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Crafting Logic Models for Systems of Care:

Ideas Into Action

A monograph by

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Corrections

1. ***Pg 38-39*** *(May 2005)* - Revision of Figure 15. Comprehensive Community Mental Health Services for Children & Their Families

Please use the 2005 revised edition when citing the System of Care Logic Model.

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CHAPTER

1

Introduction

Crafting Logic Models for Systems of Care: Ideas into Action

Introduction

Efforts to establish and expand comprehensive community-based systems of care for children with serious emotional disturbance and their families have grown tremendously since the concept of systems of care was first described by Stroul and Friedman (1986). Stakeholders[1] in communities across the country have come together with enthusiasm and commitment for the purpose of creating coordinated, comprehensive, individualized, and culturally competent services and supports for children and their families with the goal of meeting child and family needs in less restrictive community-based settings.

The work of building systems of care, however, is complex and challenging. Even when stakeholders share a deep commitment to developing systems of care and even when they agree that this work is a top priority, the ability to anchor their ideas for their system of care in concrete strategies for change can be both elusive and overwhelming.

Turning systems of care ideas into solid strategies for change requires a tangible approach to system development at multiple levels: policy and administrative levels, program implementation levels, and the level of practice. To accomplish this, stakeholders need to anchor their system of care ideas in clear and specific expectations for the children and families they expect to serve, what they hope to accomplish, and how they believe they can effectively achieve their goals. Making expectations for system change clear in this way is called using a theory of change or theory-based approach to systems of care development. This use of "theory" is different than theory in the sense of scientific principle such as a theory of combustion or theory of gravity. For systems of care, theories are beliefs, based on available knowledge and research that guide the selection and combination of the services and supports made available to children and their families. In systems of care, using theory to guide action allows stakeholders to make clear statements about what they *believe* will bring about necessary change for children with serious emotional disturbance and their families.

This monograph is designed to guide communities in using a theory-based approach to systems of care development. By applying a theory of change approach, this monograph provides a straightforward method for system stakeholders to turn their ideas (and dreams) about systems of care into tangible action-oriented strategies for achieving their goals and offers practical guidance in how to make explicit the relationships among the populations the system intends to serve, the system's intended goals, and the strategies for achieving those goals. This monograph is not, however, a primer on the components needed to build a system of care. For this purpose Pires' (2002) detailed guide to systems of care is highly recommended.

The theory of change approach described in this monograph is intended to help communities that are developing a system of care to:

- Improve their communication both internally and externally,
- Organize their work cohesively,
- Track their progress,
- Improve their use of strategic planning and internal evaluation, and
- Effectively identify technical assistance needs.

In addition, this monograph will address the purpose and benefits of articulating a theory of change, present tools for developing a theory-based framework, and provide examples to illustrate the development process. This monograph will also discuss how theory-based frameworks can inform both strategic planning and evaluation. Ultimately, this monograph is designed to assist system stakeholders in developing a theory-based approach to system development that will aid all levels of planning and implementation.

[1] In this context, stakeholders refers to a cross-agency group of system planners and implementers that includes policy makers, funders, managers, administrators, direct service staff, families, and community members.

CHAPTER

2

Understanding Theories of Change

Understanding Theories of Change

- A Theory-Based Approach to Change, Complexity, and Accountability
- Components of a Theory of Change
- Recorded, Expressed, and Active Theories of Change
- Theories of Change at Multiple Levels

What is a Theory of Change?

Beliefs that funding agencies, planners, and implementers have about

- *What children and their families need, and*
- *What strategies will enable them to meet those needs*

A Theory–Based Approach to Change, Complexity, and Accountability

One of the most effective strategies for managing complexity and change and establishing accountability is for system stakeholders to develop a clear link between their ideas and the strategies they intend to put in place. Creating an effective system of care is more than establishing a wraparound program or an interagency council. It requires a well-developed concept for how a system will be built and the identification of the actual strategies believed necessary to create change. Participants in the system-development process can benefit from a theory-based approach to system reform and service planning that helps them make explicit links between their ideas or theories about what will work best in their community, the strategies they plan to implement, and the outcomes they hope to achieve. Not doing so places system planners and implementers in danger of implementing services prematurely, selecting strategies that are not appropriate for the populations served, and engaging in activities that will not lead to improved system functioning and improved child and family well being.

Simply stated, a theory of change is the articulation of the underlying beliefs and assumptions that guide a service delivery strategy and are believed to be critical for producing change and improvement in children and families (Hernandez & Hodges, 2001). Theories of change represent the beliefs that system planners, implementers, and funders hold about what children and their families need and what strategies will enable the service system to meet those needs. A theory of change establishes a clear link or connection between a system's mission and goals and actual outcomes. Theories of change create meaningful associations between the context of service delivery, the children and families being served, the strategies or activities that are being implemented, and the desired outcomes. In addition, the process of developing a theory of change can help establish consensus among staff and other stakeholders regarding the design and implementation of a system of care.

A theory of change for a local system of care is "theory" in the sense that it represents stakeholders' best ideas about the action they need to take. For example, at the system level, theory might involve specific combinations of partner agencies, funding agreements, and policy changes. At the program level, theory will involve the development of a unique array of services and supports. Although planners may be implementing services and supports that have evidence regarding their effectiveness, their unique combination within a particular community represents local stakeholders' best guess about how they should be prioritized and how they will work in combination with one another. These unique combinations of services and supports are "theory" about what strategies are most likely to produce a particular result for a population of children and families. As theory, stakeholders must monitor the results of implementation to determine if their strategies have been successful in creating the anticipated change. A theory of change approach to system development assumes the need for ongoing feedback so that implementation can be adapted and changed if it is not as effective at producing change as originally expected.

The process of developing a system of care theory of change is designed to make explicit the goals and values of local stakeholders and provide them with a tool to describe the infrastructure, procedures, services, and support used to accomplish those goals and implement those values. A theory of change approach to system development provides a way to make the de facto system visible and subject to thoughtful examination by the participants in that system. Theories of change are useful in reducing the complexity inherent in creating system change because they offer a specific approach for working at the multiple levels at which change must occur. By creat-

ing theories of change at the broadest organizational and policy level as well as the program and practice levels, system developers are better able to integrate their efforts so that policy-level actions are reflected in the experience of children and families served.

Theories of change can and should differ from one system to the next because communities differ in their needs and strengths. Although all systems of care will share similar goals of providing individualized, community-based, culturally competent services in the least restrictive clinically appropriate environment, the changes that a particular community will need to make in order to achieve those goals will differ and should reflect specific community needs and strengths.

Components of a Theory of Change

A theory of change has two broad components.

The First Component

The first component of a theory of change involves conceptualizing and operationalizing three core elements of the theory. These elements can be defined as:

Population Context: A description of the needs and strengths of the population to be served in the context of the environment in which system development will occur.

Strategies: A description of the strategies that stakeholders believe will accomplish desired outcomes.

Outcomes: A description of the goals or desired outcomes of the system, including desired change for the population of focus.

The Second Component

The second component of a theory of change involves building an understanding of the relationships between the three core elements and expressing those relationships clearly. Stakeholders must make the link among the population context, strategies, and outcomes explicit by articulating why they believe the strategies they have chosen will make a difference for the population of focus. In doing so, they will have a clearer and more informed understanding of what should be implemented and what they expect to accomplish.

Identifying the three core elements of a system theory and clearly articulating their relationship provides system stakeholders with a picture of:

- What a system of care will look like in their community,
- What local service delivery processes and infrastructure changes will be necessary to develop this system of care,
- Whether stakeholders share a vision of how to accomplish this change, and
- What steps should be taken to build stronger consensus among stakeholders and to engage them more fully in the development process.

Figure 1: Theory of Change Component 2

Understand and express the relationship between the three core elements

Recorded, Expressed, and Active Theories of Change

In order to reach consensus on a theory of change for a system of care, stakeholders must consider the possibility that theories of change exist in more than one form. Theories of change can be one of three types: recorded theories of change, expressed theories of change, and active theories of change.

Recorded Theory

Recorded theories are the articulation of intended action. These represent the formal conceptualization of programs, systems, and strategies. Recorded theories of change tend to be oriented toward the future because they focus on intended action and results. These theories are often found in written documents that represent an official or public description of systems or programs. Recorded theories of change can be found in grant proposals, statements of purpose, mission statements, and guiding principles for systems and programs.

Expressed Theory

Expressed theories are articulated through the verbal descriptions of systems and programs offered by individual stakeholders. They focus on the expected action and results. Expressed theories represent the operationalization of programs, systems, and strategies at the stakeholder level. Such descriptions can provide insight into how individual participants believe their system or program is operationalized. These may differ markedly from the conceptual descriptions contained in official documents and also differ from one stakeholder to another.

Active Theory

Active theories represent the implementation of programs and systems at the level of the child and family. They focus on the actual activities of a system or program as they relate to children and families. Because active theories articulate what is actually happening at a given point in time, active theories are anchored in the present. Active theories can be documented through evaluation processes and or quality improvement processes that capture information about who is actually receiving services, what services are actually being delivered, and what the rationale is for providing these specific services. For example, the service delivery strategies of a system of care should be implemented in a manner consistent with systems of care principles. It is important to evaluate the fidelity of service practices to systems of care principles. The System of Care Practice Review (SOCPR) is an example of an evaluation tool that has been used successfully to assess systems of care principles for children's mental health (Hernandez et al., 2001).

Figure 2: Three Types of Theories of Change

Integration of Theories

The challenge to stakeholders is that the recorded theories that were conceptualized during the proposal writing process may not be consistent with the expressed and active theories that are in place as a funded project is operationalized and implemented. This inconsistency is not an uncommon occurrence because one individual or group of individuals is often responsible for grant writing and others are later responsible for operationalizing and implementing the funded project. The problem of inconsistency is compounded if staff turnover occurs during the months between when a grant proposal is written and when the project is funded. In addition, few grant-writing processes have the luxury of time that would allow the inclusion of all the people who are expected to implement the funded project. In addition, divergent and conflicting theories may exist within these theory types because individual stakeholders do not share the same beliefs or ideas for change.

An important goal of using a theory-based approach in the development of systems of care is to achieve unity within and across the recorded, expressed, and active theories. This ensures that multiple perspectives embedded in these theories are clarified and integrated. For a discussion of theories of action and research related to the connection between theory and practice, Patton's Utilization-Focused Evaluation is recommended (Patton, 1997).

Theories of Change at Multiple Levels

Theories of change should be developed for the multiple levels of a local system of care. These levels range from a broad policy and organizational level to the level of a specific program or practice. Depending on the complexity of the desired system and service delivery changes, more than one framework level may need to be developed in order to capture the comprehensive nature of local system development.

The most significant and relevant levels for systems of care are called the System, Bridge, and Practice levels. The System Level defines the population of focus most broadly (e.g., children with serious emotional disturbance and their families) and identifies what elements of the system will need to change in order to better serve that population within a particular community. System Level strategies are most often about broad policy that affects interagency relationships and funding processes that directly or indirectly influence the ability to serve these children and families locally. As a result, outcomes associated with the System Level are related to the mechanisms, structures, and processes needed to ensure that services are provided in a coordinated and holistic manner. Other outcomes can include improvements in collaborative planning between community and state level partners, the ability to serve children and adolescents within their own communities, expanded services and supports, and improved access to an array of flexible services (Stroul, 1993). It is not appropriate for outcomes associated with System Level change to focus on symptomatic change at the individual child and family levels. Instead, they should reflect the expected changes associated with accomplishing organizational reform consistent with systems of care values and principles (Hernandez & Hodges, 2003).

