

A Mixed Methods Study of Collaboration in Systems of Care

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Purpose

- To determine the relationship between policy development, policy implementation and the development of collaboration within systems of care.

Types of Policy Instruments

- Mandates or rules
- Inducements (transfer money for outcomes)
- Capacity-building (investment of resources)
- Systems change (transfer of authority among agencies)

Why Is This Study Important?

- 5-8% of U.S. children have SED and require services from more than one child-serving system.
- Earlier studies failed to show that systems of care produced superior outcomes, although they cost more.
- The federal government is spending millions of dollars to establish SOCs

Methods

- Phase I—National survey of key informants regarding policy instruments. Cluster analysis used to select sites to visit.
- Phase II—In-depth study of five states using backward mapping, observation of group meetings, interview, focus groups, and record review. Selection of an additional five states.

Measuring Collaboration

- All participants except parents were asked to complete Greenbaum & Brown’s (2001) Interagency Collaboration Scale.
- There are three components to this scale: attitudes, behaviors and knowledge.

Hypothesis 1

- Policies that are consistent with system of care values and principles will result in higher levels of collaboration than those that are not consistent.
 - Qualitative data upheld this hypothesis in 7 of 10 states.

Hypothesis 2

- Collaboration will be greater when policies are clear in their statement of the population to be served and the goals of the policy.
 - Qualitative data supported this hypothesis in 6 of 10 states.

Study Hypothesis 3

- Higher levels of collaboration will occur with capacity building or system change approaches.
 - Qualitative data supported this hypothesis in 6 of 10 states. Some states with mandates had high collaboration.

Hypothesis 4

- A grassroots approach to establishing a system of care would be more successful in fostering collaboration.
 - Data did not support this hypothesis in 9 of 10 states. States that initiated systems of care at the state level had collaboration levels equal to that of states beginning at a local level.

Hypothesis 5

- Policies associated with adequate resources would be more successful in fostering collaboration.
 - Qualitative and quantitative data provided mixed support (50/50) for this hypothesis. Resources can foster competition rather than collaboration.

Hypothesis 6

- Policies with fewer organizations involved in the implementation will be more successful than those involving more organizations.
 - A review of policy statements indicated that this hypothesis was supported in only 2 states. States with a greater number of agencies were often more successful.

Summary

- Much of what we believed regarding the implementation of systems of care was not supported by the data.
- Our measures failed to include relevant information about organizational structure and climate. This needs to be investigated.
- Leadership appears to be an important factor and was not studied systematically.

Next Steps

- Complete the quantitative analysis of sites 6-10
- Develop a model to explain successful collaboration
- Design a study to examine other important aspects of successful collaboration such as leadership, organization, etc.

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