

# Leveraging Change in the Marion County, Indiana System of Care: The Dawn Project

Site Report for Case Studies of System Implementation

February 2009

## **Authors**

Sharon Hodges, Ph.D.  
*Principal Investigator*

Kathleen Ferreira, M.S.E.

Nathaniel Israel, Ph.D.

Jessica Mazza, M.S.P.H.

Sharon Kukla-Acevedo, Ph.D.



The Research and Training Center  
for Children's Mental Health

## ACKNOWLEDGEMENTS

The research team gratefully acknowledges the assistance and support of many: Victor Trinidad for desktop publishing, Nancy Burrus and Beverly Higgins for administrative support, and Knute Rotto, Janet McIntyre, and their many colleagues in the Marion County System of Care Collaborative who generously participated in this study.

*Case Studies of System Implementation* is a five-year research project through the Rehabilitation Research and Training Center in the Department of Child and Families Studies, Louis de La Parte Florida Mental Health Institute, University of South Florida. This study is jointly funded by the National Institute on Disability and Rehabilitation Research, U.S. Department of Education and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

# EXECUTIVE SUMMARY

In 2007, the Dawn Project System of Care participated in a national study of system of care implementation conducted through the Research and Training Center for Children's Mental Health at the University of South Florida. The purpose of the study, titled Case Studies of System Implementation, is to identify strategies that local communities undertake in implementing community-based systems of care for children with serious emotional disturbance (SED) and their families. The study also examines how local conditions affect the development of these local systems of care.

The investigation used a case study design. A national nomination process was conducted to identify established systems of care. A site selection process involving document review and key stakeholder interviews was used to identify participating sites. Case study data were then collected using semi-structured interviews with administrators, managers, direct service staff and families; direct observation; document review; and a review of aggregate outcome data.

The Dawn Project System of Care was nominated for inclusion in this study due to its accomplishments in serving youth with SED and their families within an urban community through the establishment of a non-profit care management corporation, Choices, Inc., and leaders' success in replicating their efforts in other communities throughout the country.

The report presents factors identified by Choices stakeholders as critical to their system development and provides insight into particular successes as well as areas for further development.

## Key Findings

Dawn Project System of Care achievements in system development include:

- Community-supported system solutions
- Innovative service strategies that reflect widely-held system of care values
- Standardized structures that professionalize and individualize service delivery
- Modeling a process of public transparency
- Strategic approaches to growth
- Establishment and maintenance of relationships with community partners

With the Dawn Project System of Care as the impetus, Marion County

has demonstrated how system-of-care values and principles can permeate a densely populated urban community. In addition, Choices' efforts to model transparency across the system illustrates a commitment to collaboration with system partners and their continual self-reflection on system practices show their dedication to all stakeholders within the system of care.

Stakeholders within the Dawn Project System of Care discussed components of system development that helped to move their efforts forward as well as barriers to system change. Key points for system sustainability were identified, with recommendations based upon the understanding that Marion County stakeholders would like to move toward expansion into a larger system. These recommendations are divided into planning and implementation of a broader system and are as follows:

- I. Planning for Broader System Development may include:
  - a. Clarifying the mission and goals of the Marion County System of Care Collaborative (MCSOCC)
  - b. Clearly articulating the population to prevent duplication or fragmentation of services
  - c. Developing an authority/accountability structure within MCSOCC
  - d. Clarifying roles
  - e. Developing a rationale for utilization/distribution of resources
  - f. Getting families on board
- II. Implementing the Broader System
  - a. Strengthening collaboration through training and practice
  - b. Standardizing processes

In summary, the Dawn Project System of Care and Choices, Inc. are distinguished by their: success in modeling system-of-care values and principles that are now reflected in the day-to-day work of system partners, information utilization across the system, ability to provide innovative services to children and youth in a densely populated community, and ability to replicate their efforts in other communities. It is important to note that all of these are accomplished while keeping children at the center of their work.

This report highlights how the system has made such progress, and areas of consideration for future progress. Cross-site findings for Case Studies of System Implementation will be published independently of this report.

# CONTENTS

**EXECUTIVE SUMMARY..... I**

**INTRODUCTION .....1**

**RESEARCH METHODS.....3**

**MARION COUNTY SYSTEM CONTEXT .....5**

**DAWN PROJECT ACHIEVEMENTS IN SYSTEM OF CARE DEVELOPMENT .....8**

**DAWN PROJECT IMPLEMENTATION FACTORS .....14**

    System Implementation Factor Themes .....14

    Additional Implementation Factors .....22

    System Implementation Factor Comparisons.....22

    Relationships Among Factors .....27

    System Values and Beliefs Factors.....28

    System Goals .....30

    System Information.....31

    System Structure.....31

    Summary: Relationship among the factors .....32

**KEY POINTS FOR SYSTEM SUSTAINABILITY.....34**

**CONCLUSION.....38**

**REFERENCES .....39**

**APPENDICES**

    A: Study 2 Summary ..... 41

    B: System of Care definition ..... 43

    C: Semi-Structured System Implementation Interview Guide for RTC Study 2: Case Studies of System of Care Implementation ..... 45

**TABLES**

    1: Dawn Project System of Care Implementation Factors.....14

    2: Dawn Project System of Care Implementation Factors According to Primary Role .....28

**FIGURES**

    1: Map of Marion County, Indiana .....5

    2: Timeline: Dawn Project System of Care .....7

    3: Agreement with Definition .....23

    4: Ease/Difficulty and Effectiveness of Implementation.....25

    5: Implementation Factor Roles .....33



# INTRODUCTION

For more than 20 years, stakeholders across the country have worked to reform children's mental health services by creating community-based systems of care. Systems of care is an organizational philosophy that involves collaboration across agencies, families, and youth for the purpose of improving access and expanding the array of coordinated community-based services and supports for children with serious emotional disturbance (SED) and their families (Stroul, 1993; Stroul & Friedman, 1986). Research has demonstrated that systems of care have a positive effect on the structure, organization, and availability of services for children with SED (Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001; Rosenblatt, 1998; Stroul, 1993). However, the field of children's mental health has much to

learn about how local systems of care actually develop, the conditions that support or impede their implementation, and what factors interact together to establish well-functioning systems (Hernandez & Hodges, 2003). The purpose of Case Studies of System Implementation is to understand how stakeholders facilitate local system of care development and what factors, conditions, and strategies contribute to the development of systems of care for children with SED. A brief summary of the study is included in Appendix A.

The Dawn Project in Marion County, Indiana was selected to participate in Phase 3 of this study because of its ability to develop a service system in a densely populated community as well as its ability to replicate system organizational efforts in communities in Ohio, Maryland, and Washington DC through Choices, Inc., a private, non-profit care management organization that has administered the Dawn Project since its inception in 1997.

Interview data indicate that understanding the role of Dawn within Marion County's System of Care is often difficult in that stakeholders have described it as 1) a provider program, 2) a project that launched the system of care, and 3) even as the system of care itself, considering the Dawn Project's role in the administration of the federal system of care grant. Dawn originally began through a Robert Wood Johnson Foundation (RWJ) initiative; but for many stakeholders, Dawn became synonymous with Choices when Choices, Inc. was formed in late 1996. It is important to note, however, that Choices is a larger entity than Dawn and functions in other communities throughout the country. When Marion County's system of care federal grant was initiated in 1999 funding for the project came from the state and the county through Choices, Inc. During the time of the federal grant, the service system was referred

*The purpose of this study is to understand how stakeholders facilitate local system of care development.*

## *Site Selection Criteria*

- Identified needs for local population of children with serious emotional disturbance
- Goals for identified population that are consistent with system-of-care values and principles
- Actively implementing strategies to achieve expressed goals for identified population
- Outcome information that demonstrates progress toward these goals
- Ability to reflect on key transitions in development of system over time
- Sustainability over time

to as the Dawn Project System of Care. The Dawn Project Consortium served as the governing board and the vehicle for communication among system partners. Recently, the consortium's name was changed to the Marion County System of Care Collaborative (MCSOCC), reflecting a shift towards a more comprehensive, community-owned system of care in which Dawn is but one component.

This study began with a focus on the Dawn Project as the system of care within Marion County. As illustrated by the description of Dawn above,

*A System of Care is...*

an adaptive network of structures, processes, and relationships grounded in system of care values and principles that effectively provides children and youth with serious emotional disturbance and their families with access to and availability of services and supports across administrative and funding boundaries. (See Appendix B for details)

data collected by the research team were based on Dawn, with an understanding that stakeholders had varying perspectives on the role of Dawn within the Marion County System of Care. As such, the reader will notice that the Accomplishments section of this report is based on findings that most accurately represent the Dawn Project versus the system as a whole. Data indicate that many stakeholders seek to expand the system of care to encompass a larger population and to develop a greater cohesiveness across system partners. Thus, the Key Points for System Sustainability section of the report offers recommendations for the broader system of care within Marion County.

It is evident that there is a movement within Marion County to continue to expand the system of care. This type of systems thinking encourages building an understanding of key elements of a system and how they contribute to system development. This holistic study of system implementation is designed to develop knowledge of how local communities employ strategies that allow them to serve children with SED in the least restrictive, most clinically appropriate setting possible.

Key points of investigation for this study include:

- Fundamental mechanisms of the implementation of the Dawn Project;
- How local context has influenced implementation of the Dawn Project;
- Specific change agents or triggering conditions critical to the Dawn Project;
- How the Dawn Project's locally-identified implementation factors have contributed to the development of a well-functioning system of care within Marion County;
- Conditions that support or impede Marion County's system of care development.

This report will summarize findings from research conducted in Marion County and will include a discussion of factors identified by Dawn Project stakeholders as critical to their process of system implementation and will illustrate how system planners and implementers have leveraged system change.



# RESEARCH METHODS

The research team worked with the Dawn Project for two months prior to on-site data collection. The site visit was conducted during the week of December 10, 2007.

This investigation used case study design. Data collection included extensive document review and key stakeholder interviews in advance of the site visit. In addition, Dawn Project stakeholders identified and defined key system implementation factors prior to the research team’s site visit. On-site data collection included semi-structured interviews with a variety of system partners. These interviews were conducted with administrators, managers, direct service staff and families. Direct observation of naturally occurring meetings and events, continued document review, and a review of aggregate outcome data also occurred. A brief description of these methods follows.

**Document Review** was used to provide organizational-level data related to system implementation as well as system-of-care development in a historical context. Dawn Project documents included state and county level materials related to the goals and intent of the system, legislative history, grant information, regulations or guidelines, budget justifications, monitoring reports, annual reports, and evaluation data.

**Factor Brainstorming** was used to identify critical factors in local system implementation. The research team worked with key leaders of Choices, Inc. via conference calls and reviewed documents to identify and define structures, processes, and relationships that were considered critical to system implementation.

A **Factor Rating Exercise** was used to validate the locally identified system implementation factors by a broader group of system stakeholders. Interview participants were asked to complete a mail-in questionnaire in which they confirmed the factors and their definitions and rated the factors in terms of both ease/difficulty and effectiveness of implementation. Twenty-six exercises were returned, with a response rate of 62%.

**Factor Card Sorts** were completed by interview participants for the purpose of understanding how the local system implementation factors related to one another, whether participants believed some factors were more significant or required earlier emphasis in order to accomplish system change, and whether certain factors were used in combination with one another to effect system change. Participants were given a set of 3x5 cards that had a factor printed on each, and they were asked to sort the cards according to the above criteria. They had the option to remove factors they did not believe were important in the Dawn Project System of Care and to add factors they believed should be included.

## *Key Methods*

- Document Review
- Implementation Factor Brainstorming and Rating
- Interviews
- Direct Observation

**Semi-Structured Interviews** were conducted with key stakeholders in person and by telephone for the purpose of understanding personal perceptions and beliefs about the process of system-of-care implementation. Individual interviews lasted approximately 1 hour, and the administrative team assisted in identifying key people to be included in the interview process. Individual interviews were conducted with a total of 42 individuals of varying roles throughout the system.

**Direct Observation** of Dawn's service delivery structures and processes was used for the purpose of examining aspects of system implementation in action. Observation of five formal meetings and activities included family team meetings, a focus group with Dawn care coordinators, a Diversity team meeting, and a Dawn Project staff meeting.

*Figure 1. Map of Marion County, Indiana*



## MARION COUNTY SYSTEM CONTEXT

Marion County, Indiana is 403 square miles and has a population of approximately 860,000 people (U.S. Census Bureau, 2000). The racial/ethnic composition is 70.5% white, 24.2% Black/African American, 1.4% Asian, 0.3% Native American, and 3.9% Hispanic/Latino (of any race). The median household income is \$49,387 and 8.7% of families are below the poverty level (U.S. Census Bureau, 2000). Approximately 7.3% of families speak a language other than English inside the home (U.S. Census Bureau, 2000).

