NH System of Care Assessments

Using an Annual Assessment to Monitor & Improve the Spread & Quality of Evidence-Based and Promising Children's Mental Health Practices Throughout NH's Children's System of Care

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Learn...

Range of practices routinely delivered to NH children & families

Key barriers to scaling high-fidelity practice

High impact strategies for high-quality dissemination & implementation

Agenda

- Getting to know each other
- Setting the NH SOC context
- Assessment goals, challenges, solutions
- Practices assessed
- Findings & lessons learned
- Breakout groups/discussion: noodle on high impact solutions

Getting to know each other

Who’s in the room?

Round robin style…

Name

Org/agency

Mission

Role

BHII basics

Behavioral
Health
Improvement
Institute

- Location

- Mission

- Services

- Portfolios/settings
- SOC Team

BHII practice

Utilization-focused

- Information needs of intended users
- Methods agnostic

Values

- Beholden to interested & affected users
- Armed with the highest leverage evidence
- Aimed at equitable & maximal population impact

Mechanisms of change

- Reality testing
- Knowledge translation
- Evaluative thinking
- Practice scaffolding

Setting the NH SOC context

NH SOC Principles

Evidence-informed

Individualized

Least restrictive environments

Youth and families as full partners

Integrated care

Service coordination

Developmentally appropriate

Prevention, early intervention

Promoting advocacy and quality

Non-discrimination

NH SOC Values

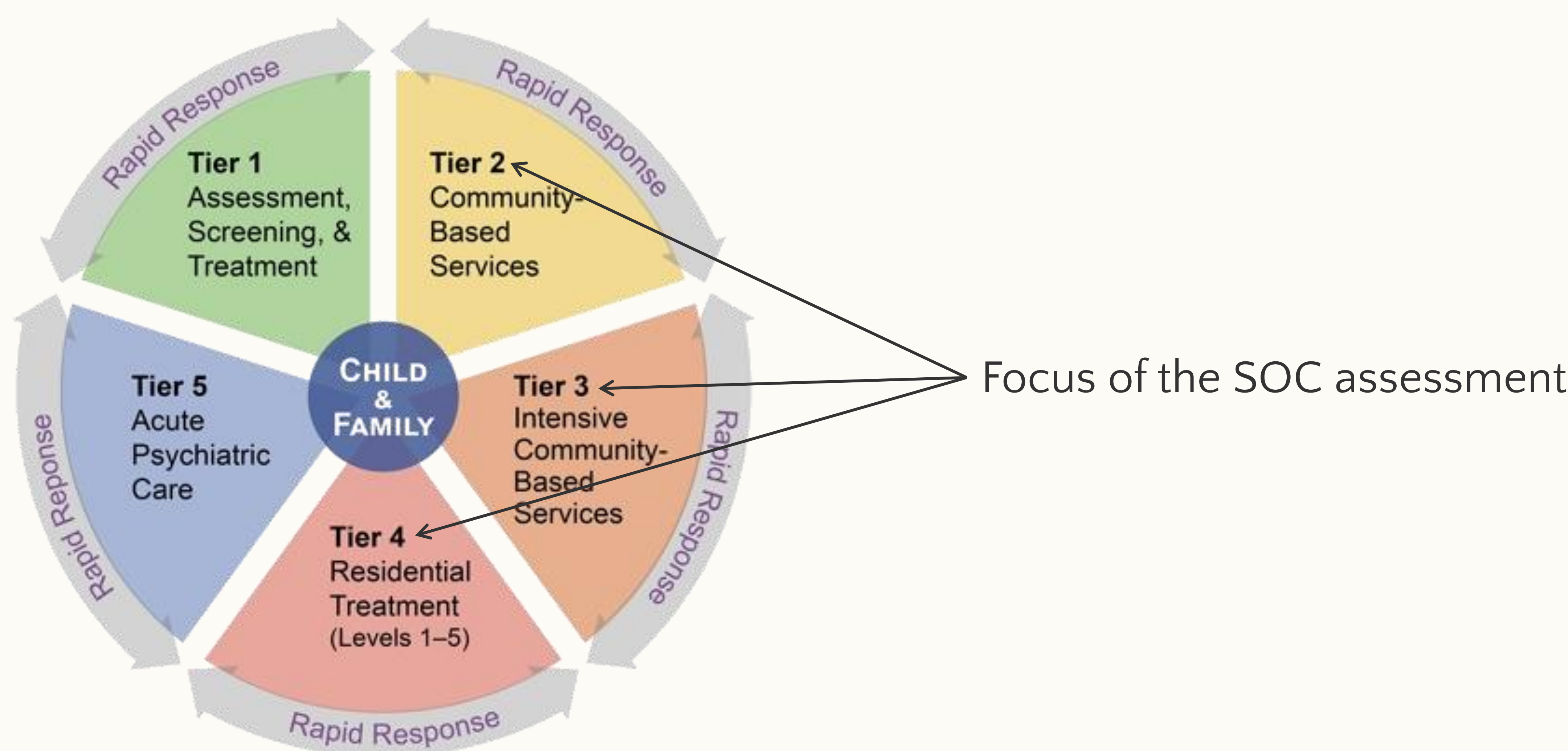
Youth & family driven

Community-based

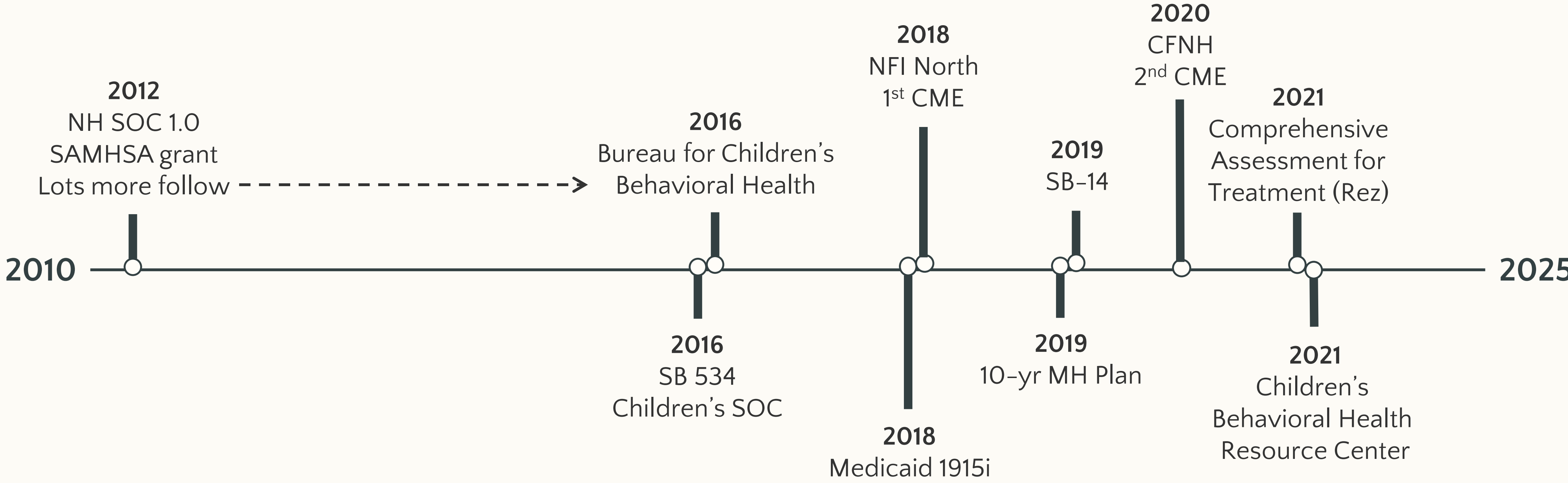
