Readiness for System of Care Implementation Supporting

Child Mental Health Services

Across Indiana

System of Care Implementation Survey (SOCIS) Overview
March 2014

Indiana System of Care Partners
Indiana University School of Social Work

Acknowledgements

Recommended Citation

Walton, B. A., & Evans, P. I. (2014). *Readiness for System of Care Implementation Supporting Child Mental Health Services across Indiana. System of Care Implementation Survey (SOCIS) Overview, March 2014*. Indianapolis, IN: Indiana System of Care Partners and Indiana School of Social Work, Indiana University.

Introduction

The System of Care (SOC) model of service delivery supports accessible, effective mental health services and supports for young people with mental health needs and their families. SOC models seek to develop service systems that are child centered, family focused, community based, and culturally competent. A collaborative infrastructure supports access to a comprehensive array of individualized services that are delivered in the least restrictive settings with family members involved at all levels of planning and delivery of services.

In July 2013, Indiana System of Care Partners (Indiana Family & Social Services Administration, Division of Mental Health & Addiction, the National Alliance on Mental Illness (NAMI) Indiana, and the Department of Child Services) received a SOC Expansion Planning grant from the Substance Abuse Mental Health Services Administration (SAMHSA) to develop a strategic expansion and sustainability plan for systems of care statewide.

To assess Indiana's readiness to implement systems of care, the new Children's Mental Health Advisory (CMHA) board selected the *Systems of Care Implementation Survey* (SOCIS, Greenbaum, Friedman, Kutash, & Boothroyd, 2008) to assess local and state levels of system of care development. SOCIS is a survey to measure the level of implementation for 15 SOCIS factors that are related to the development and sustainability of mental health services and supports for children and their families. (See SOCIS factor definitions at the end of this report.)

State Level System of Care Implementation. The SOCIS was completed by members of the state governance board, the Childrens Mental Health Advisory (CMHA) board, and other stakeholders. These 76 individuals provided their perception as to the functioning of the service delivery system for the entire state.

Local System of Care Implementation. The SOCIS was completed by 546 local stakeholders who had been recruited from local communities and regions by the Indiana System of Care Planning Team and Key Contacts from local counties and/or regions. The goal was to have at least four to six completed surveys from each county from individuals who are knowledgeable about local child mental health services and who represent a variety of perspectives (families, youth, mental health administrators, service providers, child welfare, juvenile justice, education, advocates, the faith-based community, and other interested individuals).

Each SOCIS factor included several questions that were rated on a 1 to 5 scale regarding the level of local implementation (with 1 = 'not at all' and 5 = 'very great extent'). 'Yes' and 'No' questions were coded '5' and '1', respectively. A 'Don't Know' option was also available.

The purpose of this report is to provide a "snap shot" description of the implementation levels of the SOC service model in Indiana. The overall functioning of the SOC will be described from both the perspective of the 76 respondents who rated the entire state and the perspective of the 546 respondents who rated their own community. This report uses data provided from counties where at least three respondents completed the survey. To estimate the level of local SOC implementation, mean factor scores of '3' or higher were counted. The level of implementation (readiness), defined by Kutash, Greenbaum, Wang, Boothroyd, & Friedman (2011), follows:

- High level of SOC Implementation = score of '3' or above on 11 or more of the 15 SOCIS factors.
- Mid-range level of SOC Implementation = score of '3' or above on 6 to 10 factors.
- Beginning level of SOC Implementation = score of '3' or above on 5 or less factors.

This report reflects the overall level of system of care for the State of Indiana using information both from key stakeholders who rated the entire state and from those who rated their own community. In addition, the level of development of each SOCIS factor (important components of local SOC infrastructure to support accessible and effective mental health services and supports) is detailed for each participating county.

Findings

Respondents

Many different perspectives were reflected among individuals (n = 622) who completed the SOCIS.

