



Evaluation Brief: Key Stakeholder Survey

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Lauren Workman, PhD, MPH
Casey Childers, PhD, MA
Pamela Gillam, MPA
Kathryn Johnson, BA

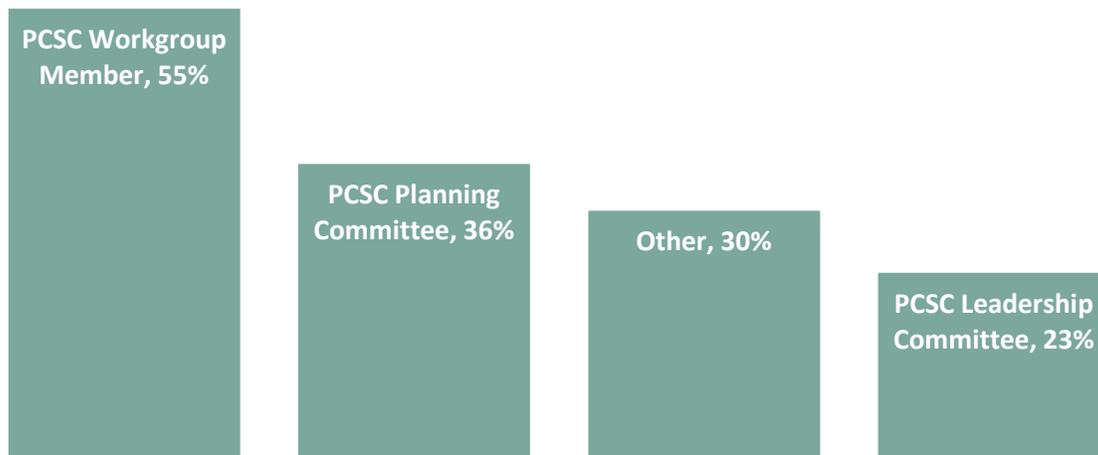
Core for Applied Research and Evaluation
Office of Research, Arnold School of Public Health
University of South Carolina

In June, 2016, stakeholders involved in the Palmetto Coordinated System of Care (PCSC) were asked to participate in a survey. A total of sixty (60) stakeholders participated in the survey. The purpose of this survey was to identify priorities and key areas for improvement for PCSC. The feedback provided by this survey will be used to inform the development of an updated strategic plan for PCSC.

Survey Participants

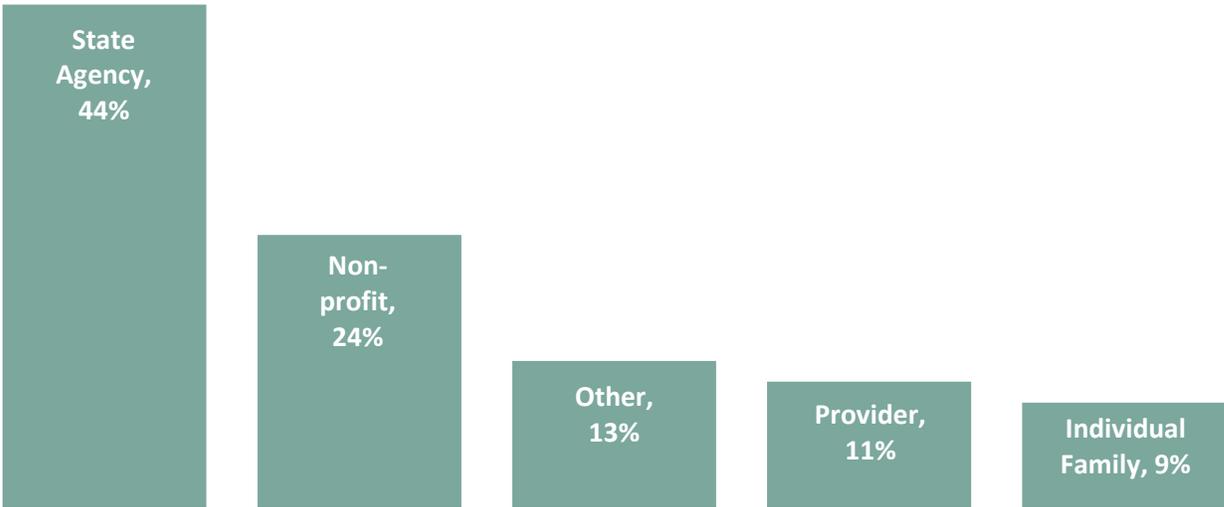
The majority of survey participants reported that they were PCSC workgroup members (55%). Workgroups represented included the Building Bridges Initiative, Exploration, Outcomes, Communication, Capacity and Training, Center of Excellence, and Cultural and Linguistic Competency. In addition, planning committee (30%) and leadership committee (23%) members participated in the survey. Some described their role with PCSC as ‘other’ (30%); these participants noted that they were families (Fig 1).

