Indiana Local Systems of Care Assessment Project

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The Beginning

- Joint Commission on the Mental Health of Children (1969)
- Child and Adolescent Service System Program (1986)
- System-of-Care Approach (Stroul and Friedman, 1986)

The Principles

- Mental health service system driven by the needs and preferences of families, using a strengths based approach
- Family involvement integrated into all aspects of service planning
- Management of services grounded within the community and operationalized through multi-agency collaboration
- Array of services that emphasizes least restrictive placement in a flexible, individualized approach
- Services responsive to the cultural context and characteristics of populations being served

Systems of Care in Indiana I

- Indiana participation in the CASSP project from 1985 through 1989
  - 1985 Expansion of CASSP in 10 of 30 mental health centers
  - 1986 Indiana University study focusing on legislation prohibiting agency cooperation
  - 1987 Support for parent support groups and studies of mental health needs of children
  - 1988 Established Local Coordinating Committees
  - 1989 Supported the compilation of first mental health block grant plan incorporating CASSP principles

Systems of Care in Indiana II

- 1990 - Continued support of parent support groups and survey focusing on accessibility of services for minorities
- 1991 - 17 of 30 CMHCs identify children service priorities in service plans
- 1992 - Implementation of Hoosier Assurance Plan and implementation of Medicaid Rehab Option through CMHCs. Creation of Children's Services Bureau in DMHA

Systems of Care in Indiana III

- 1993 - Evaluation of Local Coordinating Councils and 10% of Block Grant Monies allocated for children's services
- 1994 - DMH identified staff to serve on county-based interagency teams on Indiana Collaboration Project. MRO billing of 7.9 million dollars in the second year of the program. 2197 children served.

Systems of Care in Indiana IV

- 1995 - MRO billed 13.7 million dollars for MH services to children. DMH in conjunction with child welfare and education seeks to expand MRO services in these sectors 4378 children served. DMH responds to Robert Wood Johnson Foundation grant.

Systems of Care in Indiana V

- 1996 - DMH awarded Robert Wood Johnson MHSIP grant. The system of care planning grant focused on operationalizing a blended funds approach to providing MH services.
- 1997 - First year DMH budget has line item for funding services to children with serious emotional disturbances.

Systems of Care in Indiana VI

- 1998 - DMH requires providers to implement the state's definition of SED for enrollment of children in the Hoosier Assurance Plan. Studies concluded to estimate prevalence of children with SED in Indiana
- 1999 - Two communities awarded CMHS system-of-care development grants. Indiana participates in the Health Reform Tracking Project: 1999 Impact Analysis

Systems of Care in Indiana VII

- 2000 - DMH funds four local System of Care Development Grants designed to leverage knowledge gained from the Dawn Project
- 2001 - State legislature passes legislation authorizing new system of care awards funded through DMH budget
- 2002 - DMH awards nine system of care grants to local entities
- 2003 - DMH or CMHS funds SOC activities in 36 of 92 counties

Assessing Systems of Care in Indiana

- Indiana has 92 Counties
- Each County has its own child welfare department
- Each County has its own judiciary
- Indiana has over 50 special education cooperatives of various sizes
- Indiana has 30 Community Mental Health Centers scattered across the state

Survey Method I

- Used the Assessing Local Systems of Care Assessment Tool (Morrissey, 1992)
- Assessment Tool measures:
  – Problems encountered by youth with SED
  – Access to mental health services
  – Quality of mental health services
  – System of Care performance

Survey Method II

- Targeted stakeholder groups
  - Education personnel
    - Special Education Directors
    - School Psychologists
    - School Social Workers
    - Special Education staff
  - Judicial Officers
    - Juvenile Judges
    - Probation department heads

Survey Method III

- Targeted stakeholder groups
  - Child welfare departments
    - County child welfare directors
    - Division managers
  - Consumers/Advocates
    - Federation of Families chapters
    - NAMI chapters
    - Court Appointed Special Advocates
    - Indiana Parent Information Network

Survey Method IV

- Targeted stakeholder groups
  - Mental Health Providers
    - CMHC Clinical directors and CEOs
    - Residential Treatment Facility staff
    - Family Services providers
  - Trade Organizations
    - Professional Psychologists
    - Social Workers
    - Marriage and Family Therapists

Survey Methods V

- Three modes of response
  - Mail Response survey
  - Internet Response
  - Phone Interview
- Response modes
  - Response to likertized items
  - Qualitative responses
  - Respondent nominations

Data Collection

- Mailed surveys
  - Located mailing lists through professional organizations, support groups, Department of Education mailing lists and corporate information.
- Internet response
  - Respondents referred to internet location through letter, e-mailed link to potential respondents and it was forwarded to others.

Data Collection

- Phone calls were made to follow-up initial mailing.
- Object of phone calls was to identify correct person, encourage completion of survey and, offer option of completing survey over phone.
- Returned surveys had a place to list other possible respondents.