Percentage of Each Type of Respondent
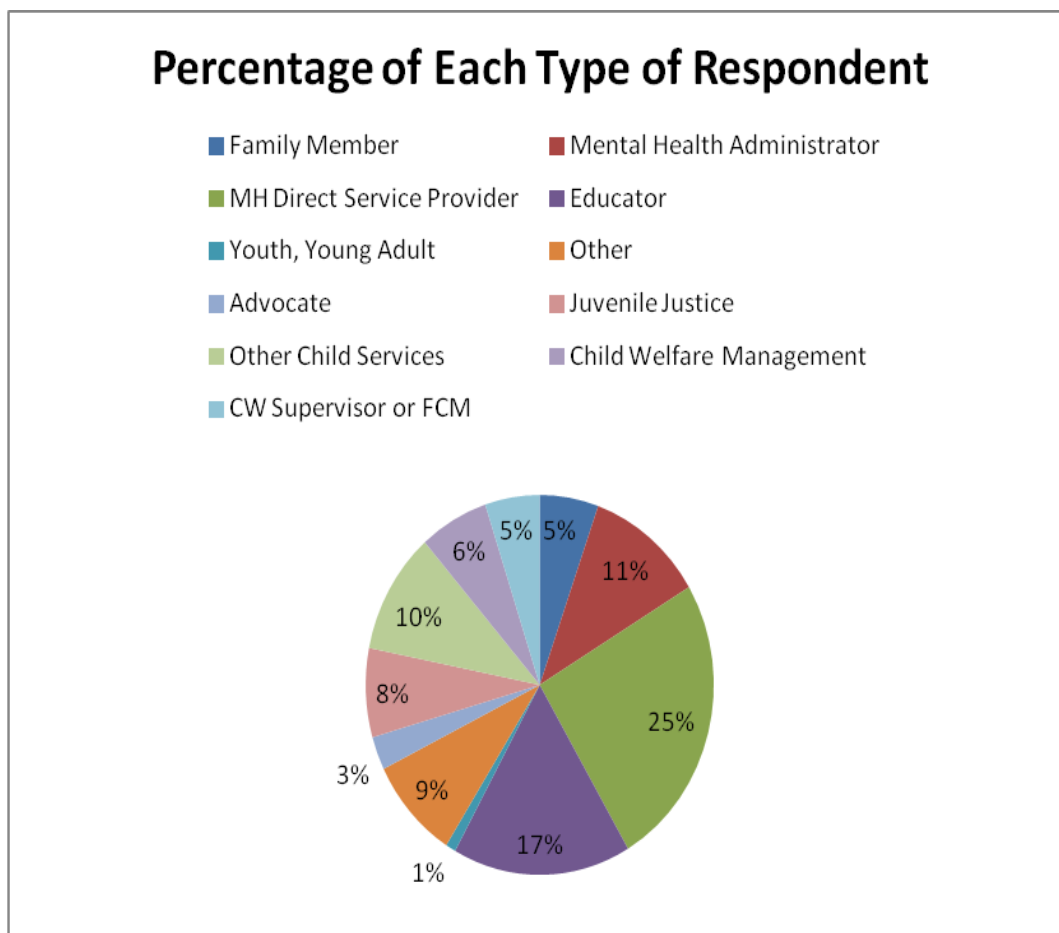
Overall State Level SOC Implementation

For the newly developing state level SOC, respondents (n = 76) rated the current level of implementation on 15 SOC factors for the state as a whole. The average score for each SOCIS factor is reported below. The factor regarding the existence of principles and values to drive the SOC ("existence of an explicit statement of Core Values and Principles guiding system development and evaluation") was rated highest, reflecting answers of 'yes' from most respondents.