Figure 1: Survey Participant’s Roles with PCSC (all that apply)



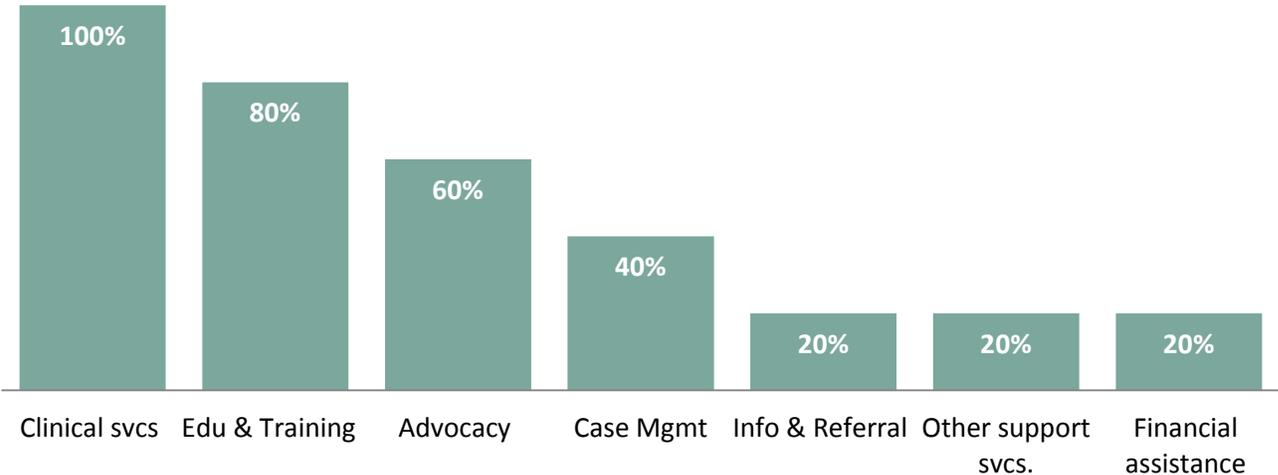
Participants were also asked what type of organization that they represented. Almost half of survey participants were associated with state agencies (43%). Other organizations or groups included non- profits (23%), providers (11%), and individual families or youth (9%). Some participants selected “other” (13%) and noted that they represented organizations including the University of South Carolina and the Continuum of Care (CoC) (Fig 2).

Figure 2: Organizations Represented by Survey Participants



Among those survey participants that represented organizations (rather than families), they reported that their organizations services including education and training programs (49%), service coordination/management (46%), health or clinical services (37%), advocacy (34%), and information and referral (29%). A small number of individual families (5) participated in the stakeholder survey. Among these families, 100% reported using clinical services and more than half reported using education and training (80%) and advocacy services (60%) (Fig 3).

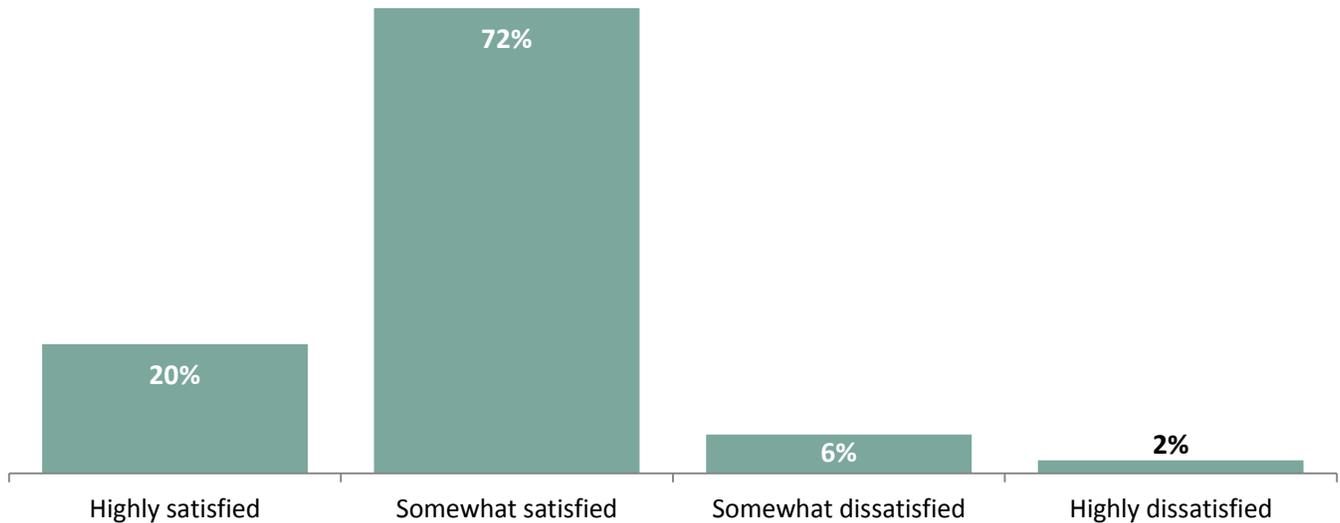
Figure 3: Services Used By Families (all that apply)



Satisfaction with PCSC

When asked to rate their overall satisfaction with PCSC, a majority of survey participants reported that they are somewhat satisfied (72%) (Fig 4). A smaller percentage reported that they were somewhat dissatisfied (6%) or highly dissatisfied (2%).

