

Ohio's Mental Health Transformation State Incentive Grant

Results of System-Level Change Study
Time 2005-2010: Data Collection

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INTRODUCTION

This longitudinal evaluation of the Ohio Department of Mental Health's (ODMH) Transformation State Incentive Grant (TSIG) is organized around the goals set forth in the President's New Freedom Commission (NFC) on Mental Health (2003), and Ohio's TSIG logic model for mental health system infrastructure change. Since its inception in 2002, the intent of the President's New Freedom Commission on Mental Health has been to improve the mental health delivery system in America through **awareness of mental illness, consumer-driven care, elimination of disparities, screening and assessment, evidence-based practices, and technology.**

In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) has required that all TSIG projects approach infrastructure change in seven areas: ♦ state-level policies, ♦ workforce training, ♦ financing policies, organizational change, ♦ data usage and analysis, ♦ consumer and family involvement, and ♦ programmatic changes.

Thus, this study measures these infrastructure changes by Ohio's mechanism responsible for instituting these changes, the Content Working Groups (CWGs). The CWGs are comprised of diverse stakeholders from both the public and private sectors. CWGs help to develop new tools and new ways to use familiar tools to affect positive change in Ohio's mental health system.

THE TSIG PROJECT LOGIC MODEL

The study model builds upon past research and evaluation of mental health system change. The logic model for Ohio's TSIG Project depicted in Figure 1 shows the path by which system infrastructure change may impact the delivery and outcomes of public mental health services.

The **Final Outcomes** box (to the left of the *Impact* column) reflects the study's proximal variables, those that might exert a direct influence on system infrastructure change. The proximal variables include:

- ▶▶ cross-system resource sharing, new laws, polices, rules and agreements between systems
- ▶▶ technology implementation to plan services across systems
- ▶▶ funding mechanisms implemented
- ▶▶ participation in workforce training
- ▶▶ enhancing consumer and family involvement
- ▶▶ implementation and sustainability of evidence-based (EBP) or promising practices throughout Ohio.

Information on these variables are collected in quarterly reports.

The **Inputs, Outputs, Intermediate, and Immediate Outcomes** are the convergence of working groups' ideas which could result in shared resources, departmental policy changes, cross-system workforce training, and new practices being implemented across departments. **All System Outcomes** are infrastructure changes. **Impacts** that may result from TSIG activities are likely years after TSIG grant completion. Accordingly, TSIG represents only a part of overall mental health system change in Ohio.

To see individual consumer outcomes improve, community mental health professionals must implement the policies and tools developed and funded through TSIG to affect change in their agencies and local communities. Impacts are measured through in-depth interviews and National Outcome Measures (NOMS) as measured by the Ohio Outcomes System.

Ohio Mental Health Transformation-State Incentive Grant (Cross-System Evaluation-Logic Model)

INPUTS OUTPUTS

(On-going Processes and Activities)

TSIG Grant is used to leverage improved MH system infrastructure

TSIG Resources

SAC

TWG

CWG

State Agencies

TSIG \$

Non-TSIG Resources

Community Agencies

Advocates

Universities

A.1 Assess needs and assets

A.2 Groups share expertise and skill

A.3 Members of groups continually converge, cooperate, collaborate

A.4 Information is exchanged

A.5 Develop action plans around cross-system transformation

Immediate Outcomes

(Principal Processes and Activities)

B.1 Understand consequences of fractured system on persons with mental illness

B.2 Understand the needs of persons with MI

B.3 Understand available resources for persons with MI

B.4 Understand gaps in system and services for persons with MI

B.5 Understand impact of different agencies and policies on persons with MI

B.6 Improved communication and inter-organizational relations

Intermediate Outcomes

C.1 Discuss policies and areas for change and develop plans

C.2 Payers and agencies coordinate and improve resources

C.3 Workgroups & agencies change or create policies and practices to improve infrastructure

C.4 New services are created & piloted

C.5 Information exchange protocols and technological infrastructure developed

C.6 Develop training & technical assistance to support activities

C.7 Consumers and families use Outcomes to plan treatment

C.8 Agencies develop and implement Comprehensive Mental Health Plan

Final Outcomes

D.1 Cross-system resources are generated and shared--alliances are formed

D.2 Laws, policies, rules, agreements, and memoranda of understanding are developed/ revised that govern operations between systems

D.3 Technology and data resources are used to help plan services and inform people across systems

D.4 Funding and resource mechanisms are in place that support system operations

D.5 Workforce training is in place for excellent mental health care

D.6 Infrastructure in place for ongoing consumer and family involvement across systems.

D.7 New practices and services are in place and sustainable.

SYSTEM OUTCOMES

IMPACT

New Freedom Commission Goals

NFC.1 Americans Understand that Mental Health is Essential to Overall health

NFC.2 Mental Health is Consumer and Family Driven

NFC.3 Disparities in Mental Health Services are eliminated

NFC.4 Early Mental Health Screening, Assessment and Referral to Services are Common Practice

NFC.5 Excellent Mental Health Care is Delivered and Research is Accelerated

NFC.6 Technology is Used to Access Mental Health Care and Information is Improved

OPER/ODMH-KJK

Based on the logic model, the specific aims of the system-level evaluation research study are:

- Specific Aim 1:** To determine what system-level infrastructure changes occur in each content area during the five year period of the grant.
- Specific Aim 2:** To identify what group, organizational, and contextual factors affect system-level infrastructure change in each content area.
- Specific Aim 3:** To explore how group, organizational, and contextual factors are likely to influence system-level infrastructure change in each content area.