Culturally & linguistically competent

Trauma-informed

NH SOC Tiers



NH SOC Timeline



Assessment goals, challenges, solutions

System Assessment Aims

Assess NH's public children's behavioral health service array

- Req'd by SOC law & CBHRC contract
- Focus on high-leverage practices
- Place practices on the same metric

Needs Assessment for the CBHRC/SOC

- For each site/practice combo:
  - Descriptive information
  - Practice & evidence ratings (1–5 scale)

System Assessment Challenges

Data poor environment

Placing diverse practices on a common metric

Distrust – sites being undercompensated then blamed for “poor” practice

Lots of practice-site combinations on an accelerated timeframe (8 mo!)

Approach

Inspiration: Glasgow's "RE-AIM" model

Design: Annual mixed-method assessment of 5 practices (rotate)

Sites: CMHCs, IIHS, CMEs, Rez

Practices: High-leverage practices (not just EBPs)

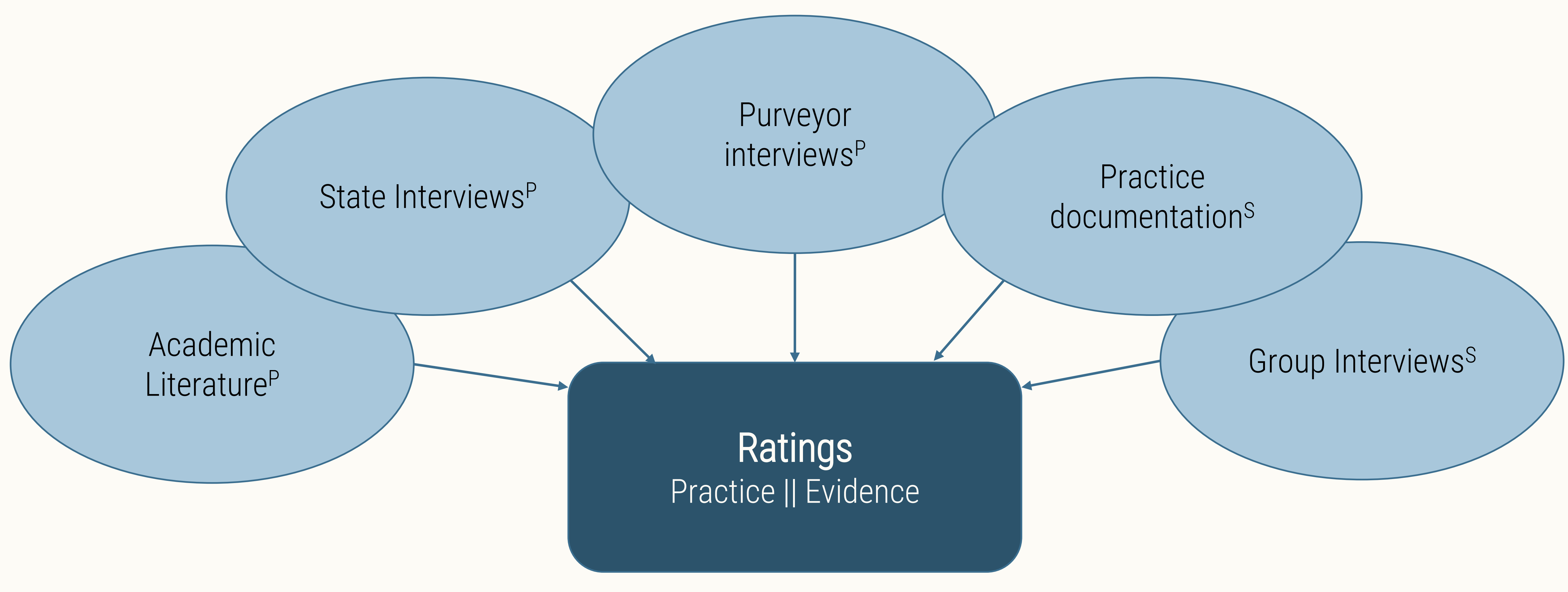
Data sources: Scholarly literature + site-level data & documentation + interviews

Rating tool: System of Care Assessment Tool (SOCAT)

Raters: Two doctoral-level psychologists

Data platform: Custom-built Quickbase app/database

Data sources



P = practice level; S=site level

System of Care Assessment Tool (SOCAT)

5 domains: SOC Values, Reach, Implementation, Potency, Synergy

Multiple items/indicators per domain (21 items in all)

Ratings on a fully-anchored 5-point scales

- **Practice ratings**: Degree to which gold standard has been met (1=not at all, 5=completely/fully)

- **Evidence ratings**: Rigor/credibility of the evidence (1=subjective impression, 5=rigorous documented evidence)

