Leveraging Change in the Santa Cruz County California Children's System of Care

Site Report for Case Studies of System Implementation

November 2006
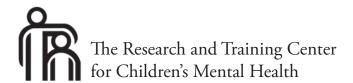
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EXECUTIVE SUMMARY

In 2006, the Santa Cruz County Children's System of Care participated in a national study of system of care implementation conducted through the Research and Training Center for Children's Mental Health at the University of South Florida. This report describes strategic efforts to leverage system change in Santa Cruz County's System of Care and provides insight into how factors affecting system implementation contributed to the development of a system of care for children with serious emotional disturbance and their families. The report presents factors identified by Santa Cruz County stakeholders as critical to their system development and provides insight into particular successes as well as areas for further development.

The investigation used a case study design. A national nomination process was conducted to identify established systems of care. A site selection process involving document review and key stakeholder interviews was used to identify participating sites. Case study data was then collected using semi-structured interviews with administrators, managers, direct service staff and families; direct observation; document review; and a review of aggregate outcome data.

The Santa Cruz County Children's System of Care was nominated for inclusion in this study due to its accomplishments in serving youth with SED and their families through the establishment and sustainability of a county system of care. The willingness and ability of system of care partners to collaborate not only among themselves but with community-based providers is noteworthy. The intensity and duration of this collaboration is particularly impressive.

This report describes strategic efforts to leverage system change in the Santa Cruz County Children's System of Care and provides insight into how factors affecting system implementation contributed to the ongoing development of a system of care for children with serious emotional disturbance and their families. The report presents factors identified by Santa Cruz County stakeholders as critical to their system development and provides insight into particular successes as well as areas for further development.

Key Findings

Santa Cruz County achievements in system of care development include their ability to:

- Generate collaborative action at all levels of the children's service system

- Support an outcome focus that is closely tied to the core values

- Establish structures and processes that reflect and support system values

- Transition from an office based, reactive system to a community-based proactive system of supports for families

- Cultivate financial expertise to manage and maximize funding

A unique feature shared by the communities that have agreed to participate in this study is their constant reflection upon areas for improvement within their system. Within the Santa Cruz County Children's System of care, there is an identified need and willingness to improve cultural competency within the system. This is reflected in increased training, a focus on recruiting and hiring bilingual and bicultural staff, and a concerted effort to identify appropriate assessment instruments for Spanish speaking clients. In addition to this focus on cultural competency, the system has identified a need for more expanded family involvement within the system.
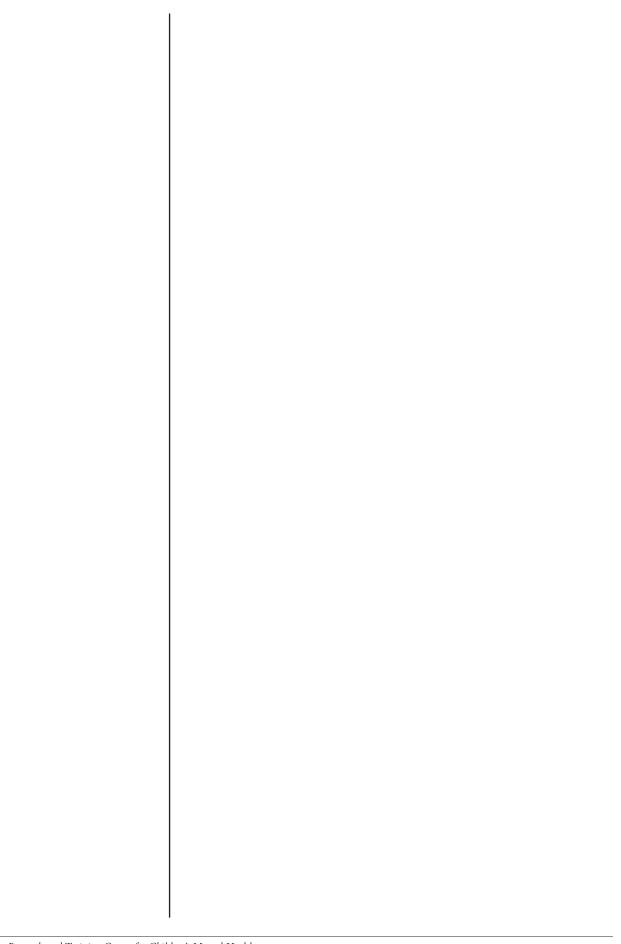
System stakeholders discussed actions that advanced their efforts as well as actions that placed great strain on the system and their response to these negative actions. Some areas identified for further development include:

- Increase parent and youth participation within the Santa Cruz County System of Care

- Continue to focus on cultural competence within the system

- Address paperwork challenges of front-line staff

- Increase communication with all staff regarding changing programs

- Continue to focus on improving and expanding services for youth at critical developmental stages (0-5 and transition-age populations)

In summary, the Santa Cruz County Children's System of Care continues to develop its partnership with community-based organizations and its capacity to meet the needs of bilingual and bicultural children and families. The ability and willingness of system stakeholders to adapt programs and services to the changing client needs and funding requirements is truly unique. All of these actions continue to be in service of the values and principles of their system. This report highlights how the system has made such progress, and areas of consideration for future progress. Cross-site findings for *Case Studies of System Implementation* will be published independently of this report.

CONTENTS

INTRODUCTION

For more than 20 years, stakeholders across the country have worked to reform children's mental health services by creating community-based systems of care. Systems of care is an organizational philosophy that involves collaboration across agencies, families, and youth for the purpose of improving access and expanding the array of coordinated community-based services and supports for children with serious emotional disturbance (SED) and their families (Stroul, 1993; Stroul & Friedman, 1986). Research has demonstrated that systems of care have a positive effect on the structure, organization, and availability of services for children with SED (Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001; Rosenblatt, 1998; Stroul, 1993). However, the field of children's mental health has much to learn about how local systems of care actually develop, the conditions that support or impede their implementation, and what factors interact together to establish well-functioning systems (Hernandez & Hodges, 2003). The purpose of Case Studies of System Implementation is to understand how stakeholders facilitate local system of care development and what factors, conditions, and strategies contribute to the development of systems of care for children with SED. A brief summary of the study is included in Appendix A.

The Santa Cruz County Children's System of Care was selected to participate in Phase II of this study because it is an established system that has demonstrated its ability to achieve positive outcomes for children with SED and their families.

This study focuses on the Santa Cruz County Children's System of Care as a whole rather than concentrating on the activities of specific agencies or individuals involved in the system. This kind of systems thinking encourages building an understanding of key elements of a system and how they contribute to system development (Checkland, 1993). This holistic study of system implementation is designed to develop knowledge of how local communities employ strategies that allow them to serve children with SED in the least restrictive, most clinically appropriate setting possible.

Key points of investigation for this study include:

- Fundamental mechanisms of Santa Cruz County's system implementation;

The purpose of this study is to understand how stakeholders facilitate local system of care development.

Site Selection Criteria

- Identified needs for local population of children with serious emotional disturbance

- Goals for identified population that are consistent with system-of-care values and principles

- Actively implementing strategies to achieve expressed goals for identified population

- Outcome information that demonstrates progress toward these goals

- Ability to reflect on key transitions in development of system over time

- Sustainability over time

- How factors that contributed to Santa Cruz County's system implementation interacted to produce a well-functioning system of care;

- How local context influenced Santa Cruz County's system implementation;

- Specific change agents or triggering conditions critical to Santa Cruz County's system of care;

- Conditions that support or impede Santa Cruz County's system development.

This report will summarize findings from research conducted in the Santa Cruz County Children's System of Care (SOC). The report will include a discussion of factors identified by Santa Cruz County stakeholders as critical to their process of system implementation and will illustrate how system planners and implementers leveraged system change.