However, the results do provide a snapshot of the steps being taken to affect change throughout the mental health system across Ohio. This report presents results from:

- ▶▶ Surveys
- ▶▶ Interviews
- ▶▶ Quarterly reports that outline progress on goals, strategies, and action steps for each working group, and
- ▶▶ Additional documents provided by each CWG related to the activities

DATA SOURCES

This report is based on five rounds of data gathered in the Fall 2006, Spring and Fall 2007, and Spring and Winter 2008, from CWG members, including consumers, and other community stakeholders. The evaluation of system-level change looked at perceptions of workgroup climate, cross-system communication and collaboration (see Table 3). Most CWG members were surveyed or interviewed; however, many others involved in the system transformation activities occurring throughout Ohio who were not able to be included in the evaluation.

Time	Time Frame	Number of Interviews	Number of Returned Surveys	Survey Response Rate
T1	12/05 to 12/06	85	83	66%
T2	1/07 to 6/07	89	69	55%
T3	7/07 to 12/07	63	51	46%
T4	1/08 to 6/08	70	42	43%
T5	7/08 to 12/08	80	51	37%

TSIG Working Group	T1 Membership Numbers	T2 Membership Numbers (% change from T1)	T3 membership numbers (% change from T2)	T4 membership numbers (% change from T3)	T5 membership numbers (% change from T4)
Strategic Advisory Committee (SAC)	10	0 (-100%)	0 (0%)	0 (0%)	0 (0%)
Access to Better Care (ABC)	20	18 (-10%)	11 (-45%)	19 (+43%)	15 (-21%)
Child Trauma Task Force	34	19 (-45%)	10 (-48%)	25 (+60%)	27 (+8%)
Justice/Re-Entry	34	25 (-27%)	12 (-52%)	13 (+14%)	19 (+32%)
Housing, Homelessness	6	4 (-33%)	2 (-50%)	10 (+80%)	11 (+9%)
Older Ohioans	20	15 (-25%)	10 (-33%)	15 (+33%)	15 (0%)
Cultural Competence	2	8 (+75%)	6 (-25%)	20 (+60%)	20 (0%)
Prevention	21	11 (-48%)	0 (-25%)	16	25 (+64%)
Employment	10	6 (-40%)	2 (-66%)	9 (+78%)	7 (-23%)
TOTAL	157	106 (-40%)	57 (-47%)	127 (+111%)	139 (+9%)

TSIG SYSTEM EVALUATION SAMPLE

Table 1 includes the data collection timelines and response rates. The evaluation uses a purposive sample of content working group members due to their influence on the direction of transformation in Ohio. As the study is examining the different approaches to transformation made by the working groups; the unit of analysis is the group, not the individual member. However, data were kept on membership patterns to show how the groups were affected by changes in leadership and staff in the governor's office, state departments, and content working group members during each time period. Ohio has nine content working groups.

In Table 2, active membership in these content working groups varied greatly, decreasing during the second and third data collection phases and increasing over times four and five. Active membership was defined by whether an individual indicated that they had participated in working group activities over the previous six month period. All active members of the CWGs participated in the evaluation.

A number of meaningful changes occurred during the first two and half years of the grant. During this period, these changes directly affected the membership of each CWG and their activities and goals.

Table 3. Summary of Data Collected

Instrument	Respondents	Format	Information Domains
Demographic Information	All CWG Members	Survey	CWG membership, agency, mailing address, number of years employed in mental health, highest degree obtained
Individual Motivation to Participate in TSIG	All CWG Members	Survey	Performance anxiety, interest in topic, enjoyment, choice of participation
Work Group Climate	All CWG Members	Survey	Conflict, leadership, cohesion, understanding purpose, importance
Work Group Meetings	All CWG Members	Survey	Clarity of goals, meeting participation, decision making, problem solving, meeting organization, meeting productivity
Agency Communication	All CWG Members	Survey	Frequency of communication between agencies
Cross-System Connectivity	All CWG Members	Survey	Level of connectivity between agencies.
Agency Motivation to Participate in Mental Health System Change	All CWG Members	Survey	Agency motivation factors: altruistic, service improvement, image
Organizational Decision-Making	All CWG Members	Survey	How agency makes decisions: administrative, practitioners, collaboration, committees, consumer involvement, family involvement
Collaboration on Transformation Activities	All CWG Members	Survey	Level of collaboration on a number of transformation activities: funding, committees, memorandums of agreement
SAC-6-month TSIG Evaluation Interview	Strategic Advisory Committee, ODMH Executive Members	Interviews (On-site or telephone)	General themes explored: current activity, challenges, accomplishments, sustainability, impact, suggested improvements, leadership
Content Working Group 6-Month Evaluation Interview	All CWG Members, other community members	Interviews (On-site or telephone)	General themes explored: current activity, challenges, accomplishments, sustainability, impact, suggested improvements, leadership
Content Working Group Quarterly Reports	CWG Leads	On-site Interviews Tracking Spreadsheet	General themes explored: current activity, challenges, accomplishments, sustainability, impact, suggested improvements, leadership

The major changes that affected CWG members and the activities pursued included:

- ▶ The 2006 gubernatorial election resulted in state leadership and staffing changes during T2 & T3.
- ▶ Poor economic conditions during T3 through T5.
- ▶ The Strategic Advisory Committee originally designed to be the leadership body for the grant met twice then ceased to exist after the 2006 election occurred.
- ▶ Internal leadership changes within CWGs resulted in changes in goals and activities.

