Readiness Assessment

A Product in the

New Hampshire Children's Behavioral Health
Workforce Development Infrastructure Feasibility Study

Funded by:
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This document is prepared to inform the Children's Behavioral Health (CBH) Workforce Development (WD) Infrastructure Feasibility Study (the Study), conducted under a contract between the New Hampshire Endowment for Health (EH) and Cliff Davis, Partner, Human Service Collaborative. The Feasibility Study builds upon several years of work by the New Hampshire Children's Behavioral Health Collaborative (the Collaborative) to plan, develop, and sustain an effective system of care (SOC) within the state. This Readiness Assessment reflects an integration of the information that has been gathered in the production of multiple products earlier in this project, assessing the feasibility of establishing a workforce development infrastructure in support of the New Hampshire system of care to respond to the needs of children, youth, young adults, and their families experiencing the challenges of behavioral disorders. As such, this Readiness Assessment reflects the Consultant's efforts to gauge the extent to which adequate resources and will exist among New Hampshire stakeholders to support and sustain such an infrastructure.

The twin issues of *resources* and *will* are inextricably linked in the development of any new projects or activities. A strong willingness to address the behavioral health needs of children, youth, young adults, and their families without adequate resources to support the necessary actions is insufficient, as is a surfeit of resources without willingness to use them effectively. Both resources and will are needed to improve how public service systems serve these children and their families. In this assessment, *resources* and *will* are discussed separately in an attempt to illuminate exactly what factors or conditions stand in support of the SOC WD infrastructure and those that appear to weigh against this infrastructure at this point in time. Following the separate discussions of each of these issues, an integrated assessment is offered, followed by recommendations based on that assessment.

Methodology and Information Sources

This Study has used a series of tools to gather information relevant to the question of feasibility. Each tool was deployed separately and led to the creation of a specific product. In this Readiness Assessment the information presented in each of the products is integrated and applied to the question of feasibility.

The first product developed in this Study was a Comparative Inventory Matrix researched and completed to provide basic data about various programs currently at work to build competencies and develop effective service approaches among various targeted groups within the system of care workforce, including families/caregivers and youth. The specific programs represented in the Inventory were identified by the Collaborative's Workforce Development Leadership Group, which also identified the specific characteristics to be provided for each program. Information about each program was obtained by reviewing the respective web sites which provide program descriptions for recruitment and informational purposes; clarifications and additional information were obtained through direct correspondence with individual contacts within each program. The gathered information was then integrated into a single matrix, allowing summaries and comparisons among various aspects of the different programs. The Comparative Inventory Matrix provides information about the sources of financial support for each identified program, as well as information about the expertise utilized in each program.

The second product developed in this Study was the "State Funding, Structure, and Management Strategies in Workforce Development for Children's Behavioral Health" white paper describing infrastructure models, processes, and funding strategies currently utilized in various states for CBH WD and extracting from the experiences of those states lessons that might guide New Hampshire in establishing and sustaining such an infrastructure. Among the information gathered in researching these infrastructure models were specific figures reflecting the level of resources currently invested in those various state efforts to support SOC WD, thus offering NH stakeholders some ability to estimate the resources that might be necessary to establish and sustain such an infrastructure in NH.

The third product developed in this Study was the "Key Informant Interview Summaries" presenting the findings of a series of interviews with Key Informants across multiple NH systems in an effort to explore the general feasibility of establishing and maintaining a functional WD infrastructure. That series of interviews, guided by a Structured Interview Protocol that was reviewed by the Collaborative's Leadership Team, gathered information regarding the extent of resources and motivations for creating this type of coordinating infrastructure.

The fourth product in this Study was a set of hypothetical "System of Care Workforce Development Infrastructure Models," which was distributed in late April to all of the Key Informants interviewed for the third product, as well as to all members of the Collaborative's Leadership Team. The models were developed and distributed for review to seek qualitative feedback about a variety of options regarding how an infrastructure might be implemented in NH. Those options included:

- the type of infrastructure (Center of Excellence or System Coordination approach),
- the site or host of the infrastructure (university/college, private non-profit, or collaborative council),
- the purposes or functions of the infrastructure (ranging from broad and comprehensive WD activities to a narrow core set of activities),
- the manner of oversight provided to the site or host (ranging from broad SOC stakeholder group to small group composed of contracting authorities),
- the tools utilized by the infrastructure (coordinating work by other entities, creating and deploying training programs, technical assistance to service providers, research and evaluation activities, and/or data management),
- the audience foci for the WD activities (ranging from broad coverage, including staff from all partner systems, managers at all levels, and families and youth, to narrower coverage, including primarily front-line and supervisory staff in all service systems), and
- types of funding support for infrastructure activities (ranging from a substantial budget, supported by General Funds, portions of federal fund streams, and federal grants, to a budget entirely determined by contracts obtained by the infrastructure with in-kind contributions from partner systems).

