

**Readiness to Change Survey Summary
Stark County System of Care Strategic Planning**

Survey 1 Summary Report

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**Kimberly Laurene, PhD
Josh Filla, MPA
Jonathan VanGeest, PhD**

**Center for Public Policy and Health
Kent State University**

Center for Public Policy and Health
Kent State University
304 Moulton Hall
330-672-7148

Introduction and Methods

The Mental Health and Recovery Board of Stark County (MHRSB) and its partners are leading a System of Care (SOC) strategic planning effort to address current continuum of care system gaps. A diverse set of stakeholders are participating (see Appendix 1) in this effort to create a sustainable system of behavioral health services for the county's children and their families. Kent State University's (KSU) Center for Public Policy and Health (CPPH) is tasked with evaluating the level of consensus among the partners that make up the "SOC Expansion Planning Team" at various points in the process. The Readiness to Change Survey was the first of four surveys to be sent to participants. The other three surveys will be implemented between May and October 2015.

The purpose of the survey was to explore the progress of implementing an array of strategies that may be used to expand the SOC approach. The survey contains five parts measuring progress in: (1) Implementing policy, regulatory, and partnership change, (2) Developing or expanding services and supports based on the SOC philosophy and approach, (3) Creating or improving financing strategies, (4) Providing training, technical assistance, and coaching, and (5) Generating support. For each strategy listed in the five parts of the survey, survey participants were instructed to rate the progress their organization has achieved in implementing each strategy that may be used as part of their efforts to expand the SOC approach. Organizations could select "none," "some," "moderate," "significant," "extensive," or "not sure." In addition part five of the survey contained three questions, related to generating support for the SOC approach, with multiple response choices. The complete survey questions can be found in Appendix 2.

The survey was piloted on January 15, 2015 with select KSU team members and project participants. After minor wording and/or grammatical changes were completed, the final version of the survey was emailed through the Qualtrics online survey and implementation program to the stakeholders on January 28, 2015. Two reminder emails as well as a personal phone call was utilized to encourage organizations to complete the survey. A total of twenty-one survey participants completed the survey before it closed on February 26, 2015.

Progress of Strategies to Expand the SOC Approach

In order to determine whether any progress was made implementing various strategies to expand the SOC approach, the percentage of organizations that indicated no to progress (i.e., "none") was calculated as well as the percentage that indicated yes to progress (i.e., total percentage that indicated "some," "moderate," "significant," or "extensive"). Individual percentages were also calculated for the degree of progress responses (i.e., "some," "moderate," "significant," and "extensive") in order to assess the extent of progress for each strategy. Responses of "not sure" were not included in the percentages. Questions in which over 20% of survey participants responded "not sure" can be found in Appendix 3.

Part I: Implementing Policy, Regulatory, and Partnership Change

Table 1 provides the percentage of survey participants that indicated yes to progress, no to progress, and the individual degrees of progress being made in expanding the SOC approach for Part I of the survey.

Table 1						
Part I: Implementing Policy, Regulatory, and Partnership Changes Responses by Percentages						
Questions	Yes	Categories of Yes				No
	Progress	Some	Moderate	Significant	Extensive	Progress
Q9. Linking with and building on other system change initiatives	89.5%	31.6%	36.8%	15.8%	5.3%	10.5%
Q2. Developing and implementing strategic plans that establish the SOC approach for county delivery system	85.0%	30.0%	10.0%	35.0%	10.0%	15.0%
Q3a. Developing interagency structures to expand SOC approach	85.0%	25.0%	35.0%	20.0%	5.0%	15.0%
Q4b. Developing guidelines, standards, or practice protocols based on the SOC approach	85.0%	20.0%	30.0%	30.0%	5.0%	15.0%
Q10. Creating or expanding family and youth partnerships at the policy level	85.0%	25.0%	20.0%	35.0%	5.0%	15.0%
Q11. Strategies to improve the cultural and linguistic competence and eliminate disparities	85.0%	35.0%	25.0%	25.0%	0.0%	15.0%
Q1b. Establishing an ongoing locus of management and accountability for SOC at the county level	84.2%	26.3%	10.5%	47.4%	0.0%	15.8%
Q3c. Cultivating intragency relationships to coordinate and/or finance SOC approach	80.0%	25.0%	20.0%	15.0%	20.0%	20.0%
Q1a. Establishing an ongoing locus of management and accountability for SOC at the state level	78.9%	36.8%	15.8%	26.3%	0.0%	21.1%
Q4a. Promulgating rules and regulations that require elements of the SOC approach	77.8%	27.8%	27.8%	22.2%	0.0%	22.2%
Q7. Incorporating the SOC approach in monitoring protocols	77.8%	27.8%	33.3%	11.1%	5.6%	22.2%
Q8. Incorporating outcome measurement and quality improvement system	75.0%	25.0%	40.0%	10.0%	0.0%	25.0%
Q3b. Incorporating the SOC approach into memorandum of understanding and interagency agreements	73.8%	21.1%	21.1%	21.1%	10.5%	26.3%
Q5. Incorporating the SOC approach in requests for proposals and contracts	64.8%	5.9%	11.8%	35.3%	11.8%	35.3%
Q6. Enacting legislation	64.7%	29.4%	23.5%	5.9%	5.9%	35.3%

Note. "Yes Progress" is the total percentage of "Some," "Moderate," "Significant," and "Extensive" categories.