SOCAT domains & items: SOC Values + Reach

Item	Gold standard (truncated version)
SOC Values	
Family/youth driven	Youth/family voice/choice incorporated into all aspects of the practice; key decisions are youth/family driven
CLC	Practice responsive to the culture, values, norms, and language of the youth/family
Trauma-informed	The practice effectively incorporates all six principles of trauma-informed care
Reach	
Fit	Practice is delivered to the population and for the purpose/outcomes it was designed for/tested on
Capacity	The organization/program has the capacity to deliver the practice to everyone who needs it
Timeliness	Practice is initiated for those who need it within one week
Dose	Most/all who enroll in the practice receive what is considered an adequate dose of the practice
Equitable	Access, process, and outcomes are equitable across ethnic, racial, geographic, other relevant groups

SOCAT domains & items: Implementation

Item	Gold standard (truncated version)
Implementation	
Structural support	The state system fully supports and resources high-fidelity implementation of the practice through its policies and procedures, contracts, reimbursement rates, oversight mechanisms, administrative requirements, data platforms, etc.
Organizational alignment	Culture is explicitly supportive of the practice; leaderships buys into, champions, resources the practice; data platform helps scaffold the practice; physical environment conducive to practice; staff have the tools they need
Professional development	Ongoing training and weekly coaching by certified trainer/expert(s); access to additional trainings and professional development as needed
Performance monitoring	Ongoing monitoring of demographics, service delivery, alliance/experience of care, fidelity, and outcomes; regular use of data for data-based decision-making at case, practitioner, and practice levels; regular PDSA cycles
Fidelity	Practice is delivered with integrity, faithful to the conceptual/guiding model and theory, as demonstrated by regularly monitored scores from a well-established fidelity tool

SOCAT domains & items: Potency + Synergy

Item	Gold standard (truncated version)
Potency	
Level of evidence	Meets EBP standards (at least 2 rigorous controlled trials or equivalent controlled trials or equivalent)
Effect size	Practice demonstrates a large effect size relative to treatment as usual
Durability	Practice shows strong durability/maintenance of gains at least one-year post-treatment
Local effectiveness	Practice -- as implemented at sites -- achieves similar outcomes to those in research settings (i.e., local effectiveness = efficacy)
Synergy	
Coordination	Substantial, bi-directional, and proactive communication & coordination with natural & professional supports
Sustainability	Organization can sustain the practice at at least the current level of implementation for at least two more years
Feasibility	Practice is straightforward and simple to deliver with fidelity
Ecological niche	Practice fills a unique and important niche or gap in the overall array of services/system of care environment

SOCAT Tool Sample: Reach

Domains/Items		Intervention Rating					
Domain	Indicator	○	◔	◑	◕	●	Not able to rate
Reach	**4. Fit** The practice is an ideal fit for the target population/intended outcomes; it is delivered to the population and for the purpose/outcomes it was designed for/tested on	1 No fit between actual and ideal target population & outcomes	2 A little fit between actual and ideal target population & outcomes	3 Some fit between actual and ideal target population & outcomes	4 Considerable fit between actual and ideal target population & outcomes	5 Complete fit between actual and ideal target population & outcomes	
	5. Capacity The organization has the capacity to deliver the practice to all youth/families who meet eligibility criteria (i.e., the target population) at intake	1 No capacity - able to serve 1-20% of the target population	2 Little capacity - able to serve 21-40% of the target population	3 Some capacity - able to serve 41-60% of target population	4 Considerable capacity - able to serve 61-80% of target population	5 Complete capacity - able to deliver to 81-100% of target population	
	6. Timeliness Practice is able to be initiated for those who need it within one week of referral	1 Not timely - 29+ days to first service	2 Minimally timely - 22-28 days to first service	3 Somewhat timely - 15-21 days to first service	4 Considerably timely - 8-14 days to first service	5 Completely timely - 1-7 days to first service	
	7. Dose Most/all who enroll in the practice receive what is considered an adequate dose of the practice to have a positive effect	1 No dosage (1-19% adequate dose)	2 A little dosage (22-39% adequate dose)	3 Some dosage (41-59% adequate dose)	4 Considerable dosage (61-79% adequate dose)	5 Complete dosage (81+% adequate dose)	Not able to rate (no practice data)
	8. Equitable Access, process, and outcomes are equitable across ethnic, racial, geographic, other relevant groups	1 Not equitable - access and/or outcomes greatly favors advantaged	2 A little equitable - access and/or outcomes favors advantaged	3 Somewhat equitable - access and/or outcomes somewhat favors advantaged	4 Considerably equitable - access and/or outcomes slightly favors advantaged	5 Completely equitable - access and/or outcomes do not favor advantaged	Not able to rate (no practice data)

Practices assessed

2022: Practices by site type (site-practice combos = 30)

Year	Practice	Population	Tier	Setting	#
2022	Dialectical Behavioral Therapy for Adolescents **(DBT-A)**	Adolescents experiencing self-harm	2	CMHCs	8
	Modular Approach to Therapy for Children **(MATCH)**	Kids with "simple" depression, anxiety, trauma, conduct	2	CMHCs	10
	NAVIGATE	Teens, young adults with first episode psychosis	2	CMHCs	3
	Rehab, Empowerment, Natural Supports, Education, & Work **(RENEW)**	Transition-aged youth moving toward independence	2 & 4	CMHCs, IIHS	7
	Wraparound Care Coordination **(FAST Forward)**	Youth with SED at-risk for out of home placement	3	CMEs	2

