'17

YEAR ONE

New York State Systems of Care Wraparound Evaluation Report

Center for Human Services Research
University at Albany State University of New York

INTRODUCTION

This report highlights year one activities of the New York State (NYS) Systems of Care (SOC) project, spanning from October 1st, 2016 through September 30th, 2017. The report describes implementation findings from a rigorous analytic process of qualitative data and offers recommendations for future operations.

PROJECT OVERVIEW

In October 2016, NYS was awarded a four-year Systems of Care (SOC) Expansion grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Administered by the Research Foundation for Mental Hygiene and the NYS Office of Mental Health (OMH), the collaborative includes state and local child-serving agencies, community-based providers, family representatives, and youth partners involved with SOC efforts throughout the State.

For this grant, NYS is implementing a Wraparound practice model for both children and families within NYS's Medicaid Health Homes Serving Children (Health Homes) program and for children and families not eligible for Health Homes. Specifically, the targeted population includes: youth and young adults, aged 12 to 21 years, diagnosed with a Serious Emotional Disturbance (SED), and who have high and complex needs including placement or risk of placement.

The Wraparound practice model was perceived to offer an effective process to meet the behavioral health challenges of the highest needs youth served by Health Homes. As specified in the State Medicaid Plan, the Health Homes program includes care coordination and access to services, components that align well with Wraparound practice. Youth and families who have very high needs may benefit from the more intensive process of Wraparound than what is provided through Health Home's standard care management and benefits package. These are the families that NYS SOC aims to identify and serve.

Year one of NYS SOC focused on developing practices and policies to guide how Wraparound is implemented in NYS. A NYS SOC training team was organized and is developing training, coaching, documentation, and supervision processes so that NYS SOC will have all necessary tools in place to self-sustain and expand once the funded grant period is over. To ensure that high quality Wraparound is implemented, the evaluation team will administer training evaluations and the National Wraparound Initiative fidelity tools.

NYS SOC has enhanced the Wraparound model by adding two unique features. Typically Wraparound is guided by a facilitator that is often a trained mental health professional or family peer advocate. In NYS, engagement and Wraparound practice is led by a triad consisting of: 1) a NYS-credentialed care manager with mental health training, 2) a NYS-credentialed youth peer advocate, and 3) a NYS-credentialed family peer advocate. It is anticipated that that the addition of the youth and family peer advocates will enhance family engagement, comfort, and empowerment compared to Wraparound models lacking peers.

Another unique feature of the NYS version of Wraparound is the incorporation of the Health Habitus Note (HHN), developed by the Nathan Kline Institute (NKI). The HHN is a tool utilized by the youth and family peer advocates to understand and strategize ways to mitigate various barriers to care experienced by the youth and caregiver(s). It is anticipated that this HHN process will inform families and care teams about the family's thoughts and motivations about health and help the family to obtain the best health care possible.

YEAR ONE EVALUATION OVERVIEW

The Center for Human Services Research (Research Center) at the University at Albany partnered with NYS SOC to lead the rigorous evaluation, focusing on evaluating implementation and efficacy of the NYS SOC model. SOC principles guide the data collection and performance measurement, which include gaining the insights and participation of families and youth, involving stakeholders from multiple service sectors, and incorporating a culturally responsive framework. Mechanisms are built in to assure a continuous feedback loop that informs policy and practice.

The evaluation plan is a multi-method approach designed to examine implementation processes and attainment of project goals and objectives. Specifically, the Research Center is examining the state-level infrastructure to integrate and operationalize SOC values, the incorporation of Wraparound within Health Homes (for half of the service population), effectiveness of Wraparound implementation, best practices and implementation barriers of service strategies in the pilot counties (Erie, Westchester, and Rensselaer counties), and child and family outcomes. Year one of the evaluation focused primarily on preparation and implementation activities, as well as collection of baseline data from youth and caregivers in Erie County.

Year one evaluation preparation activities included the following:

Establishing Operating Procedures
Research Center investigators worked with NYS OMH staff and county leaders to establish operating procedures for data collection and reporting. Protocols were developed for collecting data from staff and families for the grant-required National Evaluation, including procedures for contacting, interviewing, and tracking families. These protocols aimed to provide transparency and adequate information to families. Protocols were improved based on county feedback.

