



Implementation of Effective Systems of Care

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Robert M. Friedman, Ph.D.
Professor and Chair
Dept. of Child & Family Studies
Louis de la Parte Florida Mental Health Institute
University of South Florida
Tampa, FL
rfriedman@lmhi.usf.edu



Why Focus on Implementation?


- Implementation is proving to be challenging and complex;
- Results of efforts to implement are variable, and clearly show room for improvement;
- Increasing recognition of importance of implementation;
- We have a responsibility to strive to constantly learn how to do the job better;
- We want to move from Good to Great!



Basic Assumptions of Center's Theory


- There are certain factors that, when put into practice within communities, contribute to establishing well-functioning systems of care;
- Much of the power of these factors come from the way in which they "come together and are interconnected to fulfill some purpose"

– Plsek, 2001



Starting Points

- Goal of a system of care;
- Original vision and framework for a system of care.




Relationship to Outcomes at Child and Family Level

- All services and supports must be embedded in a service delivery system. The role of the system of care is to provide access to effective care for children with serious emotional disturbances and their families. Positive outcomes at the child and family level require both effective care, and system structures, processes, and resources that provide the access to that effective care.



Rationale for Selecting Specific Implementation Factors

- Review of research and theory on systems of care;
- Review of research and theory in related human services fields, and in fields of management and evaluation;
- Experiences of Center in conducting research within systems of care and providing consultation and technical assistance;
- Findings from a survey of state children's mental health directors, and concept mapping with a panel of systems of care experts;
- Feedback from parent and professional leaders in child mental health.





Research Needs

- To clearly define factors and develop measures of them;
- To develop or refine methods for studying them in complex, real world environments;
- To assess their relationship to system development and outcomes, using multiple methods and multiple voices;
- To understand how they come together as a "system" – to understand the inter-relationships between them;
- To understand their relationship to culture and context within communities.



Systems of Care Factors



National Survey of Systems of Care Implementation

Core Research Team


- Principal Investigators: Paul E. Greenbaum, Ph.D.
- Krista Kutash, Ph. D
- Roger A. Boothroyd, Ph.D.
- Statistical Consultants: Steven M. Banks, Ph.D.
- Robert F. Dedrick, Ph.D.

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Introduction

- Systems of Care introduced in 1986 (Stroul & Friedman)
- Currently, no national data on overall status of community-based systems of care
- Without national data, difficult to assess progress or deterioration in implementing systems of care, or know how to intervene to strengthen systems of care



Purpose of Study

- Provide the first national data on system of care implementation
- Monitor the level of implementation for factors identified as systems of care components
- Begin to map the covariation among the multiple factors and related predictor variables
- Provide a benchmark to measure future national progress




Research Questions

- What are the national distributions and means for the factors identified with systems-of-care implementation?
- How are the various implementation factors related to each other, and to important covariates at the individual, organizational, and community levels?



Study Design

- **"Real World" Data**
 - Hierarchical or nested structure
 - Individuals within organizations
- **Multilevel Approach**
 - Treat both levels as random effects
 - Provides appropriate error terms
 - More efficient than traditional approaches



Study Design

Sampling Plan: Selecting Counties

Disproportionate stratification

- Reduce sampling variance
- Provide sufficient cases for between-strata comparisons
- Provide within-stratum comparisons

Stratification variables

- population size
- age
- poverty level




Table 1. Sampling Frame for U.S. Counties Stratified by Population Size, Age, and Poverty

Population Size	< Median Age 18		> Median Age 18		Total
	< Median Poverty	> Median Poverty	< Median Poverty	> Median Poverty	
1,000,000+	12	5	5	12	34
500,000-999,999	36	15	10	9	70
250,000-499,999	63	12	38	14	127
100,000-249,999	112	25	83	60	280
50,000-99,999	111	71	113	82	377
25,000-49,999	160	122	148	94	524
<25,000	341	469	315	545	1670
Total	835	719	712	816	3082

Note: "Median Age 18" equals 26.13% of individuals living in the county are children aged 18 years or younger. "Median Poverty" equals 14.15% of individuals living in the county are living below the poverty level.





Table 2. Sampling Frame and Projected Sample Cell Sizes for U.S. Counties Stratified by Population Size, Age, and Poverty

Population Size	< Median age 18		> Median age 18		Total
	< Median Poverty	> Median Poverty	< Median Poverty	> Median Poverty	
1,000,000+	12 [6]	5 [3]	5 [3]	12 [6]	34 [18]
500,000-999,999	36 [13]	15 [6]	10 [5]	9 [5]	70 [29]
250,000-499,999	63 [13]	12 [6]	38 [13]	14 [6]	127 [58]
100,000-249,999	112 [13]	25 [13]	83 [13]	60 [13]	280 [52]
50,000-99,999	111 [12]	71 [14]	113 [14]	82 [14]	377 [54]
25,000-49,999	160 [13]	122 [14]	148 [14]	94 [14]	524 [55]
<25,000	241 [12]	469 [14]	315 [14]	545 [14]	1670 [54]
Total	835 [82]	719 [70]	712 [76]	816 [72]	3082 [300]


Note: "Median Age 18" equals 26.13% of individuals living in the county are children aged 18 years or younger. "Median Poverty" equals 14.15% of individuals living in the county are living below the poverty level. Numbers in square brackets represent the number of counties to be sampled.



Study Design


Sampling Plan: Selecting Respondents


- Obtain list of all agencies in system
- Stratify agencies by size: small, medium, large
- Randomly select 1 agency from each stratum
- Randomly select respondents from agency lists
- 10 administrators, providers, family members
- Data collection by mail, phone, and web



Operationalizing Factors



- Factor: Clear Description of the Local Population of Concern
- Theoretical Rationale
 - Prerequisite for system development and deciding how a system can best meet the needs of the intended population (Rossi and Freeman, 1993; Hernandez & Hodges, 2003)






Operationalizing Factors

- **Factor:** Clear Description of the Local Population of Concern
- **Conceptual Definition:**
 - ◆ a clear statement of the population of concern, including descriptive material regarding the needs and strengths of the population and challenges experienced by the existing system in meeting these needs (Rosenblatt, 1998)
 - ◆ information about the local population including information about the number of children and adolescents who are eligible for services, their ages, diagnostic profiles, demographics, spatial distribution in the service area, service histories, and any special needs or requirement of subgroups should be described in as much detail as possible (Hernandez & Hodges, 2003)



Factor Survey Questions

1. Have you seen a written description of the local priority population, that is, the intended beneficiaries of your system? (Y/N)
2. What is that description, in your own words, or if there is no written description, can you describe the priority population for the child-serving system, in your own words?
3. Approximately what percentage of children in your area is included in this priority population? _____
4. Approximately what percentage of this priority population actually receives services from the system? _____
5. How often does the description of the priority population get revised?

6. Have you seen a written description of the service history and clinical profile of this population? (Y/N)
7. Have you seen a written description of the strength and needs of this population? (Y/N)

