Exploring Gaps and Continuities within Transition Networks

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Background
- CMHS has funded 5 sites to develop programs that achieve comprehensive, continuous transition supports for 14-25 year olds with SED
- This currently does not exist anywhere in the U.S. (Davis, 2003)
- Myriad system barriers to achieving this
- Critically important to understand success
- This study set out to describe the baseline transition network in one CMHS grant site

Identifying the Transition Network
- Bounding process identified programs that serve this population of persons with SMI/SED aged 14-25
  - Educational services (High schools, special services, specific programs, community colleges and universities)
  - Mental health Services (Inpatient, outpatient, wrap-around, residential)
  - Health (Public health, reproductive health, AIDS)
  - Advocacy
  - Child welfare
  - Juvenile justice
  - Vocational and employment services
  - Substance abuse
  - Housing/Homelessness

Bounded Transition Network
- Final network consisted of 103 organizations
- 100% participated
- Presenting services and age continuity based on 103 programs and network analyses on 101 programs
- Results presented here are preliminary

Distribution of Programs by Age Groups Served (n=103)

- 14-25 yr olds Continuously
- 14-25 yr olds Discontinuously
- Adults Only
- “Youth Only” = up to 18 or 21, “Adult Only” = 18 or 21 and older

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Continuity is Lacking

- For 46% of service types (56 types), not a single program in this Transition Network that offers that service to 14-25 year olds continuously (i.e., without requiring a change in program or staff)
- Of the 789 services described in the Transition Network, 99 (12.5%) offer continuity from ages 14-25

Social Network Analysis

- Use of interorganizational network analysis techniques to understand structural organization of child to adult transitions

Interorganizational Network Questions Asked

2.1 How often do staff in your program/agency meet with staff in this other program/agency for client planning purposes?
2.2 How often do staff or administrators in your agency/program and these agencies/programs meet together to discuss issues of mutual interest?
2.3 How often does your agency/program refer clients to this other agency/program?
2.4 How often does your agency/program receive client referrals from this other agency/program?

Methods

- Response categories
  - 1 Not at all
  - 2 Rarely
  - 3 Occasionally
  - 4 Fairly Often
  - 5 Very Often
  - 9 Don’t Know (RECODED TO 1)
- For a number of analyses, dichotomized to not at all (0) vs. any interaction (1)
- Used UCINET as our analysis package

Roles Within Networks

One way of approaching problem is to look for organizations that are structurally equivalent: that play similar roles within the network

- **Block models**
  - Dividing network into blocks of organizations
  - Block members have similar patterns of ties
  - Block members need not have any ties to each other
  - Organizations in structurally equivalent positions tend to interact with the same types of organizations in the same way
  - Methodologically: Structurally equivalent across 2.1, 2.2, 2.3
- Instead of 101x101 matrix - block model simplifies it - in this case to an 8 x 8 matrix
Transition Network Blockmodel

• 8 structural positions
• Identified by their similarities in patterns of relating to other organizations
• After identification, interpretation needed to understand what saying about system
  – “Characterize” positions
  – Examine the blockmodels
    • Graphically

Structural Positions

1. Child/Educational Programs (16 orgs)
   Educational (9), MH (3), Justice (1), Multi (4)

2. Child/Mental Health (16 orgs)
   MH (11), Multi (5), Justice (1), CW (1)

3. Rural Child Educational Programs (20 orgs)
   ED (11), Other (2), SA (1), Health (1)

4. Adult “Mixed Bag” (9 orgs)
   ED (2), Voc (1), Multi (3), Advocacy (1), CW (1)

Groupings continued

1. Child and Adult Mental Health (10 orgs)
   MH (5), E (2), Multi (2), Voc (1)

2. Adult Vocational/Work Related (6 orgs)
   Voc/Mult (6)

3. Child and Adult Mental Health (8 orgs)
   MH (4), Multi (2), Advocacy (1), Justice (1)

4. Adult Mental Health (16 orgs)
   MH (14), Advocacy (2)

2.1 Client Related Meetings

Transition Network

2.1 Client Related Meetings

Child Service Delivery System

2.1

When we highlight just the 5 positions serving children, what emerges is a maximally connected network. All positions in contact with one another. Position 3 less connected, because it’s ties to other positions are unidirectional. Geographically, organizations in position 3 come from a more rural area of the county.

Adult Service Delivery System

2.1

When we highlight just the positions that serve adults, different picture of the system emerges. Two central positions (5, 7) that serve to tie other three positions together.
Critical Linkage Points between Child and Adult Systems 2.1

The yellow positions (5,7) also appear to hold key linkage roles between the child (blue) and the adult (red) systems.

Transition Services Network 2.2

Picture that emerges for 2.2 remarkably similar to that for 2.1.

Transition Network 2.3

The referral network has many of the same elements, but in this adult network, positions 4 & 6 share some linkage.

Key conclusions from Structural Equivalence Analysis (1)

• Explains 1/3 of variation found in transition network
• Distinct positions for child & adult service systems
• Child system more interconnected than adult system
  – Reflects work to organize system of care for children
  – Position 3 less well connected than other child positions
    • Reflects geography of service delivery area: Organizations in this position from less central, more rural areas
  – Anticipate that as organizations report their experiences within system, their responses reflect their position in network
    • Some experience network as quite well connected, while others might experience it as quite poorly connected
    • Explains some of the contradictions you encounter in overall assessment of service delivery networks

Key conclusions from Structural Equivalence Analysis (2)

• This structural equivalence analysis suggests that adult service system more centralized and more fragmented than child system
  – Several positions are only connected through two key linkage positions
  – Probably not very different from most adult MH service delivery systems
• Two positions (5, 7) link child & adult systems
  – Connections maintained by organizations in these positions will play vital role in experience of transitioning youth
  – Ability of organizations (and staff) within these positions to identify and solve system problems will be critical to the overall success of the transition network

Conclusion

• Combination of inter- and intra-organizational analysis may yield important insights
  – What transitions are possible within programs and agencies? What barriers remain?
  – What transitions are possible across programs and agencies? What barriers remain?
• Study suggest some areas of transition network on which to focus attention to improve transition experience for transition age youth

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