Network of Care Analysis Introduction and Methods

The children's network of care is siloed and difficult for families to access. Therefore, in 2016 the Network Analysis Workgroup of the PA 13-178 Implementation Advisory Council & CONNECT SOC Grant embarked on analyses of four components of the CONNECT Network of Care. These analyses included:

- Community Conversations with caregivers and youth;
- Collaboration Survey and Network Analysis of Behavioral Health providers within each of the 6 geographic regions;
- Assessment of the System of Mental Health Care from the perspective of Pediatric Primary Care Providers; and,
- An assessment of the community network of care supporting schools.

This was done with the intention that all of this information can be utilized to enhance network of care development so that children and families can receive support and services they need in an integrated, effective, seamless network of care. Best practice recommendations include organizing the network of care so that coordination of services within the behavioral health sectors and other sectors that serve children (e.g. schools, health care, juvenile justice) are fully integrated. Recommendations also include a single point of access for care and seamless continuum of care.

The questions asked and methods to collect data varied by study. What follows is a brief review of the methods employed, followed by common themes.

Methods

Community Conversations
Between December 2016 and March 2017, a second round of Community Conversations was completed to gather input from families and youth regarding the Network of Care in Connecticut. A total of 30 conversations including 333 adults and 151 youth were facilitated by the Family Systems Managers from FAVOR. Family Systems Managers are family members who provide leadership and support to the development of the local, regional and statewide integrated family-driven network of care. As was done in 2014, participants were asked the following questions: 1) What are the strengths of Connecticut's service system for children and families?; 2) What are the major areas of concern within Connecticut's service system for

children and families?; and 3) How should we fix these problems? What are your suggestions to improve our system of care?

Information from the Community Conversations was gathered through careful notes taken by network of care staff and then analyzed using standard procedures for analyzing qualitative data (Krueger, 1994); data was coded, aggregated and synthesized by FAVOR Family Systems Managers and an evaluator from Yale University. Only comments made by participants across different meetings or by consensus of one group of participants are included in the summary. Thus, not everything said in the community meetings were included in the results.

Behavioral Health Collaboration Survey
A web-based survey was released within each of the 6 geographical regions in Connecticut. This survey included the administration of the *Levels of Collaboration Survey* to assess linkages within the network of behavioral health service stakeholders in each of the six regions of Connecticut. The administration of the survey conducted near the end of the second year of CONNECT implementation was intended to provide information on the status of collaboration between agencies in each region working to support children with behavioral health challenges and their families. Social network analysis (SNA) which involves the mapping of a social environment, the relationships among social entities, and the expression of the patterns or regularities of the interactions that connect them was used to analyze the data from the Collaboration Survey. These data were analyzed at the regional level.

The web-based survey also asked behavioral health providers to respond to three open-ended questions: 1) their perceptions of those factors that facilitate collaboration between agencies in their region; 2) their perceptions of those factors that are barriers to collaboration; and 3) what is needed in their community to more effectively support children with behavioral health challenges and their families. Content analysis was performed on these data within each region and across the six regions.

Pediatrician Survey and System Support Mapping
A 48-item survey was sent to a representative subset of pediatricians consisting of 133 primary care pediatricians across Connecticut. Sixty-four percent of pediatricians who were sent the survey completed it (n=84). Items on the survey included demographic data (e.g., age, gender, race, professional training, primary practice site), attitudes, knowledge, management and intervention practices, and barriers to working with children and youth reporting mental health concerns. From the list of pediatricians who completed the survey of primary care pediatricians, one pediatrician representing a practice was selected from each of Connecticut's eight counties to be involved in the SSM process. Each of the eight pediatricians was successfully contacted. Seven (7) of the eight (8) practice locations agreed to participate and one (1) did not. Of the seven that agreed to participate six (6) completed the two-session SSM process (90 to 120 minutes of total time). In addition to having at least four staff from each practice participate in the SSM focus group, community mental health providers were contacted through a provider network and asked to participate in the sessions. The SSM

sessions were conducted from February to April of 2017. During this process 48 system support maps 6 priority action lists were created. All information was transcribed and coded using a data management system for analyses.

Schools System Support Mapping
In late Spring 2017, we reached out to a convenience sample of schools across Connecticut via email through the CT Association of School Based Health Centers and a representative of the Connecticut Association of School Superintendents. Sixty-two (62) respondents completed some or all of the online survey. The SSM survey asked participants to detail their view of the mental health system for children within schools by looking at 1) Roles, 2) Responsibilities, 3) Needs, 4) Resources, and 5) Wishes. After providing responses to specific questions, respondents were able to view their "map" and make modifications to it.