Connecting System Level change to services at the individual child and family level requires an intermediate or Bridge Level linking the two. This Bridge Level is intended to define the population of focus with more specificity and to identify services and supports for these children and their families. For example, strategies at the Bridge Level might describe clusters of services and supports for youth in foster care so that their movement into more intensive placement is interrupted. Examples of outcomes at the Bridge Level include

Figure 3: Theory of Change Levels

System Level:

- Broadest expression of how to meet community needs for children with serious emotional disturbance

Bridge Level:

- Increased detail provided for
  - Specific strategy
  - Specific program
  - Specific process

Practice Level:

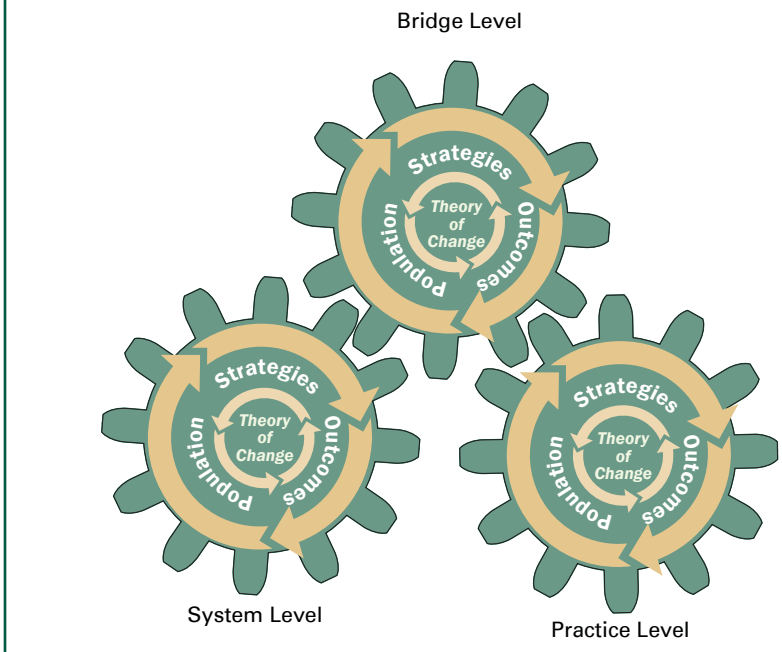
- Greatest detail for program or practice

changes in the number of children in intensive placements, the stability and the length of these placements, and changes in the stability of children once they return to their home communities.

The Practice Level defines the population of focus at the level of actual service delivery and identifies issues and strengths related to child and family level practice. Practice Level strategies are carried out for individual children and their families. This level is embedded in the Bridge and System Level strategies in that Practice Level strategies should be both consistent with and a continuation of strategies at the Bridge and System Levels. Examples of strategies at the Practice Level could include the implementation of wraparound processes, coordination of care, day treatment programs, respite care, and therapeutic interventions. Outcomes associated with this level can be measured at the level of an individual child and may include symptom reduction, improved social skills, and reduced functional impairment.

In systems of care, the System, Bridge, and Practice Levels exist simultaneously and together define the system of care. No one level represents the entire system of care. In this manner, they are nested or embedded in one another so that consistency of purpose and strategy across levels can be achieved. This process of linking across levels is called Dynamic Chaining. The chaining or linking of these levels helps achieve consistency of purpose throughout a local system of care. It is important to remember that the process is dynamic because strategies can be adapted and changed at each level, incorporating feedback regarding the results of strategies as they are implemented across and between levels. Linking strategies across levels ensures that direct service staff understands how the outcomes they are achieving fit into the goals of the entire system. When systems are unclear about their System Level goals and the associated strategies, practice level staff will likely be confused.

Figure 4: Dynamic Chaining – Keeping the Levels Connected



CHAPTER

3

The Theory–Based Planning Process

The Theory–Based Planning Process

- Framing a Theory of Change for Systems of Care Development
- Phases of Theory Development
- Time Required for Theory-Based Planning

What is a Theory-Based Framework?

- *A theory-based framework is a tool for expressing the ideas and intended action of a theory of change.*
- *Theory-based frameworks document what strategies are believed to be critical to producing change for children and families.*
- *Theory-based frameworks use graphics and pictures to represent ideas in a simplified and easily accessible way.*

"While the general elements of a system of care are prescribed, their unique configuration and application in a particular community remain unknown until the work of putting them together is under way."

Framing a Theory of Change for Systems of Care Development

Framing refers to the process of developing a theory-based framework and articulating the underlying theory of change. The process of framing a theory of change provides a practical and systematic approach for articulating a local plan for systems of care development. Anchored within the mission statement of the system of care, framing helps stakeholders document their intentions and plans while establishing critical links among the various aspects of that plan. The framing process helps local system developers to organize their theory of change into three frames: population context, strategies, and outcomes. Each frame details one of the core elements of a theory of change. The framing process facilitates the linkages among the three core elements. The process allows interagency partners to more clearly see their role in relationship to the overall plan (Hernandez & Hodges, 2001).

A theory-based framework will seem familiar to some because it is a type of logic model. Logic models display program components in a logical flow. Some logic models display program inputs and outputs with little attention to how the inputs contribute to achieving the outputs. These types of logic models are often oriented toward traditional evaluation designs and focus on the results of program implementation, making little connection to what intervenes to create the outputs (*Using logic models*, 2000). In contrast, theory-oriented logic models present a schematic or drawing of how a strategy is intended to work (Savas & Ruffolo, 2001). This schematic links the logical connections between a population's needs, the intended services, and the expected outcomes.

The advantage of a theory-based approach is that it provides the opportunity to understand how intervening variables produce outcomes. Developing this understanding is especially important for systems of care development because the specific requirements of an effective system are always unknown as the planning process begins. While the general elements of a system of care are prescribed, their unique configuration and application in a particular community remain unknown until the work of putting them together is under way. Once a local plan for developing a system of care has been created, it still only represents stakeholders' best guess or theory for what will be most effective. The uncertainty that is implicit in the process of systems of care development makes theory-based planning an imperative. Theory-based frameworks balance the clarification of ideas and action with the crucial ability to adapt and adjust the theory of change as circumstances change and evaluation information provides feedback on results (Hernandez & Hodges, 2001).

Phases of Theory Development

The development of a theory of change for a local system of care can be divided into a three-phase process that includes Pre-Planning, Theory of Change Development, and Theory Implementation. The process is based on a step-by-step approach to developing theories of change for child-serving organizations (Hernandez, Hodges, & Worthington, 2000). Each of the phases includes multiple stages that are designed to accomplish specific tasks related to developing a theory of change for a system of care. Figure 5 outlines the phases and their associated stages.

Figure 5:
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

Phase 1 focuses the planning process by anchoring it in the stated goals of collaborating agencies and organizations, community representatives, and families.

Phase I: Pre–Planning

Pre-planning constitutes the first three stages in developing a theory-based framework. This phase focuses the planning process by anchoring it in the stated goals of collaborating agencies and organizations, community representatives, and families. Pre-planning allows the collaborators to define the boundaries of the process and allows participants to build rapport, trust, and a group identity. The stages of Pre-Planning are Workgroup Formation, Articulation of Mission, and Identification of Goals and Guiding Principles.

Stage 1: Workgroup Formation

- ✓ Clarify framework level
- ✓ Identify members
- ✓ Training and orientation

Workgroup formation is the crucial first step in the development of theory-based frameworks. Initially, consideration should be given to what level (system, bridge, or practice) the workgroup will focus on. If your community is creating frameworks on more than one level, you may need to designate distinct workgroups for each level. Selection of workgroup members should ensure that those involved in the process have first-hand knowledge of activities associated with their level.

Workgroup participants should include people who are able to articulate the opinions of the organization or group they represent in a thoughtful and informed manner. They must also have the authority to represent the ideas and concerns of their group and to act on behalf of the group. Often workgroups include key leaders across child-serving systems or their designated representatives. For this reason, workgroup participants should have the skills to act as a liaison between the activities of the workgroup and their agency or organization. In addition, membership should involve those who have responsibility for developing outcomes, collecting and interpreting evaluation information, and applying the knowledge gained through evaluation. Participants should also involve service recipients and their family members, board members, and representatives of collaborating agencies.

It is essential for workgroup members to be oriented to the purpose and process of developing a theory-based framework. This should minimally include providing a clear definition of a theory of change, its component parts, and a specific charge to the group that clarifies what they are being asked to accomplish, and the timeframe in which they are being asked to work.

Potential workgroup members at each level are suggested in Figure 6.

As workgroups are selected and or-

Figure 6: Potential Workgroup Members

System Level	Bridge Level	Practice Level
Funders	Administrators	Program Managers
State Agency Administrators	Evaluators	Direct Service Staff
State Interagency Council Members	Direct Service Staff	Provider Agency Staff
Evaluators	Program Managers	Family Members
Direct Service Staff	Family Members	Community Members
Family Members	Community Members	
Community Members	Agency Partners	

ganized, it is important to remember that all collaborators will need orientation and training in four areas: systems of care values and principles, the Comprehensive Community Mental Health Services for Children and Their Families grant program and its expectations, the grant community's original proposal, and the theory-based planning process. Without adequate orientation and training, workgroup participants cannot understand the crucial role and responsibility they have been asked to take in systems of care development.

Guiding Principles for Developing a Theory of Change

In addition to orientation on theory-based frameworks, it can be helpful for workgroup members to consider the principles that will guide their theory of change development process. Clarity in these principles will provide an anchor for participants regarding why the theory-based approach is important and how theories of change will be used to support their efforts. The guiding principles presented below are suggestions and should be adapted or changed to fit the needs of the local framing processes they will support:

- Theories of change cannot be developed in isolation of information about who is served, what services are provided, and intended results.
- Theories of change should be developed collaboratively.
- Theories of change should be relevant and accessible to significant stakeholders.
- Theories of change should be used to improve service planning and service delivery.
- Theories of change should support strategic planning and internal evaluation processes.

Stage 2: Group Reflection on Mission

- ✓ Review existing mission statement or articulate new statement.
- ✓ Review specific aspects of the mission for appropriateness across stakeholders.

A necessary step of defining the core elements in a theory of change requires linking the theory to the local system of care's stated mission. If an existing mission statement exists, it should be reviewed to ensure that the expectations of the individual collaborators and their agencies are congruent with the stated mission. If no mission statement exists, participants should generate one before the development of a theory of change is begun. The mission statement should reflect local issues and strengths and should specifically address the context in which the system will develop, the population to be served, and the overall impact expected.

The resulting mission statement should be general enough to guide the spirit in which the system of care will be developed (Hernandez & Hodges, 2001). However, participants should be wary of articulating a mission statement that is so broad it does not address the specific focus or purpose of the work that will be done. For example, a mission to "improve the well-being of children in the community" is a worthy goal but would not provide a sufficient anchor from which stakeholders could develop a theory of change for their system of care.

For collaborative initiatives such as systems of care, a key consideration in the adoption of a mission statement is commitment of each collaborator to the mission. It is important that the mission statement be acceptable to the collaborating agencies and the organizational missions of participating stakeholders. It is suggested that each collaborator check their individual agency mission against the mission statement adopted for systems of care development.

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

Examples of values and guiding principles adopted by a theory of change planning group:

- *Services and supports should maintain flexibility of response to needs of individual children and families.*
- *Strategies should meet cross-agency goals.*
- *Strategies should foster collaboration across agencies and agency levels.*
- *Services should reflect needs of the identified population.*
- *Decisions should be based on evaluation information and accountability-based analysis.*
- *Family & children should be valued as participants in planning and service delivery processes.*
- *Services and supports should be the least restrictive and most clinically appropriates.*

Below are examples of mission statements related to systems and programs serving children and families:

- **Comprehensive Community Mental Health Services for Children and Their Families Program:** The Comprehensive Community Mental Health Services for Children and Their Families Program encourages the development of intensive community-based services for children with serious emotional disturbance and their families based on a multi-agency, multi-disciplinary approach involving both the public and private sectors.
- **The Research and Training Center for Children's Mental Health:** The mission of the Research and Training Center is to improve services for children and adolescents with serious emotional disabilities and their families by strengthening the knowledge base for effective services and systems of care. The Center is seeking to achieve this mission through an integrated set of research, training, and dissemination activities.
- **University of South Florida Collaborative for Children, Families, and Communities:** Our mission is to mobilize University faculty to help communities enhance the lives of children and their families.
- **The Center for Autism & Related Disabilities:** The Center for Autism & Related Disabilities provides support and assistance with the goal of optimizing the potential of people with autism and related disabilities.

Stage 3: Identify Shared Goals and Guiding Principles

- ✓ Identify shared goals that relate to mission.
- ✓ This process will also identify goals that are not or cannot be shared by the group.
- ✓ Guiding principles often emerge from goal statements.
- ✓ Use this process to strengthen commitment to developing a system of care.