Obtaining IRB Waiver
Once the procedures for implementing the National Evaluation requirements were finalized, the Research Center staff sought University at Albany Institutional Review Board (IRB) review to ensure that the evaluation design, approach, and data storage met the standards for human subjects' protection. The IRB determined that the evaluation did not meet the definition of human subject research, and therefore full IRB review was waived.

Developing Data Sharing Agreements
The Research Center initiated the process for data sharing agreements with the NYS Department of Health (DOH) to obtain and utilize CANS-NY (Child and Adolescent Needs and Strengths-New York) and Medicaid claims data for study participants.

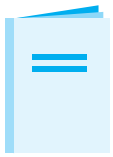
Hiring and Training Evaluation Staff
The Research Center hired on-site data collectors in each county (Erie, Rensselaer, and Westchester) who are knowledgeable about the local service system and community and feel comfortable talking with families. The evaluation team provided data collectors with rigorous training on data collection procedures for National Evaluation and Wraparound fidelity data collection activities to ensure the collection of reliable and valid data and adherence to strict respondent confidentiality protections.

Collecting, Analyzing, and Reporting Data
Data were collected from document reviews, stakeholder interviews, and family and child interviews. Data analyses were focused on understanding early implementation for the pilot counties. Presentations were delivered to each of the pilot counties and to state committees regarding the evaluation process.

METHODS

DATA SOURCES

In year one, the evaluation team collected both qualitative data including staff interviews and project documentation, as well as quantitative data from the federally-mandated youth and family interviews. However, because child and family interviews were conducted in only one county, that information was not included in this report. The following qualitative data sources were used to gather information on early implementation described in this report:



Monthly Reports
Monthly reports were implemented midway through the first year of the grant. They were submitted electronically by county representatives to track progress and describe successes, barriers, and topics requiring further discussion. Across all counties, a total of twelve reports were available and reviewed for year one.

Meeting Notes
Meeting notes from the first year were transposed into an electronic format and organized by meeting type and quarter. Meetings notes for this review were gathered from meetings involving the NYS SOC Management Team, the NYS SOC team, and project counties.

Telephone Interviews
Telephone interviews were conducted with individuals involved with early implementation. The evaluation team created two interview protocols, one applicable to individuals more broadly involved in planning and implementation, and one applicable to individuals currently serving families (see Appendix A). The interview plan and protocols were reviewed by the NYS SOC project directors, the NYS SOC Youth Peer Services & Training Manager, and the NYS SOC Family Engagement Consultant to ensure thoroughness, relevance, and appropriateness.

Interviews were conducted between 8/4/2017 and 9/5/2017. A total of 22 individuals were interviewed, a 92% response rate. This sample included providers (e.g. care managers, youth and family peers, and supervisors in counties with actively enrolled youth) and administrative personnel (e.g. county mental health deputy directors). Representatives from all three pilot counties contributed to the interview data pool. Interviews were conducted remotely via GoToMeeting. This platform allowed interviews to be audio-recorded, which occurred with the permission of the interviewee. The interviewer also took notes during the interviews. The evaluation team arranged responses by question.

ANALYSIS

Matrices were created to organize the data. Three members of the research team independently coded the data, placing codes within categories in analytic matrices. The team worked collaboratively to identify common broader themes and reconcile coding differences across data sources. These broader themes were then used to organize codes. The quarter structure of the meeting notes was referenced during analysis to show developments over time in each of the broad themes.

RESULTS & DISCUSSION

The following themes emerged from the analysis of meeting notes, interview notes, and monthly county reports from year one (See Appendix B for descriptions of coded themes): Project foundation, SOC knowledge dissemination, evaluation and documentation, NYS SOC Wraparound model, SOC Wraparound training development, SOC Wraparound operations, and social marketing. In addition to descriptions of each theme, recommendations are provided (in the margins in blue for emphasis). At the end of this section the strengths and recommendations for practice are summarized.

The following graphic depicts the themes that will be discussed in this section.

01 **ESTABLISHING PROJECT FOUNDATION**
- Developing SOC Infrastructure
- Collaboration & Communication
- Integration with Health Homes
- Scope of Project

02 **SOC KNOWLEDGE DISSEMINATION**
- SOC Training
- Conferences & Forums

03 **EVALUATION & DOCUMENTATION**
- Documentation
- Evaluation Protocol
- Evaluation Expectations

04 **NYS SOC WRAPAROUND MODEL**
- Service Population
- Culture & Language
- Wraparound Values
- Flex Funding
- Model Standardization & Adaptability
- Triad Facilitation Team

05 **NYS SOC WRAPAROUND TRAINING DEVELOPMENT**
- Training Content
- Training Format

06 **NYS SOC WRAPAROUND TEAM BUILDING & OPERATIONS**
- Enrolling Families
- Team Development

07 **SOCIAL MARKETING**
- Social Marketing Plan
- Website

01

ESTABLISHING THE PROJECT FOUNDATION

Respondents reported on establishing the SOC infrastructure, project scope, collaboration and communication, and integration with Health Homes.

