Monadnock Region System of Care
Community Readiness in 2014 and 2016

Center for Behavioral Health Innovation
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Executive Summary

We compared the Monadnock Region’s readiness for a system of care in 2014 vs 2016

We assessed the Monadnock Region’s readiness to provide high quality, coordinated services and supports for children and youth with significant emotional and behavioral health needs and their families (i.e., a “System of Care”) in 2014 and 2016.

We used the Community Readiness Assessment tool to assess readiness

We used the Community Readiness Assessment (CRA; Plested, Edwards, & Jumper-Thurman, 2006) to assess readiness at both time points. The CRA tool generates readiness scores on six dimensions, based on five to six key informant interviews with people who are knowledgeable about the region’s system of care. In all, we interviewed six informants in 2014 and seven informants in 2016 from the Keene area, since it is a major hub of services and supports in the region.

Overall, readiness in 2016 was the same as in 2014

The region continues to recognize the need for a system of care for youth with behavioral challenges and their families, but the motivation to take immediate action to address it remains limited. The region’s readiness strengths – leadership, resources, and community efforts – advanced from 2014 to 2016. At the same time, the region’s readiness challenges – knowledge of efforts, knowledge of the issue, and community climate – remained the same or declined from 2014 to 2016.

Recommendation: Address the weakest dimensions of readiness first

The CRA model recommends addressing the lowest dimensions of readiness first. Thus, improving community climate for youth with significant behavioral health needs, educating the public about the importance of children’s behavioral health and systems of care, and informing community members about the efforts already underway, should be high priorities. At the same time, it’s important to use intervention strategies that are appropriate to a community’s level of readiness, that meet the community where they are at. Holding events to inform the public about the issue, increasing contact between youth with behavioral health needs and their families, and starting a social marketing/media campaign would all be appropriate strategies given the region’s level of readiness.
Why we assessed community readiness in 2014 and 2016

Developing a system of care in the Monadnock Region

Cheshire County was awarded a grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) to plan for a system of care for Monadnock Region youth with significant emotional and behavioral health needs and their families. The Monadnock Region System of Care (MRSoC) project developed plans to enhance care coordination for these youth and their families, as well as the array of services and supports available to them.

Understanding, assessing, and improving readiness

Community readiness is the degree to which a community is prepared to take action on an issue. A Community Readiness Assessment (CRA) is one way to measure the readiness of the Monadnock Region to develop a high-quality, coordinated system of services and supports for youth and families. We conducted two readiness assessments – one toward the beginning of the project in 2014 and another toward the end of the project in 2016, to assess progress in enhancing readiness and capacity for a system of care from the beginning to end of the planning project.

The Community Readiness Assessment tool

We selected a tool developed by the Tri-Ethnic Center for Prevention Research at Colorado State University¹ to measure community readiness. The utility of this tool has been demonstrated in many communities and on many issues. The tool relies on the deep knowledge of key informants to assess the level of community readiness across six dimensions. Level of readiness is assessed as falling within one of nine stages, ranging from “No Awareness” and “Denial” to “Community Ownership.” These stages capture not only the current status of readiness, but also the interventions and strategies most likely to bolster readiness and aid in program planning and improvement. Figure 1 details levels of readiness and related interventions and strategies.

