Leveraging Change in the Hawaii System of Care

Child and Adolescent Mental Health Division, Hawaii Department of Health

Site Report for Case Studies of System Implementation

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EXECUTIVE SUMMARY

In 2006, the Hawaii System of Care, Child and Adolescent Mental Health Division (CAMHD) 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 is 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 (SED) and their families.

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 State of Hawaii was nominated for inclusion in this study due to its accomplishments in serving youth with SED and their families through the establishment and sustainability of a statewide system of care. Throughout the field of mental health, Hawaii is recognized as an exemplary system of care due to its ability to involve family and community stakeholders in a value based system that has become increasingly effective at using empirical data to guide decision-making.

This report describes strategic efforts to leverage system change in the Hawaii System of Care and provides insight into how factors affecting system implementation contributed to the ongoing development of a system of care for children with serious emotional disturbance and their families. The report presents factors identified by Hawaii stakeholders as critical to their system development and provides insight into particular successes as well as areas for further development.

Key Findings

Hawaii achievements in system of care development include:

- Establishing an accessible children's mental health service infrastructure
- Implementing data-driven quality improvement
- Facilitating meaningful family roles and choices

- Integrating mental health services in school settings, and
- Implementing evidence-based services within a functioning system of care

Hawaii has developed a high-performing system by engaging in a set of unfolding, continuously developing processes. The Hawaii system has developed as a result of a dialogue about values, followed by the setting of goals, the creation of decision rules and action plans, and the establishment of supporting system structures. Throughout these processes, visionary leaders at multiple levels of the system have engaged families, child-serving departments and agencies, and communities in generating mutual understanding and capacity to assist families of children with mental health challenges.

A unique feature shared by the communities that have agreed to participate in this study is their constant reflection upon areas for improvement within their system. As with other sites within this study, stakeholders within the Hawaii System of Care identify their successes and challenges and acknowledge that their system is constantly changing and that there is always room for system improvement. Hawaii's Child and Adolescent Mental Health Division as well as the juvenile justice, education, and child welfare agencies provided the research team with a candid view of the system of care in the State of Hawaii. This included not only the impressive accomplishments that they have achieved for youth with SED and their families but also areas for further development. Some of these areas include:

- Strengthening organizational partnerships across traditional child-serving service sectors
- Making use of key system stabilizers such as relationships with community and family organizations, and
- Supporting the care coordination function

In summary, the Hawaii System of Care continues to develop its capacity for collaborative family-driven care. The system is regarded as being on the leading edge of the implementation of evidence-based and data-based decision making. Hawaii's system has developed as a result of the willingness of key persons to open a dialogue about core values and practices. This dialogue has been translated into meaningful goals and actions taken by persons at all levels of the system. These goals and actions have resulted in the creation of an increasingly efficient, effective service system. In this system, much progress has been made in serving some of Hawaii's most vulnerable children and youth. 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

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. System 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 Hawaii System of Care, administered by the Child and Adolescent Mental Health Division (CAMHD), was selected to participate in Phase II of this study because it is an established system that has demonstrated its ability to achieve positive outcomes for children with SED and their families.

This study focuses on the Hawaii System of Care as a whole rather than concentrating on the activities of specific agencies or individuals involved in the system. This kind of systems thinking encourages building an understanding of key elements of a system and how they contribute to system development (Checkland, 1993). 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.

> *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

Key points of investigation for this study include:

- Fundamental mechanisms of Hawaii's system implementation;
- How factors that contributed to Hawaii's system implementation interacted to produce a well-functioning system of care;
- How local context influenced Hawaii's system implementation;
- Specific change agents or triggering conditions critical to Hawaii's system of care;
- Conditions that support or impede Hawaii's system development.

This report will summarize findings from research conducted in the Hawaii System of Care. The report will include a discussion of factors identified by Hawaii stakeholders as critical to their process of system implementation and will illustrate how system planners and implementers leveraged system change.

The Hawaii 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)

RESEARCH METHODS

The research team worked with the Hawaii System of Care for two months prior to on-site data collection. The site visit took place the week of May 22, 2006.

This investigation used case study design. Data collection included extensive document review and key stakeholder interviews in advance of the site visit. In addition, Hawaii System of Care 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 on various islands. 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 and system of care development in a historical context. Hawaii System of Care documents included state and island or 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 extensive evaluation reports of accomplishments and outcomes.

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

A **Factor Ratings 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-three ratings exercises were returned.

Factor Card Sorts were completed by interview participants for the purpose of understanding how the local system implementation factors related to one another. The card sort exercise was not conducive to the group interview format. As a result, card sorts were completed with fewer participants in the Hawaii System of Care than in Phase I sites of this study.

> **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. Interviews lasted approximately 1 hour, and the Chief of the Child and Adolescent Mental Health Division assisted in identifying key people to be included in the interview process. Group and individual interviews were conducted with a total of 87 individuals of varying roles throughout the system. A copy of the interview protocol is included in Appendix C.

Direct Observation of Hawaii System of Care service delivery structures and processes was used for the purpose of examining aspects of system implementation in action. Observation of twelve formal meetings and activities included statewide management team meetings, interagency meetings on varying islands, and leadership and clinical meetings at several Family Guidance Centers. In addition, multiple informal observations of system activity were conducted while on site, such as a school observation in Kauai and a young adult presentation and dinner for Project Ho'omohala.

Figure 1. Map of Hawaii
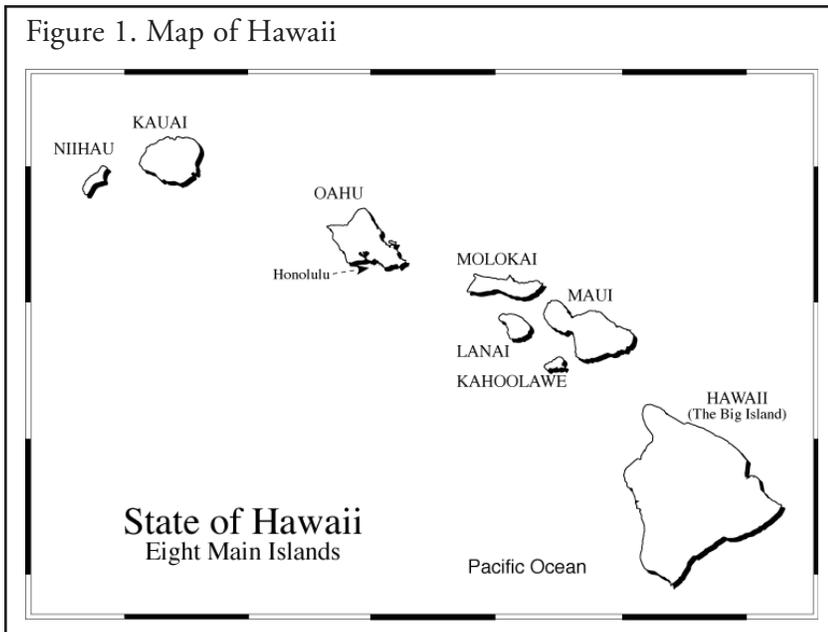

HAWAII SYSTEM CONTEXT

The State of Hawaii has a total area of 10,941 square miles and is located approximately 2,300 miles from the mainland. Hawaii has a population of approximately 1,200,000 people, with a large majority of residents (876,156) concentrated in the county of Honolulu (U.S. Census Bureau, 2000). It was identified as the first majority-minority state, as the majority of the population differs ethnically from the national majority population. The racial/ethnic composition of Hawaii is illustrated in Table 1. The median household income is $48,274, with 10.8% of all families below the poverty level (U.S. Census Bureau, 2000). The unemployment rate in Hawaii is 3.0%, the second lowest in the country (U.S. Department of Labor, 2006). According to data provided by the city of Honolulu, the high cost of housing, fuel, and food create conditions that "force many Hawaiians to work two or three jobs to survive", making Hawaii the second in the nation for "multiple part-time employment" (Thomson Gale, 2006).