Developing the SOC Infrastructure

Early in the grant process considerable time was devoted to establishing the leadership and governance structure of this project. This included specifying meeting schedules, organizing workgroups, and forming the NYS SOC state team. Additionally, contracts were developed with collaborators. While some interviewees expressed frustration with the contracting process, having experienced unanticipated challenges and delays, by the end of year one most contract issues had been resolved. The third area related to infrastructure development included hiring field staff (care managers, youth peer advocates, and family peer advocates) to serve families.

Collaboration and Communication

The leadership reported on interactions between the various levels (e.g., state to county; county to state) as well as within levels (e.g., between state agencies such as DOH and OMH; county to county). In general, the state project team effectively communicated project information to the pilot counties. Most interviewees were familiar with the goals and plans of NYS SOC and felt communication about the project had been successful between the state and the counties. Most interviewees also felt the planning process was going well overall. Although familiar with broad goals, a few expressed that they were not very knowledgeable about the specifics of the project. Some agencies felt there could have been more communication about some aspects of the project, particularly regarding target population and timeline for starting enrollment, especially early on. One suggestion to improve communication is to document meeting minutes and have them available to those involved in the project (e.g. posting on the website). This way, everyone could be apprised of project happenings and changes.

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Interviewees offered some additional insights on collaboration. Most appreciated the collaboration with DOH and felt this was important for sustainability. There was a desire to expand collaboration between systems, involving representatives from other child serving agencies that also serve NYS SOC youth, both at the county and state level (e.g. Juvenile Justice and Education). One suggestion to increase collaboration is having more cross- agency communication and planning within counties that occur between the state-run implementation meetings. One county established its own implementation workgroup, in addition to the state-run implementation meetings. Thoughts were mixed regarding size and scope of the state-run implementation meetings; some thought they should be expanded to include other state agencies, while others felt they should be downsized because the county representatives can be overwhelmed by the large state representation at county level meetings.

One suggestion to increase collaboration is having more cross-agency communication and planning within counties that occur between the state-run implementation meetings.

Integration with Health Homes

Meetings in year one occurred between the counties and participating Health Homes to establish the groundwork for integration and address billing of Wraparound-related services to Medicaid, which is slated to start in year two. The state team and NYS Department of Health collaborated extensively to advance these efforts.

Most interviewees expressed excitement around the integration of Wraparound within Health Homes. Some liked the integration because there is a greater focus on overall health and wellness and the opportunity for sustainability of Wraparound. They also expressed that this project offers an oppor-

tunity to infuse SOC values into physical health settings. Interviewees were also encouraged by the formalization of peer services that will occur through Medicaid reimbursement and felt the reimbursement requirements will make all Wraparound providers more accountable.

However, many were still unsure what the integration will look like and felt it was too early to tell if necessary steps are being taken for integration. These interviewees thought Wraparound and Health Homes staff could benefit from more information; in particular, NYS SOC providers wanted more information about Health Homes (e.g. what it is, how it relates to this project and the family, required paperwork, training, etc.). One suggestion is to provide guidance about Health Homes to NYS SOC providers and additional training for Health Homes' care managers.

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Scope of Project

During the first year of this grant, there were many discussions on expanding the pilot project beyond the three original counties. Most of the potential collaborators discussed were other SAMHSA-funded counties who are not currently part of the state project: Rockland county, Chautauqua county, and Cayuga county. Other regions interested in joining the project included Orange county and New York City.

02 SOC KNOWLEDGE DISSEMINATION

Various educational opportunities, including conferences, forums, and presentations, arose in year one to strengthen SOC values in New York State. Many of these were local opportunities, provided both through the grant and by other entities. These opportunities were discussed in meetings, so that everyone could benefit.

SOC Training

Local trainings were provided on peer support and advocacy and the National Cultural and Linguistic Appropriate Services (CLAS) standards. In particular, counties noted that they enjoyed the NKI CLAS standards training.