In the 1990s, Marion County was experiencing high costs for out-of-home placements for children and youth, many whom were being placed out of county and out of state (Indiana Division of Mental Health, 1999). This, along with a growing challenge to reunify children and families with mental health, juvenile justice, and child welfare involvement provided the impetus for a systematic effort to improve service delivery and coordination in Marion County. Several service providers jointly examined best practices and problem-solved around the needs of the community (Indiana Division of Mental Health, 1999). Representatives from children's mental health, education, juvenile justice, and child welfare as well as family members were involved in this initiative. In 1996, Marion County was the recipient of a Mental Health Service Program for Youth (MHSPY) replication grant from the Robert Wood Johnson Foundation to support the implementation of coordinated, community-based services for children and youth with SED

and their families, using multiple funding sources. The provisions of the grant called for blended funding and the use of managed care principles.

Shortly thereafter, Choices Inc., a non-profit care management organization was established by community stakeholders, allowing for blending of funds as well as service contracts for mental health centers within the county. The Dawn Project Consortium worked with Choices Inc. to create a case rate for these blended funds, and Choices served as a neutral entity to aid in the coordination of services for children and families (Indiana Division of Mental Health, 1999). Choices, Inc. would administer the Dawn Project and serve as the single point of entry for all kids admitted to the Dawn Project. Data indicate that an early goal of Choices was to ensure collaboration among providers and community agencies serving children and families in Dawn. In spring of 1997 with these processes and guiding principles in place, the Dawn Project enrolled its first youth and families. These families were referred to Dawn by agencies funding out-of-home placements (child welfare, juvenile justice, Indiana Department of Education) in an attempt to keep youth within the community, or to facilitate a smooth transition from residential treatment. The Dawn Project incrementally increased this caseload until they reached full capacity.

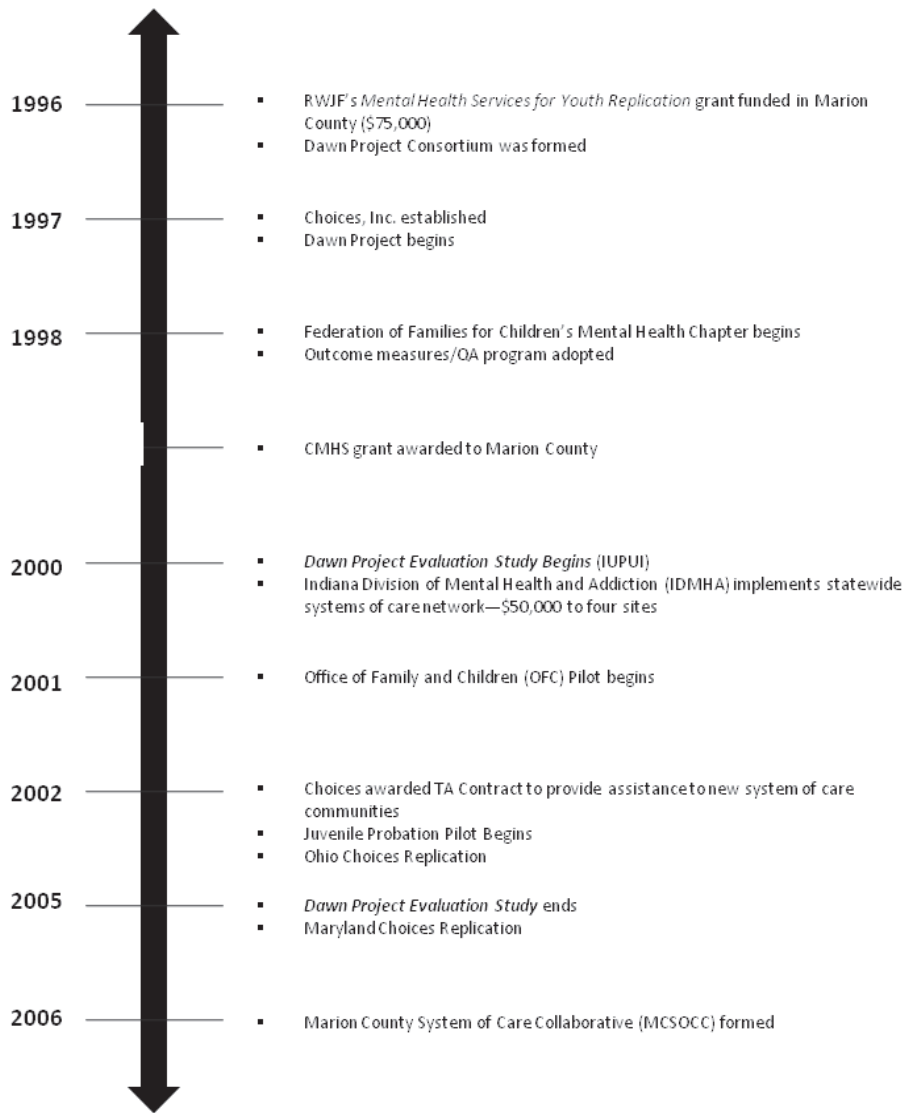
Shortly after the initiation of the Dawn Project, a Marion County chapter of the Federation of Families for Children's Mental Health was created; and they established a close working relationship with the Dawn Project and its families. In 1999, Marion County was awarded a six-year federal grant to build upon their work with SED youth and their families. Through a partnership with Indiana University-Purdue University Indianapolis (IUPUI), a portion of these funds were allocated to the Dawn Project Evaluation Study, which developed and implemented an ongoing evaluation of the Dawn Project.

System-of-care work continued to grow in Marion County, and in 2001, Choices, Inc. expanded to offer technical assistance to other communities interested in replicating the Choices model of operating. The Choices, Inc. Technical Assistance Center, funded by the Indiana Division of Mental Health and Addiction in 2002, provides support to more than 50 counties in Indiana who are developing systems of care. Choices, Inc. also manages other community-based organizations in tandem with the Dawn Project, including Back to Home (a program for runaway or at-risk youth), Youth Emergency Services (a program for children and youth with suspected abuse or neglect), and the Community Reintegration Initiative (a program for adults entering the community after incarceration). This spectrum of resources available to families in Marion County has been strengthened by a strong provider network.

*Figure 2. Timeline: Dawn Project System of Care*

**Triggering Conditions**

High cost of out-of-home placements; growing failure to reunify families with children with mental health, juvenile justice, and child welfare involvement



## DAWN PROJECT ACHIEVEMENTS IN SYSTEM OF CARE DEVELOPMENT

The Dawn Project System of Care has leveraged system change through a strategic emphasis on system of care values and fostering a climate that empowers stakeholders to create innovative solutions in support of community-based care at all levels of the system. A number of achievements mark the success of the Dawn Project System of Care and its efforts to serve children with or at-risk of SED and their families. Six achievements are described below as significant markers of The Dawn Project's development.

### 1. Community-supported system solutions.

Stakeholders in Marion County have created innovative solutions to cross-sector system development through Choices, Inc. Prior to the Dawn Project's inception, community stakeholders demonstrated a deep commitment to systems of care and took steps to initiate this reform in the community. The 1996 Robert Wood Johnson (RWJ) MHSPY replication grant required that the community adopt a managed care model at a time when there was a lot of public distrust of for-profit managed care companies. Stakeholders from four mental health centers, the Indiana Division of Mental Health and Addiction, the Juvenile Court judge, the Marion County Probation Department, directors of Child Welfare, and other community partners worked to find an innovative solution that both satisfied the mandate of the grant and resulted in an equitable care management situation that better fit the needs of the community. The solution was the establishment of the non-profit corporation Choices Inc., for the purpose of developing the infrastructure of the system, managing the network of providers, and administering the multiple monies associated with system work.

Many of the criticisms often associated with for-profit managed care companies did not appear to surface in regard to Choices. Instead of cutting services to save costs, data indicate that Choices expanded the provider network and altered the funding system in order to serve a broader population. A Marion County community mental health center director stated, "Choices has been a wonderful organization in terms of making us all live by the values and keeping that forefront." At the same time that Choices was expanding services, it was providing Marion County with substantial cost-savings in the delivery of mental health services. Data also indicate that Choices has created a replicable and sustainable strategy to promote system growth. It has remained intact long after the RWJ grant funding ended and is now managing system of care contracts in Ohio, Maryland, and recently Washington DC.

## 2. Innovative service strategies reflect values.

The Dawn Project System of Care successfully communicates the system-of-care values of individualized, community-based, and culturally competent care throughout all levels of the system. One administrator at Choices highlighted the values held by community partners, attributing “success to the values that providers are bringing to the teams.” Further, the interview data clearly demonstrate that stakeholders widely embrace these values when serving children with severe emotional challenges. “The real system of care is what this whole community is doing to embrace kids and how you serve them differently,” stated one respondent. System stakeholders recognize that existing or traditional services may not meet the needs of every child. Therefore, the system has adopted a climate that encourages innovation to ensure that each child and family receive services and supports that reflect the system’s deeply-held values. A key example of innovative service includes the use of educational and social mentors. An educational mentor is a full-time staff person that attends school with a child so that he/she is able to remain in a classroom with peers throughout the day. Educational mentors assist children with schoolwork and address behavioral challenges, attempting to avoid problematic behaviors in the classroom. Similarly, social mentors are involved in community events with children and help them to navigate social environments.

Data indicate that agency partners also demonstrate a strong commitment to system-of-care values and provide innovative services as well. One respondent noted, “Everyone says they have a set of values but when people come here, they really see that we put our values into practice and I think that is one of the things that makes a huge difference.” For example, in 2001, Lutherwood Residential Treatment Center developed the Family and Community Treatment Unit, which was a strategy that allowed them to provide effective, appropriate treatment to an expanded group of children. The unit allowed many referred children to spend nights in their own homes by training parents to be co-treaters. Children with the most severe challenges remained through the night in the centers. With parents having this active role in treatment, Lutherwood was able to serve three times as many children as there were beds available. Indianapolis Public Schools began Full Purpose Partnership (FPP) schools in 2006, which are described as strengths-based, family-focused schools that coordinate community services and resources to best serve children and their families. FPP schools provide assessments, alternative school days, case management, e-schools, therapy, referrals to providers, and they implement evidence-based practices and promising practices, such as Positive Behavioral Interventions and Supports.



As a result of stakeholders' commitment to system-of-care values and their willingness to think about service delivery in creative ways, services both within the Dawn Project System of Care and others throughout Marion County are exemplars of individualized, community-based, family-focused, and culturally competent care. This commitment was described by one respondent as "developing new relationships, talking with existing providers to help them to develop new programs or new ways of providing treatment because it will suit the need of the families best."

### **3. Standardized structures professionalize and individualize service delivery.**

The creation of Choices, Inc. facilitated the standardization of several structures that enable the Dawn Project System of Care to perform its functions. Data suggest that these structures and processes are strongly aligned with system-of-care values and principles.

Examples of standardized structures abound within The Dawn Project System of Care. One that has been used since the creation of Dawn is a case rate referral structure. "The case rate is key," noted one administrator. Each agency pays a set rate for each child that it refers to Dawn. The specified case rate had remained fairly stable through the years. However, in 2007, Choices re-vamped the case rate structure into a four-tiered system in which agencies pay lower case rates for children who have less severe challenges. Stakeholders within Choices created the tiered system because under the single case rate structure, agencies had much more incentive to refer a child who required intensive services than a child who might only need preventive services. The lower case rates under the tiered system are intended to encourage agencies to be proactive, rather than waiting until a child is in need of deep-end services. "The tiered case rate is a huge opportunity to show that we're serving kids across the spectrum," noted one manager.

The Dawn Project utilizes an information management tool, The Clinical Manager (TCM), to facilitate flow of information. They recently invested substantial resources to incorporate the CANS assessment into TCM to provide direct line staff with a convenient way to access current and relevant information on each child. The staff uses the assessments primarily as a planning tool with the child and family teams, but they also utilize the data to demonstrate the youths' progress over time. In addition, TCM provides supervisors and administrators with real-time feedback on system performance, which supports the flexibility and responsiveness of stakeholder decision making.

A final example of standardized structures includes the Dawn Project System of Care's extensive use of contracts with each provider within its network. The contracts are formal arrangements describing the terms and conditions of treatment delivery for each child. It is especially



noteworthy that the contracts are created for established, routine service providers as well as non-traditional service providers or one-time, client-specific providers. “We have really probably close to 500 [contracts] linked in our system,” noted one respondent. Contracts are maintained for such diverse services as those through informal or natural supports, local YMCAs, utility companies, and unpaid volunteers. This structure is in place to ensure quality of care, while allowing individualized services.

