

***Developing Local Systems  
of Care  
in Rural Areas***

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# The Challenge

"The real difficulty in changing any enterprise lies not in developing new ideas but escaping old ones." John Maynard Keynes

The presentation has three parts:

- For background: System of Care History and Development
- Developing rural systems of care
- The national study to define community readiness (2008)

# Where Have We Been?

- Community Mental Health Act of 1963
- Programs
  - CASSP ~ 1984
  - MHSPY ~ RWJ Foundation 1989
  - Comprehensive Community Mental Health Services for Children and Their Families ~ 1992

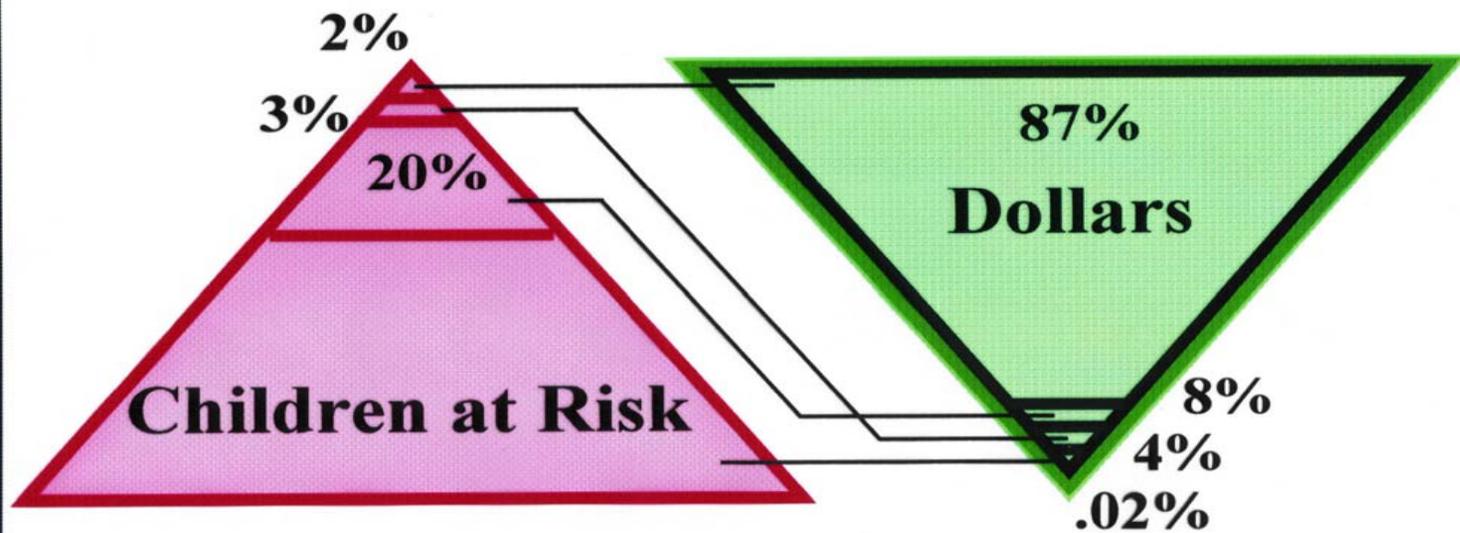
# Categorical Approach

- Assess problems
- Look at services or programs that are available ....
- Plug child into existing programs

# Where the Money Goes!

## Distribution of Resources for Children's Mental Health Services

*Allocation for a Composite State:*



# Serious Emotional Disturbance (SED)

- Federal Definition
  - Age - birth to 21
  - Diagnosis
  - Disability - functional impairment, multi-agency involvement
  - Duration - present for 1 year or expected to last 1 year

# The Comprehensive Community Mental Health Services Program for Children and Their Families

Provides funds to

- States
- Communities
- Territories
- Indian tribes & tribal organizations

# Government Investment

- Since 1993, 144 grants
- \$4-5 million per site, over 6 years
- Technical assistance, training
- Evaluation
- Currently, 59 funded sites, 83 graduated
- 2008-09, 18 new sites funded

# Program Principles

- Services should be driven by the needs and preferences of the child and family
- Service planning should be strengths based
- Management of services should occur in a multi-agency collaborative environment

# Program Principles-More

- Programs should be responsive to the cultural context of the population served
- Families should be the lead partners in planning and implementing the system of care.

