Leveraging Change in the Westchester County System of Care:

The Westchester Community Network

Site Report for Case Studies of System Implementation

September 2008

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ACKNOWLEDGEMENTS

EXECUTIVE SUMMARY

In 2007, the Westchester Community Network in Westchester County, New York 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. This report describes strategic efforts to leverage system change in the Westchester Community Network and provides insight into how factors affecting system implementation contributed to the development of a system of care for children with serious emotional disturbance and their families. The report presents factors identified by Westchester Community Network stakeholders as critical to their system development and discusses areas of achievement as well as areas for further development.

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

Westchester County, New York was nominated for inclusion in this study due to its accomplishments in serving youth with Serious Emotional Disturbance (SED) and their families through the establishment and sustainability of a system of care in a densely populated area. Westchester County is located immediately north of New York City and shows great diversity in racial/ethnic composition as well as income levels. The unique needs of each community necessitate that the system be driven by local community stakeholders and the families within the community. Also, it is notable that families and youth within the Westchester Community Network have a powerful voice and are empowered to drive their care as well as engage in meaningful decision-making within the system.

Key Findings

The Westchester Community Network's achievements in system of care development include:

- The development and utilization of a network concept

- Community-based problem solving

- Strengths-based system development

- Targeted system of care training

- Connecting families to services

- Family-driven care

- Youth empowerment

A unique feature shared by communities that have participated in Case Studies of System Implementation is their constant self-reflection and attention to areas for improvement. Stakeholders within the Westchester Community Network discussed actions that have improved their system as well as areas for further development. Some areas identified for further development include:

1. Renewing shared values.
2. Reinforcing shared goals and accountability.
3. Expanding system-wide use of data.
4. Expanding opportunities for collaborative funding

In summary, the Westchester Community Network is characterized by its "grassroots" development and use of local community networks to meet the needs of children and families in the county. This strategy has been very effective in allowing the Westchester Community Network to meet the needs of diverse populations and locations throughout the county. It is evident that stakeholders within the system are diligent in regards to identifying and addressing emerging issues in a timely manner and working collaboratively to serve families.

This report provides site-specific findings for the Westchester County Community Network. 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.

Westchester County, New York was selected to participate in Phase III 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. Westchester County's system of care is quite distinctive in that it is characterized by "grassroots" development in which community meetings occur at all levels of the system and can be convened by anyone within the system. These meetings, referred to as "Network," occur at the family and child team level, the local community level, or at the county (system) level. Statements such as, "I'd really like to have Network for this particular family" or "Should we call a Network?" were regularly observed being used by stakeholders throughout the system. The term "network" may appear confusing to persons external to the system because the word refers to multiple levels of system action. However, observations and interviews conducted with stakeholders demonstrate that there is complete clarity around the "network" term within the system, and that its application at the levels of direct service, local community or whole system are clearly operationalized by system stakeholders. In addition,

> *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

it should be noted that although Westchester system stakeholders understand and use the term "system of care" to describe their work, the more common local language around systems is "network." Throughout this report and in keeping with terminology used by these stakeholders, the system of care in Westchester County will be referred to as the Westchester Community Network.

This study focuses on the system of care within Westchester County 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 Westchester Community Network 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)

Key points of investigation for this study include:

- Fundamental mechanisms of Westchester Community Network implementation;

- How factors that contributed to the Westchester Community Network's implementation interacted to produce a well-functioning system of care;

- How local context influenced implementation of the Westchester Community Network;

- Specific change agents or triggering conditions critical to the Westchester Community Network;

- Conditions that support or impede Westchester Community Network development.

This report will summarize findings from research conducted in the Westchester Community Network. The report will include a discussion of factors identified by Westchester Community Network 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 Westchester Community Network for two months prior to on-site data collection. The site visit took place the week of June 18, 2007.

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

> **Key Methods**
> - Document Review
> - Implementation Factor Brainstorming and Rating
> - Interviews
> - Direct Observation

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

Factor Brainstorming was used to identify critical factors in local system implementation. The research team worked with key 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. Twenty-two ratings exercises were returned, with a 60% response rate.

Factor Card Sorts were completed by interview participants for the purpose of understanding how the local system implementation factors related to one another, whether participants believed some factors were more significant or required earlier emphasis in order to accomplish system change, and whether certain factors were used in combination with one another to effect system change. Participants were given a set of 3x5 cards that had a factor printed on each, and they were asked to sort the cards according to the above criteria. They had the option to remove factors they did not believe were important in the Westchester Community Network 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. Individual interviews lasted approximately 1 hour, and the administrative team assisted in identifying key people to be included in the interview process. Individual interviews were conducted with a total of 38 individuals of varying roles throughout the system.

