

**AN EVALUATION
OF
STATE PUBLIC MENTAL HEALTH SYSTEM PERFORMANCE
FOR
ADULT PERSONS WITH SERIOUS MENTAL ILLNESS:
EFFECTS OF
STATE POLITICAL CULTURE
AND
STATE MENTAL HEALTH
PLANNING & IMPLEMENTATION CHARACTERISTICS
ON
STATE PUBLIC MENTAL HEALTH SYSTEM COMPREHENSIVENESS**

JENNIFER L. MAGNABOSCO BOWER, PH.D.

COLUMBIA UNIVERSITY

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STUDY GOALS

1. **Responds:** To calls in the field of mental health, and in governmental circles, for more in-depth research on the nature of service systems by studying the variation in the comprehensiveness of 52 state public mental health entities.
2. **Addresses:** The need for the development of contemporary national standards and more baseline measures of state public mental health system performance.
3. **Develops and Tests:** New measures of state mental health planning, implementation and service system performance which are client focused.
4. **Link theories and Measures :** Of political culture, planning, implementation and interorganizational relations to social policy administrative practice in mental health in one new conceptual model.

Important Reasons to Study

Mental Health System Comprehensiveness

And

Specifically State Public Mental Health System Comprehensiveness

- 1. The public mental health policy record shows that comprehensiveness matters as a concept, and has been a priority in the treatment and recovery of persons with serious mental illness.**
- 2. Empirical research on the nature of mental health system comprehensiveness, and its achievement and impact as a concept and goal, is limited, and needs to be expanded.**
- 3. There is a “gap” in studying state mental health system comprehensiveness as research and practice efforts have largely focused on local mental health systems and within system issues.**

DISSERTATION RESEARCH QUESTION, MEASURES & DATA SOURCES:

QUESTION **MEASURES & DATA SOURCES**

To what extent did variations in state-level

- | | |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 1) political culture | Elazar's Political Culture Categories/Erikson Et al's Index of Composite Policy Liberalism |
| 2) planning processes | Block Grant, and Overall Planning Indexes-Mental Health Expert Survey |
| 3) implementation strategies, | Service System Integration Activities Index-Mental Health Expert Survey & SMHA Controlled Mental Health Expenditures--NRI Revenue Studies |

predict the comprehensiveness

Comprehensive Service System Index—Mental Health Expert Survey

of state public mental health systems serving adults persons with serious mental illness in 1996?

(State and SMHA Characteristics were also used as control variables: CMHS/NRI State Mental Health Agency Profile Dataset and NRI Revenue and Expenditure Studies)

DEFINITION:

MENTAL HEALTH SYSTEM COMPREHENSIVENESS

**For a mental health system to be defined as “comprehensive”,
it must have a minimum network of services available and
accessible to persons with mental illness**