Figure 4: Overall Satisfaction with PCSC

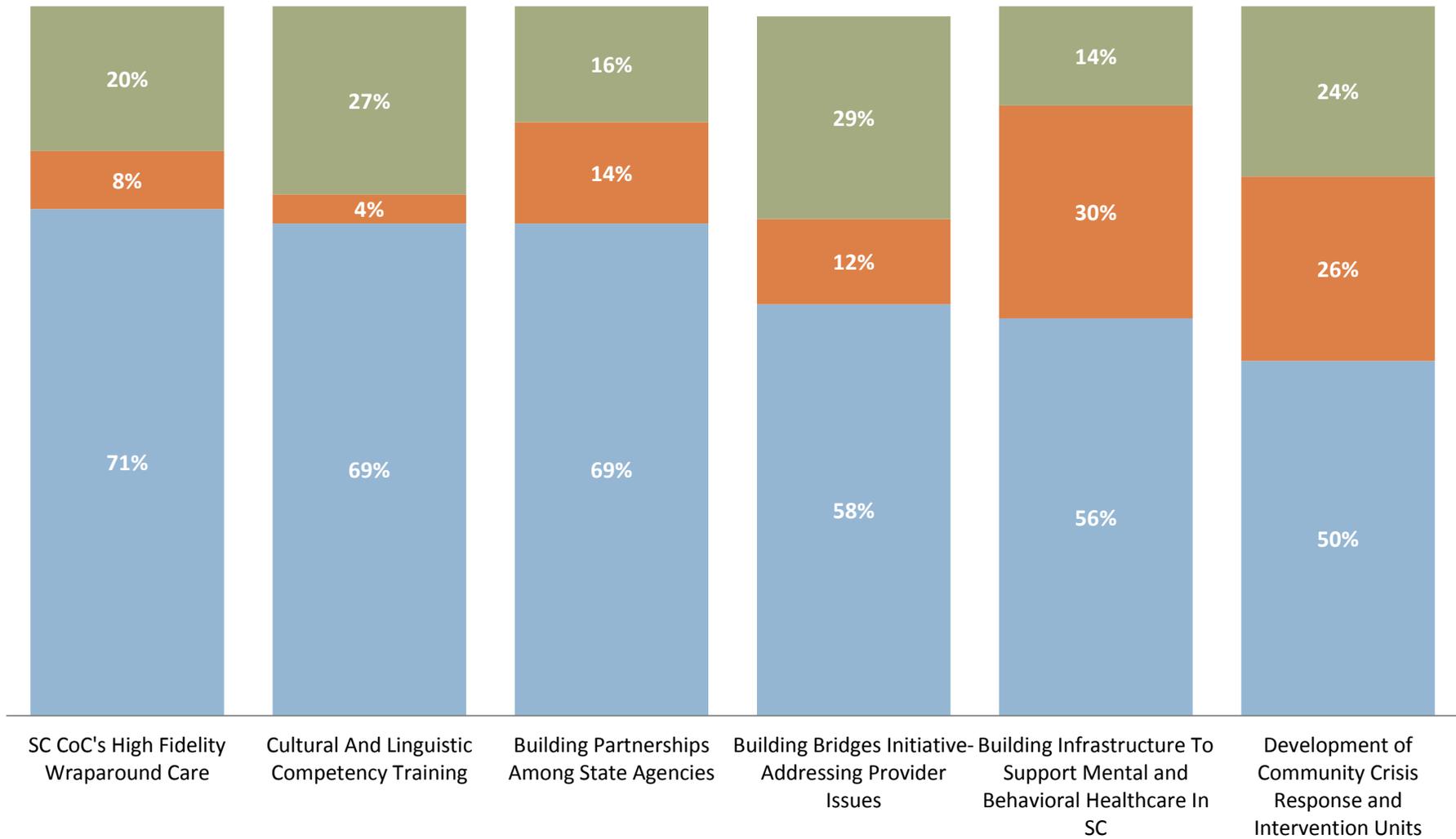


Survey participants were also asked to share their level of satisfaction with specific PCSC activities and services. Participants were *either* highly satisfied or somewhat satisfied with SC CoC’s high fidelity Wraparound care (71%), the cultural and linguistic competency trainings (69%), and the Building Bridges initiative (69%) (Fig 5). While half or more of survey participants were either highly satisfied or somewhat satisfied with Building Bridges (58%), building infrastructure to support mental health (56%), and the development of community crisis response and intervention units (50%), more than a quarter also expressed that they were either somewhat dissatisfied or highly dissatisfied with these activities: building mental health infrastructure (30%) and development of community crisis response (28%) (Fig 5).