#### 4. Modeling a process of public transparency.

The Dawn Project System of Care maintains public transparency regarding its processes and outcomes. Data indicate that Dawn and Choices leaders strategically used transparency to instill and maintain trust among the agency partners. One case manager stated, “[Dawn] is very transparent agency, they’re always open and willing to talk.” At various points throughout system development, challenges presented themselves that threatened the sustainability of the Dawn Project. Key stakeholders consistently responded to these threats by soliciting feedback from the community and agency partners, and by providing the public with comprehensive information to address the prevailing concerns. These types of activities continue to be evidenced within the Dawn Project System of Care.

Five years after the Dawn Project System of Care’s initial implementation, the governance group and agency funders questioned Dawn Project expenditures and Choices’ management of Dawn. Response to the criticism was to gather together stakeholders from partner agencies to begin a problem-solving dialogue. Several cross-system work groups were established that contained at least one stakeholder each from education, child welfare, juvenile justice, mental health and Choices. The workgroups’ charge was to create in-depth reports that detailed Dawn Project actions regarding the issues in question. Choices supplied the workgroups with any information that could be useful to complete the reports. This partnership and transparency was vital in diffusing the situation and re-establishing the trust between Choices and the Dawn Project Consortium and agency partners.

The Dawn Project System of Care has also modeled transparency during periods of relative calm. The evaluation team, composed of researchers from IUPUI and representatives from each of the major stakeholder groups held six annual research briefings in efforts to keep the public informed about Dawn’s outcomes for children. These were large public events in which the media was invited in order to widely disseminate key findings. “I think it has become one of the best examples of a university-private-public partnership of the state,” noted one respondent. “There was a lot of work that went into that.”

## 5. Strategic approaches to growth.

### *Service Expansion*

Since its inception, the Dawn Project has made major efforts to ensure collaboration across programs and agencies. Cautious growth strategies, including piloting and “rolling out” programs, have allowed the system to expand without pushing it to an unstable capacity. This was evidenced by the early development of the Dawn Project, when the system began by serving ten children and their families in the first month, and adding ten more children each month until they reached 120 children and families in the first year. Dawn has served more than 1500 families. Many programs within the Dawn Project System of Care are purposefully grown by piloting programs and then slowly expanding the availability of these services.

The Dawn Project has played a critical role in disseminating system-of-care values to stakeholders. One community partner stated “The Dawn Project has been a leader in getting those values out.” Partners are well-versed in system-of-care values and principles, and all share similar goals for the children and families of Marion County. Agencies constantly work towards being strength-based, culturally competent, and family driven. These common values and goals create a foundation for collaboration among partners.

### *Population Expansion*

Stakeholders within the Dawn Project worked collaboratively to expand the system of care’s population of focus over time. These service efforts have been facilitated by a strong value of serving children and families before they need deep-end involvement in various agencies. Systemic effort to expand the population of focus is evidenced by the development and implementation of the tier system in 2007.

The use and availability of outcome data played a critical role in creating community acceptance of moving toward more preventive services. One stakeholder noted, “Dawn just recently went to their tier system, in large part because of the data that we have and the way we are able to share that.” The hope in Dawn is that by “[treating] kids earlier, they’re going to avoid having some of those kids escalate up to the point where they do have to have more restrictive care.” This type of mindset, along with demonstrated cost-savings, has allowed agency partners to expand their population to serve at-risk children and families before heavy system involvement. This shift allows agencies to be more proactive rather than reactive to larger issues.

The creation of the Marion County Youth Reception Center has allowed the juvenile justice system to divert youth coming into the system for the first time, often for low offense misdemeanors. This grant program,

funded through the Annie E. Casey Foundation, allows case managers and other workers to help address issues leading to delinquency before these youth become more deeply involved in the juvenile justice system. The Full Purpose Partnership schools have also allowed partners in education to expand their population to serve children with a variety of needs.

## **6. Establish and maintain relationships with community partners.**

Stakeholders within the Dawn Project have successfully created partnerships with various agencies, providers, and individuals across Marion County in order to more effectively and comprehensively serve children and families. One respondent remarked, “I really like the inclusiveness of Dawn and how they embrace their partners in the planning process. I think that goes light years to creating positive relationships.” The data indicate that Dawn stakeholders have a very broad conceptualization of what constitutes a system partner. As such, stakeholders consider the community to be as vital to system functioning as traditional system partners. Choices’ decision to retain a full-time social marketer, even after federal grant funding ended, illustrates its dedication to maintaining a strong relationship with the community. The social marketer also helps agency partners present information about their services and outcomes to the media, schools, and parents.

Additionally, Dawn stakeholders place a high priority on maintaining healthy relationships with their service providers. These relationships are cultivated through formal structures, such as trainings and meetings, and through informal supports, such as attending to the specific needs of the providers. Independent providers who serve children in Dawn attend mandatory monthly meetings in which they discuss successes, strengths, barriers to providing services, and “lessons learned.” During these monthly meetings, providers can also be connected with professional supports, such as child psychologists who provide clinical supervision. There are also quarterly trainings that serve to “cross-pollinate,” or introduce care coordinators to service providers. These trainings and sharing of information across partners allow care coordinators to connect with providers who have specific areas of expertise.

Dawn also cultivates relationships through informal supports by responding to specific provider needs. “It’s listening to what the needs are from the providers,” stated one manager. The level of trust between Dawn and its provider network is readily apparent in that the providers feel comfortable expressing their needs to stakeholders within Dawn and Choices. The data indicate that Choices responds with an appropriate customer service focus when providers need additional supports, such as providing transportation or alternative payment considerations.

# DAWN PROJECT IMPLEMENTATION FACTORS

Table 1. Dawn Project System of Care  
Implementation Factors

Westchester Community Network Implementation Factors
1. Blended Funding
2. Champion for Change
3. Collaboration
4. Creating Neutrality
5. Customer Service Focus
6. Focus on Kids
7. Information Utilization
8. Leadership
9. Provider Network
10. Readiness and Willingness to Change
11. Self-Reflection
12. Strength-Based Approach/Emphasis
13. Tenacity

## ***Blended Funding...***

in the Dawn Project system of Care is a strategy used to decategorize money and provide Child and Family Teams with a source of flexible funds. The creation of a pool of blended funds is accomplished through established and agreed-upon case rates. Blended Funding allows system partners to fund services and supports outside of traditional agency funding constraints. Blended Funding mitigates “turf wars” by providing both a neutral source and oversight of funding. Child and Family Teams are responsible for managing the blended funds for each case, and established structures and processes are in place to ensure the teams stay within aggregate funding limits.

System implementation factors are structures, processes, and relationships that are used strategically by local system developers to build their system of care. Key stakeholders identified and defined implementation factors specific to the Dawn Project System of Care. Thirteen factors were considered critical to the system’s implementation. These factors should not be considered static. The importance and relative emphasis of each factor and its component parts changed over time as the system developed. Findings related to these factors are presented in the sections that follow. Themes related to individual factors, factor comparisons, and the relationships among factors will be discussed.

## **System Implementation Factor Themes**

The discussion below highlights emergent themes for individual system implementation factors. Data collected through interviews and observations were highly consistent with data collected through the Factor Ratings Exercise. The findings presented below provide a brief illustration of respondents’ perspectives about the identified factors. Factors are presented in alphabetical order.

### ***Blended Funding***

In the Dawn Project System of Care, *Blended Funding* is described as a strategy to decategorize money and provide flexible funds in serving children and families. Data indicate that although blending funded has been challenging, it is ultimately effective. “It is my belief that over time [we] have become more comfortable in our understanding of blended funding,” noted one stakeholder. Another respondent resonated with this, stating, “It can be difficult to get the different funders to agree, but once they do, it is a very effective tool for managing care.” One challenge noted by several interview respondents was the actual utilization of blended funds. “Building a deck or remodeling a basement can have mixed views from funding sources,” noted one respondent, “Even though there may be a benefit.”

### *Champion for Change*

A *Champion for Change* in the Dawn Project System of Care is described as someone who provides a positive influence on the system implementation by motivating system partners toward system change. Most respondents agreed with the effectiveness of a Champion for Change is determined by his/her ability to influence others. Respondents noted, “The effectiveness of utilizing a Champion depends on the skill and political clout of that Champion,” and “The Champion for Change has to be an individual that is in a position of power and influence.”

A majority of respondents felt that the system was effective or very effective at utilizing a Champion for Change to propel the system forward. The most notable theme in responses was that many people can serve as Champions. “[It] always helps to have a ‘keeper of the flame’, but it doesn’t necessarily have to always be the same person,” noted one key stakeholder. “It is better to have many folks function this way at different levels.” Data demonstrated that having multiple Champions helps to act as a buffer against systemic barriers. “Champions for Change can create passion and drum up the energy needed and also momentarily neutralize the nay-say leaders...no single Champion can overcome that,” stated one respondent. The success of the implementation of this factor may be related to the system’s ability to nurture this type of outlook. “I attribute much of that success to the level of ongoing education and tenacity that it takes to change the mindsets of systems to advocate in a strength-based manner,” said one respondent.

### *Collaboration*

*Collaboration* within the Dawn Project is the process of cross-system, cross-agency teamwork for the shared purpose of achieving system goals. Collaboration was rated as one of the more challenging factors to implement. The most common theme in responses was that collaboration requires a continual commitment by system stakeholders. “True collaboration across systems is very difficult...employee and leadership turnover make collaboration an ongoing challenge,” said one respondent. “Collaboration is just crucial to the process,” said one administrator, “The level of difficulty can vary with the task at hand.”

#### *A Champion for Change...*

in the Dawn Project System of Care provides a positive influence on the system implementation by motivating system partners toward system change. A champion is the impetus and acts as a constant reminder of the goals of system change (e.g. positive outcomes for kids) and is a driver for overcoming implementation challenges. A champion may or may not be a formal leader in the system and does not require funding or policy authority to act effectively. A champion must have commitment to the goals of system change and the tenacity to keep the system change process moving forward.

#### *Collaboration ...*

in the Dawn Project System of Care is the process of cross-system, cross-agency teamwork for the shared purpose of achieving system goals. Collaboration functions as a problem-solving activity that maintains consistency of action and acts to buffer against conflicts of interests. Collaboration occurs both formally and informally at all levels – line, middle management, and executive. The cross-system, cross-agency structure of collaborative activity involves regular communication and ensures that issues are resolved closest to their source and do not rise unnecessarily to higher levels for resolution.



### *Creating Neutrality...*

in the Dawn Project System of Care is a strategy to support cross-system planning and problem solving in a way that builds relationships and reduces conflict among system partners. In the Dawn Project, strategies for Creating Neutrality include establishing common ground by focusing system change discussions on shared goals for kids; creating a non-profit, non-provider entity that brokered existing services and fostered a sense of equality among agencies; and creating cross-system, cross-agency work groups and teams to foster collaboration. Neutrality supports “give and take” on day-to-day management issues and helps erode boundaries and service silos.

### *Customer Service Focus...*

in the Dawn Project System of Care is a commitment to respecting and meeting the needs of system partners without compromising financial and clinical processes. Successfully carrying out a Customer Service Focus requires attention to broad system issues such as role clarification, shared training opportunities, and the availability of Dawn Care Coordinators when needed. This also includes addressing more detailed issues such as shortened meeting times, reduced email and paperwork, and adjustments in meeting locations. Customer service requires consistent attention and is considered an important product of Choices.

Despite these difficulties, a majority of respondents found the system to be effective or very effective at implementing this factor. “Sometimes it can be difficult to get everyone to agree, since everyone has different issues. When they agree, it works well,” stated one respondent.

### *Creating Neutrality*

In the Dawn Project System of Care, *Creating Neutrality* is a strategy for supporting cross-system planning and problem solving as a way to build relationships and reduce conflict. Few respondents identified this factor as easy to implement; however, there was significant division on whether respondents felt the factor was difficult/very difficult to implement (40%) or that the system was neutral regarding the ease/difficulty of implementation (40%). One respondent’s comment may explain this ambiguity: “Ease/difficulty is “neutral” because it’s easiest to agree on this idea, yet difficult to have relationships that trust it to work in everyone’s favor.”

A theme from responses was that Creating Neutrality requires constant work. “It has been difficult for the system of care to utilize this factor,” said one administrator, “However, over the years it has proven to be effective in sustaining the system.” Noted another respondent, “Many of us are challenged every day to remain neutral, and to create an atmosphere that is neutral and understanding of the mandates of every partner/provider involved.” A common theme was that Creating Neutrality has been important in the sustainability of the system. “Real work and systems change happens when collaborators use the platform of neutrality as the pathway for agreeing on a shared Theory of Change for youth and families,” said one stakeholder.