Table 1. Hawaii Racial/Ethnic Composition

Hawaii Racial/Ethnic Composition	
Caucasian	24.3%
Asian-American	41.6%
Native Hawaiian	9.4%
Native American/Alaska Native	0.3%
Black/African American	1.8%
Mixed Race/Ethnicity	21.4%
U.S. Census Bureau, 2000	

In 1994, the Felix Consent Decree required that children and youth in need of special education and mental health services receive assessment and treatment within a system of care under the combined responsibility of the Department of Health and the Department of Education. The state of Hawaii was directed to develop a statewide system of care, which was to follow Hawaii's Child and Adolescent Service System Program (CASSP) Principles, which were adapted from the principles created by Stroul & Friedman (1986). The system of care was designed to provide identification, assessment, and treatment in school settings as well as more intensive treatment coordination through Family Guidance Centers across the state. In September 2002, the courts ruled that the State of Hawaii had met the requirements of the Felix Consent Decree. Court oversight ended in 2005.

Figure 2. Timeline: Hawaii System of Care Development

Year	Event
1991	Department of Justice settlement
1994	Felix Consent Decree initiated
1995	Development of Community Children's Councils
1996-1998	Expanded array of services; Formed relationship with Hawaii Families as Allies
1999	CAMHD's role within the system redefined; movement of less intensive services to schools
1999-2002	*Implementation of*: • MST • Blue Menu • School-based services statewide
2005	Felix oversight ended

HAWAII ACHIEVEMENTS IN SYSTEM OF CARE DEVELOPMENT

Hawaii has leveraged system of care development through the strategic emphasis of values and beliefs as the foundation for system goal and structure development.   Five achievements are identified below as particularly significant markers of Hawaii System of Care development.

1. **Establishing a Child Mental Health Service System**

    The Hawaii System of Care has created, through a collaborative enterprise, an effective mental health service system for children and youth. The system is accessible, provides an array of meaningful services, and is effective in improving child and youth functioning over time.

    The Hawaii System of Care has a well-defined service population. There are clear processes by which a child can be referred for services and accountability for both the determination of service need and actual service provision once the child or youth enters the system.

    The State has created a system by which children and youth can expect and do receive effective services and supports. Over time, Hawaii has greatly expanded the types and number of services available to families and has greatly reduced the use of highly restrictive out-of-state and out-of-community treatments. Treatment and service development decisions are seen as a collaborative enterprise conducted with families.

    The system has developed an evolving Quality Assurance process. Families benefit from the system's dual emphases on culturally competent and evidence-based care. The system has powerful evidence that it is continually strengthening its effectiveness in improving child and youth functioning. Hawaii's child mental health system stands out in its use of collaborative relationships across public agencies, meaningful family voice and choice, and increasingly efficient use of resources to improve child mental health and community functioning.

2. **Implementation of Data-Driven Quality Improvement**

    The Hawaii System of Care has evolved a data collection and utilization process that is persistently focused on informing real-time, real-world problem solving at all levels of the organization. An important marker of system accountability is the idea that any child at any point in time can be considered representative of system performance. The focus on data-driven decision making has seeded the collection of data at time intervals and at levels of detail appropriate to issues encountered by system administrators as well as decision makers involved in front-line care.

The use of quarterly Family Guidance Center reports and annual reports provided to governing bodies such as the State Legislature reflect the ability to make decisions about the allocation of resources at different scales within the system. The ability to track monthly service utilization and cost data is critical to the ability of the Hawaii System of Care to act strategically during and across fiscal years. These reports also track system performance across a variety of management functions allowing community members, funding authorities, and administrators to monitor system performance, take data-based corrective actions, and connect data to policy decisions.

For front-line care coordinators, the creation of a real-time "dashboard" of clinical services procured and clinical functioning reflects efforts to measure status related to practice and efforts to make on the spot data-informed treatment decisions.

This effort is facilitated by the development of an attitude towards data as a way of asking meaningful questions about system performance. Stakeholders' use data as a trigger for discussion of aspects of system functioning and dialogue about system improvement. This mindset enables the constructive application of data in fostering ongoing system improvement.

3. **Facilitation of Family Voice and Choice**

The Hawaii System of Care has incorporated and empowered families in its system development process and maintains family presence at every level of the system. The State has enabled a sustained family presence, most notably through its interactions with the statewide family group, Hawaii Families as Allies. CAMHD contracts with this statewide family organization to provide informational and emotional support to families, service evaluation, and training. In turn, the family organization trains and supports family representatives and family members to be effective partners with mental health professionals in the mental health system and the education system. This collaboration has grown to include a youth organization, Wai Aka, designed to enunciate and serve the needs of youth.

As a matter of policy, family representatives serve on all child mental health committees. This helps ensure that families are aware of and involved in the decision-making at every level of the system, from the coordinated service planning process to child mental health committee meetings at the community and state level. Through these fiscal and policy mechanisms, family voice in the system is both integrated and autonomous.

4. **Integration of Education with Mental Health**

    The Felix Consent Decree highlighted at least two facts: that children with mental health needs were not being appropriately served in schools and that the mental health service infrastructure was inadequate for Hawaii's children and youth. State education and mental health systems have risen to the challenge and now serve over 8,000 children.

    Initially, CAMHD bore the primary responsibility for the service needs of these children and youth. However, since 1999, the Hawaii Department of Education has taken increasing responsibility for serving the largest number of children and youth (more than 6,000). In and of itself, this shift is remarkable. It is noteworthy that these systems were able to reach agreements regarding the definition of the service population, services to be rendered, and conditions under which a child would move from one service sector to another. It is even more remarkable given that these transitions have taken place in a highly charged political atmosphere.

    The Hawaii Departments of Health and Education have been able to define the responsibilities of these two systems, working to negotiate the mandates of two different systems and fostering collaborative relationships among staff across the systems. This includes creating a common framework for children's mental health services across different federal legislation enabling care, notably via Individuals with Disabilities Education Act (IDEA) and Section 504 provisions for the Education system and through federal Medicaid legislation for the Health system. The most important outcome of this work is a system in which children and youth with mental health concerns can expect to receive mental health services in the least restrictive service setting, including both home and school environments.

5. **Implementation of EBS within a functioning System of Care**

    In Hawaii, system development efforts faced a crisis in 1998, as parents and legislators demanded system accountability for improved functioning of children and youth. The initial challenge of access to services had largely been overcome. Yet the challenge remained to enhance effective services within a system of care.

    The creation of the Evidence Based Services Committee was the first step in an ongoing effort to infuse evidence-based decision making into the local context of Hawaii's system of care. At least two things are noteworthy about the work of this committee: a) the committee was explicitly concerned with understanding the literature on effective care in relation to real-world mental health settings and populations, and b) their work produced documents that were used by front-line workers to help shape care decisions and by system administrators in service development efforts.