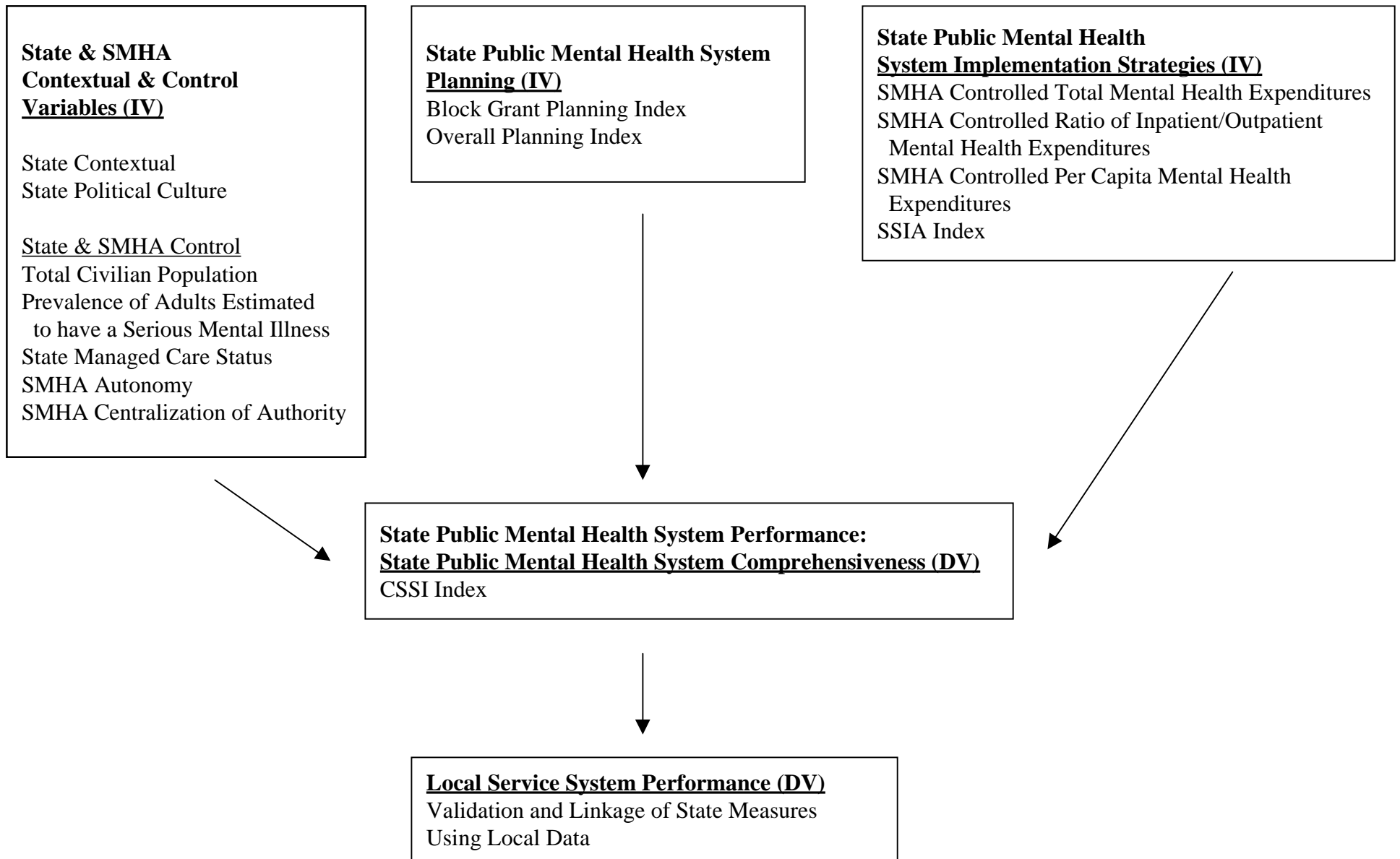
(Grusky, 1995; Stroul, 1989).

*A “comprehensive” **network of mental health system services** has typically consisted of some configuration of services identified by the Community Support Program principles.

* Such **services include** case management, outpatient mental health services, vocational rehabilitation, psychosocial rehabilitation, health services, and consumer run or supported services.

* **Qualities associated with comprehensiveness** are types, availability, and accessibility of services.

FIGURE 1
PLANNING-IMPLEMENTATION-PERFORMANCE EVALUATION (PIPE) MODEL



DECISION-MAKING CRITERIA FOR STATE ANALYSIS SAMPLE

I. Number of Times Mental Health Expert Group was Recommended to Represent State Profile Data as the State Analysis Sample (Hierarchy of Mental Health Expert Group Recommendations):

Commissioner= 12; Planner= 10; Researcher= 3: Planning Council= 5

II. Decision-Making Criteria and Mental Health Expert Group Recommended for State Analysis Sample:

a. Confidence in Answering Mental Health Expert Survey: Commissioner

b. Largest N's for Index Scores: Commissioner, Planner

Raw Index Score:

Comprehensiveness Index	Commissioner, Planner
Block Grant Planning Index	Commissioner & Planning Council; Planner & Planning Council
Overall Planning Index	Commissioner & Planning Council; Commissioner & Planner
Service System Integration Activities Index	Commissioner & Planner

c. T-Tests of Mental Health Group Pairs and Indexes: Commissioner, Planner or Researcher

d. Least Amount of Missing Data:

Comprehensiveness Index	Any Group
Block Grant Planning Index	Commissioner, Planner
Overall Planning Index	Commissioner, Planner
Service System Integration Activities Index	Any Group

DECISION-MAKING CRITERIA FOR STATE ANALYSIS SAMPLE (Continued)