The primary presentation of the feedback received from Key Informants and other stakeholders is contained in this document.

Resources to Support a SOC WD Infrastructure

Three products described above – the Comparative Inventory Matrix (CIM), the white paper, and the interview summaries – are the primary sources of raw data that inform this discussion about the availability of *resources* to establish and sustain a SOC WD infrastructure in New Hampshire.

Resources Currently at Work in New Hampshire

The CIM identified and described eight distinct programs[1] currently providing workforce development activities that touch sections of the SOC workforce in NH. Those current programs are deployed to improve the functioning of the following segments of the SOC workforce:

- Educators and other school personnel, including staff supporting mental health in schools, student assistance counselors
- Child protection system personnel, including protection, substitute care, and adoption staff
- Juvenile justice system (probation and parole) and law enforcement personnel
- Specialized staff working in DCYF and DJJS facilities
- Community mental health center personnel
- Primary clinical care staff providing substance use disorder treatment and interventions
- Prevention coordinators within Regional Public Health Networks
- Personnel working primarily with persons with neurodevelopmental disabilities
- Professionals and paraprofessionals in all systems
- Family members and/or parents of youth with SED
- Staff and family members working with persons with developmental disabilities
- Substitute caregivers, foster parents, childcare staff, and relative caregivers of children in care
- Leaders in fields related to disabilities, education, and community development

In addition, the CIM described one NH program offering graduate degree and certification programs, as an example of programming offered through a variety of colleges and universities, that was beyond the scope of this Study to explore in detail. Nonetheless, this one example demonstrates a wealth of programming aimed at preparing individuals to obtain professional expertise and credentials in a number of service fields, beyond the workforce populations just listed.

The specific collection of programming offered by these eight distinct programs appears to robustly address all seven competency domains articulated in the Collaborative's "New Hampshire Children's Behavioral Health Core Competencies," published in 2012, including:

1. Family Driven and Youth Guided Practice;
2. Cultural and Linguistic Competence;
3. Childhood Development and Disorders;
4. Screening, Assessment and Referral;
5. Treatment Planning, Interventions and Service Delivery;
6. Systems Knowledge and Collaboration;
7. Quality Improvement, Professionalism and Ethics

It could not be ascertained that all eight programs consistently address each of these competency domains, and it is well beyond the scope of this Study to assess the degree to which these programs address the specific competency elements within each of these seven domains, but the documentation

[1] Institute on Disability (UNH); Center for Professional Excellence in Child Welfare (UNH); Center for Excellence for Best Practices in Alcohol and Drug Services (Community Health Institute); Dartmouth Trauma Interventions Research Center (Dartmouth College); NH Center for Effective Behavioral Interventions and Supports (Southeastern Regional Educational Service Center); Granite State College Education & Training Partnership; Institute of Professional Practice; & NAMI New Hampshire.

that describes these programs makes it clear that these domains are deliberately addressed in many, if not all, of these programs. It appears that these programs share a specific focus on training competencies that are essential to the SOC.

The information gathered about these eight programs indicates that more than 71 faculty are involved, at least part time, in delivering content within these various training and competency development programs and more than 56 additional staff play some role in supporting, managing, evaluating, and delivering these programs. It was not possible to discern the extent to which each of these enumerated staff/faculty are directly involved in the delivery of WD activities that explicitly touch members of the SOC workforce (as many of the centers do other work beyond the SOC), but these aggregated numbers confirm that there is a substantial number of experts involved in and supporting this work. These 127 known individuals are likely to understate the size of the current workforce delivering relevant WD programming, as not all of the reviewed programs identified numbers of faculty and staff working within each program. Additionally, it is known that individual provider organizations within NH address their own institutional WD needs outside of the programs reviewed for the CIM, hinting at yet additional capacity for WD that is currently functional within the State's service systems.

A review of the available information describing these eight programs also offers a sense of the resources being utilized across the set of programs, although specific budgets were not available for review. The following sources of funding support were identified collectively across this set of programs:

- Federal fund streams, such as Title IV-E;
- Direct federal grants, including from the Administration for Children and Families (ACF), the U.S. Department of Education (USDOE), the National Institute of Mental Health, and the Substance Abuse and Mental Health Services Administration (Safe and Drug Free Schools, Safe Schools/Healthy Schools, the Children's Mental Health Initiative, and Project Aware);
- Subcontracts with other direct federal grants;
- Contracts with State agencies, including DHHS (Bureau of Drug and Alcohol Services; Division for Children, Youth and Families; and Division of Public Health Services), and DOE;
- Grants from philanthropic foundations, including the Endowment for Health and the New Hampshire Charitable Foundation;
- Contracts with private entities to purchase offered products;
- Revenue generated directly by the delivery or implementation of programming, such as registration fees and donations.

