Fostering Practices that Contribute to System Transformation

18th Annual RTC Conference
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Effective Systems of Care
A Summary of Implementation Issues

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Assumptions in Center’s Theory

- There are certain factors, which when put into practice within communities, contribute to establishing well-functioning systems of care;
- These factors are consistent with and build on prior system of care work but expand the focus on such issues as management, accountability, and governance;
- These factors need to be understood from a holistic and systemic perspective, and much of their power lies in how they are connected to each other.

Purpose of Center’s Theory

- To guide our research;
- To assist states and communities in implementation of systems of care.

How Were These Factors Identified?

- Review of research and theory on systems of care;
- Review of research and theory in related human services fields, and in the general management and evaluation literature;
- The experiences of the Center in conducting research and providing consultation within systems of care;
- Findings from a survey of state children’s mental health directors, and concept mapping with a panel of experts in systems of care;
- Feedback from parent and professional leaders in children’s mental health.

Relationship to This Study

- Sites that were studied had been recommended as having strong systems of care;
- Opportunity to interview multiple informants within these sites, to review existing documents, and to observe processes within communities provided information to help develop the Center’s theory;
- Therefore, the Center’s theory is partly a reflection of lessons learned from this study.

Implementation Factors
Promising Practices of Exemplary Sites

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A Study of Practices that Enhance System Transformation

Nine exemplary sites were selected by a nomination process to achieve a representation of:

- Urban, small city, and rural sites
- Public agency and non-profit settings
- Programs based in mental health centers, schools, or other child serving agencies
- Geographic settings across the country

Sites Selected

- Indiana: Dawn Project, Indianapolis
- Kentucky: Building Bridges of Support, Eastern Kentucky
- Massachusetts: Arbour Health Systems Trauma Center, Boston
- Michigan: 2 sites - Pathways in Marquette & CMHC Program in Clinton, Eaton and Ingham Counties
- Nebraska: Nebraska Family Central, Region III
- New Jersey: The Children’s Initiative, Statewide
- New York: Kids Oneida, Oneida County
- Wisconsin: Wraparound Milwaukee

Study Method

A case study method was used to assess the 14 implementation factors, involving:

- 2-day site visits by 2 experienced reviewers
- Review of written documents and data
- Interviews with project leaders
- Interviews with stakeholders, including parents
- Interviews with leaders of other local and state agencies
- Others, as relevant

Central Issues and Common Factors at Five Sites

Four sites—Kids Oneida, Michigan (2 sites) and Arbour Health Systems Trauma Center—will be covered by the other presenters. These are sites that had not received federal system of care funding at the time of the study, yet developed exemplary programs. All sites had substantial strengths in the 14 implementation factors. Some were stronger with some factors; only one had them all, others were close!

Nine Factors Present at All Five Sites

Dawn Project, Kentucky Bridges, Nebraska Family Central, New Jersey, Wraparound Milwaukee

- Transformational leadership
- Strong foundation of values and principles
- A clear description of the local population
- A clear and widely held theory of change
- An implementation plan
- Clear outreach mechanisms and pathways to care
- Family choice and voice
- Individualized, culturally competent and comprehensive approaches and interventions
- An effective governance system
Sites with Exemplary Practices

Sites that showed the most promising practices with the other five factors:

- A plan for interagency and cross-sector collaboration: Kentucky, Nebraska Family Central, Wraparound Milwaukee
- A comprehensive financing plan: New Jersey, Wraparound Milwaukee
- Skilled provider network: Nebraska Family Central, Wraparound Milwaukee
- A performance measurement system: Nebraska Family Central, Wraparound Milwaukee
- An accountability system at the provider level: Dawn Project, Nebraska Family Central, Wraparound Milwaukee

Areas of Concern

Despite remarkable progress, the following areas need strengthening in some, but not all, sites:

- Limited psychiatric services and therefore limited capacity for medical diagnoses and the use of medication
- A small number of providers for certain services, which means an over-reliance on these providers
- Limited access to Medicaid reimbursement for services, primarily because of limitations in the state’s Medicaid Plan
- Limited participation of the school systems in service planning
- Limited, formal assessment of the quality of services, with feedback to the providers so that they can correct problems, if present
- Absence of comparison data with other sites or with other types of services