A considerable proportion of survey participants noted that they were not familiar with each of the PCSC activities and services listed (Fig 5). More than one quarter of participants stated that they were not familiar with the Building Bridges initiative (29%) or the cultural and linguistic competency trainings (27%).

Figure 5: Satisfaction with PCSC Activities and Services

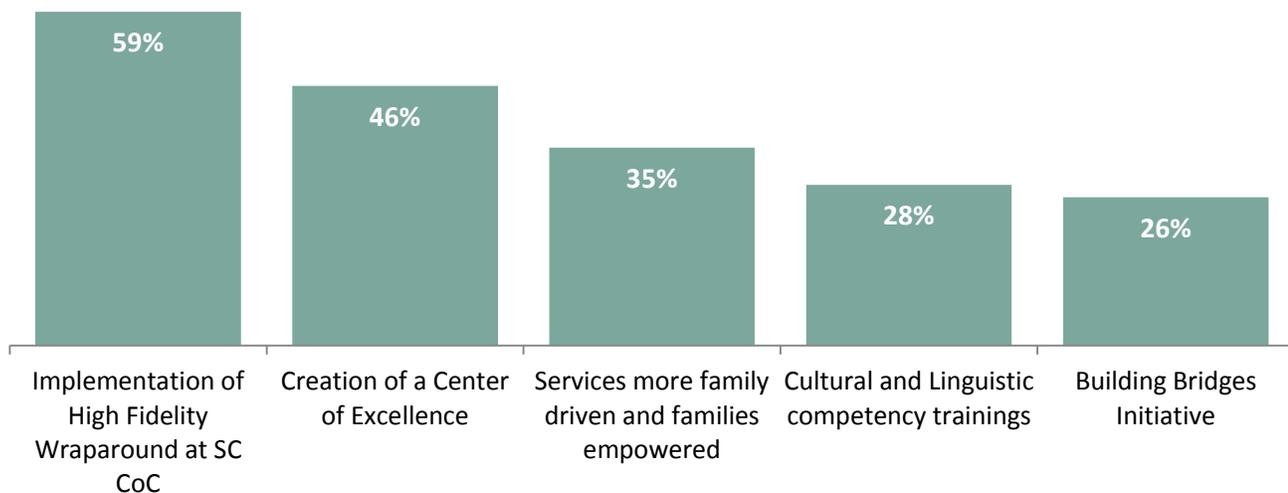
■ Highly or Somewhat Satisfied ■ Somewhat Dissatisfied or Highly Dissatisfied ■ I am not familiar with this activity



PCSC Accomplishments and Challenges

Participants were asked to identify PCSC's top three accomplishments out of a list of accomplishments. (Note: during the initial phase of data collection, a survey software glitch occurred wherein it required three responses. This survey was not intended to force responses to any questions. This issue was resolved and revised for participants who preferred to provide less than three responses). The majority of participants identified the implementation of High Fidelity Wraparound at the SC CoC (59%), the development of the Center of Excellence (46%), and the evolution of services to a more family-driven culture (35%) as top accomplishments. Other accomplishments identified by survey participants included cultural and linguistic competency trainings (28%), the Building Bridges Initiative (26%), new and improved partnerships, and establishing buy-in among top state agency leadership (24%). Other accomplishments selected by stakeholders were the coordination of services between agencies and the development of one plan of care for families (15%) and changing attitudes on the stigma of mental illness (13%).

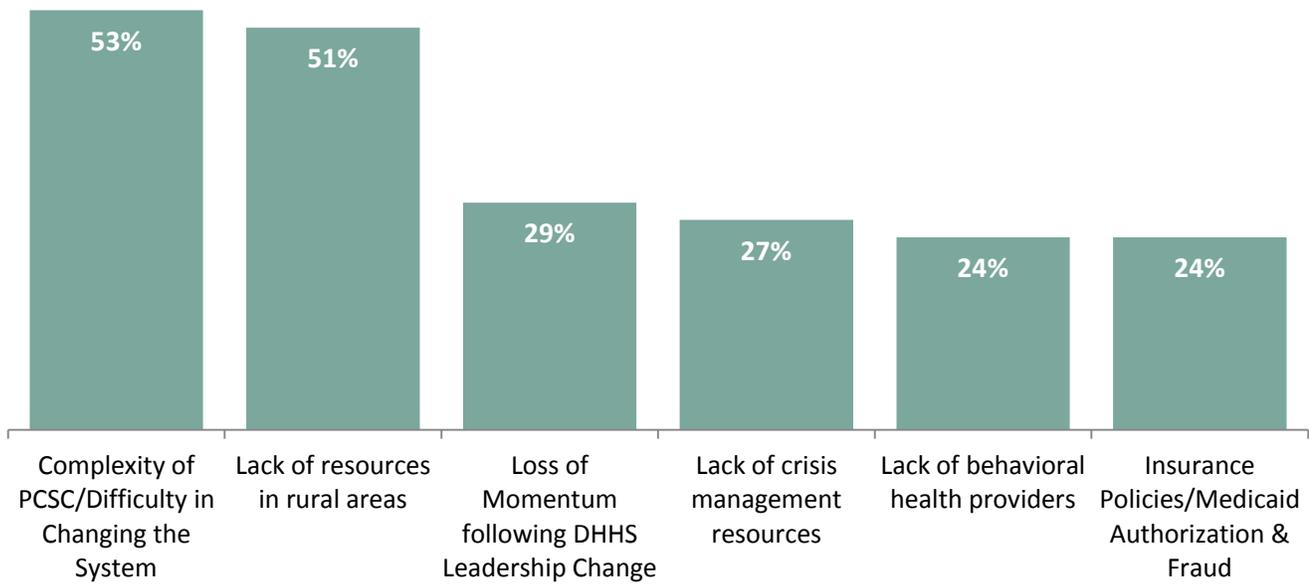
Figure 6: Stakeholder Perspectives on PCSC's Biggest Accomplishments (Top Responses)