# Developmental Shifts

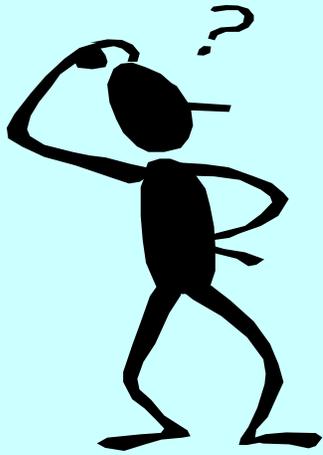
- **From:**
  - Adversarial
  - Conflicting objectives
  - Deals
  - Categorical services
  - Provider focus
  - External review
  - Lone Ranger
  - Value = \$s
  - Proprietary data
- **To:**
  - Collaborative
  - Shared visions & goals
  - Partnerships
  - Flexible services
  - Family focus
  - Internal improvement
  - Team member
  - Value = outcomes
  - Shared information

# Collaboration

- An unnatural act between non-consenting adults.
- A mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals.

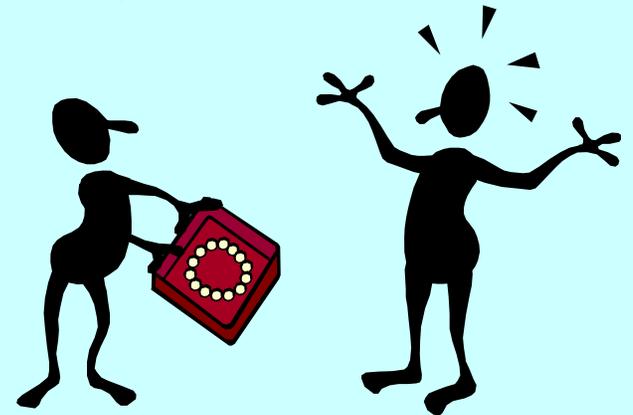
# Effective Collaboration

- Interactive process
- Persons with diverse expertise
- Engage in problem solving around mutually identified needs



## Is this Collaboration?

Goals are defined by mental health providers, then shared with families, educators, and others.



# Hopeful Trends

- Technology
- Outreach Programs
- Evidenced based practices
- Wraparound and efforts to develop a single plan
- Police Pocket Guide
- Efforts to train first responders

# Hopeful Trends

- Linking/integrating primary care and mental health
- Training/funding community professionals

# Getting Started

- Behaviors cut across all agencies

# Collaborating, Partnering & Integrating

- Wraparound and efforts to develop a single plan
- Wraparound when done well is a process of integration

*Working in a mosaic not  
in isolation – the promise  
and hope of integration*

## Great Smoky Mountain Study-1992 Caring for Children in the Community (1996)

- Funded by National Institute of Mental Health & The National Institute of Drug Abuse
- First of its kind study with children in the U.S.
- Focuses on co-morbidity of mental health and substance abuse in children
- Evaluates service use in 5 sectors; mental health, health, education, child welfare and juvenile justice

# Study Sample

- Total sample 2342 children
  - Great Smoky Mountain (GMS), 1422 children - 349 Cherokee, 1073 remaining counties
  - Caring for Children in the Community (CCC),
    - 920 children

# GSM & CCC Findings

- Five out of every 100 children will develop an emotional or behavioral disorder in childhood that meets the federal definition of a serious emotional disturbance, while another 20 to 25 will develop problems that are less severe, but still hold potential to disrupt their lives in childhood or adulthood.
- Twenty two percent of children with a severe emotional disturbance experienced a "derailment" such as expulsion from school. Unplanned pregnancy, conviction for a crime, or substance abuse, compared to 4.3 percent of children with mild mental health problems and less than one percent of children with few or no problems.

# GSM & CCC Findings

- The risk of severe emotional disturbances escalates with each stress factor in a child's life, including poverty, violence in the home, and having a parent who has been arrested, has a drug or alcohol problem, has a mental illness, is unemployed, or has less than a high school education.
- A third of children have experienced a "traumatic" event, but only a small percentage develop post traumatic stress disorder. Of those, all experienced multiple traumas; the breakdown came after a last straw trauma, which could be quite mild in itself.