State Level SOCIS Factor Mean Scores
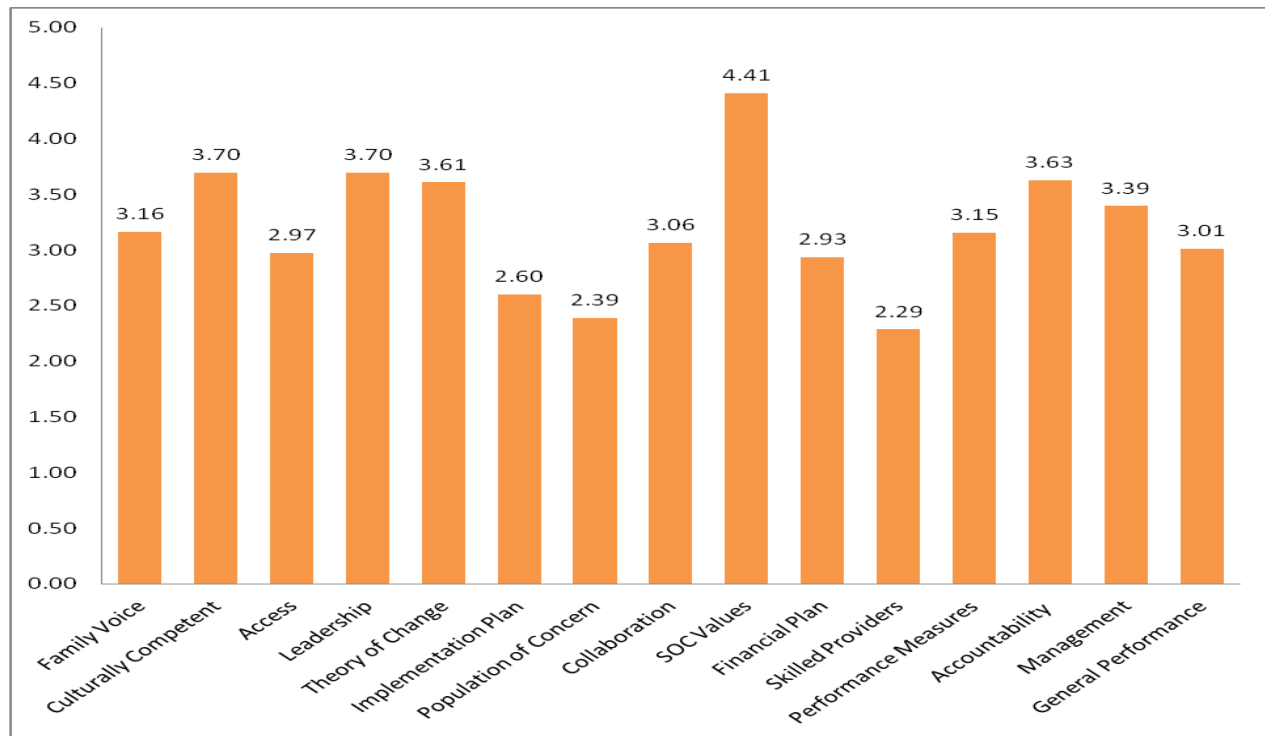
Four factors were rated as highly adequate on the 1 to 5 point scale averaged (3.61 – 3.70):
>   (1) Individualized, Comprehensive, and Culturally Competent Treatment,
>   (2) Transformational Leadership,
>   (3) Provider Accountability, and
>   (4) Theory of Change.

Five factors were rated in the moderately adequate range (3.01– 3.39):
>   (1) Management and Governance,
>   (2) Family Choice and Voice,
>   (3) Performance Measures,
>   (4) Collaboration, and
>   (5) General Performance.

Five factors were rated the lowest (2.29–2.97), area needing improvement:
- (1) Outreach and Access to Care,
- (2) Comprehensive Financing Plan,
- (3) Implementation Plan,
- (4) Population of Concern, and
- (5) Skilled Provider Network.

Since there was a mean score of '3'or higher on 6 to 10 of the SOCIS factors, **the overall level of SOC Implementation   for Indiana's state SOC is within a Mid-range level** (Kutash et al. 2011).

Overall Local SOC Implementation across Indiana

Community respondents (n = 546) rated local system of care implementation using the SOCIS. These respondents represented 61 counties and included those counties that had three or more respondents who completed the SOCIS. Overall, the SOCIS ratings indicate:

- High Level of SOC Implementation in 22 counties,
- Mid-Level SOC Implementation in 30 counties, and
- Beginning Level of SOC Implementation in 9 counties.

It should be noted that 31 counties could not be included in this report. For 18 counties, there were less than three respondents and for the additional 13 counties, no SOCIS surveys were received.

