Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
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Using Social Network Analysis to Inform the Role of Inter-agency Partnerships in a Systems of Care Expansion National Evaluation

Grace C. Huang, PhD, MPH; Sushama Rajapaksa, MA; Preethy George, PhD; Joselin Bravo, BS; Chandria Jones, PhD, MPH; Abram Rosenblatt, PhD
A spectrum of **effective, community-based services and supports** for children and youth with or at risk for mental health or other challenges and their families

- Organized into a **coordinated network**
- Builds meaningful **partnerships with families and youth**
- Addresses their **cultural and linguistic needs**

Goal is to help them to **function better** at home, in school, in the community, and throughout life (Stroul, Blau & Friedman, 2010)
Children’s Mental Health Initiative National Evaluation

• Designed to assess grantees efforts with SOC implementation and expansion
• 56 SOCs funded in 2015 and 2016
• Three components:
  – Stakeholder interviews to understand goals for SOC implementation and expansion
  – Implementation survey to describe factors associated with successful implementation/expansion of SOC
  – Network survey to examine collaboration among partners within the SOC
Developing the Rosters

• Grantees
  – All 2015 and 2016 grantees
  – N=56

• Partners

  everyone you’ve collaborated with in the past year

Mental/Behavioral Health
Child Welfare
Judicial System
School/Education
Family Representative

Youth Representative
Quality Monitor/Evaluator
Primary Care
Policy/Advocacy
Community-based Organization
Measuring Collaboration

1. In the last year, **how often** has your organization worked with the following organizations to on issues related to the SOC’s goals

<table>
<thead>
<tr>
<th>Never</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Quarterly</th>
</tr>
</thead>
</table>

2. How was this working relationship developed?

1. Through **SOC committees, task forces, trainings, focus groups**
2. **Pre-existing relationship** deepened through SOC work
3. Through a **mutual partner** agency who is part of the SOC
4. Through **state-mandated** partnership for grant funding
5. Through **other work** or community venue not related to the SOC

3. Describes the extent to which your partnership has led to changes within the CMHI SOC over the past year?

<table>
<thead>
<tr>
<th>We anticipate that it will</th>
<th>Exchanged information and knowledge</th>
<th>Improved my organization’s capacity</th>
<th>Led to new program development</th>
<th>Led to exchange of resources</th>
<th>Led to improved services or supports</th>
</tr>
</thead>
</table>
Collaboration on 10 Expansion Activities

1. Developing **policies, administrative procedure** and **regulations**
2. Expanding **services and supports**
3. Improving **financial arrangements**
4. Building workforce through **training and technical assistance**
5. Promoting systems of care and raising awareness through **strategic communications**
6. Developing **quality assurance** and/or **evaluation processes**
7. Involving **youth** in planning and implementing system of care
8. Involving **families** in planning and implementing system of care
9. Promoting **cultural competence** in service delivery
10. Improving **access to services**
Preliminary Findings – Grantees

Analysis of 44 state and local grantees

13 State level Grantees
- Local 39%
- State 61%
- Avg. Response Rate 63%
- Avg. Number of Partners 24

31 Local level Grantees
- (multi-county, county, city)
- Local 86%
- State 14%
- Avg. Response Rate 61%
- Avg. Number of Partners 23
Preliminary Findings – Partners

State Grantee Partners
(n=273)

- Mental/Behavioral Health Organization: 32%
- Policy/Advocacy Organization: 3%
- Primary Care Organization: 1%
- Judicial System Organization: 4%
- Family Representative: 15%
- Quality Monitor/Evaluator: 6%
- School/Education Organization: 5%
- Child Welfare Organization: 7%
- Community-based Organization: 5%
- Project Director: 15%

Local Grantee Partners
(n=682)

- Mental/Behavioral Health Organization: 29%
- Policy/Advocacy Organization: 3%
- Primary Care Organization: 2%
- Quality Monitor/Evaluator: 6%
- School/Education Organization: 7%
- Youth Representative: 10%
- Family Representative: 11%
- Community-based Organization: 8%
- Judicial System Organization: 5%
- Project Director: 15%
- Child Welfare Organization: 10%
## Network Structure

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg. Number of Connections per Partner</td>
<td>6.25</td>
<td>2.33</td>
<td>1.89</td>
<td>12.00</td>
</tr>
<tr>
<td>Hierarchy</td>
<td>0.30</td>
<td>0.06</td>
<td>0.17</td>
<td>0.46</td>
</tr>
<tr>
<td>Reciprocation</td>
<td>0.33</td>
<td>0.16</td>
<td>0.13</td>
<td>0.77</td>
</tr>
<tr>
<td>Cohesion/Density</td>
<td>0.29</td>
<td>0.13</td>
<td>0.07</td>
<td>0.72</td>
</tr>
<tr>
<td>Diameter</td>
<td>4.32</td>
<td>1.19</td>
<td>3.00</td>
<td>7.00</td>
</tr>
</tbody>
</table>

### State Grantees (n=13)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg. Number of Connections per Partner</td>
<td>6.26</td>
<td>3.30</td>
<td>1.90</td>
<td>13.64</td>
</tr>
<tr>
<td>Hierarchy</td>
<td>0.29</td>
<td>0.07</td>
<td>0.18</td>
<td>0.39</td>
</tr>
<tr>
<td>Reciprocation</td>
<td>0.31</td>
<td>0.12</td>
<td>0.16</td>
<td>0.52</td>
</tr>
<tr>
<td>Cohesion/Density</td>
<td>0.25</td>
<td>0.13</td>
<td>0.07</td>
<td>0.49</td>
</tr>
<tr>
<td>Diameter</td>
<td>4.54</td>
<td>1.51</td>
<td>3.00</td>
<td>8.00</td>
</tr>
</tbody>
</table>