Survey participants were also asked to identify, from their perspectives, the top three challenges currently faced by PCSC. (Note: During the initial phase of data collection, a survey software glitch occurred wherein it required three responses. This survey was not intended to force responses to any questions. This issue was resolved and revised for participants who preferred to provide less than three responses). These challenges include the complexity of PCSC and difficulty in changing the system (53%), the lack of resources in rural areas (51%), and the loss of momentum felt following change in leadership at the SC Department of Health and Human Services (DHHS) (29%) (Fig 7). Other challenges selected by stakeholders included the lack of crisis management resources (27%), insurance policies and Medicaid issues (24%), and the lack of behavioral health providers (24%).

Additional challenges not listed in Figure 7 selected by survey participants included: sharing up-to-date data across agencies (case closures, police encounters, incarcerations) (20%), transportation issues (13%), fatigue among PCSC workgroup members and key stakeholders (11%), staff turnover among SC CoC Wraparound facilitators (9%), changing attitudes on the stigma of mental illness (7%), and out-of-home placement provider's resistance to change (2%). Additionally, an 'other' option was provided to stakeholder survey participants to allow them to include additional accomplishments not included in the list; a small percentage (2%) of participants selected this item and cited "state agency buy-in" as a challenge.

Figure 7: Stakeholder Perspectives on PCSC's Biggest Challenges (Top Responses)



PCSC Areas for Improvement

Survey participants were asked to allocate 100 points among a range of PCSC issues to identify their perceptions of the key areas for improvement. Activities that were allocated the most points, on average, were considered to be high priority for improvement. On average, providing a broader array of behavioral health resources was highly prioritized (15.8 points on average), as well as improved outreach, education, training for physicians, social workers, and/or schools (9.3 points on average), and improved partnerships with state agencies (9.3 points on average) (Table 1). However, there was a lot of variability in responses across survey participants, as evidenced by the minimum and maximum values presented in the table.

Table 1: Areas for Improvement—Minimum, Maximum, and Average Number of Priority Points Allocated by Stakeholders (Based on 100 Points)

Area for Improvement	Min Value Assigned by a Respondent	Max Value Assigned by a Respondent	Average Points Assigned among all Respondents
Providing a Broader Array of Behavioral Health Resources and Services	0	100	15.8
Improved Outreach, Education, & Training for Physicians, Social Workers, and/or Schools	0	100	9.3
Improved Partnerships with State Agencies	0	70	9.3
More Outreach and Communication from PCSC	0	80	7.1
Clarifying PCSC's Target Population	0	40	6.8
Clarifying Roles among PCSC Stakeholders, Workgroup Members, & Families	0	50	6.8
Developing an Updated PCSC Strategic Plan	0	50	6.2
Improved Partnerships with Non Profits	0	50	5.9
Convening a PCSC "State of the State "Progress Update Meeting	0	50	5.8
Improved Partnerships with Out of Home Providers	0	30	5.7
Reducing Stigma & Raising Awareness about Mental Health	0	30	5.4
Staff Turnover among SC CoC Wraparound Facilitators	0	60	4.7
Exhibiting More Transparency on Allocation of SAMSHA Funds to Agencies	0	15	2.3

Continued Resource and Service Needs among Families

Participants were asked a series of open-ended questions to identify gaps in services and resources provided to families. Some of these resources that survey participants see continued need for among families were case management, crisis management, respite care, and increased access to child and adolescent psychiatrists (especially in rural areas). Additionally, the need for intensive in-home family services was suggested by several respondents. One stakeholder survey participant described the need for a standardized trauma screening protocol among state agencies for children, as well as an evidence based treatment array to provide services if a need is identified....*"This would prevent further need for treatment down the road. Instead, our state waits until a child is very sick and needs high end placement for crisis stabilization. Families need respite services. NOT foster care. NOT necessarily in foster homes that already have too many children."*

Suggestions to Improve Support for Youth and Families Facing Behavioral Health Challenges in South Carolina

Survey participants provided a variety of suggestions regarding how to improve services and supports for the youth and families facing behavioral health challenges in SC. Some suggestions included providing a broader array of services, improving the availability of transportation services for behavioral health services, and providing networking opportunities for stakeholders. Additional suggestions included providing insurance coverage for respite, crisis management, and in-home treatment services.

