Symposium
System of Care Implementation:
Findings from a National Survey
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March 3, 2009

Identification and Recruitment Procedures

• Respondents found it difficult to restrict responses to the designated county

• Respondents identified several issues

• Multiple strategies were made available and piloted

• Telephone interviews

• Use of email attachments

• Faxes

• Mailing a hard copy with stamped return envelope

• Respondents identified several issues

• Survey was too long

• Experienced difficulty answering the questions in some sections of the survey

• Others wanted an on-line survey

• In response to these comments and suggestions

• Survey was shortened

• Added a “Don’t Know” response option

• Respondents were given the opportunity to skip sections that they did not have sufficient information to answer

• A web-based version of the survey was developed.

Questionnaire Development

• Multistage Process

– Comprehensive review of the literature to identify domains associated with the successful implementation of systems of care (14 factors identified)

– Teams, including parents, with knowledge and expertise

• Drafted domain definitions

• Generated survey items

– Survey items were edited for redundancy and structured in a common format for administration

– A national panel of six “experts”

• Reviewed draft domain definitions and survey items

• Rated the importance of each item in assessing the domain

• Identified gaps that needed to be filled in

– Domain definitions and survey items were modified based on experts’ comments

• Some items were eliminated

• A few items were added

– 2 parent consultant reviewed draft for “readability” and “understandability”

– The process resulted in the initial draft of the SOCIS.

Piloting the SOCIS Survey and Data Collection Procedures

• The SOCIS was pilot tested in the Spring 2006 to assess the:

  – Adequacy of the draft SOCIS protocol

  – Feasibility of the proposed data collection procedures

  – Amount of time that was required to obtain survey completed responses

• Seven counties were randomly selected based on population sizes

• About 50 respondents total from the four respondent groups (MH administrators/service providers, Special Education administrators/service providers, Family members/advocates, Other Child serving personnel)

• A subsample of respondents participated in a cognitive interview process during which they discussed their reactions to and understanding of each survey item

• To identify respondents

  – Emails were sent to the state directors of children’s mental health services

  – Interactive voice response (IVR) system was used to contact the state directors

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Selection of National Sample of Counties

- Used probability sampling
- Used data on population size and percentage of individuals living in poverty on all 3,083 US counties (National Association of Counties, 2008)
- Counties were categorized into 14 strata (7 population sizes x 2 poverty levels)
- A disproportionate stratified probability sample of 225 counties randomly was selected from these strata
- Smaller counties were under represented to insure counties serving the majority of the nation’s children were included
- The resulting sample included 225 counties from 46 states and the District of Columbia (Not sampled: Alaska, Montana, Nevada, and South Dakota).

County Selection

- In each of the 225 counties we attempted to identify 3-15 key informants across the four key stakeholder groups:
  - Mental Health administrators/direct care service providers
  - Special Education administrators/direct care service providers
  - Family members/advocates
  - Personnel from other child serving agencies (e.g., child welfare, juvenile justice)
- Goal to obtain 1,959 completed SOCIS

Recruitment of Respondents

- Experienced field staff
  - received a one-day intensive training program
  - assigned “caseloads” of counties within the same state to become familiar with the manner in which the states were organized
  - participated in weekly supervisory meetings
- Staff conducted web searches to identify key informants in each stakeholder group
  - contacted them using the telephone and/or email
  - those agreeing were given multiple options for completing the SOCIS - most selected the web-based option
  - sent weekly reminder emails
  - after five weeks their names was removed and efforts were made to recruit another individual from that stakeholder group

So what did we learn?
Symposium
Overview of the System of Care Implementation Survey (SOCIS): Instrument and Descriptive Results

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Overview of Presentation
• Describe final sample of counties and respondents
• Describe psychometrics of the SOCIS
• Provide overview and descriptive statistics of results

Sample - Counties
• Successful in obtaining responses from 225 counties
• These counties were located in 46 states and DC.
• Not included: Alaska, Montana, Nevada, and South Dakota.

Number of Counties by State (N=225)

Distribution of Counties by State

Respondents
• Successful in obtaining 910 respondents
• Respondents reported knowing the mental health system well

“How knowledgeable are you about your local children mental health service system?”