# GSM & CCC Findings

- African-American and Native American children develop disorders at a similar rate as white children.
- Half of children prescribed Ritalin for Attention Deficit Hyperactivity Disorder have never had the disorder, and half of those who really do have it have never received the medication.

# GSM & CCC Findings

- Children who had nine or more sessions with a mental health professional had significantly fewer emotional and behavioral problems following treatment. Children receiving fewer than nine showed no improvement.
- Each year, only one in five children with a diagnosable disorder saw a mental health specialist. More than 75 percent of those were seen by school counselors and psychologist - more than any other mental health professionals.

# GSM & CCC Findings

- The risk of derailment among children with less severe disorders, while lower than youths with SED, was still eight times that of healthy children. Efforts to reduce risk in this group could have a substantial impact on outcomes for adolescents because they make up 20% of the population.
- <http://devepi.mc.duke.edu>

# Study Conclusions

- Schools are already “involved” with most children who are experiencing diagnosable mental health disorders.
- On going efforts to enhance interagency relationships between specialty mental health and the schools is essential.
- We need to increase professional mental health resources in the schools where children can easily take advantage of them.
- We need to organize for the long haul and focus our resources to maximize the benefits to children.

**Easy to believe in**

**Hard to do**

**Where to start?**

# Community Readiness

## A Missing Piece

- Start by determining the areas of readiness and areas needing strengthening
- But first, how to define readiness

**DEFINING COMMUNITY  
READINESS  
for the  
IMPLEMENTATION OF A  
SYSTEM OF CARE**

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# Credits

*This study was developed under Contract 280-03-4200, Task Order Number 280-03-4200, funded by the Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services. The contents of this presentation do not necessarily reflect the views or policies of the funding agency and should not be regarded as such.*

# Concept Systems, Inc.

For the project discussed today, the methods and software developed by Concept Systems, Inc., Ithaca, NY was selected as the best approach.

The Concept System© software: Copyright 2004-2007; all rights reserved. Concept Systems Inc.

# Why Concept Systems?

This system offers a next generation approach to data collection and management

- Moved concept mapping beyond focus group model
- Added web-based method to collect data
- Added statistical analyses, formerly subjective interpretation
- Added graphic presentations of finding
- Is flexible, applicable to many situations

# Definition

- A structured process used to organize the ideas of a group that wishes to develop framework for planning and evaluation.
- The process is used to develop pictorial representations of the ideas generated by the group and the relationships of these ideas to each other.

## Definition--More

- The participants express both their individual ideas and interact (face-to-face or virtually) with the entire group.
- The input is analyzed statistically and the findings are not subjective.

# Advantages

- Time efficient
- Easy to understand; no jargon
- Effective engagement strategy
- All participants have equal voice
- Supports ownership; empowers action

## Advantages - - More

- Allows for assessing multiple dimensions, such as importance and feasibility
- Grounded by statistical analyses, not subjective interpretation

# Uses for Concept Mapping

- Planning for change: to set goals, for implementation and/or sustainability of change, for logic model development
- State level change; corporate change
- Evaluation, using repeated measures

# Concept Systems, Inc. Example of Clients



# Process - how does it work?

- Selecting a group
- Brainstorming
- Sorting the responses
- Rating the responses

# What is Brainstorming?

- Participants generate ideas about the topic of interest
- There are no limits on the number of ideas, though excessive numbers may become cumbersome.

# Sorting

- Each person is presented with the items resulting from brainstorming
- Each person puts items into piles that go together
- Each person labels the piles

# Rating

- Utilizes a Likert scale
- Each person rates each item on two separate dimensions
- Each item is rated on a 1 to 5 response scale with 1 equaling strongly disagree and 5 equaling strongly agree

# How the Data are Analyzed

- Data from the brainstorming, sorting and rating are statistically analyzed, using item analyses, hierarchical cluster analyses and multidimensional scaling
- Findings are not based on opinions or subjective interpretations.