RESEARCH METHODS

The research team worked with the Santa Cruz County System of Care for three months prior to on-site data collection. The site visit took place the week of September 4, 2006.

This investigation used case study design. Data collection included extensive document review and key stakeholder interviews in advance of the site visit. In addition, Santa Cruz County SOC stakeholders identified and defined key system implementation factors prior to the research team's site visit. On-site data collection included semi-structured interviews that were conducted with administrators, managers, direct service staff and families. Direct observation of naturally occurring meetings and events, continued document review, and a review of aggregate outcome data also occurred. A brief description of these methods follows.

Document Review was used to provide organizational-level data related to system implementation as well as system-of-care development in a historical context. Santa Cruz County System of Care documents included state and county level materials related to the goals and intent of the system, legislative history, grant information, regulations or guidelines, budget justifications, monitoring reports, annual reports, and extensive evaluation reports of accomplishments and outcomes.

Factor Brainstorming was used to identify and define critical factors in local system implementation. The research team worked with key system leaders via conference calls, and reviewed documents to identify and define structures, processes, and relationships that were considered critical to system implementation.

A **Factor Ratings Exercise** was 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 confirmed the factors and their definitions and rated the factors in terms of both ease/difficulty and effectiveness of implementation. Eighteen ratings exercises were returned.

Factor Card Sorts were completed by interview participants for the purpose of understanding how the local system implementation factors related to one another, whether participants believed some factors were more significant or required earlier emphasis in order to accomplish system change, and whether certain factors were used in combination with one another to effect system change. Participants were given a set of 3x5 cards that had a factor printed on each, and they were asked to sort the cards according to the above criteria. They had the option to remove factors they did not believe were important in Santa Cruz County and to add factors they believed should be included.

Semi-Structured Interviews were conducted with key stakeholders in person and by telephone for the purpose of understanding personal perceptions and beliefs about the process of system-of-care implementation. Interviews lasted approximately 1 hour, and the liaison for Santa Cruz County assisted in identifying the key people to be included in the interview process. Group and individual interviews were conducted with a total of 35 individuals of varying roles throughout the system.

Direct Observation of Santa Cruz County Children's System of Care service delivery structures and processes was used for the purpose of examining aspects of system implementation in action. Observation of seven formal meetings and activities included management meetings (within and across service sectors) as well as treatment team meetings. In addition, multiple informal observations of system activity were conducted while on site.

SANTA CRUZ COUNTY SYSTEM CONTEXT

Figure 1. Map of Santa Cruz, California

Santa Cruz County, California is comprised of 441 square miles and a population of approximately 255,602 people (U.S. Census Bureau, 2000). The racial/ethnic composition is 75% white, 26.8% Hispanic/Latino (of any race), 3.4% Asian-American, 0.2% Native American, and 0.7% Black/African American. The median household income is $53,998 and 6.7% of all families are below the poverty level (U.S. Census Bureau, 2000). Approximately 27.8% speak a language other than English inside the home. (U.S. Census Bureau, 2000).

When the system of care was established in Santa Cruz County, collaboration between mental health providers and schools was already occurring due to the passing of AB 3632 in 1984. This assembly bill mandated that county mental health departments provide treatment to students with identified emotional issues who were in special education programs. This forged a partnership between school districts the Special Education Local Planning Agency (SELPA) and the Santa Cruz County Office of Education. System feedback, weekly meetings, and common goals emerged from this partnership which set the stage for interagency collaboration in Santa Cruz County.

In 1989, the Santa Cruz County system of care began, when the county received a grant through AB377 (the Children's Mental Health Services Act). This grant provided funding to expand to additional counties the Ventura County System of Care pilot project. Development was further supported

by the 5-year SAMHSA/CMHS system of care grant which the county received in 1994.

Santa Cruz has been described as a "bifurcated county" (Rosenblatt, Giffin, Mills, & Friedman, 1998). There are notable demographic differences between the north and south sections of Santa Cruz County, which can make service delivery challenging. The south portion of the county is described as having a largely migrant and low income population (Rosenblatt, Giffin, Mills, & Friedman, 1998). A higher Latino population in South County creates a critical need for bilingual staff, although a shortage of bilingual staff is a challenge throughout the county. Community-based p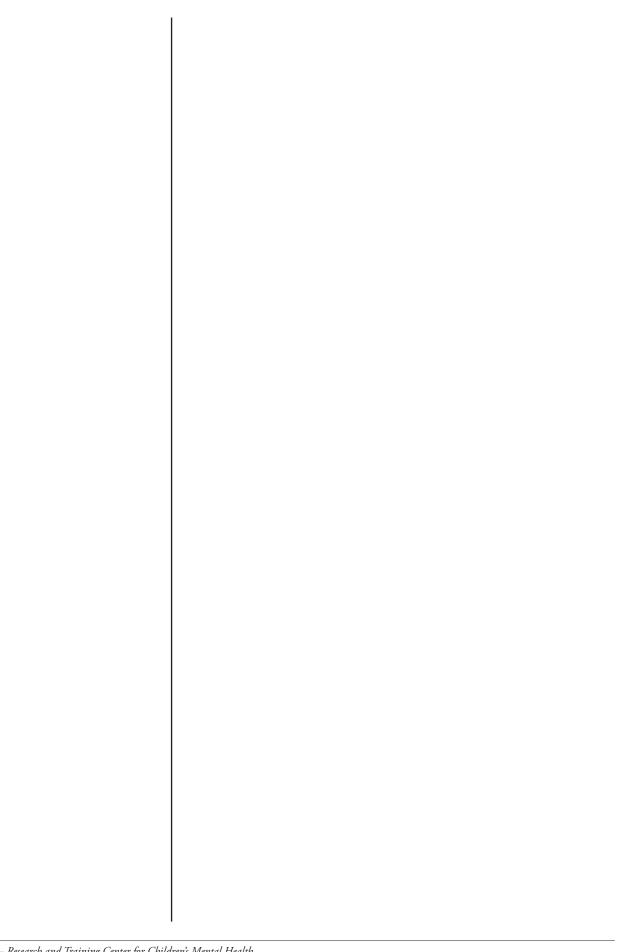roviders in the south part of the county provide mental health services within the Pajaro Valley School District, with an increasing presence at each school within the district. Santa Cruz County Mental Health tends to provide most of the direct services to the highest risk children and youth involved with Probation, Child Welfare, and Special Education, but have significantly increased partnerships with community-based providers to expand access and services to all school districts and sectors of the community.

Santa Cruz is currently increasing efforts to integrate evidence–based practices into their service delivery structure as well as incorporating clinical and fiscal knowledge to promote sustainability and growth based on individual, program, and system level outcomes.

Figure 2. Timeline: Santa Cruz System of Care Development

	1984	AB 3632
Early Development	1987	Children's Mental Health Services Act
	1989	SOC Starts w/ AB377 Grant
Middle Development	1994	SAMHSA Grant
	1995	• Implemented Consumer-level Outcomes • Medical Managed Care Inpatient Consolidation
	1997	SB 163 Wraparound Services Pilot
Late Development	2002	"Reclaiming Futures" Grant (Ending in 2007)
	Fall 2003	EPDST Expansion
	2004	SB163 program for wards begins

SANTA CRUZ COUNTY ACHIEVEMENTS IN SYSTEM OF CARE DEVELOPMENT

Santa Cruz system partners have:

1. **Generated collaborative action at all levels of the children's service system, in service of providing the best care for children, youth and families.**

   Respondents in Santa Cruz emphasized the importance of setting aside personal ego and focusing on collaborative actions intended to make the child serving systems work as well as possible. This commitment to collaboration was apparent at every level of the system, from the administrative to the service level. Actions reflecting this value included jointly pursuing and administering grants to fund innovative services, creating cross-disciplinary service teams, co-locating staff across sectors, and creating opportunities for joint problem solving when differences in values or responses to families differed across the child-serving systems. The attitude of viewing the 'whole system' as jointly accountable for child outcomes, and jointly responsible to each other for survival, has allowed the system to survive and thrive even during shifts in state and federal service and funding priorities.