The purpose of this step is to articulate shared goals and guiding principles for the development of a local system of care. The goal-setting process is often conducted as a brainstorming session during which participants are able to talk about their desires for system development in the context of their hopes for the children and families that will be served. These goals are broadly stated expectations for the systems of care development that later shape more specific system outcomes. As potential goals are articulated, they should be written onto a board or flip chart so that they are visible to the entire group.

Guiding principles often emerge during this goal-setting process. Guiding principles are statements that anchor system stakeholders in shared values and will serve as a checkpoint for all of the strategies developed to support system development. This checkpoint ensures that strategies inconsistent with the identified principles are not implemented. For example, reducing out-of-home placement is an appropriate system goal. However, reducing placements without providing adequate community-based services and supports is inconsistent with systems of care principles. The goal of reducing out-of-home placements could be accomplished by simple denial of access to placement. Without community-based alternatives, the attainment of the goal would occur outside boundaries established by the guiding principles. Because both the federal grant program and the systems of care concept have well-articulated guiding principles, it is helpful for workgroup participants to be familiar with these as they begin their work together. The guiding principles that are developed for a local community's system of care will serve as a local reflection of the guiding principles articulated by the grant program and by Stroul and Friedman.

Phase II: Theory of Change Development

The creation of the actual theory of change occurs in Phase II of the theory-based planning process. In this phase, participants consider the three core elements of a theory of change: Population Context, Strategies, and Outcomes. In addition, participants map the resources of their system of care and assess the flow of children and families through the existing services. Finally, they put all of the elements of their theory of change together into a theory-based framework.

The development of a theory of change requires planners to operationalize the three core elements of a theory of change. Each is described briefly below:

Population Context: issues, strengths, and conditions for the population of focus in the context of the service delivery processes and the service delivery system.

Strategies: the guiding principles and service and infrastructure components necessary to achieve change for the population of focus.

Outcomes: both short and long term results directly related to the population context.

When complete, the systems of care theory of change is graphically presented in the sequence illustrated in figure 7. Population Context, then Strategies, and then Outcomes are described. This allows stakeholders to consider the theory of change in the sequence in which it will be implemented. That is, an eligible population will be served and outcomes will be produced.

The presentation of a theory of change usually occurs in this order:

Population Context ➡ Strategies ➡ Outcomes

However, when developing a theory of change, the sequence occurs in a slightly different order so that system developers can more easily create clear linkages between populations and outcomes. Theory of change development is done so that stakeholders first articulate the details of the Population Context, and then identify Outcomes that directly address the issues identified in the Population Context. This sets the stage for planners to develop strategies in response to identified populations and outcomes rather than trying to fit populations and outcomes to strategies. This point is important because it determines whether system activities will be based on the needs of children and families rather than the needs of service providers and agencies. This population-based approach ensures that strategies will be identified with a population focus and a goal clearly in mind.

Theory of change development is accomplished in the following sequence:

Population Context ➡ Outcomes ➡

Figure 7: Basic Framework for a Theory of Change

Population Context	Strategies	Outcomes
Consider Issues and strengths of population system and community	Consider guiding principles and components of strategy	Consider both short- and long- term outcomes

Theory of Change: What are the assumed relationships between population, strategies and outcomes?

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Strategies

Stage 4: Develop the Population Context

- ✓ Make sure your description of the population of focus and the related context reflects the needs and strengths of your system infrastructure and the political, cultural, and economic context of your community.
- ✓ Know how many children meet your population definition and what subgroups are of most concern in your community.
- ✓ Review the population context against the mission and goals.

The first frame of the theory-based framework is the development of the population context. The process of developing the population context for a theory of change includes identifying issues, strengths, and characteristics associated with both the population of focus and the service delivery infrastructure. This frame includes information about the children and families being served, their eligibility for services, and the practice and system level issues and strengths that exist within the community. Across these dimensions, it can also be important to consider the cultural and political climate that surrounds the provision of services.

The population of focus establishes the defining characteristics of the children and families the system intends to serve. On the surface, specifying the population of focus for a system of care seems like a simple task. In fact, the federal Comprehensive Community Mental Health Program for Children and Their Families provides a specific definition of children with serious emotional disturbance and their families. The federal definition describes a population of children that many stakeholders will readily agree should be served by a system of care. It includes children up to 22 years of age who:

- Have a diagnosis of an emotional, behavioral, or mental disorder, and
- Have limited functioning in family, school, or community environments, and
- Are involved with two or more community agencies, and
- Have the presence of disability for at least one year.

However, the federal definition describes the population of focus only in the broadest sense. This definition requires local specification so that it can reflect local or community-based issues and strengths. System stakeholders must have information about the groups of children in their community that make up this broader definition. In order to develop a community-based system of care, they must know how many children meet this definition and what subgroups are of most concern in their community. Are they children in a particular neighborhood or geographic location? Are they children of a certain age? Are they children of particular cultural or ethnic backgrounds? Are they children who enter the system of care through a particular subsystem such as juvenile justice, child welfare, or special education? Without a population-based definition of the children and families the system intends to serve, it is impossible to design a truly community-based system of care.

The development of the population context also includes the identification of the needs and strengths of the service-delivery processes and associated infrastructure. System developers need to make sure that these needs and strengths are identified and addressed in relation to the population of focus. These might include the need to develop community-based services in order to reduce out-of-home placements, need to improve collaboration across child-serving agencies, need to create service delivery processes that are more accessible and family-friendly, and the need to improve coordination of direct services over time and across agency partners. For systems of care, the infrastructure issues that need to be addressed typically relate to organizational policies, local, state, and federal

regulations, and funding mechanisms that drive the development of services and supports and shape practice for individual children with serious emotional disturbance and their families.

If the population context is to be culturally competent, the political, cultural, and economic issues that surround access and delivery of services are important aspects of developing a system of care. System planners must focus on the needs and strengths of the community for which the system is being developed and what community-level changes must be made so that the identified population is better served. These needs and strengths might include issues such as the availability of transportation throughout the community, the incidence of poverty, or issues specifically related to serving children and families in urban or rural settings. The process of identifying needs and strengths of particular populations and neighborhoods in the community will provide a culturally competent local context for system development so that the system of care is able to address the concerns of all its residents.

Once planners have developed the three areas of the population context, it is important to review this work to ensure that it is consistent with the stated mission and goals of their system of care. In other words, it would be inappropriate to identify an issue, need, or strength that is not reflected as an emphasis or focus for the later development of the system of care. If planners find there is an inconsistency or mismatch, this suggests two areas for potential change or adaptation. The first is rethinking the issues that were identified as part of the population context. The second is rethinking the stated mission and goals so that they can incorporate ideas from the population context that may not have been considered early in the theory of change development process.

Using the Population Context Frame

The most immediate use of the information generated in the development of the population context is in the identification of outcomes and strategies. Having a well-articulated population context is a prerequisite to the development of both outcomes and strategies for achieving those outcomes. Creating this linkage is the only way a system of care is going to be truly responsive to the needs of the population it is intending to serve.

In addition, the work of developing the Population Context for a system of care will later prove useful in the interpretation of outcome information. If evaluators measure the outcomes that have been achieved by a system, but managers are unable to link those outcomes to issues identified in their population context, then the outcome information will not be useful in interpreting the success of the system. For example, if a system can document the reduction of out-of-home placement rates over a period of time but cannot verify that the children served by the system during the same period were those at eminent risk of out-of-home placement, then the outcome information does not tell them whether their strategies for reducing out-of-home placements were responsible. At a broader level, if the system is designed to serve children with serious emotional disturbance but is, in fact, serving children with less serious problems, any outcome information generated, even if positive, will not reflect the original intention of the strategies that were put in place (Hernandez, Hodges, & Cascardi, 1998).

"Having a well-articulated population context is a prerequisite to the development of both outcomes and strategies for achieving those outcomes."

Population Context Example: Project Our Town

As the stakeholders for Project Our Town completed the Pre-Planning Phase of theory development, they looked forward to the conversations related to population context. The core team of planners for Project Our Town included representatives from community mental health centers, the child welfare agency, the school district, juvenile probation, and the newly formed Federation of Families chapter, as well as the project manager and principle investigator. Their expectation was that this portion of the theory development process would be straightforward because all stakeholders were coming to the table for the purpose of serving children with serious emotional disturbance and their families.

The initial conversation moved along quite smoothly as everyone discussed how underserved this population is across their community and how pleased they were to finally have funding dedicated to this purpose. Attempting to put more specificity to the population of focus, the school system representative commented that the county schools had 1,285 students who were eligible for special education because they were identified as having serious emotional disturbance. She asked if all of these students would be eligible for systems of care services. The community mental health center representative responded by saying that by their definition of serious emotional disturbance, they projected approximately 950 children would be eligible for systems of care services. The child welfare representative offered an entirely different estimate of youth he/she believed would be eligible. Now the situation was sticky, because everyone in the room knew that current funding would provide services for only 150 youth a year once the system of care began implementing services.

The planners realized that in order to begin the process of system development, they would need to work together to establish priorities among the children in need so that they could be strategic about which children would receive initial services and which children would be added as the capacity of the system increased over time. Another way to think about strategic decisions related to the population of focus is that the initial implementation of a system of care is a demonstration to the community of how effective the new strategies will be. This approach is important for justifying whether a larger and sustained commitment to systems of care is worthy of long-term community support.

Stage 5: Resource and Asset Mapping

- ✓ Map existing community services and supports that relate to the mission statement and the population of focus.
- ✓ Include existing services and supports that relate to individual agency goals supported by all stakeholders.
- ✓ Based on the map, review where resources are currently invested. Consider whether this investment supports the mission and goals.

Step 5 allows the workgroup to consider the existing services and supports as they relate to the population of focus. The main purpose of this step is to provide information necessary for the workgroup to compare current resource allocation – both funding and staff – with the priority issues and needs that have been identified for the population of focus.

This process should begin by workgroup members listing services and supports that their agency or organization currently has for the population of focus. This process should consider services and supports that are being provided in the community beyond those provided by public agencies. These services may be funded by local United Way agencies or other charitable organizations. This is important because it helps focus planners on service gaps and/or areas that require more development.

As the mapping process unfolds, workgroup members are sometimes surprised to learn of services that exist in their community. When discussing available services, the group should create clarity around the children and families who are eligible for what services, how the services are accessed, and how they link with other services. Because workgroup members often share their own frustrations with categorical or fragmented sources of funding for services, this process can clarify cross-agency understanding about available resources, rules, and eligibility criteria in a way that fosters collaboration.

Once the mapping is complete, workgroup members should consider how resources are invested. This is important because the investment of resources may or may not be clustered in a manner that will help achieve the group's identified goals. For example, access to community-based services that are geared to preventing out-of-home placement may be available to some neighborhoods, but not at all in others. This may be due to factors such as the language spoken by service providers, the cultural appropriateness of services, or to the physical location of those services and lack of transportation available in certain neighborhoods. The resource and asset mapping of services and supports will contribute to better decision making about what service delivery and infrastructure changes need to be implemented in order to carry out the mission and goals of the system of care in a culturally competent manner.

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Stage 6: Assess System Flow

- ✓ Use Resource and Asset Map to determine how children in the population of focus flow through the system, including issues of location and timing.
- ✓ Determine who can provide the necessary system flow information.
- ✓ Determine how and when that system flow information will be reported to the group.
- ✓ Use Resource and Asset Map to identify information needs relevant to potential strategy development: number of children in need, number of children in high priority area of map, waiting lists or other issues of timing in service delivery, areas of unmet need.

In Stage 6 workgroup members to gather information about how children enter and flow through the community's established or existing services. The purpose of this task is to gain a better understanding of the population of focus and situations in the community that require priority action. The Resource and Asset Map created in Stage 5 will provide the foundation for this discussion because it will allow a comparison of where resources currently exist with where system planners would like to create an impact. The activities of Stage 6 add to the resource map by describing how children enter and how they flow through the service systems that they enter. System flow should include information about the numbers of children who move through a service system, the timing of their flow, and identification of critical decision points.

