



# SYSTEMS MODEL

## IMPACT WV

**MISSION of IMPACT** A two-generational approach to improve the quality of services to reduce health disparities of children impacted by substance use.

### To meet the mission of IMPACT WV we plan to INCREASE:

- Communication across providers
- Comprehensive services directed to families
- Coordination of services within, and outside of IMPACT system

### In order to accomplish these goals, IMPACT WV will:

- Identify info needed to provide comprehensive service to the families
- Address the need for trained providers with the educational portal
- Connect trained providers to share learned information
- Share information at the outside level

### The IMPACT approach is comprised of five levels:

1. Family
2. Service Providers
3. Communication Across Service Providers
4. Larger Systems
5. National



## Our Approach

Figure A depicts the structure of the IMPACT approach. This approach is focused on the direct services available to the family, the provision of training to compliment existing knowledge and skills of those who provide services to families, and technical assistance (TA) available to larger regional and national audiences. Maintaining resources for each of these levels is extremely important to meet the proposed goals of the project. These levels were determined based on

extensive discussions with the target communities (prior to proposal submission and since) and match where we are currently in our understanding of what is needed for these families.

The socioecological model (SEM) was used as a theory to organize our approach given the multiple levels. This model also provides theoretical assumptions that we feel are important to emphasize as we continue the project.

First, levels can be discrete levels but influence, and are influenced by, other levels (noted by arrows showing continued influence through the levels). Therefore, TA provided by IMPACT sites may be developed for the family but also consumed by the other audiences at different levels. Secondly, the impact of what is provided, needs and assessment could modify over time. Thus, we propose longitudinal assessment and will develop processes for identifying any changes

in what is needed (services or TA) throughout the timeline and be able to shift as needed.

Figure A provides an overarching view of our approach. Details listed here for each level are provided in the IMPACT WV Communication Plan document. Activities that will be designed for all levels such as conference involvement (vendor, presenter, etc.) and Advisory Board review and feedback will be listed separately.

FIGURE A - IMPACT WV SYSTEMS MODEL

# National Level

(Evidence based to strengthen other levels.)

**GOAL ADDRESSED:** Increase Communication



**WVU will:**

- Participate annually in at least one Health Resources Services Administrations TA quarterly call - presenting on a topic representing the interest of the national partners
- Contribute to national literature (journals)
- Collect and incorporate advisory board reviews for projects on an ongoing basis

# Larger Systems Level

**GOAL ADDRESSED:** Increase coordination of services and communication among stakeholders



**WVU will:**

- Provide two workshops across systems to all providers and for national partners
- Topics represent needs noted in annual assessment processes
- Conduct at least one data review project focusing on answering questions raised by providers (e.g., cost effectiveness of initiatives)
- Provide brief reports reviewing the status of work in a particular area and processes within IMPACT
- Collect and incorporate advisory board reviews for projects in ongoing basis

## Year 2

Distribute Burnout survey to Demo Sites and Home Visiting Programs to identify gaps, solutions, and present results at conference

## Year 3

Data Mining Project x 1  
Work group development to complete needs assessment x 2

# Service Provider Level

**GOAL ADDRESSED:** Increase service through training, communication among stakeholders and coordination of services



**Demonstration Site will**

- Provide training and education



**WVU will**

- Organize Lunch & Learns/ other webinars for AAP



**Service Providers will**

- Attend trainings and receive education

- Send HTML emails to service providers to promote project activities and events

- (communicate practice, cases, problem solve)
- Develop a Newsletter to promote project activities and events

- Receive emails
- Attend AAP Lunch & Learn/other webinars
- Receive AAP newsletter

# Communication Across Providers Level



## Demonstration Sites will

- Form coalitions
- Train Home Visiting service providers on Education and Employment referrals
- Market, troubleshoot, and download Portal
- Market, troubleshoot, and download Get Connected
- Disseminate recommendations to service providers



## WVU will

- Train providers on Education and Employment
- Develop and assess Portal
- Develop Community of Practice
- Develop Get Connected
- Develop newsletter with National content to be shared on the State Level (i.e. 2-generational models)
- Make National Recommendations
- Provide a way for providers to communicate about clients



## Service Providers will

- Receive training on Education and Employment referrals
- Use Portal for education and resources
- Use Get Connected for resources.
- Implement ways for providers to communicate with clients

# Family Level

**GOAL ADDRESSED:** Increase services to family stakeholders, and coordination of services



## Demonstration Site will

- Market IMPACT with brochure and fliers to the families
- Assess family needs and identify gaps and barriers overtime
- Obtain direct service measures from HVP, Medical, and Allied Social Providers
- Direct navigation of social services



## WVU will

- Direct navigation of Educational and Employment Services
- Develop needs assessment forms



## The Family will

- Implement ways to communicate with providers

\* Arrows indicate flow of information throughout levels.



## Advisory Board Membership

The current advisory potential of the ECAC provides diverse expertise at the larger systems level. However, this expertise does not include key stakeholders from other levels found in Figure A. Thus, we will seek advisory board members who represent services needed by the proposed families (e.g., parent recovery coaches) and family representatives themselves. We will continue to assess areas that need representation on the board over time and develop service agreements to contribute knowledge from the family perspective.

## Levels and Persons Responsible

Demonstration Site teams (Burlington United Methodist Family Services and Wheeling Hospital) will be responsible for providing and assessing family-based services, connecting service providers in the area to existing and ongoing training they do not currently have, and will work with the Coordination Center (WVU CED) to develop and implement activities that would increase communication across service provider groups. The Coordination Center will, in turn, focus on activities for the larger systems and national audiences. Specific activities based on level are provided on the inside of this document.