Conferences and Forums

Formal learning opportunities were offered by instructors outside of the project. Year one meetings presented many learning opportunities for the project teams, including the Annual Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health, University of Youth Power, and the Families Together in New York State (FTNYS) Conference. NYS SOC representatives attended these forums. Project participants were eager to participate in learning opportunities. Creating a compilation of learning opportunities and presenting to project staff (e.g. on the website) may inform staff of these valuable events. In addition, many of the local learning opportunities also advance and celebrate local SOC values. As such, these events may be outlets for marketing NYS SOC and may, therefore, be incorporated in the social marketing plan.

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03 EVALUATION AND DOCUMENTATION

Documentation focused on reporting, electronic health records (EHR), and CANS-NY processes. Evaluation focused on evaluation enrollment processes, instruments, and the logic model.

Documentation
Interviewees felt the level and content of documentation was reasonable. However, there were some concerns regarding how documentation would occur. Some preferred a standard EHR for the project, such as Fidelity EHR which can easily track project components and aid in the delivery of Wraparound. Others preferred adjusting existing EHRs so that they did not have to add any additional systems. Each Health Home has a designated EHR that is required for their participants. Some are unsure how non-Medicaid youth will be documented, since they would not be documented via the Health Home EHR. The project hopes to reduce redundancy and "double" data entry where possible. In general, goals of feasibility and sustainability should guide decision-making about EHR.

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Evaluation Protocol
During early implementation of NYS SOC Wraparound, processes and protocols developed around enrolling families into evaluation, obtaining records, and data collection with families. These protocols were introduced and discussed in the project counties. Care managers worked collaboratively with the local data collectors to ensure the evaluation was transparent to families and highlighted the value of obtaining youth and family input.

Evaluation Expectations
Interviewees were excited that this project has an evaluation component that will help demonstrate the value of Wraparound. They felt that evaluation could be a useful tool in quality improvement and funding decisions. Interviewees expected that the data will demonstrate that Wraparound is beneficial to families, reduces cost, and improves service satisfaction.

04 NYS SOC WRAPAROUND MODEL

Discussions relating to the NYS SOC Wraparound model included identifying the service population, addressing cultural and language considerations, incorporating Wraparound values, providing service flexibility for families, institutionalizing Wraparound practice and model standardization, and establishing the triad facilitation team's roles.

Service Population:
Defining the service population and creating corresponding eligibility criteria were important steps in year one that required extensive collaboration and communication. Eligibility criteria were crafted to correspond with existing Health Homes' criteria.

Interviewees expressed concern that the project may not capture the highest needs youth and young adults, based on socioeconomic status (SES) and age. Year one focused on enrolling non-Medicaid families, who tend to have fewer financial needs than Medicaid-eligible families. They felt lower income families would benefit more from the added funding for services provided through NYS SOC Wraparound. Some of these interviewees were not aware that Wraparound would be expanded to Medicaid eligible families in year two. They would also like to see the eligibility criteria expanded to serve a younger population. The project team may wish to communicate to the counties why this specific target population was chosen and gain buy-in on why Wraparound may be most beneficial to this population. Some felt that transition-aged youth, who are eligible for the grant, may be falling through the cracks. Developing strategies for outreach and buy-in from transition aged youth may help to engage this population.

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Concern was also voiced about how youth are determined to be eligible, specifically using the CANS-NY. Some felt that the CANS-NY was too focused on the parent-level needs and child's symptoms and services rather than the child's ability to deal with and handle their mental health challenges (i.e. functioning). The state team has taken steps to better understand this concern, by eliciting specific examples from counties of cases where high-needs youth are not "registering" as high acuity on the CANS-NY. These cases are then discussed with DOH and are likely to be taken into consideration to improve practice.

Culture and Language:
In year one, stakeholders developed the project behavioral health disparities statement. In addition, efforts were made to increase the access of services for youth and families who are non-English speaking. Current language accommodation practices were discussed on the local level and means of improvement were brainstormed. The state and one county endeavored to provide materials in other languages commonly spoken in New York State/their region. NKI is planning on working with counties in the future to help increase practice of the CLAS standards, and will be administering an assessment to guide this technical assistance (TA).

Wraparound Values
Interviewees were excited about the project focus on Wraparound values. Many felt that wraparound practice in counties may have drifted from the original values over time. Some noted that at times this distancing occurred due to local county government restrictions, requirements, and changes. Providers expressed that this grant offers an opportunity to return to the original Wraparound philosophy, to re-engage with the values, and to be more accountable to the philosophy through documentation and oversight.