An illustration of this can be taken from the child welfare system. Knowing how children flow through these services will help planners determine at what points mental health services could have a critical positive impact for children. An analysis of system flow may clarify how many children are in emergency shelter care at a given time and how many repeatedly return to shelter care because of failed foster care placements. This is important because those children are often in crisis and place a significant pressure on the child welfare system. With information about the flow of children through shelter care, planners can identify intervention points where mental health services can help stabilize placements for these children who repeatedly return to shelter care and perhaps reduce the incidence of more restrictive placements. This is a direct benefit to the child welfare system, but also benefits the mental health system because children with unstable foster care placements are also often costly in terms of inpatient hospitalization. The real benefit for all involved is that the resources spent on intensive crisis services can be redirected to working with children, families, and foster families before they reach a crisis situation. The opportunity for intervention that results from the analysis of system flow may include the addition of new services but should also include identifying points for collaborative decision making about children's futures. This might take the form of recommendations made to the dependency court regarding services or placements for a particular child. This kind of collaborative decision-making is in contrast to a child welfare agency making these decisions independently and later referring children for mental health services. True collaboration would allow such important service related decisions for children to occur before court disposition is made.

Stage 7: Identify Desired Outcomes and Measurement Parameters

- ✓ Connect outcomes with issues identified in the population context frame.
- ✓ What outcome information is already being collected and can it be accessed for this purpose?
- ✓ How can the intended outcomes be measured? By whom? In what time frame?

In Stage 7 participants are to complete the outcomes frame of a theory-based framework. The outcomes frame includes the identification of both outcomes and indicators. It is important for participants to share the same understanding of the terminology because the word outcome has many different and often-conflicting meanings. In addition, confusion exists about the difference between an outcome and an indicator. For these reasons, developing the outcomes frame should begin with a discussion of what constitutes both outcomes and indicators in the context of systems of care development.

For systems of care, outcomes refer to the expected or desired impact of strategies, whether these result from changes in system infrastructure, changes in programs, or changes in practice. Simply put, an outcome is a statement of what you want to achieve. However, outcomes must be measured. An indicator is considered a measure for which data are available that helps quantify the achievement of an outcome (*From outcomes to budgets* [Draft], June 1995). Indicators serve as proxy measures for outcomes because they provide a way to quantify whether outcomes have been achieved. The selection of the best and most appropriate indicators for a given outcome is critical because the collection of data involves an investment of time and personnel and because these data will become significant public representations of the identified outcome.

For example, if a system of care intends to increase the number of children remaining in the community, then they might measure the number of actual children remaining within their own homes and/or the number of changes in foster care placements. Planners should remember that the selection of an indicator is dependent upon the factors they believe are related to achieving the outcome. If planners believe that instability of foster care placement leads to out of community placement, then it is important to measure the stability of placements for children in foster care. In this way, the indicator for the outcome can reflect planners' understanding of the issues related to the population of focus.

Identified outcomes and their associated indicators should reflect the issues and strengths associated with the population context that was developed in Stage 4. In fact, the most important responsibility for planners in developing the outcomes frame is to create an explicit connection between the issues identified in the population context frame and the outcomes that are expected to result from the implementation of strategies. As the group works to identify outcomes, members should foster open discussions of why members believe certain outcomes are desired and appropriate and why those outcomes are a priority. This is particularly important when collaborating partners represent the diverse missions of their participating agencies and the perspectives of diverse populations and neighborhoods.

As outcomes and indicators are identified, system planners should remind themselves that outcomes and indicators serve as descriptions of how their system of care intends to demonstrate its effectiveness. Systems of care produce outcomes at a system, program, and practice level. Outcomes at each of these levels can be bundled from practice to program to system levels in order to assess the effectiveness across those levels. The result or the impact that services have on individual children and their families is considered a practice level outcome. At the practice level, an

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"Regardless of level, planners should consider both short-term and long-term outcomes."

example of an outcome is improved school performance. Indicators for this outcome might include measurements of school attendance or achievement for an individual child. At a program level, data reflecting improved school performance might be aggregated for a particular program's participants to demonstrate the program's success at improving school performance. Similarly, at the system level, these data could be aggregated across a bundle of related programs/services to determine if system strategies are resulting in improved school performance. In this manner, planners are able to link information from an individual child to the largest level of system strategy.

Regardless of level, planners should consider both short-term and long-term outcomes. It is suggested that identified short term outcomes are those that planners expect to be accomplished within one to three years of systems of care development. In contrast, long-term outcomes are those that planners expect to be achieved within 4-6 years of implementation. System planners should carefully consider whether the short-term outcomes they have selected contribute directly to the achievement of long-term outcomes so that their evaluation of their efforts is realistic (*Using logic models*, 2000).

Questions that planners should consider when developing outcomes include:

- Are the outcomes appropriate to the level at which the planners are working?
- Should the outcome information be useful to front line workers?
- Should the outcome information be relevant to children and families?
- Should the outcome information be relevant to systems of care stakeholders?
- Should the outcome monitoring process provide the opportunity for corrective action?
- Are the identified outcomes consistent with the expectations of your community's diverse populations?

It is important for planners, implementers, and evaluators to realize that systems of care have historically been viewed and consequently studied as programmatic or clinical interventions across system, bridge, and program levels. As a result, researchers have often applied program evaluation methods that focus on child-level outcomes to the study of systems of care effectiveness. In addition, the use of mental health status measures is prevalent in effectiveness literature. Rosenblatt and Woodbridge (2003) suggest that measures such as rates of out-of-home placement, efficient use of service sector dollars can be used to demonstrate system improvements and provide a set of frameworks for guiding health services research in children's mental health that includes methods for generating data and criteria for information to be used by policy makers.

Although systems of care stakeholders will ultimately use outcomes to asses the success of their system reform efforts, the most immediate use of the information in the outcomes frame is for development of strategies that can be clearly linked to achieving those outcomes. With a population of focus clearly identified, and outcomes for that population well developed, planners have placed themselves in a good position to develop strategies that both meet the needs of that population and achieve outcomes that support the stated mission and goals of their system of care.

Outcome Example: Project Our Town

Project Our Town offers a good example of how to use the theory of change approach to link identified outcomes with the population context. The Project Our Town system of care was designed to serve a population of children and families from the impoverished and densely urban East Town area of the city. At the system level, planners defined a population of focus that emphasized a community concern with high rates of out-of-home placement in this area and the need to develop community-based services to support children who could live at home if adequate support was there for them. The population and outcome frames are summarized below:

The system level outcomes identified by the Our Town planners represent the expected

Our Town Population of Focus	Our Town Outcomes
• Children and youth who live in East Town, meet the CMHS definition of having serious emotional disturbance, and • Require the services of more than one agency, or • Are at imminent risk of placement in state custody, or • Are at imminent risk of hospital/ residential placement, or • Are in an out-of-home placement or state custody and could return home with adequate community-based services and supports.	• Reduced commitment to state custody • Reduced juvenile court encounters • Reduced utilization of hospital residential placements • Improved child mental health • Improved ability of the child to function in family, school and community environments

results or desired impact of their system of care. These outcomes were reviewed against the population context to determine if these were, in fact, appropriate outcomes for the population of focus the group had identified. Upon analysis, the planners identified a gap: their population of focus included children and youths who would be able to return home if they received adequate community-based services and supports. Although the identified system level outcomes included reductions of out-of-home placements and improved child functioning, they had not identified an outcome that would tell them whether they had been successful in developing the array of community-based services and supports. Without such a system level outcome, they would not be prompted to undertake strategies to accomplish this result. With this in mind they added the following outcome:

- Development of a broad array of accessible community-based services and supports.

Clearly, this example has offered a simplified analysis of the Our Town outcomes frame. In reality, planners will have a more complex set of outcomes and a more complex population context to link with. However, the process of explicitly linking outcomes to the elements of the population context should be carried out for each identified outcome. Conversely, elements of the population context should be reviewed against the outcomes to determine whether an appropriate outcome was identified.

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Stage 8: Define the Strategies

- ✓ Check any potential strategies against the mission and guiding principles articulated in Steps 2 and 3.
- ✓ Use Resource and Asset Map to determine what existing service strategies contribute to the outcomes identified in Step 7.
- ✓ Brainstorm additional strategies that will be necessary to achieve the identified outcomes and articulate why these strategies are expected to achieve the identified outcomes.
- ✓ Consider what shifts in resources will be necessary to implement these strategies and if these shifts are feasible.

During Stage 8 the workgroup completes the middle frame of their theory-based framework, the identification and description of strategies and activities believed to be essential for creating positive outcomes (Hernandez & Hodges, 2001). The strategies frame is the most complex of the theory development process. Within this frame planners must develop service delivery processes and service system infrastructure that reflect the needs of their local community. Strategies for developing local service delivery processes should include issues such as system entry, service planning, service provision, and the review/monitoring of the care of individual children and their families. Strategies for developing local system infrastructure should address issues such as governance, management, quality monitoring, and the array of services and supports. Each of these aspects requiring development is challenging because for systems of care they occur within the context of interagency service environments. Overall, strategies for a system of care cannot be framed as a single solution but must be multidimensional in their scope and purpose.

With respect to both planning and implementation, there are aspects of system infrastructure development that should be undertaken before the development of specific service delivery processes. A system of care is more than the expanded capacity to provide services and supports for children and families. The theory of change underlying systems of care is, by definition, multidimensional and requires system change in the way agency partners, families, and other stakeholders interact with one another. Moving directly to service implementation before governance and management issues are settled results in a premature implementation of service processes that can obscure the broader system development process. While expanding the array of community-based services is a goal of systems of care, the underlying theory directs stakeholders to change the way historically categorical agencies interact with families and among one another.

System developers should be careful to distinguish between roles and functions of governance and management as they begin strategy development. Governance typically involves oversight and sanction for the system of care. The governance structure will give authority to implementation of systems of care policy across child-serving agencies. Stakeholders participating in systems of care governance should have the authority to represent their organizations in policy decisions. Governance bodies may be developed at the state level as well as at the community level in order to address service barriers that go beyond the power or authority of local agencies and providers. Although these governance bodies are important to the development of systems of care, they should not be involved with the day-to-day cross-agency management decisions that are a natural part of systems of care at the service delivery level. System developers should create a management structure to handle the details of implementation. It is important to note that while governance and management functions are different, they should be linked to one another. This is critical because obstacles and barriers identified in the context of daily systems of care management may require policy changes that can only by made by those at the governance level.

Complete development of the strategy frame for systems of care also requires attention to service processes. Service process strategies should encompass more than a description of what kind and how many services will be available. The results of the resource and assets mapping process conducted in Stage 5 provide a foundation for developing the service strategy. As service strategies are developed it is important for system planners to review the resource map relative to the goals that they have identified. For example, planners might learn that the bulk of their assets and resources are currently invested in restrictive "deep end" services while their goals suggest that an investment in neighborhood and home-based services would reduce the use of more restrictive placements. Planners will need to decide whether existing resources should be redeployed or if new resources will need to be added in order to achieve their goals.

In addition to how services are organized within a community, it is important to focus on how children and families will have access to services over time and across providers. This suggests the need for a coordination function that is critical to service access. The strategies developed around service processes must ensure system entry and service access to individual children and families as their needs and circumstances change. This part of the strategy should be created with specific reference to the populations of children and families that have been identified in the population context frame.

Community-based services and supports and the coordination of their access over time are hallmarks of a well-functioning system of care. Ultimately, systems of care must be proactive in their provision of services and supports instead of becoming "the wraparound program" that is overwhelmed by referrals of "systems of care kids." Avoiding this pitfall in the development of service processes requires strategic thinking about how agencies can make shared decisions and adapt their functions to be in alignment with the values and principles of systems of care. This might involve a timely interagency assessment process of children awaiting court dispositions while in juvenile hall or interagency involvement in an Individual Educational Plan considering restrictive classroom placement.

A thorough explanation of the systems of care functions that should be included in the strategies frame is provided in *Building Systems of Care: A Primer* (Pires, 2002). This monograph describes these as "System of Care Functions Requiring Structure" and includes the domains discussed above as well as areas such as financing, purchasing, contracting, and utilization management. The challenge for local planners is determining how to translate the broad systems of care ideas such as those presented by Pires into local structures and plans. To do so, local planners must be well grounded in how their state and local agencies are organized, how public policy is created in their state, and the administrative and jurisdictional boundaries that will affect their interagency collaborations.