Although the available information did not include specific amounts of funding used to support this programming, most of these funds flow through State agencies (including, at least, federal fund streams, most direct federal grants, subcontracts for federal grants, and contracts with State agencies), which would enable the current administration to estimate with some accuracy the amount of funds currently supporting these WD activities. In addition it should be noted that the ten Community Mental Health Centers use discretionary funds in their organizational budgets, to varying degrees, to purchase training and program development services from private vendors not reviewed in this Study.

Finally, each of the public service systems involved in the SOC (generally including behavioral health, child protection and substitute care, juvenile justice, education, health, and developmental disabilities) conducts, to varying degrees, some WD as a normal business action. Staff entering certain of these

systems undergo immediate, prescribed training, some of which is provided by the entities described earlier in this section. Staff in most of these systems have opportunities to participate in on-the-job training, such as in-service programming or pursuit of additional qualifications. Some systems provide monetary support for these staff development activities; some staff undertake such skill development activities on their own. All systems, to some degree, work to import best practices into their programming, driven by need, resources, and planning.

Resources Necessary to Support a SOC WD Infrastructure

The white paper, "State Funding, Structure, and Management Strategies in Workforce Development for Children's Behavioral Health," describes two types of infrastructure currently utilized to support SOC WD in the Study states – the Center of Excellence (COE) Model and the System Coordination (SC) Model. In the COE model, states utilize a discrete center to coordinate and deliver WD activities, including competency development within the existing workforce and introduction and dissemination of best practices, including Evidence-Based Practices (EBP). In addition, some of the COEs provide policy, research, and/or evaluation services, as well as programming to nurture parent and youth leadership within the SOC. In most states, the COE is associated with an Institution of Higher Education (IHE), although one exception was a center supported by an endowed philanthropy (CT)[2]. In the SC model, which is generally smaller and less structured, a component of state government plays the leading or coordinating role, either joining other system partners on an interagency WD workgroup or managing input from partner systems through a single individual viewed as leading that state's SOC.

Of the two models, the COE model offers more defined and robust WD activities, while also employing dedicated staff and requiring an annual supporting budget. The SC model offers narrower activities, mostly project-related, but does not necessarily require a dedicated budget. One state (MI) utilizing the SC model commits a substantial portion of its federal Mental Health Block Grant funds to the implementation and support of EBPs, although that decision is reviewed each year.

The size of the COE annual budgets in the Study states ranges from $750,000 to $1.8 million, with a general correlation between the size of the budget and the amount of WD activities managed and implemented by the COE. The informant in MD pointed out that the MD COE was established in 2005 with an initial investment of $220,000, with a primary task of statewide implementation of high fidelity wraparound practices. The states using the COE model variously obtain funding support through GRF allocations, federal grants, philanthropic grants, and contracts with providers, other states, or individual community systems[3].

Contextual Resources at Work in New Hampshire

Key Informant interviews revealed several important contextual resources that form part of the picture when determining the feasibility for a sustainable WD infrastructure.

- The NH Children's Behavioral Health Collaborative is, itself, a substantial resource in the State, bringing to one table advocates and representatives of all major systems and organizations that

[2] California, a state not researched in this Study, utilizes a COE that was created by a state provider association and is currently co-managed by that association and the state department of mental health.
[3] A few states not researched in this Study, including Massachusetts and Illinois, draw down Medicaid administrative dollars to help finance WD activities.

provide services and supports to children, youth, and families. The Collaborative has established a history of proactively raising system needs and proposing solutions within the NH SOC, while creating valuable products, such as the Plan for Improving the Behavioral Health of New Hampshire's Children, the Core Competencies referenced above, and an ongoing set of video learning modules.

- Several significant federal grants are currently awarded to NH entities that promote collaborative decision-making and implementation, including Safe Schools/Healthy Students, Safe and Drug Free Schools, the Children's Mental Health Initiative (Fast Forward), and Project Aware. Each of these grants have potential WD activities supported by the funding awards.
- Key leaders in multiple public child- and family-serving systems believe that they are committed to the collaborative partnerships indicative of effective SOC functioning and try to promote such partnerships within their systems or agencies, although there is no evidence of an official plan or specific initiative aimed at collaborative WD activities. It should be noted that the Collaborative has created a very rich and detailed plan to guide SOC development, and each recommendation within that plan has WD elements attached to it. However, information gathered in this Study offered no indication that State agency leadership supports or promotes implementation of the Collaborative's plan.
- In recent months the DHHS Associate Commissioner has convened leadership from across multiple divisions within DHHS and from DOE to explore ways to improve coordination among the various federal programs implemented at the state level that affect child, youth, and families. Key Informants suggested that this group may provide a forum for improving collaboration across service sectors in areas that may include WD.
- Numerous WD activities take place around the development and implementation of specific EBPs, many of which reflect partnerships between a public service system and a university department. Most of these relationships are focused on EBP implementation within a single system or field.
- MCOs providing services within the NH public healthcare and behavioral healthcare systems have utilized some WD strategies that offer a potential for reducing the cost of care for specific populations and/or within specific service areas. The contracts between the State of NH and the MCOs do not include specific requirements or provisions regarding WD.