Direct Observation of Westchester Community Network service delivery structures and processes was used for the purpose of examining aspects of system implementation in action. Observation of seven formal meetings and activities included family support circle meetings, observations of network meetings for youth and Latino families, and various interagency committee meetings.

Figure 1. Map of Westchester County, NY
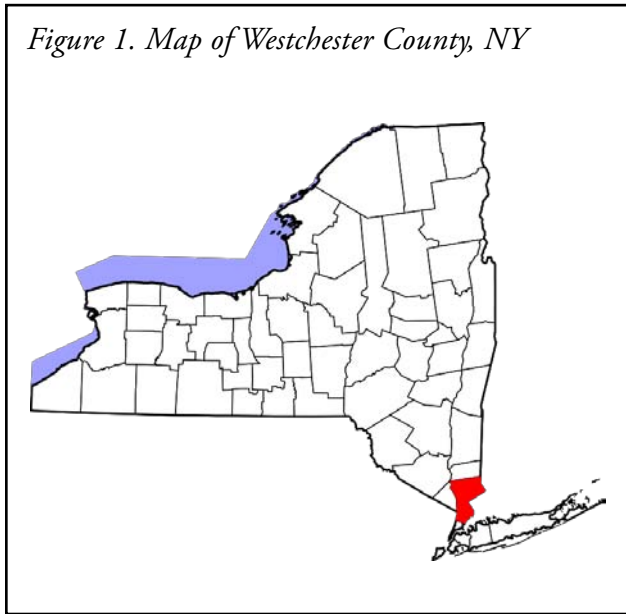
WESTCHESTER COMMUNITY NETWORK CONTEXT

Westchester County, New York, located immediately north of New York City, is 1,295 square miles and has a population of approximately 920,000 people (U.S .Census Bureau, 2000). The Westchester Community Network established local networks in ten communities throughout the county: Bedford, Eastchester, Lakeland/Yorktown, Mount Vernon, New Rochelle, Ossining/Tarrytown, Peekskill, Port Chester, White Plains, and Yonkers.

The racial/ethnic composition in Westchester County is quite diverse and varies considerably across the communities located within the county. Table 1 displays racial/ethnic composition of each community according to Census 2000 classification. Overall, Westchester County is approximately 15.6% Hispanic/Latino, but individual communities may differ significantly from each other (e.g., Port Chester is approximately 50% Hispanic/Latino, while Eastchester is only about 5%). There is a burgeoning Hispanic/Latino population in many of the communities served by the Westchester Community Network, and administrators and staff alike are addressing the unique challenges of serving this population.

Table 1. Westchester County Racial/Ethnic Composition

	Eastchester	Mount Vernon	New Rochelle	Ossining	Peekskill	Port Chester	Tarrytown	White Plains	Yonkers	Westchester County
Asian	6.8	2.1	3.2	4.5	2.4	2.1	6.5	4.5	4.9	4.5
Black/African American	2.8	59.6	19.2	14.3	25.5	7.0	7.0	15.9	16.6	14.2
Hispanic or Latino (of any race)	4.5	10.4	20.1	19.9	21.9	46.2	16.2	23.5	25.9	15.6
White	87.3	28.6	67.9	70.3	57.1	60.7	77.4	64.9	60.2	71.3
Other race	1.4	4.8	6.3	7.3	9.8	23.0	5.3	10.4	13.4	6.6
Two or more races	1.5	4.4	3.2	3.2	4.6	6.8	3.5	3.9	4.4	3.0

*American Indian/Alaska Native and Native Hawaii/Other Pacific Islander make up
<0.5 % of the population.

Economic indicators are outlined in Table 2. Westchester County has a median household income of $63, 582. This can be a misleading figure, as the county also has many families living below the poverty line (up to 12% in Mount Vernon). The economic diversity in the communities presents a unique context for the Westchester Community Network.

Westchester Community Network had its early roots in the first community network meeting, which was held in Mount Vernon in 1978. In 1989, the county received a small New York State grant to develop a coordinated system of care for children with SED and their families. This later became the Coordinated Children's Services Initiative (CCSI), which is still in place today. Also at that time, a parent support group formed which would later become Family Ties, the county's grassroots family organization. Shortly thereafter, in 1993, Youth Forum, the county's peer-led support group for youth, was established.