### *Customer Service Focus*

A *Customer Service Focus* at Choices and in the Dawn Project System of Care is a commitment to respecting and meeting the needs of system partners without compromising financial and clinical processes. Although almost everyone agreed with the definition developed by key stakeholders, some respondents felt that Customer-Service focus should also include children and family. “I would argue that children and family are the true customers,” commented one respondent. “The definition centered on the needs of the system partners, and not the family,” noted another stakeholder. “However, it is a necessary part of what the

Dawn Project has had to do.” Another responded, “The customers, regardless of one’s role in the system, are the families served.” These responses were reflected in interview data, which showed that Customer Service Focus often had a two-fold definition for stakeholders: customer service towards other system partners, and overall service for children and their families. This was true across providers and at different levels of the system.

This was one of the factors rated among the least difficult and the most effective by system partners. Describing what makes the system effective at implementing this factor, one respondent noted, “Understanding the mandates of every community partner/provider helps enhance the level of communication.” Another noted, “The value of customer service is expressed as understanding that the changing needs of the customer are first priority and to address every partner’s issue as if it were our own.”

### *Focus on Kids*

In the Dawn Project System of Care, a *Focus on Kids* is described as creating goal-oriented action around serving kids better and differently. Many respondents agreed with the definition for Focus on Kids, but suggested that the concept be expanded. One respondent suggested, “I agree with this definition, but want to comment that the next evolution of effectiveness is to make this item ‘Focus on the Family’.” Similarly, another stakeholder said, “It’s politically feasible to focus on kids, [but] more difficult to think/consider the families in which they live.”

A majority of respondents found implementing a Focus on Kids an easy task. A common theme from respondents was that commitment makes it easy to Focus on Kids. “I believe that everyone within our system of care community are all focusing on the kids in the same manner,” noted one respondent. Focusing on kids is seen as “something most can agree to do.” Most respondents found the system to be effective in focusing on kids, but respondents expressed some concerns. “It is fairly easy for people to ‘talk the talk’ about focusing on kids,” said an administrator, “but when it comes to conflicts or disagreements, some people forget who they are (or should be) serving.” Despite challenges, data indicate that stakeholders perceive the system to be effective at implementing this factor. “It’s not always easy to get everyone to focus on kids, but when it happens the program works very well,” noted one respondent. “In short,” said another, “this is what it’s about, right?”

### *A Focus on Kids...*

in the Dawn Project System of Care is a strategy for creating goal-oriented action around serving kids better and differently. Focusing on kids supports community building and bonding by creating a shared responsibility rather than categorizing kids as “mine” or “yours.” Focusing on kids guides decisions by allowing system partners to be less blameful about system shortcomings and to direct attention toward serving kids in the best possible way and in the most appropriate setting.

### *Information Utilization...*

in the Dawn Project System of Care is a strategy for elevating clinical practice and system accountability by providing real-time data about clinical and fiscal level outcomes. Because workers do their work using this data, up-to-date information is available on the number of kids in residential care, foster care, therapy, etc. Information Utilization is considered critical to managing the system because it supports good clinical outcome measures and performance-based accountability.

### *Leadership...*

at the state and local level is critical to system implementation because it supports policy and funding change. System leaders are individuals who have the power to make policy and funding decisions and have the authority to commit to the necessary changes in system structure and process.

### *Information Utilization*

*Information Utilization* in the Dawn Project System of Care is a strategy for elevating clinical practice and system accountability by providing real-time data about clinical and fiscal level outcomes. Most respondents agreed with the definition for information utilization, although it was noted that it could be expanded to reflect the use of information as a “systems change tool.” The recent tiered case rate structure is a salient example of how change occurred in the system by “comparing the existing service data against the case rate data.”

Respondents were fairly evenly divided about the ease/difficulty of implementing information utilization. Nearly all respondents described the critical importance of information utilization, yet some noted challenges in adequately using the data. “I think under the stress of getting the job done, we don’t always sufficiently look at the data.” In addition to time constraints, another respondent commented that funders’ values are more important than data when deciding to support systems and child serving organizations.

Despite these challenges, most respondents found the system to be very effective or effective at utilizing information. Several stakeholders commented that information utilization “has become an effective way to communicate with community partners and providers,” because the data “document the process in an objective way.” Additionally, the quality information utilized by Dawn assists other stakeholders who “often rely on [Dawn’s] information to make decisions.”

### *Leadership*

Within the Dawn Project System of Care, *Leadership* is described as having the power to make policy and funding decisions and having the authority to commit to the necessary changes in system structure and process. Respondents were very evenly divided on the ease or difficulty of implementation of leadership. In addition, there were several neutral responses. A common theme was that the ease/difficulty of implementation of Leadership was dependent upon the leader. “I think it can be difficult to find the right leader,” noted one respondent. “When you find the right leader, it makes implementation much easier.” Another stakeholder stated, “It’s easy to do and very effective when you have the right leader and the political will.” Several respondents commented on leadership at the state



(versus local) level, noting that lack of support at the state-level made appropriate leadership difficult. One respondent stated, “leaders at the state level of our government do not fully understand the value or even embrace the concept of systems of care,” whereas another felt that “collaboration at the state level is not evident.”

Despite the challenges, most respondents found the system to be effective in implementing the Leadership factor. One stakeholder stated, “Since its inception, the Dawn Project has been supported financially and policy wise by system leaders.” Others mentioned the strengthening of leadership over time: “I think the leadership of our local government partners have become much more knowledgeable of systems of care, and the value of a team-based and family-driven approach.”

### *Provider Network*

A *Provider Network* within the Dawn Project System of Care includes connections with existing providers within the community as well as non-traditional, community-supported providers who customize services and supports to the needs of individuals. The Provider Network was rated as both the easiest factor to implement and the most effective. Responses overwhelmingly demonstrated the ease and effectiveness of this factor. “This factor makes Dawn truly unique in the community,” said one system-level administrator. “No one else recruits and manages a provider network as effectively.” Another respondent supported this, by commenting, “The Dawn Project has assisted this community to meet families in settings that are familiar and within the community.”

Implementing a Provider Network is not without its challenges, however. “It can be difficult to develop a good provider network,” noted one administrator. “Once it is established, it is the key to generating good outcomes.” Further, stakeholders reflected this notion by describing some of the challenges of building a provider network: “Providers can feel threatened, and they need to be a part of the process from the beginning, and understand the important role they play.” Data indicate that attempts to bring providers into the network have been increasingly successful over time. “I think community partners have become very knowledgeable of the values of provider relations, and the support that is offered to families as a result,” stated one respondent.

### *Provider Network...*

Building and developing a strong community-based *Provider Network* is a key strategy in growing the Dawn Project System of Care. It is purposefully created and managed, thus many options are available for teams to build individualized, coordinated care plans. The network has grown from the community’s already existing providers to non-traditional, community-supported providers who customize services and supports to the needs of the individual. Creating a network assists Choices in disseminating the values and principles across the workforce and creates partnerships with providers across the community.

### *Readiness and Willingness to Change...*

In the Dawn Project System of Care, *Readiness and Willingness to Change* are considered critical in both initial and ongoing system implementation because they act as a call to action. Initial readiness is characterized as a reaction to local conditions such as high rates of out-of-home placement that triggered initial system development activity. Ongoing readiness to change is described as energizing the system and is considered proactive because it occurs in response to the in-depth examination of current practice, including practices that appear to be working well on the surface. Willingness to change includes “digging deeper and deeper” to be informed about how the system works and doesn’t work, what might work better, and determining one’s role in the change process.

### *Self-Reflection...*

precedes system change and involves reflecting upon practices and anticipated outcomes. Within the Dawn Project System of Care, self-reflection is a non-blaming goal-oriented process in which system stakeholders reflect upon their own practices in relation to anticipated and achieved outcomes. Self-Reflection requires being informed about system functioning and continuing to assess and reflect upon what can be done differently.

### *Readiness and Willingness to Change*

In the Dawn Project System of Care, *Readiness and Willingness to Change* are described as a call to action characterized by reacting to local conditions, proactively responding to an examination of current practice, and energizing the system. Readiness and Willingness to Change was ranked among one of the more difficult factors to implement by system stakeholders. “System change is difficult,” remarked one system-level administrator, “and sometimes we become impatient while we wait for people to go through the stages.” The challenge related to change can often be external. “Political issues become a driving force,” stated one respondent, “Government agencies often resist change.”

Readiness and Willingness to Change was rated as effective or very effective by most respondents. Perseverance appeared to be a common theme related to implementing change. “I think as we continue to increase awareness, education, and impact the lives of more individuals,” noted one respondent, “That will force/push the community to transform the system.” These processes can make system change more attainable. As one system-level administrator said, “It can get easier as stakeholders realize and accept process is not static, and always needs review to meet the changing needs of children, their families, and system conditions.”

### *Self-Reflection*

Within the Dawn Project System of Care, *Self-Reflection* is described as a non-blaming goal-oriented process in which system stakeholders reflect upon their own practices in relation to anticipated and achieved outcomes. Stakeholders were divided on the perceived ease/difficulty of engaging in self-reflection, but the majority of respondents found it to be difficult. “This requires a well-facilitated process by local influencers for buy-in and is challenging to each person, so it is difficult,” noted one respondent, “but very effective when done correctly.”

Although there were several neutral responses for the effectiveness of this factor, the majority of respondents found the system to be effective or very effective at Self-Reflection. “It appears that self-reflection is somewhat easier when there are fewer barriers around trust and an increased understanding of the values of system of care,” said one stakeholder. “Systems seem to become comfortable and trusting enough to self-reflect.” Other respondents disagreed,

with comments such as: “I don’t think that we as a system are particularly good at self-reflection. People are too busy managing crisis or growth to truly take the time and energy to do this.”

### *Strength-Based Approach/Emphasis*

A *Strength-Based Approach/Emphasis* within the Dawn Project System of Care is described as a non-negotiable expectation of acknowledgment and discussion of strengths and successes, occurring at all levels of the organization. Stakeholders were divided on the ease/difficulty of implementing a Strength-Based Approach/Emphasis. Although the majority of respondents stated that it was easy to implement, others mentioned challenges faced by the system. “It is difficult because until you understand that strengths work is an advanced and trained clinical practice, people discount it as avoidance of the real issues,” said one administrator. Another stakeholder similarly responded, “It was not easy at first, with care coordinators called ‘touchy feely’ and ‘unwilling to hold clients accountable.’” Further, implementing a Strength-Based Approach/Emphasis “can be difficult if trying to change from a culture that only focuses on what needs to be fixed or what is wrong.”

Despite these challenges, respondents felt that the system was effective at implementing a strength-based approach, with an overwhelming majority of respondents stating that the system is effective or very effective. “I think the community has done a phenomenal job understanding the strengths-based approach to coordinating care for families,” said one stakeholder. “I think it is helpful that our community continues to model from a strengths-based approach.”

### *Tenacity*

In the Dawn Project System of Care, *Tenacity* is the drive to push change forward and provides system stakeholders the persistence and resolve to address the challenges inherent in creating real system change. A majority of respondents rated Tenacity as difficult or very difficult to maintain. “It has never been easy,” said one respondent. “Many people have worked hard and never given up the fight to make positive change.”

Respondents, particularly as they reflected upon the early years of system development, noted that many times tenacity was what kept them all at the table and move towards

### *A Strength-Based Approach/Emphasis...*

within the Dawn Project System of Care is used as a strategy of practice at all levels of the organization including the child and family, direct service, and system levels. The non-negotiable expectation of a strength-based approach is that meetings will always begin with acknowledgment and discussion of strengths and successes. Over time, the approach has been adopted by organizations outside of the Dawn Project.

### *Tenacity...*

In the Dawn Project System of Care, *Tenacity* is the drive to push change forward and provides system stakeholders the persistence and resolve to address the challenges inherent in creating real system change.

system change. This was especially evident as they worked with stakeholders who were more resistant to change. Tenacity is “crucial,” stated one system stakeholder. “System change is incredibly slow, and commitment must be for the long haul.”

## Additional Implementation Factors

During the card sort exercise, respondents were provided the opportunity to add, modify, or delete implementation factors, and several respondents chose to do so. **Values** was added as one respondent found them critical to system functioning. Some respondents noted that **Braided Funding** was a more appropriate descriptor of fiscal operations than **Blended Funding**. One stakeholder introduced the idea of **Staff Creation of their Specific SOC Model**, explaining that staff must go through a process where they truly develop and cultivate their involvement and processes in system of care work. **Individualized Care** was added by one respondent, who stated that this was at the heart of work done by Dawn.

Most notably, several respondents added or modified factors to reflect the importance of families within Dawn’s system of care. Three individuals added the factors **Family** or **Families**, while others added **Focus on Family**, **Focus on Family Driven (Care)**, and **Family Service Focus**. The overarching theme of these responses were that families, in addition to children, are a focus of Dawn’s system-of-care efforts. As one stakeholder reflected, “obviously you’ve got to focus on the kids, but the kids are part of a family structure.” These responses indicate that families are also considered vital to the implementation of the system of care.