For example, the several CWGs that existed prior to the TSIG grant, (Access to Better Care, Cultural Competence, Housing, and Prevention), struggled with how to fit their work and priorities into the TSIG grants focus on infrastructure and change.

The Housing and Prevention groups were concerned that their original purposes were broader than mental health. Both groups had been established and working prior to TSIG funding and had experienced internal leadership changes. Losing direction resulted in both groups disbanding during the second year of the grant. However, both CWGs were re-established during the third year of the grant.

During the first two and half years of the TSIG project a number of Ohio employees left their positions due to administrative and organizational changes at the gubernatorial and state department level. Additional staffing changes (layoffs) resulted due to the economic downturn. These separations resulted in turnover in the CWGs as an influx of new members joined each group. These new members had to be oriented on the purpose of TSIG and the role of their working groups. In some cases, this halted progress on transformation initiatives and slowed the momentum of the TSIG evaluation process.

Leadership of Ohio's TSIG grant also changed hands three times during the first two and a half years of the grant (T1 - T3). The first director of Ohio's TSIG resigned with her vacancy temporarily filled by the TSIG project manager who also subsequently left. A new TSIG project director and a new program administrator were appointed by ODMH's new Director.

Changes in the state's economic climate and in the philosophy of ODMH's new leadership ultimately led to amending the state's TSIG plan, the Comprehensive Mental Health Plan (CMHP), during year three of the grant. The new plan resulted in a document addressing

additional infrastructure issues with a focus on financing of the mental health system, technology issues, and workforce development.

FINDINGS

These sections describe the achievements of Ohio's mental health system transformation over the first three years of the grant. Data for years 4 and 5 are being analyzed and will appear in a subsequent report. The first section outlines the TSIG activities by infrastructure type, i.e., **Outputs**, which occurred in the first three years of the grant. The second part describes the **Immediate** and **Intermediate Outcomes**, workgroup processes. The third section discusses trends in cross-system findings communication and (connectivity) over time. The final section explores additional themes identified in the in-depth interviews.

OUTPUTS: TRANSFORMATION ACTIVITIES & PROGRESS (Infrastructure Changes)

A main goal of the TSIG grant is to improve the availability and quality of public mental health services by improving the infrastructure of state systems. An underlying assumption is that access problems and poor outcomes can result from inadequate infrastructure to support comprehensive and evidence-based mental health services. Accordingly, SAMHSA asked states to group activities into seven infrastructure change categories. During the first three years of the grant, the working groups and the TSIG management made many notable, measurable accomplishments. They include the following by SAMHSA infrastructure category:

State-Level Policies:

Policy changes targeted initiatives include formal directives, guidance, clinical practice guidelines, regulations, statutes, operations manuals, procedures, bylaws, strategic plans, mission statements, written decisions, and standards.

- Implemented the ESCORE web-enabled data system to provide real-time data to local systems on service coordination to youth and families.
- Family and Children First Council implemented policies that established uniform data gathering, collection, and reporting across state agencies of *Child Well-Being* indicators.

- Administrative rule passed enabling the use of Telemedicine/health technology in community mental health/psychiatry.
- Resolution of Commitment signed and cross-system collaborative action taken to address older Ohioans' behavioral health.
- Interagency agreement between Ohio Departments of Mental Retardation/Developmental Disability, Job and Family Services, Alcohol and Drug Addiction Services, and Youth Services to support the critical need for additional units of supportive housing in Ohio.

Workforce Training:

Workforce initiatives include increasing the number of professionals who are trained in new services, or in improvements to existing services provisions.

- 2,300 police officers trained in Crisis Intervention Training (CIT) throughout Ohio, resulting in Ohio now having CIT-trained officers in more law enforcement jurisdictions than any other state.
- 130 University Officers trained on Crisis Intervention Training (CIT).
- Expanded Supported Employment through training, promotion, consultation, evaluation and new partnerships with the Rehabilitation Services Commission (RSC).
- 92 Case managers were trained to teach adult consumers and their providers how to use data to improve collaboration and shared decision-making when developing individual plan of care.
- Expanded parent advocacy services statewide through a network of over 450 parent volunteers.
- 840 mental health professionals attended several one-day trauma forums.
- 180 mental health and physical health professionals trained on integrated care for older adults.
- 310 ODJFS staff trained on new Medicaid application procedures with the intent of expediting the SSI and Medicaid application process.
- 189 early childhood providers received "Incredible Years" program training.
- 159 early mental health professionals trained on the use of the Ages and Stages Questionnaire.
- 163 mental health professionals trained on the use of the DECA.

- 525 professionals and staff of community mental health organizations trained in culturally competent mental health service provision.
- 51 mental health professionals completed training in a trauma-specific, evidence-based practice (TARGET) in the juvenile justice system.

Financing Policies:

Financing policy initiatives work to change appropriations; changes in billing codes or reimbursement procedures to allow for simplified billing ; changes to the State Medicaid Plans; or innovative pooling or braiding of funding to increase access.

