The Theory–Based Planning Process

"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
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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.

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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.
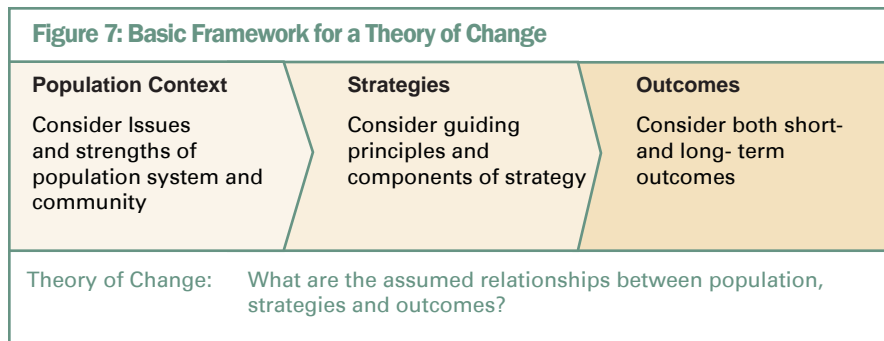
Theory of change development is accomplished in the following sequence:

Population Context ➡ Outcomes ➡

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

"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.
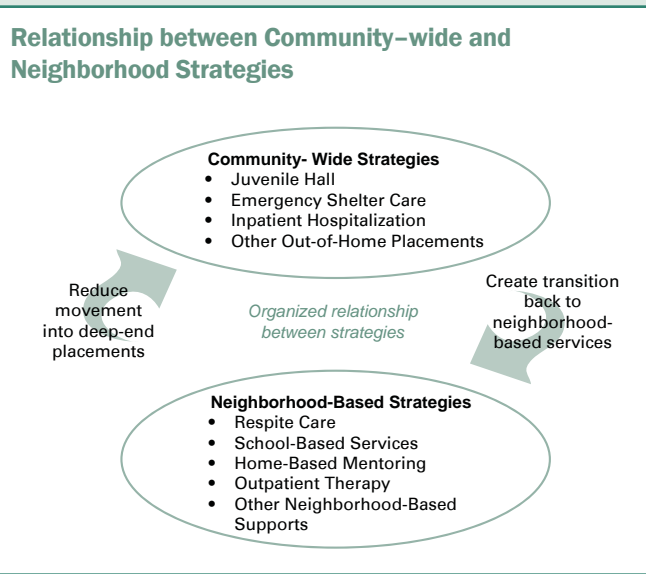
A thorough explanation of the systems of care functions that should be included in the strategies frame is provided in *Building Systems of Care: A Primer* (Pires, 2002). This monograph describes these as "System of Care Functions Requiring Structure" and includes the domains discussed above as well 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

Community- Wide Strategies
- Juvenile Hall
- Emergency Shelter Care
- Inpatient Hospitalization
- Other Out-of-Home Placements

Reduce movement into deep-end placements

Organized relationship between strategies

Create transition back to neighborhood-based services

Neighborhood-Based Strategies
- Respite Care
- School-Based Services
- Home-Based Mentoring
- Outpatient Therapy
- Other Neighborhood-Based Supports

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.

