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System of Care Implementation

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Session 38 » 1:30 - 3:00 pm » Salon D

symposium

System of Care Implementation: Findings from a National Survey

Chair: Krista Kutash
Discussant: Robert M. Friedman

The Systems of Care concept has reformed public policy in how mental health service delivery systems for youth with severe emotional disturbances and their families should be organized and delivered. While the System of Care approach has been implemented nationally with all states having received federal support through the Comprehensive Community Mental Health Services for Children and Their Families Program, little is know about the level of implementation on a national basis. This symposium examines the national level of implementation of the core concepts contained with the System of Care in 225 counties randomly selected and stratified by population size and poverty level. Specifically, the presentations provide a rationale for the study, describe the development of the System of Care Implementation Survey (SOCIS) instrument developed specifically for the study, and provide an overview of the research design, and initial descriptive results and multilevel analyses results. Challenges inherent to this type of research design and areas for future research will also be discussed.

System of Care Implementation

Presenting: Robert M. Friedman
Contributing: Paul E. Greenbaum, Wei Wang, Krista Kutash, & Roger Boothroyd

For almost 25 years now, a major policy emphasis in children's mental health at the federal level and within most states has been the development of community-based systems of care. There have been many meetings and conferences about this, training and technical assistance material has been provided, and written material has been prepared, and a federal grant program, the Children's Mental Health Initiative (CMHI) has now provided funding to over 100 grantees for the development of such systems of care.

The present study addresses two important challenges in this effort. The first is determining the present status of systems of care in communities across the country—until this time there has been no national study that offers data from a random and representative sample of communities on the status of systems of care. The second challenge is to develop a conceptual model to help guide the effective implementation of systems of care, and the research.

Such information provides an important benchmark for the children's mental health field, much as surveillance data does for any public health field. It also offers practical information on the aspects of system of care implementation that appear to require the most work. Unless such information is available, efforts to improve system of care implementation and to assess the progress are left without adequate data either for evaluative purposes or for guiding the effort.

The Research and Training Center for Children's Mental Health (RTC) at the University of South Florida developed a conceptual model of 14 factors that it believes to be related to effective implementation of systems of care (Friedman, 2007). This model of factors was developed based on input from key stakeholders from different perspectives, review of research in children's mental health and related fields, and the experience of RTC staff in working with communities around the country. Each factor in this model was then operationalized via a set of survey questions which, taken together, form the SOC-IS – the System of Care Implementation Survey. The development of this survey instrument is described in other papers in this session.

The RTC made the decision that the unit of analysis for studying the status of systems of care should be the counties. It was decided to focus on counties rather than states because there may be considerable variability within states on the status of systems of care. Also, since systems of care are intended to be community-based, the RTC believed that it was essential to identify a unit of analysis that was a close representation of communities.

Having made the decision to focus on counties as the unit of analysis, the RTC then decided to select a stratified random sample of approximately 10% of the counties in the United States. The decision was further made to use population size as one factor in the stratification because of the enormous differences between large counties like Cook County, Illinois, and Los Angeles County, California, and many of the small, rural counties in our country. It was further decided to divide the counties into those who were above or below the median for socioeconomic status, and to stratify based on that factor as well.

This effort to secure data on the status of a complex service delivery system in 225 counties was a major undertaking. There are very few precedents for it and the RTC hopes that the methodological approach that was taken will be of value not only in children's mental health but in other related fields as well.

The following papers provide detail on the instrument development, the data collection, and preliminary results. They demonstrate that this very challenging task was in fact doable. Now it is hoped that the findings will be of practical use in guiding efforts at a federal level and within states to improve systems of care. It is also hoped that the value of the data and the methodological lessons learned will lead to recurring efforts to collect such data, and to the continuous improvement of the methodology.

Reference

Friedman, R. M. (2007). *Conceptualization and measurement of systems of care: Implications for maximizing the effectiveness of systems of care.* Presentation at the 20th Annual Research Conference—A system of care for children's mental health: Expanding the research base. Tampa, FL.

Development of the System of Care Implementation Survey and County Selection and Respondent Identification and Recruitment Procedures

Presenting: Roger Boothroyd
Contributing: Paul E. Greenbaum, Krista Kutash, & Robert M. Friedman

This summary describes the development and pilot-testing of the System of Care Implementation Survey (SOCIS) and the procedures used to select participating counties and the strategies employed to recruit respondents from five stakeholder groups.