### Local Grantees (n=31)
State-Local Collaboration Frequency

State Grantee
Density: 49%
Partners: 20
Centralization: .26

State Grantee
Density: 30%
Partners: 15
Centralization: .33

Local Grantee
Density: 51%
Partners: 18
Centralization: .24

Local Grantee
Density: 31%
Partners: 15
Centralization: .28

State Grantee
Density: 49%
Partners: 20
Centralization: .33

State Grantee
Density: 30%
Partners: 15
Centralization: .33
State-Local Expansion Activities

- Developing policies, administrative procedures
- Expanding services and supports
- Improving financial arrangements
- Training and technical assistance
- Strategic communications
- Quality assurance & evaluation processes
- Involving youth
- Involving families
Preliminary Findings – Partners

State Grantee Partners
(n=273)

Local Grantee Partners
(n=682)
Partner Engagement

71,000 connections across 44 state and local grantees

% **Outgoing** Connections

- Youth Representative
- School/Education Organization
- Quality Monitor/Evaluator
- Project Director
- Primary Care Organization
- Policy/Advocacy Organization
- Mental/Behavioral Health...
- Judicial System Organization
- Family Representative
- Community-based Organization
- Child Welfare Organization

% **Incoming** Connections

State Grantee
Local Grantee

71,000 connections across 44 state and local grantees
Levels of Collaboration

31 Local Grantees

13 State Grantees
Next Steps

• Data Analysis
  – Examine cross-sector partnerships within state-local partnership framework
  – Triangulate findings with qualitative data sources
  – Assess associations with implementation (SOCESS) and mental health outcomes

• Sharing Data with Grantees
  – Suggest network-informed strategies to enhance SOC expansion efforts

• Continued Data Collection
  – Follow-up surveys in Fall 2018
  – Egocentric data collection of child, youth, caregivers
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Network Analysis: How Can it Inform and Improve System of Care (SOC) Expansion Efforts?

• “What does it all mean?” question posed by Southern Maryland
  – Concern with all research and evaluation is how it is applied to improve SOC implementation strategies and outcomes
  – Presenters outlined how the network analysis information is used, applied in SOC efforts

• Using network analysis to inform system change
  – Cited findings that collaboration is a “prerequisite” for sustainability of interagency programs
  – Goal of analysis is not just to measure collaboration to learn if and how it is occurring, and not just to learn where collaboration can be increased (going beyond “more is better”), but to learn how it can improved as a vehicle for system change

• How can it be used to assess the state-local relationships that are essential for the system change needed to expand and sustain SOCs?
Lessons learned:

- Expanding SOCs is a multi-level process
- System changes needed at both state and local levels to implement, expand, and sustain SOCs – need a two-level “bi-directional” approach
- State-community partnerships are essential
- In 2015, became a SAMHSA requirement for SOC Expansion Grants:
  - State grantees required to select at least two designated implementation sites and demonstrate how they will expand to other areas
  - Community grantees required to work with states on expanding approaches to broader areas
Bi-Directional System Changes

- States – Changing policies, services, financing mechanisms, workforce development, structures and processes to support SOCs
- Communities – Implementing SOC infrastructure, developing and providing broad array of effective treatment services and supports
- State-level systemic changes must be accompanied by local-level changes to implement SOCs
- Local SOC implementation must be accompanied by high-level systemic changes for sustaining the approach and expanding to other areas
- Synergy between top-down and bottom-up approaches needed for system change
- Project undertaken to identify and describe how states and communities can work together for widespread SOC adoption (explored with 15 SAMHSA grantees)

Roles of States and Communities in SOC Expansion and Sustainability

Roles of States

- Establish the vision for widespread implementation
- Establish consistent statewide polices, requirements, and standards
- Pass legislation
- Establish interagency partnerships and coordinate executive leadership at the state level
- Secure financing for infrastructure and for services and supports
- Provide and finance statewide TA
- Collect and analyze data for evaluation and quality improvement that support expansion

Roles of Communities

- Pilot and explore feasibility of approaches
- Implement and provide services and supports
- Establish interagency partnerships and coordination at the local level
- Provide data to “make the case”
- Provide training and TA to other communities
- Contribute to development of statewide family and youth leaders and organizations
- Participate in planning for statewide expansion
- Generate support and commitment among high-level decision-makers in child-serving agencies
- Develop seasoned leaders for future expansion efforts at state and local levels


Guidance for Effective Partnerships

- Guidance provided by states and communities studied for effective partnerships, such as shared vision and goals, creating a “win-win” strategy, etc.

- **Specific advice for communication:**
  - Creating formalized structures and processes for communication
  - Regular opportunities for continuous communication, interchange, and feedback
  - Use of a facilitators to ensure frequent and productive communication, e.g., state staff person dedicated to continuous outreach, communication, and support to communities
  - Clarity about SOC expansion goals and what it will take from each level to achieve goals
Implications for Network Analysis

• Apply network analysis to specifically explore the state-local partnership aspect of SOC expansion – Focus is incorporated in network analysis of 2015 and subsequent cohorts

• Evaluate state-local relationships and how they impact goal achievement
  – Identify relationships that can be strengthened
  – Identify critical relationships for goal achievement
  – Identify effective communication strategies

“It’s all about communication and relationship building.”
“Be willing to listen, be open to feedback, and be open to change.”
“Ensure that the relationship is not one-sided, but reflects what that state and community can do for each other.”