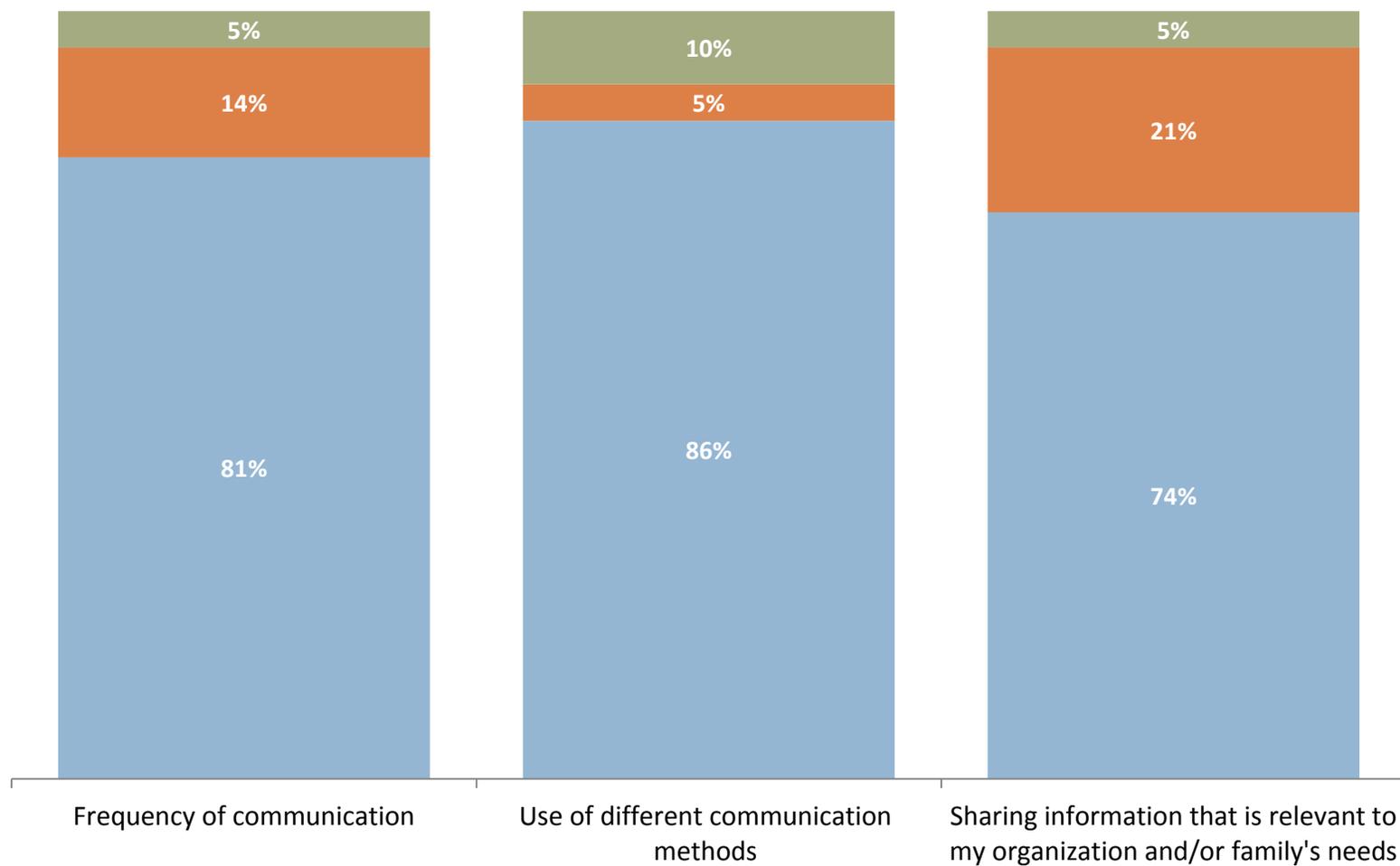
Also, the need for increased coordination between SC Department of Alcohol and Other Drug Abuse Services (DAODAS) and SC Department of Mental Health (DMH) was suggested. The need for an alignment between funding, reimbursement, and desired outcomes was noted, as well. For example, one participant stated, *"...if the goal is to get services to kids and families- this needs to be aligned with the goals of the major payers of services."*

PCSC Internal Communication and Outreach

The majority of survey participants were either highly satisfied or somewhat satisfied with the frequency of communication (81%) and the use of different communication methods (86%). A slightly smaller proportion (74%) of participants were either highly satisfied or somewhat satisfied with the relevance of the information shared to their own organization's or family's needs; and 21% of participants were either somewhat dissatisfied or highly dissatisfied with the relevance of the information shared (Fig 8).

