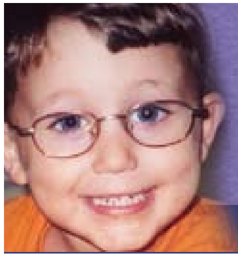

System Implementation

Issue Brief #5 Lessons from Successful Systems

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April 2008

What Works: System Development Strategies Across Communities

"What works?" "How do stakeholders create a system of care?" "How are systems working in other places?" These are frequently asked questions from communities attempting to implement a system of care. Communities contemplating system-of-care implementation find that there are no clear-cut answers to these deceptively simple questions. The purpose of *Case Studies of System Implementation* is to understand how factors affecting system implementation contribute to the development of local systems of care for children with serious emotional disturbance (SED) and their families (Research and Training Center for Children's Mental Health, 2004). A key goal of this research study is to understand how these factors interact in the development of a local system of care. This issue brief will provide cross-site analyses of critical system implementation factors identified by stakeholders within each of the six exemplary communities participating in this research study, and will offer clues around common themes identified at each study site.

Prior to on-site data collection (see Figure 1), a factor brainstorming exercise was conducted with a key group of stakeholders of each system to identify and define factors that have been critical to their local system-of-care's development. Further, a factor ratings exercise was used to validate these implementation factors by a broader group of stakeholders within the local system. The ratings results were triangulated with data collected through document review, interviews, and observations. This process resulted in a list of local implementation factors for each system participating in this study.

Figure 1
Systems Participating in *Case Studies of System Implementation*

- Marion County System of Care Consortium/The Dawn Project, IN (MC)
- Placer County, CA (PC)
- Region 3 Behavioral Health Services, NE (R3)
- Santa Cruz County, CA (SC)
- State of Hawaii (HI)
- Westchester County, NY (WC)

Cross-site analyses of local implementation factors were undertaken for the purpose of comparing and contrasting local site findings. These included a coding, or classification, of each locally derived factor definition for commonalities across sites, which yielded seven cross-site factors (see Figure 2). The coding was conducted by hand as well as by utilizing ATLAS.ti scientific software (Scientific Software Development, 1993-2008). In addition, the research team established intercoder agreement in the coding of each factor. This issue brief will offer initial findings of cross-site analyses of implementation factors that each study site identified as critical to its system-of-care development.

Figure 2
Critical Cross-Site System Implementation Factors

1. Shared Values
2. Willingness to Change
3. Shared Accountability
4. Delegation of Authority
5. Strategic Use of Resources
6. Family Empowerment
7. Information-Based Decisions

Lessons Learned from Established Systems of Care

Findings from this study illustrate that there are certain factors that are similar across all systems of care participating in this study. The research team identified seven particularly noteworthy commonalities related to system implementation factors across these sites. This section will provide descriptions of each and will highlight examples within established systems of care.

Readers should note that data suggest these factors can be used as a guide, but there is not a specific formula for successful implementation. Study findings indicate that the introduction of a prescriptive process for developing an effective system of care would be a disservice to successful systems, as it would neglect the commitment of community stakeholders to develop systems in response to their varied local community contexts. The following lessons learned, however, are intended to provide insight into the strategic development of these established systems of care.

Study 2

Case Studies of System Implementation

is a five-year national study of strategies that local communities undertake to implement community-based systems of care. The purpose of the study is to understand how factors affecting system implementation contribute to the development of local systems of care for children with serious emotional disturbance and their families.

Methods

This study used a multi-site embedded case study design. Participating systems were identified through a national nomination process and were selected on the basis of having: (1) an identified local population(s) of youth with serious emotional disturbance; (2) clearly identified goals for this population that are consistent with system-of-care values and principles; (3) active implementation of strategies to achieve these goals; (4) outcome information demonstrating progress toward these goals; and (5) demonstrated sustainability over time.

Data collection included semi-structured key informant interviews, document review, site-based observation, and documented aggregate outcome data related to system implementation in communities with established service systems. The study included a total of six cases. Analysis used an intensive and iterative team-based approach.

