

Leveraging Change in the Placer County California Children's System of Care

Site Report for Case Studies of System Implementation

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EXECUTIVE SUMMARY

In 2005, the Placer County Children's System of Care participated in a national study of system of care implementation conducted through the Research and Training Center for Children's Mental Health at the University of South Florida. The purpose of the study is to identify strategies that local communities undertake in implementing community-based systems of care for children with serious emotional disturbance (SED) and their families. The study also examines how local conditions affect the development of these local systems of care.

The investigation used a case study design. A national nomination process was conducted to identify established systems of care. A site selection process involving document review and key stakeholder interviews was used to identify participating sites. Case study data was 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 Placer County Children's System of Care 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 county system of care. The success of their system of care is particularly noteworthy given that it was implemented without a federal system of care grant to support their efforts.

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

Key Findings

Placer County achievements in system of care development include:

- The development of strong interagency collaboration
- Translation of shared values into outcomes
- Expansion of the target population
- A systemization of key processes
- Enabled autonomy
- Cultivation of sustainability

Placer County has created a unique and innovative collaborative service system that seeks to transcend silo-ed thinking and action. This system has translated the value of collaboration into robust structures and processes to facilitate collaboration and continues to find ways to translate the value of collaboration into action at all levels of the system. Leaders within the system

strongly value collaboration and have demonstrated their commitment to a collaborative effort through actions such as joint governance across service sectors, blending of funds, co-location of staff, and shared responsibility and accountability for youth with SED and their families within Placer County.

People involved in Placer County's System of Care engage in continuing reflection about areas for improvement within their system. As with other sites within this study, stakeholders within the Placer County Children's 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. The Placer County Children's System of Care, which includes mental health, child welfare, juvenile justice, public health, and education agencies provided the research team with a candid view of the system of care in Placer County. System stakeholders discussed actions that advanced their efforts as well as actions that placed great strain on the system and their response to these barriers. Identified opportunities for further system development include:

- Increasing parent and youth participation within the system
- Addressing population shifts and cultural competence
- Expanding the use of outcome data, and
- Sustaining System of Care values and beliefs within Placer County by specifically addressing—
 - o Ongoing leadership changes
 - o Training new staff about the system's values and principles and the development of the system, and
 - o Strengthening collaboration with education

In summary, the Placer County System of Care has created a unique collaborative structure that facilitates integrated care for children and youth with mental health needs. This structure extends across traditionally siloed service sectors, and allows for cross-disciplinary decision making. The creation of a value-based structure for collaboration has allowed Placer to reduce the frequency with which children and youth are placed out of the community in restrictive and costly settings. In this way these values, and the structures in place to support these values, have allowed Placer to make substantive inroads in providing community-based care for children and youth. Leaders in this system continue to demonstrate a commitment to sustaining collaboration and training new leaders with a set of values that sustain and expand on this vision of community based care for all families in need.

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.

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INTRODUCTION

For more than 20 years, stakeholders across the country have worked to reform children’s mental health services by creating community-based systems of care. Systems of care is an organizational philosophy that involves collaboration across agencies, families, and youth for the purpose of improving access and expanding the array of coordinated community-based services and supports for children with serious emotional disturbance (SED) and their families (Stroul, 1993; Stroul & Friedman, 1986). Research has demonstrated that systems of care have a positive effect on the structure, organization, and availability of services for children with SED (Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001; Rosenblatt, 1998; Stroul, 1993). However, the field of children’s mental health has much to learn about how local systems of care actually develop, the conditions that support or impede their implementation, and what factors interact together to establish well-functioning systems (Hernandez & Hodges, 2003). The purpose of Case Studies of System Implementation is to understand how stakeholders facilitate local system of care development and what factors, conditions, and strategies contribute to the development of systems of care for children with SED. A brief summary of the study is included in Appendix A.

The Placer County Children’s System of Care (CSOC) was selected to participate in Phase I 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 Placer County Children’s 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 Placer County’s system implementation;
- How factors that contributed to Placer County’s system implementation interacted to produce a well-functioning system of care;

The Placer County Children’s 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)

- How local context influenced Placer County’s system implementation;
- Specific change agents or triggering conditions critical to Placer County’s system of care;
- Conditions that support or impede Placer County’s system development.

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

RESEARCH METHODS

The research team worked with the Placer County System of Care (CSOC) for four months prior to on-site data collection. The site visit took place the week of October 24, 2005.

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

Document Review was used to provide organizational-level data related to system implementation as well as system-of-care development in a historical context. Placer County System of Care documents included state and county level materials related to the goals and intent of the system, legislative history, grant information, regulations or guidelines, budget justifications, monitoring reports, annual reports, and 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 Rating Exercise** was used to validate the locally identified system implementation factors by a broader group of system stakeholders. Interview participants were asked to complete a mail-in questionnaire in which they confirmed the factors and their definitions and rated the factors in terms of both ease/difficulty and effectiveness of implementation. Twelve 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, whether participants believed some factors were more significant or required earlier emphasis in order to accomplish system change, and whether certain factors were used in combination with one another to effect system change. Participants were given a set of 3x5 cards that had a factor printed on each, and they were asked to sort the cards

Key Methods

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

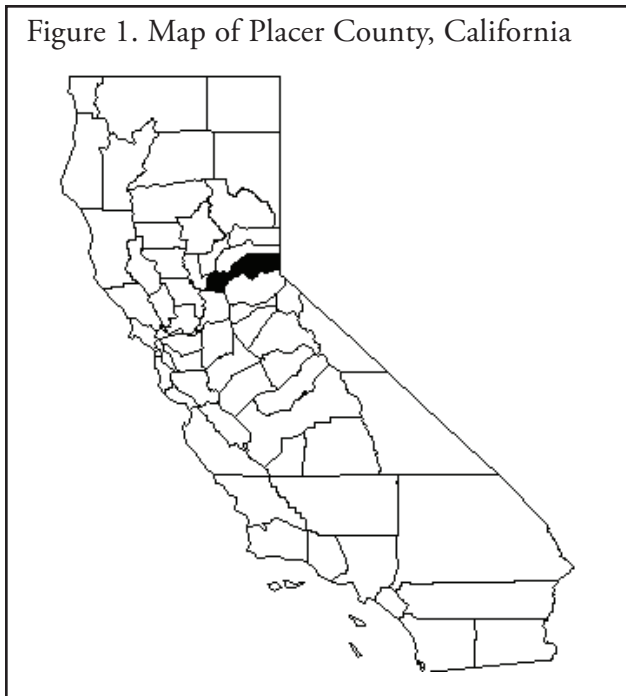
according to the above criteria. They had the option to remove factors they did not believe were important in Placer County and to add factors they believed should be included.

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 liaison for Placer County assisted in identifying the key people to be included in the interview process. Group and individual interviews were conducted with a total of 29 individuals of varying roles throughout the system.

Direct Observation of Placer County Children's System of Care service delivery structures and processes was used for the purpose of examining aspects of system implementation in action. Observation of five formal meetings and activities included policy board meetings, director's meetings, and treatment team meetings. In addition, multiple informal observations of system activity were conducted while on site.

