

Strategies for System of Care Development: Locally Identified Factors for System Implementation

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Study 2

Phase I and Phase II
System of Care Communities

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Introduction

Case Studies of System Implementation is a five-year national study of strategies that local communities undertake to implement community-based systems of care. The purpose of the study is to understand how factors affecting system implementation contribute to the development of local systems of care for children with serious emotional disturbance and their families.

The information contained within this document includes the titles and definitions of locally derived system implementation factors identified by each system of care community participating in Phases I and II of the research study. These system of care communities include the State of Hawaii; Placer County, CA; Region 3 Behavioral Health Services, NE; and Santa Cruz County, CA.

Factor Definitions Methodology

Locally derived system implementation factors were generated by key stakeholders within each participating community through a factor brainstorming process that was conducted prior to onsite data collection. The brainstorming process was used to both identify and define critical factors in local system implementation. The research team worked closely with key system leaders via conference calls and reviewed documents to identify the factors considered critical in developing the system of care. Key stakeholders then provided definitions for these locally identified factors. The study team synthesized the multiple definitions from various stakeholders to generate a comprehensive definition for each of the factors.

A factor ratings exercise was subsequently used to validate the locally identified system implementation factors by a broader group of system stakeholders. Interview participants were asked to complete a mail-in questionnaire in which they: 1) validated each factor and its definition, 2) noted the importance of each factor in the establishment and/or sustainability of the system, 3) rated each factor in terms of ease/difficulty of implementation, and 4) rated each factor in terms of effectiveness of the system in implementing the factor.

System Implementation Factors

The system implementation factors identified and defined by stakeholders of each participating community are presented in Tables 1 through 4 below. Sites are listed in alphabetical order as are the factors within each site.

Table 1. Hawaii (statewide) System of Care

Site visit: May 22-25, 2006

Hawaii (statewide) System of Care

Accountability for Results is described as shared ownership of system performance that requires specification of expected results, clear assignment of responsibility, reporting and feedback to another authority and stakeholders, and a commitment to provide resources and support and/or action in response to the reported results. Accountability for results aligns the work of the system around outcomes, promotes equity among system participants, and increases motivation. Accountability for results provides a framework for systems work, helps set priorities, and instills pride in system accomplishments and outcomes.

Community Voice and Buy-In is described as creating stakeholder communication in which potential system participants express their needs and opinions and indicate how they might contribute to the system. Community voice and buy-in increases motivation by identifying productive roles for potential system participants. In order to be effective, system leadership must listen to and act to integrate the needs, opinions, and potential resources that community stakeholders may contribute to the system.

Table 1. Hawaii (statewide) System of Care (cont'd)

Hawaii (statewide) System of Care
<p>Core System Practices are described as practices that create clear roles for all system participants by capitalizing on available resources and supporting coherent movement of the system toward identified goals. These practices include team decision making, family involvement, evidence-based practices, and performance management. Core system practices include the specification of how stakeholders can participate in the system and communicate the significance of stakeholder actions for system functioning and growth. The active ingredients of core system practices are identified at the level of specific practices. Business processes are systematically designed to incorporate these practices, and tools and materials are made available to support these practices.</p>
<p>Core System Principles are described as a system-wide commitment to a shared vision and mission that incorporates long-standing Child and Adolescent Service System Program (CASSP) principles. Commitment to core system principles keeps system participants moving in a coherent direction while allowing creativity of action in the pursuit of broad goals.</p>
<p>Cross-System Training is described as communication channels that are used for distributing information for the purpose of expanding the knowledge, skills, and abilities of the service and administrative workforce so that decision making across the system is improved. Cross-system training includes didactic training, mentoring, consultation, and similar activities that are related to core system practices.</p>
<p>Data-Driven Decision Making is described as access, availability, and utilization of information for the purpose of decision making at all levels of the system. These processes are grounded in an understanding of the value of data. This process includes formally structured measurement, analysis, and feedback that exceeds the typical amount of information communicated within human social networks. To be effective, data-driven decision making requires the availability of specific tools and materials to support explicit specification of key decisions, identification of the data relevant to those decisions, analysis of data that validate decisions, and communication of the analytic results to decision makers in the decision making environment. Data-driven decision making allows for more valid decisions regarding program adjustment and is believed to accelerate the process of system change. The availability of system information can be used to reach new stakeholder groups and to help minimize unproductive action.</p>
<p>Embracing Change is described as a sense of hope and the belief that change is possible, that the system can be other than it is, and that barriers and obstacles can be influenced within a reasonable timeframe. Embracing change includes being open to new possibilities. It includes a sense of striving for the future and energizes individuals to take action within the system.</p>
<p>Leadership is described as the identification and communication of a clear vision, mission and shared values that gives a sense of meaning to system participants and operations across leaders and over time. Leadership requires having the knowledge and creativity to identify solutions to current problems, the wisdom to prioritize courses of action and assign resources to key priorities, the dissemination of plans, and the accountable review of operations. Leaders are described as people with the personal power, credibility, and capability to persuade others to act in the interest of the shared goals of the group. Leadership is a potentially stabilizing force that provides a consistent presence, a common message, rational choices, and coherent organization across system partners.</p>
<p>Open System Management is described as a process that engages system partners, including families, providers, child-serving agencies and teams, as partners in the process of system evaluation and system decision making.</p>
<p>Operational Plans are described as the documented specification of actions, timelines, monitoring, and responsible parties necessary to guide system implementation. Planning is described as “real” because it is anchored in the mission, goals, and objectives of the system and because it includes measured accountability for results.</p>