Some specific SOC/Wraparound values highlighted by interviewees were family voice and choice, family-driven and youth-guided, small caseloads, and strengths-based. Interviewees liked that family choice was highlighted in program eligibility, such that families were actively choosing to be in this program rather than being mandated. They also valued that family and youth were leading the process, and were choosing their teams and services. Interviewees appreciated the smaller caseload, so that providers were able to spend more time with the individual, high-needs families. Some felt NYS SOC Wraparound may be a more positive strengths-based approach compared to current approaches.

Flex Funding
Interviewees liked the feature of NYS SOC Wraparound that provides funding for additional services for families, such as in-home therapy. They felt that additional funding provided better access to more community and socialization resources, resulting in more engaged youth and families. Some felt that this additional funding gives them the financial support needed to deliver the model as it was intended. Towards the end of year one, the project directors began to review the use of flex dollars and are working on additional guidance for the counties regarding recommendations for use and documentation.

Model Standardization and Adaptability
Interviewees discussed the balance between maintaining model standardization while allowing flexibility to work in a variety of counties. Interviewees hoped that NYS SOC would provide the structure to ensure consistent practice and language that would be reinforced through the training and coaching process. They anticipated that the model will be flexible for each county to make it their own.

Triad Facilitation Team

Most interviewees felt the peer involvement would benefit families. Specifically, peers can help youth and caregivers by listening, assisting with resources, advocating, translating jargon, explaining the care process, and providing a family perspective. They felt peers would also engage families and make them feel comfortable with the process. All of the triad members who were interviewed liked their roles in providing Wraparound within NYS SOC, participating in an exciting new model and engaging with families. Stakeholders also perceived that having the triad reduced the pressure on the care manager to deliver Wraparound.

There were mixed thoughts on when the peers should be introduced to families. Some prefer a youth and family actively engaging the family from the beginning, while others prefer a model where the family has more of an active choice in selecting youth and family peers for their team. In the latter option, they felt the family should have more of a choice on who comes to their house and when they come (i.e. when engagement process and child and family team meetings occur in the family home).

There were some specific challenges that arose. Counties faced challenges recruiting, hiring, and retaining peers for the needed positions. Recruiting and hiring youth peers was a challenge for several counties in year one. Some existing youth peers did not want full-time positions or having to switch their current caseload, and/or the smaller and project specific caseload required for NYS SOC. After challenges were brought to light, the State Youth Peer Advocate Lead offered assistance to counties (e.g. providing examples of job descriptions, advice to include peers on the hiring committee). One suggestion is to provide very concrete job descriptions so that peers are aware of what the role entails and can decide if the role will work well for them. Another option could be to offer part-time positions, which may be more attractive to peers and may be more likely to fit within their schedules.

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Another challenge was around scheduling. Some peers had limited availability due to jobs or school, which may or may not match with a family's availability. Also, at times peers had full caseloads which led to a lack of availability of peers for some cases. This issue has since been mitigated by creating peer positions that are dedicated to this project. Providers suggested that peer involvement discussions continue in order to identify successes, barriers, and challenges, as well as how to provide accommodations to meet peers' needs (e.g. self-care).

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05 NYS SOC WRAPAROUND TRAINING DEVELOPMENT

During the first year of the grant a lot of discussion and attention was paid to training development. Trainings were planned to occur starting in November of 2017 and February of 2018. Triads will attend trainings as a team, and trainings will occur concurrently with serving families.

Training Content

At the end of year one, the trainings were in development with a start date in the first quarter of year two. Many providers were eager to begin training and felt that training was necessary to begin providing Wraparound. Some interviewees hoped that the content of the Wraparound training would fit within their existing trainings, rather than being completely separate.

Interviewees had expectations regarding the specific content that would be covered in trainings, in particular practice and role information. Interviewees

hoped trainings would provide guidance on the practice strategies of Wraparound. Specifically, they hoped Wraparound delivery will be described for different age groups, noting that Wraparound practice may need to be adapted for children based on age (i.e., Wraparound for a 12 year old may be different than Wraparound for a 21 year old).

In addition, they were hopeful that the training would provide guidance on peer roles. Some thought defining the role of peers is challenging because it has to be descriptive enough to provide guidance to peers, but flexible enough so peers can fulfill a wide variety of functions tailored to families.