Suggested Citation for this Document:

Ferreira, K., Hodges, S., Kukla-Acevedo, S., & Mazza, J. (2008). *System implementation issue brief #5—What works: System development strategies across communities.* Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

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1. Shared Values

A successful system of care is grounded in the SOC values of individualized, family-focused, culturally competent, community-based care. Cross-site analyses of data indicate that having shared values across system stakeholders is considered a critical factor in system-of-care development. Participating systems demonstrated a genuine commitment to system-of-care values and principles, and these values guided the system's work with children and families. Within these systems, values and principles were translated into daily activities: "[a] focus on practical application of system-of-care values and principles" (SC). Data reflect that goals within established systems of care were guided by system-of-care values. System stakeholders would retreat to these core values to guide their decisions and actions when they felt vulnerable to system challenges such as changing mandates, political shifts, funding cuts or diversions, or changes in leadership. These shared values kept the system moving in the intended direction. One system described it as "goal-oriented action around serving kids better and differently" (MC).

"Shared Vision—a strong desire to achieve better outcomes for children and families that is based on a common belief that system of care principles will benefit children and their families." (R3)

Data from each community clearly reflect a shared vision that is reinforced by frequent communication among stakeholders. The research team frequently observed that participating systems were "based on a slowly and carefully built shared vision which is grounded in core values and articulated across partners" (WC) and that there was a "system-wide commitment to a shared vision and mission" (HI). Stakeholders emphasized the importance of having shared, clearly-understood language across the system. In addition, data indicate that system partners in each of these communities regularly reviewed and recommitted to the values and goals within their system of care. For example, Placer County reinforced shared values annually through a retreat and "annual recommitment among partners to the system-of-care vision and mission" (PC).

Shared values in action

Established systems of care provided powerful examples of the embeddedness and integration of shared values in day-to-day operations in pursuit of short- and long-term goals aimed at success for children and families.

- The Placer County System of Care worked to translate shared values into outcomes. This process was driven by the values of shared ownership among human service and justice agencies for coordinated service delivery activities and outcomes. Placer County's vision, "All children, adults, and families in Placer county will be self-sufficient in keeping themselves, their children, and their families, *safe, healthy, at home, in school/employed, out of trouble, and economically stable*" was not only shared, but was outcome-oriented and measurable. Outcomes were specifically linked to components of the vision and were tracked over time (e.g., tracking out-of-home placements, truancy, arrests, re-arrests)
- Stakeholders in Westchester County used shared values and goals to drive system implementation. They were described as "the heart and soul of the work" and provided a "road map" for the system. Illustrating the ongoing nature of system development activities, some stakeholders noted that shared values "[are] not universal yet." However, utilizing these shared values and goals "[is] getting easier as the values base is becoming more common across systems on federal, state, and county levels."
- The state of Hawaii used quality assurance practices to ensure that core system principles were incorporated into Hawaii's system of care. Stakeholders believed this increased the effectiveness of the system.

2. Willingness to Change

Each of the established systems demonstrated a strong willingness, readiness, and/or commitment to change, another critical factor in their development. Cross-site analyses of data indicate that this willingness was based on a shared belief that improvement was needed within the community, and this shared value served as a "call to action" (MC). Willingness to change was often initiated by the recognition that children with or at risk of SED and their families were being inadequately or inappropriately served within the system, and that the values of a system of care were not being actualized. Thus, community partners developed a shared conviction across system stakeholders that "something" had to change.

"Partners make an implicit agreement to face challenges together, take risks to achieve goals, and support one another throughout the process." (WC)

Data indicate that a willingness to change incorporated the concept of readiness as well as a commitment, in which system stakeholders demonstrated a "steadfast commitment to doing whatever is necessary to meet the needs of children and families" (PC). The importance of "creativity, flexibility" (SC) was frequently expressed within each system. Cross-site respondents identified courage, in which stakeholders took risks to develop innovative services and supports for youth and families, as an important component. Data reflect the concept of "being open to new possibilities" (HI) and belief that "the system is a dynamic process and it must change and grow to be vital" (WC). System stakeholders also expressed their concept of change as ongoing.