Questionnaire Development

SOCIS development involved a multistage process. A comprehensive literature review was conducted to identify the domains associated with successful implementation of children's systems of care. Teams of "experts," including parents, drafted domain definitions and generated statements important for assessing each domain. Statements were edited for redundancy and structured in a common format to ease administration. Domain definitions and survey statements were reviewed by a national panel, also including parents, who rated the importance of each statement and identified existing gaps. Domain definitions and statements were modified based on reviewers' comments and resulted in the first version of the SOCIS.

Piloting the SOCIS Survey and Data Collection Procedures

The SOCIS was pilot-tested to assess the (1) adequacy of the protocol, (2) feasibility of data collection procedures, and (3) time required to obtain completed responses. Seven counties were randomly selected based on population size. Respondents included about 50 individuals from each target audience (parents, special education directors, county mental health directors, MH provider administrators and direct service providers). Some respondents participated in a cognitive interview during which they discussed their reactions to and understanding of each statement.

To recruit respondents, emails were sent to the state directors of children's mental health services informing them about the study, specifying the county(ies) selected in their state, and asking for a contact in each county to help identify respondents. Once identified, study staff called county contacts to identify potential respondents.

Despite initial contacts, connecting proved time consuming. Multiple calls and emails were required to secure responses. When connections were made, county contacts were helpful in identifying potential SOCIS respondents. Results from the pilot-test indicated on average, five calls

over a seven day period were necessary to obtain a completed survey. To decrease this time, the use of web searches was pilot-tested. These efforts proved useful in identifying respondents from the service providers and special education stakeholder groups and were incorporated into data collection procedures.

Another issue was identifying appropriate informants to complete the SOCIS. This challenge was due in part to different organizational structures associated with various child serving systems. For example, in smaller counties, providers, school districts, and family organizations were more likely regionally-based as opposed to county-based. Finding the appropriate regional entities was challenging. Additionally, respondents expressed difficulty restricting responses to a specific county in contrast to the region served. In larger counties, multiple child serving systems (e.g., multiple school districts within a county) existed, creating challenges identifying appropriate respondents. In this situation, respondents expressed difficulty broadening their perspectives to the entire county as opposed to the area served.

Multiple strategies were available and piloted for obtaining SOCIS responses; these include telephone interviews, email attachments, faxed copies, and mailing hard copies with stamped return envelope. Respondents identified several issues with the SOCIS. Some felt it was too long, others experienced difficulty responding to statements in some survey sections, others expressed a desire to have the survey on-line. In response to these comments, the survey was shortened; respondents were allowed to skip sections they could not answer, and a web-based survey was developed.

A psychometric analysis was performed on the pilot responses and a qualitative analysis was conducted on responses from the cognitive interviewing. Based on these analyses, the SOCIS was reduced to 77 statements (not including demographic information). The final version of the SOCIS was translated into Spanish and a web-based version was developed.

Selection of a National Sample of Counties

A probability sample of 225 counties was used to assess the level of implementation of systems of care implementation. Data on county population size and poverty rates obtained from the National Association of Counties on all 3,083 U.S. counties (National Association of Counties, 2008), were categorized into 14 strata (7 population sizes x 2 poverty levels). A disproportionate stratified probability sample was selected from each stratum. Smaller counties were purposely under-represented to insure the sample included counties serving most of the nation's children. The sample included counties in 46 states and the District of Columbia (Not sampled: Alaska, Iowa, Montana, Nevada, and South Dakota).

Selection and Recruitment of Respondents within Counties

In each county we attempted to identify 3-10 key informants with knowledge of the local children's mental health system to complete the SOCIS. The five stakeholder groups included:

1. County children's mental health directors
2. Directors of special education
3. Direct service administrators and service providers
4. Family advocates
5. Parents

The goal was to obtain 1,959 completed surveys across the nation. Multi-facet identification, recruitment, and survey administration strategies were used. Trained staff collected survey responses. Each person received intensive training and was assigned a county "caseload" within the same state. Given the variability that exists across states in how