III. State Analysis Sample

Total 44 States = 37 Commissioner Responses + 7 Planner Responses

44/50 or 88% of States who responded to the Mental Health Expert Survey

6 states= No Commissioner or Planner data

2 states= No Mental Health Expert Survey data

TABLE 2: PART B

**MENTAL HEALTH EXPERT SURVEY
STATE PROFILE DATA
RESPONDENT CHARACTERISTICS**

CHARACTERISTICS	N	MEAN +/- STD.DEV.	MODE	MAIN PERCENTAGES
Gender	43	--	Male	58.1% Male 41.9% Female
Age Range	43	--	50's	37.2% 40's 51.2% 50's
Ethnicity	42	--	White, Not Hispanic	88.1% White, Not Hispanic; 7.1 % Hispanic; 4.8% Black, Not Hispanic
Educational Background: Highest Degree Earned	43	--	MA or MS or MSW	44.2% MA/MS/MSW; 18.6% Doctorate; 11.6% M.D; 9.3% BA/BS
Number of Years Worked in State Mental Health System	43	12.20 +/- 7.96	14.00	--
Number of Years Worked in Field of Mental Health	40	22.15 +/- 8.73	20 & 25	--
Percentage in Same Job in 1996 & 1999	43	--	--	72.1% in Same Job; 27.9% in Different Job
Number of Years in Current (1999) Position	43	5.42 +/- 5.02	2 & 5	--
Main Job Responsibilities In 1996	43	--	Administra- tion: Systems & Services	48.8% Administration: Systems & Services; 9.3% Fiscal Management/ Grants; 9.3% Other Mental Health Job
Main Job Position in 1999	43	--	Administration: Commissioner/ Director/Chief	48.8% Administration: Systems & Services; 23.3% Behavioral Health/ Clinical Services: Administration

TABLE 5
MENTAL HEALTH EXPERT SURVEY
STATE PROFILE DATA
SUMMARY OF DESCRIPTIVE STATISTICS: FOUR INDEX SCORES

INDEX	N*	MEAN INDEX SCORE	STD. DEVIATION OF MEAN INDEX SCORE	RANGE OF INDEX SCORES	MINIMUM INDEX SCORE	MAXIMUM INDEX SCORE
CSSI Index (Total Possible Score = 84)	44	71.98	11.31	55.00	29.00	84.00
Block Grant Planning Index (Total Possible Score = 53)	42	35.68	11.37	39.83	11.78	51.61
Overall Planning Index (Total Possible Score = 53)	33	34.37	11.63	43.99	5.89	49.88
SSIA Index (Total Possible Score = 140)	42	27.11	24.83	114.99	1.01	116.00

* Total Possible N = 52 States

PIPE MODEL MULTIVARIATE RESULTS

PIPE MODEL GENERAL SPECIFICATION

State Public Mental Health System Comprehensiveness =

State Political Culture + State Public Mental Health Planning

+ State Public Mental Health Implementation Strategy

+ State or SMHA Contextual Control Characteristic

PIPE MODEL MULTIVARIATE RESULTS (Continued)

MEASURES USED IN MODEL TESTING

TO REPRESENT PIPE MODEL CONSTRUCTS

- Exploratory research using stepwise regression method to determine model specification with highest adjusted r-square and greatest number of significant coefficients.

- Measures used in model testing to represent the 5 PIPE Model constructs:
 - One measure from each group selected per regression specification
 - No more than 5 total variables tested in each regression specification due to sample size
 - Order determined by theoretical importance and highest correlation with dependent variable

MEASURES USED IN MODEL TESTING

TO REPRESENT PIPE MODEL CONSTRUCTS (Continued)

- Groups of PIPE Model Measures:

-- 5 measures of State and SMHA contextual control variables:

State population, estimated prevalence of adult persons with serious mental illness, SMHA Centralization, SMHA Autonomy, Status of State Managed Care Activities;

-- 2 measures of state political culture:

Erikson et al's Composite Policy Liberalism and Elazar's Political Culture Categories;

-- 3 measures of state mental health planning:

Block Grant Planning Index, Overall Planning Index, # Planning Structures/
Organizations;

-- 4 measures of state public mental health implementation strategies:

SSIA Index, SMHA Controlled Expenditures for Mental Health Services: Total Expenditures, Per Capita Expenditures, Ratio of Inpatient to Outpatient Expenditures.

MULTIVARIATE PIPE MODEL RESULTS (Continued)

- Model Specification with highest adjusted R-square and greatest number of significant beta coefficients:

State Public Mental Health System Comprehensiveness =

Erikson's State Composite Policy Liberalism

+ Overall (longer-term) State Public Mental Health Planning

- State Public Mental Health Financial Implementation Strategy:

SMHA Controlled Per Capita Mental Health Expenditure

- Adjusted R-square= 39% of the variation in respondents' assessments of State Public Mental Health Service System Comprehensiveness (F statistic was highly significant, 7.064 at $p = .001$);

- Policy Liberalism coefficient was significant and positive (.563; $p = .021$);
- Planning coefficient was significant and positive (.510; $p = .002$);
- SMHA Controlled Per Capita Expenditure coefficient was significant and negative (-.405; $p = .093$);

- No problems with collinearity or tolerance between variables.