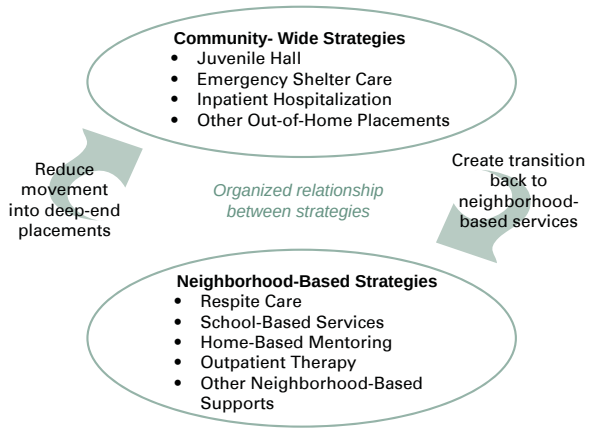
The development of the strategies frame depends, in large part, on the level at which planners are working. At a system level, strategies may include organizing state level agency directors to oversee, support, and give authority to local reforms. Locally, the system strategy might include the organization of local representatives from these state agencies. At the practice level, planners may develop strategies that specify the detail of the service array and support for specific programs. Across these levels, it is important to ensure that the strategies at each individual level support and facilitate those at the other levels.

"Service process strategies should encompass more than a description of what kind and how many services will be available."

Strategy Development Example: Project Our Town

When Project Our Town planners reviewed their resource and asset map, they found that most of their existing service dollars and interagency collaborations were bundled around deep end placements such as juvenile hall, emergency shelter care, and inpatient hospitalization. When they compared their existing resource allocation with their goals, they realized that they needed to develop their neighborhood-based services such as respite care, school-based services, and home-based mentoring as well as create better cross-agency collaborations within specific neighborhoods. As a result of this analysis, the strategies they developed were intended to improve the relationships between neighborhood-based mental health providers and the schools within provider catchment areas. Furthermore, planners realized that developing neighborhood services alone would be insufficient for accomplishing their goals. Their theory of change suggested that if they linked neighborhood services with community-wide services, children leaving deep-end placements would have easier and more successful transitions back into their home neighborhoods. In reverse, their theory suggested that an increased emphasis on neighborhood services would reduce the flow of children into more intensive placements. In this way, their neighborhood and community-wide strategies worked in concert to accomplish their goal of keeping more children in their home communities. The figure below depicts the relationship between community-wide and neighborhood strategies. Having services linked in the manner displayed is consistent with the systems of care approach.

Relationship between Community–wide and Neighborhood Strategies



Stage 9: Create and Fine Tune the Framework

- ✓ View the framework in its entirety and across its three elements (population context, strategies, and outcomes).
- ✓ Make sure you have logically linked the three elements of your theory of change.
- ✓ If you are working at multiple levels, you achieved cohesion among the frames at a single framework level.

The purpose of this stage is for workgroup members to create their theory of change by putting the three elements of their theory into a single theory-based framework. This will allow planners to view their work as a whole and will serve as the first draft of their theory of change. Viewing the theory of change as a whole, planners should look for strong rationale that links what they plan to do with why they believe their approach will succeed (*Using logic models*, 2000). Workgroup participants should be able to clearly state why the overall theory-based framework for the system of care is needed, and why they expect it to work within their community.

Once the workgroup has created an initial framework, members will need to review the detail to ensure that it is logical and cohesive. Members will need to review the degree to which their planned strategies have the potential to produce the outcomes they have selected for the issues they have identified. Some questions workgroup participants might ask themselves include:

- Do your strategies match the outcomes in terms of scope and specificity?
- Do your strategies address the issues and strengths identified for the population of focus?
- Do your strategies include both infrastructure and service issues?

These questions will help you examine the link you have created between the three core elements in your theory of change.

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

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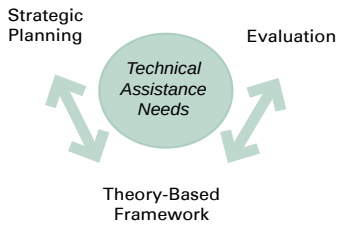
Figure 8: Support Strategic Planning, Internal Evaluation, and Technical Assistance



Phase III: Implementation

Although implementation of a theory of change focuses on carrying out the identified strategies, the aspects of implementation that are related to theory-based planning involve eliciting feedback from the community on the theory of change, using the theory of change to inform planning, evaluation, and technical assistance, and using the theory of change to track progress and make revisions. It is beyond the scope of this monograph to discuss the issues of strategy and timing related to "rolling out" the strategies. This omission is not intended to diminish the importance of these timing issues. In fact, the completed framework is useful in providing system implementers with a documentation of their entire plan, so that the details and timing of their implementation do not cloud their ability to keep a view of the whole.

Stage 10: Elicit Feedback on the Framework.

- ✓ Orient and elicit feedback from the larger community.
- ✓ Bring about a conclusion to planning and begin implementation.

Up to this point, the process of developing a theory-based framework has occurred within the workgroup(s). Before implementing your strategies, you will also want to orient the broader community to the details of the framework and elicit feedback from stakeholders outside your workgroup. Stakeholders outside of the workgroup may make valuable contributions to framework design. Their comments may be helpful for gaining perspective on any points of conflict and ensuring that your framework is comprehensive. During the development of a framework, there may be disagreement about the theory of change. The process of creating a framework serves the useful purpose of highlighting these differences and directs attention to areas that require further development and consensus.

While it is important for your theory development process to be both iterative and inclusive of community input, it is also necessary to reach a conclusion to the process. Like all other planning efforts, no matter how helpful or informative, there must be a designated stopping point in order to begin actual systems of care development. There is a risk of over planning which can lead to a "paralysis of analysis." Bringing closure to the planning process and moving forward to action is the purpose of theory-based planning.

Stage 11: Use Theory-Based Plan to Inform Strategic Planning, Internal Evaluation, and Technical Assistance

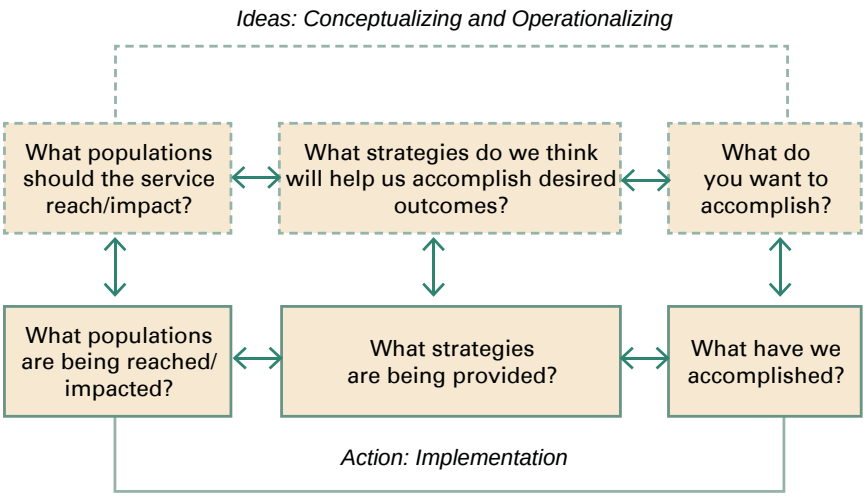
- ✓ Link your theory-based framework to strategic planning efforts.
- ✓ Use your theory-based framework to shape internal evaluation.
- ✓ Use your theory-based framework to inform your choices for training and technical assistance.

The goal of a theory-based approach is to provide a framework for linking information to action. The well-articulated ideas and issues addressed in the population context, strategies, and outcome domains of a theory of change can also be used as a guide for gathering information that will be extremely useful in systems of care implementation. In particular, theory of change information can be used to inform strategic planning, evaluation, and technical assistance efforts as the system of care is developed. Figure 8 displays the relationship between these activities.

Figure 9 illustrates how the questions that are used to prompt the conceptualization and operatationalization of a theory of change can be rephrased to encompass the implementation phase of system development. The three key questions that system planners ask themselves when conceptualizing and operationalizing their theory of change (the top three boxes in the figure) can be used to struc-

ture essential information domains for the collection of data related to system implementation. When used for systems of care implementation, the three questions support the formation of information domains that can be expanded to provide data related to the population context, strategies, and outcomes of the theory of change (the bottom three boxes in the figure). The information generated in these domains can be used to lend support to strategic planning, internal evaluation, and technical assistance functions in a system of care.

Figure 9: Linking Ideas to Action



Supporting Strategic Planning

Strategic planning is a process through which organizations purposefully identify goals and alternative strategies in an effort to make specific plans for implementation. Although creating theory-based frameworks is not the same process as strategic planning, a well articulated and widely held theory of change supports the strategic planning process. For example, good planning always serves as a foundation for systems of care implementation, but efforts can be so fragmented that it is difficult to engage in meaningful decision-making. This is because stakeholders so often begin the strategic planning process operating under significantly different assumptions and with different goals in mind. Having a theory-based framework in place during the strategic planning process allows planners to remain mindful of the beliefs and assumptions that should guide strategy development. Having a theory of change provides an anchor for strategic planning efforts and ensures that the actual plans are relevant to the articulated wishes of system stakeholders. Consistency of approach across diverse stakeholder groups can increase the value and impact of strategic planning efforts.

Additionally, a theory-based framework provides an easily accessible view of the theory of change by focusing attention on the crucial elements related to the strategy's purpose. Theory-based frameworks help to keep planning efforts explicitly linked to the population of focus, the strategies that planners believe will lead to desired outcomes, and the results that the system of care is expected to achieve. Finally, because the theory-development process promotes both a critical review of existing resources and assets and dialogue among stakeholders about the intent of their system of care, the potential for creative, meaningful, and effective strategic planning is increased.

Informing Internal Evaluation

Systems of care development efforts often focus their evaluation energies and resources on the mandatory external evaluations required by funding sources. These external evaluation efforts provide useful comparisons across funded sites and critical justification for continued funding. However, internal evaluation efforts that focus on organizational management and quality improvement are extremely valuable when it comes to guiding system development and making the day to day decisions that are related to system governance, management, and quality improvement. Theories of change provide systems of care with a well-formulated platform for internal evaluation.

"Internal evaluation efforts that focus on organizational management and quality improvement are extremely valuable when it comes to guiding system development and making the day to day decisions that are related to system governance, management, and quality improvement."

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Operating from an established theory of change allows systems of care implementers to consider outcomes in the context in which they have occurred. By linking outcome data to information about the children and families who have received services and what strategies for service delivery were actually implemented, system planners, implementers, and evaluators ground their actions in information that is specific to the theory they are working from.

The concept of grounding evaluation in theories of change takes into consideration that social programs are based on ideas about how and why the program will work (Weiss, 1995; *Evaluation handbook*, 1998). An evaluation that is grounded in a theory of change articulates assumptions and tests them against observed outcomes (Weiss, 1995, *Evaluation handbook*, 1998; *Using logic models,* 2000). However, the degree to which service delivery and evaluation processes are engaged with one another ultimately influences how evaluation information is used to inform systems of care development. System development and evaluative strategies are frequently designed and implemented independently of one another. Because of this, service delivery systems often have difficulty using evaluation information to assess their strengths and weaknesses. The process of developing a theory of change provides the opportunity for service delivery and evaluation processes to act in concert. Bringing evaluators and implementers together around a clearly articulated theory of change will strengthen both evaluation and service delivery efforts. Figure 10 displays two potential relationships between planning and implementation staff and evaluation and quality improvement staff.

Articulating a theory of change assists in the process of developing a continuous feedback and learning loop. Because of the important linking of context, strategies, and outcomes, evaluations that are informed by a theory of change can help refine identified strategies based on information related to the needs of children and families.

Theory-based evaluation stands in contrast to accountability strategies that report only on outcome data. Using a theory of change approach, systems of care planners and implementers can explore relationships between services provided and outcomes by establishing a chain of evidence from issues addressed and populations served to outcomes. This makes evaluation data more meaningful and allows stakeholders to utilize the information to make future improvements in service delivery (Hernandez & Hodges, 2001). As a result of using a theory-based approach, information gathered for the purposes of evaluation is more useful because it can be related directly to the core elements of an articulated theory of change.