To determine statewide local SOCIS factor mean scores, survey factor item ratings from all community respondents were used. SOCIS factor means, at or above '3', were counted to determine the level of SOC implementation statewide (Kutash et al 2011). **Where available, Indiana's overall level of local SOC development falls in the Mid-range of SOC implementation. Statewide community SOC ratings identify areas of strength and areas for further development.** Consistently, using (1) SOC Values and Principles, and (2) having Individualized, Comprehensive, and Culturally Competent Services are strengths. Having Local champions (Transformational Leaders), having a Theory of Change, ensuring Provider Accountability, and Mangement and Governance are also established in many communities.

Two factors, (1) Family Choice and Voice and (2) Access to Care are often, but not always present. Implementation is less than adequate to build and sustain SOC for effective, accessible mental health services for young people and families for the following six factors:
(1) Implementation Plan, (2) identified Population of Concern, (3) Financial Plan,
(4) Skilled Providers, (5) Performance Measurement, and (6) General System Performance.

Overall SOC Factor Mean Ratings for Local SOC Implementation
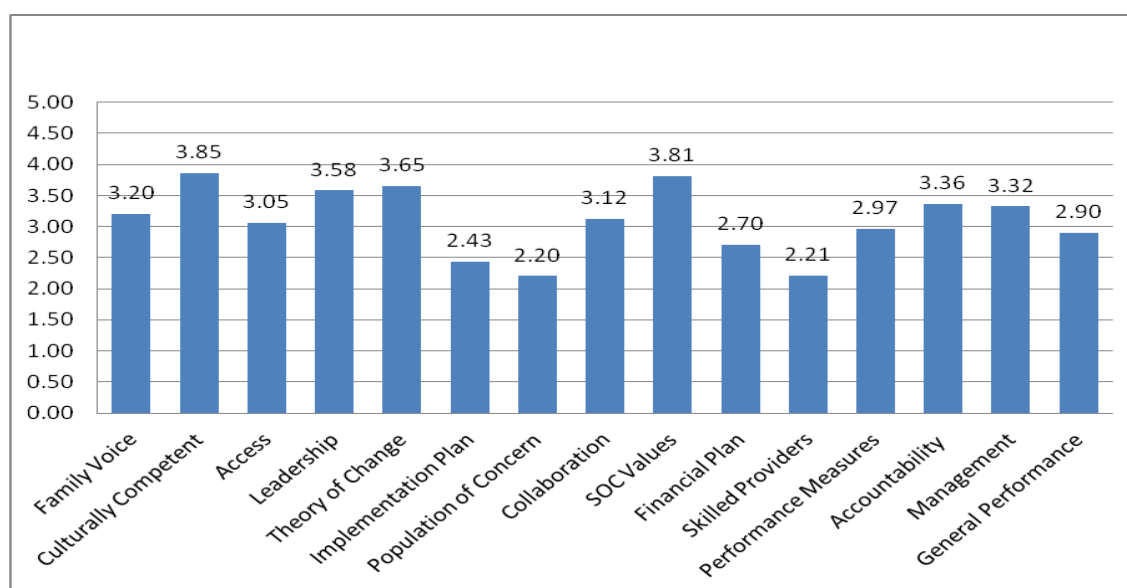
Differences in Perspectives

 Differences in SOCIS factor ratings were found among respondents. Differences in the perspectives by type of respondents were found across 14 of 15 SOCIS factors for local SOC development. For this analysis, specific roles were collapsed into six major category groups: Family, Youth, and Advocates; Mental Health Providers, Educators, Juvenile Justice, Child Welfare, Other Child Service Providers, and Other Community Partners. The only factor whose level of agreement was similar across categories was for the factor of having an "implementation plan".