## System Implementation Factor Comparisons

The line graphs below illustrate aggregate data from respondents of the Factor Ratings Exercise for the Dawn Project. The ratings exercise asked questions related to: 1) agreement/ disagreement with the definition for each locally identified factor, 2) its importance for establishment and/or sustainability of the system, 3) its ease/difficulty of implementation, and 4) the site’s level of effectiveness in implementing the factor.

Twenty-six people responded to the ratings exercise, with a response rate of 62%. Respondents represented all groups within the Dawn Project except for youth. It is important to note, however, that the ratings data are consistent with interview and observation data collected during the site visit.

### *Method for Determining Averages*

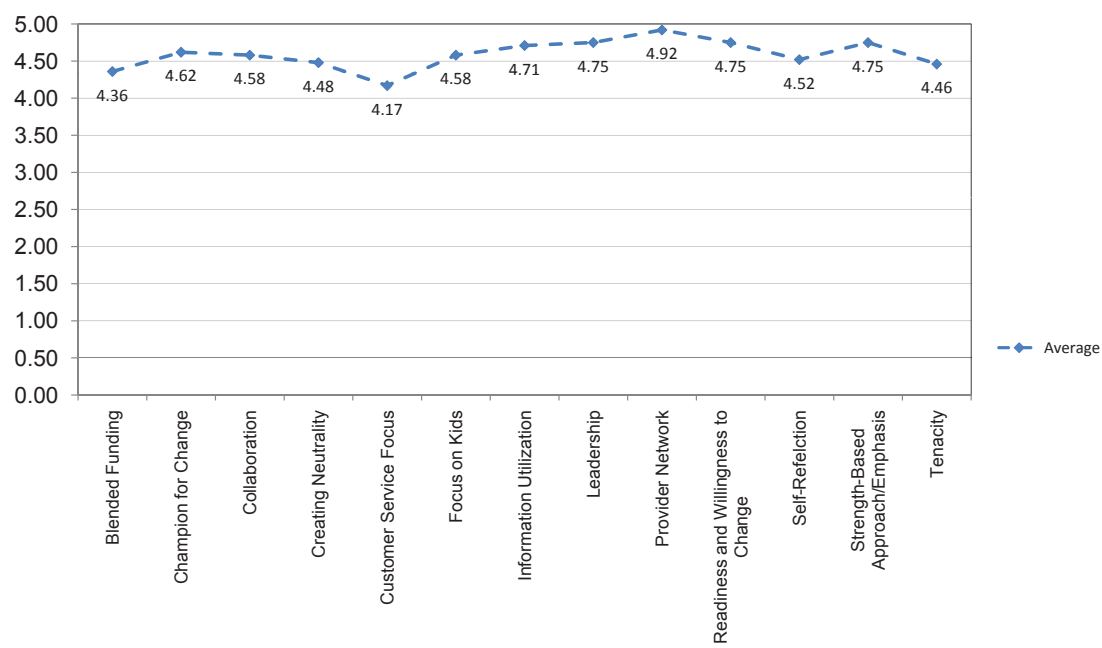
As noted previously, implementation factors were identified and defined by a key group of stakeholders from Choices during a brainstorming session. Noting a few differences in the data between respondents employed by Choices versus other system partners on the factor ratings exercise, the research team conducted additional analyses. Figures will reflect average ratings from all respondents, but notable differences between Choices and non-Choices respondents will be discussed.

### *Agreement/Disagreement with Definition*

The line graph in Figure 3 shows stakeholder responses on the Factor Ratings Exercise regarding agreement or disagreement with the definitions created for each factor. Questions offered the following response anchors: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, or Don't Know. These anchors were coded from 1 (Strongly Disagree) to 5 (Strongly Agree). Don't Know responses were not calculated to obtain mean scores but were used in overall analysis of the data. The rating exercise responses were used to validate data provided by a smaller group of stakeholders, in which critical implementation factors were defined.

Respondents had little variability in their rating of each factor, with a large majority of respondents stating that they agree or strongly agree that the definitions developed by the smaller groups accurately reflect the meaning of these factors in their experience within the system of care. Averages on

*Figure 3. Agreement with Definition*



agreement with the definition for each factor ranged from 4.17 (Customer Service Focus) to 4.92 (Provider Network). Complete definitions for the factors are provided in the section titled System Implementation Factor Themes.

### *Notable Differences in Agreement with Definition*

When responses were categorized by Choices or non-Choices stakeholders, the most notable discrepancy (although not considerable) was related to **Customer Service Focus** (Choices 4.63; Non-Choices 3.94). A common theme was that while Choices views agency partners as primary ‘customers’, non-Choices respondents considered their customers to be children and families. “I do think when we talk about focus on kids and families, that is customer service,” noted one non-Choices respondent in an interview. This is not to suggest that Choices’ does not focus on serving children and families, but rather it indicates that they are especially attentive to agency partners’ needs in order to support agencies’ work with families. One Choices leader reflected this effort, saying that Customer Service Focus required asking agency partners, “How can we help them not compromise the clinical process, not compromise the financial methodology and really help them do their job?” Interview data also indicate that while Customer Service Focus may be understood differently among Choices respondents and non-Choices respondents, a Customer Service Focus at both the agency and client levels are important aspects of system implementation.

### *Ease/Difficulty of Implementation*

The research team also analyzed data on the difficulty and effectiveness of implementing the factors within the Dawn Project. The line graphs in Figure 4 illustrate stakeholder perceptions of ease/difficulty of the implementation of each factor within the system as well as effectiveness of implementation. The questions reflecting the ease or difficulty of implementing each factor offered the following response anchors: Very Easy (1), Easy (2), Neutral (3), Difficult (4), Very Difficult (5), or Don’t Know (not coded).

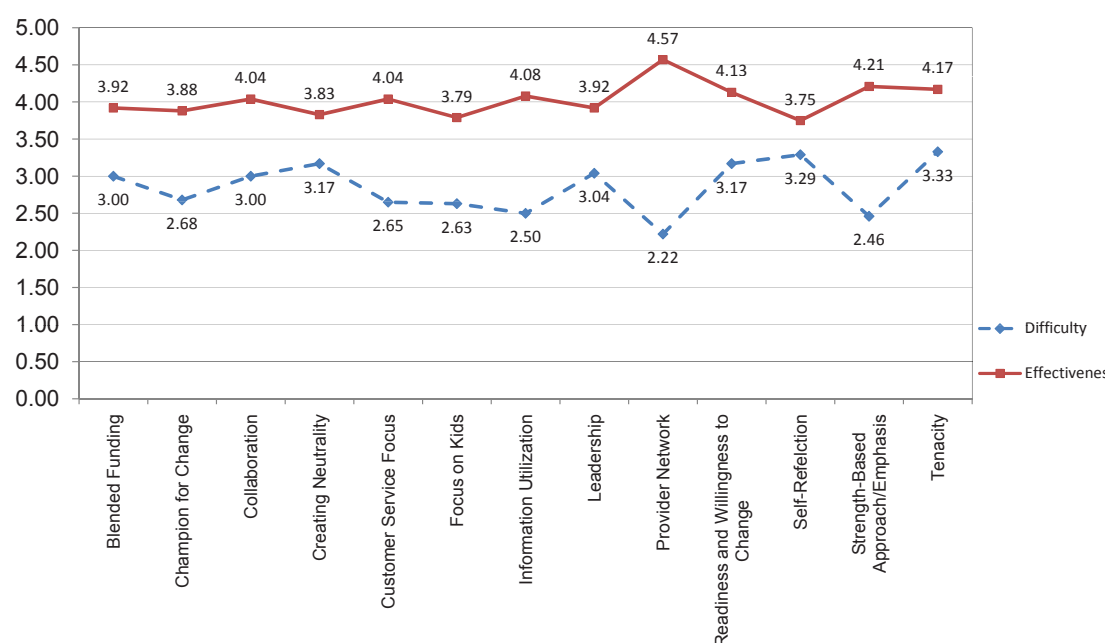
Averages on ease/difficulty of implementation reflected that Tenacy and Self Reflection were the most difficult factors to implement/maintain (3.33 and 3.29 respectively), and implementing a Provider Network as being the easiest (2.22).

### *Notable Differences in Ease/Difficulty in Implementation*

There were differences in the ratings between Choices and non-Choices stakeholders for the ease/difficulty of implementation on a few factors. Data indicate that these differences arise primarily from the various roles and responsibilities assumed by Choices as an organization.



Figure 4. Ease/Difficulty and Effectiveness of Implementation



The differences of the ease/difficulty ratings averages of **Blended Funding** (Choices 2.38; Non-Choices 3.33) align with the idea that Choices is responsible for administering blended funding. Choices stakeholders noted this implementation factor to be easier, likely because they are more familiar with the task of blending funding than individuals external to the process. Data also indicate that the difficulty of blended funding for non-Choices agency partners may stem from differing political mandates. “I think the blended funding we still struggle with,” stated a stakeholder from child welfare. “I think that’s more political issues than anything. It’s not for lack of trying.” This is less of an issue for Choices, as one of its primary functions is to blend and distribute funds for service delivery.

Choices stakeholders rated **Readiness and Willingness to Change** more difficult to implement than non-Choices respondents (Choices 3.88; Non-Choices 2.81). This higher rating of difficulty can best be explained by the role that Choices has taken as a modeler of change since the inception of the Dawn Project. Stakeholders outside of Choices pointed out that this organization is a long-standing driver of change. “Dawn has been effective in modeling [change] to the provider & funding community,” noted a community stakeholder.

One theme in the ratings exercise comments was that Dawn stakeholders feel ultimately responsible for driving Readiness and Willingness to Change in the community, which they stated can be a difficult task. “Although we still encounter different levels of uncertainty from our partners, they have come a long way through their journey,” noted a Choices stakeholder.

“Even today there are difficult conversations that must occur with partners/providers in an effort to help drive the community towards the direction of an overall systems approach to caring for families. I think as we continue to increase awareness, educate, and impact the lives of more individuals, then that will force/push the community to transform the system.” This sentiment was further reflected in another comment from a Choices stakeholder: “Change is incremental and sometimes we become impatient while we wait for people to go through the stages.” These quotes demonstrate that Choices makes a concerted effort to create change among other providers, which is a significant task for any community.

**Self-Reflection** was another factor that Choices stakeholders found more difficult to engage in than non-Choices stakeholders (3.88 and 3.00 respectively). Data indicate that this difference may arise from the fact that Self-Reflection requires “stakeholders [to] reflect upon their own practices in relation to anticipated and achieved outcomes,” and Choices is primarily responsible for collecting, analyzing, and reporting these outcomes. “And the self-reflection is where outcome and evaluation takes place,” stated a Choices stakeholder.

The use of this data in Self-Reflection of the system may be difficult for Choices stakeholders, but it is important to note that non-Choices stakeholders applaud their accomplishment. “They really are good at the self-reflection thing. They really look at what they do. They do their annual reports. They do the research,” noted one non-Choices affiliated stakeholder.

### *Effectiveness of Implementation*

Stakeholder perceptions of the effectiveness of implementation are reflected with the following responses: Very Ineffective (1), Ineffective (2), Neutral (3), Effective (4), Very Effective (5), or Don’t Know (not coded).

Overall, respondents felt that stakeholders within the Dawn Project were effective or very effective in implementing the factors, with **Provider Network** being ranked by respondents as being the most effectively implemented factor (4.57). Although **Self-Reflection** had the lowest mean score at 3.75, this is still a fairly high average, showing relatively little variability across factors. In addition, there were no significant differences between Choices and non-Choices stakeholders for the effectiveness ratings.

Mean scores related to the questions of ease or difficulty of carrying out each task showed more variability across factors than the issues of effectiveness. Having a **Strength-Based Approach/Emphasis, Information Utilization**, and implementing a **Provider Network** were viewed as the easier factors to carry out. Implementing a **Provider Network** was viewed as being the factor that was the easiest and most effectively carried out.

The graphs above reflect that in general, the factors that are easier to implement are more effectively implemented within the Dawn Project. This pattern is reflected with several factors illustrated in the figures above.



## Relationships Among Factors

Taken individually, the factors discussed above represent critical strategies used in the Dawn Project's system of care implementation. The concept of a system, however, suggests that a set of elements can come together to form a whole that has different properties than those of the individual component parts (Checkland, 1993, 1999; Gharajedaghi, 1999). System thinking uses the concept of wholeness as a way to capture the complexity inherent in systems that have multiple component parts, each with its own role and function. The relationship among system implementation factors focuses attention on the whole system rather than its individual parts.

Key stakeholders within Choices identified 13 local factors they considered critical to their system's development: blended funding, champion for change, collaboration, creating neutrality, customer service focus, focus on kids, information utilization, leadership, provider network, readiness and willingness to change, self-reflection, strength-based approach/emphasis, and tenacity. To better understand how the Dawn Project's implementation factors have been used to leverage system development, the research team analyzed the content of the factor definitions in order to categorize each factor according to its primary role in leveraging system change. The strategy of grouping is used to better understand the impact of these factors on the development of the system as a whole and their relationship to one another.

