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AUTHOR	Hodges, Sharon; Hernandez, Mario
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ABSTRACT

This paper summarizes results of telephone interviews with key personnel at 19 (out of 22) agencies receiving grants under the Center for Mental Health Services program, one part of a 5-year evaluation study examining the impact that utilizing measurable outcomes has on service systems. This component focused on the conceptualization and implementation of outcome-based information systems and involved interviews with sites which had and had not established an outcome information system. Results are reported across three domains: stakeholder involvement, impact on service planning and delivery, and likelihood of continuing outcome monitoring after completion of the national evaluation. Results suggest that for outcomes to have a maximum positive impact on service planning and delivery, there needs to be a high degree of overlap between the service system and the information system. (DB)

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Building Outcome Accountability in Children's Mental Health: Interviews with Center for Mental Health Services Grantees

Authors

Introduction Methodology Results Conclusions

Introduction

The *Building Outcome Accountability in Children's Mental Health* project was an effort to learn more about how each of the twenty-two Center for Mental Health Services (CMHS) grantees were conceptualizing and implementing a local process of outcome evaluation. This study was conducted as part of the System Accountability Study, a 5-year research effort of the Research and Training Center for Children's Mental Health (RTC) designed to investigate the impact that utilizing measurable outcomes has on service systems.

The Building Outcome Accountability project focused on the conceptualization and implementation of outcome-based information systems at the twenty-two CMHS sites. These sites received grants designed to promote the development of systems of care that include mental health, child welfare, education, juvenile justice, and other appropriate agencies to meet the multiple and changing needs of children and adolescents and their families. A related activity, the core evaluation of the CMHS initiative, conducted by Macro International, Inc. and its partner, the University of South Florida, is focused on the child, the system, and the interaction between the two. The Building Outcome Accountability project focused on how outcome results were being used in CMHS systems of care in a effort to understand how using measurable outcome data affects service planning and delivery.

Methodology

The data for the Building Outcome Accountability project were collected through a series of structured key informant telephone interviews with employees at each of the CMHS sites. Two interview protocols were developed for this research project: 1) Survey A, designed for sites with established outcome information systems; and 2) Survey B, designed for sites which had not yet established outcome information system. Each site determined who would participate in the interview and whether Survey A or Survey B would be completed.

Both survey instruments asked participants to comment on the array of services offered by their system of care, how and when the system of care was established, and demographic information about the population served. Both surveys also asked participants to comment on the involvement of stakeholders in the process of selecting outcomes to be tracked and the impact of outcome tracking on service planning and delivery. In addition, systems which identified themselves as having established outcome tracking systems were asked to comment on what kinds of outcomes were tracked, how often they are tracked, how these outcomes are measured, and the level of interagency collaboration required to monitor outcomes. They were also asked to discuss how outcome information is being reported, who receives these reports, and how it is being used. Finally, respondents that completed the survey questions for sites with an established outcome information system were asked to comment on the continued use of outcome data when the national evaluation is completed.

The interviews for this project were conducted during a five-month period beginning October 1995 and ending in February 1996. Nineteen out of the twenty-two grantee sites (86%) participated in the interview process. All participants were advised that the results of this study would be reported in aggregated form and that the identities of individual systems of care and respondents would remain anonymous. Ten of the respondents (53%) represented sites with an established outcome information system, while nine participating sites (47%) did not have such a system established.

Results

The data was analyzed across three domains: 1) stakeholder involvement in selecting outcomes; 2) the impact of outcomes on service planning and delivery; and 3) using outcomes when the national evaluation is completed. The results are discussed below.

Stakeholder Involvement

Participants were asked to rate the importance of stakeholder involvement on a Likert-type scale from 1- *not* stakeholder involvement on a Likert-type scale from 1- *not important at all* to 5- *crucial*. All but one of the participating sites considered stakeholder involvement in the process of selecting outcomes to be very important or higher. The single site not responding in this range reported that they chose not to respond, believing it to be irrelevant to their situation because they had uniformly adopted the outcome measures currently being used in the national evaluation. While nineteen sites considered stakeholder involvement important to the process of selecting outcomes, 5 sites (one site which considered stakeholder involvement *very important* and four which considered it *crucial*) reported having no vehicle currently developed to facilitate this involvement. One respondent commented that there is no systematic way of involving stakeholders at this time, although they anticipated doing so in the future. Another commented that there is a "growing discussion of how stakeholders can be involved." These results imply that while almost all of the respondents thought stakeholder involvement was important, some sites (26%) had no mechanism for achieving this goal. This indicates that agreement with the principle does not always equate to implementation.

Impact on Service Planning and Delivery

Nineteen of the twenty participants in this study chose to answer the series of questions relating to the impact of outcome tracking on service planning and delivery. One site declined because they believed there was not yet enough outcome data available yet to comment. Respondents were asked to rank the impact of outcome tracking&endash;anticipated or actual&endash;on service planning and service delivery on a Likert-type scale of 1- *no impact* to 5 - *tremendous impact*. Ten participants (53%) responded that the impact on services planning was *tremendous*, eight responded the impact was 4 - *considerable*, and one responded outcome tracking had 3 - *some* impact. The ten sites which rated the impact of outcomes on service planning as *tremendous* also believed the impact of outcome tracking on service delivery to be *tremendous*. Of the remaining nine sites, six rated the impact of outcomes on service delivery as *considerable*, and three believed outcomes would have *some* impact on service planning.