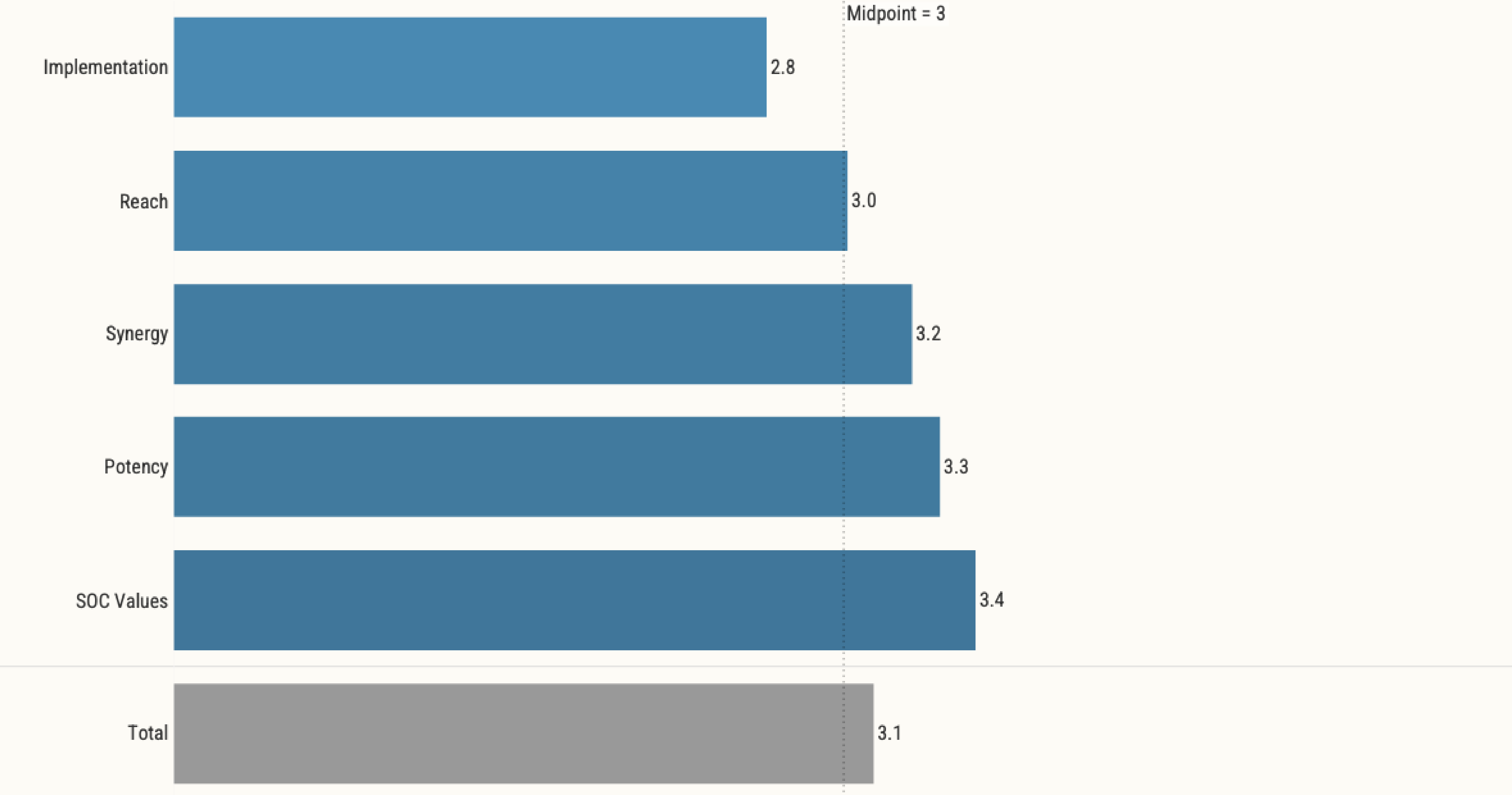
2023: Practices by site type (site-practice combos = 39)

Year	Practice	Population	Tier	Setting	#
2023	Child Parent Psychotherapy **(CPP)**	Young, traumatized children and their caregivers	2 & 3	CMHCs	14
	Seven Challenges **(7C)**	Adolescents with substance misuse & co-occurring issues	4	Rez	5
	Transitional Enhanced Care Coordination **(TrECC)**	Children & youth transitioning in/out of residential settings	4	CMEs	2
	Trauma-Focused Cognitive Behavioral Therapy **(TF-CBT)**	Children & youth with significant PTSD symptoms	2 & 3	CMHCs, ISO	11
	Trust-Based Relational Intervention **(TBRI)**	Youth with developmental trauma histories in conjugate care	4	Rez	7

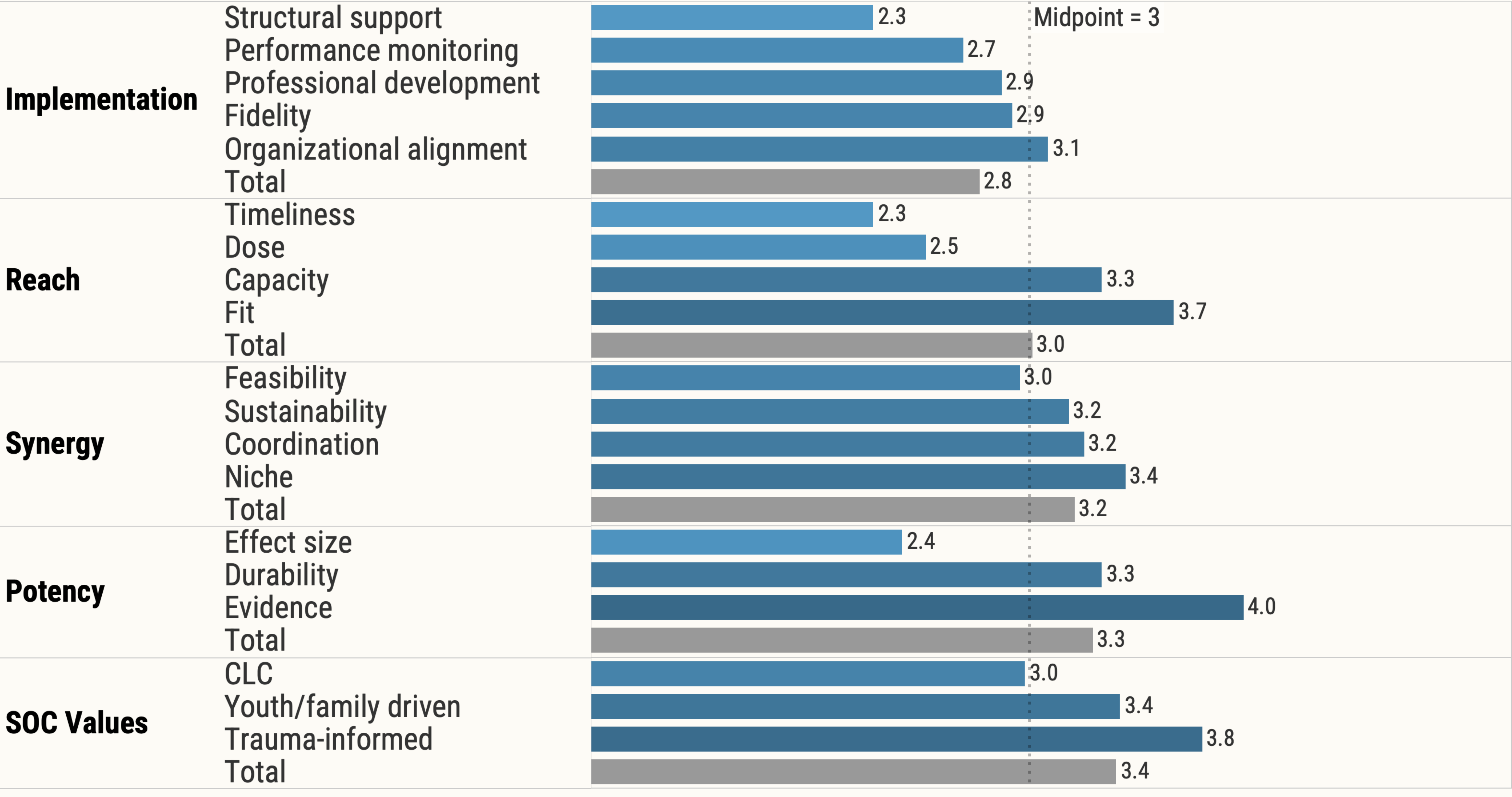
2024: Practices by site type (site-practice combos = 38*)