PLACER COUNTY SYSTEM CONTEXT

Figure 1. Map of Placer County, California



Placer County, California is 1404 square miles and is approximately 20 miles northeast of Sacramento. Placer County has a population of approximately 300,000 people (U.S. Census Bureau, 2000). According to 2000 census data, there has been a 44% population increase from 1990-2000. The racial/ethnic composition is 87% white, 10% Hispanic/Latino, 3% Asian-American, 1% Native American, and 1% Black/African-American. The median household income is \$57, 535, 3.9% of all families are below the poverty level, and 6.3% of children under age 18 are below the poverty level (U.S. Census Bureau, 2000).

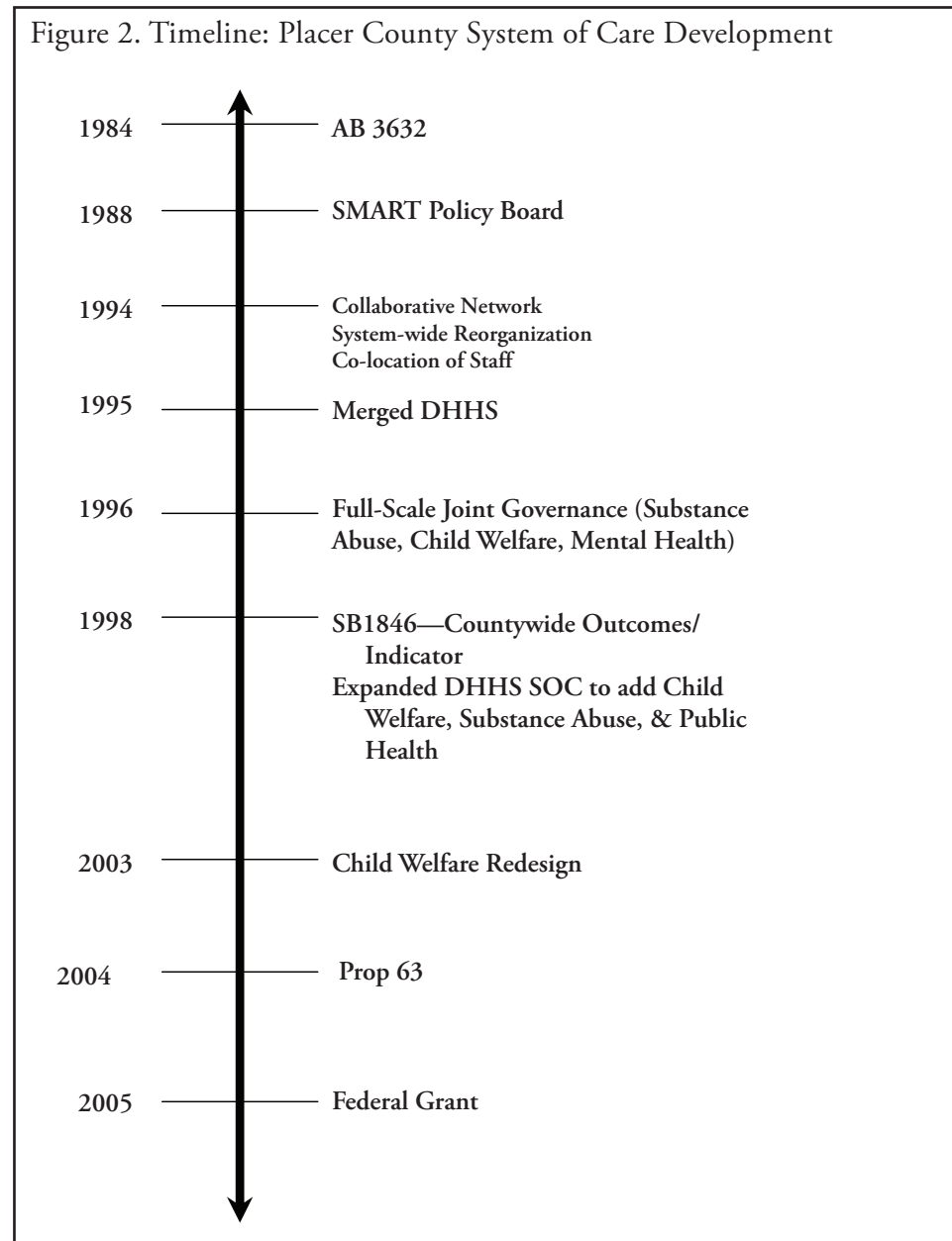
Legislation at the state level has created the framework for the SOC structure in Placer County. Various bills, such as AB 3015, SB1846 and SB 1259, have impacted systems of care within the state of California by encouraging collaboration, co-location of staff, and the inclusion of child welfare, substance abuse, and public health service sectors into the system of care.

The Placer County Children's System of Care (CSOC) was initiated in 1988 with the formation of the System Management, Advocacy, and Resource Team (SMART), a collaborative effort to bring together all service sectors to provide less fragmented, more comprehensive and effective services for children with serious emotional disturbance (SED), or at risk of SED, and their families.

In 1995, Placer County instituted the co-location of staff, which housed the staff of mental health, juvenile justice, and child welfare together in the same location. Although the system experienced a considerable staff turnover during this transition, this change increased collaboration among the agencies significantly.

Due to demonstrated successful outcomes of the system, a senate bill designated Placer County as a 5-year pilot program to design and implement an integrated and comprehensive county Health and Human Services (HHS) system for the funding and delivery of services. Placer County has recently expanded its system of care to identify and serve more children and youth that are in need of less intensive services.

Figure 2. Timeline: Placer County System of Care Development



PLACER COUNTY ACHIEVEMENTS IN SYSTEM OF CARE DEVELOPMENT

Placer County has leveraged system of care development through the strategic emphasis of values and beliefs as the foundation for system goal and structure development. Six achievements are identified below as particularly significant markers of Placer County's system of care development.

1. Developed Strong Interagency Collaboration

Collaboration is the core philosophy that enables integrated service provision and allows agencies to create a true 'system' of care. Multiple respondents emphasized that collaboration involves sharing roles, strategic planning, action and outcomes. Over time, the Placer County system has built on collaborative successes and has greatly expanded the number and reach of system partners. This success has been based in part on a consensus-based decision-making process. Placer County's system exemplifies investment to collaboration through co-location of staff, cross-training of staff, cross-system supervision of staff, regular meetings at the Executive and Manager levels to create an effective collaborative service system, and the use of blended funding to allow system partners creativity in meeting families' needs. This investment in collaboration has built trust among system partners, to the point where partners are able to "put their money on the table and their hands behind their backs," according to one senior administrator. The ultimate good of this accomplishment is to orient the system away from self-preservation and perpetuation and towards efficiently serving families in ways that families can understand and appreciate. This intense collaboration, rarely experienced within child-serving systems, is embedded deeply in day to day operations within the system and is clearly evident in the interactions among staff within and across agency partners.

2. Translated Shared Values into Outcomes

The core values of the system revolve around achieving community integration for children and youth. The process of achieving this outcome is driven by the values of collaborative relationships with stakeholders and shared ownership among human service and justice agencies for coordinated service delivery activities and outcomes. The focus on community integration is clear in the actions and outcomes that drove early system development, particularly around reducing the number of children in restrictive placements and developing community-based services for children and youth.