This evaluation discussion is designed to assist planners in using evaluation information in the implementation of their theory of change. It does not attempt to provide direction for specific examples of system of care outcome domains, measures, and indicators. For this purpose, Rosenblatt's chapter titled "Assessing the Child and Family Outcomes of Systems of Care for Youth with Serious Emotional Disturbance" is highly recommended (Rosenblatt, 1998).

Identifying the Need for Training and Technical Assistance

Training and technical assistance represent a significant investment of time, effort, and funding for developing systems of care. It is not always clear, though, how to identify and prioritize training and technical assistance needs. System planners are often presented with a multitude of training and technical assistance choices and face difficult decisions regarding who should participate and when training and technical assistance should be scheduled. Two considerations should be kept in mind: topic and timing. Having a theory of change can be useful in choosing appropriate topic for training and technical

assistance. Because a theory of change breaks system development efforts into three distinct domains, decisions about training and technical assistance needs can be reviewed within those categories. This makes it possible to plan more purposefully for the topics identified within the domains and to consider elements that are in particular need of strengthening and support. Planners should also maintain a keen awareness that building systems of care is a developmental process. This means that there are times when training and technical assistance should be focused on issues of infrastructure development, times when they should be focused on developing local service delivery processes, and other times when they will be focused on specific practices related to service delivery. Having a theory of change helps planners distinguish among parts of the strategy that need strengthening and those that require attention later in the developmental process.

Stage 12: Use to Track Progress and Revise Theory of Change

- ✓ Determine what information will be used to determine if the theory of change is being implemented as planned.
- ✓ Determine what information will be used to assess results.
- ✓ Consider frequency cycle for feedback information utilization loop.

Monitoring the progress of systems of care development is a process that requires information about theory of change implementation on a regular and timely basis. The three core elements of a theory of change – population context, strategies, and outcomes – can also serve as information domains that can be used to gauge the success of systems of care development. Information about who the system of care has served, the services and supports that have been provided, and the results that have been produced will help system developers determine if their system of care is developing as expected or if they need to make changes or midcourse corrections as they proceed with implementation.

Two types of implementation information are necessary in order to assess systems of care development. The first type of information is confirmatory information as is used to verify that the theory of change is being implemented as expected. This information should allow planners to confirm:

- That their system is in fact serving whom they intended to serve;
- That the system is providing the services and supports they intended to provide.

Confirmatory information about the population context and strategies can be gathered informally or through formal internal evaluation processes like those described in Stage 11. Regardless of the information source, it is necessary to verify that systems of care implementation is consistent with the theory of change. Without this confirmatory information, any information about outcomes or results cannot be associated with the impact of systems of care development strategies and the operating theory of change.

The second kind of information that is needed in order to monitor the progress of system development is outcome information. Information about outcomes at the System, Bridge, and Practice Levels allows stakeholders to know whether their strategies are producing the desired impact. Without information regarding the results of system development, planners and implementers cannot determine if their strategies are accomplishing what they intended or if they continue to make sense over time.

Figure 11 illustrates the process of linking information to action that allows system planners to monitor the need for incremental change and midcourse correction. Systems of care activities at each of the three levels generate outputs that can be captured within the three informa-

Figure 10: Maximizing the Relationship

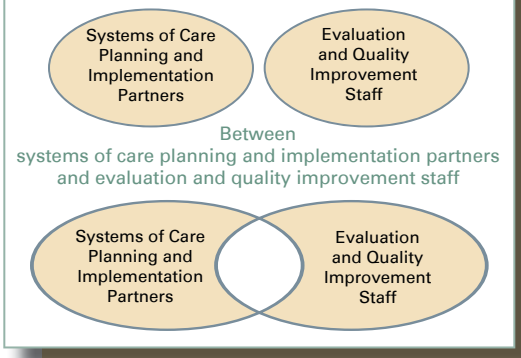
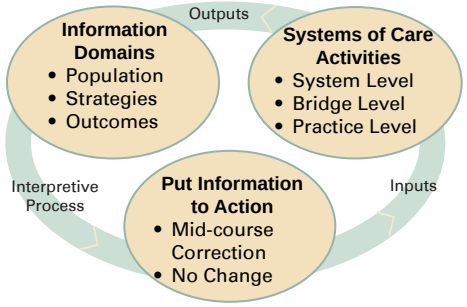


Figure 11: Linking Information to Action



"The stages of theory of change development do not have to proceed in sequential order."

tion domains. Because this information can be related directly to the planning domains of the theory of change, system developers can assess the progress of systems of care development.

Monitoring the success of systems of care development is important because of the complex and changing environment in which it occurs. But complexity and change are not the only reasons that system developers should regularly assess the success and appropriateness of their efforts. Most important to the process of systems of care development is understanding that the ideas contained in a theory of change are just that – ideas, beliefs, and assumptions about what will bring about change. Theories of change represent the best thinking of system stakeholders, but the success of even the most clearly articulated and widely held theory of change will not produce results with certainty. Regardless of the effort that has gone into creating a specific theory of change, system planners should always acknowledge the possibility that ideas and actions may need to be adapted or changed altogether in order to better achieve desired goals.

Although the mechanics of information utilization in systems of care require the regular and predictable availability of specific types of information, the process of building and maintaining a system's capacity for information utilization requires certain organizational processes and supports. Five guidelines have been identified for building useful and sustainable information systems (Hodges, Woodbridge, & Huang, 2001). These guidelines help systems of care adapt to changes in policy and guidelines for the evaluation of children's mental health services:

1. Recognize the critical role of leadership
2. Consider new roles for evaluators
3. Value stakeholder involvement in all phases of planning and development
4. Integrate information utilization throughout the organization
5. Use technology to build interagency management information systems.

Time Required for Theory–Based Planning

Although theory of change development is presented as a sequenced process, the stages do not always proceed in a smooth order from one stage to the next. It is important to note that the time required to complete the development process is dependent on the commitment of participants and the time they have available. Some community groups will be able to move quickly through some of the stages because of earlier foundational work among collaborators. On the other hand, it is sometimes necessary for previous work to be reconsidered.

Theory of change development may also take longer to complete if planners have little information about the children and families they intend to serve. This is because without adequate population information, it will be difficult if not impossible for local communities to make plans that specifically provide for the types and quantity of services needed in their community. Newly developing systems of care may sometimes base their planning on the published epidemiological literature alone, without anchoring themselves in knowledge regarding their community's actual children.

In addition, the history of collaboration among participating agencies may affect the timely completion of a theory-based plan. A history of interagency collaboration can speed the process of framework development because participants have already established mutual trust and understanding. Developing a theory-based framework when participants are less familiar with one another will require development of collaborative relationships as well as the theory of change.

CHAPTER

4

Theory–Based Systems of Care

Theory–Based Systems of Care

- An Environment of Complexity and Change
- Operationalizing Systems of Care Principles
- Theory-based Framework for the Comprehensive Community Mental Health Services for Children and Their Families Program
- Benefits of Creating Your Community's Theory of Change

"The systems of care goal is to create 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 their families."

An Environment of Complexity and Change

In an ideal world, the development of systems of care could be based on a single, bounded, well-defined set of policies, regulations, expectations, and service practices. As such, systems of care would ensure the implementation of services and supports in a manner consistent with systems of care values and principles. Systems of care would provide clear directives as to the roles and responsibilities of the collaborating partners and provider agencies at multiple levels of administration and service delivery; they would support a shared understanding and commitment to its values and principles across local, state, and federal levels; and they would provide sufficient funding and technical assistance so that implementation could be achieved successfully. As a result, participating agencies and service providers would act with full awareness of, and in direct response to, the purpose and original intent of the systems of care-driven policy (Hernandez & Hodges, 2003).

Systems of care, however, do not exist in an ideal world. Issues of change, complexity, and accountability deeply challenge their development. For example, system planners and implementers are routinely asked to respond to multiple and changing needs. These include changes in leadership, staffing, funding, policy, and political support across all child-serving agencies that affect the development of a comprehensive system. Efforts to develop a system of care in such an unstable environment can leave those responsible reeling from efforts to satisfy multiple demands and no cohesive way to organize their work.

The systems of care goal to create "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 their families" (Stroul & Friedman, 1986) is inherently complex in its effort to build connections among loosely linked child-serving agencies. Even when individual agency representatives are committed to participating in systems of care, the policies and regulations that govern child-serving agencies are cumbersome and sometimes in conflict with collaborative activity. The demands of balancing agency-specific responsibility with the goal of systemic collaboration can challenge the clarity of systems of care policy implementation, particularly at the local level (Hodges, Nesman, & Hernandez, 1999).

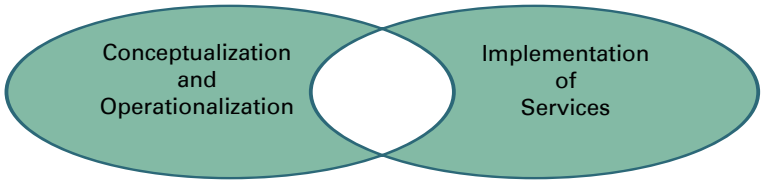
There is a growing expectation that systems and programs should be accountable for the results of their service delivery (Hernandez & Hodges, 2001). Over the past decade, there has been increasing demand on the part of family members, funding agents, and other stakeholders for greater accountability on the part of service systems and their programs. For example, policymakers and administrators are interested in establishing strategies that have successfully met the needs of the people they serving. Funders increasingly demand evidence that the resources being expended are producing benefits. Family members look to systems of care to affect real change in the lives of youth. It is hoped that the emphasis on accountability will help service systems respond to children and families more effectively and will improve the ability of communities to plan support systems for children and families.

Effective systems must find ways to manage this environment of complexity and change, and they need to be accountable for the results of their efforts. The theory-based approach to planning that is presented in this monograph provides systems of care stakeholders with a tool for building a responsive, effective, and sustainable systems of care in the unpredictable and sometimes erratic environments in which they find themselves operating.

Moving from Ideas to Action

The process of building systems of care means that local stakeholders are faced with the task of putting their ideas into action. Moving from the world of ideas into the reality of action can be thought of as the union of three processes: conceptualization, operationalization, and implementation. Conceptualization represents the ideas, thoughts, and concepts that are related to system of care development. Operationalization is the process of making these ideas more concrete by detailing plans for how to carry out the ideas. Finally, implementation refers to the day-to-day activities associated with developing a system of care from policy change and building infrastructure to delivering services and supports. One of the challenges of system of care development is linking these three processes so that implementation does not occur without the guidance provided by careful conceptualization and operationalization.

Figure 12: Linking Ideas to Action



Assumption: The degree of overlap between the two processes contributes to improved services.

Operationalizing Systems of Care Principles

Being committed to systems of care principles and knowing how to make them live are very different. Systems of care principles, however certain one is that they represent the right thing to do, are complex and difficult to define in their day-to-day application. Figure 13 provides a list of the values and principles that guide systems of care development (Stroul & Friedman, 1986). The difficulty operationalizing these values and principles creates challenges in both the implementation and evaluation of systems of care. For example, interagency planners, using systems of care terminology, may express support for systems of care principles such as individualized care, child-centered services, and cultural competence. However, they may find it more difficult to establish a clear and shared understanding of how "work as usual" would have to change in order to provide services consistent with

Figure 13: System of Care Core Values and Guiding Principles

Core Values

- The system of care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.
- The system of care should be community based, with the locus of services as well as management and decision-making responsibility resting at the community level.
- The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.

Guiding Principles

- Children with emotional disturbances should have access to a comprehensive array of services that address their physical, emotional, social, and educational needs.
- Children with emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child and guided by an individualized service plan.
- Children with emotional disturbances should receive services within the least restrictive, most normative environment that is clinically appropriate.
- The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services.
- Children with emotional disturbances should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing, and coordinating services.
- Children with emotional disturbances should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.
- Early identification and intervention for children with emotional disturbances should be promoted by the system of care in order to enhance the likelihood of positive outcomes.
- Children with emotional disturbances should be ensured smooth transitions to the adult services system as they reach maturity.
- The rights of children with emotional disturbances should be protected, and effective advocacy efforts for children and adolescents with emotional disturbances should be promoted.
- Children with emotional disturbances should receive services without regard to race, religion, national origin, sex, physical disability, or other characteristics, and services should be sensitive and responsive to cultural differences and special needs.

the values and principles of systems of care. Similarly, difficulty operationalizing these principles has created challenges for evaluating systems of care (Rosenblatt, 1998). At management and policy levels, they involve a variety of interagency organizing strategies as well as arrays of flexible services and supports. As a result, it has been challenging to assess the effectiveness of systems of care.