Key Informant interviews also revealed several important contextual hindrances or resource deficits that are relevant to determining feasibility for a sustainable WD infrastructure.

- Most of the current work to develop a SOC in NH, including most WD activities, is conducted in a primarily categorical manner, reflecting relatively low levels of functional collaboration between and among child- and family-serving systems. Similarly, WD-related activities by NH university entities also appear to take place primarily within single systems and demonstrate, at best, low levels of collaboration between and among university-based programs. No information gathered in this Study suggests that a comprehensive picture of SOC WD activities across service sectors has been created. Many Key Informants described current "turf issues" between public service sectors and among various university programs and institutions.
- WD has not been identified as a key or important priority within the current NH administration. While some individual program administrators within public agencies appear to recognize the importance of WD in assuring the highest quality of care to NH children and families, key leadership in the Governor's office and in the highest offices within State agencies has not

signaled to those program administrators that WD is important. The top officials within the administration set the tone that is followed within agencies.

- Very few "children's champions" have been identified during any of the activities undertaken in this Study. Champions at the program or direct service levels were identified, but those champions hold very limited abilities to impact overall program directions or the prioritization of resources. Very little evidence of strong leadership for children's behavioral health was found. As an example, the lead position of children's behavioral health director within the DHHS Bureau of Behavioral Health had recently been filled prior to the initiation of this Study, after a long period with no one serving in that role, and the position again became unfilled during this Study. In general, it appears that far more attention is given to adult behavioral health than to children's behavioral health.
- Most of the public service systems in NH appear to have narrow views of WD, with primary foci on 1) keeping positions filled and 2) assuring that staff meet specific licensure and funding qualification requirements. Few, if any, systems have studied WD needs in depth or developed a specific plan to address WD needs. As a consequence, most of the contracts between public agencies and university departments related to WD and/or EBP implementation are narrowly focused on very specific practices driven primarily by licensing and funding requirements.
- Many informants described a current political environment within NH that limits the ability of public service sectors to add any activities that require resource commitments, unless those resources can be obtained through time-limited grants from outside entities and/or philanthropies. In fact, legislative budget negotiations that took place during this Study focused on efforts to substantially reduce State spending in a number of areas.

<u>Conclusions Regarding WD Resources in the State of NH</u>

1. There are a number of very relevant, active WD initiatives taking place within NH that touch multiple segments of the public service workforce and that appear to at least partially address system of care core competencies. As described in the Comparative Inventory Matrix, NH has a wealth of such programming, and the CIM documents substantial staff time collectively devoted to these activities. In addition, NH has a number of IHEs that offer opportunities for individuals to receive professional training across a wide range of disciplines that prepare them for licensed/certified roles within public service sectors, some of which include specific attention to the values that drive the SOC.
2. There do not appear to be strong, functional, collaborative relationships among the leadership of state service systems or of university-based programs, although there are certainly exceptions. Reflecting this absence of broad, higher level collaborative relationships, virtually all of the WD activities taking place in NH are narrowly focused, primarily implemented within narrow categorical service and/or discipline-related corridors.
3. The Collaborative is a tremendous resource in the State's ability to develop an effective SOC and it includes representation from most of the necessary stakeholders. Since 2010 the Collaborative has created a comprehensive plan for developing NH's SOC and a Core Competencies document that is robust and ground-breaking. However, the Collaborative functions on the basis of the passion and commitment expressed by individual members and does not hold authority or control resources that enable it to guide or implement significant system improvements.
4. Based on the experiences of other states reviewed for this Study, the establishment of a COE to begin to coordinate SOC-specific WD activities would likely require an initial minimum investment of $250,000, while a functioning COE with robust capabilities and

programming would likely require an annual budget of up to $1 million. Neither of these figures reflects a complete dependence on legislatively-directed General Funds, although some level of State funding would likely be needed – most of the Study states also invest portions of federal and philanthropic grants aimed at developing SOCs into such centers, while continuing to seek other supporting fund sources. In addition, several options exist for utilizing Title-IV E and Medicaid administrative funds to achieve WD goals.

5. With respect to conclusion #4 just above, if NH adds the 1915i option to the State Medicaid Plan in order to implement Care Management Entities (CME) for behavioral health care[4], WD issues with statewide implementation of CMEs would assume significant importance and might be addressed through a COE. In this hypothetical case, Medicaid dollars available to the State through the 1915i option might partially support such a COE.