Willingness to change in action

- In Region 3, system stakeholders had ready access to evaluation data as well as the ability to make change based on these data. In addition, they expressed belief that system change efforts are ongoing and that they are never finished building the system. Stakeholders described willingness to change as "our culture, we are not satisfied unless we are asking 'What if?' and then willing to change based on results and data."
- In Santa Cruz County, system stakeholders were always seeking new, innovative interventions; however, system-of-care values shaped the kind of change that occurred and brought people together during change. Programs such as the LUNA Evening Center (a detention alternative for adolescents on probation) or Transition-Age Services for Foster Youth (which provides housing and other supportive services for transition-aged youth) provide strong examples of innovative programs that are grounded in SOC values. Stakeholders within Santa Cruz recognize that change is difficult and noted that "personal differences and philosophies…need to be addressed," but that with a "core belief in SOC [systems of care], being flexible and have a 'whatever it takes' philosophy" is key.
- Marion County stakeholders noted that change "can get easier as stakeholders realize and accept [that] process is not static and always needs review to meet the changing needs of children, their families, and system conditions."

3. Shared Accountability

Cross-site data indicate that shared accountability to children and families, to one another as partners, and to the community as a whole was considered a critical factor in system development. Data indicate that within successful systems of care, there was clarity around and respect for roles and responsibilities of system partners as well as a willingness to understand others' perspectives: "Shared ownership of system performance that requires specification of expected results, clear assignment of responsibility, reporting and feedback to another authority and stakeholders, and a commitment to provide resources and support" (HI).

"Shared accountability motivates people and helps us see how our individual efforts have been an impact on the system as a whole." (HI)

Data reflect that another aspect of shared accountability included cross-agency co-location and supervision, shared learning/training opportunities, and a process for problem-solving across agency partners. Shared accountability "provides cross-system responsibility through the co-location and management of Children's System-of-Care staff" (PC). A commitment to shared accountabil-

ity curtailed finger pointing and the temptation to place blame on other system partners.

"Focusing on kids guides decisions by allowing system partners to be less blameful about system shortcomings." (MC)

Data also reflect a consistent message across these systems: "These are all our kids…creating a shared responsibility rather than categorizing kids as 'mine' or 'yours'" (MC). Shared ownership of system performance made public not only challenges but also successes. It "instills pride in system accomplishments and outcomes" (HI) and system partners recognized the importance of celebrating these successes together in an often stressful and pressured environment.

Shared accountability in action

Within established systems of care, data reflect a stakeholder sense of responsibility and accountability for results of the entire system.

- Westchester County's Community Organization Model illustrates a community-based network in which community resources are maximized and stakeholders share in the responsibility for children and families. In Westchester County, stakeholders were "constantly working to develop new partnerships." It was also noted, "Once trust and a true relationship is developed, the rest is easy and effective."
- Within Region 3, an established level of trust allowed for the development of networks across all service sectors, engagement in collective problem solving, and the sharing of resources across system partners. All partners within Region 3 took equal responsibility for the children and families they served and felt personally accountable for outcomes. Region 3 created structural changes that strengthened collaboration, such as co-location of staff from various agency partners into offices throughout the Region.
- Santa Cruz stakeholders' beliefs that system partners are jointly accountable for child outcomes and equally responsible to each other for sustainability have allowed the system to survive and thrive. This included joint problem-solving and collaborating on the pursuit of grant funding—particularly when an agency partner was facing significant funding cuts.

4. Delegation of Authority

Cross-site data analyses indicate that leaders within established systems of care articulated a vision for the system and values that were shared across partners. Leadership within these systems "[is] based on its vision, on shared principles and values, and continues to communicate a sense of purpose and future possibilities" (WC). Leadership was also described as "the knowledge and creativity to identify solutions to current problems, the wisdom to prioritize courses of action and assign resources to key priorities" (HI).