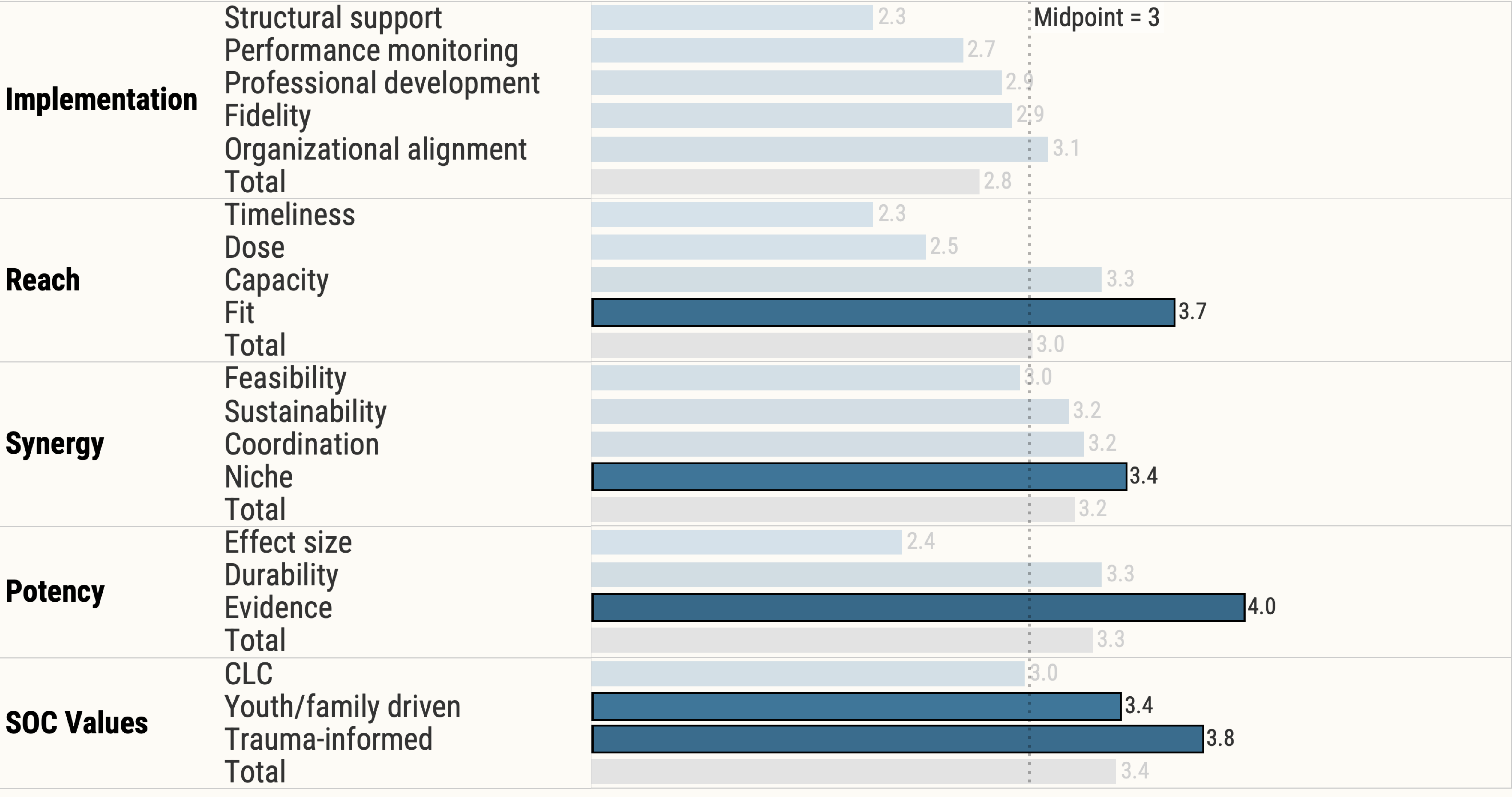
Year	Practice	Population	Tier	Setting	#
2024	Cognitive Behavioral Therapy **(CBT)**	Kids with behavioral health issues not requiring specialty care	2, 3, 4	CMHCs, IIHS, Rez	20
	Early Childhood Wraparound **(ECW)**	Very young children with behavioral health needs & their families	3	CMEs	2
	Eye Movement Desensitization & Reprocessing **(EMDR)**	Kids with trauma/PTSD symptoms	2 & 3	CMHCs, IIHS	10
	Intercept (aka Youth Villages)	Kids requiring intensive & comprehensive in-home services	3	IIHS	2
	Multisystemic Therapy **(MST)**	Youth with delinquent behavior	3	IIHS	4