- A change was made to the Community Capital Projects administrative rule to reduce the match from 50% to 25%, in order to make supported housing units available to minimally-funded boards.
- A new 'benefits bank' module was developed and implemented to expedite Social Security Insurance and Medicaid applications to increase access to needed mental health services.
- Medicaid buy-in legislation passed that gives employed individuals the ability to 'buy-in' to Medicaid. Previously, an employment disincentive existed where individuals who earned over a specific threshold lost their Medicaid benefits.
- An ODJFS data process was developed and implemented to suspend (rather than terminate) and then temporarily reinstate Medicaid benefits upon institutionalization.
- A new funding formula was developed to redistribute mental health state funds amongst state mental health boards. This formula reduces the variance among regional boards, and increases the current share distributed to boards with less local revenue.
- A Kaizen continuous quality improvement process was implemented and a new state mental health grant funding application process that significantly reduced award time.

Organizational Change:

Organizational changes include formal, written inter- or intra-organizational agreements; creation, expansion, integration, or elimination of offices, divisions, or departments; or position creation of new reporting structures; permanent changes in responsibilities or in staff composition.

- Local coalitions established to improve mental health coordination of care for Older Adults with mental health needs.

- A 24-member Statewide Advisory/Planning Team (M-SAPT) was developed to provide continuous feedback on cultural competence promising practices, assessment tools, and strategies.
- Established an Office of System Transformation in the Department of Mental Health to ensure reform is an on-going priority.
- A VISTA worker was hired to coordinate the Ohio Youth Advocacy Network in Ohio.
- 10 organizations have implemented Supportive Employment.
- Six community mental health providers implemented Wellness Management and Recovery (WMR).

Programmatic Change:

Programmatic changes include implementing practices delivered to individuals including treatment, rehabilitation, prevention, and supportive services. Pilot projects that are not sustainable cannot be included.

- Statewide Employment Toolkit was developed for Consumer-Operated Services to be implemented by local Rehabilitation and Services Commission (RSC) offices and mental health agencies.
- Created a dedicated unit within the Bureau of Disability Determinations (BDD) to support the Interagency Council on Homelessness and Affordable Housing SOAR initiative (see page 7), an evidence-based practice that expedites SSI/SSDI benefits to homeless consumers.
- Six SOAR (i.e., *SSI/SSDI, Outreach, Access, and Recovery*) pilots were implemented with plans for expansion to expediting Social Security and Social Security Disability Insurance applications on behalf of homeless individuals with mental illness.
- Network of Care website implemented statewide, representing 100% of local mental health boards in the state.
- Trauma-informed care service pilots implemented in local jail settings with plans for expansion to other jails in the state.
- Eight Community Mental Health Agencies are utilizing Telehealth to increase consumers' access to mental health treatment in rural communities.
- Six Maternal Depression Screen training programs have been provided.
- 35 mental health courts and 58 mental health diversion programs have been created.
- 43 community mental health provider organizations have implemented the Integrated Dual-Disorder Treatment EBP.

IMMEDIATE WORKING GROUP PROCESS FINDINGS

During the first five rounds of data collection analysis, CWG members were asked about a number of process indicators. Specifically, the indicators asked participants about their own and their agency’s motivation to participate in mental health system transformation, the climate of their working group, and the quality of the meetings. Individual motivation and satisfaction with working group meetings was assessed initially at T1 and then from T3 through T5. Little activity occurred in TSIG working groups at T2 because of changes in state government due to the election of a new governor in Ohio, which also resulted in a new administration in the Department of Mental Health and in TSIG. Overall findings are discussed below.

Individual Motivation

Chart 1 and Chart 2 provide a snapshot of the average levels of individual motivation to participate in TSIG activities at all time points. When examining factors that contribute to a person’s motivation (e.g., level of enjoyment, choice to participate, level of competence, and performance pressure) significant differences existed between T1 and T5 on performance pressure ($t = 4.4.3, p > .000$), and whether or not a person had the choice to participate ($t = -7.97, p > .000$). Participants reported feeling more performance anxiety and pressure to participate over time.

Agency Motivation

Respondents reported above average levels of agency motivation to participate in TSIG activities at all five time points (T1, $M = 4.02$; T2, $M = 4.21$; T3, $M = 3.76$; T4, $M = 3.71$; T5, $M = 3.65$, range 1-5). Reasons agencies gave for being motivated to participate in TSIG were also examined. The findings suggest that agencies felt motivated mostly by a desire to improve the mental health system, followed by enhancing agency image and for political reasons. All of these motivators were more frequently endorsed at T2 than at any other time point. The higher motivation level at T2 may reflect a desire to align with the new Governor’s “TurnAround Ohio” initiative. The Governor’s initiative, which aims to reform Ohio’s government systems, is also a major tenet of the transformation grant. Agency motivation to participate in activities reduced over the time of the TSIG grant.

