Case Studies of System of Care Implementation

Core Research Team
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Introduction

- Systems of care have been found to positively affect the structure, organization and availability of services (Hoagwood, Burns, Kiser, Ringeisen & Schoenwald, 2001),
- Implementation of systems of care is challenged by a lack of understanding regarding the
  - factors that contribute to system development and
  - how these factors interact to establish well-functioning systems.

Purpose of Study

- To identify strategies that local communities undertake in implementing community-based systems of care
- To understand how factors affecting system implementation contribute to the development of local systems of care

Research Questions

- What structures and processes produce systems of care?
- Are there certain conditions that trigger successful system implementation?
- Are there fundamental mechanisms for change?
- What is the relationship among factors that affect system implementation?

Study Design

- Multi-case embedded case study design
  - Phenomena in real-life context
  - Processes that evolve over time
  - Not under control of researcher
- Compare how communities conceptualize, operationalize, implement systems of care

Sampling Strategies

- 10 Cases
  - 5 communities identified as Established Systems of Care (ESOC)
  - 5 Communities identified as Potential Systems of Care (PSOC)
- Pilot Phase: 2 sites selected through nomination process
- Phase I: 4 Sites identified through results of Study 1
- Phase II: 4 Sites identified through results of Study 1

Site Selection Criteria

Criteria for All Participating Sites:

- Expressed commitment to systems-of-care values and principles
- Identified need for local population of children with serious emotional disturbance
- Goals for identified population of children with serious emotional disturbance that are consistent with systems-of-care values and principles

Site Selection Criteria

Criteria for Established System of Care Sites:

- Actively implementing strategies to achieve expressed goals for identified population
- Can provide outcome information that demonstrates progress toward these goals

Criteria for Potential System of Care Sites:

- Strategies to achieve expressed goals are still being developed and/or have not been implemented
- Not yet achieving outcomes related to goals

Data Collection

- Document Review
- Local Factor Definition Pattern Matching
- Direct Observation
- Semi-Structured Key Informant Interviews
- Documented Aggregate Outcome Data (ESOC)

Analysis

- Patterns of local factor identification and definition
- Patterns of system implementation process
- Patterns of system structure
  - Confirm or disconfirm patterns
  - Within and across respondents
  - Within and across sites

Anticipated Results

- Understand system of care implementation within local context
- Know more about how factors affecting system implementation are linked and affect one another
- Identify successful system implementation strategies

System of Care Implementation: Lessons learned from Fourteen Graduating CMHS Grant Communities

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Purposes of Study

- Assess how well this early cohort of grant communities implemented a System of Care
- Identify the facilitators and barriers to SOC implementation
- Describe the lessons learned from their experiences
- The study was not intended to be an evaluation of each community

Sources of Data

- Original Grant Applications
- Continuation Applications
- ORC-MACRO "Systemness" site visit reports
- CMHS monitoring and technical assistance site visit reports

Methodology

- 38 indicators corresponding to either SOC characteristics or management and implementation principles were identified and operationalized based on SOC and program implementation frameworks
- Atlas.Ti software was used to code and sort documents according to the 38 indicators

Methodology

- The set of 38 indicators assessed implementation factors within five domains
  - Planning and Implementation Processes
  - Governance
  - Management
  - Service System Processes and Characteristics
  - Service Delivery Characteristics and Components

Methodology

- A five point scale was developed for each indicator.
  - Each rating of implementation was anchored to to the definition of a component
  - A rating of 5 meant that the information showed that the grant community clearly met the definition for a component

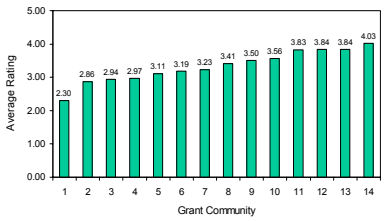
Methodology

- Each grant community was treated as an individual case study
- Two readers were assigned to each grant community
- Readers resolved any coding disagreements between them and rated that component with the scale

Methodology

- Each two-member team presented the "story" of their assigned Grant Community to the entire project team for discussion and revision of ratings

Average Rating of Implementation for the 14 Grant Communities



Implementation Ratings

- Only 1 of the GCs received an overall high level (Average rating of at least 4.0) of implementation of the SOC components
- 4 GCs received average scores of less then 3 indicating poor implementation overall
- The remaining 9 had scores between 3 and 3.9 showing a modest level of overall implementation

Planning and Implementation Processes

Planning and Implementation Processes	Item Mean	High (4–5) % Ratings	Medium (3) % Ratings	Low (1–2) % Ratings
Governance and funding partners defined	4.43	79%	21%	0%
Population defined	4.79	100%	0%	0%
Strategy defined	3.57	57%	21%	21%
Strategy responsive to community context	3.21	43%	29%	29%
Geographic catchment area defined	3.64	36%	64%	0%
Clear goals	3.86	50%	50%	0%
Theory of change	1.43	7%	7%	86%
Cultural competence	3.71	50%	36%	14%
Strengths based	3.14	21%	64%	14%
Sustainability	2.86	36%	29%	36%
Average Rating	**3.02**	**48%**	**32%**	**20%**

Governance

Governance	Item Mean	High (4–5) % Ratings	Medium (3) % Ratings	Low (1–2) % Ratings
Governance structure designed to support the system of care	3.79	71%	21%	7%
Value/principle base	3.36	43%	43%	14%
Leadership in the advocacy for children and families	2.14	7%	43%	50%
Family involvement in governance	4.07	71%	21%	7%
Average Rating	**3.34**	**48%**	**32%**	**20%**