2. **Supported an outcome focus that is closely tied to the core values of providing culturally competent care in the least restrictive, most appropriate setting.**

   The system of care in Santa Cruz has been able to demonstrate over time that they improve children and youth's functional outcomes, reduce their time in restrictive settings, and increase their permanency and stability in the community. Particularly in juvenile justice settings, they have been able to document reduced ethnic disparities in the use of restrictive interventions. Santa Cruz SOC has retained a focus on documenting outcomes, even when state has not required such documentation. This focus on creating feedback structures and documenting outcomes has allowed the system to see when they are not meeting outcomes, and to take corrective action. This focus on pursuing and documenting value-based outcomes has also allowed the SOC to capture foundation, state, and local support by demonstrating their ability to meet service goals.

3. **Established structures and processes that reflect and support system values.**

   This effort is most clearly evident in the system work around partnering with families and creating culturally competent care. The Santa Cruz SOC partners with family organizations to expand family voice at the service and policy level, collaborates with community-based Latino organizations to ensure access to culturally competent care, and provides all employees with ongoing training in culturally

competent care. These actions extend beyond partnering to include capacity-building. The SC SOC has worked in tandem with local family organizations to build their capacity for system involvement. Recognizing that many families do not speak English, they have developed alternate pathways to care, pathways that involve Latino community-based organizations rather than the formal public system, and with which many families may be more comfortable and engaged. These actions indicate that the SC SOC is committed to increasing its capacity to engage with all community members, and to share power and responsibility with a variety of critical stakeholders.

4. **Transitioned from an office based, reactive system to a community-based proactive system of supports for families.**

Faced with the need to make typical care reflect the stated values of the system, the Santa Cruz SOC embarked on a new course when California initiated use of the Rehabilitative Option under Medicaid funding and restructured services for provision in the community. Consistent with this restructuring, administrators set a standard that most service delivery time must be spent in the community; this standard was carefully monitored for attainment. This value has been reinforced through selective applications for (and receipt of) funds that support community-based services. This value of providing community-based services has also been maintained through documentation of decreased system-wide cost and increased success in meeting the goal of improving functional outcomes for children served by the system.

5. **Cultivated financial expertise to manage and maximize funding.**

Across generations of administrators, the Santa Cruz SOC has shown itself adept at capturing state, federal, and foundation funds to create and sustain a flexible service system that reflects the espoused values of the system. Administrators noted that they continuously search for funding opportunities consistent with their value base, and that they work collaboratively across departments to write grants and create new funding that allows them to work towards achieving system goals. Over time, the system has hired, trained, and promoted persons with specific skills regarding capturing cross-system funding. Their work is facilitated by structural supports (data management system, communication across persons at all levels of the systems) that allow them to respond to applications and to demonstrate past and ongoing achievements that qualify them for funding. The system's clear focus on achieving specific community outcomes, along with its history of engaging in innovative service delivery to reach intended outcomes and then documenting system outcomes, forms a potent combination that allows the system to access funding that other systems do not have the expertise to access.

SANTA CRUZ COUNTY CHILDREN'S SYSTEM OF CARE IMPLEMENTATION FACTORS

System implementation factors are structures, processes, and relationships that are used strategically by local system developers to build their system of care. Key stakeholders identified and defined implementation factors specific to the Santa Cruz County Children's System of Care. Ten factors are considered critical to the implementation of Santa Cruz County's system of care. These factors should not be considered static. The importance and relative emphasis of each factor and its component parts changed over time as the system developed. Findings related to these factors are presented in the sections that follow. Themes related to individual factors, factor comparisons, and the relationships among factors will be discussed.

Table 1. Santa Cruz County System Implementation Factors
Santa Cruz County System Implementation Factors
1. Braided Leadership
2. County-Level Support
3. Cross-System Expertise
4. Cultural Competence
5. Family, Youth, Community Partnerships
6. Interagency Collaboration
7. Outcome Focus
8. State-Level Support
9. System of Care Values
10. Willingness to Change
Identified Summer 2006

System Implementation Factor Themes

The discussion below highlights emergent themes for individual system implementation factors. Data collected through interviews and observations were consistent with data collected through the Factor Ratings Exercise. The findings presented below integrate data from these multiple sources. Factors are presented in alphabetical order.

Braided Leadership

A majority of respondents found implementing Braided Leadership an easy task. A common theme from respondents was that commitment, relationships, and shared values made it easy to implement Braided

Leadership in Santa Cruz's system of care. Braided leadership "needs consistent attention" and includes "keeping everyone informed." As one administrator stated, "It takes a lot of meeting time, patience, and positive relationship building to work together. The results are worth it!"

Clearly the results are worth it, as most respondents found that the system was either effective or very effective at carrying out this task even though it is difficult. Again, commitment, relationships, and shared values were common themes regarding the system's effectiveness with Braided Leadership. Stakeholders noted that a "continued commitment to shared accountability" and "commitment by all parties and the willingness to suspend negative intentions" made the implementation of Braided Leadership very effective. In speaking specifically about leadership, one stakeholder commented, "I feel the single most important factor to establishing and maintaining a successful SOC is leadership. If agency directors are not true believers this is almost impossible to sustain."

It is important to note that stakeholders within the system emphasized that their leadership is considered "braided" because it preserves the autonomy of the individual agencies even with a well-established, long-term collaboration among all agency partners.

County-Level Support

Although a majority of respondents felt that Santa Cruz County's system of care was effective at achieving County-Level Support in their system, they were more divided on the difficulty of this task. Less than half of the respondents found it easy or very easy, but the remaining responses varied. Those who found it easy cited reasons such as "communication within the system," and "great support from both the CAO's Office [County Administrative Office] and Board of Supervisors." In addition, one administrator stated that the "county sees the benefit is cost avoidance, revenue generation and positive outcomes for children and families." Budgetary issues were a common theme emerging from respondents who found this factor to be difficult for the system of care to achieve. One administrator noted, "County leadership provides good non-monetary support, but no new funds." It was noted that a creative use of funds is needed to address budget concerns.

A majority of respondents found the system to be effective in gaining County-Level Support, but respondents expressed some concerns. One administrator stated, "The County has very little new funding, and is barely able to keep up with increases in the

cost of living." But, for the most part, respondents felt that the system responded to this appropriately. "We have been able to sustain our work despite budget cuts," noted one case manager. One service provider stated, "From management down, and from clinicians on up, people make it a priority." Many respondents felt that it is critical to be able to demonstrate success of the system to sustain County-Level Support. One program manager found that garnering support from the county is due to "the success of our programs over 15 years, and that SOC thinking is clearly woven into our whole way of doing business."

Cross-System Expertise

Respondents were fairly evenly divided on the ease or difficulty of implementing Cross-System Expertise in Santa Cruz County's System of Care, including several neutral responses. As one administrator described, "We do put a lot of effort into learning each other's funding streams, values, mission, and operating structures, but after you jointly plan… you have learned the other system by actually engaging with each other." Differing mandates from various agencies makes this task difficult, and it becomes more difficult as the system grows. The sentiment arising from respondents was basically that it is "easy in theory…difficult in practice."

However, the difficulty in implementing this factor relates to effectiveness. Most respondents felt that the system was effective in incorporating Cross-System Expertise into practice. It has "been effective because of the willingness of all participants" due to persistence and a continued focus on this goal. One program manager noted that "although tension exists, it is rare that any meaningful work happens without partnership with other agencies."

