

**Taking a Giant Step Forward**  
**From Good to Great**  
**for Systems of Care**

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**President's New Freedom Commission on Mental Health**

**Achieving the Promise:**  
 TRANSFORMING MENTAL HEALTH CARE IN AMERICA

Peter Drotter  
 Ed. 2003

**Our Challenge**

Advancing to the Next Level!!

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**Naming the Problems**

“Identifying the quandaries helps us to see that the community-change field has not yet had a faithful or full test of the concepts of comprehensiveness and community-building. That, in turn, may explain why so many recent efforts have not lived up to their promise of comprehensive neighborhood transformation. Naming the problems is also the first step in developing a framework for how to proceed from here”

– Kubisch et al., 2002

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**Understanding Change**

“We need better theories of what the process of community change should really look like and better knowledge about how to do the work.”

– Kubisch et al., 2002

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**From CASSP to the Present**

**First Stage of Transformation of the Children's Mental Health System**

- Identifying children with serious emotional disturbances and their families as the priority population;
- Redefining the role of families at all levels;
- Expanding the range of services and developing highly individualized treatment plans;

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**From CASSP to the Present**

First Stage of Transformation of the Children's Mental Health System (continued)

- Developing culturally competent outreach, intervention, and research practices;
- Building partnerships between service sectors with different mandates;
- Moving from deficits to strengths;
- Moving from symptom reduction to functioning in the community.

**Translating the Vision into Reality**

How are we doing?  
 What have we learned?  
 How can we apply our lessons learned in the next stage of system transformation?

**The Bridge between Vision and Reality**

**Why Focus on Implementation?**

“Unless the degree of implementation of the theory could be measured, the interpretation of outcomes would have been very difficult”  
 – Holden et al., 2001

“Although outcome data can determine the effectiveness of a program, process data determine whether a program exists in the first place”  
 – Gilliam et al., 2000

**About Implementation**

Data indicate that implementation has been **Good**,  
 Not **Great**.

**From State Mental Health Commissions**

- Areas of progress in every state;
- But overall dissatisfaction with efforts to address the mental health needs of children and their families;
- Consistent emphasis on the importance of the values and principles of systems of care;
- Increased emphasis on prevention, based on models of risk and protective factors;
- Greater attention to planning, accountability, and responsibility.

– Friedman, 2002

**Implementation**

“The solution is not to abandon our current work but to do it better, with more sophistication and from a more strategic vantage point...we need to be sure to invest in a continuous cycle of tracking our work, distilling lessons, applying new information, and learning as we go.”  
 – Kubisch et al., 2002

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**Implementation**

Since the vision of system of care was created, there is an increased recognition of complexity and difficulty of *implementing* values and principles, and achieving change both at the service level and at the system level.

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**Teaching to the Test**

Communities are proving to be much more adept at learning the language and values of systems of care than they are at fully understanding the concept, critically and strategically analyzing their own situation, and engaging in processes that will advance their efforts.

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**Four Key Stages**

1. Mobilizing key stakeholders and securing their commitment to process;
2. Assessing local situation, and developing theory of change;
3. Translating theory of change into clear and comprehensive implementation plan;
4. Developing performance measurement /continuous quality improvement procedures to provide feedback on how well system is functioning for purposes of system improvement.

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**Theory of Change**

The **underlying assumptions** that guide a service delivery strategy and are believed to be critical to producing the desired outcomes for a particular population of concern.

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**Components of a Theory of Change**

- Who do you intend to serve?
- What do you intend to accomplish?
- What do you need to do to accomplish your goals for the population of concern?

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**Phases of Theory Development for Systems of Care**

Phase I Pre-Planning	Stage 1: Form Workgroup
	Stage 2: Articulate Mission
	Stage 3: Identify Goals and Guiding Principles
Phase II Theory of Change Development	Stage 4: Develop the Population Context
	Stage 5: Map Resources and Assets
	Stage 6: Assess System Flow
	Stage 7: Identify Outcomes and Measurement Parameters
	Stage 8: Define Strategies
	Stage 9: Create and Fine-tune the Framework
Phase III Implementation	Stage 10: Elicit Feedback
	Stage 11: Use Framework to Inform Planning, Evaluation, and Technical Assistance Efforts
	Stage 12: Use Framework to Track Progress and Revise Theory of Change

Hernandez & Hodges, 2004

**Implementation**

It is one thing to say with the prophet Amos, "Let justice roll down like mighty waters," and quite another to work out the irrigation system.