Chart 1

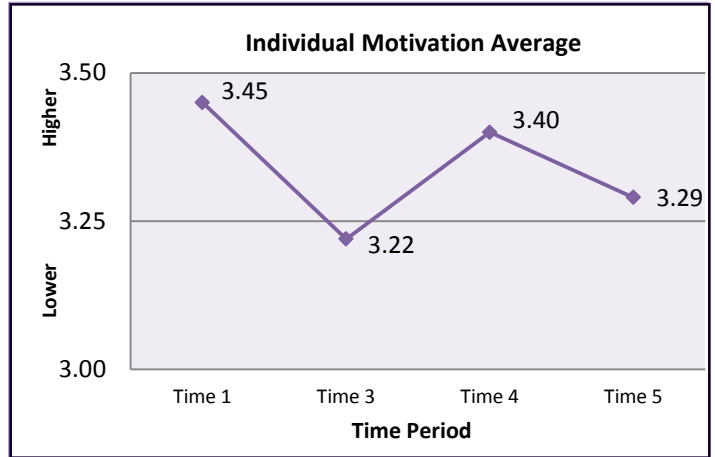


Chart 2

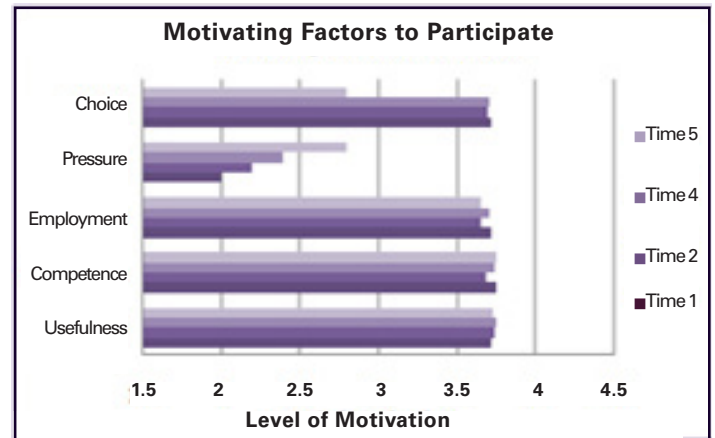


Chart 3

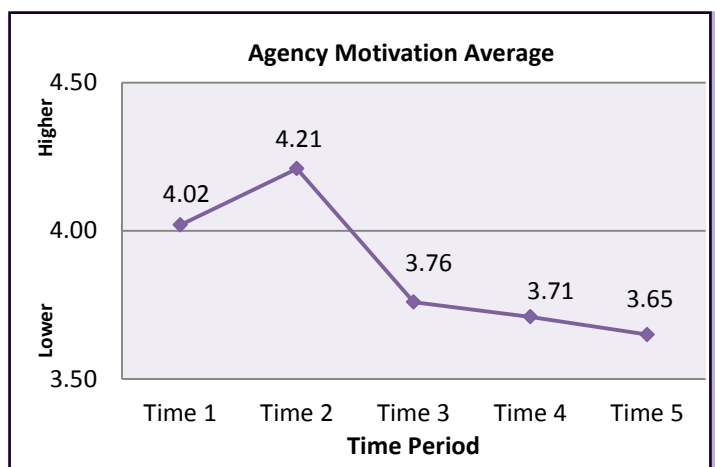


Chart 4

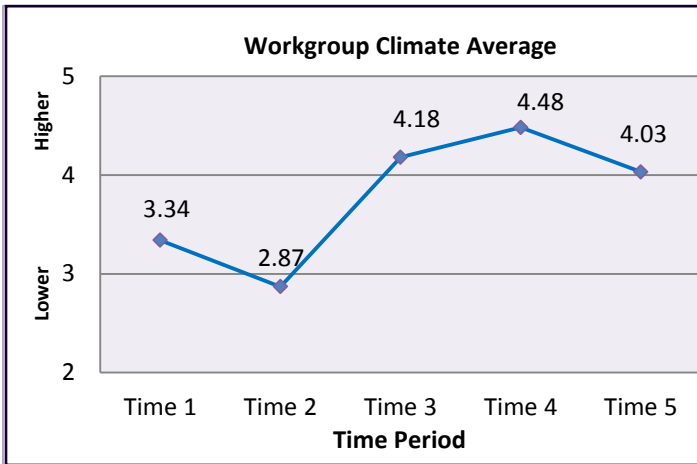
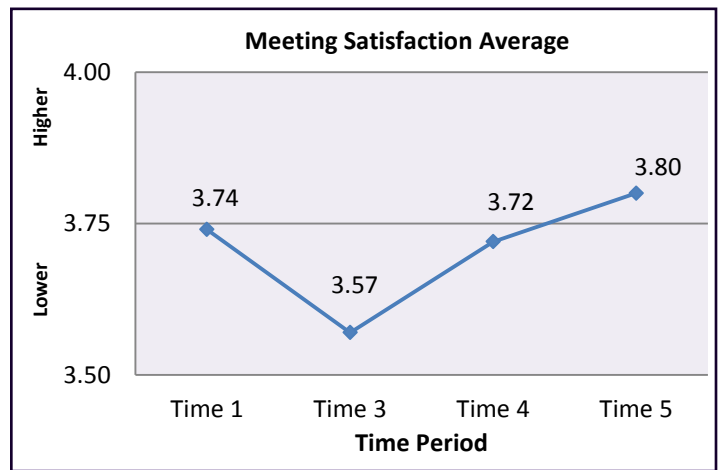


Chart 5



Working Group Climate

The climate of the content working groups trended higher over time (see Chart 4). The overall climate of the working groups dipped at T2 and rebounded significantly at T3. This likely reflects changes to the composition of the working groups, and the Governor’s administration and TSIG leadership at T2. By T3 the working groups had been reconstituted and new ODMH leadership had provided direction on new system priorities. The fluctuations present at the different phases suggests that working groups in government systems are influenced by political will and departmental leadership, even when the change is to be directed by stakeholder consensus. The enhanced working group climate from one time to another may also reflect individuals in the groups becoming more comfortable with one another.