# Design of Study to Define Community Readiness

Concept mapping fit the requirements to gather and organize information

- Needed to build consensus among diverse populations
- Participants were scattered across the country
- Wanted a transparent and not subjective process

# Study Design--More

- Used Concept Systems "Global" software to gather information
- Through e-mail invited participants, gave instructions, and link to website

# Study Sample

- Selected participants experienced in implementing systems of care
- Invited two groups totally 223 people
  - Group 1: 151 representatives from 27 5<sup>th</sup> and 6<sup>th</sup> year sites
  - Group 2: 72 experts in systems of care (trainers, researchers, evaluators, consultants)

# Phase 1: Brainstorming

Participants responded by entering statements online to:

**“To be ready to develop a system of care, the following specific characteristics and functions are essential to be in place before an application for funding can be completed.”**

# Respondents to Brainstorming

- Responses from 115 people (52%)
- Broad representation across target groups, age, race, gender, ethnicity
  - 28% administrators (PIs, PDs)
  - 13% outside experts
  - 11% TA coordinators
  - 8% parent coordinators
  - 4% parents

# Responses to Brainstorming

- 336 statements generated
- 109 unduplicated ideas
- "collaboration" was the most frequently misspelled word!

## Phase 2: Rating the Items

Invitations to participate were issued

Group 1 (27 sites) members were asked to rate the 109 items on a scale of 1-5

Ratings were for the Importance of the item and Difficulty of Implementation

65 of 155 members responded (42%)

## Phase 2: Sorting the Items

Invitations to participate were issued

Group 2 (72 experts) members were asked to sort the 109 items into groups that went together

Group 2 members were asked to label the groups

36 of the 72 members responded (50%)

# Note about Response Rate

The response rate was from 42% - 52%;  
25 of 27 sites responded

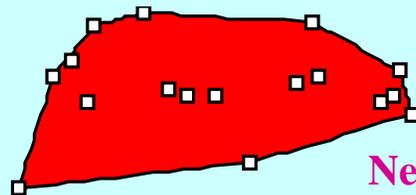
Although this appears low, it met the purposes of the study:

- To offer participation to many of people
- To obtain responses from enough people for a robust sample, according to Concept Systems criteria (n=14-20)

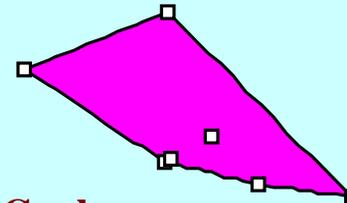
# Results of the Study to Define Community Readiness