Collaborative relationships have been fostered through shared actions and goals across distinct child-serving entities including Health and Human Services (HHS), the school system, and the juvenile justice system. The system has recently expanded its emphasis on collaborative

relationships to reflect growing recognition for the need to make use of child and family input, and build partnerships with families receiving services.

The integrated structure of service agencies within HHS and the collaborative partnerships with departments and agencies outside of HHS have allowed for coordinated service delivery and for accountability and ownership of actions. Multi-disciplinary teams are in place throughout the county to assist families in dealing with complex multi-system issues. System partners have demonstrated willingness to be accountable for performance and to demonstrate meaningful system outcomes. As one supervisor noted, system leaders are “willing and able to hold themselves accountable.” As one high-level administrator noted, they “use statistics. It has gone a long ways politically. [We] now have additional...programs.” The Placer County system is defined by its ability to generate buy-in for a common set of values and to orient system performance to achieve value-based outcomes for children and families.

3. Expanded the Target Population

Placer County’s system partners have worked collaboratively to expand their target population over time. As one administrator noted, the target population has changed from “being system of care kids with SED now to all kids in the county.” This transition was not without challenges; one senior administrator noted that “there was a tension over expanding populations and shifting the financial power base to other agencies.” Over time the system has had to adjust service priorities in keeping with system capacity but has retained a focus on building capacity to serve all children and youth with mental health needs and to serve them before needs become chronic or severe. Recently there has been increasing attention on the importance of building capacity to serve ethnically diverse families and the importance of serving very young children. These efforts indicate Placer County’s ongoing awareness of the need to continually update the definition of the target population and to move to generate the service capacity to effectively serve this evolving target population.

4. Systemized Key Processes

Increasingly ambitious service efforts have been facilitated by a clear internal structure and buy-in from system partners regarding tasks, responsibilities, and opportunities related to serving children in the community. The myriad state and federal regulations and bureaucratic processes pose challenges to true system integration and transparency to families. The Placer County system is built around bearing that burden itself, rather than foisting that burden on families. As one set of administrators stated, “The old system was confusing to families, the new system is confusing to staff.” This sentiment was echoed by a program supervisor who noted that “It will be inconvenient for us, in order to be convenient for the family.” In order to enable work to get done, senior

administrators stated that they have generated high expectations for staff competency and “We have created a meta-structure: State and federal requirements plus Placer County requirements.”

In order to meet those requirements, efforts to systematize collaboration and streamline processes is evident throughout the system. Examples of such efforts include an annually updated memorandum of understanding between system partners, a centralized location for all service authorization forms, and co-location and integration of county human service staff. This systemization also extends to the meeting and decision structures in the system, including regular meetings between administrators across agencies. This systemization creates formal information flows across and within organizations. It also creates opportunities for informal social networks and information transfer due to repeated contact and proximity among staff persons. The likely result of these efforts is a system that is able to respond more quickly and seamlessly to the needs of local children and families and to act to prevent problem escalation in families and the system.

5. Enabled Autonomy

The collaborative system has been well-served by efforts to ‘drill down’ authority for actions all the way to the level of the individual treatment team. This means that persons at higher levels of authority have to cede some control to allow persons and teams below them to work autonomously. One supervisor noted that indeed, “Management has the courage to give up control so supervisors can have a voice.” A program evaluator stated that the system was built on a process whereby there was “a sideways transfer of power at [the] highest levels” in which “admitting privileges” to services were “given or shared across departments. [There was 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.”

Access to power and power-sharing are also evident in the formal structure of policy-making and service authorization. Decisions made collaboratively by the SMART Policy Board are then delegated for action to the SMART Management team. These managers then have the authority and responsibility for implementing system changes. Decisions regarding service provision for children and youth are made by multi-disciplinary teams. When these teams are at an impasse regarding the type of care and supports necessary to facilitate a child’s functioning in the community, the team can choose to meet with the Placement Review Team. This team includes senior members of the management team and can authorize services or make recommendations to the judiciary regarding the child or youth. In this way, line staff has access to resources and decision-makers at the highest level of the system. These examples indicate that authority for decision-making and access to persons at all levels of the system are distributed across persons and teams in the system.

6. Cultivated Sustainability

Placer County has been exceptionally astute at cultivating the relationships and developing evidence that appeals to funding and legislative bodies. Placer County has also been strategic in working to sustain a particular set of values in the personnel that define the current system. The following discussion includes both fiscal and administrative sustainability as well as internal culture-building around sustaining values.

System personnel noted several instances in which their use of relationships and outcome data has worked to develop and sustain their system. One administrator noted, “We all had contacts and that was true with state SOC money; we were one of the few with both federal and state [dollars].” This person also noted, “Staunch Republicans would say, ‘I saw you saved all this money.’” Another administrator remarked on the significance of cost savings, stating “The cost offset arguments worked in this conservative county.” Additionally, legislation enabling the system was critical, and “county lobbyists helped write bills” to create and support the system. The system’s recent receipt of federal system of care funding is another example of the continuing efforts of the system to leverage its current resources to generate future sustainability.

The system has also dedicated substantial resources to promoting specific system values and related skill sets among staff. This has been accomplished through identification of a clear set of values, and hiring, promotion, and relationship-building efforts that emphasize value-related competencies. One supervisor noted that “The selection of staff is good when you see changes in staff’s way of doing business.” Another supervisor noted that investment in staff sometimes have unanticipated consequences, as when “The skill level of family work team workers was so high that [they would] lose people to other counties.” Despite this, Ultimately “co-hiring and shared governance really does make a difference” in sustaining a collaborative system. The system is vigilant to maintain these values, noting that there is a “Tendency of organizations to skew back to silos,” and that they continuously have to “point out the the value of working collaboratively.” The result of internal and external relationship building and system promotion efforts is a distinctive service system marked by an ongoing, living dedication to sustaining and renewing core child and family centered values.

PLACER COUNTY 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 Placer County’s system of care. Ten factors considered critical to Placer County’s implementation of a system of care were identified, defined, and validated by stakeholders within the system. 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 Exercise. The findings presented below integrate data from these multiple sources. Factors are presented in alphabetical order.

Commitment to Change

A common theme related to Placer County CSOC’s Commitment to Change is that “commitment drives action.” Respondents indicated that programs and staff are infused with a pressure to both define and envision change. In addition, respondents indicated that system leadership and policy makers are well versed in how to accomplish change and support initiatives leading to change.

Although data confirmed strong commitment to change, several respondents acknowledged resistance to change. In general, respondents indicated that sometimes change is opposed because it is unfamiliar and uncomfortable and that staff has to see change as positive or they will not support it. The pace of change was also considered a challenge because “staff often feel incompetent when changes occur so

Table 1. Placer County System Implementation Factors

Placer County System Implementation Factors
1. Commitment to Change
2. Cross-System Training and Education
3. Delegation of Power and Authority
4. Family Voice
5. Integrated Infrastructure
6. Leadership
7. Outcome Data
8. Relationship with the State
9. Strategic Planning
10. Vision and Mission
<i>Identified Fall 2005</i>

Commitment to Change is...

described as a continuous leadership-driven practice used to meet the needs of Placer County children and families. This commitment requires a solution-focused examination of current service and system effectiveness and also requires a vision-driven passion to exchange ideas and improve outcomes, the short- and long-term commitment of resources, the involvement of multiple stakeholders, and a willingness to take action, even in the face of resistance or opposition. Long-established relationships among system founders supported Placer’s initial willingness to undertake change. In addition, commitment to change requires a shared belief that change is possible.