Table 1. Hawaii (statewide) System of Care (cont'd)

Hawaii (statewide) System of Care
<p>Service Infrastructure Development is described as the process of creating a service infrastructure that is capable of responding rapidly to changing environments. This includes establishing the availability of and access to services, ensuring timeliness of service availability, establishing the administrative structures and processes necessary for funding, and ensuring consumer protection. Service infrastructure development includes establishing processes that connect potential consumers to competent service providers. A key aspect of service infrastructure development is ensuring the continual refinement of service and practice.</p>
<p>Valuing Partnerships is described as attitudes, behaviors, and intentions that support interpersonal relationships and cohesive team building among families, providers, child-serving agencies and teams. Family participation at all levels of the system is considered a key aspect of valuing partnerships. The value of partnerships provides a social feeling of pulling together in order to achieve more than the sum of the individual efforts. The value of partnerships also includes an appreciation for the importance of interpersonal relationships as a key motivating factor supporting persistence in the face of obstacles and times of non-reward.</p>
<p>Willingness to Take Risks is described as an environment in which creative and potentially transformative ideas are elaborated and communicated to decision makers. The willingness to take risks originates at the leadership level, but there must also be buy-in at the other levels involved in system implementation. Willingness to take risks includes the ability of leadership to evaluate the risk and potential benefit of various implementation strategies. In order to take risks, system partners must be able to move forward despite potential criticism and reluctance to take action.</p>

Table 2. Placer County Children's System of Care, CA**Site visit: October 24-27, 2005**

