

# FY 2024 CPWE Medical Director Interviews

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# Evaluation Overview

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- **Purpose:** Summarize FY 2024 qualitative findings from CPWE medical director interviews
- **Evaluation focus:**
  - Program implementation and collaboration
  - Trainee capacity to serve diverse populations
  - Impact on workforce preparation
- **Data source:** 12 virtual interviews (9 medical directors, 12 staff) conducted across all 12 HRIs (Oct 2024 – Jan 2025)
- **Analysis:** Thematic analysis in NVivo using deductive + inductive coding and team-based review for reliability.

# CPWE Evaluation Questions

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- 1. What are the medical director's experiences with the CPWE program?
  - 2. How are medical directors collaborating with LMHAs and other CPWE medical directors to enhance the program's effectiveness?
  - 3. How has the CPWE training program built their capacity of residents and fellows to serve diverse patient populations (both in terms of demographics and psychopathology)?
  - 4. What is the perceived impact of the CPWE training program on residents' and fellows' future career plans and the likelihood of pursuing a career in community mental health?
  - 5. What are the strengths and challenges of the CPWE training program?
  - 6. How can the CPWE training program be improved?

# Key Themes

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1. Broad Support for CPWE's Mission and Impact
2. Partnerships Are Central to Program Success
3. Exposure to Diverse Populations Builds Competence
4. Systemic Barriers Limit Program Potential
5. Mixed Influence on Career Trajectories
6. High Satisfaction Coupled with Desire for Structural Improvements

# *Theme 1:* Broad Support for CPWE's Mission & Impact

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- Medical directors and staff described CPWE as **mission-driven and essential** for addressing mental health workforce gaps.
- Most have been involved since inception and observed **meaningful evolution** over time.
- CPWE is credited with **expanding access to care** for underserved youth and **enriching residency education**.
- Despite operational challenges, interviewees expressed **strong commitment to sustaining and growing** the program.

# Theme 2: Partnerships Are Central to Program Success

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## Strengths:

- Productive collaboration between HRIs and LMHAs grounded in **communication and mutual respect**.
- **Regular statewide meetings and director calls** promote peer learning and alignment.
- Partnerships have led to **innovative initiatives**, such as youth rehabilitation programs and structured referral systems.

*"I meet directly with their [LMHA] clinical director every month to understand what programs they have. With some of the grant funding, their programs shift at times. We make sure that we meet every month just to make sure we know what the opportunities are in the community." – Medical Director*

# Theme 2: Partnerships Are Central to Program Success

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## Challenges:

- **Site readiness** and **LMHA staffing shortages** hindered consistency across LMHAs.
- **Geographic distance** and **differing expectations** occasionally caused misalignment.
- In a few cases, **weak collaboration** led to **negative trainee experiences** and discontinuation of the partnership.

*“[LMHA staff] were not scheduling patients. They were not being cooperative about blocking people’s schedules for vacations... they just had this attitude—you just come here and see the patients and don’t bother our staff.” – Medical Director*

# Theme 3: Exposure to Diverse Populations Builds Competence

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- CPWE provides **hands-on experience** with **diverse populations** and **complex cases** not typically seen in academic or private settings.
- Trainees gain insight into how **socioeconomic factors, trauma history, and access to care shape mental health**.
- Exposure to **outpatient, emergency, and specialty care settings** strengthens trainees' clinical breadth and adaptability.
- **Challenges:** Short rotations, scheduling conflicts, and staff shortages occasionally disrupted learning continuity.

*"We get people from all socioeconomic strata. We get people regionally in every direction for a couple of 100 miles; people from other states if they can travel here. We have some unique programs that other places in the state really don't have academically, like an eating disorders program and things like that." — Medical Director*

# Theme 4: Systemic Barriers Limit Program Potential

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- **Staffing shortages** and **high administrative burden** were persistent challenges.
- **Documentation demands, outdated processes, and limited resources** reduced efficiency.
- Many challenges reflected **statewide system constraints**, rather than program-specific shortcomings.
- Sites emphasized the need for **stronger administrative and operational support** to maximize CPWE's effectiveness.

# Theme 5: Mixed Influence on Trainee Career Trajectories

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- **CPWE expands awareness of public mental health and sparks interest in community psychiatry** among trainees.
- Several sites reported residents accepting community-based positions post-rotation, while others pursue academic paths but leave with a greater appreciation for community practice.

*“We know that exposure to the community and the services in that community are influential in their [residents’] career plans. Having this as a significant component of their outpatient experience is really key in stimulating an interest in community mental health for someone who might not be familiar or aware.” — Medical Director*

# *Theme 5: Mixed Influence on Trainee Career Trajectories*

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- **Structural barriers**—such as **understaffing** and **administrative complexity**—limit long-term retention.
- Directors suggested **leadership training** and **joint degrees options** to prepare trainees for future system-level roles.

# *Theme 6: High Satisfaction Coupled with Desire for Structural Improvements*

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- **All interviewees rated CPWE 7 or higher** on a 10-point satisfaction scale.
- The program's **flexibility, mission alignment, and collaborative design** were widely praised.
- However, directors emphasized the need for:
  - **Enhanced administrative infrastructure**
  - **Improved site readiness and consistent supervision**
  - **Streamlined communication across HRIs and LMHAs**
- Stakeholders expressed **continued enthusiasm and support** for CPWE's future growth.

# Recommendations – Linked to Key Themes

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## 1. Enhance Training Structure & Support

(Supports Themes 3 & 5)

- Provide housing or transportation support, especially for rural rotations.
- Expand leadership opportunities and joint degree options (e.g., MPH, MBA) to strengthen long-term retention

## 2. Strengthen Collaboration & Site Readiness

(Supports Themes 2 & 6)

- Conduct early logistical planning with LMHAs to clarify supervision and scheduling.
- Standardize onboarding and supervision processes across HRIs to ensure consistency.

## 3. Increase Awareness & Institutional Engagement

(Supports Themes 1 & 4)

- Improve communication between HRIs and LMHAs on roles, expectations, and shared goals.
- Promote CPWE as a statewide workforce initiative by increasing LMHA buy-in, sharing program successes, and positioning it not just as a training rotation but as part of a broader statewide effort to strengthen the mental health workforce.

# Limitations

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- **Sample size and scope:** Findings based on 12 HRIs; perspectives may not fully represent all sites.
- **Selection bias:** Participants were identified by HRIs, potentially emphasizing administrative perspectives.
- **Context-dependent findings:** Qualitative insights reflect unique site environments and may not generalize statewide.

# Next Steps

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- Share findings and recommendations with HRIs to support local planning and program improvement.
- Use findings to guide evaluation priorities and future reporting.
- In FY 2025, survey prior CPWE residents to assess the program's long-term impact on career trajectories.