

Social Marketing Plan

CONNECT

Connecticut Network of Care Transformation



November 2014

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CONNECT Goals

The goal of Connecticut Network of Care Transformation (CONNECT) is to develop a comprehensive, integrated system of care in the State of Connecticut based on system of care values and principles. The family and youth-driven efforts of CONNECT will result in a statewide, regional and localized infrastructure that integrates efforts across child-serving sectors, including early childhood, child welfare, mental health, juvenile justice and education. An integrated network will result in:

- **A “no wrong door” service delivery system.**
 - Reduction of youth in/at risk of residential placement
 - Reduction in crisis related emergency department visits
 - Equal access to a comprehensive array of services and supports
 - Responsive service delivery
 - Community-based services
 - Cultural and linguistically responsive service array
 - Increased utilization of informal supports
 - Expand advocacy and peer-to-peer supports

- **Families, youth, and providers working together as equal partners.**
 - Employ Family Engagement Specialist
 - Employ Youth Engagement Specialist
 - Develop, strengthen and network Family and Youth Voice teams
 - Provide Network of Care –Agents of Transformation family leadership training
 - Develop and implement youth-guided plan based on Positive Youth Development Framework
 - Provide Youth Leadership training and development
 - Involve and maintain 51% families, caregivers and youth in Network of Care Governance
 - Employ Agents of Transformation training for parent and provider champions

- **Develop a Family-driven / Youth-guided Integrated Network of Care**
 - Achieve a unified vision based on the system of care values and principles
 - Achieve and maintain 51% family/caregiver/youth participation in all decision making activities
 - Implement a regional and state infrastructure that establishes collaboration and decision making between local, regional and state networks
 - Link categorical child-serving sector reform initiatives and priorities
 - Further develop the **wrapct.org** web portal for integrated child-serving sector information and resource sharing

- **A comprehensive statewide data system to promote integration and quality.**
 - Achieve and maintain 51% family/caregiver/youth involvement with evaluation and data collection and analysis
 - Develop and implement collaborative Dashboard reports
**** Some additional items may be needed here****

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Social Marketing Goals:

- Maintain 51% family/caregiver/youth participation in the implementation of the CONNECT social marketing and communication plan.
- Develop brand identification and unified messaging throughout the integrated local, regional and statewide Network of Care.
- Implement multiple social marketing strategies to promote Network of Care development and ensure the incorporation of System of Care values and principles, particularly as partnerships are formed with other child-serving sectors.
- Develop culturally responsive and linguistically competent materials that promote Network of Care development and System of Care values and principles.
- Expand the “Wrapct” website into a fully integrated statewide communication and distribution web portal.
- Reduce the stigma associated with mental illness through positive messaging of health campaign
- Create awareness of the Network of Care’s ability to increase access, reduce service gaps and improve quality of services.
- Involve youth in the development and implementation of social media marketing strategies.
- Promote cost-saving benefits and improved level of care to legislators, service providers, agencies, and community partners.
- Establish tracking methodology to evaluate effectiveness of social media marketing efforts

Priority areas:

(1) **Involve more youth, caregivers and families:**

Maximize the number of youth, caregivers and families that will be heard and served. Ensure family, caregiver and youth partners occupy a significant role (51%) in providing an authentic voice in development, implementation and on-going evaluation by identifying needs, gaps in services, and augmenting solution-focused decision making.

(2) **Strengthen the cooperative relationships among the service providers, agencies and community partners:**

Maximize the number of child-serving sector providers, agencies and community partners that will become the Network of Care. Generate the commitment and motivation this team will require to collaborate, communicate and function in new ways. To overcome the barriers of integrating the child-serving behavioral health service delivery system.

(3) **Create an Integrated Network of Care:**

Develop a collaborative decision making infrastructure. Integrating local, regional and statewide branding and messaging. Children and families experience the benefits of increased services and supports a fully-integrated system provides.

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Audiences

Primary Audiences

1. Parents, caregivers, families, young adults and youth:

This includes but isn't limited to families, caregivers and youth in need of services and their support structures. Youth, caregivers and families will be full partners from development through evaluation for themselves as individuals as well as program plans.

2. Mental Health providers and professionals:

This may include but isn't limited to, public and private behavioral health agencies.

3. Community partners:

This includes faith based, youth focused, community based organizations, civic organizations.