The strategies for Part I that yielded the highest percentage of perceived progress are:

- Linking with and building on other system change initiatives (89.5%)
- Developing and implementing strategic plans that establish the SOC approach for county delivery system (85.0%)
- Developing interagency structures to expand SOC approach (85.0%)
- Developing guidelines, standards, or practice protocols based on the SOC approach (85.0%)
- Creating or expanding family and youth partnerships at the policy level (85.0%)
- Strategies to improve the cultural and linguistic competence and eliminate disparities (85.0%)

The three strategies for Part I that had the highest percentage of participants perceive extensive progress are:

- Cultivating intragency relationships to coordinate and/or finance SOC approach (20%)
- Incorporating the SOC approach in requests for proposals and contracts (11.8%)
- Incorporating the SOC approach into memorandum of understanding and interagency agreements (10.5%)

The strategies for Part I that had the highest percentage of participants perceive some progress are:

- Establishing an ongoing locus of management and accountability for SOC at the state level (36.8%)
- Strategies to improve the cultural and linguistic competence and eliminate disparities (35.0%)
- Linking with and building on other system change initiatives (31.6%)

The three strategies for Part I that had the highest percentage of participants perceive no progress are:

- Enacting legislation (35.3%)
- Incorporating the SOC approach in requests for proposals and contracts (35.3%)
- Incorporating the SOC approach into memorandum of understanding and interagency agreements (26.3%)

Part II: Developing or Expanding Services and Supports Based on the System of Care Philosophy and Approach

Table 2 provides the percentage of survey participants that indicated yes to progress, no to progress, and the individual degrees of progress being made in expanding the SOC approach for Part II of the survey.

Questions	Yes	Categories of Yes				No
	Progress	Some	Moderate	Significant	Extensive	Progress
Q8. Improving the cultural and linguistic competence of services	88.3%	41.2%	35.3%	11.8%	0.0%	11.8%
Q6b. Creating, expanding, or changing the provider network by retooling providers to provide services aligned with the SOC approach	88.2%	58.8%	5.9%	17.6%	5.9%	11.8%
Q1. Creating or expanding a broad range of services that are consistent with the SOC approach	85.0%	15.0%	20.0%	25.0%	25.0%	15.0%
Q2. Creating or expanding an individualized approach to service planning and delivery	85.0%	10.0%	30.0%	30.0%	15.0%	15.0%
Q9. Reducing racial, ethnic, and geographic disparities in service delivery	85.0%	25.0%	30.0%	25.0%	5.0%	15.0%
Q5. Creating or expanding family driven and youth-guided services and expanding family and youth involvement in service delivery	84.3%	21.1%	26.3%	31.6%	5.3%	15.8%
Q7. Creating or expanding the use of evidence-informed and promising practices and practice-based evidence approaches	83.4%	16.7%	11.1%	50.0%	5.6%	16.7%
Q4. Creating or expanding care coordination and care management	82.3%	17.6%	29.4%	29.4%	5.9%	17.6%
Q3. Creating or expanding care management entities for children with intensive service needs and their families	81.4%	18.8%	31.3%	25.0%	6.3%	18.8%
Q6a. Creating, expanding, or changing the provider network by adding new types of providers, changing licensing and certification, etc.	77.7%	44.4%	11.1%	11.1%	11.1%	22.2%
Q10. Implementing or expanding the use of technology	73.7%	5.3%	26.3%	36.8%	5.3%	26.3%

Note. "Yes Progress" is the total percentage of "Some," "Moderate," "Significant," and "Extensive" categories.

The strategies for Part II that yielded the highest percentage of perceived progress are:

- Improving the cultural and linguistic competence of services (88.3%)
- Creating, expanding, or changing the provider network by retooling providers to provide services (88.2%)
- Creating or expanding a broad range of services that are consistent with the SOC approach (85.0%)
- Creating or expanding an individualized approach to service planning and delivery (85.0%)
- Reducing racial, ethnic, and geographic disparities in service delivery (85.0%)

The three strategies for Part II that had the highest percentage of participants perceive extensive progress are:

- Creating or expanding a broad range of services that are consistent with the SOC approach (25.0%)
- Creating or expanding an individualized approach to service planning and delivery (15.0%)
- Creating, expanding, or changing the provider network by adding new types of providers, changing licensing and certification, etc. (11.1%)

The three strategies for Part II that had the highest percentage of participants perceive some progress are:

- Creating, expanding, or changing the provider network by retooling providers to provide services aligned with the SOC approach (58.8%)
- Creating, expanding, or changing the provider network by adding new types of providers, changing licensing and certification, etc. (44.4%)
- Improving the cultural and linguistic competence of services (41.2%)

The three strategies for Part II that had the highest percentage of participants perceive no progress are:

- Implementing or expanding the use of technology (26.3%)
- Creating, expanding, or changing the provider network by adding new types of providers, changing licensing and certification, etc. (22.2%)
- Creating or expanding care management entities for children with intensive service needs and their families (18.8%)

Part III: Creating or Improving Financing Strategies

Table 3 provides the percentage of organizations that indicated yes to progress, no to progress, and the individual degrees of progress being made in expanding the SOC approach for Part III of the survey.

