Evaluating the Effectiveness of Countywide Mental Health Care Systems

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ABSTRACT: This study evaluates the effectiveness of eight (four urban and four rural) Community Support Program (CSP) delivery systems located in a state in the northwest United States. Data were collected from 364 respondents: 156 service organization directors, 49 case managers, 77 family members, and 82 seriously mentally ill clients. Four measures of effectiveness were used: comprehensiveness (number of key services for the seriously mentally ill available), coverage (proportion of persons served who needed services), quality of services on a six-point scale, and services coordination (six-item scale). The four performance measures were found to significantly differentiate the eight counties. In five of six cases the measures were positively intercorrelated thereby confirming CSP claims that the key services are an integrated set and that it is feasible to provide a full range of services without sacrificing quality or hindering coordination.

Mental health service delivery systems have become increasingly complex as the number and types of treatment modalities and service providers have increased. As noted by Tessler and Goldman (1982),

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there is a national need for better information on the properties of these systems. Reliable and valid measures of key mental health local delivery system elements do not exist. A need exists for measures of service coverage, quality, comprehensiveness, and system coordination or integration. Such instruments should be simple and adaptable to a range of settings. These measures would contribute to knowledge of the consequences of interorganizational relations and could help state and local officials improve service delivery.

This paper addresses this problem. New system effectiveness measures are developed and applied to a set of eight carefully selected counties, four urban and four rural, situated in a state in northwest United States.

A simplified conceptual model is posited. According to this model county or community service systems consist of two basic stakeholder groups: service providers and service recipients. Service providers are organization directors or administrators who are responsible for managing the service system or running agencies that provide services or are case managers whose main task is to link service recipients to the system. Service recipients consist primarily of clients or patients and family members of clients. The system of county service providers, who constitute a set of agencies or organizations that are responsible for administration and service provision, adapt to the environmental circumstances of the county milieu, and influence the internal organizational culture and structure of these agencies, which, in turn, influences how the staff perform their case management and therapeutic tasks. These circumstances and the content of the services provided, assist in shaping the clients' and the family members' of clients view of the county service system, their participation in the system, and hence their various outcomes.

**Background.** Recent years have seen a proliferation of community treatment for individuals with mental health problems. Several trends in the organization of services for the mentally ill have produced a clear need for research on local delivery systems, particularly those systems serving seriously mentally ill persons. A partial list of these trends includes: 1) radical shifts in state hospital inpatient censuses and lengths-of-stay; 2) the growth of new kinds of organizations serving the mentally ill, such as board-and-care homes, "locked" nursing facilities, and private, proprietary psychiatric hospitals; 3) changes in the parties responsible for paying for mental health services, with the increasing use of Social Security benefits and a growth in coverage by private