



Theory-Based Systems of Care

CHAPTER

4

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

An Environment of Complexity and 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.”

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.

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 12: Linking Ideas to Action

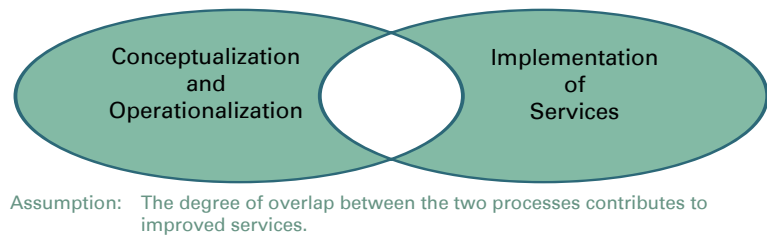


Figure 13: System of Care Core Values and Guiding Principles

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.

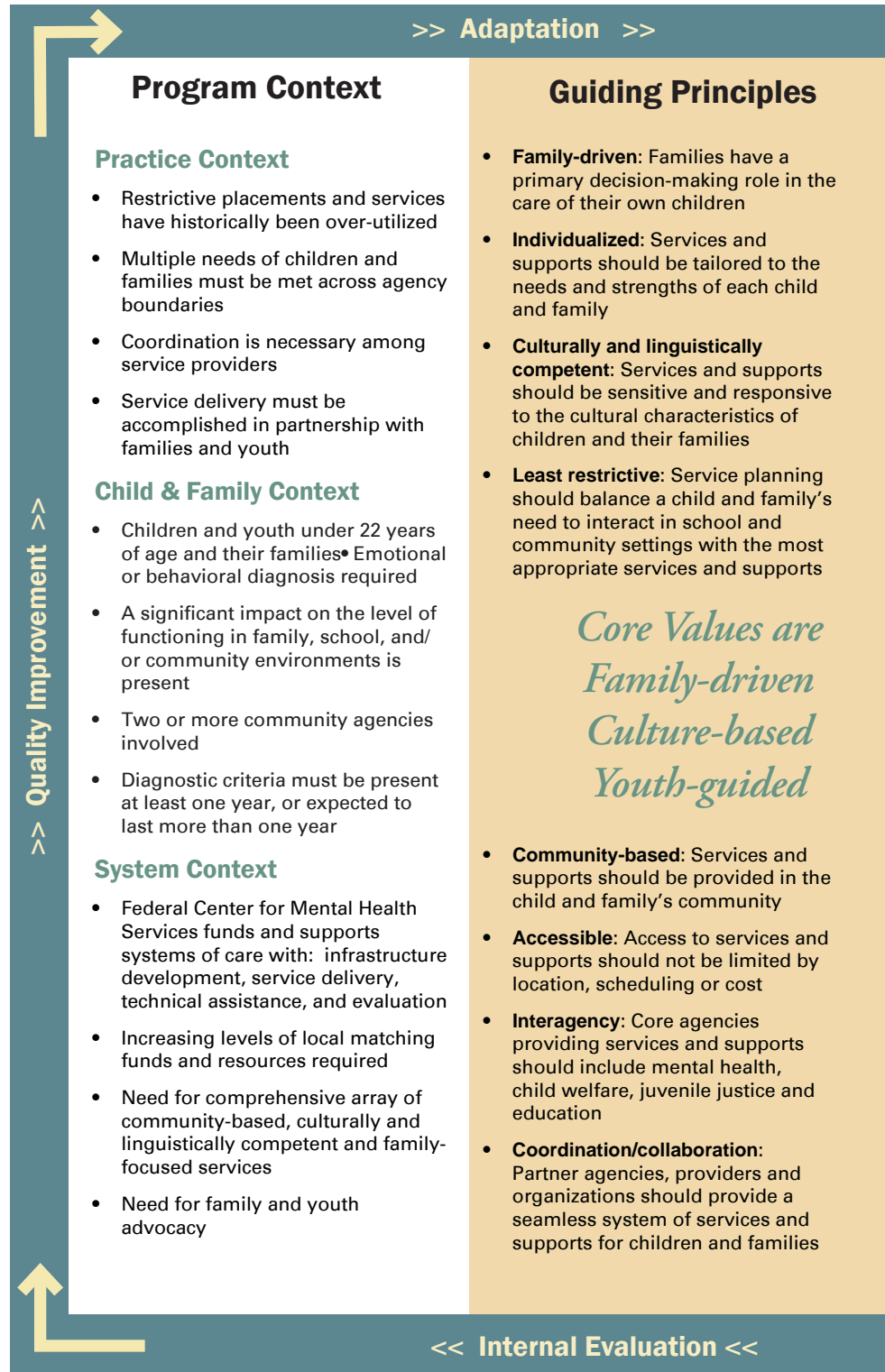
* Hernandez, Gomez & Worthington, 1998

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



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

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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.