Cultural Competence

Although some respondents found that integrating Cultural Competence into the system of care was very easy, half of respondents found this to be a difficult or very difficult task. One challenge identified was "human nature." "[It] requires relentless attention and on-going education." Specifically, one policy maker stated that the "lack of available bilingual/bi-cultural staff" was a challenge. However, "It is a core value of our system…that is supported on all levels of program design and implementation."

A majority of respondents found the county to be effective at integrating cultural competence into the system. One program manager stated, "The Santa Cruz County System of Care has been very effective at interpreting cultural competence

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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.

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).

by creating new programs, training employees, and hiring [employees] to open awareness in the system." However, most stakeholders made comments such as, "There is always more to do, and we need to continue working to be more effective." As one administrator noted, "We are getting there, but it's been a tough road."

Family, Youth, and Community Partnerships

Stakeholders were quite divided on the perceived difficulty of carrying out this factor, with about half of the respondents noting it was difficult to sustain Family, Youth, and Community Partnerships. Despite difficulties, almost all respondents found the system effective or very effective at incorporating this factor. It was noted that years of experience and learning have made this an easier task. One supervisor stated "We have had a strong family partnership program for a long time." One stakeholder pointed out, however, that "It is hard to engage families and youth on all levels of the system. There is an inherent problem when everyone at a meeting is being paid to be there, but not the family." Similarly, because "youth and families are not well funded...they have difficulty being perceived as full partners at the SOC table." One administrator found that "having the same 'parent partners' for so many years has diluted their impact." Likewise, one supervisor stated that "we have some difficulty finding family or youth partners…" More than once, respondents noted that partnerships with families involved in the Child Welfare system proved especially challenging, as they "have lots of challenges working towards reunification."

One stakeholder noted that "incorporating youth is the most difficult due to lack of interest and perceived relevance." It is not only the youth that make these partnerships difficult. As one administrator offered, "We often struggle using the wisdom that youth provide." Community partnerships were perceived to be the easier to maintain than family or youth partnerships. "Community partnerships are made to feel like equal partners," noted one service provider, and Santa Cruz County "has a plethora of experienced non-profits and a history of collaborating with the populations [it] serves."

Despite challenges, most respondents believed that the implementation of these partnerships was effective. One respondent stated that "when families or clients are engaged, their input is very helpful." Continued efforts are moving the system forward with these partnerships, and as one administrator quipped, "we are getting there, but it is tough!"

> ***Family, Youth, Community Partnerships is…***
>
> described as 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.

Interagency Collaboration

A large majority of respondents found carrying out Interagency Collaboration to be an easy or very easy task. A common theme emerging from comments was that interagency collaboration "is just the way things get done." One administrator noted that it "is what we signed on for when we established our SOC…we spend a great deal of time meeting and working at integration." One respondent stated that Santa Cruz County has "multiple structures (e.g. routine meetings) to promote communication, plus a high level of trust and stable leadership" which help to maintain collaboration. One stakeholder noted that the quality of people make it easy. Some challenges to collaboration include "time, money, and patience with different perspectives and learning about other's viewpoints."

All respondents found Interagency Collaboration to be effectively or very effectively implemented within Santa Cruz County's system of care. Respondents stated, "Completing so many joint projects [makes collaboration effective]," and "Years of experience have show that collaboration works better." Also, although respondents noted that there are challenges to collaboration, "workers [make] the effort to make it happen."

Outcome Focus

Most respondents agreed with the definition for outcome focus, but felt that it should also include "showing benefit from mental health treatment," and that this should be thought of "in terms of outcomes for the client…progress in treatment."

Respondents were fairly evenly divided on the ease/difficulty of maintaining an outcome focus in the Santa Cruz County System of Care. A common theme from respondents was that carrying out this task was difficult due to the great deal of time it takes. "Since collection of outcomes requires clinician paperwork time, there is a great (and understandable) resistance," noted one program manager. One respondent summed it up by stating, "Gathering data is time consuming, results are both difficult to collect and hard to analyze." In addition, one respondent commented that data has little relevance to day-to-day work with families.

Despite these difficulties, a majority of respondents found the system to be effective or very effective at implementing this factor. "This has been an integral part from the beginning," noted one respondent. One administrator

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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.

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.

stated, "We always build outcome measures into our program development during the design phase. Outcomes are always consistent with and driven by our core SOC values." As another respondent noted, "we have made [outcome focus] a top priority."

State-Level Support

Although almost everyone agreed with the definition, some respondents felt that State-Level support should also address substance abuse services and juvenile justice. One stakeholder commented, "The values have also incorporated new initiatives from the Juvenile Justice arena, such as the Juvenile Detention Alternative Initiative, Reclaiming Futures, balanced and restorative justice, and the Juvenile Justice Crime Prevention Act…" Most respondents felt that it was difficult to incorporate State-Level Support in the Santa Cruz County system of care. Fiscal and bureaucratic challenges were emerging themes from respondents' comments. One supervisor stated, "There have been fiscal problems that have resulted in cuts in services over the years." One service provider noted that implementation of this factor is "very labor intensive and bureaucratically challenging, and especially in trying to work with the medical model and social systems models at the same time." One respondent who said that it was easy to incorporate State-Level Support noting that "Leaders in our SOC spend significant time working on a state level to ensure this." However, lack of leadership at the state level was identified as a significant challenge.

A majority of respondents found system of care implementation of State-Level Support to be effective or very effective. It is noteworthy that respondents made comments such as "[The system has] been able to maintain services despite the cuts from the state," and "Santa Cruz County has a good track record for securing funds." As one service provider put it, "We are more determined to get [State-Level Support] than they are in scaring us away with bureaucracy."

System of Care Values

In general, respondents found incorporating System of Care Values in the Santa Cruz System of Care to be quite effortless. A common theme from respondents was that "most people know and accept this as an underlying core value," and that "it incorporates our entire system." Importantly, one program manager stated, "Santa Cruz is a very progressive community with political values that support system of care values." One caveat offered by a supervisor was that system of care values "need constant maintenance to keep all agencies collaborating."

Most respondents found that the system is effective or very effective in incorporating SOC values. "These values exist throughout the system," stated one program manager. "We really believe in this mission—both clinically at the service delivery level and fiscally at the administrative level." Another stakeholder stated, "Years of doing it and seeing the importance of the approach has helped maintain [System of Care Values];" however, it was noted that it is sometimes difficult putting these values into action—particularly in the areas of cultural competence and family voice.

Willingness to Change

Although responses to the ease/difficult of implementation were varied, a majority of respondents found Willingness to Change easy to implement in the Santa Cruz County System of Care. This comes from a "shared understanding of the importance of change," and "at this point it is second nature, and this open minded system seems to always be on the look out for new, innovative methods." Many respondents commented that "change is usually difficult." It was also noted that "personal differences and philosophies…need to be addressed" [before change can occur]. It was also noted that legislative mandates and audit guidelines sometimes make it difficult to have needed flexibility. One program manager stated, "With the core belief in SOC, being flexible and having a 'whatever it takes' philosophy keeps us going."

Although a large majority of respondents found the system to be effective or very effective at implementing this factor, some noted that struggles occur. "There are so many changes that clinicians get 'change fatigue'," noted one program manager. But in general "most people seem to have an open mind." One service provider stated, "Management encourages positive and effective change," and another noted that a willingness to change "fits well with our perspective and values."

Additional Implementation Factors

During the card sort exercise, respondents were provided the opportunity to add or delete system implementation factors before beginning the exercise. Several respondents chose to add factors. Although a few are implied within already identified factors, respondents identified the following as separate factors: 1) Having a Feedback Loop, 2) Impact on Families, 3) Accountability, 4) Partner Accountability, 5) Planning, 6) Client Focus, and 7) Therapist Commitment, Caring and Dedication.