Secondary Audiences

1. "Family" stakeholders:

- Foster and Adoptive Families
- Homeless Families and youth
- Kinship Families
- Single Father families
- Family Advocacy Organizations

2. Professional Network

- State Agencies
- Legislators / Policymakers
- Mental Health Providers
- Early Childhood Providers (head start, birth to three, help me grow, day care, etc.)
- Substance Abuse Providers (local prevention councils, regional action councils, etc.)
- Healthcare Community (hospitals, physicians, clinics, Medical Home, etc.)
- Juvenile Justice Providers (JRBs, Police, Probation, legal services, etc.)
- Education (schools, social workers, school-based health clinics, etc.)
- Insurance (public and private)
- University Network

3. Community Partners:

- Faith-Based community
- Civic Organizations: Rotary, Lions Club, etc.
- Local Media outlet
- Youth Serving Networks (youth service bureaus, YMCA, PAL, etc.)
- Non-Profit Network

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Other Sources of Support and Information

Groups that may help to influence our primary and secondary audiences:

1. Key Staff
2. Technical Assistance Partnership via staff, website, webinars and correspondence.
3. SAMHSA.
4. Representatives from other successful system of care communities.

Benefits/Barriers to Primary Audiences

Primary Audience #1 Parents, families, young adults and youth

Benefits:

- “No wrong door” access to community services
- Expand availability and access to care, services and support
- Provide individualized care
- Ensure that families, other caregivers, and youth are full partners
- Link mental wellness promotion, prevention, and early identification
- Blend care management
- Protect the rights of children and families
- Ensures least restrictive, community based services that are culturally and linguistically responsive
- Expands array of services

Barriers:

- Youth and family members are discouraged because they do not know where to find help or what services and supports are available.
 - Lack of bilingual workers and resources prevents “hidden populations,”
 - Wait lists for existing services are challenging for youth and families.
 - Excessive and/or duplicative paperwork is time-consuming and frustrating for families.
 - Inconvenient service hours, geographic isolation, and a lack of public transportation make it difficult to access services.
 - Stigma associated with mental health and/or substance abuse issues prevent families from seeking help.
 - Lack of appropriate services and housing for transition aged youth.
 - Lack of overlap between youth and adult service systems.
 - Multiple points of entry create roadblocks for youth and families.
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Primary Audience #2 Mental health providers and professionals

Benefits:

- The implementation and sustainability the youth and family driven local, regional, and statewide infrastructure for the integrated Network of Care;
- Implement and sustain a youth-guided, family driven, and culturally responsive approach to statewide NOC expansion and implementation with youth and families as full partners;
- Implementation of the services and activities of the integrated Connecticut NOC; and
- Enhance comprehensive statewide data system to promote integration and quality.
- Services are coordinated through streamlined communication among providers, which works in the best interest of families, youth and community.
- Existing programs for youth and their families can be optimized.
- Service delivery and supports are more effective because fewer services are duplicated.
- Increased revenue as more services and supports are utilized.
- Relationships that result from collaboration of SOC will sustain supports and services beyond grant funding.
- Policy and practice decisions are data based.
- Services are accessible and available to all who need them.
- Services are provided using research-based best practices.

Barriers:

- Increased paperwork is time-consuming and discouraging to service providers.
 - Scheduling conflicts/restrictions on hours that staff are authorized to work.
 - Confusion over the boundaries of providing collaborative care.
 - Lack of a cross system Management Information System makes effective coordination and collaboration difficult.
 - Community lacks mental health/substance abuse outpatient treatment facilities.
 - Access to services is limited due to separate systems/agencies, socio-economics, residency requirements, and geography.
 - Separate funding streams and eligibility criteria block child and family from receiving what they need.
 - Providers may not have adequate time or necessary resources to dedicate to collaborative efforts.
 - Providers can be territorial and protective of information and resources.
 - Perception that SOC will pull resources away from other projects and/or priorities.
 - Insurance companies may not cover services and supports, which can lead to increased frustration for both providers and families.
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Benefits/Barriers to Secondary Audiences

Primary Audience #3 Community Stakeholders & Others

Benefits:

- Can capitalize on the support of experts who already work in this field.
- Families have more time and support, and can access more resources within our community.
- Caregiver strain is reduced in many families.
- Caregiver job, vocational, and educational skills improve which can result in an increase in income.
- Many of these stakeholders are already aware of the strengths-based, wrap-around approach and understand the value of a SOC.
- Youth are diverted from the juvenile justice system whenever possible.
- Juvenile justice no longer serves as a provider of last resort.
- Youth with mental health needs are able to receive services and supports in the least restrictive setting.
- Youth are able to receive services and supports from within their communities, whenever possible.
- Health care providers can help treat the cause rather than just the symptoms.
- Patients can be referred to successful non-medical approaches which reduce the burden on health care systems.
- Families are more engaged and, therefore, more likely to comply with treatment recommendations.