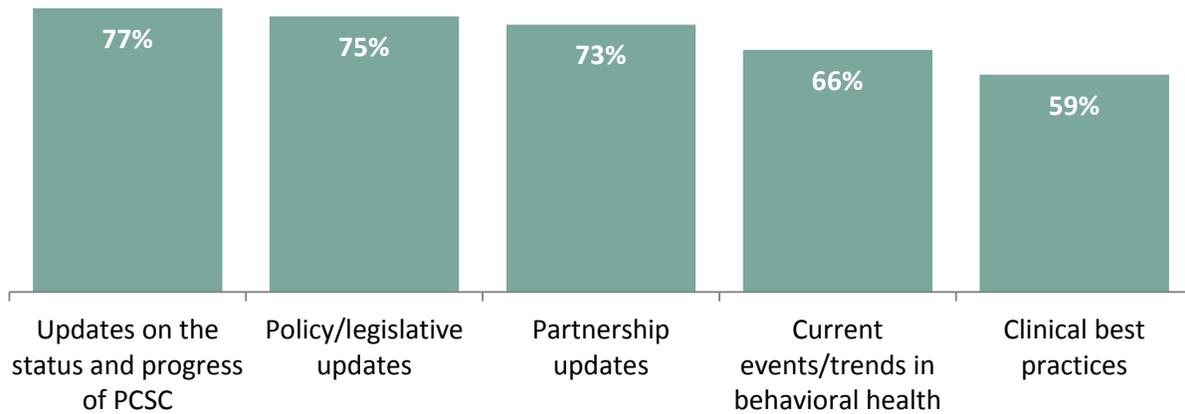
Figure 8: Satisfaction with Internal Communication and Outreach

■ Highly or Somewhat Satisfied ■ Somewhat Dissatisfied or Highly Dissatisfied ■ I don't know



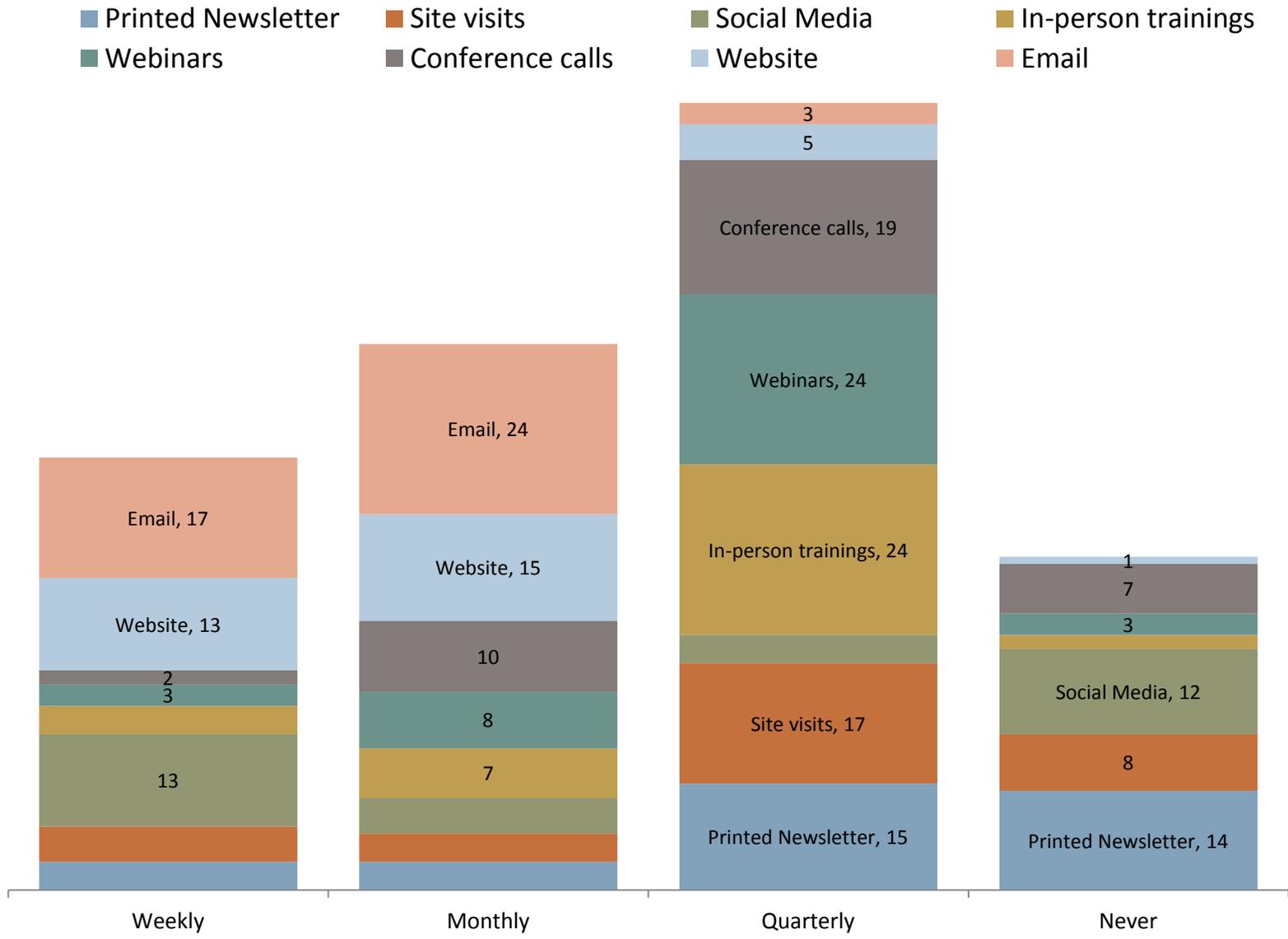
When asked about the type of information that stakeholders would like to receive about PCSC, the most frequently selected responses were updates on the status and progress of PCSC (77%), policy/legislative update (75%), and partnership updates (73%) (Fig 9). Additionally, an 'other' option was provided to allow participants to include additional types of preferred information; a small percentage (7%) of participants noted that they would like information on "what the goal of PCSC is" as well as "how things are changing for families and youth."