Cross-System Training and Education is...

described as an ongoing, dynamic, multi-agency process used by the Placer County Children's System of Care to help staff understand the overall mission of the system, integrate staff across agencies, promote strength-based service approaches, and build cross-disciplinary respect. Cross-System training and education exposes staff to best practices and evidence-based programs and promotes the efficient use of resources. It is intended to give a broad range of staff knowledge about the processes involved in multi-agency service provision rather than to replace specialized professional expertise. Cross-system training and education is reinforced by co-location of staff and cross-disciplinary supervision. It is considered absolutely necessary to collaborative function, although, stakeholders suggest that the process could be expanded and improved.

Delegation of Power and Authority is...

described as a model of joint governance used by the Placer County Children's System of Care that 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 system outcomes. This delegation requires the commitment of leadership to integrated authority across the tiers of the system, encourages team-based decisions when appropriate, provides written authorization of cross-agency decisions, provides clear guidelines and funding support, and specifies processes of conflict resolution.

frequently." Another respondent noted that staff buy-in was critical to successful change efforts, "General staff were involved and this worked well. When [they were] not, [there were] big problems." Despite these barriers, there was widespread agreement that this commitment to change is part of the culture of the Placer County CSOC.

Respondents stated that Placer County CSOC has been involved in major systems change efforts across the years and remains committed to ongoing system development. Regarding the process of change, one stakeholder commented, "We are committed and continually reinforced by each other as part of the culture."

Cross-System Training and Education

A common theme related to cross system training and education was time. This included discussion of the time it takes to teach desired skills and the concern that time spent training takes away from providing services and supports. One respondent commented that "time and learning curves can negatively affect productivity." In addition, respondents were mixed as to the effectiveness of current efforts at cross-system training and education. Cross-system training and education was seen as an ongoing and long-term commitment to "enculturate" the system with a value for cross-disciplinary training. One challenge to cross-system training and education is that "people have to give up power and control out of their area of expertise."

System respondents generally agreed that cross-system training and education is somewhat difficult to implement and that efforts to balance short term efficiency with long term effectiveness create some tension in the system. Together, the data around cross-system training and education indicate that system partners are committed, but that the investment of resources and structural demands such as time commitment are ongoing challenges to its full and effective implementation.

Delegation of Power and Authority

Many stakeholders identified trust among system partners as a key component to the successful delegation of power and authority. Respondents indicated that delegation requires trust in managers and line staff as well as across agencies and that "delegation cannot happen without trust." In addition to trust, the data suggest that delegation requires the willingness of policy makers and managers and "excellent communication between CSOC and the other agencies."

Although respondents indicated that delegation is regarded as part of “our culture,” the data also suggest that it requires ongoing attention and cultivation. Changes in leadership can challenge the process of delegation because “as leadership positions change, the trust has to be established.” It was also noted that the process of delegation is dynamic and has to be practiced and renewed over time. In addition, successful delegation requires “a constant struggle to balance power sharing.” One respondent stated, “Power should be delegated to families, from the top down, and to workers.” Successful delegation of power and authority requires trust, trust-building, and frequent communication to ensure that it results in actions that are in line with the system’s mission and goals.

Family Voice

Data indicate a consensus across respondents that “family voice is being institutionalized,” but that this has been a challenging process for the Placer County CSOC. One respondent noted, “We are headed in the right direction, but system change takes time.” It is important to note that data confirm that the Placer County CSOC continues to develop this value and translate it into system functioning.

Stakeholders noted that family participation in treatment team decisions related to services and supports is becoming established as a standard practice. However, data also indicate that family members have little formal input or influence in system-level decision-making. The integration of family voice into all levels of the system was identified as an area for improvement by CSOC stakeholders.

Integrated Infrastructure

Stakeholders noted that an integrated infrastructure has been somewhat difficult to implement, but that implementation has been effective.

Respondents stated that implementation is “easier now” because of interagency cooperation and because “workers are used to expectations” for an integrated infrastructure. Though “great progress has been made,” “politics still play a part” in resource allocation and “federal and state structures” discourage an integrated infrastructure. Additionally, staff and leadership changes and “turf issues” require that leaders invest “constant attention and commitment” to the work of creating and maintaining an integrated infrastructure.

Family Voice is...

described as an important strength-based approach to empowering families and involving them in meaningful decision making roles at multiple levels of the Placer County Children’s System of Care. Infusing family voice into the Placer system is challenging; therefore it requires the careful examination of personal values and attitudes, the commitment of professionals, and multiple efforts to make families active partners.

Integrated Infrastructure...

of the Placer Children’s System of Care is described as a well-defined system structure that integrates the efforts of multiple child-serving agencies into a matrix of cross-agency supervision and management through the oversight of the SMART Policy Board. This infrastructure creates a single budget authority over multiple categorical funding streams and provides flexible non-categorical funding to meet the individualized real-life needs of children and families in real time. The integrated infrastructure provides cross-system responsibility through the co-location and management of Children’s System of Care staff, and supports the efficient use of system resources in order to meet the comprehensive needs of families. This multi-disciplinary structure requires cross-system knowledge and learning and supports team-oriented understanding.

Though an integrated infrastructure requires ongoing commitment, site respondents reported that this has been a successful undertaking. An integrated infrastructure is made possible because of “trust” “open communication” and “cooperation” across agency partners. The “commitment of leadership and senior staff to work together” as well as “consistent monitoring” have allowed them to be “further along this journey than many” agencies and counties. This structural change has “really allowed workers to help/serve families” and has “allowed for maximum flexibility and creativity.” These comments indicate that investing in structural change, though challenging, has positively impacted partners in the service system and has facilitated innovative practice to meet family needs.

Leadership...

of the Placer Children’s System of Care is described as a visionary partnership in which the authority and responsibility for children’s services are distributed among most partner agencies. Leadership is characterized by a focus on system improvement that is driven by shared understanding of and steadfast commitment to doing whatever is necessary to meet the needs of children and families. With the support of upper and middle management, leadership is encouraged at all levels of the system. The development of leaders who have a clear understanding of the knowledge, skills, and abilities needed to lead an integrated system of care is valued and viewed as necessary for system sustainability.

Leadership

Local stakeholders differed in their perception of the difficulty of implementation of leadership but clearly agreed that leadership has been effectively implemented in the Placer County CSOC. One stakeholder stated that it is important to have leaders who are “inspiring and persuasive and [have] strength of character” to push the system forward.

Leadership in the system has “emerged at the staff level or supervisor [level] and moved up,” consistent with another respondent’s remark that “there are many many opportunities to move into leadership functions.” This has created “a sense of shared leadership.”