They also hoped training will clarify who should facilitate the meeting and team: the care manager or the family. Most felt that the role clarity for all triad facilitation team members would improve following formal trainings. It is recommended that the training includes these topics requested by interviewees: variations in practice based on youth/young adults' age and team role definitions.

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Training Format

Initially, the project team thought a provisional training would be necessary for providers before the full training was developed, but later decided that all providers would attend the formal NYS training scheduled for November 2017 and February 2018. Some felt that not having training in the early stages is slowing things down because they are hesitant to begin operating without the proper training. By the end of year one, the training certification plan and process was confirmed to include monthly trainings and an interactive learning management system. Providers were particularly excited for the on-going coaching portion of training so that they can have direct feedback to improve practice. Coaching was thought to be an important way to support the team beyond training.

There were concerns over the current training delivery plan, specifically that the planned training was geographically inconvenient and time-intensive. Some felt the location distance necessitating overnight travel would be challenging for trainees to attend. Travel requirements during the winter were cited as an additional concern (e.g. due to weather). Some believe the number of out-of-office training days to be time intensive. However, concerns were not explicitly expressed regarding the time to complete certification (approximately 6 months). The training format could be modified to require less travel and therefore be less costly, less time intensive, and not as disruptive to trainees lives (e.g. no overnights). For example, more virtual learning could be incorporated into the process.

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06 NYS SOC WRAPAROUND TEAM BUILDING AND OPERATIONS

This theme includes activities that are instrumental in the operation of the triad team in delivering Wraparound to families and what happens on the ground as the triad implements Wraparound.

Enrolling Families

It was important to create enrollment processes in the initial year of the project. The teams established the flow of youth and families through Single Point of Access (SPOA) to care managers, and counties received instructions on how to complete enrollment packets. They also gave regular updates regarding how many families were enrolled or when they planned to begin enrolling families.

Expectations around when enrollment should occur were also discussed. It was decided that enrollment and family engagement should begin prior to training. One concern that arose was how to identify the appropriate youth and families for Wraparound. The concern focused on ensuring that the highest needs youth are prioritized for Wraparound, rather than just enrolling the first group of families who meet eligibility. However, counties struggled to find a method for this identification process. One suggestion for improvement was to develop a process to ensure there is multi-agency input when identifying families who are eligible for enrollment to ensure those that would benefit most from Wraparound are reached.

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Team Development

Challenges arose around team member meeting attendance. In particular, team members from probation and some school districts were difficult to engage. Some of this stemmed from the timing of child and family team meetings that occurred outside of typical work hours.

It was sometimes a challenge to get natural supports to the table for Wraparound meetings. While natural supports may provide an important support for the family, they may not be local, and therefore are unable to travel to meetings. Some teams resolved this issue by having natural supports call into the meetings. Facilitation teams can continue to involve natural supports in the most involved way possible. In cases where they cannot attend in person, it would be best to offer virtual or call-in attendance options.

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Other families did not have a rich social network and had challenges identifying natural supports. It is vital that youth and families understand that natural supports are an important ongoing resource, especially during the transitioning out of Wraparound period.

07

SOCIAL MARKETING

Some discussion of social marketing occurred throughout year one. The year started with more conversations around the NYS Success website and the possibility of transitioning it to NYS SOC. By the end of the year, conversations focused on creating a social marketing plan, and what that plan should contain.

Social Marketing Plan

Social marketing was a popular topic in project meetings towards the end of year one, which is when the social marketing plan was due to SAMHSA. Brainstorming sessions were conducted in each county implementation meeting, as well as other meetings to inform the plan. The desire was to create a project identity and refine messaging and delivery through social marketing.

Website

In the beginning of year one, the team discussed the possibility of keeping the NYS Success website and adjusting it for the needs of NYS SOC.

CONCLUDING COMMENTS

Overall, based on early interviews, staff members are very excited about this project and are hopeful that the model will effectively serve youth and families and lead to positive outcomes. Year one primarily focused on getting all of the necessary pieces in place to ramp up implementation in year two. Because only one site has begun serving families, many responses and thoughts expressed in this report are based on planning and very early project implementation. Therefore, one limitation of this analysis is that feedback was often based on anticipated effects and is likely to change as more people are involved in the training and provision of Wraparound. As the project progresses, the breadth and depth of the conversation around what aspects of the model work well and what areas need improvement will likely increase.

The strengths and recommendations that came from the qualitative analyses are summarized below.