Will to Support a SOC WD Infrastructure

Two products described in the first section of this document – Key Informant Interview Summaries and the responses to the set of hypothetical "System of Care Workforce Development Infrastructure Models" – are the primary sources of data that inform this discussion about the *will* among key decision-makers to establish and sustain a SOC WD infrastructure in New Hampshire. However, it should be noted that the white paper findings suggest that collaborative leadership among the key system decision-makers is a necessary element of establishing and maintaining an effective WD infrastructure.

Findings Regarding Will Gained through Key Informant Interviews

Key Informant interviews conducted in NH during March 2015 revealed many important findings regarding the willingness of key decision-makers to actively participate in the creation and maintenance of a SOC WD infrastructure.

Findings from Funder/Regulator Key Informants

- Top leaders within DHHS and DOE[5] each separately verbalized strong organizational commitments to working collaboratively with other partners to provide the highest possible quality of services to NH residents in need of those services.
    - DHHS leadership described an ongoing process of "realignment" that is built, in part, on more effective partnerships both within the department (across divisions, offices, and bureaus with different areas of responsibility) and with other State agencies and other partners.
    - DOE leadership described a functional orientation built upon four pillars of "coherence, collaboration, coordination, and caring"; those pillars stand beneath every initiative undertaken by the department.

  The involvement and collaborative partnerships of these two State agencies are critical to the development and support of any SOC WD infrastructure.

[4] This possibility was raised in one of the Key Informant interviews, but inasmuch as that option stands well beyond the purpose of this Feasibility Study no detailed exploration of the process for changing the State Medicaid Plan took place. It is mentioned here only because of the relevant WD issues.

[5] DHHS is important in the SOC because it holds responsibilities for the child welfare, juvenile justice, behavioral health, public health, and developmental disability systems. DOE is important because the education system is the most ubiquitous SOC system and touches virtually every child and every community in the state.

- Leadership below the Executive level within State agencies provided perspectives slightly different than those expressed by top leaders. Whereas program leadership within DOE described clear operational expectations to build and use collaborative partnerships to aid in accomplishing all system goals, program leadership within DHHS offered a range of responses, from cautious interest in a collaborative WD infrastructure to doubt that any type of collaborative WD approach is realistically possible.
- Many Key Informants identified current examples of cross-agency, collaborative partnerships to accomplish specific WD-related initiatives, but almost all of the offered examples involved dyadic partnerships involving just two parties. As a result, the systems currently have limited experience in designing and implementing collaborative WD initiatives across three or more SOC partner systems.
- The majority of initiatives offering WD activities in the SOC are driven by grant projects in which workforce goals have been embedded, with grant funds identified to meet those goals. These initiatives demonstrate that WD issues are part of the planning related to writing grant proposals, but it is possible that these issues only get attention as a result of grant requirements that WD issues be identified and addressed.
- There is no overarching WD plan within the current NH administration and WD does not appear to be a high priority at this time. WD deliverables are not explicitly identified within the managed care contracts initiated by DHHS.
- The current political environment described by many informants appears to promote a focus on "hanging on" to the resources currently allocated to individual programs, which limits the willingness of program leaders to pursue innovation or the introduction of new program approaches.

Findings from Institutions of Higher Education Key Informants

- At the time of this Study, only three specific programs, within three separate universities/colleges, have attempted to review course curricula with respect to the core competencies in children's behavioral health published by the Collaborative. This is a small subset of the dozens of professional training tracks offered by NH IHEs. This finding suggests either that limited importance is placed on the SOC competencies by universities/colleges or that their awareness of these competencies or their capacity to integrate them into current curricula are limited.
- Only a few of the Key Informants representing university/college programs expressed a willingness to advocate for programming beyond the parameters established by primary funders. Most described relationships in which the funder – most often State government – dictates the terms, products, and parameters of WD activities and the program complies with those requirements in order to obtain funding. In other words, if collaboration is not part of the contract deliverables, it is not a priority.
- Key Informants offered a few examples of current collaborative programs being implemented within partnerships between units within separate IHEs but those were also described as exceptions. There appears to be no single table to which representatives of the many educational programs that prepare individuals to serve within the public service system are invited – there is no forum that is deliberately structured to promote collaboration and alignment between and among the State's higher education programs. Collaborative activities are almost always undertaken on the strength of personal or professional relationships between two or three key individuals who see some advantage in such collaboration.

- Generally speaking, academic programs related to nursing and public health appear to be slightly more oriented towards an integrated service approach than other academic areas, perhaps because of contextual pressures to integrate physical and behavioral healthcare.
- Some Key Informants from academic institutions suggested that there is little evidence that collaborative partnerships among IHEs would improve the effectiveness of each institution's ability to fulfill its mission and therefore there is no reason to pursue such partnerships.
- Key Informants representing Plymouth State University, Southern New Hampshire University, and the Community College System stood out in expressing their institutional eagerness to engage in strong collaborative partnerships with other IHEs in promoting development of effective competencies within the SOC.