Data indicate that an important characteristic of these established systems was the commitment of formal leaders to support delegation of authority for the betterment of the system. This allowed leadership to be diffused across system partners and within system agencies and often created a horizontal, less hierarchical organizational structure. This type of structure empowered all employees to problem solve and make meaningful decisions related to the children and families they served.

"Delegation of power and authority involves clear delineation of tasks, cross-system leadership and responsibility, and the support of managers and line staff to act in a family-focused manner to create desired outcomes." (PC)

Successful delegation of authority reduced turf issues across the system. It was built upon trust and took time to develop. A common statement by leaders within established systems, "leave your egos at the door," shows that leaders prioritized the system's success over personal accolades.

Delegation of authority in action

- Westchester County's network structure illustrated a delegation of authority across all stakeholders within the community. Network meetings were initiated by families and were facilitated by individuals who volunteered and had received training to conduct the meetings. Network meetings were held at the individual client, community, or system level, and decision-making authority was evident at each level.
- In Placer County, there was "a sideways transfer of power at [the] highest levels" across agencies which included a "handing down of power from director to manager. Manager[s] delegated all [power] to the team. Then they had authority, [and a] streamlined process." At the client level, multidisciplinary teams were empowered to make decisions regarding service provision for children and families. These team decisions were supported by system leaders.
- Marion County stakeholders created a neutral entity in the form of a non-profit corporation with a Board of Directors comprised of local agency leaders. This corporation helped facilitate shared authority, and stakeholders noted: "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."

5. Strategic Use of Resources

Data indicate that participating systems shared a belief that the strategic use of resources was a critical factor in system-of-care development. Examples include the utilization of fiscal and non-fiscal resources (e.g., allocation of staff time and space). Data indicate that the strategic use of resources was not defined by one specific model. Depending upon community context and external mandates, systems used blended, braided, or separate funding streams. Within these communities, a great deal of collaboration across partners was required to develop creative solutions around obtaining and sharing resources. Stakeholders noted that to have informed discussions around resource acquisition and sharing, it was important to have knowledge of the financing structures of partner agencies.

Strategic use of resources include "access and availability of quality staff and providers continual skill development, knowledge of financing mechanisms, understanding how to use existing dollars more efficiently, and availability of state and federal funding support." (R3)

Although the strategic use of resources tended to be structural in nature, funding decisions were grounded in system-of-care values as well as outcome data.

Strategic use of resources in action

- Placer County's co-location of all system-of-care staff into one central location provided a strong example of resource sharing. System stakeholders acknowledged that structural change such as this was difficult in the beginning but was necessary and worth the effort.
- In Region 3, sharing of resources also included co-location of staff but was structured differently, with offices housing staff from partner agencies placed strategically throughout the Region. This structure was critical to serving families effectively within a 22 county area of the state. Strategic use of resources also included sharing of agency vehicles and cell phones across partners.
- Santa Cruz's commitment to the sharing of resources was observed at every level. Actions reflecting this value included jointly pursuing and administering grants to fund innovative services, creating cross-disciplinary service teams, and co-locating staff.

6. Family Empowerment

The concept of family empowerment was also identified as a critical cross-site implementation factor. Data indicate that family empowerment required effective partnering with families and youth, and within established system-of-care communities,

this occurred at multiple levels. At the direct service level, it involved ensuring that individual treatment plans were driven by families (e.g., families choosing participants of their team meetings and determining the types of services they needed); and at the system level, this was reflected in family participation in system planning and implementation (e.g., active participation on local and state boards).

"Family participation at all levels of the system is considered a key aspect of valuing partnerships." (HI)

Data indicate that successful systems were often at varying stages of development in the empowerment of families and youth. Systems engaged families and encouraged them to drive care on an individual treatment level. Fewer systems had families who were actively engaged in decision making at the system level. Yet in all systems, stakeholders recognized the importance of family empowerment and strived to further engage families. Family empowerment necessitated a shift away from "business as usual" and required a strengths-based approach to serving families.