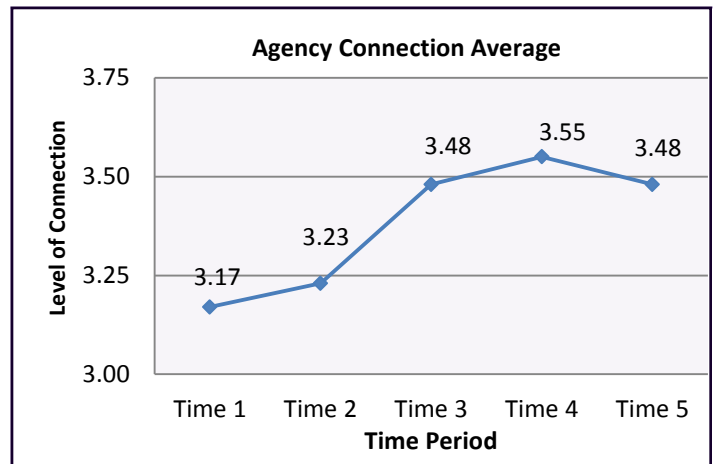
Working Group Meeting Quality

Participant satisfaction with workgroup meetings was measured at all time points with the exception of T2; this was not measured at T2 because of the low frequency of meetings during T2. Respondents generally reported their meetings as satisfactory, trending higher over time (see Chart 5). In addition, participants were asked whether they attended their working group meetings regularly, and if the working group would accomplish all of its tasks by the end of the grant. Seventy-five percent of the respondents indicated that they ‘usually’ attended their working group meetings and 62% believed their working groups would finish their tasks by the end of the grant.

Agency Connectivity

Using a six-point scale, where “1”= absence of connection; “2” = Networking; “3” = Cooperating; “4” = Partnering; “5” = Merging; and “6”= Unifying, most

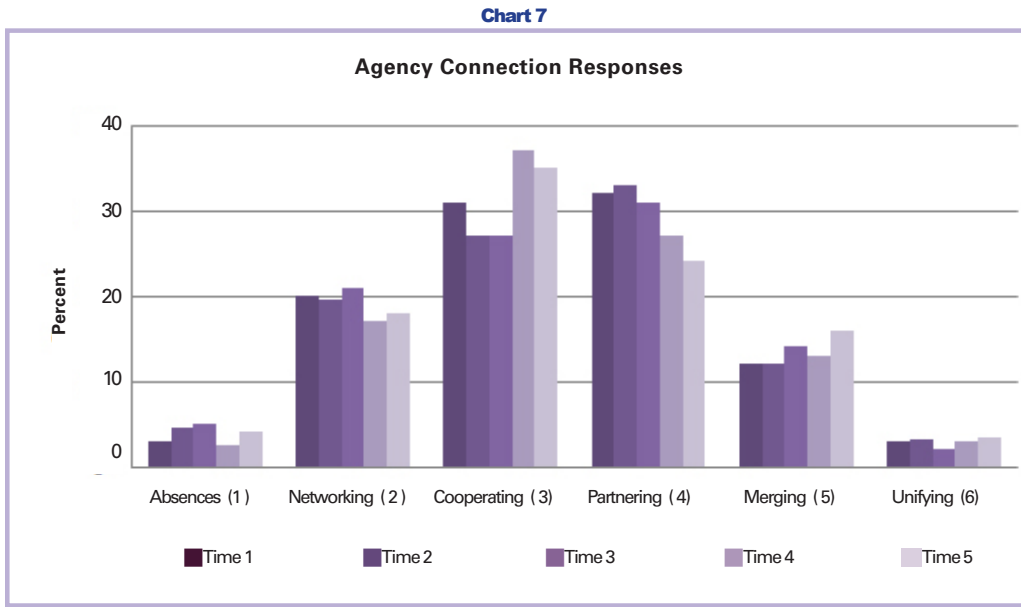
Chart 6



respondents felt that their agency was “cooperating” with other agencies on mental health related matters. While not statistically significant, there was an upward trend over the first four phases of the project (see Chart 6). These scores between 3 (cooperating) and 4 (partnering) suggests that, over time, respondents perceived their agencies were working toward more cross-system resource sharing on mental health related matters. When asked about levels of connection across time periods, respondents indicated that the majority of their agencies network, cooperate, and partner, but seldom unify, on issues related to mental health transformation (see Chart 7). The data suggest that, over time, agencies have shifted their level of perceived connection from ‘partnering’ to ‘cooperating’ on mental health related matters.

Organizational Decision Making

When examining organizational decision-making, differences existed between time periods in the methods used. Chart 8 shows that, over time, participants felt that their organizations relied more heavily on