Findings from Service Workforce Employers/Managers Key Informants

[Note: Key Informants in this Study were limited to administrators/managers in NH Community Mental Health Centers (CMHC); therefore, findings presented here are very limited.]

- The primary driver for WD activities among CMHCs is to ensure that staff meet licensure and certification standards to promote good practices and assure payment for services delivered.
- There is great variability across CMHCs in the intensity of the focus on developing competencies among staff directly serving children, youth, and families.
- Coordination of WD activities across CMHCs is relatively limited, with each entity operating independently of the others, with a few exceptions.
- Key Informants from CMHCs expressed enthusiasm for the creation of an organized infrastructure to address ongoing WD needs and indicated that the resources to support such an infrastructure would need to come from system funders and/or be built into service payment structures.

<u>Findings Regarding Will from Responses to Hypothetical Infrastructure Models</u>

The following findings, based on responses provided to the hypothetical infrastructure models, describe the willingness of key decision-makers and stakeholders to support specific, functional elements of a SOC WD infrastructure. It should be noted at the beginning of this section that there was no clear agreement among key decision-makers and stakeholders regarding the most desirable approach to establishing a WD infrastructure.

- Respondents who do not have authority over the allocation of federal or state resources within the public service systems were fairly unanimous in suggesting that the responsibility for supporting any infrastructure model rests with the State agency leadership and the administration, as a whole.
- Leadership in the two key state service departments viewed the positive aspects of the various hypothetical models quite differently. DOE leadership viewed most positively a model placing the WD infrastructure in a state agency with funding support coming from multiple federal fund streams, portions of grant awards to support WD activities, and strong, real and in-kind contributions from SOC partner systems. DHHS leadership supported a model placing the infrastructure in a community non-profit organization with minimal dependence on state government, utilizing privately-raised funds from the business sector. A number of respondents questioned whether leaders in DOE and DHHS would work together collaboratively to create or support a WD infrastructure.

- Respondents were quite split regarding the involvement of universities/colleges in a WD infrastructure. Approximately half of the respondents saw IHEs as the most natural leader in establishing and maintaining an effective WD infrastructure, noting the following strengths:
    - WD sits squarely within the mission of IHEs;
    - IHE's employ field-specific expertise directly necessary in SOC WD;
    - Faculty in a variety of disciplines have the best access to state-of-the-art knowledge;
    - Universities/colleges have access to on-line learning platforms;
    - IHE's are making use of a wide array of learning technologies;
    - IHEs have explicit capabilities to assure accountability with WD deliverables; and
    - The academic climate of inquiry is an essential component of SOC WD.

  Approximately half of the respondents expressed strong concerns about models which placed university/college programs in critical positions to manage/implement a WD infrastructure, repeatedly noting the following three concerns:
    - IHEs "suffer from an ivory tower viewpoint" that discounts the importance of knowledge or viewpoints held by persons working directly in public service systems and would be incapable of implementing WD approaches that reflect current, best-practice knowledge;
    - UNH, as the largest state-supported IHE in NH, could be the most natural leader among IHEs, but respondents have not seen evidence of willingness by UNH programs to work within collaborative partnerships with other IHEs; and
    - The current formula used to calculate indirect costs within state university programs would take too much WD funding away from direct WD activities, unless a special arrangement could be negotiated.
- The majority of respondents viewed as non-feasible any infrastructure model that depends upon collaboration among IHEs. Rather, most respondents favored a model in which an independent entity creates the goals and expectations for WD activities and contracts with the organizations most willing to meet those goals and expectations.
- Almost all respondents noted the critical importance of using a collaborative group of SOC stakeholders to provide, at least, advisory guidance and, at most, direct management authority over a SOC WD infrastructure. Many respondents nominated the Collaborative for this role.
- The majority of respondents favored an infrastructure model that supports a wide range of WD infrastructure functions (as opposed to a narrow range), including:
    - Coordinating all WD activities for SOC workforce components, including especially the work already provided by existing Centers of Excellence in several fields;
    - Developing WD strategies to implement and support cross-system tools;
    - Research, evaluation, and data-linking across system boundaries;
    - Integrated policy development across all public service systems;
    - Managing and supporting WD activities in parent and youth leadership development;
    - Introducing and supporting evidence-based practices in public systems; and
    - Seeking additional grant support for WD activities from the federal government and philanthropic organizations.
- As a pragmatic issue, most respondents believe that dedicated staff, employed fulltime, would be necessary to manage any infrastructure model, irrespective of where it is housed.
- Almost all respondents indicated that a sustainable WD infrastructure would require a commitment of State and federal funds. Several suggested that no new funding would be needed if State leaders repurposed existing funding that is not achieving improvements in SOC competencies through current WD activities. Many respondents emphasized that it would be

necessary to allow the infrastructure to market and sell its products to willing buyers, thus obtaining additional financial support and motivation to develop viable products.