Barriers:

- Entrenched management may resist making changes.
 - Existing practices and agendas may be difficult to modify.
 - Not everyone has the authority to make necessary changes, even if they want to.
 - Stigma toward mental health issues and substance abuse slows down transformation.
 - Creating the space and/or funding for new facilities may not be feasible.
 - Political pressure may contribute to fear of enacting significant changes.
 - Divisions among law enforcement/legal groups due to misinformation and/or mistrust.
 - There is no existing diagnostic tool for SED that is universally accepted by health care professionals.
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What Are Our Messages?

Our messages stem from the values and principles of the Connecticut Transformational Plan and informing our target audiences of the outcome of this initiative. The plan will be executed as a phased in approach, using system wide messages and then customizable messaging generated at the local level. Our innovative approaches, include an informational marketing approach, will deliver messages designed to inform our target audiences and the general public about the benefits of CONNECT. These messages will highlight the organic outcomes the plan will bring to improve the behavioral health network of care and their lives families and youth in Connecticut.

Messages for Specific Audiences

(Note: Overlap occurs)

Parents, families, young adults and youth

- Families, youth, and professionals all bring something valuable to the table when developing a care plan.
- “No decisions about me without me.”
- Behavioral health issues are more common than most people believe.
- We need your voices to make good choices.
- Seeking care for behavioral health issues is a natural and important part of overall health.
 1. Removing the stigma by presenting more positive messages about behavioral health
- When youth and families are part of the decision-making process it results in meaningful change.
- Youth can provide positive peer leadership to other youth and help guide change.

Mental health providers and professionals

- Families, youth, and professionals all bring something valuable to the table when developing a care plan.
- When youth and families are part of the decision-making process the result is meaningful change.

Community Stakeholders:

- Behavioral health issues are more common than most people believe.
- When everyone works together behavioral health issues are treatable and manageable.
- Our community does better when our families do better.
- Connecticut already offers many services for youth with behavioral health issues and their families, and an integrated Network of Care will help you link to them.

Our Core Messages

The goal of Connecticut Network of Care Transformation (CONNECT) is to develop a comprehensive, integrated system of care in the state of Connecticut based on system of care values and principles. The family and youth-driven efforts of CONNECT will result in a statewide, regional and localized infrastructure that integrates efforts across child-serving sectors, including early childhood, child welfare, behavioral health, juvenile justice and education. Our core messages will promote these core principals of CONNECT:

- **Values and message of CONNECT**
- **The “no wrong door” service delivery system.**
- **Families, youth, and providers must work together as equal partners.**
- **A Family-driven / Youth-guided Integrated Network of Care.**
- **A comprehensive statewide data system to promote integration and quality.**

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Communications Channels

Parents, families, young adults and youth

While television still dominates how most people receive information (50% over all other media combined, versus 17% for only web based), the combined use of television and online platforms, like websites and apps, has a penetration rate of 71%. Teens and young adults are historically early adopters of emerging media platforms, like social networks, at a rate of between 49 and 51% . While low income families are 80% more likely to conduct internet based activities on a mobile device than on a laptop or a desktop computer.

Adopting one strategy to address these interdependent groups will yield the best results. In order to direct messages that will influence families, especially those with teens or young adults who may have to translate for their parents, we will adopt a strategy targeting youth (ages 12-17) instead of young adults (18 – 24). We believe that the need to include families requires intelligently crafted and culturally competent messages that are easily understandable across multiple digital media platforms. Youth, especially low-income youth are more apt for engage with media that is mobile and combined with media across multiple platforms.