Placer County Children's System of Care, CA
<i>Accountability for Results</i> is described as shared ownership of system performance that requires specification of expected results, clear assignment of responsibility, reporting and feedback to another authority and stakeholders, and a commitment to provide resources and support and/or action in response to the reported results. Accountability for results aligns the work of the system around outcomes, promotes equity among system participants, and increases motivation. Accountability for results provides a framework for systems work, helps set priorities, and instills pride in system accomplishments and outcomes.
<i>Community Voice and Buy-In</i> is described as creating stakeholder communication in which potential system participants express their need and opinions and indicate how they might contribute to the system. Community voice and buy-in increases motivation by identifying productive roles for potential system participants. In order to be effective, system leadership must listen to and act to integrate the needs, opinions, and potential resources that community stakeholders may contribute to the system.
<i>Delegation of Power and Authority</i> is described as a model of joint governance used by the Placer County Children's System of Care that involves clear delineation of tasks, cross system leadership and responsibility, and the support of managers and line staff to act in a family-focused manner to create desired system outcomes. This delegation requires the commitment of leadership to integrated authority across the tiers of the system, encourages team-based decisions when appropriate, provides written authorization of cross-agency decisions, provides clear guidelines and funding support, and specifies processes of conflict resolution.
<i>Family Voice</i> is described as an important strength-based approach to empowering families and involving them in meaningful decision making roles at multiple levels of the Placer County Children's System of Care. Infusing family voice into the Placer system is challenging; therefore it requires the careful examination of personal values and attitudes, the commitment of professionals, and multiple efforts to make families active partners.
The <i>Integrated Infrastructure</i> of the Placer Children's System of Care is described as a well-defined system structure that integrates the efforts of multiple child-serving agencies into a matrix of cross-agency supervision and management through the oversight of the SMART Policy Board. This infrastructure creates a single budget authority over multiple categorical funding streams, provides cross-system responsibility through the co-location and management of Children's System of Care staff, and supports the efficient use of system resources in order to meet the comprehensive needs of families. This multi-disciplinary structure requires cross-system knowledge and learning and supports team-oriented understanding.
The <i>Leadership</i> of the Placer Children's System of Care is described as a visionary partnership in which the authority and responsibility for children's services are distributed among most partner agencies. Leadership is characterized by a focus on system improvement that is driven by shared understanding of and steadfast commitment to doing whatever is necessary to meet the needs of children and families. With the support of upper and middle management, leadership is encouraged at all levels of the system. The development of leaders who have a clear understanding of the knowledge, skills, and abilities needed to lead an integrated system of care is valued and viewed as necessary for system sustainability.
The collection, analysis and use of <i>Outcome Data</i> in the Placer County Children's System of Care is described as an evaluation tool used for decision making, guiding treatment and service planning, demonstrating cross-agency results, and suggesting areas for system improvement. Outcome data are collected across agencies using measures that are relevant to the established and agreed upon vision and mission. Stakeholders suggest that improved efforts to collect, distribute, and review outcome data will be necessary in order to use outcome information more effectively and to increase its impact on the system.
The Placer County Children's System of Care's <i>Relationship with the State</i> is described as an ongoing process of developing collaboration and partnership with multiple state agencies in an effort to provide administrative and fiscal flexibility with regard to the traditionally categorical nature of children's services. This collaboration includes efforts to obtain waivers of federal regulations that restrict flexibility in eligibility, program, and funding rules. Placer County's sustained efforts in system development and its success as a model system support Placer's access to state-level leaders and policy makers. Although challenging at times, Placer's relationship with the state and the alignment of state goals and practices with those in Placer County have fostered local level flexibility and the reduction of regulatory and bureaucratic redundancy.
<i>Strategic Planning</i> in the Placer County Children's System of Care is described as an ongoing process tied to keeping current practice and long-term direction of the system consistent with the overall vision and outcome goals. Strategic planning includes an annual recommitment among partners to the system of care vision and mission, the identification of resources for tasks, designation of lead agencies, and a continuing review of new programs and activities for their fit with the strategic vision, mission, and goals of the system. Strategic planning supports Placer's integrated leadership model and incorporates policy level, management, and program decision making into the process.
The <i>Vision and Mission</i> of the Placer County Children's System of Care are described as concise, tangible, and easily understood statements of shared values and principles, interagency commitments and responsibilities, and outcome goals. The vision and mission represent and support the commitment of Placer stakeholders and guide the provision of holistic, family-centered care to children and their families across life domains.

Table 3. Region 3 Behavioral Health Services, NE**Site visit: November 29-December 2, 2005**