Management

Management	Item Mean	High (4–5) % Ratings	Medium (3) % Ratings	Low (1–2) % Ratings
Stable leadership	3.50	79%	0%	21%
Effective leadership	2.88	25%	50%	25%
Workforce development	3.07	21%	64%	14%
Information for improving systems quality	3.79	71%	21%	7%
Financing strategies	3.64	64%	7%	29%
Flexibility in financing	3.21	43%	29%	29%
Collaboration and communication at the organizational level	3.36	57%	0%	43%
Average Rating	**3.35**	**53%**	**23%**	**24%**

Service Delivery Characteristics and Components

Service Delivery Characteristics and Components	Item Mean	High (4–5) % Ratings	Medium (3) % Ratings	Low (1–2) % Ratings
Team process	3.23	38%	38%	23%
Care management structure	4.00	86%	7%	7%
Family involvement in service planning	3.71	64%	7%	29%
Services provided to whole family	4.43	71%	29%	0%
Engage families in care	3.86	64%	21%	14%
Outreach	4.00	50%	50%	0%
Service plans for children and families	3.71	50%	50%	0%
Services provided in least restrictive, most normal environment	4.00	77%	15%	8%
Early identification and intervention of behavioral health problems	1.07	0%	0%	100%
Smooth transition to adulthood and independence	1.85	8%	8%	85%
Average Rating	**3.08**	**51%**	**23%**	**26%**

Service System Processes and Characteristics

Service System Processes and Characteristics	Item Mean	High (4–5) % Ratings	Medium (3) % Ratings	Low (1–2) % Ratings
Collaboration at direct service levels	3.43	43%	43%	14%
Information for improving direct service quality	2.43	14%	36%	50%
Accessible or multiple points of entry	3.86	79%	21%	0%
Provider network	3.21	43%	14%	43%
Services network	3.57	36%	57%	7%
Access to evidence-based programs and practices	1.00	0%	0%	100%
Continuity of care at the direct service level	2.93	29%	29%	43%
Average Rating	**2.92**	**35%**	**29%**	**37%**

General Findings

- The overall results were very consistent with the initial 9 community study
- Grant Communities were more successful in making changes at the service delivery level for enrolled children than in making systems changes

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General Findings

- GCs were still having difficulty in articulating a theory of change (How do we get from A to B) to guide their efforts
- Many GCs did not developed a clear set of strategies for implementing the SOC based on their specific circumstances and an understanding of the advantages and disadvantages of the choices made nor did they regularly update them to fit changing circumstances

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General Findings

- Most GCs assumed once agreement was reached on values and principles such as coordination it would occur without developing explicit infrastructure and processes to ensure that they were in fact implemented at all levels

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General Findings

- Few GCs used pooled funding as a strategy for services integration
- Developing strategies to ensure the sustainability of the whole system of care proved to be difficult for most GCs
- Most GCs felt that some enhancements such as care managers and child and family teams would be sustained

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General Findings

- All of the grant communities were generally successful in making services accessible by removing financial barriers and making services available at convenient locations and hours
- Having a full array of services available provided no assurance that the services were integrated, or that they were available in sufficient quantity or quality

General Findings

- During the grant-funding period, more progress appears to have been made at the practice level and less at the system level
- There tended to be a reliance on a "train and hope" strategy without the necessary supervision and coaching necessary for full implementation

General Findings

- However, for key principles such as strengths based, cultural competence and individualization there was considerable training, general adoption into assessments; but there was less use of these principles in treatment plans and very few instances of actual application to the services delivered
- Care Managers were still the main vehicle for coordination rather than a true team approach

General Findings

- There was still very little systematic data collection (aside from the data collected for the National Evaluation) at either the system or individual child and family level, which was regularly analyzed and fed back quickly so it could be used for quality improvement purposes

General Findings

- The use of evidence based practices was minimal and usually restricted to MST
- There seemed to be little emphasis on developing and using best practices and little effort to devise strategies to overcome financial or structural barriers which might impede their adoption

Conclusions and Recommendations

- The major implementation problems generally relate more to change at the systems level
- Changes which occurred at the practice level tended to be confined to the most active agencies in that particular SOC and particularly to the children enrolled in the program

Conclusions and Recommendations

- Four areas which presented the greatest problems for the grant communities were
  - developing adequate theories of change and implementation plans;
  - data-driven quality improvement mechanisms
  - the the use of evidence based practice
  - diffusing SOC values and principles throughout the multiple systems serving children with SED

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Conclusions and Recommendations

- Implementing a SOC is essentially a question of changing inter-organizational relationships
- The grantee must have the resources to provide sufficient incentives to other child-serving agencies to change the way they conduct their business

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Conclusions and Recommendations

- However there are problems with the current program design which make this inherently difficult
  - While the amount of money involved is substantial for children's mental health, it is a small amount compared to other systems such as child welfare, education or Juvenile Justice
  - The number of children involved in the program were too small to make a whole system change the way it did business

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Conclusions and Recommendations

- The development of strategies to change the incentive structures to encourage the true systems change required for sustainable effective systems of care should be an urgent priority
- Consistent with the 9 cohort study, this replication showed there was a moderate level of implementation of SOC but there are still key areas that require attention, in order to realize the full potential of SOCs

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