Hawaii's decision to promote evidence based care has translated the work of the committee into a number of initiatives that have unfolded over time. These include capacity building around evidence based care through consultation with the multi-systemic therapy organization affiliated with the Medical University of South Carolina, development of a performance monitoring system that assesses individual clinicians' use of evidence based practices, and ongoing service development efforts around specific evidence-based services for specific clinical populations (particularly for families of children and youth with conduct disorder).

These services have been introduced and are being brought to scale as part of a thoughtful system development effort that is responsive to the changing service needs of Hawaii's children and youth. This approach recognizes that children and youth have diverse needs and that a single manualized intervention is generally insufficient to meet the complex needs of Hawaii's families. Ongoing performance monitoring and needs assessment efforts help ensure that the evidence based practices put in place are the most appropriate clinical interventions for children and youth within Hawaii's system of care.

HAWAII SYSTEM OF CARE IMPLEMENTATION FACTORS

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 Hawaii's System of Care. Thirteen factors are considered critical to the implementation of Hawaii's System of Care. These factors should not be considered as 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 Exercises. Factors are presented in alphabetical order.

Accountability for Results

A common theme related to accountability for results is that a dedicated and highly motivated staff at all levels of the system ensures that this function is carried out. One respondent noted that having dedicated leadership, "keeps us focused." Another respondent stated, "Having the Research & Evaluation Specialist position has made a big difference… Now that the data is analyzed and reported out to everyone, it motivates people and helps us see how our individual efforts have been an impact on the system as a whole." Strategies that support the effectiveness of accountability for results were noted by care coordination staff as "Training, benchmark reminders, assessments, clinical supervision."

Regarding the ease or difficulty of carrying out this task, the majority of respondents assessed accountability for results as either difficult or very difficult to achieve. One respondent noted that it is easier to achieve with "shared ownership, clear assignment of responsibility, commitment to provide resources, support." Respondents also indicated that there are challenges to establishing accountability across agencies and that this results from having "stakeholders with conflicting mandates," as well as "difference in interpretation

Table 2. Hawaii System Implementation Factors

Hawaii System Implementation Factors
1. Accountability for Results
2. Community Voice and Buy-In
3. Core System Practices
4. Core System Principles
5. Cross-System Training
6. Data-Driven Decision Making
7. Embracing Change
8. Leadership
9. Open System Management
10. Operational Plans
11. Service Infrastructure Development
12. Valuing Partnerships
13. Willingness to Take Risks
Identified April 2006

across various systems that we collaborate with." There was concern expressed that differences regarding who is accountable for what parts of service implementation are a challenge to system accountability. In addition, there was some indication that the size of the system, highly centralized processes outside of CAMHD, and limited resources make accountability difficult to achieve. Respondents suggested that accountability for results is hard work that requires administrative support and understanding in order to keep the system moving forward.

Core System Practices

There was consensus across stakeholders that staff at the Department of Health are oriented to core system practices and usually carry them out. However, respondents indicated that agreement on core system practices across system partners is challenging. Respondents stated that it is difficult to engage stakeholders from other systems around the values and principles of a system of care. It is "difficult to get 'buy-in' from all involved in the process," and some system partners are so large that it is difficult to ensure the implementation of core system practices.

Equally, other respondents stated that having a consumer handbook that outlines services and having a documented plan make these core system practices easier to carry out. In fact, one family member stated that core system practices make the system "very easy for parents and youth but not multiple systems."

The dedication of all staff, having interagency guidelines, and the use of quality assurance practices were identified as making Hawaii's system of care more effective at implementing core system practices. On the other hand, some respondents felt that core system practices have not been implemented to their fullest potential and that collaboration across partners in the use of these practices is not as strong as it could be. Finally, one respondent stated that carrying out core system practices would be more effective if the system functioned less bureaucratically.

Core System Principles

In general, respondents were ambivalent regarding the ease/difficulty and effectiveness of carrying out core system principles. A theme that emerged from the data suggests that core system principles are not followed or are followed with limited success across system partners. Several respondents stated that there is a continual need for staff development and orientation. Issues such as staff turnover were identified as challenges to maintaining core system principles. One respondent, in discussing the lack of psychiatric services on some of the islands, stated "One of the CASSP principles is to maintain the youth in the least restrictive environment—we have few services to choose from in many cases…"

There was a general consensus that a lot of effort is placed on ensuring that core system principles are incorporated into Hawaii's system of care. "Quality assurance" and a "continued focus" [on the principles] have increased the effectiveness of the system in this regard. Stakeholders identified several barriers as interfering with the system's ability to carry out core system principles. In addition to varying levels of buy-in from system partners regarding the principles, respondents stated that state processes are difficult to change. One respondent offered, "It's a constant struggle to align bureaucracies with supporting CASSP."

Community Voice and Buy-In

In general, respondents agreed that it is very important to have the involvement of a broad array of stakeholders but that this involvement is difficult to achieve. "Community motivation [is] driven by problems; as problems resolve, motivation to attend meetings and express opinions decreases." Other respondents stated that involvement of stakeholders is difficult due to times in which meetings are held, geographic constraints, and the reluctance of families to "speak out". In addition, it was noted that although CAMHD has parents on committees at all levels, other system partners do not always appear to value this level of input.

Respondents were divided regarding the system's effectiveness at integrating this concept into the system. General consensus is that there is high motivation to involve the community and to gather feedback, and that CAMHD and community leaders make this happen. However, respondents reiterated that it takes a great deal of effort to make this happen, and that logistics make it difficult. It was noted that it is critical to provide families productive roles to show that they are a valuable part of system change and improvement. One respondent also stated that the system includes everyone except youth.

> ### Core System Principles are...
>
> described as a system-wide commitment to a shared vision and mission that incorporates long-standing Child and Adolescent Service System Program (CASSP) principles. Commitment to core system principles keeps system participants moving in a coherent direction while allowing creativity of action in the pursuit of broad goals.

> ### Community Voice and Buy-In is...
>
> described as creating stakeholder communication in which potential system participants express their need and opinions and indicate how they might contribute to the system. Community voice and buy-in increases motivation by identifying productive roles for potential system participants. In order to be effective, system leadership must listen to and act to integrate the needs, opinions, and potential resources that community stakeholders may contribute to the system.

Cross-System Training

    A common theme related to cross-system training is frustration due to the loss of focus in this area. Very few respondents found this task either easy or very easy, and few felt that the system was effective in this endeavor. Respondents stated that it is difficult to maintain the motivation, staffing, funding, and resources to carry out cross-system training. This is viewed as a luxury, not a priority. On a system level, this type of training used to occur regularly with various system partners but now takes place much less often.

    Respondents felt that it is "not a cross system priority" and that the system is currently "training in silos." One respondent stated that there is not a state commitment to ensure cross-system training. However, respondents felt that this type of training seems effective when it is done.

Data-Driven Decision Making

    It is evident from written responses, interviews, and document review that the system has collected large amounts of data since the establishment of the system. According to respondents, the gathering of system data allows various stakeholders to "analyze and problem-solve deficient service delivery." A common theme from respondents was that data-driven decision making is easier than in previous years, as there now exists "infrastructure and practices that support using data." However, having to collect, analyze, and disseminate this data as a tool for system change can also be quite challenging. "All too often, data is gathered, but it can break down as there are not enough resources to adequately analyze this data." One respondent stated that "people are not used to using data," while another stated that staff "have difficulty in relating specific data to clinical practice."