Conclusions Regarding the Will to Develop SOC WD Infrastructure in the State of NH

1. As indicated earlier in this assessment, WD does not appear to be a key priority among the leadership of State government in NH. Current WD activities have not been acknowledged to be deficient, which leads to low motivation to change current activities. This is due, in part, to the absence of an administration-wide priority on WD.
2. The primary location of SOC collaboration within NH at this time is the Collaborative, and the Collaborative has limited resources and virtually no authority. The Collaborative's strength is the passionate commitment of its members to a proactive vision of how NH children, youth, and their families might be better served through a more robust SOC, but the Collaborative is not empowered to actively seek and develop that vision. At present it is doing what it can based on voluntary contributions of time and effort by members who believe strongly in the SOC approach.
3. There is clearly no political will at present in NH to commit new resources to WD activities. The primary budget action has been to spend fewer State funds in a budget that is already more austere than in many other states. It may still be possible to develop new goals to drive resources currently committed to WD within DHHS and DOE, but this repurposing of funds would necessarily require a strong collaborative partnership between the top leadership in those two departments, reflected just as strongly in the program leadership within each department. That type of partnership and collaborative leadership appear to have several impediments at this time that would require direct action and commitment to overcome.
4. As noted earlier in this document, NH has a host of university-based WD programs that are collectively touching many components of the SOC workforce with content that is informed by the SOC core competencies, including support for the implementation of several evidence-based practices. However, there is very little coordination or linkage among these various programs and there appears to be limited interest among key leaders within these institutions to invest energy and resources in creating that coordination. Key Informants who expressed such an interest do not presently wield significant power or authority and therefore are unlikely to bring to the collaborative table those holding more power and authority,

Conclusions and Recommendations

The stated purpose of this Readiness Assessment is to assess the feasibility of establishing a workforce development infrastructure in support of the New Hampshire system of care to respond to the needs of children, youth, young adults, and their families experiencing the challenges of behavioral disorders. Within this Readiness Assessment, the extent of WD resources already deployed in facets of the SOC is thoroughly explored and a lengthy explication of findings with regard to the willingness of key stakeholders within the NH SOC to develop and sustain such an infrastructure is offered. **What is made most clear by the information found in this Study is that the most robust vision of a SOC WD infrastructure – a dedicated COE through which multiple WD strategies are coordinated and implemented – is not feasible in NH at this time.** Willingness to create and sustain this type of centralized organizing structure was not found among leaders who manage the State's public resources.

However, this finding that the grandest vision entertained by the strongest SOC advocates is not currently feasible does not mean nothing can be done to improve and strengthen WD activities that develop competencies and extend best practices within the functioning SOC. As highlighted throughout this document, NH currently offers a number of significant strengths which can be built upon to ensure that NH's public systems continue to develop staff competencies and implement programs with growing positive impact on NH's children, youth, young adults, and families.

- Eight distinct WD programs documented in the Comparative Inventory Matrix are contributing significant work to ensure that key systems maintain appropriately-trained staff and that programs are supporting the implementation of evidence based practices in a number of areas.
- Certain programs within NH IHEs have worked diligently to embed SOC Core Competencies into the curricula in use to prepare coming generations of service system staff and express a strong willingness to continue working within collaborative partnerships to ensure the highest quality of training programs possible. Elements within Plymouth State University, Southern New Hampshire University, and the Community College System, in particular, announced themselves as strong and willing partners in potential WD collaborations.
- NH is already the recipient of meaningful, substantial federal grants with WD components that create opportunities to explore new collaborative relationships, access technical assistance from national organizations, and introduce a range of best practices across all of the SOC partners.
- The New Hampshire Children's Behavioral Health Collaborative has distinguished itself as unique and instrumental in promoting a strong, healthy SOC accessible to NH children, youth, and families and effective in addressing the behavioral health challenges they present to the SOC. This group of passionate advocates shares a commitment to improving life for children and their families that is just as essential to success as fiscal resources.
- Although not organized into a united effort, NH is already investing significant staff and financial resources in SOC WD activities, touching all partner systems and supporting some best practices.

Starting with these strengths, various stakeholders in NH's SOC can undertake a number of WD activities that would build on this base and move the system towards a higher level of competence and effectiveness. The following recommendations are offered towards that end. Where possible, specific stakeholders are identified as suggested implementers.