PROJECT STRENGTHS

The overall project goals and activities have been communicated well to the project staff.

The more formalized and deliberate role of peers is a strength in the Wraparound model.

SOC learning events are available in the community and are well attended by project staff.

A NYS SOC Wraparound model can help counties to re-engage with the SOC and Wraparound values and practices that may have drifted over time.

Coaching and documentation help providers to be more accountable and improve practice over time.

Evaluation of the project provides an opportunity to demonstrate the value of Wraparound and may assist with sustainability.

Integration with Health Homes is an opportunity to expand and sustain the NYS SOC model of Wraparound.

RECOMMENDATIONS

Increase transparency by making meeting minutes available to those involved in the project (e.g. the website). This way everyone could be apprised of project happenings and changes.

Build collaboration by having more county-level, cross-agency communication and planning in between state-run implementation meetings.

Keep both Wraparound and Health Homes staff informed on the Wraparound project and happenings in Health Homes.

Foster motivation by creating a compilation of learning opportunities available to project staff (e.g. on the website).

Market NYS SOC by incorporating local learning opportunities (e.g. conferences), which advance and celebrate local System of Care values, within the social marketing plan.

Consider feasibility and sustainability when choosing an EHR system.

Obtain buy-in for the target population by communicating to the counties why this specific target population was chosen and why Wraparound may be most beneficial to this population.

Develop strategies for outreach and buy-in from transition-aged youth to engage this population.

Reduce challenges associated with peer roles by providing very concrete job descriptions and offering part-time positions, which may be more feasible for peers.

Communicate often with peers to identify challenges as well as any accommodations needed for self-care.

Modify the training format to require less travel and therefore be less costly, less time intensive, and not as disruptive to trainees schedules (e.g. no overnights).

Improve enrollment by soliciting multi-agency input when identifying families who are eligible for enrollment.

Provide options for natural supports to telephone or video chat into team meetings.

APPENDIX A.
Interview protocols

NYS ACHIEVE SOC YEAR 1 PLANNING AND IMPLEMENTATION INTERVIEWS

INSTRUCTIONS:

I am going to ask you a number of questions about planning and implementation during the beginning stages of the NYS ACHIEVE project. There may be some questions that you don't know the answer to or choose not to answer. That's fine, just let me know, and I can skip the question. Because I will be taking notes while asking questions, I would also like to record the interview, in case I miss any information. Your name and role will not be connected to any of your comments during this interview. If at any point you would like me to stop the recording, let me know and I can turn off this function.

May we record this interview?

Do you have any questions before we get started?

INTERVIEW QUESTIONS:

1. Please tell us how much you know about the NYS ACHIEVE project – its primary practice components, its goals, etc. It's okay if you aren't so familiar with the finer details.
2. What do you like about NYS ACHIEVE Wraparound (e.g. triad, stronger links with physical health care)?
3. How is NYS ACHIEVE Wraparound different from your current children's mental health care practices (e.g. do you currently practice Wraparound?)?
4. How is planning for NYS ACHIEVE implementation going so far?
5. Are there any areas that are challenging or need improvement in the NYS ACHIEVE planning process? If so, what are they?
6. Do you think that the NYS ACHIEVE eligibility criteria map onto the highest need kids that would be best served by Wraparound? If not, in what areas could this be improved?
7. Is ACHIEVE taking the necessary steps to integrate into Health Homes? In what ways is integration going well? In what ways could integration be improved?

NYS ACHIEVE SOC YEAR 1 PLANNING AND IMPLEMENTATION INTERVIEWS PROVIDERS/TRIAD

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5. Are there any areas that are challenging or need improvement in the NYS ACHIEVE planning process? If so, what are they?
6. Do you think that the NYS ACHIEVE eligibility criteria map onto the highest need kids that would be best served by Wraparound? If not, in what areas could this be improved?
7. Is ACHIEVE taking the necessary steps to integrate into Health Homes? In what ways is integration going well? In what ways could integration be improved?
8. How do you think families do/will benefit from the NYS ACHIEVE triad model of HFW?
9. What do you think about the size of the caseload (e.g. too many, too few, just right)? Your current caseload? The max caseload of 10 families?
10. How clear and well-defined are the roles of the members of the triad?
11. What have been the benefits of using a triad model (e.g. improved youth and family engagement)? What benefits do you anticipate?
12. What are the challenges that have arisen due to the structure of this program as a triad model (e.g. role confusion, challenges in schedules of youth peers, etc.), if any?
13. To what extent are teams involving natural supports? Is the ACHIEVE youth participating in all team meetings? What do the teams and team meetings look like (what other roles/agencies are involved in meetings)?
14. Do you like your role in this model? Do you feel your skills are being used well? Please explain.