> **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 system expansion, 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 incorporation of new literature and training on Evidence-based Practices and reform principles within participating agencies.

System Implementation Factor Comparisons

The line graphs below illustrate aggregate data from respondents of the Factor Ratings Exercise for the Santa Cruz County Children's System of Care (SOC). The ratings exercise asked questions related to: 1) agreement/disagreement with the definition for each locally identified factor, 2) its importance for establishment and/or sustainability of the system, 3) its ease/difficulty of implementation, and 4) the site's level of effectiveness in implementing the factor.

Eighteen people responded to the ratings exercise, with a response rate of 56%. It is important to note that respondents represent all stakeholder groups within the system of care except for family and youth; however, the ratings data are highly consistent with interview and observation data.

The line graph in Figure 3 shows stakeholder responses on the Factor Ratings Exercise regarding agreement or disagreement with the definitions created for each factor. Questions offered the following response anchors: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, or Don't Know. These anchors were coded from 1 (Strongly Disagree) to 5 (Strongly

Figure 3. Agreement with Definition

Ratings Scale

Agreement
5 – Strongly Agree
4 – Agree
3 – Neutral
2 – Disagree
1 – Strongly Disagree
0 – Don't Know

Santa Cruz System Implementation Factors
(Factor Ratings Averages)

Agree). Don't Know responses were not calculated to obtain mean scores but were used in overall analysis of the data. These responses were used to validate data provided by a smaller group of stakeholders, in which critica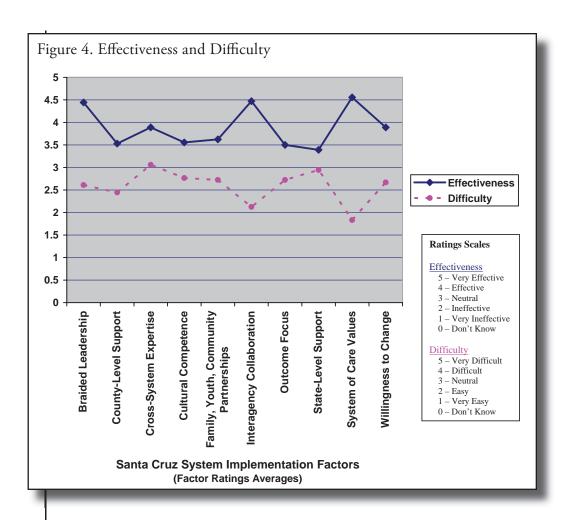l implementation factors were defined. Results indicate that there was little variability in the responses, thus validating the definitions offered by the smaller group. A large majority of respondents either agree or strongly agree that the definitions accurately reflect the meaning of these factors in their experience within the system of care. Although the average rating for **Braided Leadership** was lower than on any other factor, this was due to several "Neutral" responses to this question. This is consistent with interview data, which indicate that respondents understood and agreed with the content of this definition, but did not always recognize the term "braided." The strongest agreement came with how the stakeholders defined **System of Care Values** and **Willingness to Change**. Complete definitions for each factor are provided in the section titled System Implementation Factor Themes.

The research team also analyzed data on the effectiveness and difficulty of implementing the factors within the Santa Cruz County Children's System of Care. The line graphs in Figure 4 illustrate stakeholder perceptions of both effectiveness and difficulty of the implementation of each factor within their system. The anchors for the question on Effectiveness consisted of Very Ineffective (1), Minimally Effective (2), Neutral (3), Effective (4), Very Effective (5), or Don't Know (not coded). The questions reflecting the difficulty of implementing each factor offered the following response anchors: Very Difficult (5), Difficult (4), Neutral (3), Easy (2), Very Easy (1), or Don't Know (not coded).

Overall, respondents clearly felt that stakeholders within the Santa Cruz County Children's System of Care were effective at implementing all factors. This was particularly evident with **Braided Leadership**, **Interagency Collaboration**, and integration of **System of Care Values** offering particularly high mean scores. Although **County Level Support** had the lowest mean rating due to several "Neutral" responses, this factor was still in the effective range. The two factors that appear to be the easiest to carry out, **Interagency Collaboration** and the integration of **System of Care Values**, were also identified as being two of the most effectively implemented factors within Santa Cruz's SOC. Although these results for **Braided Leadership** may seem somewhat surprising based on the number of neutral responses on Agreement with the Definition, this is consistent with interview data in which many respondents stated that Santa Cruz's strong leadership has been one of the most critical components to the establishment and sustainability of their system. Maintaining **Cross-System Expertise** and sustaining **State-Level Support** were found to be the most difficult of all factors to implement, In addition, factors such as **Cross-System Expertise** and **Willingness to Change** had a slightly higher number of neutral responses regarding difficulty in carrying out these strategies. Other factors that show mean scores in the neutral area contained fairly evenly distributed responses.

Figure 4. Effectiveness and Difficulty

Ratings Scales

<u>Effectiveness</u>
5 – Very Effective
4 – Effective
3 – Neutral
2 – Ineffective
1 – Very Ineffective
0 – Don't Know

<u>Difficulty</u>
5 – Very Difficult
4 – Difficult
3 – Neutral
2 – Easy
1 – Very Easy
0 – Don't Know

Santa Cruz System Implementation Factors
(Factor Ratings Averages)

Further details related to these differentials are reflected in the System Implementation Factor Themes section of this report.

Overall, the graphs above reflect that the easier a factor is to implement within the Santa Cruz County Children's System of Care, the more effective stakeholders are at implementing the factor. Conversely, the more difficult to implement, the less effective stakeholders are at implementing the factor. This pattern holds across nearly every factor, as is illustrated in Figure 4.

Relationships Among Factors

Taken individually, the factors presented above represent critical strategies used to implement the children's system of care in Santa Cruz County. The concept of a system, however, suggests that a set of elements can come together to form a whole that has different properties than those of the individual component parts (Checkland, 1993, 1999; Gharajedaghi, 1999). System thinking uses the concept of wholeness as a way to capture the complexity inherent in systems that have multiple component parts, each with its own role and function. To better understand how the Santa

Cruz County implementation factors have been used to leverage system development, it is useful to consider them in terms of their roles and in relationship to one another.

Using the factor definitions, the research team first grouped the Santa Cruz County system implementation factors into categories according to their primary role in leveraging system change. The factors can be clustered into four categories as shown in Table 2. The relationships among implementation factors are discussed below.

Table 2. Santa Cruz County System Implementation Factors According to Primary Role

Factors	Factor Roles
Cultural Competence SOC Values Willingness to Change	**Facilitating System Values and Beliefs**
Accountability for Results Core System Practices Operational Plans	**Facilitating System Goals**
Outcome Focus	**Facilitating System Information**
Braided Leadership County-Level Support State-Level Support	**Facilitating System Structures**

System Values and Beliefs. The three factors comprising System Values and Beliefs lay out the content of the *System of Care Values* that are commonly held and actively fostered among system stakeholders. These values and beliefs form the common understanding by which cross-agency goals are selected, actions are implemented to reach such goals, and information is collected to monitor the effects of such actions. In addition, these values direct the selection or creation of system structures (funding streams, hiring criteria, training curriculum, monitoring systems) to support the attainment of value-related goals.

As the title of the factor designated *Willingness to Change* implies, the exact content and enactment of values changes over time. Santa Cruz system stakeholders have demonstrated such an evolving understanding of values and their enactment in several domains, most notably in their efforts to create a culturally competent care system. The initial realization that the county was becoming increasingly culturally diverse has led to a series of more intensive and sophisticated efforts to hire culturally and linguistically competent staff, develop and implement training that promotes cultural competence, monitor staff completion of said training,

and reach outcome goals (such as a decrease in disproportionate minority confinement) consistent with the core value of *Cultural Competence*. As these efforts demonstrate, shared values such as Cultural Competence have the power to drive system development and can lead to a reorganization and reprioritization of stakeholder and system behavior.