Mental health providers and professionals

This group receives information through face-to-face networking, casework, meetings, training, and professional development. It is primarily comprised of females, many of whom have entered the profession as an advocate for a child with mental health needs which has developed into a career. The majority speak English as a first language, with a select few conversant in Spanish. They are influenced strongly by existing policy and procedures, but many are passionate about what they are doing and will often go above and beyond the call of duty to help a child. Information marketing is essential to reach both providers and partners. It allows for set standards in the information being disseminated and its conversion across cultural barriers. An interactive media approach, in which providers and professionals can not only participate, but help craft the message would be essential in moving these groups to continued action. Interactive trainings and events, seminars, participation in events lead by existing local and regional community collaboratives and partnerships, through in-person appearances and educational materials are the first step. A secondary distance learning approach using interactive online videos and tutorials, will allow participants to continue the educational process at their own pace and their own time. This secondary approach also allows for administrators to collect data on the uses and dissemination of the information as well as key demographics on the users.

Community Partners

This group has a vested interest in the well-being of youth and families in our community. They fulfill a variety of important needs and ultimately fill some of the important gaps in our current system. Their goals are as diverse as their locations. Information marketing that is crafted in conjunction with individual community leaders is essential to reach both providers and partners. It allows for set standards in the information being disseminated, its conversion across cultural barriers. In addition to print media, an interactive media approach, in which community partners can not only participate, but help craft the message would be essential in moving these groups to continued action. Participation in community-lead engagement events through booths and educational materials are the first step. A secondary distance learning approach using interactive online videos and tutorials, will allow participants to continue the educational process at their own pace and their own time. This secondary approach also allows for administrators to collect data on the uses and dissemination of the information as well as key demographics on the users.

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Message Placement

Where do we place our messages in order to reach our audiences?

1. Community Centers
2. Community nonprofit offices
3. Government Offices and calendars
4. Internet: links on relevant and partner websites, message boards, calendars
5. Statewide and Regional Festivals, School Orientations, Expos and Fairs
6. Statewide and Regional Print Media/Publications
7. Professional and civic organization materials
8. Local Radio Stations
9. Recreational Centers
10. Schools and Colleges
11. Social Networking Sites including but not restricted to: FaceBook, Twitter, Tumbelr, Blogger, Digg, Reddit, Instagram, Vine, YouTube, Vimeo
12. Local Television Stations
13. Vocational and Language training centers
14. Website: www.wrapct.org
15. Mobile app: IOS, Android
16. Legislative Event(s) with PowerPoint presentation

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Materials, Activities, Events

Channel	Audiences Reached	Activities	Materials	Timeline	Completion Timeframe
Logo development	Pre-tested by Full Partnership	To be developed by Statewide Committee in conjunction with graphic artist		January 2014	March 2015
Basic “What is SOC?” Brochure	General public, parents, youth, community partners	For use by all staff and partners	In-house/outsource	Began June 2014	Update as needed
Handouts/Fliers	General public, parents, youth, community.	Developed as take away items that contain current schedules/info to supplement basic brochure	In-house/outsource	April 2015	Update as needed
Posters	General Public	Placed at partner agencies, in schools, at community events to address stigma	In-house/outsource	April 2015	Update as needed
Wrap CT Website	All	Provide up-to-date and accurate information on our SOC	Hosting site. Domain name.	Began 2012	Update by April 2015 and Ongoing
Pins/Stickers	Key Staff, actively involved youth and family members, partners.	To promote sense of staff unity as well as recognition in the community	Specialty item	Began June 2014	Update as needed
Champions Toolbox	Regional marketing Committee	Referral form, fact sheets, news, relevant articles, DVD, contacts, resources etc	Folders, envelopes DVD booklet	April 2015	Update as needed
PowerPoint presentations	1. General Info 2. Youth 3. What is Social Marketing? 4. Stigma Reduction 5. Educators	Designed for community presentations as well as to address several specific audiences	Flash drives; storage on County server	Began June 2014	Update as needed

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Activities, Events, and Materials cont'd

Channel	Audiences Reached	Activities	Materials	Timeline	Completion Timeframe
Orientation DVD	Youth and Families	Give to families. Used for expos/PSAs etc.	Blank DVDs and Jewel cases	January 2015	April 2015
PSAs	General public, parents, youth, (including college students),community partners	Announce significant progress or news about SOC. Highlight success stories.	Script as needed. Commercial airtime.	June 2015	September 2015
Interagency Communications Plan	Key staff	Outlines and defines our media and publicity policies, and social marketing guidelines that are crucial for branding, marketing and communicating about our SOC	In-house	June 2015	September 2015
Champion Training/focus groups	Existing local and regional community partners	Recognitions, updates, keynote speaker, connecting staff with target audience	Champion toolbox	June 2015	TBD
Information Fairs, Expos, School orientations	General public, parents, youth, community partners	Chance to talk face to face to the community about our SOC	Promotional items, display board, DVD, brochures	As determined by local families, community partners and staff	As needed
Social Media Blitz	Youth, families, community providers,	Online resource to supplement website		April 2015	Update as needed
Interactive training materials	Youth, partners, providers, educators, students,	TBD	TBD	May 2015	September 2015