    A majority of respondents found that data-driven decision making is effective within the system and noted that it allows staff to "understand your performance by stimulating dialogue and action." Having skilled research and evaluation specialists and strong data systems in place were identified as important elements to data-driven decision making. Respondents also stated that staff do not always use the data that is available to them, and they need to be provided with skills to understand and analyze the data.

Embracing Change

    There was a general consensus that leadership is a key element determining the ease and effectiveness of embracing change within Hawaii's system of care. Respondents stated that it is critical to have a leader who has a vision for change as well as actions that support this vision. In fact, one respondent stated

that implementation was effective due to "strong leadership within the division who keeps the change focused on core principles with Evidence-Based Practices as a guide."

Responses reflected a concern that there is "a general fear of change" in the system, however many people felt that change is critical. "It is dangerous to be too complacent and think we've finished necessary change."

Many stakeholders felt that embracing change within the system can be complicated. As one respondent stated, "there is no incentive to change." Some felt that needed changes "may take time and resources that the state may not have." The implementation of this factor was challenged by a highly structured bureaucratic system that does not handle change well. Furthermore, the magnitude of necessary change can be quite daunting. Others found that change has become easier with time. One respondent stated that it "is easy now because we have seen the kind of change that's possible." Even when faced with strong limitations, there is a belief that "change has been our only constant over the past decade" and that the system "has weathered a lot of changes already."

Leadership

A general theme that emerged regarding leadership within Hawaii's system of care is that CAMHD has strong leadership. "Our key position is filled with a great leader." Respondents were divided on the difficulty of carrying out effective leadership within Hawaii's system of care. However, most respondents felt that the system is effective in this regard.

Leadership, as one respondent stated, "is a hard quality to measure." Another stated it is "difficult or challenging to provide leadership within an island community. We can sometimes feel fractures." Other challenges noted are the lack of delegated authority at department and division levels and "lack of multiple leaders across the system." However, it was noted that "through CAMHD's persistence, others have stepped to the table as leaders."

Despite these challenges, many respondents believed that leadership is strong within CAMHD. "DOH has exceptional people in key leadership positions and they have been effectively able to steer the ship in the right direction." "It could not have been easy [for leaders] to have brought this division as far as it has." One family member offered a simple formula for effective leadership--"Personality, sense of humor, and a good example."

Embracing Change is...

described as a sense of hope and the belief that change is possible, that the system can be other than it is, and that barriers and obstacles can be influenced within a reasonable timeframe. Embracing change includes being open to new possibilities. It includes a sense of striving for the future and energizes individuals to take action within the system.

Leadership is...

described as the identification and communication of a clear vision, mission and shared values that gives a sense of meaning to system participants and operations across leaders and over time. Leadership requires having the knowledge and creativity to identify solutions to current problems, the wisdom to prioritize courses of action and assign resources to key priorities, the dissemination of plans and the accountable review of operations. Leaders are described as people with the personal power, credibility, and capability to persuade others to act in the interest of the shared goals of the group. Leadership is a potentially stabilizing force that provides a consistent presence, a common message, rational choices, and coherent organization across system partners.

Open System Management

The general consensus regarding open system management is that its success depends upon the willingness of system partners to embrace the process. Respondents found this task difficult but were divided on the system's effectiveness to carry it out. Some respondents felt that there is effort (particularly in CAMHD) to implement open system management, but that the large number of system partners makes it difficult. One respondent stated, "There is a lot of red tape in all four systems." Other respondents felt that this does not happen because there are some leaders who are not open to the process. Several respondents also commented that participants are reluctant to engage in the process because they don't have the confidence that their involvement will have an impact. Several respondents commented that there is a willingness within the system to look at where they are struggling-"transparency…getting data and results on the table."

Operational Plans

In general, respondents reflected a sense of accomplishment with regard to the developing, monitoring, and follow-up of operational plans. Comments indicate a sense of shared responsibility for planning, with one respondent noting, "Plans are monitored, not made and forgotten. There is shared accountability in plan development." It was also noted that plans and expectations are clear. In addition, training in how to make operational plans was identified as a successful strategy for their implementation.

Respondents were divided on their opinions regarding the difficulty of implementing operational plans. One respondent stated that implementing operational plans is difficult because the system is dynamic, "always a moving target." Another respondent noted, "On every level, operational plans are adopted, implemented and tracked." However, concern was expressed that operational plans need to be better translated at the "line level." Finally, the challenge of integrating plans across state child-serving agencies, including child welfare, juvenile justice, education, and the Family Guidance Centers, was identified as something that makes planning difficult.

Service Infrastructure Development

Many respondents stated that service infrastructure development is difficult to carry out, with one respondent noting, "System efficiencies are 'rewarded' with decreased budgets and decreases in staffing." In fact, a common theme that emerged from comments is a lack of funding, resources, and staff. As one respondent offered, there needs to be "more people at every

level," and the system needs to continue to recruit and train quality service providers. Another respondent suggested, "An increase or improvement in partnership with the University would help to create a larger pool of competent providers." It was also noted that there is difficulty in "engaging providers around Evidence-Based Services and challenging business as usual." Some felt that "paper shuffling" prevented providers from spending maximum time providing services, and that the system sometimes created "too much paperwork and not enough 'people work'."

Other respondents found that the system was effective in attempts to build a service infrastructure. One supervisor stated, "CAMHD has worked very hard to develop and implement infrastructures through consistent and long-term planning and training." However, several felt that there was more work to be done. "There has been a lot of work done to partner with providers and be responsive to their needs, but there is still more to be done to improve access in our system."

Valuing Partnerships

In general, respondents were divided regarding the difficulty and effectiveness of valuing partnerships within Hawaii's system of care. Respondents indicated that valuing partnerships has become a core value of the Hawaii system of care and that CAMHD incorporates input from many stakeholders. It was noted that many members of the executive management team have worked in partner agencies and this makes it easier to form sustaining interpersonal relationships.

Respondents suggested that partnering is more effective with families and providers, but that more work is needed to develop partnerships with other child-serving agencies, particularly juvenile justice and child welfare. Scarce resources were identified as a barrier to partnering across child-serving agencies. Clearer interagency guidelines was identified as a strategy that would increase cross-agency partnering, particularly for decisions involving placement and payment for high-end care. Comments indicate a belief that this would reduce line-level conflict regarding responsibility for payment and monitoring of youth. More cross-training at both the state-wide and local levels was also identified as a strategy that would strengthen the value of partnerships.

Willingness to Take Risks

Respondents were divided on the effectiveness of sustaining a willingness to take risks within Hawaii's system of care, and the majority of respondents noted that this is a difficult task.

Service Infrastructure Development is...

described as the process of creating a service infrastructure that is capable of responding rapidly to changing environments. This includes establishing the availability and access to services, ensuring timeliness of service availability, establishing the administrative structures and processes necessary for funding, and ensuring consumer protection. Service infrastructure development includes establishing processes that connect potential consumers to competent service providers. A key aspect of service infrastructure development is ensuring the continual refinement of service and practice.

Valuing Partnerships is...

described as attitudes, behaviors, and intentions that support interpersonal relationships and cohesive team building among families, providers, child-serving agencies and teams. Family participation at all levels of the system is considered a key aspect of valuing partnerships. The value of partnerships provides a social feeling of pulling together in order to achieve more than the sum of the individual efforts. The value of partnerships also includes an appreciation for the importance of interpersonal relationships as a key motivating factor supporting persistence in the face of obstacles and times of non reward.