1. The current administration – starting in the Governor's office and led by top leadership in key State agencies – is encouraged to create and implement an integrated WD strategic plan on behalf of all public child- and family-serving systems, thus signaling throughout the Executive Branch that the well-being of NH children and their families is important. The most obvious starting point for creating this plan would be the Collaborative's plan, published in 2013[6]. Such a plan would necessitate a surveying of current WD activities, requirements, and resources and would be driven by an assumption that value is added to all activities when they are built upon collaborative partnerships seeking to maximize synergy between individual components. It would be of particular importance to identify the areas in which current WD activities are deficient in ensuring that the entire SOC workforce is operating at the highest levels of competency, as indicated by less-than-desirable outcomes, professional positions that are difficult to fill, and/or high staff turnover rates. This planning process could subsume a number of the following recommendations, as well.

[6] Transforming Children's Behavioral Health Care: A Plan for Improving the Behavioral Health of New Hampshire's Children; published by the New Hampshire Children's Behavioral Health Collaborative – 2013.

2. State agency leaders are encouraged to bring together leaders from each of the eight WD programs documented in the CIM (produced in this Study) for a meeting intended to explore potential collaborative partnerships through which the missions of these separate programs might be met more robustly and with improved efficiencies. In particular, the potential sharing of expertise and infrastructure elements across programs should be explored. One initial product of this program partnership might be to articulate with specificity the Core Competencies addressed within each program and the specific SOC audiences impacted. An aggregation of this information would allow State SOC agencies to identify gaps and areas in need of further development. The individual State programs/agencies that provide funding for each of these programs are strongly encouraged to include in future contracts incentives that will promote the development of collaborative relationships between these separate programs.

3. Leadership of DHHS and DOE is encouraged to bring together the leadership of each federal grant currently active in NH to seek ways in which the individual WD goals and strategies under each grant might be better met through coordination, collaboration, and a blending of resources. In particular, these grants can be viewed as learning laboratories in which WD lessons learned from one project can be applied and adapted within other projects.

4. The Governor's office, through key State agency leadership, is encouraged to host a meeting including key leadership from each of the IHEs with activities that touch the workforce in public service systems. In preparation for that meeting each IHE would be asked to articulate its current WD activities in both pre-service and in-service areas within the public systems, making possible an aggregation of such activities offered across all of the State's institutions. Starting from this important information, the meeting would be designed to identify strengths and gaps in current WD activities and to explore ways in which coordination and collaboration among the various programs would increase their impact and efficiency. All programs could also be encouraged to undertake audits of current curricula to assess the degree to which SOC Core Competencies are included and trained within each program, with follow-up encouragement to embed more of the Core Competencies in all training tracks. As noted in Recommendation 2 above, incentives to conduct these activities and to operate within the context of stronger collaborative partnerships could be built into the contractual relationships that currently exist between public agencies and the various IHEs.

5. As NH implements managed health and behavioral healthcare within public systems, the State authorizes contracts with MCOs that detail a wide range of explicit requirements, with a notable absence of requirements regarding WD. It is recommended that DHHS, as the State Medicaid Authority, develop and include in all future MCO contracts explicit WD expectations aimed at ensuring a steady increase in developing core competencies and implementing evidence based practice approaches among all public and private agencies providing Medicaid reimbursable services and supports. Through this contract mechanism the relatively small proportional cost of WD activities can be built into provider payment structures.

6. If Recommendation 1 above is not followed, the administration is encouraged to at least survey all current WD activities, requirements, and resources across departments and programs. Of key importance is assembling aggregate information about the State and federal resources currently invested in WD activities, with an emphasis on identifying duplication and overlaps that might be reduced by investments in shared implementation strategies, thus forming a rudimentary beginning of a WD infrastructure.

7. The administration is strongly encouraged to explore the establishment of ongoing support for the leadership and activities of the Collaborative. Experience in other states suggests that passion for building a strong SOC, in the absence of sustaining support and recognized successes, is likely to wane in this type of volunteer collaborative group over time. Nonetheless, it has brought, and continues to bring, significant contributions to the NH SOC which would be enhanced by strengthened support and collaboration with State system leadership. One avenue for the administration to follow would be to name the Collaborative as an official advisory board to the Governor for a children's behavioral health system of care. With empowerment and relatively minimal resources from State agencies, the Collaborative could take the lead in establishing a SOC WD strategic plan, pulling together the current WD programs into a higher level of collaboration, and giving support to IHEs to embed more of the Core Competencies into professional training curricula.

8. At the grandest level, the administration is encouraged to establish a vision and implement a strategic plan for a System of Care within NH. The Collaborative has developed a comprehensive plan which could form the basis for an administration-wide plan, but there is currently little evidence that State agencies place any focus on utilizing the elements of the Collaborative plan. There are many stakeholders in many different roles who support and work towards a strong SOC, and individual programs within various State departments articulate elements of an SOC in their work, but no overarching leadership to follow this shared vision is evident. The establishment of this type of unified vision would create a strong foundation upon which other recommendations in this report (and others) might be implemented.