Dawn Project factors were grouped into categories as follows: System Values and Beliefs included Customer Service Focus, Focus on Kids, Readiness and Willingness to Change, Strength-Based Approach/Emphasis, and Tenacity; System Goals included Champion for Change, Collaboration, Creating Neutrality, Leadership, and Self-Reflection; System Information included Information Utilization; and System Structure included Blended Funding, and a Provider Network. The grouping of factors into these four categories is shown in Table 2. The relationship among the factors will be discussed first according to each category and then respective of the relationship across the categories.

## System Values and Beliefs Factors

Implementation factors related to System Values and Beliefs use the intrinsic philosophy of systems of care to create system change. Data confirm that in the Dawn Project, values and beliefs factors were critical to system development, with five of thirteen factors falling into this category. The Values and Beliefs factors, which indicate a shared understanding of the purpose of the Dawn Project and how to move system change forward within the community include: Customer Service Focus, Focus on Kids, Readiness and Willingness to Change, Strength-Based Approach/Emphasis, and Tenacity.

*Table 2. Dawn Project System of Care Implementation Factors According to Primary Role*

Factors	Factor Roles
Customer Service Focus Focus on Kids Readiness and Willingness to Change Strength-Based Approach/Emphasis Tenacity	<b>Facilitating System Values and Beliefs</b>
Champion for Change Collaboration Creating Neutrality Leadership Self-Reflection	<b>Facilitating System Goals</b>
Information Utilization	<b>Facilitating System Information</b>
Blended Funding Provider Network	<b>Facilitating System Structure</b>

Analysis of data indicates that Dawn Project stakeholders made conceptual links across three factors: *Strength-Based Approach/Emphasis*, a *Customer Service Focus*, and *Focus on Kids*. Data suggest that Dawn stakeholders believe these factors “need to happen simultaneously for the System of Care to work. [They] have to be agreed on.” Data also suggest that having a *strength-based approach/emphasis* is a priority in day-to-day work within the Dawn Project System of Care and is a value that now permeates throughout system partner agencies. Commitment to a strengths-based approach is reflected in Dawn’s work with children and families as well as its collaborations across system partners. Data reflect that in addition to family team meetings beginning with a discussion of family strengths and successes, staff meetings are also initiated with a discussion of strengths and identification of resources and supports for staff at all levels.

Similar to the commitment to a strengths-based approach, data indicate that the value of meeting needs through a Customer Service Focus is

also evident at both system and direct service levels. At the system level, *Customer Service Focus* was described as “a commitment to respecting and meeting the needs of system partners.” One respondent described customer service as “understanding that the changing needs of the customer are the first priority and to address every partner’s issue as if it were our own. Creating a culture that supports the Golden Rule...” At the direct service level *Customer Service Focus* was described by Choices stakeholders as recognition that “children and family are the true customer.”

Data indicate that *Focus on Kids*, described by stakeholders as “serving kids better and differently” and “creating a shared responsibility,” was used as a foundation to guide decisions within the system. Respondents often noted that their work must start with a focus on children. Several respondents noted that a *Focus on Kids* should be expanded to include the family, as they are a critical component to the success of each child.

*Readiness and Willingness to Change* and *Tenacity* are categorized within Values and Beliefs because they have been critical to initial system change as well as continuing development, with a focus on how to better serve children and youth in the community. *Readiness and Willingness to Change* has been described as a “call to action,” “digging deeper and deeper,” and “determining one’s role in the change process.”

*Tenacity* within the Dawn Project System of Care has been described as “the persistence and resolve to address the challenges inherent in creating real system change,” and stakeholders have noted that this takes commitment and energy but is critical when engaging system partners in the change process.

Data indicate that *Readiness and Willingness to Change* and *Tenacity* are often viewed as precursors to the development of the system, but several stakeholders also have described tenacity as permeating throughout the system, being critical during early in development as well as current practice. These factors were also described as part of the Dawn philosophy. One direct care staff noted the importance of both of these factors but perceived them as occurring more at the management level.

Implementation factors associated with values and beliefs have great power for change because they potentially determine all other actions taken within the system. These factors are closely associated with stakeholder belief that change is possible and that it is possible to transcend the initial conditions of the system that motivated stakeholders to action. Moving beyond the initial conditions of the system requires the ability to reflect on system assumptions, tolerate discomfort, and be open to new ways of thinking and acting. Data indicate that the emphasis on value and beliefs factors provided a significant anchor for the difficult and complex work of establishing a system of care in Marion County.

## System Goals

Five of Dawn Project's thirteen factors were placed into the System Goals category, which also reflects a strong values/beliefs foundation. Factors related to System Goals facilitate implementation by making system values and beliefs concrete and orienting system activity toward action. It is important to emphasize that values and beliefs are the foundation of System Goals, and this was clearly evident within the Dawn Project System of Care. Within Dawn, five of the thirteen factors were categorized as System Goals: *Champion for Change*, *Collaboration*, *Creating Neutrality*, *Leadership*, and *Self-Reflection*.

*Champion for Change* is described as "the impetus and acts as a constant reminder of the goals of system change" as well as the "driver for overcoming implementation challenges." Data indicate that a champion is viewed as a precursor to system change, and during early development one person in particular was perceived as the champion. Over the years, this activity has permeated throughout the system, with respondents noting that several people have become champions over the last few years and have shifted over time.

Although each of these factors was identified and defined individually, it is difficult to separate them conceptually. Data indicate that *Leadership* activities are often closely linked to the *Champion for Change*, with one respondent noting the champion for change needs to be "an individual that is in a position of power and influence, if not policy authority." Leaders within the Dawn Project System of Care are described as "individuals who have the power to make policy and funding decisions and have the authority to commit to the necessary changes in system structure and process."

*Collaboration* in the Dawn Project System of Care is described as a "process of cross-system, cross-agency teamwork for the shared purpose of achieving system goals." This collaboration is described as activities that occur at all levels of the system and includes a critical communication component. Stakeholders note that the system must have collaboration to accomplish goals and that collaboration is part of the Dawn philosophy. Data also indicate that collaboration is closely linked to leadership and a champion for change, reflected in comments such as "collaboration across systems is somewhat easier now. However that change came over time and from hard work and dedication from several committed people" and is described as taking "hard work and diligence."

Dawn stakeholders report that in the Dawn Project System of Care, *Creating Neutrality* and engaging in *Self-Reflection* are critical activities for the system to "stay viable." A core activity in *Creating Neutrality* is "cross-system planning and problem solving in a way that builds relationships and reduces conflict among system partners." Respondents noted that at times, this may include the development of cross-agency work groups to aid in

communication and to foster collaboration. Self-Reflection “precedes system change and involves reflecting upon practices and anticipated outcomes.” It is described as a “non-blaming goal-oriented process,” and its focus on “what can be done differently” illustrates its link to the Dawn Project’s mission statement: *To provide new and improved levels of help and assistance to children with serious emotional disturbances and their families.*

## System Information

Factors related to System Information address issues of system feedback and incorporate both formal and informal information mechanisms to accomplish system change. In general, factors related to system information should provide for structure and flow of information across stakeholder groups, reinforce system values, and expand the knowledge of system participants. In the Dawn Project System of Care, these activities were conceptualized as a single factor titled *Information Utilization*. The fact that this effort is represented by a single factor should not detract from the key role that information has played in the development of the Dawn Project System of Care. Data indicate that Choices, Inc. has developed an evaluation process that has become a powerful information tool within the system. Data are transparent to system stakeholders and are used for daily decision making. In addition, system stakeholders are encouraged by Choices’ evaluators to review reports, ask questions, and request additional data that help them serve children better.

## System Structure

Factors related to System Structures facilitate system change by creating changes in specified roles, responsibilities, and authorities of system participants. Within the Dawn Project System of Care, two factors were categorized as System Structures: *Blended Funding* and having a *Provider Network*.

In the Dawn Project, *Blended Funding* allows for decategorization of money by use of a case rate and enables funding of less-traditional services and supports to ensure individualization of care for each child. It was described by stakeholders as “an effective tool for managing care” and creating “shared responsibility.”

A *Provider Network* is described as growing from “the community’s already existing providers to non-traditional, community-supported providers who customize services and supports to the needs of the individual.” A network allows values and principles to permeate the system and creates strong partnerships. Data indicate that a strong provider network can be difficult to develop and takes time.

Data indicate that Blended Funding and having a Provider Network were often viewed as being closely linking with the Dawn Project System of Care. Respondents noted that these were “actions that resulted from a process once [they] had a cohesive idea about the System of Care.” They also, “created shared responsibility.” In addition, one respondent noted that these two are “how we differentiate ourselves” and “are critical to success.”

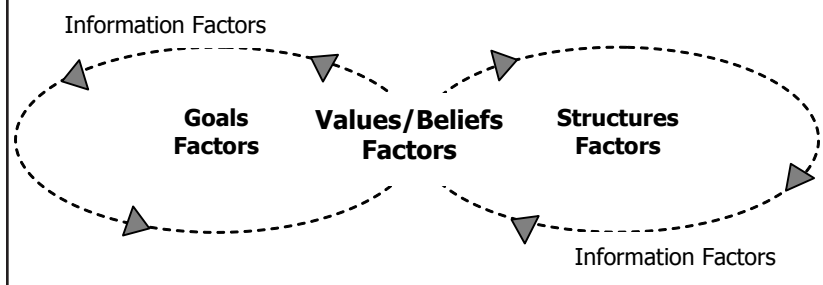
### **Summary: Relationship among the factors**

Leaders within the Dawn Project System of Care initiated the development of a system via the establishment of a unique non-profit care management entity. Their work is driven by a focus on ensuring children and youth the services they need, often by providing very innovative services. The system-of-care values and beliefs that are core to their work have become infused in the work of system partners, in a quest to ensure the best possible outcomes for children and youth.

Implemented strategically and in combination with one another, the 13 factors identified by Dawn Project System of Care stakeholders were used to leverage system development. The relationships among the factors is illustrated in Figure 5. As this figure suggests, Dawn’s experience with system of care implementation suggests that values and beliefs are central to the process of leveraging change. The factors related to values and beliefs are used to impact change related to both goals and structures. Information factors provide an interface across the other factors and serve as key mechanisms for enabling the roles of other factors in the change process. Although a three dimensional representation of the system change process would more accurately represent the fluid nature of change and adaptation, the significant point made by this illustration is that values and beliefs are at the core of all other aspects of the change process.

There are three particular points of note related to the relationship among the Dawn Project’s factors as illustrated in Figure 5. First, a strong information system, primarily formal, but also informal, plays a critical role in the implementation of the Dawn Project. Many locally identified factors include an important communication component. For example, a Provider Network includes the dissemination of values and principles across the workforce, Self-Reflection “requires being informed about system functioning,” Collaboration “involves regular communication,” and a Champion for Change “acts as a constant reminder of the goals of system change.” These are just a few examples of the embeddedness of information sharing within many of the identified factors.

Figure 5. Implementation Factor Roles



Second, the Goals factors within the Dawn Project are process oriented, but data indicate that values and beliefs are foundational to these processes. For example, although described as processes by key stakeholders, Creating Neutrality includes “discussions on shared goals for kids,” and Self-Reflection is described as a “goal-oriented process,” but one in which “stakeholders reflect upon their own practices in relation to anticipated and achieved outcomes.”

Finally, it is important to note that the classification of local factors into the categories of Values and Beliefs, Goals and Actions, Structures, and Information is subjective because there is a considerable amount of overlap in content of the factor definitions. Data indicate that these factors interact closely with each other, and several of these factors could be placed in multiple categories. However, these categories represent the primary role of each factor in system development, and the discussion below will describe Dawn’s locally derived implementation factors according to their primary role.



## KEY POINTS FOR SYSTEM SUSTAINABILITY

This section will provide recommendations based upon the understanding that stakeholders within Marion County are seeking to expand the system of care and the involvement and accountability of system partners within this broader context. It is important to note that these recommendations for developing a more broadly defined system of care are based on observations of the research team that include the recognition of siloed “systems” within Marion County versus one large “system”. The recent name change from the Dawn Project Consortium to the Marion County System of Care Collaborative appears to illustrate a move towards a broader system with more extensive community ownership. It should also be noted that having smaller systems within the larger system context may be what works to produce positive outcomes within a densely populated, urban environment—especially with the utilization of a non-profit care management organization.

The recommendations below are written for the broader system—MCSOCC—because it is ultimately the community’s responsibility, not components of the system such as Dawn or Choices, to continue to develop the system. These recommendations are based upon Marion County’s aim toward expansion into a larger system.