However, there are challenges to implementation. One challenge is that “at times, politics forced [leadership] choices that were not good.” Additionally, many leaders are retiring and the system is losing “passioned commitment and history.” These conditions underline the importance of recognizing that the “challenge to leadership is [to provide] a constant and consistent ‘enculturation’ and not taking things for granted.”

Similarly, implementation is seen as generally effective but is dependent upon several conditions. Specifically, the Placer County CSOC has “worked hard to develop leadership and internal models of decision making” and focuses on the power of “relationships over time” to sustain leadership. Effectiveness is aided by “strong leaders with commitment to support the culture” of the CSOC, and “because of the opportunities to offer leadership and perspective on leadership” in the system.

Outcome Data

Respondents indicated that the outcomes specified in the Placer County vision and mission are both clear and tangible and that outcome data are viewed as critical to many stakeholders. However, the effective collection, analysis, and use of outcome data within the Placer County CSOC were viewed as challenging and is still in development. One program manager noted that an “effective collection system [has] yet to be developed.” Other respondents noted that it is “hard to get” good data and that a lack of consistent methods for analyzing, reporting, and using data in decision making make data driven decision making uneven across the system. Though some respondents suggested that “using what [data] we have makes sense” and that “the outcome is tied directly to the vision,” others stated, “I don’t have much understanding of how this data is used” or that “other outcome aspect [sic] and results were not as clear or known.”

The effectiveness of Outcome Data in the Placer County CSOC seems difficult for stakeholders to quantify. One program manager noted that “the system does as well as can be expected at collating the data available,” but another noted that “I have only seen 2 times where the outcome data was presented. It was very interesting but too infrequent to seem meaningful given all the times outcome screens are completed.” Additionally, another respondent noted, “I haven’t seen results lately,” and another stated that it is difficult to know how effective implementation has been. These comments underscore the uneven development of processes for utilizing outcome data in decisions made at the individual, team, and policy levels of the system.

Relationship with the State

Respondents indicated maintaining an ongoing collaborative relationship with the state requires “constant attention and work” but that “overall... we can work together effectively.” Data also suggest that because this relationship has been good, “the state has given us considerable latitude in trying new things.”

Challenges associated with this relationship include changes in administration and staff at the state level and barriers created by bureaucratic rules and guidelines. According to respondents, these challenges have been balanced by the continuity and persistence of the county staff. In general, the data indicate that stakeholders believe “Placer County has benefited in many ways from the efforts to strengthen this relationship” with the state.

The collection, analysis and use of Outcome Data...

in the Placer County Children’s System of Care is described as an evaluation tool used for decision making, to guide treatment and service planning, demonstrate cross-agency results, and suggest areas for system improvement. Outcome data are collected across agencies using measures that are relevant to the established and agreed upon vision and mission. Stakeholders suggest that improved efforts to collect, distribute, and review outcome data will be necessary in order to use outcome information more effectively and to increase its impact on the system.

Relationship with the State is...

described as an ongoing process of developing collaboration and partnership with multiple state agencies in an effort to provide administrative and fiscal flexibility with regard to the traditionally categorical nature of children’s services. This collaboration includes efforts to obtain waivers of federal regulations that restrict flexibility in eligibility, program, and funding rules. Placer County’s sustained efforts in system development and its success as a model system support Placer’s access to state-level leaders and policy makers. Although challenging at times, Placer’s relationship with the state and the alignment of state goals and practices with those in Placer County have fostered local level flexibility and the reduction of regulatory and bureaucratic redundancy.

Strategic Planning in...

the Placer County Children's System of Care is described as an ongoing process tied to keeping current practice and long-term direction of the system consistent with the overall vision and outcome goals. Strategic planning includes an annual recommitment among partners to the system of care vision and mission, the identification of resources for tasks, designation of lead agencies, and a continuing review of new programs and activities for their fit with the strategic vision, mission, and goals of the system. Strategic planning supports Placer's integrated leadership model and incorporates policy level, management, and program decision making into the process.

The Vision and Mission of..

the Placer County Children's System of Care are described as concise, tangible, and easily understood statements of shared values and principles, interagency commitments and responsibilities, and outcome goals. The vision and mission represent and support the commitment of Placer stakeholders and guide the provision of holistic, family-centered care to children and their families.

Strategic Planning

Data indicated a general consensus among respondents that strategic planning was a key element to the development of the Placer County CSOC. Respondents noted that the strategic planning process includes a yearly recommitment of each system partner to CSOC. Data indicated that the strategic planning process is a core strategy for renewing the commitment and support of system partners to the CSOC vision and mission. Stakeholders described strategic planning as a tool for ongoing evaluation and planning that allows the system to consider whether changes in approach and direction are necessary in order to achieve agreed upon goals. Strategic planning efforts are ongoing and continuously supported by weekly SMART Governance Policy Board meetings and other system structures and processes that provide continuous feedback on system progress toward goals.

Vision and Mission

Data indicated a strong consensus among stakeholders that Vision and Mission has served as an effective tool in implementing and sustaining the Placer County CSOC. Common themes among respondents were the commitment and honesty of collaborating partners. This deep commitment and focus on collaborative problem solving was evident in numerous responses. For example, a supervisor specifically noted how "lots of people work very hard toward helping people achieve their goals." Another respondent noted that the Vision and Mission support the ability of system stakeholders to "look at things and assist in non-traditional ways...stretching ourselves to help families find what they need." Challenges to carrying out the Vision and Mission included the challenge of categorical state and federal funding, redundancy in data entry requirements, and limitations in staff and funding resources. In addition, data suggested that the multi-disciplinary approach of the Vision and Mission challenges staff. Data indicated a strong sense of accomplishment and pride in the carrying out the Placer County Vision and Mission. In summary, Placer County's Vision and Mission is made real through the collaborative efforts of committed persons who find creative ways to meet the needs of families.