A common concern expressed by respondents was for the burden and consequent stress that the process of establishing a system of outcome information places on management and staff. One respondent commented, "Putting an outcome system in place can be painful because of the procedural changes, increases in paperwork, and increased need for management and staff training." Other respondents echoed this statement. Concern was expressed that, "outcome tracking adds paperwork and takes time away from actual service provision." Another commented that "tracking outcomes requires ongoing training and technical assistance on how to and why outcomes are collected. People are intimidated by data and forms. You must keep reinforcing intimidated by data and forms. You must keep reinforcing the process."

The experience of staff at CMHS sites which have established outcome information systems indicates that the stress and burden of implementation may be a short-term concern. One respondent discussed the short term impact: "Service providers are heavily impacted by the demands of the outcome process. It is difficult to implement in the short-run because the most immediate impact is that clinicians are overwhelmed by the process." According to some respondents, however, once outcome information becomes available, stress-levels are reduced.

Several respondents expressed concern for fears associated with how outcome information is used. One respondent stated, "there exists a real fear on the part of clinicians that outcomes will be used to demonstrate they are not doing a good job &endash; what if we're not doing well?" There was consensus that training was an important way to promote understanding of how outcomes can be used in a positive way to improve service delivery.

Continuation of Outcome Monitoring

Respondents representing the ten sites with established outcome information systems were asked a series of questions about whether, and under what circumstances, they might continue tracking outcome information after completion of the national evaluation. All ten responded that they anticipate continuing the process of outcome monitoring, although the strength of the replies ranged from "Yes, hopefully, it depends on available funding" to "Yes, definitely, outcomes very similar to the national evaluation are included in our state plan." When asked to identify factors that would influence the decision to continue outcome tracking, it is noteworthy that eight of the ten sites mentioned available funding as the central deciding factor.

Conclusions

It was recognized early in the development of the interview instruments used in this project that there would be variation among the CMHS grantees in the degree to which their systems of care had been conceptualized and implemented, as well as the degree to which their information accountability systems were developed. The amount of overlap between the level of development of the service system and the outcome information system seemed to have an impact on how outcome information is used by the system of care (see Figure 1). This can be seen in how information about clinical outcome measures is used. Descriptions of three example sites follow to illustrate varying degrees of overlap between the level of development of the service systems and the accountability systems in this study.

A respondent whose system of care began developing

A respondent whose system of care began developing within the past few years reports that the site is also just beginning to collect outcome information. This site respondent indicates that the system does not have a vehicle for involving stakeholders in decisions regarding outcomes at this time. Interagency collaboration at the site occurs only at the direct-service level where interagency teams serve individual children and their families. Although this respondent noted that the "CAFAS [Child and Adolescent Functional Assessment Scale] is an excellent measure," staff are still struggling with trying to determine what outcomes they need to track and how to use the results. This system seems to represent a situation in which the service system and the outcome accountability system are both developing in parallel and exist independently of one another at this point in time.

Another grantee in the early stages of system development describes their system as having "lots of pieces for the past eight or so years, but we only recently began building an integrated system." This respondent describes the site as relying heavily on the input of a broad range of stakeholders as it expands its array of services. Also, interagency relationships are growing in strength and he/she believes that "to take a systems point of view, we need to know what our connection with other systems is." This respondent reports that the site is already using clinical data to make decisions at the treatment level, but does not yet have a way of using this information at a program or system level. This site represents a system at the early stages of both system and information development. Some degree of overlap in the development of the services offered and the information system seems to be indicated by the use of clinical outcome data to inform treatment at the child and family level.

In contrast to the previous examples, one of the more developed systems of care sites has already focused on potential uses for outcome results or information at the system level. The respondent for this site reported that its system of care had been developed for more than ten years, and it had been measuring and reporting outcome information for several years. The initial outcomes tracked through the system of care were more global; for example, emphasis was placed on system level measures such as out-of home placements, school attendance and achievement, and juvenile justice recidivism rather than clinical measures. Discussions at the site concerning different aspects of the information system focused on issues of sharing information across the system, such as creating electronically connected information systems to lower technical boundaries so that outcome data could be accessed. This site's focus on clinical outcome measures went beyond their use at a child level/direct service level to recognition of how clinical status information might be used to learn more about how effectively the system is functioning. This site seems to represent a system of care which is well developed with an information system which is well established. In addition, there seems to be a high degree of overlap between the system of services and the information system. This takes place through its efforts to create a seamless source of interagency information and its interest in using clinical outcome information to evaluate system effectiveness in addition to informing treatment decisions.

In conclusion, the CMHS sites represent varying degrees of both systems development outcome accountability development. For outcomes to have a maximum positive impact on service planning and delivery, it may be necessary for there to be a high degree of overlap between the service system and the information system. The data collected in this study illustrate a range of overlap from a service system which seems to exist independently of the information system being developed to support it, to one which seems to have a high degree of overlap, as evidenced by the multiple uses of clinical outcome measures for informing service planning and delivery.

Authors

Sharon Hodges, M.B.A.
Research Coordinator

Mario Hernandez, Ph.D.
Principal Investigator

System Accountability Study
Research and Training Center for Children's Mental Health
Department of Child
& Family Studies
University of South Florida
Florida Mental Health Institute
Voice: 813/974-4651
Fax: 813/974-4406
hernande@hal.fmhi.usf.edu
hodges@hal.fmhi.usf.edu

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