Family empowerment in action

- Region 3 developed concrete strategies regarding how to help Families CARE remain a strong and viable partner within the system by contracting with the organization to conduct evaluations and disseminate evaluation data, specifically related to the wraparound process. In addition, youth were empowered within the system through the youth organization, Youth Encouraging Support, and actively participated on the state infrastructure grant committee.
- In Hawaii, the mental health agency contracted with the statewide family organization to provide informational and emotional support to families, service evaluation, and training. In turn, the family organization trained and supported 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.
- In Westchester County, the strength of families was evident in Family Ties, an organization widely accepted as an equal partner within the system. Family Ties worked to develop skill sets and supported system-of-care values among family members as well as system professionals. Family members determined participants of their child and family teams and decided upon services their families needed. Family members also advocated for newer families in the system. In addition, family members who received services became leaders within the system. Finally, Westchester's Youth Forum was an active and well-respected youth organization in the county.

7. Information-Based Decisions

Cross-site analyses of data indicate that information-based decisions are critical to system implementation. A key feature of information-based decisions is that they are grounded in values and driven by the goals of the system. Participating sites were clear about goals and data needed to assess progress toward these goals. Data was both formal and informal, but regardless of format, data were easy to understand and allowed decisions to be made at all levels. These data enabled stakeholders to talk about individual- and system-level outcomes. Data also facilitated buy-in and support from internal and external entities.

Outcome focus "is used to develop services for the targeted population and to ensure that system response is in line with system values." (SC)

Successful systems engaged in self-reflection based on all available data and took action on the information. This results-oriented, quality-improvement approach allowed system partners to work together to improve system functioning.

Information-based decisions in action

- In Marion County, information was utilized on a daily basis to make system- and clinical-level decisions. These decisions were based on data on out-of-home placements (system level) to data from the Child and Adolescent Needs and Strengths scale (clinical level). This responsiveness to data was enabled by a sophisticated data management system and an effective and trusted evaluation team.
- Region 3 had a remarkable ability to create reports that described functioning at the system, program, and individual client levels. This encouraged stakeholders at all levels (including frontline staff and families) to ask relevant questions, and evaluation staff were positioned to respond to these data-based requests. In addition, evaluation staff educated stakeholders about the data to allow them to make short- and long-term data-driven decisions.
- Hawaii's infrastructure facilitated data analysis and problem-solving around service delivery issues. Skilled research and evaluation specialists as well as strong data systems aided data-driven decision making in Hawaii. Stakeholders noted that data allow staff to "understand your performance by stimulating dialogue and action."

Conclusion

This issue brief describes factors that are critical to system-of-care implementation identified through cross-site data analyses from Case Studies of System Implementation. Although these factors were evident across all participating sites, it is important to note that each factor was adapted to fit local context. It is also noteworthy that participating communities were in different stages in their use of these factors, and that system development is ongoing in all sites. In addition, there were structural aspects to many of these factors, but research findings indicate that structures were strategically developed in response to shared values within the system rather than structures driving values. System structures often encouraged communication of values, facilitated strategic planning, and assisted in problem-solving throughout each system of care.

Readers should note that the factors described in this issue brief are multi-layered and comprised of many complex components. Data indicate that the establishment of reciprocal action across stakeholders, supported by trusting relationships among system partners and ongoing effort and commitment, was a trait that was evident across all participating communities and appeared embedded within each implementation factor.

Within these communities, as stakeholders work to constantly strengthen relationships with system partners, there is clear recognition that this work is never finished—that the system is continually changing. In conclusion, stakeholders within these exemplary system-of-care communities challenge and encourage each other to persistently work toward the goal of improving the lives of children and families.

To find out how system development has occurred in county, rural, urban, and state-wide systems of care, view site-based reports of each community at http://rtckids.fmhi.usf.edu/cssi/

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