APPENDIX B.
Code Descriptions

ESTABLISHING PROJECT FOUNDATION

Includes anything related to the establishment of state and county level infrastructure and leadership

- ***Developing SOC Infrastructure:*** meeting structure, identifying workgroups, and hiring of the NYS SOC state team; contracts with collaborators and other grant requirements (e.g. federal matched funds) ; the selection and hiring of Triad members and data collectors
- ***Collaboration and Communication:*** any interactions between the various levels (e.g., state to county; county to state) as well as within levels (e.g., between state agencies such as DOH and OMH; county to county). This includes positive and negative feedback on these interactions.
- ***Integration with Health Homes:*** the context in which the NYS SOC Wraparound Model will be delivered within Health Homes (integration of mental and physical health care, billing guidance and meetings with the Health Homes)
- ***Scope of Project:*** how broadly the project is being implemented (e.g. statewide initiative, multiple pilot sites, expanding scope/adding sites)

SOC KNOWLEDGE DISSEMINATION

Includes any trainings and learning opportunities on concepts and topics related to SOC values that are not specific to the NYS SOC Wraparound Model. This includes trainings and learning opportunities that are both attended and presented by staff.

- ***SOC Training:*** presentations on the introductory overview of the NYS SOC project and Cultural Competence (e.g., CLAS standards)
- ***Conferences and Forums:*** formal learning opportunities offered by instructors outside of the project (Annual Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health, University of Youth Power, FTNYS)

EVALUATION AND DOCUMENTATION

Includes discussions of evaluation processes, components, and outcomes.

- ***Documentation:*** required county reports and discussions on short term and long term electronic health record solutions
- ***Evaluation Protocol:*** evaluation components and procedures (e.g. enrolling families into evaluation, components, instruments, logic model)
- ***Evaluation Expectations:*** content reflecting respondents interest in obtaining data to support the model's efficacy and facilitate future funding/sustainability

NYS SOC WRAPAROUND MODEL

Includes discussions focusing on the SOC values, Wraparound principles, and unique aspects of the NYS SOC model

- ***Service Population:*** Identification of target population and establishing and implementing eligibility criteria for NYS SOC Wraparound
- ***Culture and Language:*** actions completed by the project to highlight and improve cultural and linguistic humility, such as the translation of materials and the project cultural competence statement/plan
- ***Wraparound Values:*** the essential principles and practices of Wraparound that counties would either begin using or use again (i.e., for those whose practice had drifted or lapsed) and reflections on how the project would increase provider accountability to the WA model
- ***Flex Funding:*** the additional funding and more flexible/less restrictive services and community-based supports that providers would have access to (generally refers to what is provided with flex spend/vendor dollars)
- ***Model Standardization and Adaptability:*** Tailoring the model to each county in a way that doesn't compromise consistency or sustainability, but builds in mechanisms to ensure it can be implemented within the unique realities (e.g., agency structures, regulations, etc.) of each county, particularly as it expands statewide
- ***Triad Facilitation Team:*** descriptions of the anticipated functions and benefits of the triad-based approach to families as well as team members (e.g., freeing up time for care managers to focus specifically on management and less on advocacy); successes and challenges of triad configuration

NYS SOC WRAPAROUND TRAINING DEVELOPMENT

Includes anything pertaining to the training content and format.

- ***Training Content:*** the development of the trainings for NYS SOC Wraparound, including development of NKI trainings (e.g. conducting family interviews at FTNYS Conference to inform trainings)
- ***Training Format:*** discussions of the format, style, location, and frequency of trainings

NYS SOC WRAPAROUND TEAM BUILDING AND OPERATIONS

Includes anything related to the implementation of the NYS SOC Wraparound Model on the ground level

- ***Enrolling Families:*** processes and updates on enrolling families
- ***Team Development:*** barriers to recruiting and involving team members and team meeting set-up and operation

SOCIAL MARKETING

Includes discussions and planning focused on social marketing for NYS SOC.

- ***Social Marketing Plan:*** the development of social marketing plans and project identity
- ***Website:*** the transition of the SUCCESS website to NYS SOC