System Goals. In the Santa Cruz County SOC, goal-based strategies describe the process of collaboratively creating shared knowledge and goals for the entire system. Because agencies are funded and monitored according to different standards, often have divergent professional training experiences, and typically seek different outcomes for clients, *Interagency Collaboration* requires substantial ongoing actions to create common understandings and *Cross-system Expertise*. This effort is in contrast to 'silo-ed' thinking and action in which each group of stakeholders seeks to maximize their knowledge of, and the resources dedicated to, a single system. System stakeholders noted that engaging *Family, Youth and Community Partnerships*, and developing cross-system expertise takes continued effort but has allowed for the development of a high-performing, sustainable system.

Cross-System Expertise refers to shared knowledge of each child-serving system, and its training, regulatory and funding structures. Shared knowledge of these structures and their intended effects has allowed system partners to work to create a truly systemic and strategic approach to obtaining funding, increasing and sustaining staffing levels, and setting and reaching common goals. System administrators noted that their knowledge of how each agency's regulatory and funding structures work allows them to effectively pursue public and private funding. Funding is specifically sought and seen as an opportunity to reach shared goals developed with families, youth, and community partners. Specifically, administrators noted that a joint focus on creating culturally competent care and community-based supports has allowed them to pursue and obtain substantial private and public funding for the system, giving them the resources to continue to set and reach goals based on values and beliefs shared across stakeholder groups.

Partnership with family, youth, and community stakeholders has involved expending substantial ongoing effort to truly understand each others' histories, needs, and strengths. These partnerships enrich the system by creating new understandings regarding how to translate values into meaningful goals and actions. Typically, meeting these community and system-wide goals requires collaborative interagency action. This means both that agency stakeholders effectively interact with each other and that they act in consistent ways with families, youth, and community partners. In Santa Cruz, one way in which this is embodied is in stakeholders' focus on funding and providing care in the least restrictive, most community-based setting for youth and families. This goal is in keeping with true partnership with families and youth and requires agencies to work together to provide sufficient supports for families so that children and youth succeed in the community. In summary, our data indicate that Santa Cruz County SOC implemented several complementary strategies for defining and reaching

system-wide value-based goals, and that these strategies oriented system partners to specific types of actions stakeholders could undertake.

System Information. Simply because actions are intended to reach value-based goals does not mean that they will be successful. Some actions will be more effective than others in attaining system goals. System information is critical in determining the effectiveness of actions. In Santa Cruz, stakeholders' *Outcome Focus* describes their strategy for monitoring actions and communicating about the effectiveness of such actions in meeting commonly-held goals.
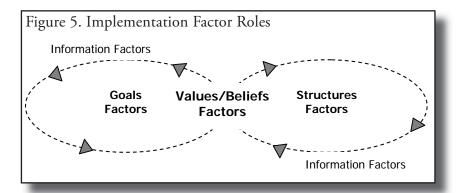
System stakeholders indicated that their Outcome Focus allowed them to leverage additional funding over time. One stakeholder noted that their consistent attention to outcomes, above and beyond the reporting requirements imposed by the state, had allowed them to demonstrate their long-term effectiveness to outside funding agencies. This example demonstrates the pivotal role of System Information. The use of System Information allows supervisors and administrators to gauge how well they are partnering with and serving the community's children, youth and families. It also allows administrators to seek additional resources (typically financial resources) to continue to improve system infrastructure and services. As such, Santa Cruz's value-based Outcome Focus allows administrators to bridge the gap between assessing the effects of goal-directed action and creating structures to reinforce and support effective practices.

System Structure. The Santa Cruz County's SOC demonstrated effectiveness in using existing funding and regulatory structures and creating new structures to advance effective system practices and reach common goals. Stakeholders explicitly mentioned the use of *Braided Leadership*, an informal governance structure developed over time within Santa Cruz, to access *County-Level and State-Level Support* for their local SOC. Administrators acceptance and use of Braided Leadership was predicated on their willingness to learn about other local service systems, and to partner together to meet shared value-based goals while maintaining individual agency autonomy.

When system leaders were able to develop and sustain these partnerships, they were effective in drawing county and state support for their ways of practice. For instance, system administrators noted that the use of a state Medicaid option allowing them to provide community-based care was a structure that allowed them to fund community-based practice in line with the value of providing services in the most normal, least restrictive environment. The continued existence of the Santa Cruz County SOC depends on its ability to garner and sustain support for effective administrative and service practices. The use of Braided Leadership is an expression of an informal system structure that has developed over time and allows the system to garner and pursue formal support from traditional structures with regulatory and bureaucratic requirements that often get in the way of new and effective care. This interplay of formal and informal

structure highlights the fact that system development is an ongoing process, contingent on the expertise of key personnel and their willingness to work collaboratively towards shared value-based goals.

Implemented strategically and in combination with one another, the 10 factors identified by Santa Cruz County stakeholders were used to leverage system change. The relationships among the factors are represented in Figure 4. As illustrated in this figure, Santa Cruz County's experience with system of care implementation suggests that values and beliefs are central to the process of leveraging change. The factors related to values and beliefs are used to impact change related to both goals and structures. Information factors provide an interface across the other factors and serve as key mechanisms for enabling the role of other factors in the change process. A three dimensional representation of the system change process would more accurately represent the fluid nature of change and adaptation. However, the significant point made by this illustration is that values and beliefs are at the core of all other aspects of the change process.

Figure 5. Implementation Factor Roles

Information Factors

Goals Factors

Values/Beliefs Factors

Structures Factors

Information Factors

KEY POINTS FOR SYSTEM SUSTAINABILITY

Santa Cruz County's system of care effort began in 1989, with state grant funding from the Children's Mental Health Services Act. This effort was expanded in 1994 with funding from the federal Comprehensive Community Mental Health Services for Children and Their Families program. There are numerous examples of the successes of the Santa Cruz County System of Care, including positive outcome data, an intense collaboration between other agency partners and community-based organizations, a focus on system of care values and principles, and above all a concentrated effort and commitment to the children and families served within the county. Over the years, the county has faced many obstacles including ever-changing funding streams and reimbursement expectations. Of the many strengths of the system of care in Santa Cruz County, the one that is most striking is the system stakeholders' unique ability to problem solve when faced with significant challenges within the system. Numerous times, interview respondents commented on the ability of the system to adapt to constantly changing resources, funding expectations, and the needs of the population served. The dedication of stakeholders within the system is clearly evident. Because of this dedication and motivation to always improve upon services and supports within the system, a few recommendations for continued system development have been offered based on collected data in the Santa Cruz County System of Care.

Of the many strengths of the system of care in Santa Cruz County, the one that is most striking is the system stakeholders' unique ability to problem solve when faced with significant challenges within the system.

1. **Increase parent and youth participation within the Santa Cruz County System of Care.**

   Efforts have been underway to expand parent participation in a meaningful way in the system by including parents in the decision-making roles. This effort has been identified by stakeholders in Santa Cruz as an area for continued development.

   There has also been an increased national SOC emphasis on youth-guided care, a logical step for the Santa Cruz County SOC. Recommendations for long-term meaningful involvement of families and youth include further expansion of the size and scope of roles for parents and youth within various agencies in the system.

The dedication of stakeholders within the system is clearly evident.