Comparing Mean SOCIS Factor Ratings across Types of Providers
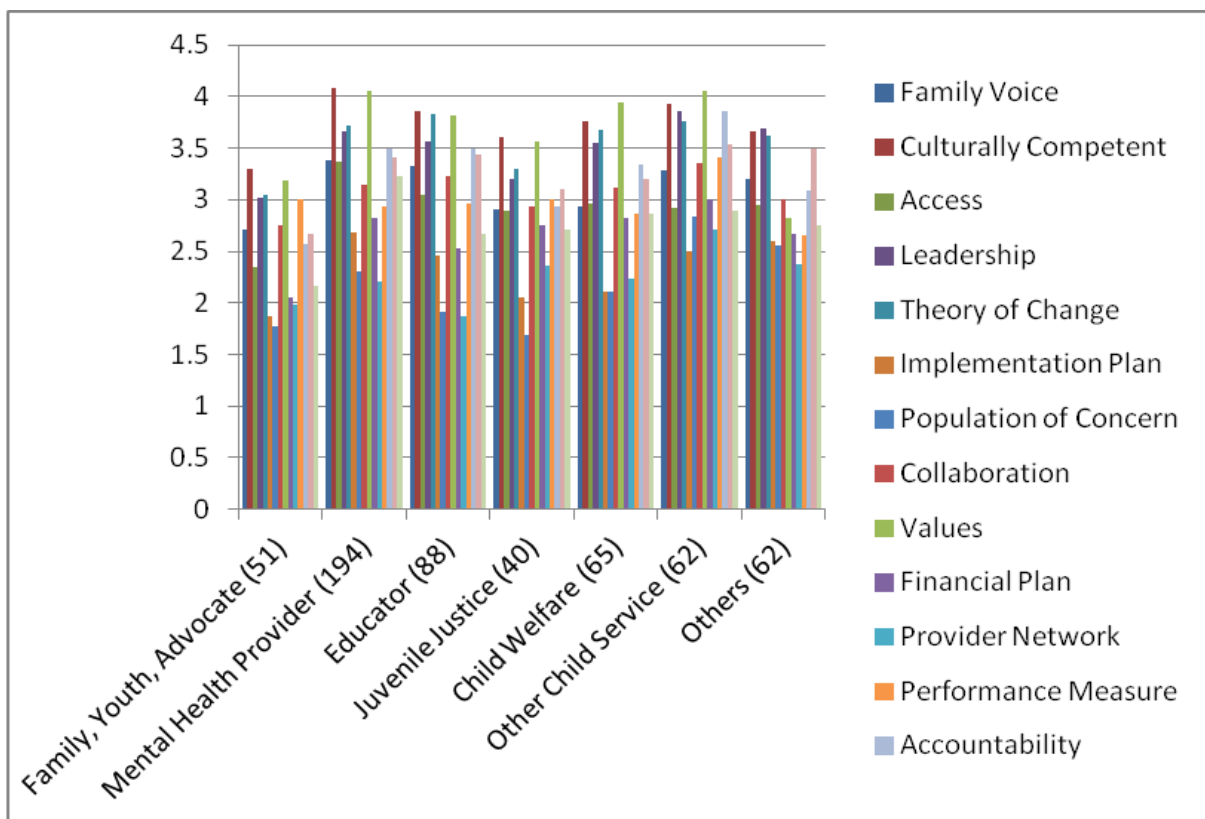
Family members, youth, and advocates tended to rate most SOCIS factors lower than did other types of respondents. Similarities are found in ratings by individuals working in mental health, other child service providers, and child welfare.

Discussion

This report provides information on the state level of SOC implementation using the SOCIS administered in December 2013-January 2014. Additional reports on the level of implementation at the local level for each county are also being developed. As some surveys were completed across multiple counties or regions, reports will also be issued reporting the information by Indiana's 18 Department of Child Welfare regions. In communities where the SOCIS was completed by five or more respondents with different perspectives, the findings describe the current level of local system of care development. When fewer than three people completed the survey, the results are not stable and only the raw scores will be reported as the overall level of SOC implementation cannot be accurately calculated. If all or most respondents represented one perspective (such as only mental health provider or child welfare), findings are also limited. **All results need to be compared to other information about collaboration, resources, availability and effectiveness of services, ability to monitor progress, underlying values and principles, and ability to manage and improve services and outcomes. The survey information can be used for local quality improvement initiatives and as a baseline against which to monitor progress.** It describes strengths, challenges, and possible opportunities to continue developing systems of care to support the mental health of Indiana's young people and families. SOCIS results combined with feedback from family focus groups, the SOC Planning Search Conference Committee, and SOC partners support Indiana's emerging SOC Implementation Strategic Plan.