Table 3						
Part III: Creating or Improving Financing Strategies Responses by Percentages						
Questions	Yes	Categories of Yes				No
	Progress	Some	Moderate	Significant	Extensive	Progress
Q1. Increasing the use of Medicaid	72.2%	27.8%	11.1%	33.3%	0.0%	27.8%
Q6a. Obtaining new or increased funds from other child-serving agencies	70.0%	40.0%	20.0%	5.0%	5.0%	30.0%
Q6b. Coordinating, braiding, blending, or pooling funds with other child-serving agencies	68.4%	26.3%	15.8%	15.8%	10.5%	31.6%
Q2a. Maximizing the use of federal SOC grants to develop infrastructure and/or services	66.7%	33.3%	11.1%	22.2%	0.0%	33.3%
Q5a. Obtaining new or increased county mental health funds to support SOC services	65.0%	25.0%	15.0%	15.0%	10.0%	35.0%
Q3. Redeploying funds for higher-cost to lower-cost services	64.7%	23.5%	17.6%	23.5%	0.0%	35.3%
Q7. Obtaining new or increasing the use of local funds	61.1%	33.3%	5.6%	5.6%	16.7%	38.9%
Q2c. Maximizing other federal grant funds to finance infrastructure and/or services	60.0%	13.3%	13.3%	33.3%	0.0%	40.0%
Q5b. Obtaining new or increased county substance use funds to support SOC services	57.9%	26.3%	10.5%	10.5%	10.5%	42.1%
Q2b. Maximizing federal Mental Health Block Grant funds to finance infrastructure and/or services	50.0%	6.3%	12.5%	31.3%	0.0%	50.0%
Q4. Implementing case rates or other risk-based financing approaches	38.5%	15.4%	15.4%	7.7%	0.0%	61.5%
Q8. Increasing the use of federal entitlements other than Medicaid	35.7%	14.3%	7.1%	14.3%	0.0%	64.3%
Q9. Accessing new financing structures and funding streams	33.3%	20.0%	0.0%	6.7%	6.7%	66.7%
<i>Note.</i> "Yes Progress" is the total percentage of "Some," "Moderate," "Significant," and "Extensive" categories.						

The three strategies for Part III that yielded the highest percentage of perceived progress are:

- Increasing the use of Medicaid (72.2%)
- Obtaining new or increased funds from other child-serving agencies (70.0%)
- Coordinating, braiding, blending, or pooling funds with other child-serving agencies (68.4%)

The three strategies for Part III that had the highest percentage of participants perceive extensive progress are:

- Obtaining new or increasing the use of local funds (16.7%)
- Coordinating, braiding, blending, or pooling funds with other child-serving agencies (10.5%)
- Obtaining new or increased county substance use funds to support SOC services (10.5%)

The three strategies for Part III that had the highest percentage of participants perceive some progress are:

- Obtaining new or increased funds from other child-serving agencies (40.0%)
- Maximizing the use of federal SOC grants to develop infrastructure and/or services (33.3%)
- Obtaining new or increasing the use of local funds (33.3%)

The three strategies for Part III that had the highest percentage of participants perceive no progress are:

- Accessing new financing structures and funding streams (66.7%)
- Increasing the use of federal entitlements other than Medicaid (64.3%)
- Implementing case rates or other risk-based financing approaches (61.5%)

Part IV: Providing Training, Technical Assistance, and Coaching

Table 4 provides the percentage of organizations that indicated yes to progress, no to progress, and the individual degrees of progress being made in expanding the SOC approach for Part IV of the survey.

Questions	Categories of Yes					No Progress
	Yes Progress	Some	Moderate	Significant	Extensive	
Q1. Providing training, technical assistance, and coaching on the SOC approach	75.0%	30.0%	15.0%	5.0%	25.0%	25.0%
Q3. Providing training, technical assistance, and coaching on evidence-informed and promising practices and practice-based evidence approaches	73.7%	15.8%	26.3%	10.5%	21.1%	26.3%
Q2. Creating the capacity for ongoing training, technical assistance, and coaching on the SOC approach	68.4%	21.1%	10.5%	21.1%	15.8%	31.6%

Note. "Yes Progress" is the total percentage of "Some," "Moderate," "Significant," and "Extensive" categories.

Only three strategies were assessed in this section of the survey. “Providing training, technical assistance, and coaching on the SOC approach” was the strategy that yielded the highest percentage (75.0%) of progress followed by “Providing training, technical assistance, and coaching on evidence-

informed and promising practices and practice-based evidence approaches” (73.7%). “Creating the capacity for ongoing training, technical assistance, and coaching on the SOC approach” was the strategy with the highest percentage of (31.6%) of no progress but had the highest percentage (21.1%) of significant progress. “Providing training, technical assistance, and coaching on the SOC approach” had the highest percentage (25.0%) of extensive progress.

Part V: Generating Support

Table 5 provides the percentage of organizations that indicated yes to progress, no to progress, and the individual degrees of progress being made in expanding the SOC approach for Part V of the survey.