2. **Continue to focus on cultural competence within the system.**

   Two significant themes appeared to emerge from data collected: Increasing cultural competence of all staff within the system, and the shortage of bilingual and bicultural staff within the system. Although this is a particularly difficult task, the system has begun to make progress in embedding cultural competence within all aspects of the system. There is clearly an emphasis within the system to provide cultural competence training to all staff. Required continuing education hours in this area have been increased over the last few years, and

trainers with a focus on cultural competence are highly valued. In addition, much effort is placed on providing trainings conducted by national CC experts. Trainings in cultural competence are available to all agency partners.

Recruiting, hiring, and retaining bilingual and bicultural staff is a particular challenge within the Santa Cruz County SOC. The high need for this staff and the high cost of living in the county, make it particularly difficult to recruit and retain staff with this skills. Because of this shortage, current bilingual staff within the system feel particularly strained and challenged by the workload. It was noted by a few stakeholders, that the shortage of bilingual staff adds tension between bilingual and monolingual staff within the system. There also appears to be tension around expanding skills of bilingual and bicultural staff to develop their leadership capacities. Long term recommendations might include reducing workload of bilingual and bicultural staff to allow for development of these staff into leadership positions.

3. **Address paperwork challenges of front-line staff.**
Support for frontline workers struggling with new EPSDT paperwork requirements and state audits. This includes continued negotiations with the state (e.g., attempting to resolve issues such as the extrapolation of audit denials across the system during state audits) and continued training to assist staff in strengthening progress notes. It also includes providing support for frontline staff as they deal with what is perceived as administrative functions that detract from quality time with clients. A few recommendations for overcoming these obstacles include ensuring that administrators and supervisors as well as regulatory bodies pay attention to concerns of frontline staff and provide resources to assist in writing acceptable notes. The resources might include training, interactive seminars, coaching and mentoring by clinicians who are identified as strong progress note writers. These trainings should include examples of what are considered "good enough" notes and their elements as well as examples of flagged/failed notes and their weak areas. Finally, a common understanding needs to be reached with the state regarding an acceptable "failure" (rejection) rate for notes, and this should be communicated to staff.

4. **Increase communication with all staff regarding changing programs.**
The evolution of currently existing programs and development of new programs is often necessary due to constantly changing populations and funding requirements. To continue to have investment of all staff as programs change, it is important that they be informed regarding changes and rationale for these changes. Several staff commented on the discontinuation of particular services or programs with little insight into the rationale for these changes. Conversely, staff noted frustration at the addition or repackaging of other services or programs (e.g., the Differential Response Team) while programs that they perceive as necessary are being cut. Staff appeared to find the loss of residential care

particularly challenging within the continuum of care, acknowledging that occasionally this level of care is still needed for clients. Increased communication regarding the ongoing, rapid changes within the system might decrease frustration of frontline staff around this issue.

5. **Continue to focus on improving and expanding services at critical developmental stages, particularly for 0-5 and transition-age youth.** Historically, the majority of youth served within the Santa Cruz County System of Care have been ages 5-18, serving a particularly high percentage of pre-teen and teenaged youth. The prevention and early intervention focus of the Mental Health Services Act (Proposition 63) allows for the development of age-appropriate early intervention and mental health services. First 5 of Santa Cruz County and its various programs and services provide much needed support for this population. In addition, the goals of the Child Welfare System Improvement and Accountability Act (AB 636) support services for both early childhood and transition-age populations, who have traditionally been less served within system of care communities.

   Transition-age youth have service needs specific to their life stage. Supportive services for young adults are often important for their success. These include assistance in accessing affordable housing, employment, and post-secondary education/training. These issues are particularly critical in a high-cost community such as Santa Cruz County. The addition of an Adult System of Care representative to the Supportive Adolescent Services Team to assist with some of these issues is an example of efforts to further develop these services and supports. Delineation and achievement of a set of shared goals for this population is a benefit to both systems. Furthermore, additional efforts to assist in the transition of these youth will likely result in long-term positive effects for the individual as well as for the adult system in which he/she is served.

In conclusion, the Santa Cruz County Children's System of Care is based on a truly foundational philosophy that all agencies must work collaboratively to meet the needs of children with SED and their families. Stakeholders within the system of care, after years of working so closely together, actually refer to this collaboration as "organic".
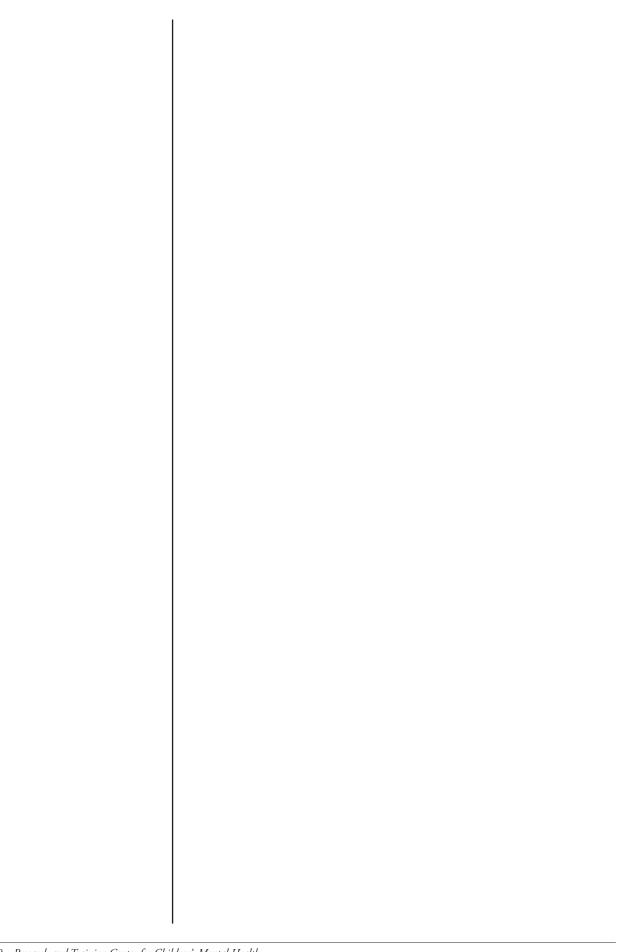
The Santa Cruz County Children's System of Care continues to expand its efforts to meet the needs of bilingual and bicultural children and families and to engage family organizations more fully in the sustainability of the system. Stakeholder willingness and capability in adapting programs and services to the changing client needs and funding requirements is truly unique. In addition, the system's ability to partner with community-based organizations is exceptional. These actions, all of which are in service of the values and principles of their system of care, are constantly assessed and modified as the system reflects upon the ever-changing needs of the children and families they serve.

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APPENDIX A:
STUDY 2 SUMMARY

STUDY 2: CASE STUDIES OF SYSTEM IMPLEMENTATION

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Study 2: Case Studies of System Implementation

Holistic Approaches to Studying Community-Based Systems of Care

A Five Year Study Investigating Structures and Processes of System-of-Care Implementation

PURPOSE AND GOALS:

To identify strategies that local communities undertake in implementing community-based systems of care and provide greater understanding of how factors affecting system implementation contribute to the development of local systems of care for children with serious emotional disturbance and their families.

This study will investigate:

- Fundamental mechanisms of system implementation

- How factors contributing to system implementation interact to produce well-functioning systems serving children with serious emotional disturbance and their families

- How system implementation factors are used in specific or unique combinations to develop local systems of care

- How local context influences system-of-care development

- What structures and processes contribute to the implementation of systems of care

- If system of care implementation is marked by identifiable change agents or triggering conditions

- What conditions support or impede the development of systems of care

METHODS:

The investigation will use a multiple-case embedded case study design to investigate how communities operationalize and implement strategies that contribute to the development of community-based systems of care for children with SED and their families. A national nomination process will be conducted to identify established systems of care. A site selection process involving document review and key stakeholder interviews will be used to identify participating sites. Case study data will then be collected using semi-structured interviews with administrators, managers, direct service staff and families; direct observation; document review; and a review of aggregate outcome data. A brief description of these methods follows.