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Developing and Pre-testing Activity/Event Ideas and Planned Materials

In order to maximize our messages and the impact of our activities, we will seek feedback and suggestions from our various work groups. In addition, some ideas may be pitched to community leaders, agency directors, or media to help gauge effectiveness. Ideas will also be presented at the Full Partnership meetings for evaluation.

Implementing the Plan

Channel	Audiences Reached	Activities	Materials	Timeline	Staff required	Budget	Pre-Test ed with	Completion Timeframe
Live Events/Meetings	CONNECT Leadership, Community Partners, Statewide/Regional Committees	General planning, Logo/Graphic Development, Metric analysis, Product testing/focus groups, media review, training, surveys, one-on-one interviews	Laptop, projector, Notepads, pens, folders, food	January 2014	Statewide and regional coordinators	\$6,400	CONNECT Leadership, Community Partners, Statewide/Regional Committees	Ongoing
Print Materials	Families, Youth, CONNECT Leadership, Community Partners, Statewide/Regional Committees, Behavioral Health Professionals, Educators	Create print materials for use/modification at the regional/local level	Brochures, flyers, posters, pens, pins, buttons, handouts, etc.	June 2014	Connect Leadership and Statewide Committee	\$3600	CONNECT Leadership, Community Partners, Statewide Committees and Regional Workgroups	September 2015 updated as needed
Broadcast media	General public, families, youth	Broadcast/Webcast audio and video PSAs (public service announcements)	Scripts, access to recording facilities, CDs, DVDs, Duplication services	Production Begins January 2015. Broadcasts begin September 2015- Dec 2015 and April 2015- July 2016	Producer, Media Buyer	\$5000- production \$11000- media buys	Over site by CONNECT Leadership, with focus groups lead by Community Partners, and Regional Workgroups	September 2015 Ongoing Campaigns twice yearly

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Social Networks	Families, Youth and Community Partners	Social Media Marketing, Engage youth	Access to computers, high speed internet access and social networks	April 2015	Social Media Marketing Consultant and Youth Engagement Specialist	\$4000	Evidence based metrics and analytics collected at the local level	April 2015, Ongoing
CTWrap.org Website	Families, Youth, CONNECT Leadership, Community Partners, Statewide/Regional Committees, Behavioral Health Professionals, Educators	The collection and dissemination of information regarding CONNECT and its resources on the statewide, regional and local levels.	Web hosting and access	2012	Administrative staff, web developer	\$10,000	Evidence based metrics and analytics collected at the statewide level	Rebranding by April 2015, updated as needed
Online training portal	Youth, families, educators, community partners, behavioral health professionals	Create, modify existing trainings and general information, so it become interactive for use across mobile platforms	Existing training materials. Curriculum creation software. Web hosting.	May 2015		\$10,000	Evidence based metrics and analytics collected at the local level by professionals and community partners	Sept 2016

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Evaluation and Mid-course Corrections

Milestones:

- Measurable outcomes drafted based on dashboards, on-on-one interviews, surveys and other evaluation tools.
- Collaborate with the CONNECT leadership and regional workgroups to identify core messages and advocates for each region by March 2015
- Full implementation of phase 1 by September 2015.
- Begin conversion to ESL format by January 2016
- Develop shared approaches based on evidence based practiced by September 2015.

SWOT Analysis:

After conducting a SWOT analysis, we have identified the following core strengths and challenges inherent in the plan:

Strengths:

- Strength from collaborating with agencies, organizations, families and youth across the state
- Combined efforts that are grassroots and agency lead
- Family, Youth and community support

Challenges:

- Coordinating efforts statewide
- Creating and sustaining momentum
- Disillusionment of all of the people involved.

New approaches for success:

- Informational Marketing
- Inclusion of families and youth at the 51% involvement level
- Collaboration across statewide agencies, organizations and partners
- Social Marketing Dashboards for evaluation

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