Table 5						
Part V: Generating Support Responses by Percentages						
Questions	Yes	Categories of Yes				No
	Progress	Some	Moderate	Significant	Extensive	Progress
Q4a. Cultivating partnerships with provider agency and organization leaders, etc.	94.7%	21.1%	15.8%	36.8%	21.1%	5.3%
Q4b. Cultivating partnerships with civic leaders and other key leaders	89.5%	10.5%	36.8%	26.3%	15.8%	10.5%
Q6. Cultivating leaders to support SOC approach	85.0%	30.0%	25.0%	20.0%	10.0%	15.0%
Q1a. Establishing a strong family organization to support expansion of the SOC approach	77.8%	22.2%	16.7%	22.2%	16.7%	22.2%
Q3a. Using data on the outcomes of the SOC	72.2%	22.2%	11.1%	27.8%	11.1%	27.8%
Q1b. Establishing a strong youth organization to support expansion of the SOC approach	70.0%	25.0%	25.0%	15.0%	5.0%	30.0%
Q2b. Generating support among administrators and policy makers at the local level for the expansion of the SOC approach	66.7%	33.3%	0.0%	22.2%	11.1%	33.3%
Q5. Generating broad-based support through social marketing and strategic communications	65.0%	15.0%	25.0%	25.0%	0.0%	35.0%
Q3b. Using data on cost avoidance and comparison with high-cost services	61.1%	22.2%	0.0%	27.8%	11.1%	38.9%
Q2a. Generating support among administrators and policy makers at the state level for the expansion of the SOC approach	60.0%	40.0%	0.0%	13.3%	6.7%	40.0%
<i>Note.</i> "Yes Progress" is the total percentage of "Some," "Moderate," "Significant," and "Extensive" categories.						

The three strategies for Part V that yielded the highest percentage of perceived progress are:

- Cultivating partnerships with provider agency and organization leaders, etc. (94.7%)
- Cultivating partnerships with civic leaders and other key leaders (89.5%)
- Cultivating leaders to support SOC approach (85%)

The three strategies for Part V that had the highest percentage of participants perceive extensive progress are:

- Cultivating partnerships with provider agency and organization leaders, etc. (21.1%)
- Establishing a strong family organization to support expansion of the SOC approach (16.7%)
- Cultivating partnerships with civic leaders and other key leaders (15.8%)

The three strategies for Part V that had the highest percentage of participants perceive some progress are:

- Generating support among administrators and policy makers at the state level for the expansion of the SOC approach (40.0%)
- Generating support among administrators and policy makers at the local level for the expansion of the SOC approach (33.3%)
- Cultivating leaders to support SOC approach (30.0%)

The three strategies for Part V that had the highest percentage of participants perceive no progress are:

- Generating support among administrators and policy makers at the state level for the expansion (40.0%)
- Using data on cost avoidance and comparison with high-cost services (38.9%)
- Generating broad-based support through social marketing and strategic communications (35.0%)

Progress Across the Five Parts of the Survey

Across the five parts of the survey, the strategies that yielded the highest percentage of perceived progress are:

- Cultivating partnerships with provider agency and organization leaders, etc. (Part V, 94.7%)
- Linking with and building on other system change initiatives (Part I, 89.5%)
- Cultivating partnerships with civic leaders and other key leaders (Part V, 89.5%)
- Improving the cultural and linguistic competence of services (Part II, 88.3%)
- Creating, expanding, or changing the provider network by retooling providers to provide services aligned with the SOC approach (Part II, 88.2%)
- Developing and implementing strategic plans that establish the SOC approach for county delivery system (Part I, 85.0%)
- Developing interagency structures to expand SOC approach (Part I, 85.0%)
- Developing guidelines, standards, or practice protocols based on the SOC approach (Part I, 85.0%)
- Creating or expanding family and youth partnerships at the policy level (Part I, 85.0%)

- Strategies to improve the cultural and linguistic competence and eliminate disparities (Part I, 85.0%)
- Creating or expanding a broad range of services that are consistent with the SOC approach (Part II, 85.0%)
- Creating or expanding an individualized approach to service planning and delivery (Part II, 85.0%)
- Reducing racial, ethnic, and geographic disparities in service delivery (Part II, 85.0%)
- Cultivating leaders to support SOC approach (Part V, 85.0%)

Across the five parts of the survey, the strategies that had the most participants perceive no progress are:

- Accessing new financing structures and funding streams (Part III, 66.7%)
- Increasing the use of federal entitlements other than Medicaid (Part III, 64.3%)
- Implementing case rates or other risk-based financing approaches (Part III, 61.5%)
- Maximizing federal Mental Health Block Grant funds to finance infrastructure and/or services (Part III, 50.0%)
- Obtaining new or increased county substance use funds to support SOC services (Part III, 42.1%)
- Maximizing other federal grant funds to finance infrastructure and/or services (Part III, 40.0%)
- Generating support among administrators and policy makers at the state level for the expansion (Part V, 40.0%)
- Obtaining new or increasing the use of local funds (Part III, 38.9%)
- Using data on cost avoidance and comparison with high-cost services (Part V, 38.9%)
- Incorporating the SOC approach in requests for proposals and contracts (Part I, 35.3%)
- Enacting legislation (Part I, 35.3%)
- Redeploying funds for higher-cost to lower-cost services (Part III, 35.3%)
- Obtaining new or increased county mental health funds to support SOC services (Part III, 35.0%)
- Generating broad-based support through social marketing and strategic communications (Part V, 35.0%)

Part V: Generating Support—Strategies, Expansion, and Challenges

Table 6 contains the frequencies with which organizations endorsed strategies that have been the most significant in expanding the SOC approach. The most endorsed strategies were “Strengthening Interagency Collaboration” and “Developing and Implementing Strategic Plans” which were endorsed by 11 and 9 participants, respectively. Ten strategies were not endorsed by any of the participants.