An interesting observation related to the context of this factor was that it is "hard to take risks when youth and family functioning is on the line." At the level of the child and family, buy-in from other team members was considered necessary in order to take risk. However, the most common explanation for why willingness to take risks is difficult and why some stakeholders feel the system of care is not effective at risk taking is the risk-averse "culture" of state government. Multiple respondents commented that the larger system of state government is "risk averse" and has "too many rules that do not allow risk taking." "Strong" and "determined" leadership, however, was cited as important to enabling risk taking as well as experiencing success or "pay off" as a result of risk taking. Although CAMHD leadership was described as having a willingness to take risks and supporting this in others, the larger state system was described as "pretty entrenched" and "higher levels of government" were described as "[maintaining] the status quo." In addition, limited funding, the civil service system, and unions were noted as impediments to risk taking.

Respondent comments suggested that risk taking and "thinking outside of the box" requires the encouragement and support from the leadership in all of the state partner agencies to be effective.

System Implementation Factor Comparisons

The line graphs below illustrate aggregate data from respondents of the Factor Ratings Exercise for the Hawaii System of Care (SOC). 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-four people responded to the ratings exercise. These respondents represented all stakeholder groups within the Hawaii SOC except for youth. The ratings data reported below are highly consistent with data collected through interviews and observations, which represent a broader range of stakeholders.

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. The question 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. All responses were used to validate factor definitions originally provided by a smaller group of stakeholders. Results indicate that there was a high level of agreement across stakeholders in the responses, thus validating the definitions offered by the smaller group.

Although agreement ratings for all definitions were consistently high, **Data-Driven Decision Making** had the strongest agreement. Complete definitions for each factor are provided in the section titled System Implementation Factor Themes.

Figure 3. Agreement with Definition

CAMHD System Implementation Factors
(Factor Ratings Averages)

Legend:
— Agreement with definition

Ratings Scale

Agreement

5 – Strongly Agree
4 – Agree
3 – Neutral
2 – Disagree
1 – Strongly Disagree
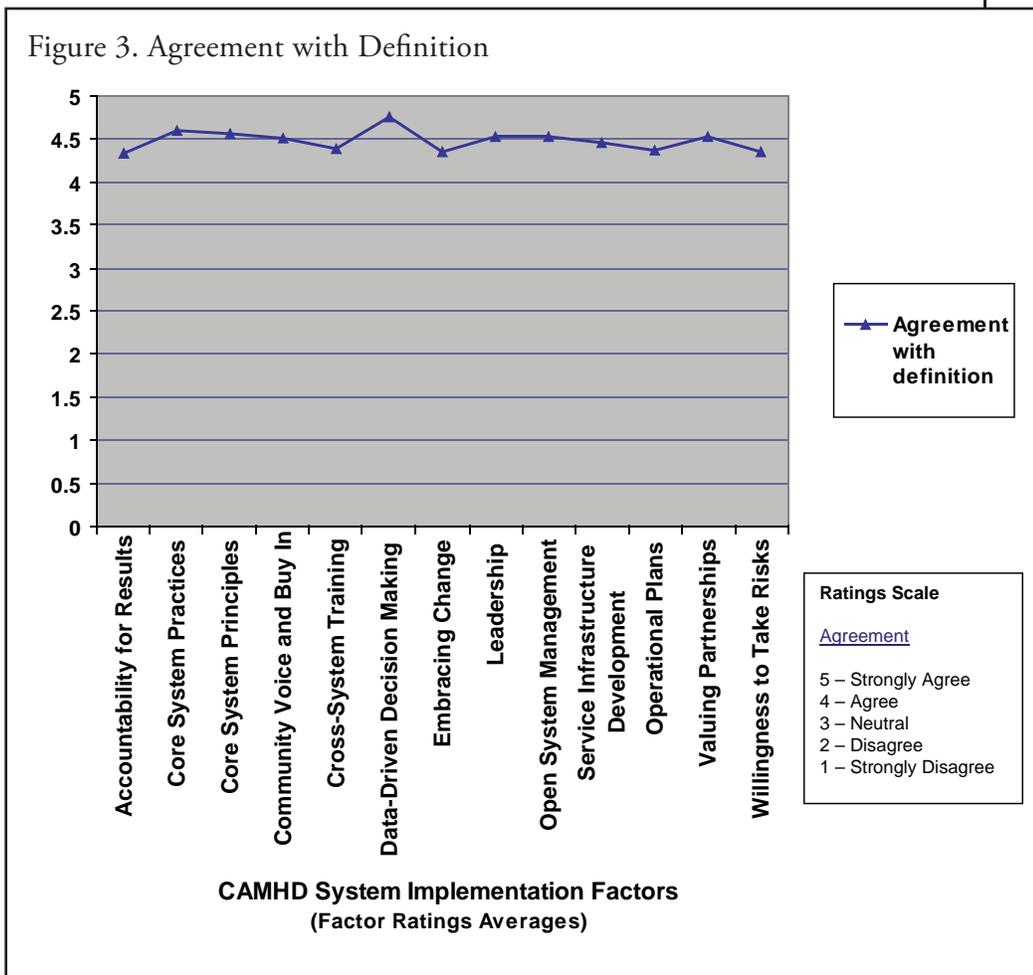
In addition to analyzing agreement with the definition of each factor, the research team considered the effectiveness and difficulty of implementing each factor within the Hawaii System of Care. The line graph in Figure 4 illustrates the effectiveness of implementation of each factor within Hawaii's SOC. The anchors for the question on effectiveness consisted of Very Ineffective (1), Minimally Effective (2), Neutral (3), Effective (4), Very Effective (5), or Don't Know (not coded).

The graph reflects a subtantial variability in the effectiveness of implementing individual factors within the system. Stakeholders reported that **Accountability for Results**, **Core System Practices**, and **Leadership** were among the most effectively implemented factors in Hawaii's SOC; however the mean scores for many of the Effectiveness factors clustered around the neutral area. For example, **Cross-System Training** and **Willingness to Take Risks** had numerous neutral responses. In contrast, when asked about **Data Driven Decision Making**, the majority of respondents felt that stakeholders were effective or very effective at carrying out this strategy, but two "Very Ineffective" responses served to draw the mean closer to the neutral range.