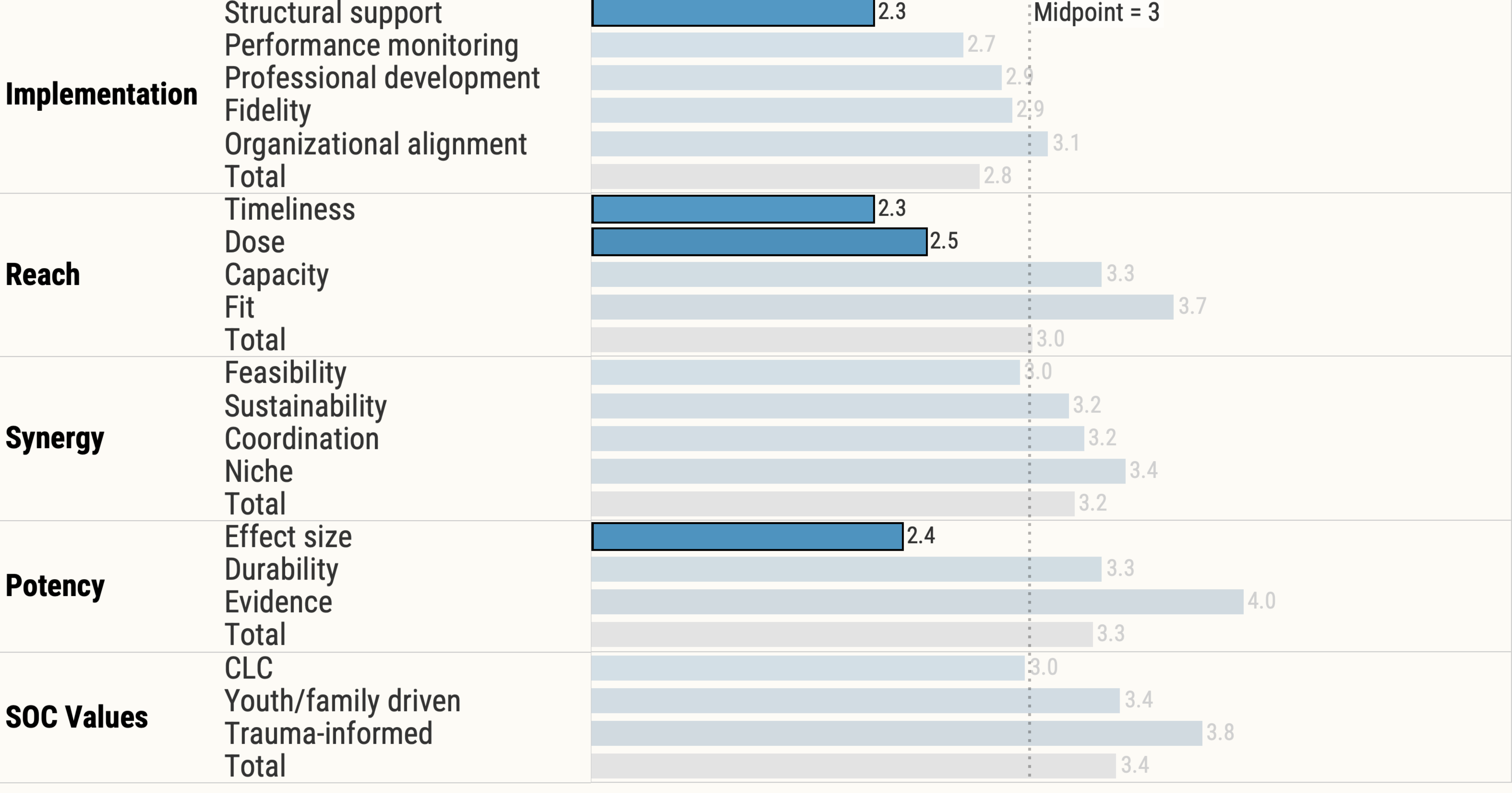
Findings


Average SOCAT scores by domain
Midpoint = 3
Implementation
2.8
Reach
3.0
Synergy
3.2
Potency
3.3
SOC Values
3.4
Total
3.1

Average SOCAT scores by domain and item




Average SOCAT scores by domain and item
Midpoint = 3
Implementation
Structural support 2.3
Performance monitoring 2.7
Professional development 2.9
Fidelity 2.9
Organizational alignment 3.1
Total 2.8
Reach
Timeliness 2.3
Dose 2.5
Capacity 3.3
Fit 3.7
Total 3.0
Synergy
Feasibility 3.0
Sustainability 3.2
Coordination 3.2
Niche 3.4
Total 3.2
Potency
Effect size 2.4
Durability 3.3
Evidence 4.0
Total 3.3
SOC Values
CLC 3.0
Youth/family driven 3.4
Trauma-informed 3.8
Total 3.4