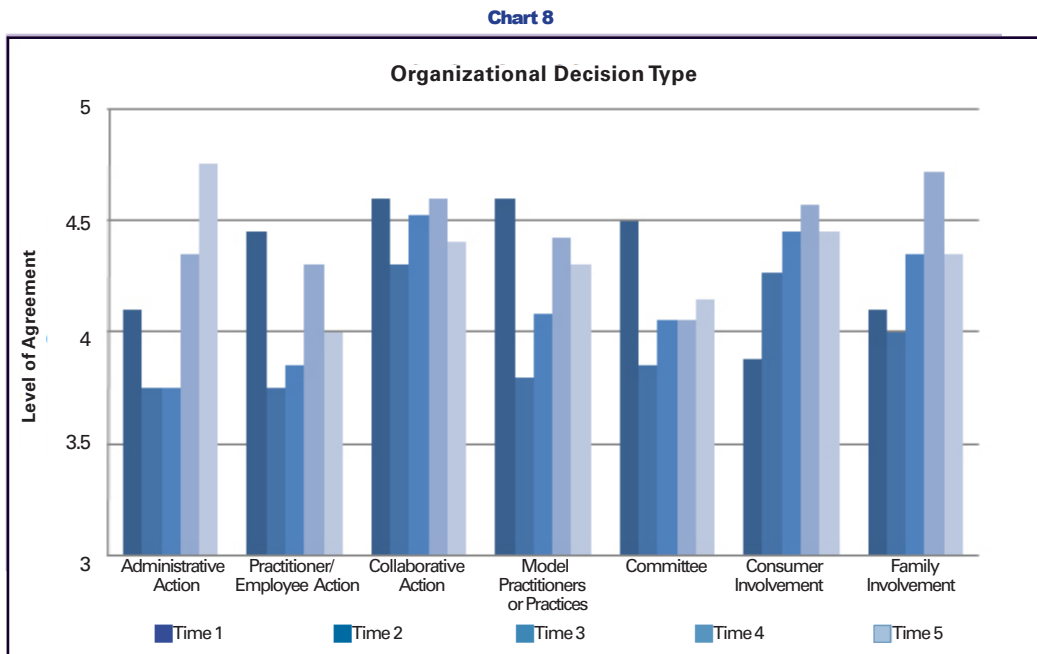


administration, consumers and families, and less on employees to make decisions about new programs and changes in their organization's business model. There appeared to be less variance over time in the use of collaboration and committees as a method to make decisions about organizational changes.

Cross-Agency Collaboration

Participants were asked to rate the degree of collaboration their agency had over the past six months to coordinate or integrate multiple systems to address the needs of persons with mental illness (see Chart 9). The results suggest that from T1 to T5 agencies have increased their efforts to

better integrate services across different systems of care. As with other measures in the evaluation, the lowest period of collaboration was during the governor transition period and change in administration at various state-level agencies (T2). Responses to additional questions gauged participant's beliefs about the TSIG project's ability to bring about infrastructure change. In addition, respondents were asked about whether the current economic issues in Ohio would reduce the TSIG project's effectiveness. Three-quarters of the respondents felt 'undecided' as to whether TSIG would bring about significant infrastructure change, and believed that the poor economy would reduce the TSIG project's effectiveness at bringing about change.



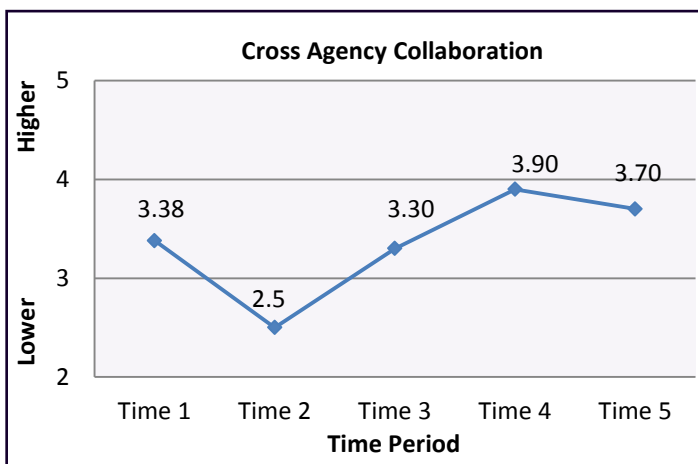
INTERVIEW THEMES

In addition to surveys, confidential interviews are conducted every six months as a part of the TSIG System-Level Evaluation Study. The findings presented here focus on the first five of eight interview cycles. Interviews were conducted between July, 2006 and December, 2008. A total of 387 content working group members participated in the interviews. Persons selected for interview were recommended by the CWG leads. Participants were asked questions about the progress made on working group activities, challenges to transformation of the public mental health system, and sustainability.

These interviews were transcribed by the TSIG research assistant; and two reviewers independently coded the answers to the questions. The reviewers flagged sections frequently mentioned in the interviews to determine common themes. After developing the themes, the two reviewers randomly coded 30 percent of the interview responses in each time period to establish inter-rater reliability. However, the reviewers found they only agreed on the codes 70 percent of the time. Given the modest inter-rater agreement, they chose to identify the discrepancies in the codes and accordingly revised the study's code book to more accurately reflect new interpretations.

Problems with the codes included redundant codes for the same belief, vague code definitions, a lack of mutual exclusivity between codes, and a lack of shared understanding in the procedures for using specific codes. After correcting the codes, the two reviewers coded another randomly selected 30 percent using the revised code book. Inter-rater agreement increased to 98 percent in this second review of the codes. The reviewers organized quotes from the interview responses into the themes used in this report. Sample themes and quotes are provided below.

Chart 9



EXTERNAL INFLUENCES ON TRANSFORMATION

Almost half (45%) of the interview responses suggested that external influences have had the largest influence on the direction of transformation in Ohio (see Table 4). Three primary external influences impacting TSIG and mental health system transformation are:

- ▶▶ the change in administration at the governor and state department level;
- ▶▶ the economic downturn; and
- ▶▶ restrictive rules and regulations.