Figure 4. Effectiveness

CAMHD System Implementation Factors
(Factor Ratings Averages)

Ratings Scale

Effectiveness

5 – Very Effective
4 – Effective
3 – Neutral
2 – Minimally Effective
1 – Very Ineffective
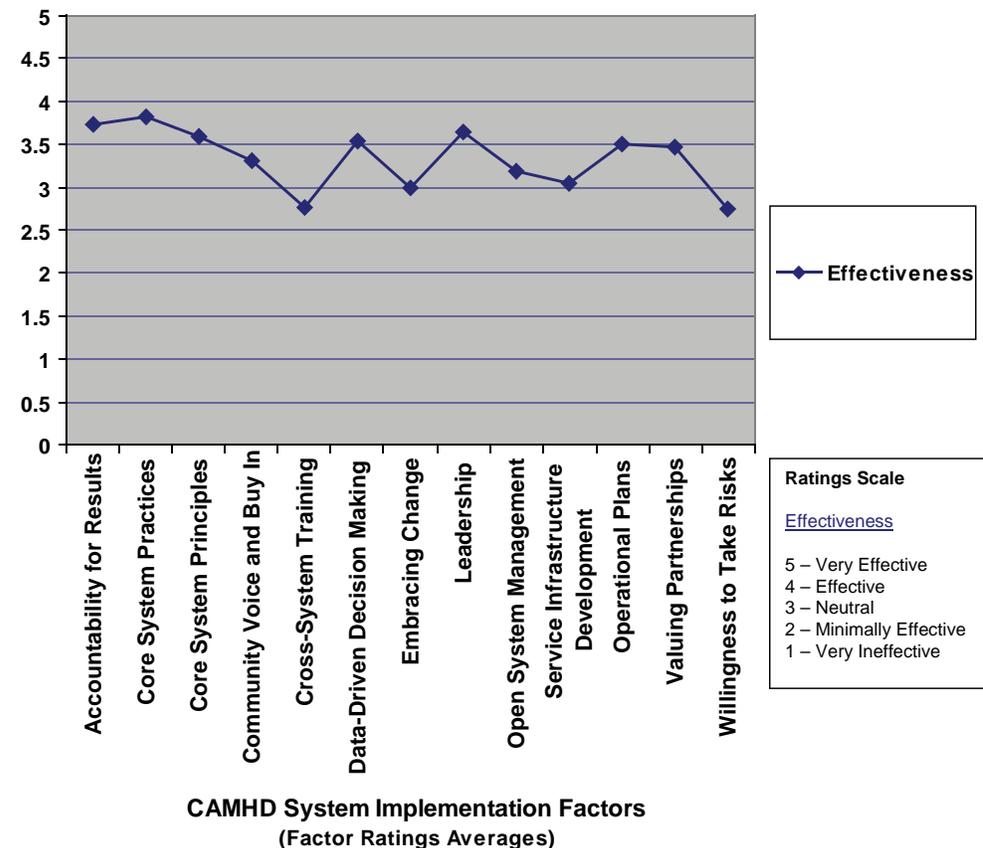
Cross-System Training and a **Willingness to Take Risks**, the only two factors that dropped below neutral, contained several "Ineffective" responses. Further details related to these response patterns were provided in the System Implementation Factor Themes section of this report.

The graph in Figure 5 illustrates the difficulty of implementation of each factor within Hawaii's SOC. The question offered the following response anchors: Very Difficult (5), Difficult (4), Neutral (3), Easy (2), Very Easy (1), or Don't Know (not coded).

Although all factors were perceived as fairly difficult to implement, the data indicate that respondents felt that **Accountability for Results**, **Embracing Change** and **Service Infrastructure Development** were the most difficult factors to implement. Of particular interest, **Embracing Change** and **Service Infrastructure Development** were also considered to be less effectively implemented within Hawaii's SOC. **Leadership** and **Valuing Partnerships** showed an even distribution among "easy," "neutral," and "difficult" responses.

Figure 5. Ease or Difficulty

CAMHD System Implementation Factors
(Factor Ratings Averages)

Ratings Scale

Difficulty

5 – Very Difficult
4 – Difficult
3 – Neutral
2 – Easy
1 – Very Easy
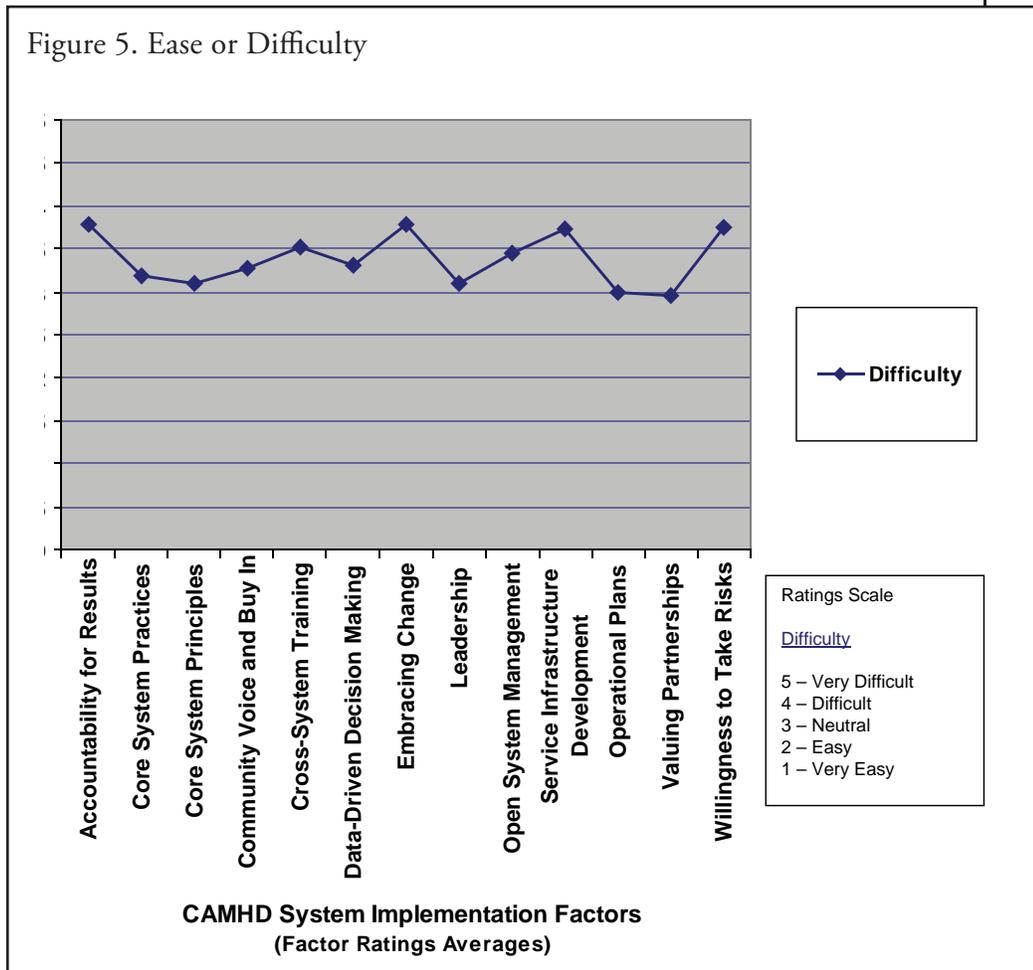
Taken individually, the factors discussed above represent critical strategies used in Hawaii's system of care implementation. The concept of a system, however, suggests that a set of elements can come together to form a whole that has different properties than those of the individual component parts (Checkland, 1993, 1999; Gharajedaghi, 1999). System thinking uses the concept of wholeness as a way to capture the complexity inherent in systems having multiple component parts, each with its own role and function. To better understand how the Hawaii implementation factors have been used to leverage system development, it is useful to consider them in terms of their roles in system change and their relationships to one another.

Using the factor definitions, the research team first grouped the Hawaii implementation factors into categories according to their primary role in leveraging system change. The factors can be clustered into four categories as shown in Table 3. The relationships among implementation factors are discussed below.