Table 2. Westchester County Economic Indicators

	Eastchester	Mount Vernon	New Rochelle	Ossining	Peekskill	Port Chester	Tarrytown	White Plains	Yonkers	Westchester County
Median Household Income (dollars)	78,224	41,128	55,513	65,485	47,177	45,381	68,762	58,545	44,663	**63,582**
Median Family Income (dollars)	103,369	49,573	72,723	81,943	52,645	51,025	82,445	71,891	53,233	**79,881**
Families Below Poverty Level (%)	3	11.8	13	5	10.3	10.1	1.8	6.5	13	**6.4**

System of care work continued to grow in Westchester County through the nineties with response to varying local concerns. In the early 1990s, Westchester County had the highest rate of homeless families in the country as well as the second highest number of residential placements in the state, second only to New York City. The system of care concept and the development of community-based services were viewed as possible solutions to this significant problem. In 1999, Westchester County applied for and received a five-year federal grant to build upon their work with SED youth and their families. This system of care effort has continued to expand, with a focus on improving services for early childhood and transition-aged youth as well as collaboration with the adult mental health system.

WESTCHESTER COMMUNITY NETWORK ACHIEVEMENTS IN SYSTEM OF CARE DEVELOPMENT

Westchester County has leveraged system change through a strategic emphasis on system of care values and principles and a commitment to empowering the community to create solutions at family, local, and county-wide levels of the system. The Westchester Community Network was developed from a "grassroots" effort in which local community stakeholders "came together to meet the needs of families whose issues and needs cross more than one system." A number of achievements mark the success of the Westchester Community Network and its efforts to serve children with or at risk of Serious Emotional Disturbance and their families. The reader will recognize that these achievements could be broadly divided into three categories: achievements related to the adaptive quality of the Westchester system, achievements related to system development practices, and achievements related to family and youth. Seven achievements are described below as significant markers of Westchester's system achievement. Note that within this discussion, the following achievements are ordered by these broad categories and not by order of importance.

Westchester System of Care Achievements:

1. System Adaptation
   - Network Concept
   - Community-Based Problem Solving

2. System Development Practices
   - Strengths-Based System Development
   - Targeted System of Care Training

3. Family and Youth Engagement
   - Connecting Families to Services
   - Family-Driven Care
   - Youth Empowerment

Achievements in System Adaptation

1. Network concept.

Network is a term that describes the gathering together of stakeholders who are empowered to create solutions at the child/family level, at the community level, and across the system. At the community level, regularly scheduled local "networks" facilitate linkage across a wide array of community stakeholders. Local network membership varies across communities and over time and includes stakeholders as diverse as traditional mental health and social service providers to firefighters and librarians. Network facilitators are recruited at every level and from every system/community partner, although data indicate that some agency partners are more involved than others.

It is particularly striking that stakeholder participation in the community-based networks is completely voluntary and empowered by their commitment to serving their community. The voluntary nature of these networks allows network facilitators and other stakeholders to not feel forced to participate. It

should be noted that these voluntary activities are above and beyond regular duties of staff in both public and private agencies. Individuals in varying capacities and levels of the system of care appear to work well beyond a regular work week, showing an immense commitment to children and families within the county.

Because the system's networks are voluntary rather than mandated, Westchester Community Network is afforded autonomy that it might not otherwise have. The networks are not fiscally supported by external funding at the local, state, or federal level; thus, they cannot be unfunded or dismantled by external forces. The decision to maintain the network structure as voluntary is a strategic effort on the part of stakeholders to create a system that is more able to be governed by the shared values of system stakeholders than the authority of specific system partners. This allows a variety of local resources to be used to address locally identified issues and places emphasis on local problem solving and service provision, which strengthens the value of networks.

2. **Community-based problem solving.**

Data indicate that Westchester stakeholders maintain a strong belief that community solutions should be sought at the local level before an issue is elevated to the county level. In this sense local networks drive the community solutions. The emphasis on local problem solving allows communities to have a sense of genuine system ownership.

The ongoing engagement of community-based stakeholders in problem solving creates an awareness and attentiveness to community issues. It is notable that anyone is authorized to call a network meeting at any level of the system. At the community level, this creates flexibility in response to local concerns. In a county as diverse as Westchester, the strategy of establishing community-based networks allows the system as a whole to be responsive to small sectors of the county and a variety of local needs.