Region 3 Behavioral Health Services, NE
<p>Collaboration is described as a process that involves relationships and partnerships with families, providers, child/family serving entities and other leaders. It is characterized by a commitment to shared vision, and mission and support by all participants to system of care objectives. Collaborators have mutual respect for one another's roles and responsibilities. They leverage, share and maximize resources and also share responsibility and accountability. Collaboration involves a commitment to learning and providing educational opportunities for system partners.</p>
<p>Evaluation is described as a process through which local data are gathered on child and family progress toward goals, service quality, cost effectiveness, program capacity, and system effectiveness. Evaluation processes allow system planners and implementers to track and report data on outcomes for the purpose of decision making and quality improvement and to share with families, providers, and people outside of the system of care. The process of evaluation has been based on the development of a local capacity to conduct evaluation activities, and the daily use of evaluation data. Using data on a daily basis improves the ability of the system to produce better outcomes within programs and across the system.</p>
<p>Family and Youth Participation is described as an important process through which the roles of families and youth are integrated within the system. In these roles, family and youth participants are involved in all critical aspects of the system including service delivery, planning, implementation and evaluation. Families and youth are valued as participants in the system and their involvement allows other stakeholders to understand the importance of family voice, choice, and leadership in the organization. Family and youth participation is facilitated by a strong family organization. The expressed goal of family and youth participation is family driven/youth guided care.</p>
<p>Leadership is described as a process that supports a strong and shared vision among empowered stakeholders including agencies, families and providers. Leadership is based on a strong commitment to the values, goals, and mission of the system of care and a belief in the system's ability to achieve results. Leadership facilitates the sharing of authority and responsibility, and it fosters a vision for the future and an understanding of how to get there. Leadership is characterized by all system stakeholders accepting and having the power to carry out their responsibilities.</p>
<p>Resource Commitment is described as a key support for system implementation that includes access and availability of quality staff and providers, continual skill development, knowledge of financing mechanisms, understanding how to use existing dollars more efficiently, and availability of state and federal funding support. In addition, the commitment of resources includes the effective use of cost data to monitor and assess the results of system efforts and successfully plan program implementation.</p>
<p>Responsiveness to Change is described as innovation as well as the willingness to adjust planning and implementation based on the system's experiences. Innovation is reflected in the ability to combine models and try new approaches to service delivery and system design. The flexibility to adjust planning and implementation is created by the availability of constant feedback and the willingness to take action on feedback given. Processes that support constant feedback include meetings at all levels and across all parts of the system and 360° feedback loops. This responsiveness includes being open to changes that provide funding opportunities.</p>
<p>Shared Vision is described as a strong desire to achieve better outcomes for children and families that is based on a common belief that system of care principles will benefit children and their families. This shared vision also includes building upon modes of service delivery that are aligned with system of care values and principles including access to community-based services throughout rural and frontier regions of the system, implementation of promising practices and evidence-based care, and using the wraparound approach to deliver services and supports. Stakeholders describe a determined effort to communicate this vision.</p>
<p>State-Level Support is described as a key aspect in system of care sustainability and is characterized by patience and persistence in the development of a shared understanding of perspectives and needs and a mutual effort to problem solve. The state provides financial support to the local system of care and recognizes the cost effectiveness of a system of care approach.</p>

Table 4. Santa Cruz County Children's System of Care, CA**Site visit: September 5-8, 2006**