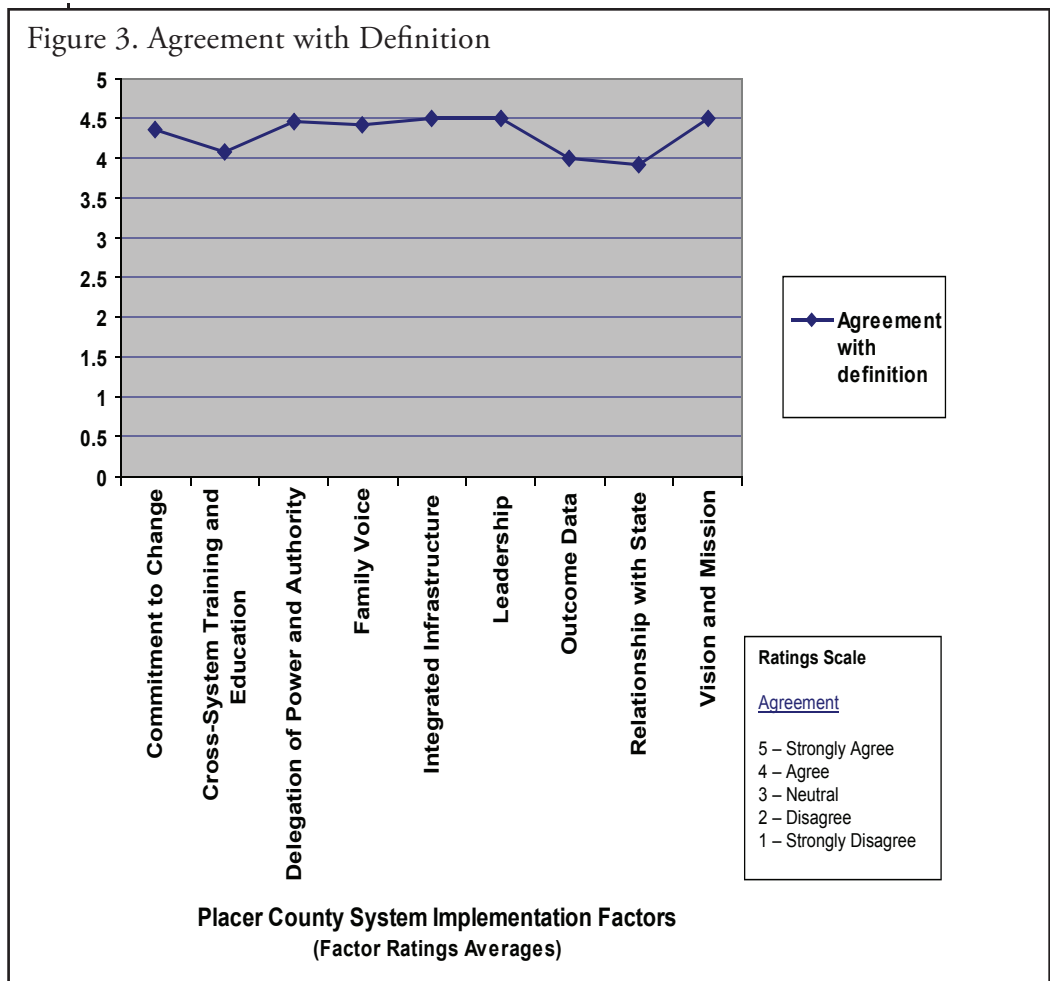
System Implementation Factor Comparisons

The line graphs below illustrate aggregate data from respondents of the Factor Ratings Exercise for the Placer County Children's System of Care (CSOC). 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.

Twelve people responded to the ratings exercise, a response rate of 41%. It is important to note that the respondents represent all stakeholder groups within the Placer County CSOC except for family and youth; however, the ratings data reported below are highly consistent with data collected through interviews and observations. Although Strategic Planning was identified as a system implementation factor, ratings data was not collected on this factor and thus will not be represented in the graphs below.

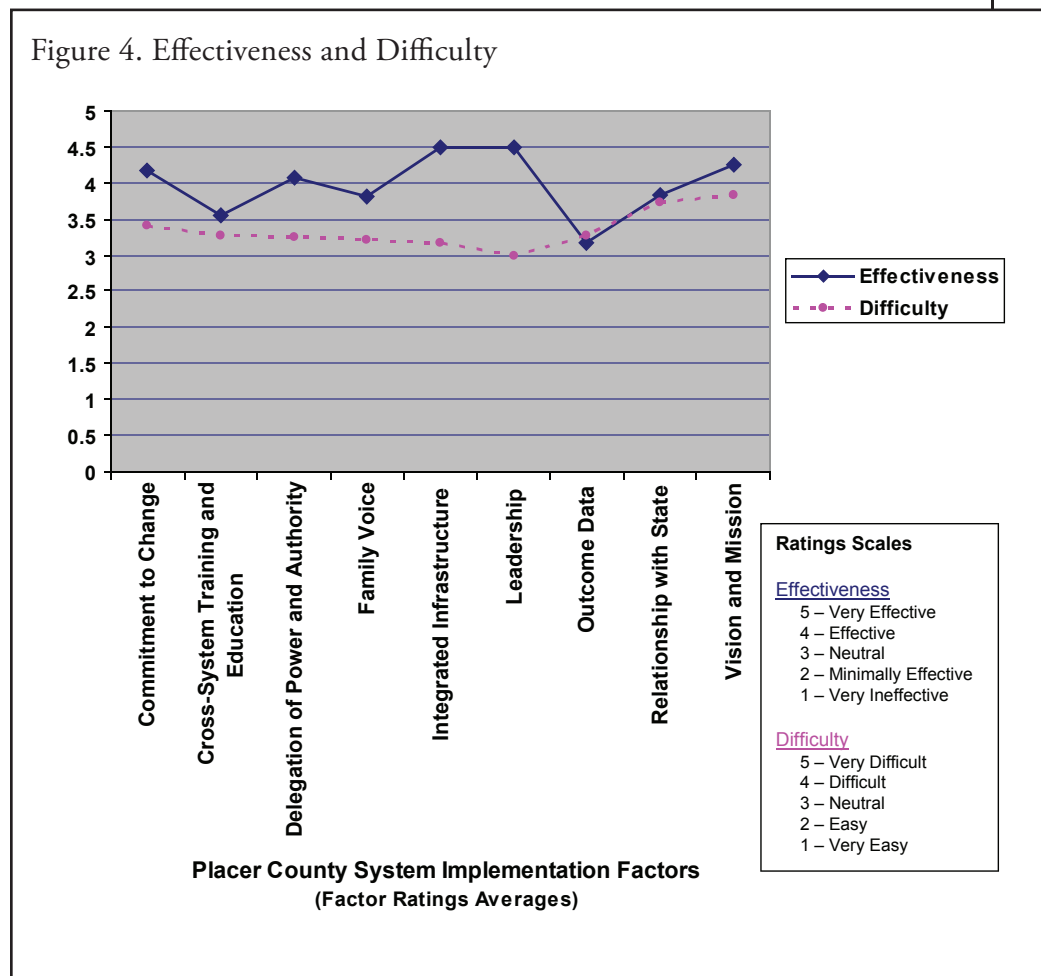
The line graph in Figure 3 shows stakeholder responses on the Factor Ratings Exercise regarding agreement or disagreement with the definitions created for each factor. Questions offered the following response anchors: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, or Don't Know. These anchors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

Figure 3. Agreement with Definition



A large majority of respondents either agree or strongly agree that the definitions accurately reflect the meaning of these factors in their experience within the system of care. The most disagreement was evident in responses on the **Outcome Data** and **Relationship with the State** factors. The finding associated with **Relationship with the State** is consistent with interview data in which several respondents described this relationship as fluctuating between supportive and non-supportive.

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 Placer County Children’s SOC. The line graphs in Figure 4 illustrate stakeholder perceptions of both effectiveness and difficulty. 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 questions reflecting the difficulty of implementing each factor offered the following response anchors: Very Difficult (5), Difficult (4), Neutral (3), Easy (2), Very Easy (1), or Don’t Know (not coded).



Overall, respondents indicated that they have been effective in carrying out these implementation strategies for system development. The system was viewed as particularly effective in the areas of **Integrated Infrastructure** and **Leadership**, followed closely by **Vision and Mission** and a **Commitment to Change**. Respondents indicated that stakeholders were less effective in utilizing **Outcome Data** and **Cross-System Training and Education**. In fact, a large majority of participants provided neutral responses for the effectiveness of the system's use of **Outcome Data**, which showed a lower overall effectiveness rating than any other factor. These findings were consistent with interview data. Further details are provided in the System Implementation Factor Themes section of this report.