System Values and Beliefs use the intrinsic philosophy of the Hawaii

Table 3. Hawaii System Implementation Factors According to Role in Leveraging Change

Factors	Factor Roles
Core System Principles Embracing Change Leadership Valuing Partnerships Willingness to Take Risks	**Facilitating System Values and Beliefs**
Accountability for Results Core System Practices Operational Plans	**Facilitating System Goals**
Community Voice and Buy-In Cross-System Training Data-Driven Decision Making	**Facilitating System Information**
Open System Management Service Infrastructure Development	**Facilitating System Structure**

System of Care to create systems change. Data confirm that values/beliefs factors were critical contributors to system change through shifts in the fundamental belief structure of system stakeholders. Specifically, the implementation factors identified as *Core System Principles* and *Valuing Partnerships* represent the mindset of the system or the shared understanding from which the system is developed. These are the commonly held values and beliefs about what is important for children, youth and families.

In Hawaii these values and beliefs are represented by the Hawaii CASSP principles, and their implementation ranged from early work

with the Community Children's Councils to the current recommitment of interagency partners to the system of care. The factors identified as *Embracing Change* and *Willingness to Take Risks* represent how people approach system problem-solving. 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. 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. The Hawaii definition of *Leadership* was closely aligned with both clarity of vision and mission and creativity in problem solving.

It is significant that 5 of the 13 implementation factors identified by Hawaii system stakeholders were concentrated in the area of Values and Beliefs. When system of care values and beliefs align with the actions of system development, the result is a system that is oriented to doing whatever it takes to make the system work for families. Hawaii system implementers were strategic in their early and consistent emphasis on creating wide exposure to the values and beliefs of their system of care. The data indicate that the emphasis on values and beliefs factors provided a significant anchor for sustaining the difficult and complex work of system development in Hawaii. Activity around the implementation of these factors was described by stakeholders as foundational to other system development activities and spanned early work with the Community Children's Councils to current interagency efforts.

System Goals make the system values and beliefs concrete and orient system activity toward specific actions. Data confirm that the expectations and intended outcomes of the system were used to anchor system development by making the goals of system development clear. Implementation factors identified as *Accountability for Results*, *Core System Practices*, and *Operational Plans* relate specifically to the goals of the Hawaii System of Care. Core System Practices are used to provide explicit and implicit rules that define the scope of action and boundaries of the system and how people act on a day-to-day basis. Accountability for Results and Operational Plans are both used to provide broad level goals for the system that bring it under the control of a single plan. These goals are used to set agreed upon targets for action across system partners. Hawaii effectively uses goals to shape actions taken in system implementation. An important aspect of this strategy is Hawaii's recognition that goals should be allowed to evolve within the broad framework provided by system values and beliefs. Without this evolution, systems begin to emphasize system priorities over the priorities of children and families.

System Information includes the structure and flow of system feedback and use both formal and informal information mechanisms to accomplish

system change. Data confirm that the structure and availability of information were strategically designed to support system development. *Community Voice and Buy-In*, *Cross-System Training*, and *Data-Driven Decision Making* are grouped together because of their relationship to using information as a strategy for system of care development. Each of these factors fills a different role in system implementation. Taken together, however, they provide the structure and flow of information across stakeholder groups, reinforce system values, and expand the knowledge of system participants. The Hawaii System of Care has planfully structured information flow as well as the content of that flow. The system has been particularly successful in institutionalizing the use of information for decision making by establishing specifications around what data is collected, who collects it, who receives it, the timing of data collection, and the form and format of dissemination.

Changing **System Structures** is a strategy in system of care development. Data confirm that this included strategic changes in specified roles, responsibilities, and authorities of system participants at all levels in ways that redefined system boundaries and enabled the system to perform its functions. *Service Infrastructure Development* and *Open System Management* relate to using changes in system structure as a strategy for system development. Hawaii's development of a service infrastructure involved establishing the physical arrangements, relationships, and decision points within the system that determine the environments in which a child and family can access supports. This included determining points of entry, locations of services, locations of staff, and relationships between sectors allowing services to transition across environments, such as from home to school. The system infrastructure is also designed to transition across intensity of service need, such as from school into more in-depth services and supports provided through the Family Guidance Centers. Data indicate that Open System Management is a developing strategy. The goals of Open System Management are grounded in the system's value for partnerships and are intended to expand the role of system partners in system development.

Implemented strategically and in combination with one another, these factors were used to leverage system change. These factor roles affect change in considerably different ways and are represented in Figure 6. As illustrated in this figure, values and beliefs are central to the process of leveraging change and impact both goals and structures factors. The information factors are the key mechanisms for enabling the other factors (values/beliefs, goals, and structures) in the change process. Information factors enable systems change by monitoring system performance and providing feedback that lets stakeholders know how well system values and beliefs are being translated into meaningful goals and useful structures. A three dimensional representation of the system change process would more accurately represent the fluid nature of change and adaptation. However, the significant point made by this illustration is that values and beliefs are at the core of the other

aspects of system change.

   Hawaii's initial system context, driven by the Felix Consent Decree, required putting a service system infrastructure into place quickly. In

Figure 6. Implementation Factor Roles

Information Factors

Goals Factors   Values/Beliefs Factors   Structures Factors

Information Factors
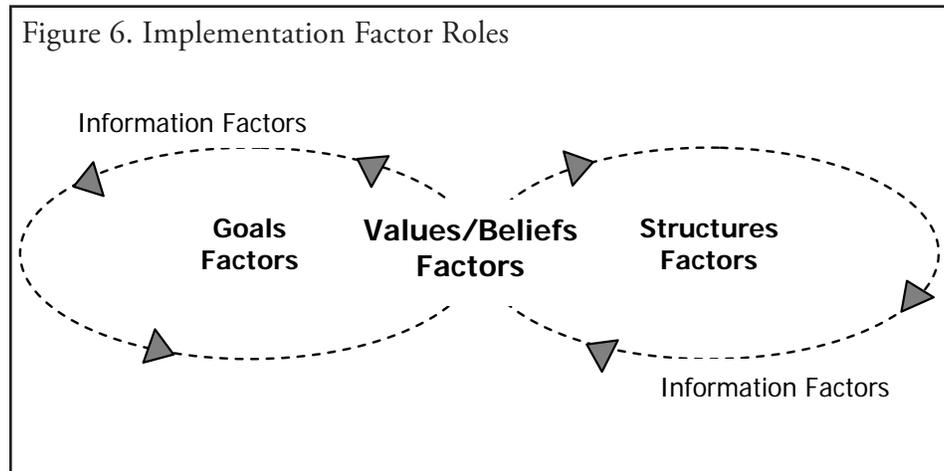
general, leveraging change using factors related to system structure is notable for its difficulty in actually accomplishing change as well as the sustainability of that change. As a tool for implementing system change, changes in structures are important and effective only if they reflect change at levels of greater abstraction, such as goals, values and beliefs. In system of care development, structural change carried out independently of change at the level of values and beliefs will not result in sustainable shifts in the actions and approaches to serving families.

   The development of service infrastructure was a key factor in Hawaii's system of care implementation. However, the data indicate that foundational work leveraging change in values and beliefs empowered structural changes in the system. Similarly, values and beliefs supported and guided the implementation of Hawaii's goals-related factors.

KEY POINTS FOR SYSTEM SUSTAINABILITY

System of care development is often initiated by a crisis in paradigm, a recognition that business as usual is inadequate and ineffective in serving children with serious emotional disturbance and their families. In Hawaii, this crisis was played out in the form of a class action lawsuit and settlement that mandated the state to establish a system of care. The activities of system development were undertaken by CAMHD with care and commitment and produced the considerable achievements discussed above.