Results

While the approach to the network analysis in each of the cohorts and the questions that were asked varied, there were some common themes that emerged from the information gained from caregivers and youth (F), behavioral health providers (BH), and pediatric primary care providers (PC). Below each theme includes a listing of constituent group that identified it during the network of care analysis.

Resources Needed

Information about Services. Families, behavioral health and pediatric primary care providers report that more information needs to be available regarding the services and supports that are available for families **(F, BH, PC)**.

Culturally Competent and Linguistically Appropriate Services. Families and behavioral health providers report that there is a need for additional staff who are fluent in the languages spoken by families seeking services. In addition, training is needed for all staff on how to deliver services in a manner that respects the culture (e.g., family composition, religion, customs) of each family they work with **(F, BH)**.

Peer-to-Peer Support for Youth. There is a need to develop structures for youth to engage in peer-to-peer support so that they can enhance their natural supports **(F, PC)**.

Peer-to-Peer Support for Caregivers. Additional peer-to-peer support is needed for caregivers **(F, PC)**.

Structures that Need Improvement

Families as Full Partners. Families, behavioral health and primary care providers agree that families should be full partners in determining the most appropriate care for their family **(F, BH, PC)**.

Increased Support During Transitions in Care. Families, behavioral health providers and pediatric primary care providers agree that providers need to work more collaboratively during the referral process and when a family transitions between care providers **(F, BH, PC)**.

Increased Communication and Integration of Care. Families, behavioral health providers and pediatric primary care providers indicate that all families should have a comprehensive plan of care that the family and all providers agree to. In addition, there is a need for increased communication between providers during the care process so adjustments to the plan of care are made collaboratively. This could be facilitated by all providers asking families to sign a release of information during the intake process so there are no barriers to communication and by inviting pediatric primary care providers to the Child and Family Team meetings. **(F, BH, PC)**.

More Accountability is Needed. There is an expressed need for increased accountability throughout the system including child welfare, education, and behavioral health providers. Family members and behavioral health providers indicate that the provision of outcome data will assist families in choosing a provider and assist providers in choosing agencies to refer families to for care **(F, BH)**.

Transportation. Families and behavioral health providers report that transportation to services remains a significant issue throughout the state from the rural areas where public transportation is very limited to the urban areas where many families report not having the financial means to pay for public transportation **(F, BH)**.

Time Limits on Services. Families and behavioral health providers report that time-limits on services do not take into consideration the needs of the family. Often these time-limits result in disruption of service and a change in providers causing the family to have to "start over" versus continuing the course of treatment **(F, BH)**.

Insurance Coverage. Families and pediatric primary care providers report that difficulties arise when the array of services available for children is dictated by their health insurance. They report that some services are available only for families who have Husky (e.g., in-home services) and not for families who have commercial insurance **(F, PC)**.

Cost of Care. Families and pediatric primary care providers report that even when they have insurance the costs associated with a child receiving appropriate and needed care including co-pays for services and medications are unaffordable for some families leaving them having to decide between basic needs and a child's needed treatment **(F, PC)**.

Professional Development

Community Education. While acknowledging some success in this area, families and behavioral health providers believe that there is a need for a state-wide public information campaign to educate Connecticut citizens about behavioral health in an effort to reduce stigma **(F, BH)**.

Training for Primary Care Providers. Family members and primary care providers report the need for additional training for pediatric primary care providers on behavioral health and on early identification of children who may be exhibiting social and emotional difficulties **(F, PC)**.

Training on Working with Families Impacted by Domestic Violence. Behavioral health and pediatric providers identified the need for additional training on how to work with families impacted by interpersonal violence **(BH, PC)**.

Training on System of Care Values. Primary care and behavioral health providers spoke of the challenges trying to work with providers who have not been trained in systems of care. These providers recommend additional training so that all providers work toward partnering with families in providing strength-based, family driven services **(BH, PC)**.

All four of the full Network Analysis Reports can be found here:

Behavioral Health Collaboration Survey - Overall Summary and All Reports
https://s3.amazonaws.com/connect-ctdata/reports/Collaboration+survey+Overall+Summary+and+All+Reports.pdf

2017 Community Conversations Report
https://s3.amazonaws.com/connect-ctdata/reports/2017+Community+Conversations+Summary+FINAL+9+27+2017.pdf

Assessment of the System of Mental Health Care for Children: a Focus on Pediatric Primary Care
https://s3.amazonaws.com/connect-ctdata/reports/CCMC_AAP+Final+Report+10_24_17.pdf

System Support Mapping and Schools Pilot Project
https://s3.amazonaws.com/connect-ctdata/reports/Brief+Report+SSM.pdf