Responses indicated that almost all of these strategies were difficult to carry out; however, developing a shared **Vision and Mission** and cultivating a **Relationship with the State** are noted as particularly difficult tasks. Consensus across stakeholders appears to be that system of care implementation is challenging but worthwhile.

As illustrated by the above graphs, overall results of the ratings indicate that most of the implementation factors in the Placer County Children's System of Care were identified by stakeholders as being difficult to implement. However, respondents also felt that system stakeholders were effective at implementing these factors. Therefore, the research team has concluded that although it was difficult to carry out these activities, stakeholders within the Placer County Children's System of Care took these tasks seriously and put much effort into creating positive change in each of these areas.

Relationships Among Factors

Taken individually, the factors presented above represent critical strategies used to implement the children's system of care in Placer County. The concept of a system, however, suggests that a set of elements can come together to form a whole that has different properties than those of the individual component parts (Checkland, 1993, 1999; Gharajedaghi, 1999). System thinking uses the concept of wholeness as a way to capture the complexity inherent in systems that have multiple component parts, each with its own role and function. To better understand how the Placer County implementation factors have been used to leverage system development, it is useful to consider them in terms of their roles and in relationship to one another.

Analyzing the content of the factor definitions, the research team grouped the Placer County system 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 2. The relationships among implementation factors are discussed below.

Table 2. Placer County System Implementation Factors According to Primary Role in Leveraging Change

Factors	Factor Roles
Commitment to Change Leadership Vision and Mission Family Voice	} Facilitating System Values and Beliefs
Strategic Planning Cross-System Training and Education Relationship with the State	} Facilitating System Goals
Outcome Data	} Facilitating System Information
Delegation of Power and Authority Integrated Infrastructure	} Facilitating System Structures

Implementation factors related to **System Values and Beliefs** use the intrinsic philosophy of systems of care to create systems change. Data confirm that in Placer County values/beliefs factors were critical contributors to system change through shifts created in the fundamental belief structure of system stakeholders. It is notable that four of Placer County’s ten implementation factors are clustered in the category of values and beliefs. These factors represent the mindset of the system or the shared understanding from which the system is developed. In Placer County, these factors embody commonly held values and beliefs about what is important for children, youth and families.

Vision and Mission, Leadership, and Commitment to Change were the local system implementation factors most frequently identified by respondents as key to producing the system change that established Placer County’s CSOC. In the factor card sort, more than 90% of respondents identified one of these as the first and most significant factor in system implementation, and more than 60% clustered all three together as the factors most important in facilitating initial system implementation. Although each of these factors was defined individually, it is difficult to separate them conceptually. Commitment to Change is defined as both “vision-driven” and “leadership-driven” and Leadership is defined as linked to a shared vision for children and families. The clearly articulated connections among these factors suggest

that system development efforts were strengthened by their combined impact on system of care implementation.

In addition, Vision and Mission, Leadership, and Commitment to Change were each explicitly linked to meeting the needs of children and families. Data confirm a strong value of incorporating *Family Voice* in decision making, particularly decisions of individual families as they relate to the care of their children. The data also suggest that the concept of family voice has evolved in meaning and expanded over time to encompass the inclusion of families in multiple levels of system decision making. This more broadly defined concept of family voice represents current efforts to leverage change within the system.

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 data indicate that the emphasis on value and beliefs factors provided a significant anchor for sustaining the difficult and complex work of system development in Placer County.

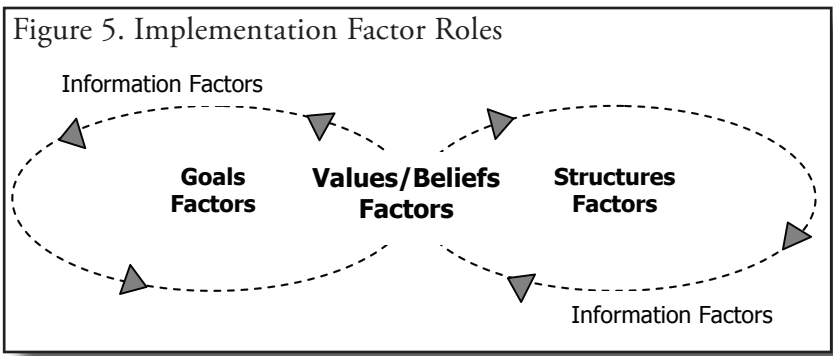
The factors related to **System Goals** facilitate implementation by making system values and beliefs concrete and orienting system activity toward action. Implementation factors identified as *Strategic Planning*, *Cross-System Training and Education*, and *Relationship with the State* relate specifically to the goals of the Placer County CSOC. 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. Placer County CSOC's statement of 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" is both tangible and concrete. Data confirm that this vision is widely held across stakeholder groups. In addition, this statement articulates the complexity of Placer County's mission and the interconnected nature of the system goals.

Strategic Planning, a process that makes use of Placer County's integrated leadership model, is used to facilitate broad level goals for the system and bring it under the control of a single plan. These goals are used to set agreed upon targets for action across system partners. Strategic planning addresses issues related to broad level system goals. In contrast, cross-system training and education is focused on how system goals translate to service provision. California adopted systems of care as a best practice model, and Placer County's strategic efforts to align state and local goals through their relationship with the state reinforces system goals in support of local implementation.

Factors related to **System Information** include the structure and flow of system feedback and incorporate both formal and informal information mechanisms to accomplish system change. In Placer County, this was a single factor, titled *Outcome Data*. In general, factors related to system information should provide for structure and flow of information across stakeholder groups, reinforce system values, and expand the knowledge of system participants. For Placer County, the shared use of outcome data, particularly data related to reductions in out of home placement, provided a strong impetus for system implementation.

Factors related to **System Structures** facilitate system change by creating changes in specified roles, responsibilities, and authorities of system participants. Data confirm that the factor titled *Integrated Infrastructure* included the strategic restructuring of relationships between sectors, changes in the physical arrangements of services, and specificity around decision points within the system that determine how a child and family can access services and supports. Infrastructure changes also included the creation of a single budget authority over previously categorical funding streams, development of cross-agency supervision, and co-location of services. These infrastructure changes served as a concrete confirmation of system implementation. The factor titled *Delegation of Power and Authority* refers to a model of governance that has been used to provide well-defined authorities, clear guidelines, specific decision points, and specific processes for day to day actions within the system.

Implemented strategically and in combination with one another, the 10 factors identified by Placer County stakeholders were used to leverage system change. The relationships among the factors are represented in Figure 4. As illustrated in this figure, Placer County’s experience with system of care implementation suggests that values and beliefs are central to the process of leveraging change. The factors related to values and beliefs are used to impact change related to both goals and structures. Information factors provide an interface across the other factors and serve as key mechanisms for enabling the role of other factors in the change process. 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 all other aspects of the change process.