External Influences (165 quotes)	N	%
Change in Administration	92	56
The Economy	53	32
Bureaucracy	20	12

Change in Administration

Respondents most frequently mentioned how the change in the governor, cabinet level directors, and working group members influenced the direction of change in the mental health system. *“With the change in administration, there’s a lot of confusion, we’ve done all this work, now are we going to start over from scratch...what does this change in administration mean for the work we’ve accomplished.”* Other comments included *“We had about half the group turn over and a lot of that was attributable to administrative change,”* and *“TSIG is going to have a more substantial impact than they originally projected. What I’m meaning by that is TSIG was looking at some CWGs that were very specific and program-oriented, but not really impacting the overall infrastructure. I think the director and her team are looking at trying to do more of a transformation.”* As these observations illustrate participants in the content working groups were initially uncertain about the changes that would take place due to the new administration, but soon realized that the administration was in support of TSIG, and wanted to move forward on critical issues relevant to improving and sustaining Ohio’s public mental health system.

Economic Factors

Participants also overwhelmingly reported that the economic downturn (recession) was a prominent factor in the transformation of the public mental health system. Participants continually mentioned that the recession resulted in significant budget cuts to mental health services, ultimately changing the strategies of the TSIG grant. *“I think some of the pieces, some of the activities within the strategies are going to be really hard to accomplish-would have been a lot easier to implement a couple of years ago, before the economy sagged so badly,”* and *“Dollars are being cut because of revenue streams decreasing. We certainly don't expect any GRF [General Revenue Funds] dollars to come our way for new programs. We're going to be happy if we can maintain what we've got, and that is a big challenge.”*

Bureaucracy

Respondents also reported that the bureaucracy of various systems and their readiness to change influenced how systems worked together toward transformation. Many mentioned how essential, but difficult it was to work across systems. *“How the heck is anybody going to get anything done, especially when you're dealing with multiple departments and multiple organizations? It's sort of turf-oriented in the government,”* and *“One of the biggest challenges I see people are stuck. They don't want to think out of the box. I think it's mostly a turf issue. We've always done it this way, so how can we step out and do things differently. And especially when you listen to people who have been here and are funded under the current system, have some fear of making changes because they might lose some of their funding.”*

INTERNAL INFLUENCES ON TRANSFORMATION

About one-quarter (22%) of the respondents mentioned internal issues related to the working groups (see Table 5). Major themes in this category included collaboration, communication, working groups being on hold, leadership issues, and meeting attendance.

Table 5. Comments about factors influencing transformation (n = 387)

Internal Influences (82 quotes)	N	%
Collaboration	40	49
Communication	17	21
Working groups on hold	11	13
Leadership	9	11
Meeting Attendance	5	6

Collaboration

Respondents consistently praised the collaboration fostered by the TSIG grant. As one working group member suggested *“It is a particular commitment of mine to make sure TSIG and transformation is as integrated as it possibly can be, so that we don't repeat the errors that happen everywhere – which is creating new silos. We are really pushing people to work together to coordinate, to share resources, to work together for building sustainability.”* A particular strength brought up in many of the interviews was that the TSIG grant was a cross-system grant, and the ODMH staff were acting as the facilitator. *“I'm just so pleased that each of the workgroups has an ODMH staff person to help support it and to help us with some of the logistics and communication. That kind of extra support can really help an initiative be successful especially when it's a collaborative one where you've got people from different parts of Ohio participating, that kind of investment and support is incredible and will really help us along.”*

Communication & Meeting Attendance

Communication within and between the working groups posed a significant challenge with this grant, particularly the case when examining the changing priorities of the work groups over time, as one respondent suggested, *“having clearer goals for the work group and more information about what it is we're supposed to be doing would be helpful.”* As a result, a number of methods were used to increase communication such as newsletters, emails, a “TSIG

partnership event” where working groups presented their accomplishments, and more publicity around the timing of content working group meetings. Even with the increased communication, a number of respondents indicated that meeting attendance was a problem for all the content working groups. *“I think a challenge is coordination, getting everybody at the same place at the same time,” and “working around our schedules is a challenge because we’re all just so busy.”*

Workgroup Status on Hold

Many commented on how the workgroups were “on hold” for a while during the change in administration. *“Things haven’t moved very quickly. We’ve just been consolidating what we did earlier and making plans where we go from here. For a while things were on hold, but now there’s kind of resuming again.”* These comments reflect some of the frustration workgroups dealt with internally due to changes taking place throughout state government.

Leadership

Respondents also felt that the leadership of the working groups and the department of mental health positively influenced the direction of the TSIG grant and mental health system change. As one respondent discussed about their working group lead, *“I think they are really putting a strong effort on getting things on track and keeping things on track with the group so I don’t see any major obstacles.”* Others mentioned the positive changes that occurred when new leadership was appointed to the grant and the department, *“I think with the new TSIG leadership, and with the support from the director and assistant director it’s clearly better organized.”*

SUMMARY

The purpose of this evaluation study was to determine what system-level infrastructure changes occurred during the grant and how group, organizational, and contextual factors affect system-level infrastructure change. In this evaluation study, TSIG evaluation staff collected 296 surveys and conducted 387 in-depth structured interviews every 6-months over the course of 5 time periods. All interviews were recorded, transcribed, and coded for themes related to transformation of Ohio’s public mental health system. The results of the evaluation study thus far show significant differences across time between the working groups in the number of TSIG activities

accomplished, motivation to participate in TSIG activities, outcomes, and perceptions of transformation. The evaluation has also found that external forces significantly impact the direction and outcome of system change. Specifically, the gubernatorial election, the economic downturn, and the roles and routines established by various systems’ bureaucracies played an important role in guiding the direction of mental health system change. While this study is not complete, implications thus far suggest that there be contingency plans in place that deal with expected change, such as staff changes.

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