Figure 1. Stages of Readiness, Community Readiness Model

<table>
<thead>
<tr>
<th>Stage</th>
<th>Characteristics</th>
<th>Intervention Goals</th>
<th>Appropriate Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No Awareness</td>
<td>Issue generally not recognized as a problem</td>
<td>Raise awareness of the issue</td>
<td>● Build support on an individual basis</td>
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<td></td>
<td></td>
<td></td>
<td>● Visit established groups</td>
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<tr>
<td>2. Denial</td>
<td>Some concerned but few regard as a local problem or one that can be changed</td>
<td>Raise awareness that the problem exists in the community</td>
<td>● Use low intensity message and high visibility media to distribute information</td>
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<tr>
<td>3. Vague Awareness</td>
<td>Recognition of the problem, but no motivation for action</td>
<td>Raise awareness that the community can do something about the problem</td>
<td>● Hold special events&lt;br&gt; ● Use informal surveys to gauge public feeling&lt;br&gt; ● Raise intensity of message in news/social media, websites</td>
</tr>
<tr>
<td>4. Preplanning</td>
<td>Recognition of the problem, agreement that something must be done, but few efforts underway</td>
<td>Raise awareness with concrete ideas to address the problem</td>
<td>● Conduct assessment of what is going on&lt;br&gt; ● Hold focus groups to hear ideas</td>
</tr>
<tr>
<td>5. Preparation</td>
<td>Active planning, modest community support</td>
<td>Gather existing information to help plan strategies</td>
<td>● Gather and present local data on issue&lt;br&gt; ● Increase media exposure</td>
</tr>
<tr>
<td>6. Initiation</td>
<td>Enough information to justify efforts; efforts are underway</td>
<td>Provide community-specific info</td>
<td>● Begin training providers and community members.&lt;br&gt; ● Conduct public forums and sponsor larger events.</td>
</tr>
<tr>
<td>7. Stabilization</td>
<td>One or two efforts supported; staff trained/experienced</td>
<td>Stabilize efforts/program</td>
<td>● Maintain business and other support&lt;br&gt; ● Introduce new programs&lt;br&gt; ● Increase media exposure&lt;br&gt; ● Utilize evaluation for improvement</td>
</tr>
<tr>
<td>8. Confirmation &amp; Expansion</td>
<td>Efforts in place and in use, data collected, recognize limitations of existing efforts and attempt to improve</td>
<td>Expand and enhance efforts</td>
<td>● Report data trends&lt;br&gt; ● Solicit public opinion&lt;br&gt; ● Provide evaluation feedback to community and professionals</td>
</tr>
<tr>
<td>9. Community Ownership</td>
<td>Sophisticated understanding of the problem and efforts to address it in the community; strong training and effective evaluation</td>
<td>Maintain momentum and continue growth</td>
<td>● Diversify funding sources&lt;br&gt; ● Maintain and expand business support&lt;br&gt; ● Track data for grant writing</td>
</tr>
</tbody>
</table>

Level of readiness is assessed across six dimensions:

- **Existing Efforts**: To what extent are there efforts, programs, and policies that address the issue?
- **Knowledge of the Efforts**: To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?
- **Leadership**: To what extent are appointed leaders and influential community members supportive of the issue?
- **Climate**: What is the prevailing attitude—helplessness versus empowerment?
Knowledge About the Issue: To what extent do community members know about the causes and consequences of the problem in your community?

Resources: To what extent are people, time, money, and space available to support efforts?

The CRA model recommends that programs target for improvement the lowest dimensions of readiness first, using a strategy or intervention that is appropriate to the state of readiness. For instance, campaigns to convince people that the issue is a real problem in their community are appropriate for low levels of awareness, whereas the same campaign strains the patience of audiences at higher stages of readiness, who are ready to take action and who want guidance about how to proceed.

This CRA offers a window into the current level of readiness in the Monadnock Region to provide coordinated services and supports to youth with significant emotional and behavioral health needs and their families. This assessment can be used to help determine appropriate strategies for developing related capacity within the community.
How we conducted the 2014 and 2016 CRAs
The Center for Behavioral Health Innovation (BHI) at Antioch University New England conducted the 2014 and 2016 CRAs. BHI is a behavioral health evaluation and quality improvement hub in New Hampshire and beyond. BHI served as external evaluator for the MRSocC planning project.

