Synopsis of IN-SOC Phase II Study

Phase II of the Indiana SOC study will specifically address the gaps that were identified during Phase I of this study. These include continuing the development of family and youth voice; advancing and deepening the workforce development subcommittee; addressing cultural competency and disparity challenges; identifying and addressing service gaps, particularly effective, intensive services in all areas; continuing to build a strong internal culture of caring leaders; and, proactively addressing funding and finance issues to ensure long term sustainability. In addition, we will focus on new initiatives, ideas, or strategies that may have occurred or emerged during Phase I, including new partnerships, emergence of additional champion-leaders, natural supports, and new, progressive, or novel SOCs. Unique to Phase II will be an added examination of the developmental progress of IN-SOC in terms of its "community readiness," as studied by Behar and Hydaker (2012), and increased use of "most effective strategies and most underutilized strategies" (Stroul & Friedman, 2011).

Phase II study methods will utilize a similar approach to Phase I, with the primary focus on understanding the perceptions of key stakeholders along with the ongoing review of relevant and publicly available documents. Goals will continue to focus on gaining clear understandings of how IN-SOC engages in efforts to improve statewide health supports and accessibility for young people and their families.

As mentioned above, the research team will examine the developmental progress of IN-SOC in terms of its "community readiness," and increased use of "most effective strategies and most underutilized strategies." This aspect of Phase II will be explored through the lens of two frameworks. First, we will use Behar and Hydaker's 2012 SOC community readiness framework in which factors considered to be essential in developing SOCs were examined, along with factors that were considered as "least ready" but key to deeper involvement and expansion of SOCs. These factors include: 1) shared goals; 2) families and youth as partners; and 3) network of local partners, with specific focus on the "non-traditional" partners, such as parents, advocates, community leaders, and volunteers. Through Phase II, we will examine the extent to which IN-SOC has progressed in its efforts to address the factors Behar and Hydaker (2012) identified as "least ready" areas.

The second additional structure for the Phase II study will be drawn from the "most effective strategies and most underutilized strategies" (Stroul & Friedman, 2011). By examining strategies that have been found to be underutilized in other SOCs (i.e., those strategies that could have been used but were not used extensively for expansion purposes), the research team will observe the extent to which the underutilized strategies identified by Stroul and Friedman are being implemented in IN-SOC. Specifically, the research team will also explore if such strategies are currently being implemented in IN-SOC, to what degree and with what impact?

Finally, those gaps uncovered during the IN-SOC Phase I study, along with any new initiatives and strategies started during Phase I, also will be explored vis-à-vis the community readiness

framework (Behar & Hydaker, 2012) and most effective and most underutilized strategies (Stroul & Friedman, 2011).

Data for this study will be collected primarily through semi-structured interviews and brief surveys administered with the IN-SOC governance board and other stakeholder groups. A wide-range of stakeholders will be invited to contribute data to Phase II, including state, agency, and local leaders, representatives of family, caregiver, and youth groups, along with various community members who are, will be, or perhaps should be involved with the IN-SOC.

As always, public documents that are created through the IN-SOC and its partners, as well as other documentation that stakeholders share with the evaluation team (e.g., agendas, meeting minutes, websites, grant proposals, etc.) will be gathered and examined. Analyses will use a mixed methods case design and findings will be disseminated through written reports, public presentations, and peer-reviewed publications.

References

Behar, L.B. & Hydaker, W.M. (2012). *An analysis of readiness in system of care communities. A report to the Child, Adolescent and Family Branch, Center for Mental health Services.* Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Retrieved from: http://www.lenorebehar.com/assets/images/pdf/35.%20An%20Analysis%20of%20Readiness%20in%20System%20of%20Care%20Communities.pdf

Stroul, B. A., & Friedman, R. M. (2011). *Effective strategies for expanding the system of care approach. A report on the study of strategies for expanding systems of care.* Atlanta, GA: ICF Macro. Retrieved from: https://gucchdtacenter.georgetown.edu/publications/SOC%20Expansion%20Study%20Report%20Final.pdf