### I. Planning for Broader System Development.

- *Clarify MCSOCC mission and goals.* The values and principles of a system of care are clearly evident in each partner agency within the community. Data indicate that these values and principles permeate each agency and clearly drive their day-to-day work. However, there was less evidence that these same agencies embrace the concept of working cross-agency—to challenge barriers such as competing mandates or siloed funding—to ensure genuine “ownership” of the system and accountability of all children touched by any system partner. Again it must be noted that each agency functions as a system unto itself; however, system stakeholders must develop a shared understanding of the role of MCSOCC within the Marion County service system.

Questions to be addressed include: What is the mission of MCSOCC? Does its mission align with the mission of each of the partner agencies that comprise MCSOCC? What are the overall goals of MCSOCC? How are these goals the same as/different from the individual partner agencies? What structure best serves the children and families? What processes need to be in place to ensure that the structure functions as intended? Currently, these



questions can be answered for each partner agency, as stakeholders within Marion County seek a more cross-agency system of care, these questions will challenge all partners to plan and implement the system in a more comprehensive way.

- *Articulate population to prevent duplication or fragmentation of services.*
  - o The System of Care population is traditionally identified as deep end (with an SED diagnosis), at risk of out-of-home placement, with multiple agency involvement.
  - o As the system moves towards serving children and youth on the early intervention and prevention range of the continuum (consistent with the development of tiers in Dawn), there needs to be a shared understanding of 1) the population, 2) what services and supports are appropriate for the population, and 3) which agencies provide what services. Gaining clarity around these issues and establishing a process for triaging cases will help prevent duplication and fragmentation of services across the broader system. In addition, gaining this shared understanding will assist the system in strategic planning around clarifying outcomes for the population, identifying appropriate services and where there may be gaps, and recognizing (and working together to address) challenges to service delivery.
  - o As noted in the Accomplishments section of the report, Dawn and its system partners have developed innovative ways to serve children and families within Marion County. These services have demonstrated positive effects for children and youth with intensive service needs. Dawn and its system partners should consider how these innovations can be integrated into services for youth with less intensive needs.
- *Authority/Accountability Structure within MCSOCC.* Data show that stakeholders express interest in expanding the Dawn model to the broader community. This positive trend within the broader system necessarily requires that stakeholders define a concrete authority/accountability structure within MCSOCC. Specifically, the authority/accountability structure should address questions such as: Who is responsible for referring children into the expanded system of care? Who is responsible for which population of children (intensive, early intervention, prevention)? Who is responsible if the system is unable to address a child and family's specific needs? Currently, these roles are clearly defined within Dawn and other agencies individually, but deliberate thought and foresight dedicated to the accountability structure could facilitate the county-wide expansion.

- *Clarity of Roles.* The expansion will dictate the redefinition of the roles of key stakeholders within the system of care. Data suggest the importance of developing engagement with other community partners, particularly education, juvenile justice, and child welfare. The natural progression of a program to a system will likely incorporate greater levels of collaboration and feelings of ownership among these agencies. In response to the added emphasis and support for collaboration, Dawn will experience a reduced role within the system, operating more as a program rather than the system itself. This type of role clarity will require that agencies focus on the collaborative actions intended to make the county-wide system work as well as possible.
- *Rationale for Utilization/Distribution of Resources.* Dedicated efforts toward developing a rationale for resource distribution could help facilitate the expansion. Under Dawn's current role, priorities for resource distribution are clearly defined. However, if Marion County follows through with the expansion to a county-wide system of care, Dawn will likely transition from a system of care to a program that specializes in serving children with intensive needs and their families. The new system structure will require that concrete priorities are set so that stakeholders are clear on how both fiscal and non-fiscal resources should be allocated within MCSOCC.
- *Getting Families on Board.* Efforts are underway to ensure that families and youth have a voice in the system of care. For example, Choices, Inc. recently undertook efforts to fill and maintain key family roles and positions within the system of care. In its current form, the Dawn Project ensures that families are given the opportunity to have their needs acknowledged and met and to educate other families whose children benefit from Dawn services. However, stakeholders have also expressed that families could benefit the system by having increased opportunities to affect system development, including more involvement as active members of decision-making bodies. This period of adjustment provides a critical occasion for parents to become deeply engaged and affect policy changes within the system.

## II. Implementing the Broader System

- *Strengthen collaboration through training and practice.* Collaboration is the core philosophy that enables integrated service provision and allows agencies to create a strong system of care. In Marion County, stakeholders emphasized strong community partnerships, building strategic plans, and monitoring outcomes. The system can continue to build on collaborative successes and continue to expand and reach system partners. Actions to

strengthen collaboration can include agencies jointly pursuing and administering grants to fund innovative services, more extensively co-locating staff across sectors, and viewing the whole system as jointly accountable for child outcomes.

Cross-system training and cross-system supervision can cultivate stronger partnerships and shared values across agencies. Interview data indicate that the Dawn Project is a valuable resource in the community for providing training on the provision of strengths-based and individualized services. However, the training continues to be siloed and not truly cross-agency. The Dawn Project could very easily target training efforts to a broader group of stakeholders. Training and supervision must be done across all agencies within MCSOCC to ensure shared values and practices.

- ***Standardize Processes.*** As partners within MCSOCC come together to develop a single system, developing implementation practices that allow stakeholders to standardize key processes will be helpful in strengthening and formalizing partnerships. Examples of these may include a Memorandum of Understanding between system partners, creating strategies for joint problem solving, and regular meetings between administrators across agencies. Myriad state and federal regulations and bureaucratic processes can pose challenges to true system integration and transparency for families. Formalizing processes within the system will allow for information sharing across agencies and an improved ability to respond systematically to community needs.

## CONCLUSION

The Dawn Project System of Care was built upon a foundation of system of care values and principles in which there is a shared responsibility for serving children and youth within the community. Although data indicate that there are still siloed “systems” in Marion County, system-of-care values and principles permeate throughout system partners and are clearly reflected in their daily practice.

Choices, Inc. has demonstrated that a non-profit managed-care corporation can be driven by system-of-care values and principles, providing individualized services and remaining focused on the needs of children and youth. In addition, Choices, Inc. has established that this type of service model can be replicated in other communities with success.

Further, Choices’ exemplary evaluation efforts and information sharing demonstrate a genuine commitment to work collaboratively with community partners to make data-based decisions that are in the best interest of the children and families they serve. This includes a recent development of a tiered service provision framework for the Dawn Project, which reflects a dedication to continually examine the service system and modify/expand services to meet the needs of the population.

In conclusion, the structure that has been developed by Choices and its community partners provides promise for many densely populated communities struggling to serve a large number of children and youth with behavioral and emotional challenges.

## REFERENCES

- Checkland, P. (1993). *Systems thinking, systems practice*. Chichester, UK: John Wiley & Sons, LTD.
- Checkland, P. (1999). *Soft systems methodology: A 30-year retrospective*. Chichester, UK: John Wiley & Sons, LTD.
- Gharajedaghi, J. (1999). *Systems thinking: Managing chaos and complexity*. Boston: Butterworth-Heinemann.
- Hernandez, M., & Hodges, S. (2003). Building upon the theory of change for systems of care. *Journal of Emotional and Behavioral Disorders*, 11(1), 19-26.
- Hoagwood, K., Burns, B., Kiser, L., Ringeisen, H., & Schoenwald, S. (2001). Evidence-based-practice in child and adolescent mental health services. *Psychiatric Services*, 52(9), 1179-1184.
- Indiana Division of Mental Health. (1999). A brief history and guide to the development of a system of care in Marion County (1996—1998). Indianapolis: Author.
- Rosenblatt, A. (1998). Assessing the child and family outcomes of systems of care for youth with serious emotional disturbance. In M. H. Epstein, K. Kutash, & A. J. Duchnowski (Eds.), *Outcomes for children and youth with behavioral and emotional disorders and their families: Programs and evaluation best practices* (pp. 329-362). Austin, TX: Pro-Ed.
- Stroul, B. (1993). *Systems of care for children and adolescents with severe emotional disturbances: What are the results?* Washington, DC: Georgetown University Child Development Center.
- Stroul, B., & Friedman, R.M. (1986). *A system of care for children and youth with severe emotional disturbances*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.
- U.S. Census Bureau. (2000). *Marion County, Indianapolis: General Demographic Characteristics*. Accessed February 18, 2008 from <http://www.census.gov/>



# APPENDIX A:

## STUDY 2 SUMMARY



### STUDY 2: CASE STUDIES OF SYSTEM IMPLEMENTATION

#### Core Research Team

Sharon Hodges, Ph.D.  
*Principal Investigator*  
813-974-4651 (phone)  
813-974-7563 (fax)  
hodges@fmhi.usf.edu

Kathleen Ferreira, MSE  
kferreira@fmhi.usf.edu

Nathaniel Israel, Ph.D.  
nisrael@fmhi.usf.edu

Jessica Mazza, BA  
jmazza@fmhi.usf.edu

#### Division of Training, Research, Evaluation, and Demonstration (TREaD)

Division Director: Mario Hernandez  
Email: hernande@fmhi.usf.edu

Louis de la Parte  
Florida Mental Health Institute  
University of South Florida  
13301 Bruce B. Downs Blvd.  
Tampa, FL 33612-3807  
Voice: 813/974-4651  
Fax: 813/974-7563  
<http://cfs.fmhi.usf.edu/tread.cfm>



## Study 2: Case Studies of System Implementation

### *Holistic Approaches to Studying Community-Based Systems of Care*

#### **A Five Year Study Investigating Structures and Processes of System-of-Care Implementation**

##### **PURPOSE AND GOALS:**

To identify strategies that local communities undertake in implementing community-based systems of care and provide greater understanding of how factors affecting system implementation contribute to the development of local systems of care for children with serious emotional disturbance and their families.

This study will investigate:

- Fundamental mechanisms of system implementation
- How factors contributing to system implementation interact to produce well-functioning systems serving children with serious emotional disturbance and their families
- How system implementation factors are used in specific or unique combinations to develop local systems of care
- How local context influences system-of-care development
- What structures and processes contribute to the implementation of systems of care
- If system of care implementation is marked by identifiable change agents or triggering conditions
- What conditions support or impede the development of systems of care

##### **METHODS:**

The investigation will use a multiple-case embedded case study design to investigate how communities operationalize and implement strategies that contribute to the development of community-based systems of care for children with SED and their families. A national nomination process will be conducted to identify established systems of care. A site selection process involving document review and key stakeholder interviews will be used to identify participating sites. Case study data will then be collected using semi-structured interviews with administrators, managers, direct service staff and families; direct observation; document review; and a review of aggregate outcome data. A brief description of these methods follows.

**Document review** will be used to provide organizational-level data related to system implementation as well as system-of-care development in a historical context. Documents should include any materials related to goals and intent of the system, legislative history, regulations or guidelines, budget justifications, monitoring reports, annual reports, and reports of accomplishments. Documents should be mailed to Sharon Hodges or Kathleen Ferreira one month prior to the site visit.

**System implementation factor brainstorming and rating** will be conducted in order to identify local factors believed to be critical to system-of-care implementation. This process will consist of identifying system implementation factors, then rating the identified factors on a five-point scale with regard to both their importance and effectiveness in local efforts to develop systems of care. The brainstorming and rating will be completed as an online survey.



## Study 2: Case Studies of System Implementation

### Holistic Approaches to Studying Community-Based Systems of Care



Louis de La Parte Florida Mental Health Institute

**Key stakeholder interviews** will be conducted in person and by telephone for the purpose of understanding personal perceptions and beliefs about the process of system-of-care implementation and the role of the identified implementation factors in local system development and their relationship with one another. Interviews lasting approximately 1 hour will be held at a time and place that is convenient for the interviewees, and sites will assist in identifying the key people to be included in the interview process. Initial interviews should be scheduled at least two weeks in advance of the site visit.

**Direct observation** of service delivery structures and processes will be conducted for the purpose of observing aspects of system implementation in action. Direct observations will be coordinated with naturally occurring agency and community meetings.

**Aggregate outcome data** will be reviewed for the purpose of establishing progress toward system goals and better understanding linkages between specific strategies and outcomes.

#### Timeline for Case Studies of System Implementation

The investigation will be conducted in three phases:

- Years 1-2— Two cases will be selected from among established systems that have sustained their effort over time. Preliminary findings for Cases 1 and 2 regarding system implementation factors in local system-of-care development will be reported and used in the selection of cases for years 2-3.
- Years 2-3— Four sites will be sampled and findings reported. Sampling strategies for Cases 3-6 will be developed on the basis of what is learned from the initial cases.
- Years 3-4— Four additional sites will be sampled and findings reported. Sampling strategies for Cases 7-10 will be developed in response to the earlier findings of the study.
- Year 5 – Cross-site analysis and summary and dissemination of findings.