Document review will be used to provide organizational-level data related to system implementation as well as system-of-care development in a historical context. Documents should include any materials related to goals and intent of the system, legislative history, regulations or guidelines, budget justifications, monitoring reports, annual reports, and reports of accomplishments. Documents should be mailed to Sharon Hodges or Kathleen Ferreira one month prior to the site visit.

System implementation factor brainstorming and rating will be conducted in order to identify local factors believed to be critical to system-of-care implementation. This process will consist of identifying system implementation factors, then rating the identified factors on a five-point scale with regard to both their importance and effectiveness in local efforts to develop systems of care. The brainstorming and rating will be completed as an online survey.

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Key stakeholder interviews will be conducted in person and by telephone for the purpose of understanding personal perceptions and beliefs about the process of system-of-care implementation and the role of the identified implementation factors in local system development and their relationship with one another. Interviews lasting approximately 1 hour will be held at a time and place that is convenient for the interviewees, and sites will assist in identifying the key people to be included in the interview process. Initial interviews should be scheduled at least two weeks in advance of the site visit.

Direct observation of service delivery structures and processes will be conducted for the purpose of observing aspects of system implementation in action. Direct observations will be coordinated with naturally occurring agency and community meetings.

Aggregate outcome data will be reviewed for the purpose of establishing progress toward system goals and better understanding linkages between specific strategies and outcomes.

Timeline for Case Studies of System Implementation

The investigation will be conducted in three phases:

- Years 1-2— Two cases will be selected from among established systems that have sustained their effort over time. Preliminary findings for Cases 1 and 2 regarding system implementation factors in local system-of-care development will be reported and used in the selection of cases for years 2-3.

- Years 2-3— Four sites will be sampled and findings reported. Sampling strategies for Cases 3-6 will be developed on the basis of what is learned from the initial cases.

- Years 3-4— Four additional sites will be sampled and findings reported. Sampling strategies for Cases 7-10 will be developed in response to the earlier findings of the study.

- Year 5 – Cross-site analysis and summary and dissemination of findings.

PARTICIPATION:

A total of 10 communities will be selected for this study. Stakeholders in each community will participate in site visits, in-person and phone interviews, and document review. A site selection process involving document review and key informant interviews will be used to identify established system-of-care sites. Participation of organizations, as well as individuals, will be entirely voluntary.

RESULTS:

It is expected that the results of this study will help both established and potential systems of care to identify strategies for successful system implementation within their local contexts. Findings of each phase will be shared with professional and family audiences through workshops, presentations, issue briefs, newsletter articles and published papers. This effort will be extended to cross-site findings as results become available.

APPENDIX B:

SYSTEM OF CARE DEFINITION

STUDY 2: CASE STUDIES OF SYSTEM IMPLEMENTATION

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System of Care Definition

A system of care[1] (SOC) is an adaptive network of structures, processes, and relationships grounded in system of care values and principles that effectively provides children and youth with serious emotional disturbance and their families with access to and availability of services and supports across administrative and funding boundaries.

Elements of the SOC Definition	Shared Understanding of Concepts
An adaptive	Incorporating action, reaction, and learning over time (Holland, 1995)
network	A set of linkages across people, organizations or communities (Capra, 2002; Schensul, LeCompte, Trotter, Cromley, & Singer, 1999)
of structures,	Specified roles, responsibilities, and authorities that define organizational boundaries and enable an organization to perform its functions (Bolman & Deal, 1997; Plsek, 2003; Theirry, Koopman, & de Gilder, 1998)
processes ,	Methods of carrying out organizational activities often involving sequences or a set of interrelated activities that enable an organization to perform its functions (Bolman & Deal, 1997; Plsek, 2003; Theirry, Koopman, & de Gilder, 1998)
and relationships	Trust-based links creating connectedness across people and organizations (Folke, Hahn, Olsson, & Norberg, 2005)
grounded in SOC values and principles	As defined by Stroul and Friedman (1994) and Hernandez, Worthington, & Davis (2005)
that effectively provides	Data that demonstrate progress toward goals or desired effect (Hernandez & Hodges, 2001; Hodges, Woodbridge, & Huang, 2001)
children and youth with serious emotional disturbance and their families with	An identified local population of children and youth and their families (CMHS, 2002; Hernandez & Hodges, 2003b)
access to and	Ability to enter, navigate, and exit appropriate services and supports as needed (CMHS, 2003, 2004; Farmer et al., 2003)
availability of	Services and supports in sufficient range and capacity (Stroul, Lourie, Goldman, & Katz-Leavy, 1992; U.S. DHHS, 2003)
services and supports	Formal and informal, traditional and non-traditional assistance (Burchard, Bruns, & Burchard, 2002; Hernandez, Worthington & Davis, 2005)
across administrative & funding boundaries	Unrestricted by categorical administrative and funding boundaries (Pires, 2002; President's New Freedom Commission on Mental Health, 2003; Stroul and Friedman, 1994)

[1] Original System of Care Definition: "A system of care is a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with severe emotional disturbances and their families." (Stroul & Friedman, 1986).

Study 2: Case Studies of System Implementation

Holistic Approaches to Studying Community-Based Systems of Care

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APPENDIX C:
SEMI-STRUCTURED SYSTEM IMPLEMENTATION INTERVIEW GUIDE FOR RTC STUDY 2: CASE STUDIES OF SYSTEM OF CARE IMPLEMENTATION

Historical Development of System of Care

1) Please tell me a little bit about the history of your system of care and your role in the process of developing or implementing it.

   - Initial context
   - Triggering conditions
   - Identifiable change agents
   - Foundational strategies
   - Mid-course changes or realignments

2) How would you describe the population of children and youth with serious emotional disturbance and their families in your community?

   - Clear identification of who the system is intended to serve
   - Issues of context or need specific to this community
   - Change over time

3) What goals does your system have for this population?

   - System of care values and principles
   - Change over time

Identification of Factors Affecting System of Care Implementation

4) What strategies have been used to develop a system of care that can serve the needs and achieve its goals for children and youth with serious emotional disturbance and their families?

   - Fundamental mechanisms of system implementation
   - Structures/processes related to networking, access, availability, administrative/funding boundaries
   - Center's identified factors
   - Participant's role or contribution

5) What strategies do you think have most affected the implementation of your system of care?

   - Clear definition of the named factor from perspective of participant
   - Center's conceptualization of factors
   - Articulation of why this factor has had such an effect
   - Participant's role or contribution

Relationship among System Implementation Factors

6) How have staff and stakeholders been involved in implementation of your system of care? Are there certain groups of staff and stakeholders that have been key to the process?

- Collaboration across agencies
- Leadership
- Governance
- Direct service
- Family involvement
- Evaluators

7) Do you think any of the strategies you identified were more important or fundamental than others?

- Remind participant of factors he/she has identified

8) Do you think the strategies you identified worked best because they happened in a certain order?

9) Are there strategies that worked best in combination with other strategies?

10) How has the process of system implementation been communicated to staff, stakeholders, and the community?

11) What would you change about the process of implementing your system if you could do it again?

12) What strengths and successes do you associate with implementing your system of care?

13) What challenges do you associate with implementing your system of care?

- Conditions that impede system development
- Strategies designed to meet the challenges

14) What kinds of information do you get about how the system of care is performing and how do you use it?

- Achievement of system goals and outcomes

15) Describe any mechanisms that have been developed to sustain your system of care.

16) Is there someone else who would be important for us to talk to, to help us understand the implementation of your system of care?

17) Is there anything you would like to add to this interview?

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