*Social activist and clergyman,  
William Sloane Coffin*

**Implementation Plan**

Builds on the theory of change and describes in greater detail how the proposed changes are to take place, and includes mechanisms to provide the needed training, coaching, supervision, consultation, funding, collaborations, and ongoing support to achieve the proposed changes.

**Performance Measurement**

"The systems of care performed less well in quality monitoring than any other system components. This assessment focused on the routine collection, analysis, and use of data to identify and resolve problems in the system at the aggregate level"


*– Brannan, Baughman, Reed, & Katz-Leavy. 2002*

**Performance Measurement**

- Utilization and improvement-focused;
- Combination of in-depth and aggregate information;
- Use of both qualitative and quantitative information;
- Focus on a few key measures;
- Feedback loop to all participants;
- An intervention itself...not just a measurement.



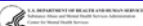

**Data-Based Systems & Implementation of Evidence-Based Programs: Differentiating**

- Data-based systems assess system performance on a regular basis in the here and now for purposes of improvement;
- Evidence-based programs refers to interventions that have met a specific criteria at some other time and in some other place.





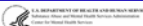

### Examples of Data-Based Systems

- Hawaii
- Michigan
- Milwaukee
- Central Nebraska





### Three Basic Questions

1. How can we improve access to care for those in need?
2. How can we improve quality and cost-effectiveness of care?
3. How can we improve the mental health status and well-being of children?




### Improving Quality and Cost-Effectiveness of Care

- Major approach since the mid 1980s has been through the development and implementation of community-based systems of care based on a set of principles and values, and the best available research;
- More recently, great emphasis on the dissemination and implementation of evidence-based practices;
- These are two compatible approaches although often not used together;
- There are other approaches to consider as well.

### Problem

Tendency of communities to make quick choices rather than to carefully analyze their needs, develop a list of alternatives, and select those alternatives that make the best sense for their own community.


### Improving Quality and Cost-Effectiveness of Care

#### A Sampling of Strategies

- Strengthen capability of professionals through training, coaching, supervision;
- Provide expanded range of services;
- Strengthen integration between systems and agencies at the service and/or system level;
- Provide more individualized care;



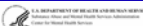



### Improving Quality and Cost-Effectiveness of Care

#### A Sampling of Strategies (continued)

- Expand provider network;
- Provide informed choice of services and providers to families;
- Implement continuous quality improvement procedures;
- Apply treatment guidelines/standards  
Provide more flexible funding and funding mechanisms to support individualized and comprehensive service plans;





**Improving Quality and Cost-Effectiveness of Care**

*A Sampling of Strategies (continued)*

- Expand use of natural supports
- Apply evidence-based programs;
- Identify active agents of change in effective interventions and provide training/coaching in them;
- Apply system of care values/principles such as partnerships with families, focus on strengths, and cultural competence;
- Identify practices that are ineffective and cease doing them.

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**Improving the Mental Health Status and Well-Being of All Children**

*Critical for our Future*

- Children’s Sub-Committee Report of President’s Commission
- Recommendations of state mental health commissions

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**Strategies for Achieving this Goal**

- Apply population-based, public health approach;
- Increased focus on young children and early identification;
- Public and professional education;

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**Strategies for Achieving this Goal (continued)**

- Reduce community risk factors and increase community protective factors;
- Increased focus on prevention and resilience overall;
- Increase access to care and availability of supports and services;
- Ongoing data collection of mental health status and well-being of children.

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**Two-Part Crisis**

- Deteriorating mental and behavioral health of children in this country;
- We are viewing this primarily from the standpoint of psychopathology, and not examining the environmental/community conditions that contribute to it.

– Commission on Children at Risk, 2003

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**Our Challenge in Advancing to the Next Level**

- Assist communities in doing the long, difficult work of developing the commitment, processes, and skills needed to implement systems of care that effectively meet the needs of their community.

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**Our Challenge in Advancing to the Next Level**

2 At the same time, increase our focus on a population-based, public health approach.



**Our Challenge in Advancing to the Next Level**

3 Openly, honestly, and continuously examine how well our children and families are doing, and how well we are doing for purposes of learning how to do it better!