Defining the issue
The CRA process involves identifying the issue to be assessed, adapting the CRA interview protocol for maximal relevance, defining community sectors, identifying and conducting interviews with key informants, scoring interviews to determine readiness scores, and then developing strategies for action consistent with community readiness findings. For the 2014 and 2016 assessments, the issue was defined as “the readiness and capacity of the Monadnock region to provide high quality, coordinated services and supports for children and youth with significant emotional and behavioral health needs and their families.”

Recruiting key informants
The CRA model recommends interviewing a four to six key informants with multiple perspectives on the issue, to provide an accurate estimate of community-wide readiness. As such, we attempted to identify and interview one key informant for each of the following seven sectors in both 2014 and 2016: youth with SED, family members, CMHC children’s directors, public health officials, emergency medical service providers (EMS), substance abuse service providers, and special education directors. All key informants came from the Keene area, a major service hub for the Monadnock region.

Interviewing key informants
We adapted the standard CRA interview protocol for this assessment. The final interview protocol contained 20 questions (see Appendix). We then interviewed each key informant over the phone. Interviews lasted 30 to 60 minutes. We took detailed field notes of each informant’s responses. In all, we interviewed 6 key informants in 2014 and 7 key informants in 2016.

Scored interviews
Members of the BHI evaluation team experienced in the CRA scored the interviews. The scoring group practiced rating until they reached a consistent 80% agreement rate. Raters then independently scored each interview against a set of anchored ratings for each dimension of readiness, and then convened to discuss and reach consensus on discrepant scores. This process yielded a numeric score ranging from 1-9 for each of the six dimensions of readiness, as well as an overall readiness score.
Readiness of the Monadnock Region for the System of Care approach

Monadnock Region was in the Preplanning stage of readiness in both 2014 and 2016

The overall readiness score indicates that, across dimensions, the Monadnock Region is in Stage 4 (Preplanning) of readiness to provide high quality, coordinated services and supports for children and youth with significant emotional and behavioral health needs and their families (Figure 2). Preplanning indicates that the community recognizes a need for a system of care and has at least some motivation to act in the near future, but those actions are nascent or not yet underway.

Monadnock region readiness strengths: Efforts, resources, and leadership

The region’s readiness strengths – community efforts, resources, and leadership – all gained ground from 2014 to 2016. The 2016 scores for Community Efforts and Resources fell within the Preparation stage, indicating that planning is active in these domains, with some community support. The scores for Leadership fell within the Preplanning stage of readiness.

Monadnock region readiness challenges: Climate, knowledge of efforts & the issue

The region’s readiness challenges – community climate, knowledge of the issue and efforts – either stayed the same or declined from 2014 to 2016. The scores for all three of these dimensions fell within the Vague Awareness stage of readiness, indicating limited knowledge and support for existing efforts, and a community climate characterized by limited understanding of the issue.

Figure 2. Readiness scores by dimension in 2014 and 2016

![Readiness scores by dimension in 2014 and 2016](image)
Summary and Conclusions

Overall readiness remained stable from 2014 to 2016
Overall readiness scores were stable from 2014 and 2016, at least among key informants in Keene. We cannot tell for sure whether this result was due to external factors or work on the MRSoc planning project.

Enhance the lowest scoring dimensions now
In general, the dimensions that started off strongest in 2014 continued to advance, whereas the lowest scoring dimensions in 2014 stagnated or retreated. This bolsters the general CRA recommendation of addressing the lowest-scoring dimensions of readiness first. Otherwise, the lower-scoring dimensions will limit progress, and the region's ability to leverage its strengths.

Thus, improving community climate for youth with significant behavioral health needs, educating the public about the importance of children’s behavioral health and systems of care, and informing community members about the efforts already underway, should be high priorities. At the same time, it's important to meet the community where it is at, by using intervention strategies that are appropriate to its level of readiness. Holding events to inform the public about the issue, increasing contact between youth with behavioral health needs and their families, and starting a social marketing/media campaign would all be appropriate strategies given the region's level of readiness.