Stakeholders provided an example of local problem solving in response to a particularly high number of truancies within Yonkers, NY. A probation officer and network facilitator brought the issue of truancy to the Yonkers Network. Network members met with both Family Court judges and school officials, working together to devise a solution that included changing both the timeframe and structure of truancy reporting to allow earlier intervention in truancy problems. In another Westchester community, local community partners mobilized around youths' fire-setting behaviors. This resulted in collaboration with the local fire department to increase fire-setting awareness, develop a fire-setting assessment protocol, develop trainings, and provide services and supports to address fire-setting behaviors.

Achievements in System Development Practices

3. Strengths-based system development.

Westchester stakeholders apply the same strengths-based approach to their community and system-level actions that is so valued in their work with children and families. These structures and processes of meetings, trainings, and other collaborative efforts are guided by this strengths-based approach. Stakeholders indicated their belief that taking a strengths-based approach at the system level enhances their ability to serve children and families because this approach supports the development of collaborative relationships across agencies and providers. The strengths-based approach to system development allows stakeholders to minimize the blame and "finger-pointing" that often characterize cross-agency relationships and enables the development of supportive partnerships even in the face of challenges such as budget reductions and leadership change. System stakeholders use a strengths-based approach to actively develop and sustain partnerships by "bringing people to the table" and keeping them at the table through nurturing and supporting the relationships. The strengths-based approach supports flexibility and creativity of problem solving.

An example of strengths-based system development was observed during the Children's Core Advisory Committee meeting, which included a wide array of system stakeholders from throughout the county. This county-wide community planning body provides a forum for responding to community needs (e.g., truancy, fire setting, and sexual reactivity issues) by gathering individuals with expertise in particular areas. The purpose of this central planning body is to set an agenda and develop a plan for addressing important county issues. During the observation, because of the close community ties that developed over the years system stakeholders could easily identify individuals in the community with particular expertise in these areas, and these individuals were invited to the meeting to help problem solve. It is important to note that this particular meeting began with recognition of accomplishments/successes of the system over the last year, a process that stakeholders were clearly familiar with and engaged in. Observational data indicate that recognition of these successes as well as the collaborative problem-solving process supported an environment in which system stakeholders felt empowered to find solutions, even when dealing with significant community challenges.

4. Targeted system of care training.

The Westchester Community Network has successfully created system of care training opportunities for public agency staff, providers, and families. These include a basic training on system of care values, principles, and practices known to the community as "System of Care Orientation." In addition, they provide wraparound training as well as

trainings that are developed to address specialized topics (e.g., various evidence-based practices, sex offender training) in response to identified community needs.

The focus on training opportunities as a system development strategy allows the system to respond to cross-sector needs and provides agency partners the opportunity to collaborate around specific topics of interest (e.g., Positive Behavioral Intervention and Supports in collaboration with the Board of Cooperative Educational Services; Juvenile Sexual Aggression 101 and 102 in collaboration with Westchester Jewish Community Services; Conducting Fire-setting Evaluations).

In addition to the topical trainings related to services and supports, extensive facilitator training (e.g., Network Facilitator 101) is available to stakeholders who volunteer to participate in the system as network facilitators. Although stakeholders assume the network facilitation role on a strictly voluntary basis, this training is required for all network facilitators regardless of their agency or program affiliation. Network facilitator training is noteworthy because it provides support for the system infrastructure.

Data indicate that agency partners clearly value system of care training. Interview and observation data provide evidence of the transmission of system of care values and principles across the Westchester Community Network and at multiple levels of service delivery. Cross-agency requests for training are numerous, and wait lists are common. The System of Care Orientation training is eight weeks in duration. Interagency partner commitment to their staff's participation in such training events is evidence of community-wide support for the system of care.

Achievements in Family and Youth Engagement

5. **Connecting families to services.**

The Westchester Community Network has created service access for families through a variety of strategies, including the local network structure and support of the Westchester family organization, Family Ties. Data indicate that families are connected to services rather than referred, which reflects the system's focus on families as more than recipients of services, but equal partners in the system.

Westchester families are connected to potential services through their Family Support Circle and are empowered to make service choices. Connecting families to services often involves an individualized assessment of a family's need for support to ensure that families feel comfortable when accessing services. One case manager described assessing a family's needs and abilities related to food bank access and

the importance of determining whether he should accompany the family to the food bank or simply offer food bank access as a family support. These types of decisions depend upon what makes the family comfortable.