The ultimate goal of systems of care is to improve the lives of children and families through the realization of systems of care principles. The System of Care Practice Review (SOCPR), a useful tool for evaluating the implementation of systems of care principles, provides operational definitions of these principles at the level of practice (Hernandez & Gomez, 2002; Hernandez, Gomez, Lipien, Greenbaum, Armstrong, & Gonzalez, 2001). By organizing the systems of care principles into three primary domains that include child-centered and family focused, community-based, and culturally competent, the SOCPR incorporates all of the values and principles into these three domains and their sub-domains.

The definitions of the SOCPR domains are shown below.

Domain I: Child-Centered and Family-Focused. The needs of the children and family dictate the types and mix of services provided. This approach reflects a commitment to adapt services to the child and family, rather than expecting the child and family to conform to preexisting service configurations. This domain includes three subdomains: Individualization, Full Participation, and Case Management.

Domain II: Community-Based. Services are provided within or close to the child's home community, in the least restrictive setting possible, and are coordinated and delivered through linkages between public and private providers. This domain includes four subdomains: Early Intervention, Access to Services, Minimal Restrictiveness, and Integration and Coordination.

Domain III: Culturally Competent. Services are attuned to the cultural, racial and ethnic background and identity of the child and family. This domain includes four subdomains: Awareness, Agency Culture, Sensitivity and Responsiveness and Informal Supports.

The SOCPR also provides detail on the subdomains (Hernandez, Gomez, & Worthington, 1998). These are operationalized in Figure 14.

The operationalization of systems of care values and principles from the SOCPR provides system planners with a clearer understanding of systems of care building blocks. When a system of care has been implemented, the SOCPR provides stakeholders a way to test whether their system is functioning as expected at the level of practice.

Theory–based Framework for the Comprehensive Community Mental Health Services for Children and Their Families Program

Perhaps the most significant application of systems of care values and principles is through the federal Comprehensive Community Mental Health Services for Children and Their Families Program. This grant program has funded efforts across the country to establish community-based systems of care and represents the federal interpretation of the original systems of care values and principles.

In 2000, a group of individuals was brought together from across the country by ORC MACRO that included grant program participants, the National Indian Child Welfare Association, the Federation of Families for Children's Mental Health, the Technical Assistance Partnership, staff from the national evaluation, and federal project officers and staff. This group drafted a theory-based framework that represents the grant program. This effort, although based on the original systems of care values and principles, placed emphasis on the family-driven nature of systems of care as well as the need to infuse culture into the development of systems of care at all levels.

Figure 14: Definitions of the Subdomains Used in the SOCPR*

Domain	Subdomain	Definition
I. Child-Centered and Family-Focused		The needs of the children and families dictate the types and mix of services provided.
	Individualization	Individualization refers to the development of a unique service plan for each child and family in which their needs are assessed and prioritized in each life domain. Strengths are also identified and included as part of the plan.
	Full Participation	Developing an individualized service plan is possible with full participation of the child, family, providers, and significant others. Additionally, the child and family participate in setting their own treatment goals, and plan for the evaluation of interventions to reach those goals.
	Case Management	Case management is intended to ensure the child and family receive the services they need in a coordinated manner, that the type and intensity of services are appropriate, and that services are driven by the family's changing needs over time.
II. Community Based		Services are provided within or close to the child's home community, in the least restrictive setting possible, and are coordinated and delivered through linkages between public and private providers.
	Early Intervention	Early identification and intervention for the child with emotional disturbances enhance the likelihood of positive outcomes by reversing maladaptive behaviors and preventing problems from reaching serious proportions. This refers to both providing services before problems escalate, in the case of the older child, and designing services for the younger child.
	Access to Services	Each child and family has access to comprehensive services across physical, emotional, social, and educational domains. These services are flexible enough to allow the child and family to integrate them into their daily routines.
	Minimal Restrictiveness	Systems serve the child in as normal an environment as possible. Interventions provide the needed services in the least intrusive manner to allow the family to continue day-to-day routines as much as possible.
	Integration and Coordination	Coordination among providers, continuity of services, and movement within the components of the system are of central importance for each child and family with multiple needs.
III. Cultural Competence		Services are attuned to the cultural, racial, and ethnic background and identity of the child and family.
	Awareness	Culturally competent service systems and providers are aware of the impact of their own culture and the culture of each family being served. They accept cultural differences and understand the dynamics at play when persons from different cultural backgrounds come into contact with each other. They recognize how cultural context uniquely relates to service delivery for each child and family.
	Agency Culture	The child and family are assisted in understanding the agency's culture, in terms of how the system operates, its rules and regulations, and what is expected of them.
	Sensitivity and Responsiveness	Cultural Competence includes the ability to adapt services to the cultural context of each child and family.
	Informal Supports	Cultural Competence is reflected in the inclusion of the family's informal or natural sources of support in formal service planning and delivery. Each service provider becomes knowledgeable about the natural resources that may be used on behalf of the child and family and are able to access them.

* Hernandez, Gomez & Worthington, 1998

Logic Model

The mission of the Comprehensive Community Mental Health Services for Children and Their Families Program is to encourage the development of intensive community-based services for children with serious emotional disturbance and their families based on a multi-agency, multi-disciplinary approach involving both the public and private sectors.

Figure 15:

Comprehensive Community Mental Health

>> Adaptation >>

Program Context

Practice Context

- Restrictive placements and services have historically been over-utilized
- Multiple needs of children and families must be met across agency boundaries
- Coordination is necessary among service providers
- Service delivery must be accomplished in partnership with families and youth

Child & Family Context

- Children and youth under 22 years of age and their families• Emotional or behavioral diagnosis required
- A significant impact on the level of functioning in family, school, and/or community environments is present
- Two or more community agencies involved
- Diagnostic criteria must be present at least one year, or expected to last more than one year

System Context

- Federal Center for Mental Health Services funds and supports systems of care with: infrastructure development, service delivery, technical assistance, and evaluation
- Increasing levels of local matching funds and resources required
- Need for comprehensive array of community-based, culturally and linguistically competent and family-focused services
- Need for family and youth advocacy

Guiding Principles

- **Family-driven**: Families have a primary decision-making role in the care of their own children
- **Individualized**: Services and supports should be tailored to the needs and strengths of each child and family
- **Culturally and linguistically competent**: Services and supports should be sensitive and responsive to the cultural characteristics of children and their families
- **Least restrictive**: Service planning should balance a child and family's need to interact in school and community settings with the most appropriate services and supports

Core Values are
Family-driven
Culture-based
Youth-guided

- **Community-based**: Services and supports should be provided in the child and family's community
- **Accessible**: Access to services and supports should not be limited by location, scheduling or cost
- **Interagency**: Core agencies providing services and supports should include mental health, child welfare, juvenile justice and education
- **Coordination/collaboration**: Partner agencies, providers and organizations should provide a seamless system of services and supports for children and families

>> Quality Improvement >>

<< Internal Evaluation <<

Services for Children & Their Families

>> Accountability >>

System of Care Strategy

State & Local Service Delivery Process:

System entry, service planning, service provision, and review/ monitoring of the care of individual children and families

Individualized & flexible services/supports

- State & federal agency partners
- Community member partners
- Family & child partners
- Community ownership and planning
- Local agency & organization partners

Local Infrastructure Development:

Governance, management, quality monitoring and array of services/supports

Outcomes

Practice Outcomes

- Service providers integrate system of care principles and values into practice
- Children and families receive coordinated and useful services and supports in the community

Child and Family Outcomes

- Children's distressing symptoms are reduced
- Children have improved ability to function at home, in school, and in their community
- Improved family functioning and reduced caregiver strain

System Outcomes

- Families are full partners in policy and implementation
- Agency partnerships are broadened and deepened
- Comprehensive, coordinated, efficient, and accountable service array is developed
- Resources are appropriately allocated and utilized locally
- System of care is sustained with stable, long-term funding
- Child and family satisfaction with services is improved

Evaluation and feedback to support improved service delivery

<< Using Best/Current Research <<

Figure 15 shows an updated version of this draft framework. The draft flows from left to right, beginning with the program context, moving to guiding principles, through strategies, and then to outcomes. A mission statement is provided to the left, and the function of evaluation and feedback for the purpose of supporting improved service delivery forms a frame around the outside of the key elements.

Key Elements of the Framework

Mission Statement: The mission statement can be found to the left of the framework. This is the official mission statement of the Comprehensive Community Mental Health Services for Children and Their Families Program. The mission of this program addresses the need for intensive community-based services for children with serious emotional disturbance and their families that are based on a multi-agency, multi-disciplinary approach that involves both the public and private sectors.

Program Context: This frame describes the focus for change of the grant program. The frame includes a description of the practice context, the child and family context, and the system context. The child and family context is placed in the center because it describes the characteristics of the children who are the intended focus of the grant program. Additionally, this section highlights the system and program issues that will have to be addressed by the local systems of care strategy in order to affect the change envisioned by systems of care. In other words, this frame not only describes the children and families to be served, but also barriers that must be addressed at the practice and system levels in order for those children and families to be served within their communities. For example, if children with serious emotional disturbances are to be served within their communities, then service providers will need to change their practices in order to meet the multiple needs of children and families across agency boundaries. Further, system developers need to create a comprehensive array of community-based, culturally and linguistically competent, and in partnership with families and youth. Taken together, the population context frame defines the charge of the systems of care strategy.

Guiding Principles: These principles are intended to provide the foundation upon which systems of care, based on the federal grant program, should be implemented. Eight guiding principles are briefly defined within the grant program framework. They are:

- **Family-focused:** Services and supports should consider the needs and strengths of the entire family.
- **Individualized:** Services and supports should be tailored to the needs and strengths of each child and family.
- **Culturally & Linguistically Competent:** Services and supports should be sensitive and responsive to the cultural characteristics of children and their families.
- **Least Restrictive:** Service planning should balance a child and family's need to interact in school and community settings with the most appropriate services and supports.
- **Community-Based:** Services and supports should be provided in the child and family's community.
- **Accessible:** Location, scheduling, or cost should not limit access to services and supports.
- **Interagency:** Core agencies providing services and supports should include mental health, child welfare, juvenile justice, and education.
- **Coordination/Collaboration:** Partner agencies, providers, and organizations should provide a seamless system of services and supports for children and families.

In addition, participants in the framework development process identified three concepts shown here as Core

Values. The principles in this framework are inspired by the original systems of care values and principles and still embody them in spirit. The most significant difference is the identification of Family-Driven and Culturally-Based and Youth-Guided as core values. As described by participants, the term *family-driven* represents a shift from families being viewed as the recipients of services to families leading the design and delivery of services. They believed that the term *family-focused* was somewhat limiting because it only refers to the importance of considering the needs of an entire family rather than serving a child in isolation of his/her family. Similar to developing a more comprehensive role for families, participants expanded the role of culture in systems of care. In discussions related to culture, participants found they preferred the concept of culturally-based to the more traditional term, cultural competence. They believed that the term *cultural competence* was limiting because it refers specifically to the content of individualized services and suggested the term *culturally-based* as a way to infuse culture into the development of a system of care rather than as an add-on in service planning and delivery. The core value of being *youth-guided* signifies that young people are actively engaged and supported in guiding their services and support planning as well as the planning for the system of care. Primary elements of this concept are focusing on strengths of young people, sharing power and empowering youth, valuing youth as partners, valuing diversity, and valuing youth culture.

Systems of Care Strategy: Moving to the right of the guiding principles, systems of care strategies are developed. The process of developing systems of care strategies is grounded in community ownership and planning. Community ownership and planning is intended to emerge from collaboration among state and federal agency partners, community member partners, family and child partners, and local agency and organization partners. This process is driven by the guiding principles and core values articulated in the framework, and its goal is to develop individualized and flexible services and supports within local communities. To reach this goal, the grant program expects state and local planners to improve on both local service delivery processes and the supporting service delivery infrastructure. As defined in the framework, local service delivery processes include addressing issues of system entry, service planning, service provision, and the review and monitoring of care for individual children and families. Local infrastructure development includes addressing issues of governance, management, quality monitoring, and developing an array of community-based services and supports.