Figure 9: Preferred Information from PCSC (all that apply)



Participants were also queried about the ways they would like to receive communication from PCSC, as well as the frequency. Respondents most frequently noted that weekly or monthly emails are preferred and that quarterly site visits, in-person, webinars, and conference calls are preferred (Fig 10). A mix of responses related to a printed newsletter and social media were provided; thus, more information may be needed to tailor these mediums to stakeholders if they are used.

Figure 10: Frequency of Information through Various Forms of Communication



Survey participants offered several suggestions to improve internal communication with PCSC partners and stakeholders. Several suggested that clear communication and more transparency about the current obstacles in the implementation process would facilitate improved communication. Some shared that everyone should be informed of outgoing information and the current progress within the initiative. Others shared their perspectives, describing that unsuccessful communication has led to the feeling that little progress has occurred, which has in turn made it difficult to engage and retain workgroup members. Additional suggestions include “*sharper- looking messaging*” that communicates the PCSC vision and is followed with program updates (such as minutes from meetings).

Additional Feedback

Several stakeholders expressed their disappointment with the delay in implementation of PCSC and the narrowed population that has been served by the program (in contrast to their initial understanding of the target population). For example, one person described, “*I have been disappointed that the program was delayed so many times and that PCSC now has a smaller patient population than originally planned.*”

Some described their desire to continue to support PCSC, but feel that they do not know how because there is very little communication from the top down to the small groups. These individuals would like clarification on the purpose of the initiative and how to accomplish its goals. Other respondents expressed disappointment in having put large amounts of time and energy into the PCSC initiative only to have to have it “*...dwindle to a very small waiver controlled by HHS rather than a true collaborative with other stakeholders.*”

Issues with engagement and relationships between state agencies were also described. Some noted the lack of engagement of the SC Department of Education, as well as an “*ongoing tension between SC DHHS and SC DMH.*” Participants describe that they are frustrated with these issues as they inhibit the progress of PCSC and other human service initiatives. Based on the history of poor coordination and partnership at the state level, stakeholders suggested increased communication, collaboration, and action provided at a community level “*because that is where families need it the most.*”

The development of additional partnerships was suggested, as well. Suggestions for new or enhanced partnerships included those with school districts, Managed Care Organization representatives, the SC Department of Social Services, Joint Council, the SC Department of Education, the Foster Grandparent Program, and other non-profits that work closely with member agencies. It was also recommended that PCSC work with the South Carolina Association of Nonprofit Organizations to identify agencies that may have a common interest.

However, others feel that PCSC is doing excellent work that is dedicated to providing quality care and support to children and families in South Carolina. Furthermore, most feel that Gwynne Goodlett has done an excellent job and has put tremendous amounts of effort into the development of PCSC.

Recommendations

There is a high level of commitment among PCSC stakeholders to addressing the needs of youth and families with behavioral health needs. This is evidenced by the range of stakeholders who have put time and effort into the development of PCSC. The desire for a system of care that addresses the needs of youth and their families with behavioral health needs (including a strong infrastructure and array of services) remains.

However, PCSC is at a turning point. Evaluation findings point to a need for pause in order to assess the current capacity of the system of care and consider the need for change. Work is necessary to determine needed adjustments, as well as the best way to facilitate the development of an infrastructure to create a highly functioning system of care. The process of taking a step back and assessing the current and future structure of PCSC will create a path forward to best meet the breadth of needs among youth and families facing behavioral health challenges in South Carolina.

While the path forward is not yet clear, the need for reassessment is apparent. Based on stakeholder perspectives, improved collaboration and partnership among state agencies, non-profits, and families is needed and will contribute to the development of an effective system of care. Furthermore, a significant amount of change has occurred over the last few years around PCSC. This change has created uncertainty among stakeholders about the direction of PCSC. Thus, clear communication related to the current state of the PCSC is needed and how planned activities (including the DHHS Waiver) will fit into an evolved system of care is needed immediately.