With the end of court monitoring, however, there is a sense of vulnerability and fragility about the system. Stakeholders speak enthusiastically about the system's strengths and accomplishments but also with concern and uncertainty about the future. External oversight by the courts can no longer motivate commitment of child-serving agencies to the system of care. Particularly within CAMHD, challenges such as the transfer of system of care employment categories into the state's established civil service system and the required restructuring of procurement procedures contribute to the sense of uncertainty. These challenges are largely impacting system structure. In addition, there are ongoing challenges unique to Hawaii's island context, including the availability of qualified and appropriately certified employees and unevenness of service availability across the islands.

The biggest challenge to sustainability, however, may be Hawaii's success. Current system data profile a system that is responsive and effective. Under these conditions, there is danger that stakeholder satisfaction with current system performance will impair the system's ability to be flexible and timely in response to changing need. Hawaii's challenge is for system stakeholders to both appreciate what has been accomplished and remain vigilant in their commitment to systems of care. Sustaining system achievements and motivating continued system development is more difficult when the system appears strong and effective. Without awareness of the current challenges to the system, it will be difficult to address fundamental concerns before system performance slips.

What can be done to counter these challenges and allow the system to balance need, access, and availability of services and supports for children with serious emotional disturbance and their families? Addressing the challenges can best be accomplished by emphasizing the foundational goals of the system of care and the values and beliefs that drove the state's response to children with serious emotional disturbance and their families. The following recommendations for system sustainability relate directly to

Hawaii's challenge is for system stakeholders to both appreciate what has been accomplished and remain vigilant in their commitment to systems of care.

Addressing challenges can best be accomplished by emphasizing the foundational goals of the system of care

reinforcing shared understanding of the system and commonly held values and beliefs about what is important for children and families:

1. **Strengthen organizational partnerships across traditional child-serving service sectors.**

   - *School-Based Mental Health.* Data indicate confidence in state-level education leadership but also that attention is needed in local school relationships. Stakeholders expressed concern regarding inconsistencies in the school-based model across service areas as well as that the broad identification and provision of services within schools be maintained. Investment to maintain these partnerships, must be reinforced at all levels and across service areas. In addition an immediate concern was expressed regarding the potential narrowing of eligibility to exclude children and youth without an IDEA designation, particularly Section 504 students who are currently accessing services through the school system. Partnering between CAMHD and the Department of Education is especially critical to ensure continued service to these populations.

   - *Interagency Partnerships.* Data suggest the importance of developing engagement with other child-serving systems, particularly collaboration with juvenile justice and child welfare. This appears to be a natural progression of informal partnerships and trusting relationships that have developed at specific Family Guidance Centers. These interagency collaborators have recognized the potential for building system strength and resilience by working together. Added emphasis and support for these collaborations would counter feelings of vulnerability by building shared system responsibility and responsiveness.

   - *Provider Relationships.* Data indicate a well structured relationship with providers and one that is generally considered supportive. Providers, however, indicate a desire to participate more fully in problem solving and resolution of issues around service planning and delivery.

   - *Open System Management.* This relatively new emphasis on engaging system partners in the process of system evaluation and system decision making is an opportunity to reinforce values and beliefs about what is important for children and families. It is also an opportunity to build cross-agency commitment to the idea that the needs of the child and family come first. Data indicate some resistance to this concept within CAMHD; however, such collaboration would prepare system partners for a shared response toward issues of system sustainability as they arise. Modeling open system management makes a strong statement in support of interagency collaboration and will enhance interagency support of CAMHD as well as CAMHD's understanding of how it can support its partner agencies.

"Community motivation [is] driven by problems; as problems resolve, motivation to attend meetings and express opinions decreases."

2. **Make use of key system stabilizers such as relationships with community and family organizations.**

   - *Revitalize Community Voice through the Community Children's Councils.* Explore the role of the CCC structure to ensure its utility and consider expanding its purpose to include issues of sustainability. Use this established structure to maintain a focus on children and families and to identify and communicate emerging system of care issues. Data from across the Department of Education, CAMHD, and family members indicate that it would be fruitful to engage in an open discussion of system values. This type of discussion was initiated by CAMHD in 1994 and 1995 as part of the initial response to the settling of the lawsuit, but stakeholders indicate that the importance and impact of these meetings within Hawaii's system of care has diminished over the last few years. As one stakeholder stated, "Community motivation [is] driven by problems; as problems resolve, motivation to attend meetings and express opinions decreases." These meetings can provide the opportunity for families and school personnel to talk candidly about hopes and concerns for system sustainability.

   - *Strengthen Partnerships with Family and Youth, particularly in schools.* Parents indicated a unanimous belief that such a process was important in the development of robust family voice and collaboration with CAMHD. Strengthening parent-professional collaboration within the Department of Education could reinforce system of care values at all levels of the system and be a valuable asset to system sustainability.

3. **Support care coordination function.**

   - *Case Load and Administrative Support.* Data indicate that care coordinators are the core of a service structure that promotes coordinated care for children and families with ongoing and intensive needs. They build and maintain formal and informal collaborative relationships with school, state, and private agency personnel at the local level that foster children achieving their highest level of functioning and community integration. Data suggest that care coordinators effectiveness is enhanced when they have proper support. This includes manageable caseload sizes, proper administrative support for recordkeeping and data entry, and a local team environment in which all persons are willing to collaborate and take on responsibilities. It is critical to ensure that the needs of front-line care workers are being heard and met. Difficulty filling care coordinator positions makes case load and administrative support a particularly difficult challenge that merits ongoing attention.

   - *Training Efforts.* Attention to the process of care coordination and the needs of care coordinators is critical if the system is to continue to effectively support Hawaii's children's mental health

> *Stakeholders speak enthusiastically about the system's strengths and accomplishments*

service population. Cross-system training in care delivery and administrative processes is important, but data indicate concern that current training programs are sporadic and insufficient as a result of decreased funding support. Enhanced cross-system training will challenge team members who see their roles as narrowly defined and are unwilling to take on tasks outside of their narrow job definition.

In conclusion, the sustainability of the Hawaii System of Care requires continued attention to the mindset of the system through its partners, including child-serving agencies, families and youth, providers, and community organizations. This will ensure that the goals and activities of the system are grounded in system of care values and principles that are widely held within and across service sectors and represent a cross agency commitment to the idea that the needs of the child and family come first.

The power of the Hawaii System of Care has always come from its responsiveness to uniquely Hawaiian concerns and its ability to find its voice and express its values. Since the end of the Felix Consent Decree, the system faces new challenges. The most serious of these challenges is the concern that system gains will be lost to bureaucratic processes that overwhelm innovative system processes and core values. Investing energy in partnerships, asserting core system values, and working to clarify each system partner's commitment to these values is the most promising strategy for both saving gains and propelling the system forward to new benchmarks of excellence and responsiveness.

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APPENDIX A:
STUDY 2 SUMMARY

STUDY 2: CASE STUDIES OF SYSTEM IMPLEMENTATION

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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

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.

NIDRR

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
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APPENDIX B:
SYSTEM OF CARE DEFINITION

STUDY 2: CASE STUDIES OF SYSTEM IMPLEMENTATION

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System of Care Definition

A system of care[1] (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 and	Ability to enter, navigate, and exit appropriate services and supports as needed (CMHS, 2003, 2004; Farmer et al., 2003)
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)

[1] 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).

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Study 2: Case Studies of System Implementation

Holistic Approaches to Studying Community-Based Systems of Care

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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?

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