Average SOCAT scores by domain and item
Midpoint = 3
Implementation
Structural support 2.3
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Fidelity 2.9
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Total 2.8
Reach
Timeliness 2.3
Dose 2.5
Capacity 3.3
Fit 3.7
Total 3.0
Synergy
Feasibility 3.0
Sustainability 3.2
Coordination 3.2
Niche 3.4
Total 3.2
Potency
Effect size 2.4
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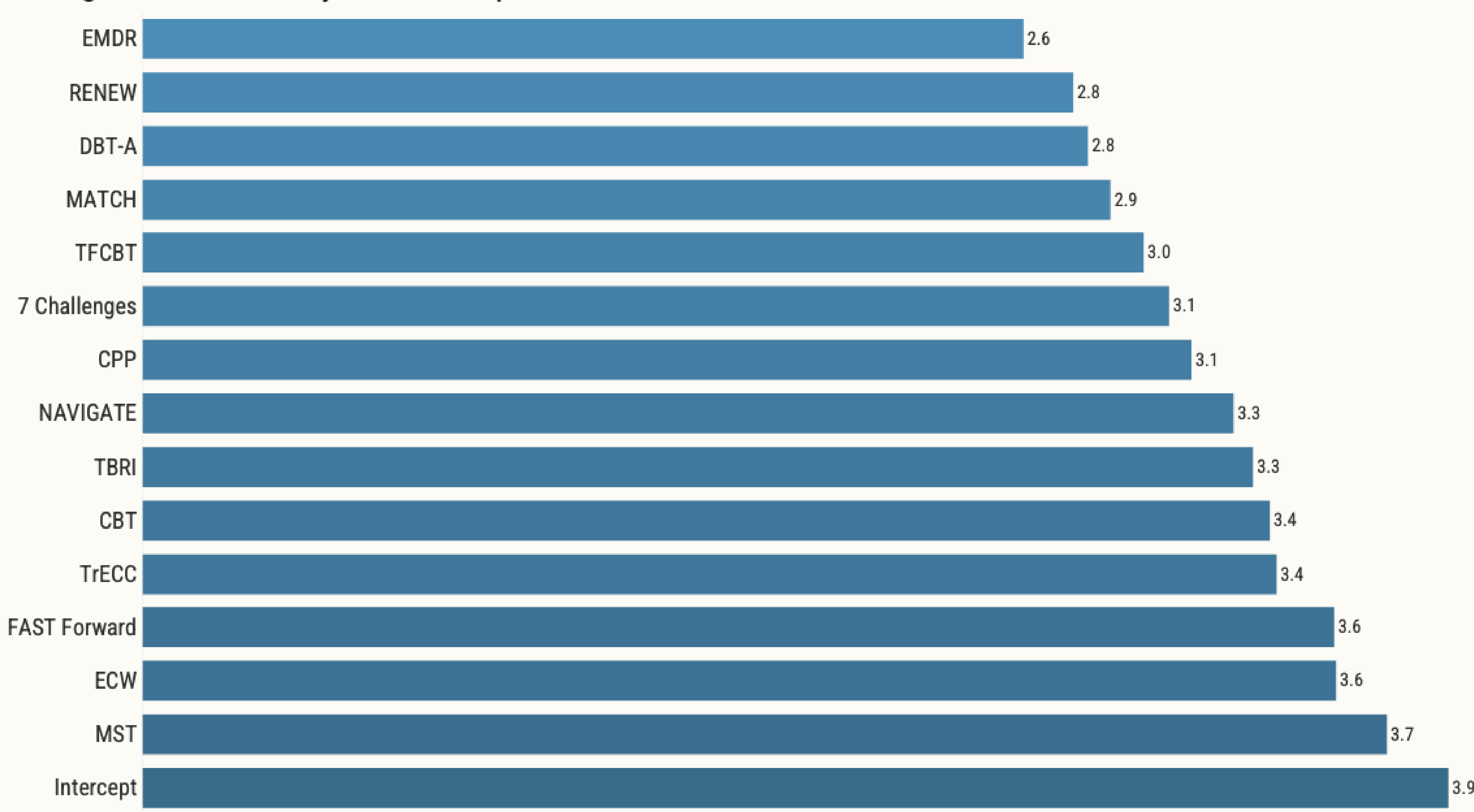
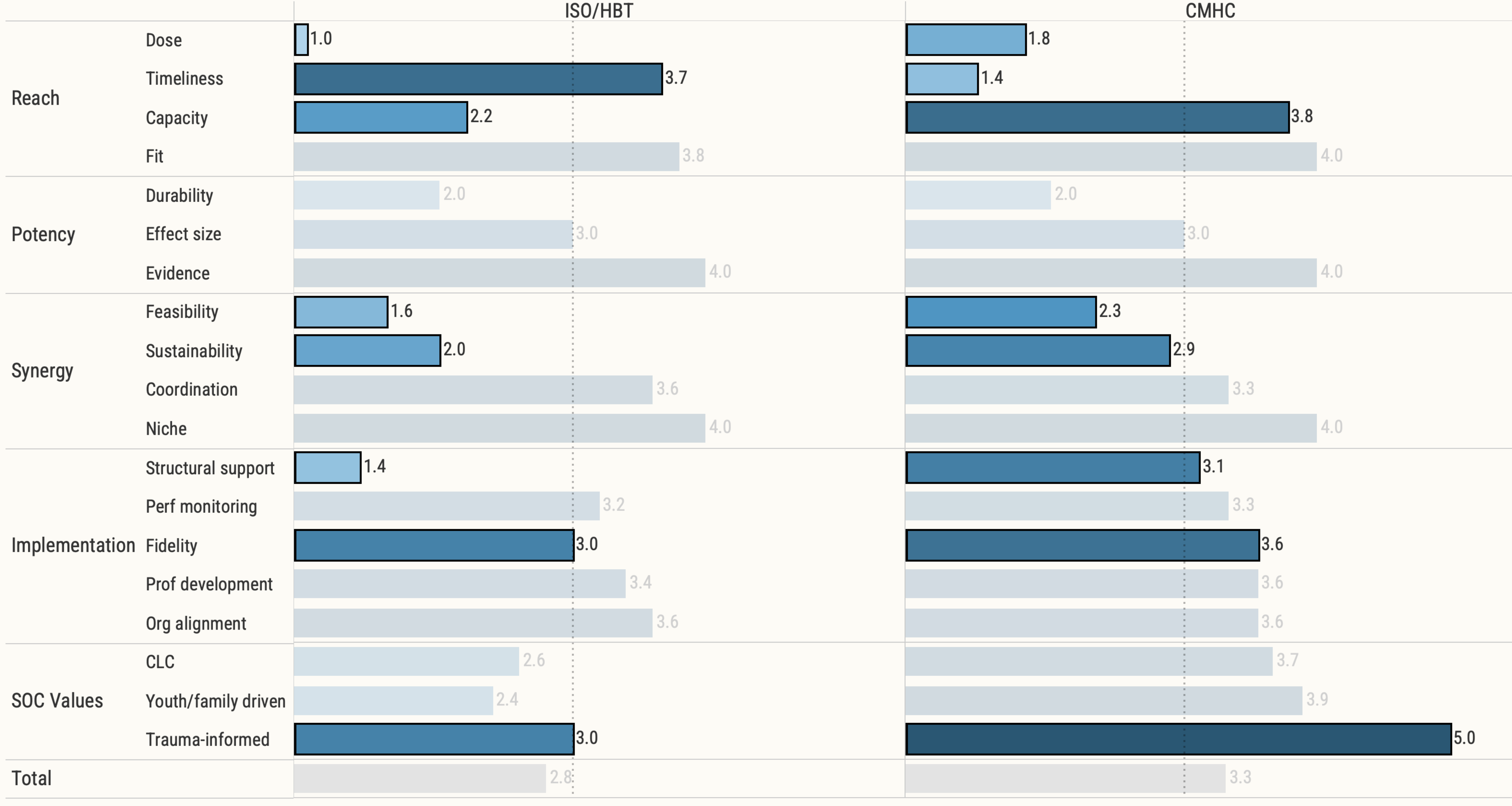
Evidence 4.0
Total 3.3
SOC Values
CLC 3.0
Youth/family driven 3.4
Trauma-informed 3.8
Total 3.4