Table 6
Frequencies for Most Significant Strategies in Expanding SOC

Strategies	Frequencies
Strengthening Interagency Collaboration (3)	11
Developing and Implementing Strategic Plans (2)	9
Creating or Expanding the Use of Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches (18)	7
Improving the Cultural and Linguistic Competence of Services (19)	6
Creating or Expanding a Broad Array of Services (12)	5
Creating or Expanding an Individualized Approach to Service Delivery (13)	5
Cultivating Partnerships with Other Key Leaders (37)	5
Linking With and Building on Other System Change Initiatives (9)	4
Creating or Expanding Family-Driven and Youth-Guided and Expanding Family and Youth Involvement in Service Delivery (16)	4
Reducing Racial, Ethnic, and Geographic Disparities in Service Delivery (20)	4
Cultivating Leaders (39)	4
Implementing Outcome Measurement and Quality Improvement Systems (8)	3
Increasing the Use of Medicaid (22)	3
Increasing the Use of Funds from Other Child-Serving Systems (27)	3
Providing Training, Technical Assistance, and Coaching on Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches (33)	3
Using Data (36)	3
Generating Broad-Based Support Through Social Marketing and Strategic Communications (38)	3
Incorporating the SOC Approach in Requests for Proposals (RFPs) and Contracts (5)	2
Creating, Expanding, or Changing the Provider Network (17)	2
Implementing or Expanding the Use of Technology (21)	2
Increasing the Use of Local Funds (28)	2
Establishing an Ongoing Locus of Management and Accountability for Systems of Care (1)	1
Enacting Legislation (6)	1
Improving Cultural and Linguistic Competence at the Policy Level and Incorporating Strategies to Eliminate Disparities (11)	1
Creating or Expanding Care Management Entities (14)	1
Creating or Expanding Care Coordination and Care Management (15)	1
Increasing the Use of Federal Grants to Finance Systems of Care (23)	1
Providing Training, Technical Assistance, and Coaching on the SOC Approach (31)	1
Creating Ongoing Training and Technical Assistance Capacity (32)	1
Promulgating Rules, Regulations, Standards, Guidelines, and Practice Protocols (4)	0
Incorporating the SOC Approach in Monitoring Protocols (7)	0
Expanding Family and Youth Partnerships at the Policy Level (10)	0
Redeploying Funds for Higher-Cost to Lower-Cost Services (24)	0
Implementing Case Rates or Other Risk-Based Financing Approaches (25)	0
Increasing the Use of State Mental Health and Substance Use Funds (26)	0
Increasing the Use of Federal Entitlements Other than Medicaid (29)	0
Accessing New Financing Structure and Funding Streams (30)	0
Establishing Strong Family and Youth Organizations (34)	0
Generating Support Among Administrators and Policy Makers (35)	0
<i>Note.</i> The number in parentheses indicates the order the item appeared on the survey.	

Table 7 contains frequencies for the ways in which county-community partnerships have been created to support expansion of the SOC approach. All of the ways for expanding the SOC approach listed in the survey were endorsed. “Participate in planning for expansion of the SOC approach” was endorsed the most (14 organizations) while “Provide data on the outcomes of systems of care at the system and service delivery levels and cost avoidance for making the case for expanding the SOC approach” was endorsed the least (5 organizations). Survey participants were given the opportunity to specify “other” ways county-community partnerships were created to support expansion of the SOC approach; however, no ways for expansion were specified.

Table 7	
Frequencies for the Ways in Which County-Community Partnerships have been Created to Support Expansion of the SOC approach	
Strategies	Frequency
Participate in planning for expansion of the SOC approach (4)	14
Provide training and technical assistance to other communities in the county (2)	10
Provide seasoned leaders who then contribute to future SOC expansion efforts at the county and/or local levels (7)	9
Generate support and commitment for the SOC philosophy and approach among high-level policy makers and administrators (5)	8
Contribute to the development of family organizations in the county (6)	8
Test, pilot, demonstrate, and explore the feasibility of approaches to developing and expanding systems of care that can be applied in other communities in the county (1)	7
Provide data on the outcomes of systems of care at the system and service delivery levels and cost avoidance for making the case for expanding the SOC approach (3)	5
Other (8)	0
<i>Note.</i> The number in parentheses indicates the order the item appeared on the survey.	

Table 8 contains frequencies for potential challenges to countywide SOC expansion. All of the potential challenges were endorsed. “Fiscal crises and budget cuts” was endorsed the most (16 participants) while “Lack of ongoing training” and “Shift in focus to the implementation of health care reform and parity legislation” was endorsed the least (1 organization). One survey participant specified a potential challenge: “The marginalization of com-based org. its leaders, representatives, and target population is a tremendous barrier. The question is who, what system, what leader, has the will to overcome, deal with or at least manage the barrier.”