#### PARTICIPATION:

A total of 10 communities will be selected for this study. Stakeholders in each community will participate in site visits, in-person and phone interviews, and document review. A site selection process involving document review and key informant interviews will be used to identify established system-of-care sites. Participation of organizations, as well as individuals, will be entirely voluntary.

#### RESULTS:

It is expected that the results of this study will help both established and potential systems of care to identify strategies for successful system implementation within their local contexts. Findings of each phase will be shared with professional and family audiences through workshops, presentations, issue briefs, newsletter articles and published papers. This effort will be extended to cross-site findings as results become available.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov

The Center is jointly funded by the National Institute on Disability and Rehabilitation Research, U.S. Department of Education and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration under grant number H133B040024

Research and Training Center  
for Children's Mental Health  
Department of Child & Family Studies  
Louis de la Parte  
Florida Mental Health Institute  
13301 Bruce B. Downs Blvd.  
Tampa, FL 33612-3807  
813-974-4661  
<http://rtckids.fmhi.usf.edu>  
[rtckids@fmhi.usf.edu](mailto:rtckids@fmhi.usf.edu)

# APPENDIX B:

## SYSTEM OF CARE DEFINITION



### STUDY 2: CASE STUDIES OF SYSTEM IMPLEMENTATION

#### Core Research Team

Sharon Hodges, Ph.D.  
Principal Investigator  
813-974-4651 (phone)  
813-974-7563 (fax)  
hodges@fmhi.usf.edu

Kathleen Ferreira, MSE  
KFerreira@fmhi.usf.edu

Nathaniel Israel, Ph.D.  
nisrael@fmhi.usf.edu

Jessica Mazza, BA  
jmazza@fmhi.usf.edu

#### Division of Training, Research, Evaluation, and Demonstration (TREaD)

Division Director: Mario Hernandez  
Email: hernande@fmhi.usf.edu

Louis de la Parte  
Florida Mental Health Institute  
University of South Florida  
13301 Bruce B. Downs Blvd.  
Tampa, FL 33612-3807  
Voice: 813/974-4651  
Fax: 813/974-7563  
http://cfs.fmhi.usf.edu/tread.cfm



#### System of Care Definition

A system of care<sup>1</sup> (SOC) is an adaptive network of structures, processes, and relationships grounded in system of care values and principles that effectively provides children and youth with serious emotional disturbance and their families with access to and availability of services and supports across administrative and funding boundaries.

Elements of the SOC Definition	Shared Understanding of Concepts
An adaptive	Incorporating action, reaction, and learning over time (Holland, 1995)
network	A set of linkages across people, organizations or communities (Capra, 2002; Schensul, LeCompte, Trotter, Cromley, & Singer, 1999)
of structures,	Specified roles, responsibilities, and authorities that define organizational boundaries and enable an organization to perform its functions (Bolman & Deal, 1997; Plsek, 2003; Theirry, Koopman, & de Gilder, 1998)
processes ,	Methods of carrying out organizational activities often involving sequences or a set of interrelated activities that enable an organization to perform its functions (Bolman & Deal, 1997; Plsek, 2003; Theirry, Koopman, & de Gilder, 1998)
and relationships	Trust-based links creating connectedness across people and organizations (Folke, Hahn, Olsson, & Norberg, 2005)
grounded in SOC values and principles	As defined by Stroul and Friedman (1994) and Hernandez, Worthington, & Davis (2005)
that effectively provides	Data that demonstrate progress toward goals or desired effect (Hernandez & Hodges, 2001; Hodges, Woodbridge, & Huang, 2001)
children and youth with serious emotional disturbance and their families with	An identified local population of children and youth and their families (CMHS, 2002; Hernandez & Hodges, 2003b)
access to	Ability to enter, navigate, and exit appropriate services and supports as needed (CMHS, 2003, 2004; Farmer et al., 2003)
and	
availability of	Services and supports in sufficient range and capacity (Stroul, Lourie, Goldman, & Katz-Leavy, 1992; U.S. DHHS, 2003)
services and supports	Formal and informal, traditional and non-traditional assistance (Burchard, Bruns, & Burchard, 2002; Hernandez, Worthington & Davis, 2005)
across administrative & funding boundaries	Unrestricted by categorical administrative and funding boundaries (Pires, 2002; President's New Freedom Commission on Mental Health, 2003; Stroul and Friedman, 1994)

<sup>1</sup> Original System of Care Definition: "A system of care is 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 adolescents with severe emotional disturbances and their families." (Stroul & Friedman, 1986).

## Study 2: Case Studies of System Implementation

### Holistic Approaches to Studying Community-Based Systems of Care



Louis de La Parte Florida Mental Health Institute

#### REFERENCES

- Bolman, L. G., & Deal, T. E. (1997). *Reframing organizations: Artistry, choice, and leadership* (2<sup>nd</sup> ed.). San Francisco: Jossey-Bass.
- Burchard, J. D., Bruns, E. J., & Burchard, S. N. (2002). The wraparound approach. In B. J. Burns & K. Hoagwood (Eds.), *Community treatment for youth: Evidence-based interventions for severe emotional and behavioral disorders* (pp. 69-90). New York: Oxford University Press.
- Capra, F. (2002). *The hidden connections: Integrating the biological, cognitive, and social dimensions of life into a science of sustainability*. New York: Doubleday.
- Center for Mental Health Services (CMHS). (2002). *Cooperative agreements for the Comprehensive Community Mental Health Services for Children and Their Families Program, Guidance for Applicants (GFA) (No. SM- 02-002 Part I - Programmatic Guidance)*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Also available online from [http://alt.samhsa.gov/grants/content/2002/2002\\_grants.htm](http://alt.samhsa.gov/grants/content/2002/2002_grants.htm)
- Center for Mental Health Services (CMHS). (2003). *Annual Report to Congress on the Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, Executive Summary, 2003*. Atlanta, GA: ORC Macro.
- Center for Mental Health Services (CMHS). (2004). *Annual Report to Congress on the Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, Executive Summary, 2004*. Atlanta, GA: ORC Macro.
- Farmer, E.M.Z., Burns, B. J., Phillips, S. D., Angold, A., & Costello, E. J. (2003). Pathways into and through mental health services for children and adolescents. *Psychiatric Services*, 54, 60-66.
- Folke, C., Hahn, T., Olsson, P., & Norberg, J. (2005). Adaptive governance of social-ecological systems. *Annual Review of Environment and Resources*, 30, 441-473.
- Hernandez, M., Worthington, J., & Davis, C. S. (2005). *Measuring the fidelity of service planning and delivery to system of care principles: The System of Care Practice Review (SOCPR). (Making children's mental health services successful series, 223-1)*. Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute.
- Hernandez, M., & Hodges, S. (2001). Theory-based accountability. In M. Hernandez and S. Hodges (Eds.), *Developing Outcome Strategies in Children's Mental Health* (pp. 21-40). Baltimore, MD: Paul H. Brookes.
- Hernandez, M., & Hodges, S. (2003). *Crafting logic models for systems of care: Ideas into action*. Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.
- Hodges, S., Woodbridge, M., & Huang, L.N. (2001). Creating useful information in data-rich environments. In M. Hernandez and S. Hodges (Eds.), *Developing Outcome Strategies in Children's Mental Health* (pp. 239-255). Baltimore, MD: Paul H. Brookes.
- Holland, J. H. (1995). *Hidden order: How adaptation builds complexity*. Reading, MA: Helix Books.
- Pires, S. A. (2002). *Building systems of care: A primer*. Washington, DC: National Technical Assistance Center for Children's Mental Health, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center.
- Plsek, P. (2003). *Structures, processes and patterns: Keys to transforming whole systems*. Paul E. Plsek & Associates, Inc. Retrieved November 1, 2004 from [www.tin.nhs.uk](http://www.tin.nhs.uk)
- President's New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America, final report* (Pub. No. SMA-03-3832). Rockville, MD: Department of Health and Human Services.
- Schensul, J. J., LeCompte, M.D., Trotter, R. T., II, Cromley, E. K., & Singer, M. (1999). *Ethnographer's toolkit: Vol. 4. Mapping social networks, spatial data, & hidden populations*. Walnut Creek, CA: AltaMira Press.
- Stroul, B., & Friedman, R. M. (1986). *A system of care for children and youth with severe emotional disturbances*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.
- Stroul, B., & Friedman, R. M. (1994). *A system of care for children and youth with severe emotional disturbances (Rev. ed.)*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.
- Stroul, B. A., Lourie, I. S., Goldman, S. K., & Katz-Leavy, J. W. (1992). *Profiles of local systems of care for children and adolescents with severe emotional disturbances (Rev. ed.)*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.
- U.S. Department of Health and Human Services (DHHS). (2003). *Sustainability Tool Kit*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
- Thierry, H., Koopman, P. L., & de Gilder, D. (1998). Assessment of organizational change. In P. J. D. Drenth, H. Thierry, & C. J. de Wolff (Eds.), *Handbook of work and organizational psychology, Vol. 4: Organizational psychology* (pp. 193-227). East Sussex, UK: Psychology Press Ltd.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
[www.samhsa.gov](http://www.samhsa.gov)

Research and Training Center  
for Children's Mental Health  
Department of Child & Family Studies  
Louis de la Parte  
Florida Mental Health Institute  
13301 Bruce B. Downs Blvd.  
Tampa, FL 33612-3807  
813-974-4661  
<http://rtckids.fmhi.usf.edu>  
[rtckids@fmhi.usf.edu](mailto:rtckids@fmhi.usf.edu)

The Center is jointly funded by the National  
Institute on Disability and Rehabilitation  
Research, U.S. Department of Education  
and the Center for Mental Health Services,  
Substance Abuse and Mental Health  
Services Administration under grant number  
H133B040024

# **APPENDIX C:**

## **SEMI-STRUCTURED SYSTEM IMPLEMENTATION INTERVIEW GUIDE FOR RTC STUDY 2: CASE STUDIES OF SYSTEM OF CARE IMPLEMENTATION**

### **Historical Development of System of Care**

- 1) Please tell me a little bit about the history of your system of care and your role in the process of developing or implementing it.
  - Initial context
  - Triggering conditions
  - Identifiable change agents
  - Foundational strategies
  - Mid-course changes or realignments
- 2) How would you describe the population of children and youth with serious emotional disturbance and their families in your community?
  - Clear identification of who the system is intended to serve
  - Issues of context or need specific to this community
  - Change over time
- 3) What goals does your system have for this population?
  - System of care values and principles
  - Change over time

### **Identification of Factors Affecting System of Care Implementation**

- 4) What strategies have been used to develop a system of care that can serve the needs and achieve its goals for children and youth with serious emotional disturbance and their families?
  - Fundamental mechanisms of system implementation
  - Structures/processes related to networking, access, availability, administrative/funding boundaries
  - Center's identified factors
  - Participant's role or contribution
- 5) What strategies do you think have most affected the implementation of your system of care?
  - Clear definition of the named factor from perspective of participant
  - Center's conceptualization of factors
  - Articulation of why this factor has had such an effect
  - Participant's role or contribution

## Relationship among System Implementation Factors

- 6) How have staff and stakeholders been involved in implementation of your system of care? Are there certain groups of staff and stakeholders that have been key to the process?
  - Collaboration across agencies
  - Leadership
  - Governance
  - Direct service
  - Family involvement
  - Evaluators
- 7) Do you think any of the strategies you identified were more important or fundamental than others?
  - Remind participant of factors he/she has identified
- 8) Do you think the strategies you identified worked best because they happened in a certain order?
- 9) Are there strategies that worked best in combination with other strategies?
- 10) How has the process of system implementation been communicated to staff, stakeholders, and the community?
- 11) What would you change about the process of implementing your system if you could do it again?
- 12) What strengths and successes do you associate with implementing your system of care?
- 13) What challenges do you associate with implementing your system of care?
  - Conditions that impede system development
  - Strategies designed to meet the challenges
- 14) What kinds of information do you get about how the system of care is performing and how do you use it?
  - Achievement of system goals and outcomes
- 15) Describe any mechanisms that have been developed to sustain your system of care.
- 16) Is there someone else who would be important for us to talk to, to help us understand the implementation of your system of care?
- 17) Is there anything you would like to add to this interview?











Research and Training Center  
for Children's Mental Health  
Department of Child & Family Studies  
Louis de la Parte  
Florida Mental Health Institute  
13301 Bruce B. Downs Blvd.  
Tampa, FL 33612-3807  
813-974-4661  
<http://rtckids.fmhi.usf.edu>  
[rtckids@fmhi.usf.edu](mailto:rtckids@fmhi.usf.edu)

The Center is jointly funded by the National  
Institute on Disability and Rehabilitation  
Research, U.S. Department of Education  
and the Center for Mental Health Services,  
Substance Abuse and Mental Health  
Services Administration under grant number  
H133B040024



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
[www.samhsa.gov](http://www.samhsa.gov)