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

Strategic Planning

Evaluation

Technical Assistance Needs

Theory-Based Framework

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.
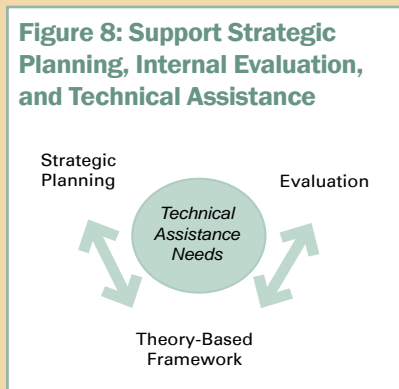
The goal of a theory-based approach is to provide a framework for linking information to action. The well-articulated ideas and issues addressed in the population context, strategies, and outcome domains of a theory of change can also be used as a guide for gathering information that will be extremely 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 operationalization 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-
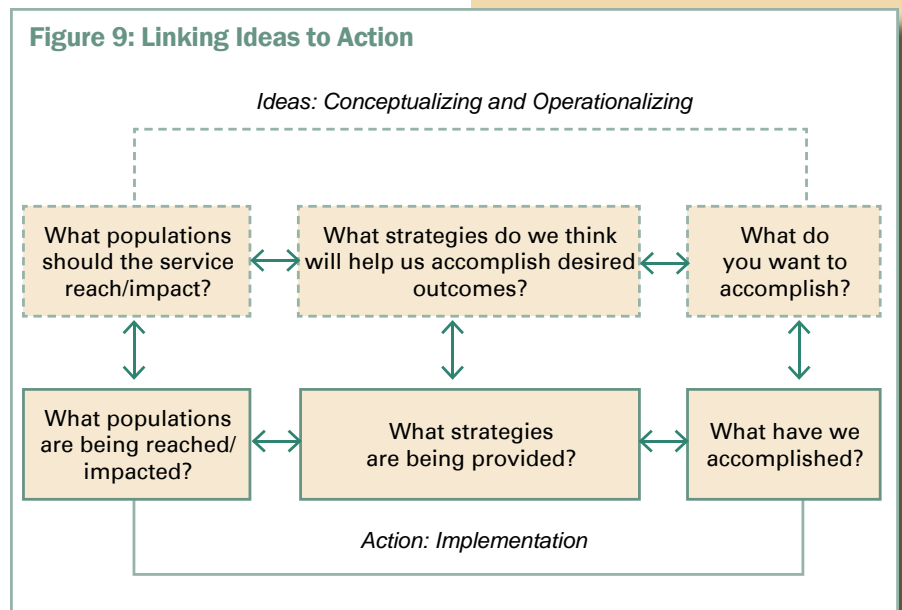
ture essential information domains for the collection of data related to system implementation. When used for systems of care implementation, the three questions support the formation of information domains that can be expanded to provide data related to the population context, strategies, and outcomes 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.

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 frame-

Figure 9: Linking Ideas to Action

Ideas: Conceptualizing and Operationalizing

What populations should the service reach/impact?

What strategies do we think will help us accomplish desired outcomes?

What do you want to accomplish?

What populations are being reached/impacted?

What strategies are being provided?

What have we accomplished?

Action: Implementation

works 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 strate-

gies 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:
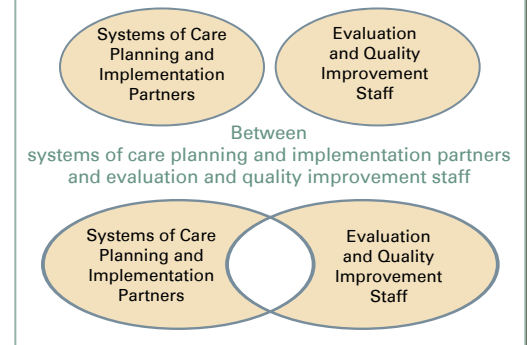
• That their system is in fact serving whom they intended to serve;

• 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.
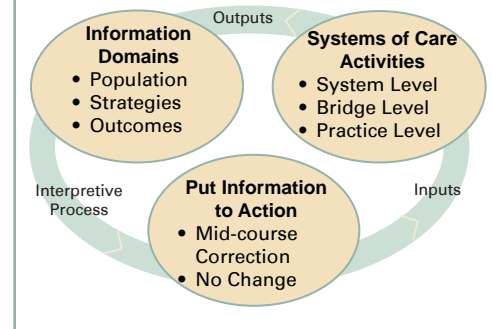
The second kind of information that is needed in order to monitor the progress of system development is outcome information. Information about outcomes at the System, Bridge, and Practice Levels allows stakeholders to know whether their strategies are producing the desired impact. Without information 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

Systems of Care Planning and Implementation Partners

Evaluation and Quality Improvement Staff

Between systems of care planning and implementation partners and evaluation and quality improvement staff

Systems of Care Planning and Implementation Partners

Evaluation and Quality Improvement Staff

Figure 11: Linking Information to Action

Outputs

Information Domains
• Population
• Strategies
• Outcomes

Systems of Care Activities
• System Level
• Bridge Level
• Practice Level

Interpretive Process

Put Information to Action
• Mid-course Correction
• No Change

Inputs

"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.