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 Placer County, California, two major occurrences served as an impetus for the development of the children's system of care. Key leaders of the various service sectors within Placer County, friends and colleagues for many years, made a joint decision to collaborate to create a receiving home which would serve as a 24 hour emergency shelter for youth with serious emotional disturbance in need of services within the county. These colleagues worked together to share resources and secure additional resources for the receiving home. In addition to this event, the local juvenile justice judge, frustrated with the lack of joint planning by various service sectors presenting cases in his courtroom, ordered members of all service sectors to work together to create a service plan for each youth before entering his courtroom. At that time, it became a requirement that all system partners collaborate and have an agreed upon plan for serving these youth. Thus, Placer County stakeholders, determined to create effective services for children with SED and their families, worked together to create a collaborative system. That these stakeholders were committed to and accomplished significant system change without initial funding to support their efforts is a testament to their dedication to improving the lives of children and families within their community.

There are several challenges to system sustainability within the Placer County Children's System of Care. Stakeholders speak enthusiastically about the system's strengths and accomplishments but also with some concern about the future. Collaboration among service sectors is viewed as a strength of the system, but stakeholders also acknowledge that the role of families as meaningful decision makers within their system is limited. This is particularly challenging given a shifting population demographic and the need for increased focus on cultural competence within the system.

Placer County stakeholders also expressed concern regarding ongoing changes in leadership and lack of an emphasis on SOC values and principles in the training of new staff. Respondents emphasized that new staff may not appreciate the impact that the development of the Placer County CSOC has had on children with SED and their families. Finally, there is widespread concern within the system that the collection and use of outcome data needs to be expanded.

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

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 Placer County leaders to respond to the needs of children with serious emotional disturbance and their families. The following recommendations for system sustainability relate directly to reinforcing shared understanding of the system and commonly held values and beliefs about what is important for children and families:

1. Increase parent and youth participation within the system.

Placer County stakeholders identified Family Voice as a critical component to their system development. Although this voice allows families the opportunity to have their needs acknowledged and met, stakeholders within the system recognize that families have very limited opportunity to be actively involved in meaningful decision making throughout the system. Placer County has been afforded the opportunity to strengthen this family participation with the recent receipt of a SAMHSA grant with a particular focus on the expansion of parent and youth voice and meaningful involvement within the system. Some of these activities include partnering with United Advocates for Children of California in creating a family and youth organization that will assist in hiring parent and youth advocates. These advocates will be trained to work with parents and youth as they enter and transition through the system. In addition, parents and youth will be actively involved in decision making at all levels of the system. Many stakeholders within the Placer County CSOC have expressed that having an increased family perspective and meaningful participation will complete the integration of their system. Sustaining this effort at the end of the grant period will be key to the success of this endeavor.

2. Address population shifts and cultural competence.

Census data for Placer County show a population increase of more than 75,000 people between 1990 and 2000 and an (estimated) increase of an additional 55,000 from 2000-2004. This increase is particularly noteworthy for the Asian, Black/African American, and Hispanic/Latino population. Addressing these population shifts and increasing cultural competence around these minority groups are critical activities for the Placer County CSOC. Activities related to the population shifts include increasing training in the areas of cultural competence and continued emphasis on SOC values and principles of cultural competence as well as infusing these values into daily practice. Placer County stakeholders have identified increased partnerships with community-based and tribal organizations, enhanced training in cultural competence, and the hiring of bicultural and bilingual staff as critical activities in addressing this need.

That these stakeholders were committed to and accomplished significant system change without initial funding to support their efforts is a testament to their dedication to improving the lives of children and families within their community.

3. Expand the use of outcome data.

Building a more formal outcomes system is a natural extension of the informal assessments and dissemination of outcome data currently collected. In addition, establishing formal quality assurance (QA) processes will strengthen the utility of the data collected and will provide critical feedback that allows system stakeholders to evaluate what processes are working effectively and to make needed changes in processes that are not working. To be used effectively, the QA process should function as a learning tool and as a mechanism for monitoring the system to make needed changes versus punitively towards particular staff or programs. The current political climate and structure will likely necessitate the expansion of the collection and utilization of outcome data for continued external support for the system. The sustainability of the Placer County Children's System of Care requires continued attention on outcomes and utilizing outcome data to strengthen or modify strategies to meet goals for children with SED and their families. In addition, this outcome data will assist in maintaining community support.

4. Sustain System of Care values and beliefs within Placer County. These sustainability efforts include a cluster of activities described below.

- **Ongoing Leadership Changes.** With the retirement of many leaders within the Placer County CSOC, there is concern that the system is losing leaders with passion, commitment and history within the system. It has been acknowledged by stakeholders that it is important to provide an "enculturation." Placer County CSOC should continue to infuse system of care values and principles with all new staff and focus on growing leaders who are truly committed to the SOC philosophy.
- **Training of New Staff.** (Infusing system of care values and beliefs.) There is an overall consensus among long time staff that newer staff are entering the system with less of an appreciation for the effort it took to leverage change within Placer County as well as the continued effort needed to sustain these efforts. Training and ongoing coaching from veteran staff has the potential to keep this vision at the forefront of the system.
- **Stronger Collaboration with Education.** Placer County CSOC would benefit from stronger buy-in at additional levels of the education system. The success of this collaboration was evident at some levels, such as the creation of the School Attendance Review Board (SARB) and School Attendance Mediation, in which judges adopt high schools and monitor and address truancy issues within the school. These are powerful examples of the strength of collaboration and the importance of having strong formal and informal relationships. Identifying shared goals and funding sources to expand collaborative relationships would strengthen the system further.

The Placer County Children's System of Care has been built on redefining institutional roles in terms of their ability to serve children and families rather than in service of the demands of the existing system. The development of Placer County's system of care was fostered by a history of building the system from the ground up, beginning with small collaborative ventures and developing into a formalized cross-agency system for serving children and families. The involvement of families and youth as meaningful, active partners within the system will serve to completely integrate the Placer County Children's System of Care.

The next generation of leaders has been brought up in this collaborative system, and many persons explicitly understand how advantageous it is to children and families that the system crosses bureaucratic lines to offer assistance. At this point it is critical that this next generation be given the opportunity to define an evolving vision for Placer County's children and the concrete goals and actions that will move the system towards achieving that vision. Similar to early efforts that allowed this collaboration to begin, this represents a potential turning point in which defining the shared values, goals, roles and actions within this enterprise are critical to the development of the system. It is critical that this task is undertaken by persons who are and will be responsible for carrying out these actions: system administrators and managers, members of family organizations, and front-line staff.

In closing, Placer's innovative collaborative structure has afforded system partners the opportunity to work together and mentor new leaders in a way that is likely unparalleled across the nation. The striking accomplishment of the Placer County collaborative is that it has transcended narrow departmental dictates and identities, and has organically fostered leaders with the values, experiences and skills necessary to continue to develop a family-centered system of care in Placer County. This accomplishment is a testament to the ability of system personnel to put values ahead of identities, and the needs of families above the demands of the system.



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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



Louis de La Parte Florida Mental Health Institute

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

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

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

Timeline for Case Studies of System Implementation

The investigation will be conducted in three phases:

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

PARTICIPATION:

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

RESULTS:

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



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
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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 care¹ (SOC) is an adaptive network of structures, processes, and relationships grounded in system of care values and principles that effectively provides children and youth with serious emotional disturbance and their families with access to and availability of services and supports across administrative and funding boundaries.

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

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).

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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