Santa Cruz County Children's System of Care, CA
<p>Braided Leadership is described as the informal System of Care governance structure that supports the interagency System of Care mission, outcomes, and fiscal development. Elements of braided leadership include that the System of Care values is included in individual agency mission statements. This allows the System of Care values to be maintained despite changing state-level commitment. Braided leadership also involves sharing resources and risk as well as shared problem solving. A shared fiscal focus and the use of “braided funding” approaches are important aspects of braided leadership. This collaborative approach to leadership allows partner agencies to work strategically in the planning and implementation of services while maintaining their individual agency identities and roles.</p>
<p>County-Level Support is described as a local willingness to support funding for the system of care. This support is grounded in values but also based on the achievement of consistent program and fiscal outcomes. County-level support manifests in continued program support through various challenges and opportunities as well as ongoing investment in children and families in Santa Cruz County.</p>
<p>Cross-System Expertise is described as a willingness to engage in cross-system learning; an ability to integrate the fiscal and clinical knowledge in specific individuals/groups that is necessary to create and sustain programs; a willingness to understand the “department languages and cultures” of participating agencies; and a willingness to understand differing contexts across agencies and levels of the system.</p>
<p>Cultural Competence is described as a core value of the System of Care, manifesting in strategic interagency processes to promote culturally relevant and sensitive services at all levels of the system. It includes an evolving focus on underserved and inappropriately served populations, and a responsiveness to changing populations, including specific change-efforts in key departments (e.g., Disproportionate Minority Confinement efforts to reduce overrepresentation of minority youth in detention; Outreach and Engagement efforts through the Mental Health Services Act to Latino youth and families; an extensive training and education focus on cultural issues).</p>
<p>Family, Youth, Community Partnerships is described as the increasing involvement of family and youth leadership at all levels of the system, as well as the increasing involvement of community-based agencies and other community partners in creating healthy pathways into the community for families and youth who are often stigmatized and disenfranchised.</p>
<p>Interagency Collaboration is described as the formal and informal System of Care processes that are key to Santa Cruz County’s system development. Interagency collaboration promotes both structured and organic communication and embodies the willingness to learn and seek information about different child-serving agencies. Elements of interagency collaboration include shared values that are based on well-developed cross-system knowledge and are tied to community need. Interagency collaboration promotes joint training and strategic planning ventures. Interagency collaboration and commitment are constantly renewed through changing leadership. This collaboration recognizes that the various “dialects” or languages of agency reform are often consistent with each other, allowing reform efforts from mental health, Juvenile Probation, Child Welfare, and Special Education to be mirrored and supported by agency partners. This collaboration helps achieve the seamless integration of reform efforts within participating System of Care agencies.</p>
<p>Outcome Focus is described as providing clear articulation of mission and goals and providing attention to both programmatic and fiscal responsibilities. The outcome focus is used to develop services for targeted populations and to ensure that system response is in line with system values. Outcomes are used to monitor system progress and responsiveness and to leverage funding and programmatic support.</p>
<p>State-Level Support is described as the changing state initiatives that have often supported local System of Care development. California’s adoption of the Children’s System of Care model in statute has provided a best practice model to guide local service delivery with particular focus on court wards and dependents in foster care. The State’s shift to the Rehabilitative Option for federal Medicaid billing freed clinical staff from their offices and supported field-based, in-home and wraparound service delivery models. State match of EPSDT provided the key fiscal “engine” to expand and sustain services and allowed the expansion of mental health services and supports to children/youth 0-21. Special education legislation supported IEP-related mental health services to Special Education pupils. Most recently, the Mental Health Services Act (Prop 63) is designed to provide funds to further “transform” the Mental Health system in California. State legislative support is challenged by a continued lack of interagency coordination at the state level.</p>
<p>System of Care Values is described as the shared mission adopted across partner and community agencies to support the original mission of keeping children and youth at home, in school, out of trouble. In addition, the values incorporate new initiatives such as the Mental Health Services Act and Child Welfare Reform which focus on keeping children and youth safe and healthy.</p>
<p>Willingness to Change is described as the creativity, flexibility, and “whatever it takes” attitude of staff in providing the best care possible within a “wraparound philosophy” focused on family needs and strengths; continuous development and expanding the system, including a focus on practical application of system of care values and principles; maintaining adequate supervisory and support structures to keep the System of Care robust and vibrant; and incorporating new literature and training on Evidence-based Practices and reform principles within participating agencies.</p>

Conclusion

The factors and definitions provided above were developed and validated by stakeholders during Phases I and II of *Case Studies of System Implementation*. Readers will note that the factor titles and definitions offer many similarities across the participating systems. It is important, however, to consider the system implementation factors first within the community context from which they were generated so that their unique role in the development and sustainability of that community's system of care is understood. Cross site analysis of these data is currently underway.

It is important to not utilize these lists of factors as “ingredients” for the establishment of a successful system of care. Each of these communities considered local system context very carefully, and their system implementation efforts were carefully designed to respond to local strengths and needs. Differences in local context included variation in the size of the community, demographic composition, organizational structure of the system, and varying levels of state or county-based support for their system change efforts. In addition, each community had a distinctive impetus for creating change within their system, which ranged from the receipt of grants or a consent decree to simply a united determination of leaders to “do things differently” to more effectively serve children and families in the community. All of these issues, and many more, create an environment that is unique to each system of care community that can not be replicated simply by the inclusion of the system implementation factors discussed within this document. For further information regarding site based reports on the individual communities, please contact hodges@fmhi.usf.edu or kferreira@fmhi.usf.edu.

For more information regarding site-based reports and cross site analyses, please contact Sharon Hodges, Ph.D. or Kathleen Ferreira, M.S.E.

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