# Eight Cluster Solution

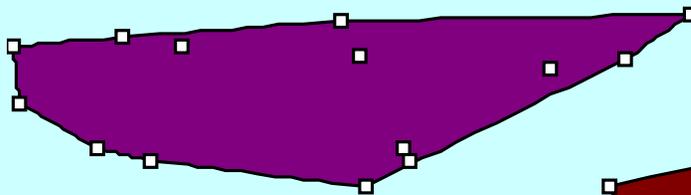
**Families and Youth as Partners**



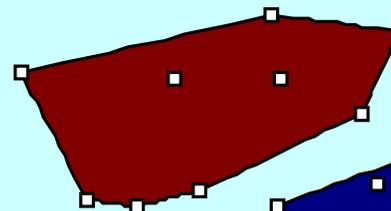
**Network of Local Partners**



**Plan to Expand Services**



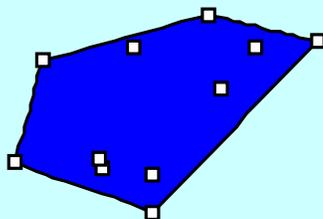
**Shared Goals**



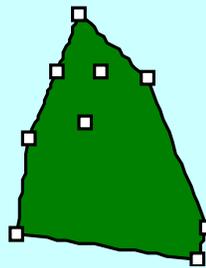
**Collaboration**



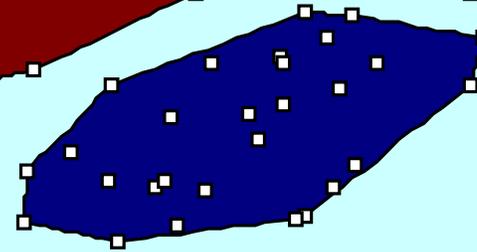
**Evaluation**



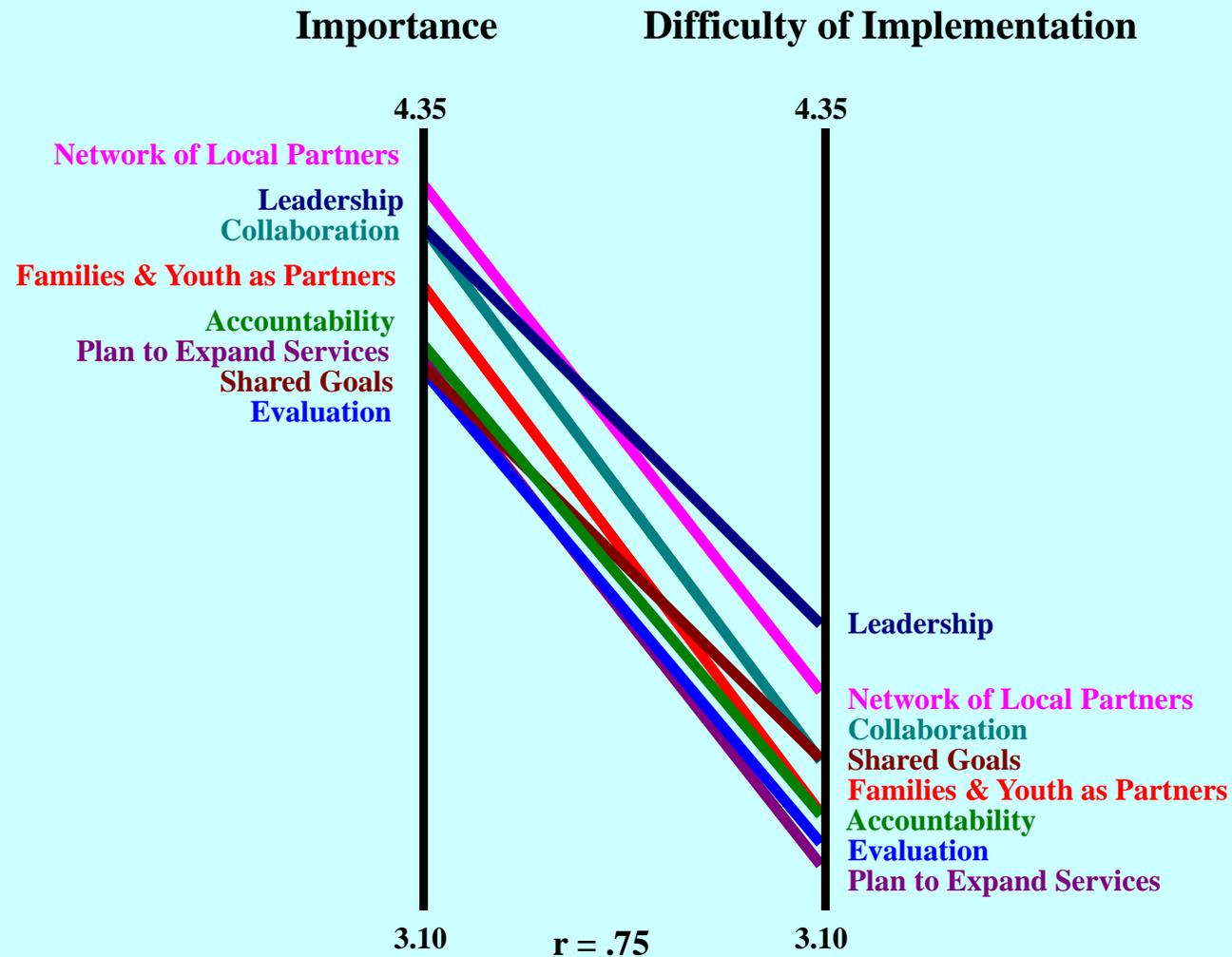
**Accountability**



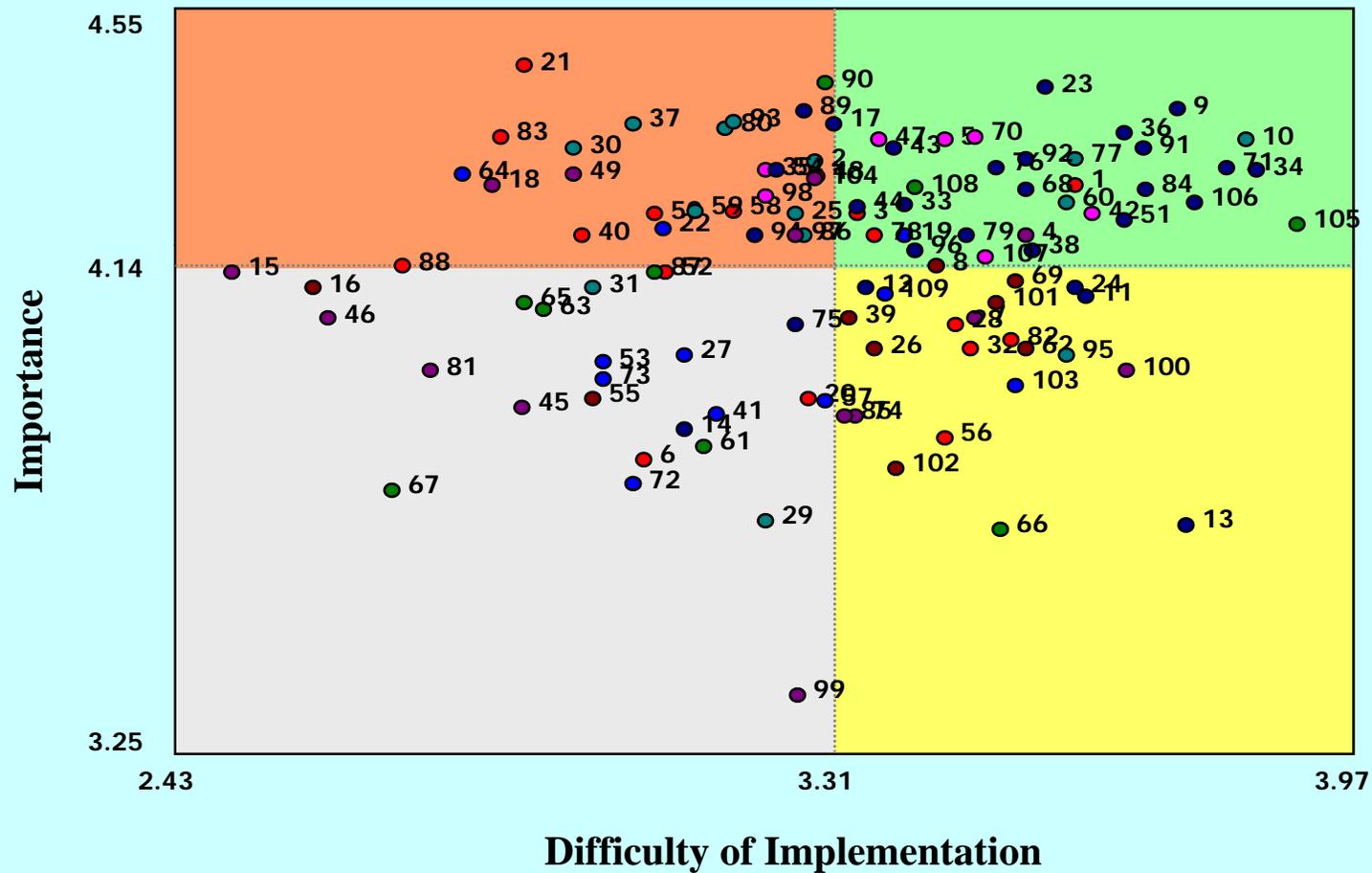
**Leadership**



# Cluster Ratings on Importance and Ease of Implementation



# Map of Focus Zones



# Five Most Important Items

- There should be input from youth and families to determine the needs in the community.
- It must be understood that sustainability of services should be part of discussions beginning in the 1st year not waiting until the end.

## Most Important Items--More

- It is important to have a real commitment to the effort from key community stakeholders - people with the ability to influence attitudes and actions of others such as elected officials, community champions, respected individuals, etc

## Most Important Items--More

- The concept of permanent system change needs to be understood and accepted as the end goal.
- There must be a commitment from policy makers, community leaders, partners, and staff to the system of care values and principles.

# Next Steps\*

- Use the list of items as a basis for the Community Readiness Assessment Scale (CRAS)
- Work with new sites to assess readiness; report within 30 days
- Re-assess in 12 months to measure progress

\*funded by CMHS

*The road to success is  
always under  
construction.*