Results

- Of the 1435 surveys returned:
  - 95% completed a mailed survey
  - 5% completed survey on-line
- Every county responded

Results – County Map
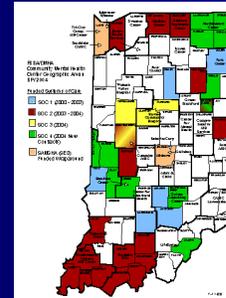
Demographics

- Sex
  - Male 31%
  - Female 69%
- Ethnic Background
  - Caucasian 92%
  - African/American 6%
  - Hispanic 0.3%
  - Other 1.7%

Demographics - Stakeholders

Schools	41%
Mental Health	38%
Juvenile Justice	10%
Welfare	7%
Family Member/Consumer	3%
Other	1%

Demographics – Employment Level

Direct Service Staff	43%
Supervisory	17%
Executive	15%
Managerial	14%
Consumer	1%
Other	10%

Demographics – Education Level

Masters Degree	60%
Bachelors Degree	22%
Doctorate	14%
Some College	2%
Associates Degree	1%
High School	1%

Survey Subscales –
Section 1 – Service Problems

- This section identifies the kinds of service delivery problems encountered by SED youths in many communities.
- Rating:
  - 0-Situation not occurring
  - 1-Situation occurring but not a problem
  - 2-Limited problem
  - 3-Moderate problem
  - 4-Considerable problem
  - DK – Don't Know

Survey Subscales –
Section 2 - Adequacy of Services

- How many youths with SED in your area who need this service are getting it?
- Rating: All-1; Most-2; Some-3; Few-4; None-5; Don't Know

Survey Subscales –
Section 3 - Quality of services

- Overall assessments of the quality of support services currently available
- How would you rate the quality of care provided to youths with SED in your area in each of the following areas?
- Rating: Very good-1; Fairly good-2; Adequate-3; Fairly poor-4; Very poor-5; Don't know

Survey Subscales –
Section 4 - Current service system performance

- Assessment of how well the current service system in your area performs and performance of the overall system.
- Availability and Accessibility of Services
- Coordination of Services and Information
- Other System Performance Areas
- Rating: Very good-1; Fairly good-2; Adequate-3; Fairly poor-4; Very poor-5; Don't know

Mean Comparisons by Sex

	Service Problems Encountered	Adequacy of number of youth served	Quality of Care Provided	Service System Performance
Male	2.64	3.20	3.27	3.67
Female	2.72	3.39	3.37	3.84

Results 1: Gender differences

- Male respondents rate the adequacy of service significantly higher (better) than females
- Male respondents rate system performance significantly higher (better) than females
- No differences were indicated related to problems encountered or the quality of services

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Mean Comparisons by Stakeholder Groups

	Service Problems Encountered	Adequacy of number of youth served	Quality of Care Provided	Service System Performance
Parent/Family Member/Consumer	3.02	3.67	3.8	4.26
Schools	2.5	3.29	3.31	3.83
Division of Family and Children Welfare	2.79	3.36	3.57	3.96
Juvenile Justice	2.6	3.45	3.57	3.85
Mental Health for profit	2.86	3.3	3.17	3.62
Mental Health not for profit	2.87	3.32	3.42	3.81

Results 2: Stakeholder Group Differences

- Schools respondents rate problems encountered by youth significantly lower (better) than mental health, parent, and child welfare respondents
- Parent, juvenile justice, and child welfare respondents rate quality significantly higher (worse) than for-profit mental health respondents

Results 2: Stakeholder Group Differences

- System performance is rated significantly lower (worse) by school, child welfare, and parent respondents than mental health for profit respondents

Mean Comparisons by Education Level

	Service Problems Encountered	Adequacy of number of youth served	Quality of Care Provided	Service System Performance
High school	2.37	2.81	3.48	3.54
Some college	2.90	3.37	3.75	4.13
Associates Degree	2.73	3.60	4.00	4.10
Bachelors Degree	2.61	3.35	3.29	3.68
Masters Degree	2.68	3.30	3.31	3.79
Doctorate	2.85	3.39	3.36	3.90

Results 3: Differences by Educational Attainment

- Respondents with bachelors degrees rated system performance significantly higher than respondents with doctorates

Mean Comparisons by Position Level

	Service Problems Encountered	Adequacy of number of youth served	Quality of Care Provided	Service System Performance
Direct Service Staff	2.68	3.36	3.34	3.82
Supervisory	2.66	3.38	3.39	3.84
Managerial	2.75	3.20	3.17	3.61
Executive	2.84	3.42	3.44	3.80
Consumer	3.20	3.67	4.23	4.61
Other	2.53	3.19	3.22	3.74

Results 4: Differences by Position Level

- Direct care and parent respondents rated system performance significantly lower than managers responding to the survey

Mean Comparison by IN System of Care

	Service Problems Encountered	Adequacy of number of youth served	Quality of Care Provided	Service System Performance
SAMSHA Funded	2.80	3.36	3.47	4.02
IN Phase One Sites	2.86	3.54	3.44	3.90
IN Phase Two Sites	2.52	3.09	3.08	3.54
Unfunded Sites	2.70	3.38	3.37	3.76

Results 5: Differences by System of Care phase

- Respondents from state funded system of care sites funded as Phase 2 sites rated all aspects of their system of care higher than CMHS funded counties, Phase 1 counties, and counties without SOC funding

Next Steps

- Analysis of qualitative data
  - 30 categories of response
- Compilation of final report
- Dissemination to ongoing child service related task forces now studying issues related to children's services across the State of Indiana