Foster community climate, knowledge, and awareness
The Monadnock Region is minimally aware and supportive of the local needs of youth with significant emotional and behavioral health needs and their families, as well as the existing efforts to address them. This lack of awareness could be addressed through social marketing and public education efforts.

Support community action
Monadnock Region efforts to address the problem are nascent but emerging. Providing community-specific information, holding regional summits and events designed to communicate and support emergent efforts, and providing training and coaching support for those implementing new efforts can all support the emergent efforts.
Appendix: MRSoC Community Readiness Assessment Interview Guide

Introduction:
Thank you for taking the time to participate in the Monadnock Region System of Care Planning grant’s Community Readiness Assessment. First, I’ll brief you on the project and the purpose of this Community Readiness Assessment; then, we’ll get started on the interview questions.

Cheshire County has been awarded a grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) to build an integrated, comprehensive system of care for children and youth with significant emotional and behavioral health needs and their families. Among other things, the Monadnock Region System of Care project plans to expand the array of services and supports available to these children, youth and their families.

The purpose of this Community Readiness Assessment is to learn about the readiness and capacity of Monadnock Region communities to provide high quality, coordinated services and supports for children and youth with significant emotional and behavioral health needs and their families, through the eyes of key informants. The information from this assessment will help inform the development and implementation of the Monadnock Region System of Care. Do you have any questions before we start?

Interview Questions:

COMMUNITY EFFORTS (programs, activities, policies, etc.) AND COMMUNITY KNOWLEDGE OF EFFORTS (A and B)

1. Using a scale from 1-10, how important is making high quality, coordinated services and supports more available to children and youth with significant emotional and behavioral health needs and their families in your community (with 1 being “not at all” and 10 being “a very great concern”)? Please explain.
2. Please describe the efforts in your community to make high quality, coordinated services and supports more available to children and youth with significant emotional and behavioral health needs and their families. (A)
3. How long have these efforts been going on in your community? (A)
4. What does the community know about these efforts or activities? (B)
5. What are the strengths of these efforts? (B)
6. What are the weaknesses of these efforts? (B)

LEADERSHIP (C)

7. Using a scale from 1 to 10, how important is making high quality, coordinated services and supports more available to children and youth with significant emotional and behavioral health needs and their families to the leadership in your community (with 1 being “not at all” and 10 being “of great concern”)? Please explain.
8. How are these leaders involved in these efforts? Please explain. (For example: Are they
involved in a committee, task force, etc.? How often do they meet?)
9. Would the leadership support additional efforts? Please explain.

COMMUNITY CLIMATE (D)

10. How does the community support efforts to make high quality, coordinated services and supports more available to children and youth with significant emotional and behavioral health needs and their families?
11. What are the primary obstacles to these efforts in your community?

KNOWLEDGE ABOUT THE ISSUE (E)

12. How knowledgeable are community members about the need to make high quality, coordinated services and supports more available to children and youth with significant emotional and behavioral health needs and their families? Please explain. (Prompt: For example, dynamics, signs, symptoms, local statistics, effects on family and friends, etc.)
13. What type of information is available in your community about this issue?
14. What local data are available on this issue in your community?
15. How do people obtain this information in your community?

RESOURCES (time, money, people, space, etc.) (F)

16. To whom would children and youth with significant emotional and behavioral health needs and their families turn to first for help in your community? Why?
17. What is the community's and/or local business' attitude about supporting efforts to make high quality, coordinated services and supports more available to children and youth with significant emotional and behavioral health needs and their families, with people volunteering time, making financial donations, and/or providing space?
18. Are you aware of any proposals or action plans that have been submitted for funding that would address this issue in your community? If yes, please explain.
19. Do you know if there is any evaluation of these efforts? If yes, on a scale of 1 to 10, how sophisticated is the evaluation effort (with 1 being ”not at all” and 10 being “very sophisticated?”)?
20. Are the evaluation results being used to make changes in programs, activities, or policies or to start new ones?