Table 8	
Frequencies for Potential Challenges to Countywide SOC Expansion	
Challenges	Frequency
Fiscal crises and budget cuts (1)	16
Lack of coordination and linkage with other system change initiatives in the county (e.g., health reform, parity legislation, reform initiatives in other child-serving systems) (15)	10
Changes in administration or leadership that result in policy changes (2)	9
Inability to obtain or redirect other funds for services and supports (5)	8
Lack of institutionalization of the SOC philosophy and approach in legislation, plans, regulations, and other policy instruments (3)	7
Lack of support and advocacy among families, family organizations, youth, youth organizations, advocacy groups, and so forth for expansion of the SOC approach (13)	7
Lack of a children's mental health workforce trained in SOC philosophy and approach (8)	5
Inability to obtain Medicaid financing for services and supports (4)	4
Lack of data to make the case for statewide development of systems of care (6)	4
Insufficient buy-in to the SOC philosophy and approach among high-level administrators and policy makers at the county level (9)	3
Insufficient buy-in to the SOC philosophy and approach among provider agencies, program managers, clinician, managed care organizations, etc. (11)	3
Insufficient buy-in and shared financing from other child-serving systems for expansion of the SOC approach (12)	3
Insufficient buy-in to the SOC philosophy and approach among high-level administrators and policy makers at the county level (10)	2
Lack of ongoing training (7)	1
Shift in focus to the implementation of health care reform and parity legislation (14)	1
Other (16)	1
<i>Note.</i> The number in parentheses indicates the order the item appeared on the survey.	

Conclusions

The Readiness to Change Survey was administered to assess progress being made by organizations in Stark County in implementing an array of strategies to expand the SOC approach. Overall, progress, whether it is some to extensive, is being made on the strategies to expand the SOC approach. Across the five parts of the survey, the most progress made by organizations appears to be with strategies concerning developing or expanding services (Part II) as 75% of these strategies had at least 80% of organizations indicating progress being made. This was followed by strategies concerning implementing policy, regulatory, and partnership changes (Part I; 53.3%) and by strategies concerning generating support (Part V; 30.0%). Strategies on creating or improving financing (Part III) and providing training, technical assistance, and coaching (Part IV) did not have at least 80% of organizations reporting progress being made on any of the strategies. The highest percentage of progress was 72.2% and 75.0% (Part III and Part IV, respectively). In general the least amount of progress in expanding the SOC approach

appears to be on creating or improving financing strategies (Part III). These strategies had the highest percentages of organizations reporting that no progress was being made.

Appendix 1: SOC Strategic Planning Effort Stakeholders

- The City of Massillon
- Coming Together Stark County
- Pheonix Rising BHR, Inc
- Quest Recovery and Prevention Services
- Crisis Intervention and Recovery Center
- Community Services
- Stark County TASC Inc
- Ohio Guidestone
- Stark County Educational Resources Center/iCare Team
- LifeCare Family Health and Dental Service
- NAMI Stark County
- Stark County Educational Resource Center
- Early Childhood Resource Center
- Action for Social Equity
- Early Childhood Education Alliance Inc
- AHEAD Inc
- United Way
- Coleman Behavioral Health Services
- Canton Community KidSummit Against Drugs
- Ohio Means Jobs
- Stark County Job and Family Services
- Stark County Social Workers Network
- NAACP Massillon
- Help Me Grow Stark County
- Stark County Board of Developmental Disabilities
- Akron Children's Hospital
- NAMI Stark County

Appendix 2: Readiness to Change Survey Questions

Part I: Implementing Policy, Regulatory, and Partnership Changes

Q1a. Creating or assigning a viable, ongoing, focal point of management and accountability at the state level (e.g., agency, office, staff).

Q1b. Creating or assigning viable, ongoing focal points of accountability and management at the county level (e.g., agency, office, staff).

Q2. Developing and implementing strategic plans that establish the system of care philosophy and approach as goals for the county's service delivery system.

Q3a. Developing Interagency structures to set policy, guide, and support expansion of the system of care approach.

Q3b. Incorporating the system of care philosophy and approach into memorandum of understanding and interagency agreements.

Q3c. Cultivating strong interagency relationships and partnerships to coordinate and/or finance systems of care.

Q4a. Promulgating rules and regulations that require elements of the system of care philosophy and approach.

Q4b. Developing guidelines, standards, or practice protocols based on the system of care philosophy and approach.

Q5. Incorporating requirements for elements of the system of care philosophy and approach in RFPs and contracts with providers and managed care organizations.

Q6. Passing legislation that supports the system of care philosophy and approach.

Q7. Incorporating the system of care philosophy and approach into protocols to monitor compliance with system of care requirements among providers and managed care organizations.

Q8. Incorporating the system of care philosophy and approach into data systems for outcome measurement and quality improvement efforts.

Q9. Linking with and building on existing and emerging systems change initiatives in the county (e.g., health reform, parity legislation, reforms in other systems).

Q10. Creating or expanding family and youth involvement and partnerships at the policy and system level.

Q11. Incorporating strategies to improve the cultural and linguistic competence at the system level and to eliminate disparities.

Part II: Developing or Expanding Services and Supports Based on the System of Care Philosophy and Approach

Q1. Creating or expanding a broad range of home- and community-based services and supports that are consistent with the system of care philosophy and approach to improve outcomes.