Across other states and communities, systems of care vary widely in their structure and level of development. To better understand the meaning of Indiana's SOCIS results, future reports will compare Indiana's SOCIS ratings with those of 225 counties across the Unites States by size and level of poverty (Kutash et al. 2011). We also plan to use a case-mix statistical method to estimate the level of local SOC development in counties which did not have enough SOCIS data to accurately describe the level of SOC development as Beginning, Mid-level or High.

System of Care Implementation Survey SOCIS Factors

(Greenbaum, Freidman, Kutash, & Boothroyd, 2008)

1. Family Choice and Voice -- Family and youth perspectives are actively sought and are given high priority during all planning, implementation, and evaluation of the service system.

2. Individualized, Comprehensive and Culturally Competent Treatment -- A range of services that is available to support the development of individualized, culturally competent, and comprehensive treatment plans that assist the child and the entire family. Individualized treatment is when the services provided are based on the specific needs and strengths of individual children and their families. Comprehensive treatment addresses functioning across the full array of life domains. Culturally competent treatment addresses the specific cultural/racial/language characteristics of the family, community, and service providers that impact treatment plan effectiveness.

3. Outreach and Access to Care -- Outreach and service access are procedures (e.g., home visits, mental health workers in the schools) that facilitate obtaining care for all individuals in the identified population of concern.

4. Transformational Leadership -- Transformational leaders are individuals who, articulate a long-term vision that inspires others, challenge assumptions and take risks, and listen to the concerns and needs of others.

5. Theory of Change -- A theory of change is the expressed beliefs and assumptions for how to serve child and adolescent populations and reach identified goals.

6. Implementation Plan -- An implementation plan identifies procedures and strategies to achieve goals and objectives at program and system levels and includes projected timelines and expected outcomes.

7. Local Population of Concern -- The intended beneficiaries of the service system (i.e., the local population of concern) should be clearly described. Specific information should include the number of children and adolescents who are eligible for services, their ages, diagnostic profiles, and demographics including cultural/racial/language diversity, location in the county, service histories and any special needs of groups in the population.

8. Interagency and Cross-sector Collaboration -- A formal process concerned with facilitating collaboration among the various child-serving sectors (e.g., mental health, education, child welfare, juvenile justice). This process usually includes an interagency committee, which has designated participants who represent the various agencies and have regularly scheduled meetings.

9. Values and Principles – System of care values and principles refer to an explicit statement of core values and principles that guide system development and evaluation. These values and principles have been adopted through an inclusive, participatory process. For example, core values may include: Child-centered and family-driven: The needs of the child and family dictate the services provided. Community-based services: management and decision-making responsibility reside at the community level. Culturally competent: agencies, programs, and services are responsive to the cultural, racial, and language diversity.

10. Comprehensive Financing Plan -- A comprehensive financing plan is consistent with the goals of the system, identifies expenditures across major child-serving sectors, utilizes varied sources of funding, promotes fiscal flexibility, maximizes federal entitlements, and re-directs spending from restrictive placements to home- and community-based services.

11. Skilled provider network -- A skilled provider network represents an assessment of the group of service providers that populate a particular system. They should be diverse in background, culturally competent, effective in providing services, behave consistent with the values and principles promoted by the system, and have sufficient capacity to provide family choice.

12. Performance Measurement System -- The ongoing monitoring of program/system accomplishments, particularly progress towards pre-established goals. Performance measurement systems involve regularly collected data on the level and type of program/system activities (process), the direct products and services delivered by the programs (outputs), and the results of these activities (outcomes).

13. Provider Accountability -- Funding for providers is tied to their performance so that incentives have been created for high quality and family-responsive outcomes.

14. Management and Governance -- Management and governance refers to decision-making individuals and groups that are responsible for maintaining the system's values, principles, goals, and strategies. They use data and stakeholder input to manage and continuously strengthen and improve the system.

15. General System Performance – Overall system of care performance indicators (dashboards: accessible reports regarding number of young people entering the SOC and served each year; types of services received, outcomes; ease in making an appointment; providing care that works for people of diverse culturally, racial, and language groups; and improving outcomes for the local population of concern).

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