Average SOCAT scores by domain and practice
EMDR
2.6
RENEW
2.8
DBT-A
2.8
MATCH
2.9
TFCBT
3.0
7 Challenges
3.1
CPP
3.1
NAVIGATE
3.3
TBRI
3.3
CBT
3.4
TrECC
3.4
FAST Forward
3.6
ECW
3.6
MST
3.7
Intercept
3.9

Average SOCAT scores by domain and practice

	Implementation	Reach	Synergy	Potency	SOC Values	Practice Average
EMDR	2.0	2.5	2.4	4.0	2.9	2.6
RENEW	2.9	2.7	3.2	1.5	3.0	2.8
DBT-A	2.4	2.4	3.3	3.0	3.3	2.8
MATCH	2.6	2.4	3.0	4.0	2.7	2.9
TFCBT	2.4	2.6	3.0	3.7	3.7	3.0
7 Challenges	3.0	3.7	2.2	3.0	3.8	3.1
CPP	3.2	2.8	3.0	3.0	3.6	3.1
NAVIGATE	2.7	3.7	3.8	3.0	3.2	3.3
TBRI	2.8	3.5	4.1	2.0	3.3	3.3
CBT	1.9	4.0	3.9	4.0	3.5	3.4
TrECC	3.0	3.6	3.6	1.0	4.2	3.4
FAST Forward	3.9	3.1	4.1	2.7	3.7	3.6
ECW	3.5	3.1	4.3	1.0	4.2	3.6
MST	4.1	4.1	3.3	4.0	2.8	3.7
Intercept	4.4	4.3	3.3	3.3	4.0	3.9

Average SOCAT scores by domain and practice
Implementation
Reach
Synergy
Potency
SOC Values
EMDR 2.0 2.5 2.4 4.0 2.9
RENEW 2.9 2.7 3.2 1.5 3.0
DBT-A 2.4 2.4 3.3 3.0 3.3
MATCH 2.6 2.4 3.0 4.0 2.7
TFCBT 2.4 2.6 3.0 3.7 3.7
7 Challenges 3.0 3.7 2.2 3.0 3.8
CPP 3.2 2.8 3.0 3.0 3.6
NAVIGATE 2.7 3.7 3.8 3.0 3.2
TBRI 2.8 3.5 4.1 2.0 3.3
CBT 1.9 4.0 3.9 4.0 3.5
TrECC 3.0 3.6 3.6 1.0 4.2
FAST Forward 3.9 3.1 4.1 2.7 3.7
ECW 3.5 3.1 4.3 1.0 4.2
MST 4.1 4.1 3.3 4.0 2.8
Intercept 4.4 4.3 3.3 3.3 4.0


CPP: Average SOCAT item scores by site type
ISO/HBT
CMHC
Reach
Dose
1.0
1.8
Timeliness
3.7
1.4
Capacity
2.2
3.8
Fit
3.8
4.0
Potency
Durability
2.0
2.0
Effect size
3.0
3.0
Evidence
4.0
4.0
Synergy
Feasibility
1.6
2.3
Sustainability
2.0
2.9
Coordination
3.6
3.3
Niche
4.0
4.0
Implementation
Structural support
1.4
3.1
Perf monitoring
3.2
3.3
Fidelity
3.0
3.6
Prof development
3.4
3.6
Org alignment
3.6
3.6
SOC Values
CLC
2.6
3.7
Youth/family driven
2.4
3.9
Trauma-informed
3.0
5.0
Total
2.8
3.3

Lessons learned

Practice-specific themes – Assessment 1

RENEW: Strong interest, widely varying implementation

DBT-A: Emerging practice for critically important population

MATCH: Adaptable & foundational practice backsliding

NAVIGATE: Nascent, specialized practice not for every center

FAST Forward: Increasing popularity a double-edged sword?

Practice-specific themes – Assessment 2

CPP: a tale of two worlds

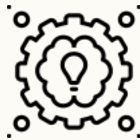
Seven Challenges in search of a niche

Baseline TrECC assessment offers hope – and concern

To TFCBT or not to TFCBT – that is the question

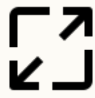
Take TBRI to scale

Practice-specific themes – Assessment 3



CBT: Treatment as usual

ECW: In need of a more cohesive EC system



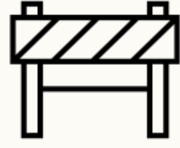
EMDR: How does it fit in the overall service array?

MST: Referral & support network need bolstering

Intercept: When and with whom to use

System-wide themes

Despite heroic effort & abundant bright spots, population impact negligible



Structural and financial barriers get in the way

Size, geography, population density makes a difference

Paying for implementation and workforce drivers key

System improvement ideas

Free consult to the system

Table talk

What are the primary problems that need to be addressed?

What contributes to those problems?

How could they be fixed, solved, or avoided altogether?

What would be your most logical/feasible next steps?

Feel free to raise your hand with questions for us…

Free consult to the system

Large group discussion

What questions, ideas, and solutions came up at your table?

What would you do if you were a…

Practitioner?

Practice agency leader?

State policymaker?

Technical assistance provider?

References

Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999). Evaluating the public health impact of health promotion interventions: The RE-AIM framework. American Journal of Public Health, 89(9), 1322–1327. https://doi.org/10.2105/AJPH.89.9.1322

Horen, N.M. (2016). Considerations in System of Care Expansion: Expanding Early Childhood Systems of Care. National Technical Assistance Network for Children's Behavioral Health, Substance Abuse and Mental Health Services Administration.

Fauth, J. (October, 2024). Using an annual "system of care assessment" to amplify the voices of agencies and practitioners in New Hampshire's children's mental health system. Presentation at the Annual Conference of the American Evaluation Association.

Find out more…

Find the SOC Assessment Reports

Report 1
Report 2
Report 3
(Bonus!) EBP Readiness Report

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