Outcomes: The outcomes section of the framework can be found on the far right. The outcomes detailed here are intended to reflect the domains within the population context frame. As such, they are organized in the same three categories: Child and Family Outcomes, Practice Outcomes, and System Outcomes and detail the intended result of strategies put in place by community planners. However, this list of outcomes does not give an indication of the appropriate time frame for completion. Some are short-term and others are long-term outcomes. Each community must clarify the appropriate time frame for each of their outcomes. It is important to note that not all outcomes are at the child and family level. Practice and system level outcomes are also critical to measuring the effectiveness of systems of care development.

Evaluation/Feedback Cycle: An important feature of this framework is that it does not suggest that systems of care development should be either static or linear in its implementation. The opportunity for incremental change, adaptation, and continuous quality improvement is crucial to the system development process. Incremental change is incorporated into the framework through the Evaluation and Feedback Cycle. This cycle includes making use of the best and most current research and incorporates concepts of internal evaluation, quality improvement, adaptation, and accountability. These evaluation and feedback processes are focused on providing local planners with

"The grant program expects local planners to improve on both local service delivery processes and the supporting service delivery infrastructure."

The theory of change suggests that through community ownership and value-based planning, changes in practice and system level issues that provide for individualized services will allow children with serious emotional disturbance to remain and thrive in their home communities.

"Local communities must translate the broad vision presented in the federal-level framework into a theory of change that captures the complexities and textures that are inherent in their local communities."

information that helps them understand the degree to which their ideas for system reform are being put into practice.

Relationship Between the Key Elements

The key elements described in the Comprehensive Community Mental Health Services for Children and Their Families Program framework have a conceptual and interactive relationship with one another. This relationship is purposeful in that it connects the key elements of the framework into a theory of change for systems of care development. Simply stated, this theory suggests that through community ownership and value-based planning, changes in practice and system level issues that provide for individualized services will allow children with serious emotional disturbance to remain and thrive in their home communities.

There is a challenge imbedded in this system of care theory of change. That challenge is for local communities to make it a reality in their community. This means that state and local planners must improve local service delivery processes and infrastructure so that their children can remain in *their* community. To meet this challenge, local communities must translate the broad vision presented in the federal-level framework into a theory of change that captures the complexities and textures that are inherent in their local communities. It is important for individual planners to realize that building a system of care requires careful linking of the key elements into a meaningful whole. While the theory underlying the development of a system of care requires many components to be complete, no single component defines or can substitute as a system of care. It is the interrelationship of the components across all aspects from policy to service delivery that turn local systems of care ideas into a comprehensive reality.

Benefits of Creating Your Community's Theory of Change

There are benefits associated with the process of articulating a system of care theory of change. The process brings stakeholders together and focuses their planning on specific and tangible elements of system development. It helps to clarify their own thinking about what a system of care is and to reflect upon the beliefs stakeholders have about what is needed for system reform. The methods used to arrive at a system of care theory of change provide stakeholders an opportunity to clearly express expectations and agree upon activities.

Establishing a local theory of change for a system of care requires planners and implementers at all levels to examine their assumptions about appropriate and effective strategies and discuss those assumptions with others involved in the process. During the development of a local theory of change, disagreement among stakeholders frequently surfaces because stakeholders have not previously examined their underlying assumptions regarding why they plan to implement specific reforms. Publicly articulating the underlying assumptions for system change provides a venue for stakeholders to come to agreement about outcomes and the activities that will lead to those outcomes. True community consensus regarding a local theory of change cannot be reached in the absence of such discussions, and collaboration becomes easier among stakeholders who share a similar theory of change (Hodges, Hernandez, Nesman, & Lipien, 2002).

In summary, the theory development process for systems of care:

- Facilitates communication and collaboration among stakeholders and helps to manage the complexity inherent in systems of care.
- Allows local systems and programs to specify where they are going and how they plan to get there.
- Facilitates the development of internal evaluation and quality improvement processes to support implementation.

CHAPTER

5

Conclusion

Bringing It All Together: The Goal of the Theory–Based Approach

"The goal of the theory-based approach is to create a single widely-held theory of change across all levels of a system of care."

"A complete theory-based framework can become a guidepost that helps keep program strategies on the desired course."

The Goal of the Theory–based Approach

The process of developing a system of care for the purpose of improving services for children and families is both supported and sustained by the development of a unified and well-articulated theory of change. The goal of the theory-based approach is to create a single widely-held theory of change across all levels of a systems of care. The process of articulating a theory of change facilitates communication and collaboration among stakeholders. The careful thinking required to develop a theory-based framework places system of care stakeholders and advocates in a strong position to defend the expenditure of resources. A complete theory-based framework can become a guidepost that helps keep program strategies on the desired course. It is easier to know what has changed if the plan was clear at the beginning. In this manner, the theory-based approach takes into account the slippage that usually occurs over time as strategies are implemented and acts as a stabilizer and anchor. Being able to compare who was served, what services were provided, and what results were achieved with what was planned allows stakeholders to better understand the effectiveness of the strategies they have put in place. As a result the theory-based approach helps to make evaluation efforts more focused, thereby facilitating efficient use of evaluation resources. Overall, the process of articulating a theory-based framework can build a sense of clarity and consensus among systems of care collaborators.

The process of developing and articulating a theory of change is not without challenges. Articulating a theory of change can be difficult because program management and direct services staff have not always examined their underlying assumptions regarding the services they provide (Hernandez & Hodges, 2001; Weiss, 1995). Building consensus among people involved in the framework development process is a crucial aspect of developing a theory-based framework but is one of the most challenging as well. Establishing strategies collaboratively can strain existing leadership styles. Furthermore, the loss of ambiguity that comes from articulating previously unstated assumptions might create conflict among stakeholders. This may be exacerbated by anxiety about performance due to the clarification of previously vague objectives and goals. Finally, evaluation information can provide crucial feedback that may indicate that it is necessary for stakeholders to revise their theory of change. Willingness to make these adaptations is part of the challenge to local communities when they have a clear system of care theory of change (Hernandez & Hodges, 2001).

The vision for children's mental health services that is implicit in systems of care philosophy includes the development of well-integrated arrays of community-based services and supports that are planned, implemented, and sustained through the input of multiple stakeholders and are accountable to those stakeholders for the results of their efforts. The expectation is that systems of care reflecting the strengths and needs of local communities can be developed in order to serve children with serious emotional disturbance and their families. To accomplish this, community stakeholders need an approach that will help them organize the activities of multiple agencies and community organizations that provide services and supports into holistic and collaborative systems of care.

The benefits associated with using a theory-based approach to systems of care development are many, but the most significant and essential goal of this method is to bring the ideas and dreams of multiple stakeholders to reality through a clearly stated and widely held approach to systems of care development. The theory-based approach helps ensure that intentions, expectations, and actions of the community come together for the benefit of children and families.

CHAPTER

6

Appendices

- Suggested Readings
- Worksheets for Theory-based Frameworks
- References

Appendices:

Appendix A: Suggested Readings

Appendix B: Worksheets for Theory-based Frameworks

Worksheet for Stage 1: Form Workgroup
Worksheet for Stage 2: Articulate Mission
Worksheet for Stage 4: Develop Population Context
Worksheet for Stage 5: Map Resources and Assets
Worksheet for Stage 7: Identify Outcomes and Measurement Parameters
Worksheet for Stage 7: Identify Outcomes and Measurement Parameters
Worksheet for Stage 8: Define Strategies

Appendix C: References

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Appendix B: Worksheets for Theory-based Frameworks

Introduction

This section of the monograph breaks the development of a theory-based framework into a 12-stage process and describes the purpose and main activities of each step. Worksheets are provided as a hands-on guide for the process.

Steps to Creating a Framework

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 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

Worksheet for Stage 1: Form Workgroup

Although not an exhaustive list, your list of participants may include the following:

State or Local Level Program Administrators
Program Management Staff
Board of Directors
Evaluators
Family Members
Family Advocates
Provider Agency Staff
Community Members
Funders
Interagency Partners
Direct Service Staff

Workgroup 1: Specify Level ☐ System ☐ Bridge ☐ Practice

Name:	Title/Position:

Worksheet for Stage 2: Articulate the Mission

To develop a mission statement, have workgroup participants take a few minutes to jot down three elements they believe are crucial to the mission of the system of care. As people discuss their ideas, record them on a board or flip chart. Use this as the basis for formulating a concise and comprehensive statement of the mission. Be careful to clarify how the mission statement relates to issues and strengths and goals.

Depending on the stage of development, systems of care development may have an existing mission statement. To review an existing statement, make it available to participants for their review. Have workgroup members identify specific elements of the statement that they believe are key to the purpose of the developing system as well as any that do not seem appropriate. Use this as the basis of discussion for whether the existing mission statement expresses the purpose of the developing system of care. Be open to modification of elements that do not serve the purpose of system development.

In getting started, it can be useful to review grant proposals and awards that describe the system development process for key elements of system's mission, so that they can be integrated into the final mission statement.

Mission Statement:

Worksheet for Stage 4: Develop the Population Context

The following chart suggests an approach for identifying your population of focus and community context. The column on the left specifies some of the key questions that will need to be answered in the process. The workgroup may identify additional questions. The other two columns provide space for documenting the results of the workgroup's discussion and identifying points requiring agreement to facilitate further consensus building.

Theory-based Framework Development		
Questions to be Answered	Characteristics of Population/Issue	Points Requiring Consensus
• Which children and families are on our population of focus?		
• What issues/needs do we seek to address for this population?		
• What is the nature and history of the issues and needs in our community?		
• What strengths can be identified?		
• What family, practice, community, and system characteristics are relevant to understanding these needs/ issues?		

Worksheet for Stage 5: Map Resources and Assets

Information to be collected:

Document or Information	Responsible Individual:	Report Back (Date)

Worksheet for Stage 7: Identify Outcomes and Measurement Parameters

The following chart suggests an approach for identifying desired outcomes at the practice, program, and system/community levels. The column on the left specifies some of the key questions that will need to be answered in the process, while allowing for the possibility that the designated workgroup will identify additional questions. The other two columns provide space for documenting the results of the workgroup's discussion and identifying points requiring agreement to promote further consensus building or clarify the need for technical assistance.

Specify Level of Theory-based Framework: _____

(e.g., system, bridge, practice)

Identification of Outcomes			
Desired Outcome	Can Measures for this Outcome be Identified?	Are data about this outcome currently collected?	If not currently collected, can they be?

Worksheet for Stage 7: Identify Outcomes and Measurement Parameters

The following chart suggests an approach for identifying indicators for desired outcomes at the practice, program, and system/community levels. Write your desired outcomes in the column on the left. In the other two columns, identify indicators for your outcomes and points requiring agreement that may also require further consensus building or technical assistance.

Specify Level of Theory-based Framework: _____

(e.g., system, bridge, practice)

Identification of Indicators		
Desired Outcome	Indicators	Points Requiring Agreement
Outcome 1:	Indicator 1:	
	Indicator 2:	
	Indicator 3:	
	Indicator 4:	
Outcome 2:	Indicator 1:	
	Indicator 2:	
	Indicator 3:	
	Indicator 4:	
Outcome 3:	Indicator 1:	
	Indicator 2:	
	Indicator 3:	
	Indicator 4:	
Outcome 4:	Indicator 1:	
	Indicator 2:	
	Indicator 3:	
	Indicator 4:	

Worksheet for Stage 8: Define Strategies

The following worksheet guides the workgroup to identify strategies that can be directly related to the identified outcomes for specific populations. It is with this linkage across population, outcomes, and strategies frames that the theory of change is solidified. This worksheet also serves the purpose of documenting the workgroup's discussion of strategies. During the discussion, differences of opinion about what strategies will lead to the desired outcomes will surface.

Describe Strategies		
Potential Strategies	Do strategies contribute to the mission & align with guiding principles?	How does strategy relate to outcomes for the identified population?

Appendix C: References

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