MULTIVARIATE PIPE MODEL RESULTS

(Continued)

- **Relative Importance of Statistically Significant Independent Variables to Comprehensiveness:** (Standardized coefficient values used for calculations)

-- Most Salient Factor to Account for the Variance in State Public Mental Health

Comprehensiveness = Overall State Mental Health Planning

-- Least Salient Factor to Account for the Variance in State Public Mental Health

Comprehensiveness = SMHA Controlled Per Capita Expenditures for Mental Health

MULTIVARIATE PIPE MODEL RESULTS

(Continued)

- **Relative Importance of Statistically Significant Independent Variables to Comprehensiveness:** (Standardized coefficient values used for calculations)

--Relative Importance of State Political Culture:

State political culture accounts for almost as much variation in comprehensiveness as overall state mental health planning (.75), and twice as much variation as does SMHA per capita expenditures (2.0).

--Relative Importance of Overall State Mental Health Planning:

Overall Planning accounts for a bit more variance in comprehensiveness than does state political culture (1.2) and twice as much variance as does the implementation strategy, SMHA controlled per capita expenditures (2.0).

-- Relative Importance of State SMHA Controlled Per Capita Expenditures for Mental

Health:

SMHA controlled per capita expenditures account for less of the variation in comprehensiveness when compared to overall state mental health planning (.37) and also state political culture (.49).

MULTIVARIATE PIPE MODEL RESULTS

(Continued)

Factors Which Plausibly Predict Comprehensiveness:

The “Right” Mix of Factors for

More State Public Mental Health System Comprehensiveness

In order for state public mental health systems to be more comprehensive for adult persons with serious mental illness, the “right” mix of factors include:

- A more liberal state political culture;
- Developmental state mental health planning which is multi-year or longer term;
- Implementation strategies which are financial, controlled by the SMHA, and expend less dollars per capita;
- A SMHA that emphasizes planning more than spending, and integrates the two strategies;
- A SMHA that is *either* free-standing *or* structurally linked to other state agencies; and
- A SMHA that has *either* decentralized *or* centralized administrative roles

MULTIVARIATE PIPE MODEL RESULTS

(Continued)

Factors Which Did Not Plausibly Predict More Comprehensiveness:

- Developmental state mental health planning which is shorter-term of block grant driven;
- Specific Implementation Strategies which were Financial, and Controlled by the SMHA: Total Mental Health Expenditures and Ratio of Outpatient to Inpatient Mental Health Expenditures;
- Specific Implementation Strategies which were SMHA Service System Integration Activities;
- Status of state's Managed Care Activities;
- SMHA Autonomy in relation to other state agencies;
- SMHA Centralization of Administrative Roles;
- State Population Size;
- Estimated Prevalence of Adult Persons with Serious Mental Illness.

CONCLUSION HIGHLIGHTS

General Conclusions

- Partial confirmation:

New interdisciplinary conceptual model predicts perceived degree of state mental health system comprehensiveness;

- New empirical evidence:

Plausible links between some factors commonly considered important to comprehensive mental health systems and a measure of state system comprehensiveness:

The 3-L's:

Liberal state political culture;

Longer term state mental health planning;

Less SMHA controlled per capita spending on mental health services.

- No empirical links:

State and SMHA factors commonly considered important to comprehensive mental health systems not plausibly linked to state system comprehensiveness;

- More data analysis needed:

Explore counterintuitive links between financial and service system integration implementation strategies and state system comprehensiveness;

CONCLUSION HIGHLIGHTS (Continued)

Research & Management Agenda for Comprehensive State Mental Health Systems

1. Further **develop the field** of mental health system comprehensiveness, with attention to specific populations;
2. Continue to develop and **test theories and theoretical frameworks** about comprehensive mental health systems and client-consumer outcomes;
3. Determine how **private and public sector approaches and measurement of comprehensiveness** benefit and conflict with each other in the treatment of persons with serious mental illness;
4. Continue to **incorporate various stakeholders perspectives** into research designs;
5. Develop a **measurement science** for comprehensiveness that includes best practice benchmarks and standards, and typologies of state systems;
6. Continue to develop a **management science** for comprehensive mental health systems which includes best practices, standards, models and database indicators;
7. Make **longer-term planning a mainstay** in the development, implementation and evaluation of comprehensive mental health systems;
8. Create **explicit administrative strategies which reinforce the connections between state mental health planning and implementation strategies** for comprehensive mental health systems.