Mean = 4.32, with 5 = very knowledgeable
Number of Respondents per State (N=910)

• Mental health administrators or direct care providers
  - 307 (34%)
• Special Education administrators or direct care providers
  - 243 (27%)
• Family members or advocates
  - 72 (8%)
• Other service-related personnel
  - 288 (31%)

Number of respondents per county

• 56% of the counties (127) had less than 3 respondents
• 37% of the counties (84) had between 4 and 8 respondents
• 6% of the counties (14) had between 9 and 27 respondents

SOCIS
System of Care Implementation Study

• 14 factors or subscales
  (1) Family Choice and Voice, (2) Individualized CC tx, (3) outreach and access to care, (4) transformational leadership, (5) theory of change, (6) implementation plan, (7) local population of concern, (8) interagency collaboration, (9) values and principles, (10) comprehensive financing plan, (11) skilled provider network, (12) performance measurement system, (13) provider accountability, and (14) management and governance
• 70 items (or 5 to 6 items per factor)

How did the SOCIS questionnaire perform?

• Coefficient alphas reveal acceptable reliability of each of the 14 factors (ranged from .69 (skilled provider network) to .94 (transformational leadership)
• 10 of the 14 factors had alphas at .80 or above
• Confirmatory Factor Analysis (CFA): all factors were measured reliably and were significantly correlated with each other as predicted by the model. The inter-correlations among factors formed a second order factor “general factor.”

What did we find?

• Nominal coefficients of the second order factor formed a general factor with reliability of .95
22nd Annual RTC Conference Presented in Tampa, March 2009

Factor Means
(County N=225)

<table>
<thead>
<tr>
<th>Factor</th>
<th>National Mean</th>
<th>County Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family Choice and Voice</td>
<td>3.31</td>
<td>3.06</td>
</tr>
<tr>
<td>2. Individualized, CC Treatment</td>
<td>3.04</td>
<td>2.97</td>
</tr>
<tr>
<td>3. Outreach and Access to Care</td>
<td>2.31</td>
<td>2.97</td>
</tr>
<tr>
<td>4. Transformational Leadership</td>
<td>2.94</td>
<td>2.63</td>
</tr>
<tr>
<td>5. Theory of Change</td>
<td>2.88</td>
<td>2.81</td>
</tr>
<tr>
<td>6. Implementation Plan</td>
<td>2.24</td>
<td>2.93</td>
</tr>
<tr>
<td>7. Local Population of Concern</td>
<td>3.23</td>
<td>2.88</td>
</tr>
<tr>
<td>8. Interagency Collaboration</td>
<td>3.97</td>
<td>3.65</td>
</tr>
<tr>
<td>9. Values and Principles</td>
<td>2.94</td>
<td>2.83</td>
</tr>
<tr>
<td>10. Comprehensive Financing</td>
<td>2.83</td>
<td>2.45</td>
</tr>
<tr>
<td>11. Skilled Provider Network</td>
<td>14%</td>
<td>8%</td>
</tr>
<tr>
<td>12. Performance Measurement System</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>13. Provider Accountability</td>
<td>12%</td>
<td>73%</td>
</tr>
<tr>
<td>14. Management &amp; Governance</td>
<td>51%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Factors are on a five point scale with 5 being the highest.

% of counties above an average factor rating of:

<table>
<thead>
<tr>
<th>Factor</th>
<th>“3” Moderate Extent</th>
<th>“4” Great Extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values and Principles</td>
<td>81%</td>
<td>59%</td>
</tr>
<tr>
<td>Individualized and CC Tx</td>
<td>95%</td>
<td>29%</td>
</tr>
<tr>
<td>Transformational Leadership</td>
<td>84%</td>
<td>37%</td>
</tr>
<tr>
<td>Theory of Change</td>
<td>86%</td>
<td>26%</td>
</tr>
<tr>
<td>Family Choice and Voice</td>
<td>77%</td>
<td>13%</td>
</tr>
<tr>
<td>Management and Gov</td>
<td>73%</td>
<td>11%</td>
</tr>
<tr>
<td>Performance Measurement System</td>
<td>51%</td>
<td>8%</td>
</tr>
<tr>
<td>Four Factors: Access, Interagency, Financing, &amp; Accountability</td>
<td>~46%</td>
<td>~9%</td>
</tr>
<tr>
<td>Local Population of Concern</td>
<td>33%</td>
<td>12%</td>
</tr>
<tr>
<td>Implementation Plan</td>
<td>28%</td>
<td>9%</td>
</tr>
<tr>
<td>Skilled Provider Network</td>
<td>8%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Mean ratings per respondent

- Respondent from MH had the highest factor means.
- MH means higher than family members/advocates
- Respondents from the Education sector had the lowest ratings.

"They’re harmless when they’re alone, but get a bunch of them together with a research grant and watch out!"
Next Phase