Q2. Creating or expanding an individualized, wraparound approach to service planning and delivery.

Q3. Creating or expanding care management entities to serve as the focal point of accountability and responsibility for managing the services, costs, and care management for children with intensive service needs and their families.

Q4. Creating or expanding care coordination and care management approaches.

Q5. Creating or expanding family-driven and youth-guided services and expanding family and youth involvement in the planning and delivery of their own services to improve outcomes.

Q6a. Creating, expanding, or changing the provider network by adding new types of home- and community-based providers, changing licensing and certification, etc.

Q6b. Creating, expanding, or changing the provider network by retooling community and residential providers to provide services that are aligned with the system of care philosophy and to diversify the services they offer.

Q7. Creating or expanding the use of evidence-informed and promising practices and practice-based evidence approaches within systems of care that improve outcomes.

Q8. Creating or expanding the use of culturally and linguistically competent approaches to service delivery to improve outcomes.

Q9. Developing and implementing strategies directed at reducing racial, ethnic, and geographic disparities in service delivery across child-serving systems.

Q10. Implementing or expanding the use of technology (e.g., electronic medical records, telemedicine, videoconferencing, e-therapy).

Part III: Creating or Improving Financing Strategies

Q1. Increasing the use of Medicaid to finance services by adding new services, changing existing service definitions, obtaining waivers, using EPSDT (Early Periodic Screening, Diagnosis, and Treatment), using the rehabilitation option, etc., to finance services and supports.

Q2a. Maximizing the use of federal system of care grants to develop infrastructure and/or services and to leverage other long-term funding.

Q2b. Maximizing federal Mental Health Block Grant funds to finance infrastructure and/or services.

Q2c. Maximizing other federal grant funds to finance infrastructure and/or services.

Q3. Redeploying, redirecting, or shifting funds from higher-cost to lower-cost services to finance infrastructure and/or services.

Q4. Implementing case rates or other risk-based financing approaches to increase flexibility in financing services and supports.

Q5a. Obtaining new or increased county mental health funds to support system of care infrastructure and services.

Q5b. Obtaining new or increased county substance use funds to support system of care infrastructure and services.

Q6a. Obtaining new or increased funds from other child-serving agencies to finance infrastructure and/or services.

Q6b. Coordinating, braiding, blending, or pooling funds with other child-serving agencies to finance infrastructure and/or services.

Q7. Obtaining new or increased local funds (e.g., taxing authorities, special funding districts, county funds) to finance infrastructure and/or services.

Q8. Increasing the use of federal entitlements other than Medicaid to finance infrastructure and/or services.

Q9. Accessing new financing structures and funding streams (e.g., health reform, parity legislation).

Part IV: Providing Training, Technical Assistance, and Coaching

Q1. Providing ongoing training, technical assistance, and coaching on the system of care philosophy and approach.

Q2. Creating the capacity for ongoing training, technical assistance, and coaching on systems of care and evidence-informed services (e.g., institutes, centers of excellence, TA centers, other intermediary organizations, partnerships with higher education).

Q3. Providing ongoing training on evidence-informed and promising practices and practice-based evidence approaches to support high-quality and effective service delivery.

Part V: Generating Support

Q1a. Establishing a strong family organization to support and be involved in expansion of the system of care approach (e.g., through funding, involvement at the system and policy levels, contracting for training services).

Q1b. Establishing a strong youth organization to support and be involved in expansion of the system of care approach (e.g., through funding, involvement at the system and policy levels, contracting for training and services).

Q2a. Generating political and policy-level support for the system of care philosophy and approach among high-level administrators and policy makers at the state level for expansion of the system of care approach.

Q2b. Generating political and policy-level support for the system of care philosophy and approach among high-level administrators and policy makers at the local level for expansion of the system of care approach

Q3a. Using data on the outcomes of systems of care and services.

Q3b. Using data on cost avoidance across systems and comparison with high-cost services.

Q4a. Cultivating partnerships with provider agency and organization leaders, managed care organizations, etc.

Q4b. Cultivating partnerships with civic leaders and other key leaders.

Q5. Informing key constituencies about the value and merits of expanding the system of care approach through social marketing and strategic communications.

Q6. Cultivating ongoing leaders and champions for the system of care philosophy and approach to support expansion of the system of care approach (e.g., through training, leadership development activities).

Q7. Select 5 Specific strategies that have been the most significant in your progress in expanding systems of care to date:

Establishing an Ongoing Locus of Management and Accountability for Systems of Care (1)

Developing and Implementing Strategic Plans (2)

Strengthening Interagency Collaboration (3)

Promulgating Rules, Regulations, Standards, Guidelines, and Practice Protocols (4)

Incorporating the System of Care Approach in Requests for Proposals (RFPs) and Contracts (5)

Enacting Legislation (6)

Incorporating the System of Care Approach in Monitoring Protocols (7)

Implementing Outcome Measurement and Quality Improvement Systems (8)

Linking With and Building on Other System Change Initiatives (9)

Expanding Family and Youth Partnerships at the Policy Level (10)

Improving Cultural and Linguistic Competence at the Policy Level and Incorporating Strategies to Eliminate Disparities (11)

