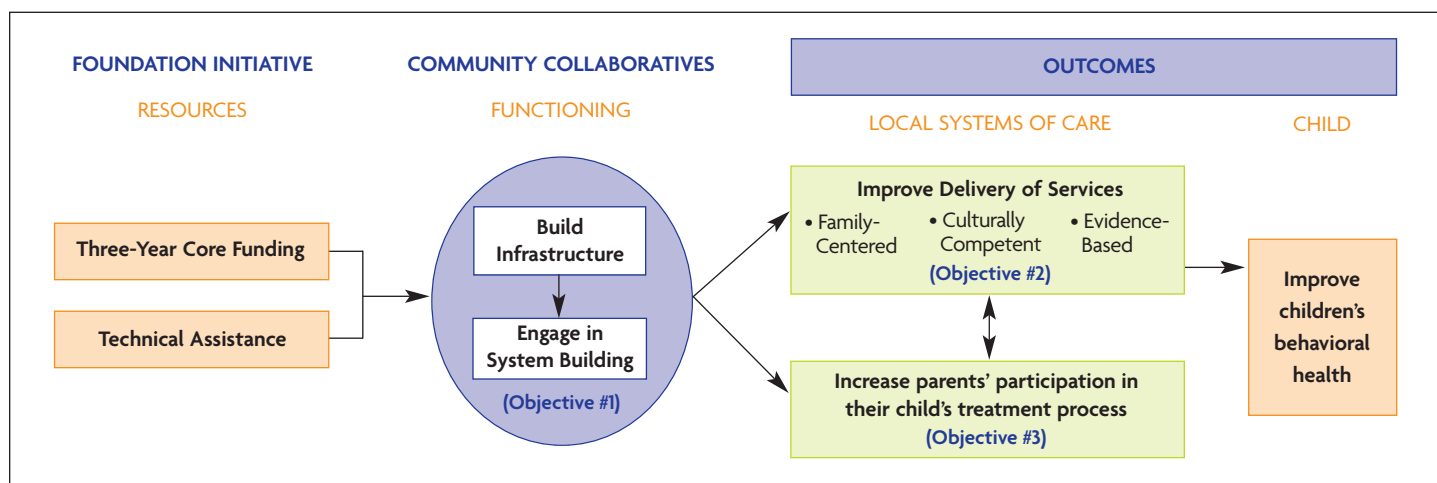
Figure 1 diagrams the initiative's "theory of change."

Twelve community collaboratives out of 25 across the state received funding. A total of \$2,047,780 was awarded to the 12 collaboratives under the initiative request for proposal (RFP).

Monetary awards and funding cycles, however, varied by collaborative. Collaboratives received modest amounts of technical assistance, including:

- Bimonthly grantee meetings
- Skill-based workshops
- Limited consultation on specific issues

CHILDREN'S MENTAL HEALTH INITIATIVE MODIFIED LOGIC MODEL



HOW THE CHILDREN'S MENTAL HEALTH INITIATIVE WAS EVALUATED

The foundation contracted with the Boston University School of Public Health (BUSPH) to evaluate the initiative. The primary aim was to assess how the collaboratives functioned.

CT Health's evaluation was designed to assess how the collaboratives functioned through three questions:

1. To what extent did collaboratives improve their infrastructures (e.g., structures and processes)?
2. To what extent did collaboratives engage in system building by implementing actions to improve local delivery of services, and increasing parents' participation in their children's treatment planning and delivery processes?

3. What factors impeded or facilitated collaboratives' efforts at system building?

Two studies were undertaken to answer the evaluation questions:

- A case study of 10 of the 12 foundation-funded collaboratives that compared 37 indicators of infrastructure- and system-building actions from when the initiative began (fall 2003) to the initiative's end point (summer 2007)
- A comparison study between all 12 of the foundation-funded collaboratives and the other 13 community collaboratives in the state that did not receive foundation funding on 33 indicators of infrastructure as of summer 2007

(continued on page 3)

Multiple data sources were used to assess collaborative functioning and system-building actions:

- A web-based survey of 359 members across all 25 collaboratives
- Interviews with 186 key informants across all 25 collaboratives
- Reviews of 49 collaborative membership rosters across all 25 collaboratives

- Partnership self-assessment surveys collected from 304 members of the 10 foundation-funded collaboratives participating in the case study
- Review of 160 collaborative-generated documents from 10 of the foundation-funded collaboratives participating in the case study

RESULTS

To what extent did foundation-funded collaboratives improve their infrastructures?

Foundation-funded collaboratives improved their infrastructures over the initiative period relative to those collaboratives that did not receive foundation funding. During the initiative, a majority of foundation-funded collaboratives evolved from networking groups to organized bodies positioned to become system-change agents.

Parent membership in the foundation-funded collaboratives substantially expanded during the initiative relative to nonfunded collaboratives. During this time frame, there also was a decrease in the number of mental health agency representatives at the collaborative meetings.

To what extent did foundation-funded collaboratives engage in system building by implementing actions aimed at improving local delivery of services and increasing parents' participation in their children's treatment processes?

More foundation-funded collaboratives engaged in system building and expanded their repertoire of system-building actions during the initiative. A majority of foundation-funded collaboratives, however, struggled to engage in system-building actions. For example, few collaboratives engaged in systematic strategic planning to guide their system-building effort, and many actions were modest in scope and with limited results.

Lastly, most actions implemented by foundation-funded collaboratives to increase parents' participation in their children's treatment processes focused on improving parents' knowledge and skills, while a minority focused on making the service environments more family-friendly.

What impeded or facilitated collaboratives' efforts at system building?

Foundation-funded collaboratives that built stronger infrastructures were better able to engage in system building. Lack of time and financial resources may have hindered foundation-funded collaboratives that did not progress beyond loosely affiliated groups during the initiative.

Foundation-funded collaborative members also typically lacked the experience or skill to build infrastructure effectively or engage in strategic system building.

LESSONS LEARNED

Foundation staff, grantees and the evaluators learned five valuable lessons from participating in the initiative that may be applicable to future foundation-funded, system-change initiatives:

1. A planning "blueprint" for system change is needed to ensure well-designed initiatives before issuing RFPs.
2. Appropriate time and resources are required to develop change agents and enable them to change systems.
3. Change agents need sustained, coordinated technical assistance on how to build infrastructure and engage in system building.
4. A participatory approach incorporating stakeholders' values and concerns works best for evaluating system-change initiatives.
5. When the foundation seeks to support system changes instigated by other entities, establishing more formal relationships among the partners may improve the system-change efforts.

Evaluations like this one reflect CT Health's commitment to collecting and disseminating knowledge, and ensuring that the foundation continues to pursue the most effective course in achieving its mission of improving the health of Connecticut's residents.

For a copy of the complete report, email: info@cthealth.org.