Creating or Expanding a Broad Array of Services (12)

Creating or Expanding an Individualized Approach to Service Delivery (13)

Creating or Expanding Care Management Entities (14)

Creating or Expanding Care Coordination and Care Management (15)

- Creating or Expanding Family-Driven and Youth-Guided and Expanding Family and Youth Involvement in Service Delivery (16)
- Creating, Expanding, or Changing the Provider Network (17)
- Creating or Expanding the Use of Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches (18)
- Improving the Cultural and Linguistic Competence of Services (19)
- Reducing Racial, Ethnic, and Geographic Disparities in Service Delivery (20)
- Implementing or Expanding the Use of Technology (21)
- Increasing the Use of Medicaid (22)
- Increasing the Use of Federal Grants to Finance Systems of Care (23)
- Redeploying Funds for Higher-Cost to Lower-Cost Services (24)
- Implementing Case Rates or Other Risk-Based Financing Approaches (25)
- Increasing the Use of State Mental Health and Substance Use Funds (26)
- Increasing the Use of Funds from Other Child-Serving Systems (27)
- Increasing the Use of Local Funds (28)
- Increasing the Use of Federal Entitlements Other than Medicaid (29)
- Accessing New Financing Structure and Funding Streams (30)
- Providing Training, Technical Assistance, and Coaching on the System of Care Approach (31)
- Creating Ongoing Training and Technical Assistance Capacity (32)
- Providing Training, Technical Assistance, and Coaching on Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches (33)
- Establishing Strong Family and Youth Organizations (34)
- Generating Support Among Administrators and Policy Makers (35)
- Using Data (36)
- Cultivating Partnerships with Other Key Leaders (37)
- Generating Broad-Based Support Through Social Marketing and Strategic Communications (38)
- Cultivating Leaders (39)

Q8. County-Community Partnerships for Expanding the System of Care. Indicate ways in which county-community partnerships have been created to support expansion of the system of care approach: Communities are strategically engaged as partners in system of care expansion to do the following (Check all that apply):

- Test, pilot, demonstrate, and explore the feasibility of approaches to developing and expanding systems of care that can be applied in other communities in the county (1)
- Provide training and technical assistance to other communities in the county (2)
- Provide data on the outcomes of systems of care at the system and service delivery levels and cost avoidance for making the case for expanding the system of care approach (3)
- Participate in planning for expansion of the system of care approach (4)
- Generate support and commitment for the system of care philosophy and approach among high-level policy makers and administrators (5)
- Contribute to the development of family organizations in the county (6)
- Provide seasoned leaders who then contribute to future system of care expansion efforts at the county and/or local levels (7)
- Other (specify) (8) _____

Q9. Potential Challenges to Countywide System of Care Expansion. Indicate the potential challenges and barriers to countywide system of care expansion.

Fiscal crises and budget cuts (1)

Changes in administration or leadership that result in policy changes (2)

Lack of institutionalization of the system of care philosophy and approach in legislation, plans, regulations, and other policy instruments (3)

Inability to obtain Medicaid financing for services and supports (4)

Inability to obtain or redirect other funds for services and supports (5)

Lack of data to make the case for statewide development of systems of care (6)

Lack of ongoing training (7)

Lack of a children's mental health workforce trained in system of care philosophy and approach (8)

Insufficient buy-in to the system of care philosophy and approach among high-level administrators and policy makers at the county level (9)

Insufficient buy-in to the system of care philosophy and approach among high-level administrators and policy makers at the county level (10)

Insufficient buy-in to the system of care philosophy and approach among provider agencies, program managers, clinician, managed care organizations, etc. (11)

Insufficient buy-in and shared financing from other child-serving systems for expansion of the system of care approach (12)

Lack of support and advocacy among families, family organizations, youth, youth organizations, advocacy groups, and so forth for expansion of the system of care approach (13)

Shift in focus to the implementation of health care reform and parity legislation (14)

Lack of coordination and linkage with other system change initiatives in the county (e.g., health reform, parity legislation, reform initiatives in other child-serving systems) (15)

Other (specify) (16) _____

Appendix 3: "Not Sure" Response Rate of 20% or Higher

Part II: Developing or Expanding Services and Supports Based on the SOC Philosophy and Approach Responses by Percentages

Q3. Creating or expanding care management entities to serve as the focal point of accountability and responsibility for managing the services, costs, and care management for children with intensive service needs and their families. (24% responded "not sure")

Part III: Creating or Improving Financing Strategies Responses by Percentages

Q2b. Maximizing federal Mental Health Block Grant funds to finance infrastructure and/or services. (24% responded "not sure")

Q2c. Maximizing other federal grant funds to finance infrastructure and/or services. (29% responded "not sure")

Q4. Implementing case rates or other risk-based financing approaches to increase flexibility in financing services and supports. (35% responded "not sure")

Q8. Increasing the use of federal entitlements other than Medicaid to finance infrastructure and/or services. (33% responded "not sure")

Q9. Accessing new financing structures and funding streams (e.g., health reform, parity legislation). (29% responded "not sure")

Part V: Generating Support Responses by Percentages

Q2a. Generating political and policy-level support for the system of care philosophy and approach among high-level administrators and policy makers at the state level for expansion of the system of care approach. (25% responded "not sure")