6. **Family-driven care.**

Westchester Community Network strives to support family-driven care at the level of direct services and to involve family members in system-level activities. At the level of direct service, families are empowered to create a Family Support Circle for the purpose of providing ongoing support. Families determine the membership of this team and make decisions about which services and supports they need.

At the system level, stakeholders note that since 1989, the system has worked to build partnerships with families. This is exemplified by Family Ties, a family organization widely accepted as an equal partner with other agencies in the system. Family Ties is a free standing, independent, not for profit organization which began with one volunteer and has grown to approximately 45 employees. The organization works to develop skill sets that promote and support system of care values among family members as well as system professionals.

System partners, in particular Family Ties, focus on teaching families that they have the right to drive care and how to navigate the system. Support groups are available in English and Spanish and include groups such as Grandparents Raising Our Children's Kids (Grandparents ROCK). There are numerous trainings available to parents. Examples include: Model Approach to Partnerships and Parenting (MAPP) Training, Parent Skills Training, Common Sense Parenting Antecedent-Behavior-Consequence (ABC) Training, Strengthening Families, and trainings for foster and adoptive parents.

Not only has the system encouraged Family Ties to empower families, but the value of families as equal partners has allowed the system to develop professional capacity for parents. Many parents who began as recipients of services are now active leaders at multiple levels of the system. This includes Family Ties leadership committees from each resource center, who report to the Family Ties Board of Directors and the Children's Board Advisory Committee. Family members also organize and lead local Networks, and family members who advocate for and with new families in the system. As with many other aspects of Westchester Community Network development, stakeholders realize it is important to take the long view and have made a valuable long-term investment in developing family capacity as system partners.

7. **Youth empowerment.**

Youth have gained a respected voice within the Westchester Community Network. The county's youth organization, Youth Forum, is

a continually evolving youth organization within a mental health agency. This organization has developed increasing direction, ownership, and voice of youth. Youth Forum members are respected as advisors to the system and are represented on committees such as the Children's Core Advisory Committee and Single Point of Return. In addition, members co-chair a variety of system subcommittees such as the Transition Aging-Out subcommittee.

The impetus for youth empowerment within the system was the creation of "What Helps, What Harms", a document produced by a group of Westchester youth. It detailed what the group felt was beneficial ("What Helps") and what was not ("What Harms") through their experience with mental health services and supports. The document covered multiple domains including home, school, services, and residential treatment. The document was presented by the youth to the Department of Community Mental Health staff, as well as other agencies and programs in the county.

As a program, Youth Forum provides strong peer-to-peer support for youth. Youth Forum participants described this organization as a safe place in which others are genuinely concerned about them and do not judge them. Youth Forum participants described a fluid organization that allows them to join and rejoin as their interest and need for peer support changes over time. In addition to holding formal peer support and activity meetings, Youth Forum members organize and carry out fundraisers and other activities within the broader community. It is noteworthy that as youth mature and transition out of Youth Forum, many return to work as group leaders. Also, Youth Forum and Family Ties stay connected in a variety of ways. They support each other by sharing facilities and engaging in shared fundraising activities. In addition their bi-annual retreat allows the opportunity for each group to renew its identity as a movement, identify issues that need to be addressed, and to problem solve and support members of each group

WESTCHESTER COMMUNITY NETWORK 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 the Westchester Community Network. Ten factors were considered critical to the system's implementation. These factors should not be considered static. The importance and relative emphasis of each factor and its component parts changed over time as the system developed. Findings related to these factors are presented in the sections that follow. Themes related to individual factors, factor comparisons, and the relationships among factors will be discussed.

Westchester Community Network Implementation Factors
1. Communication
2. Community Network Model
3. Community Organization Model
4. Courage to Change
5. Cross-System Structure
6. Family and Youth Movement
7. Leadership
8. Partnerships Based on Shared Power and Accountability
9. Shared Values and Goals
10. "Sneaking Ahead"

Communication...

includes the on-going public articulation of goals and actions and is an ever-evolving process with a clear vision, core values, and a shared language infused across the systems and with the meaningful input of multiple partners. It encourages and supports shared decision - making and a commitment to partnerships and collaborations. The key ingredient to ensure success in the process of communication is hearing and listening to the voices of children, youth and families, using mechanisms such as surveys, planning meetings, and focus groups. In addition, leadership is crucial to the communication process. Within Westchester County, there is an ability to respond to needs identified by families, service providers, and communities, ensuring that training opportunities are then made available to allow family members and cross-system partners to learn from others and to learn together.

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.

Communication

Data indicate that Communication clearly served as a critical factor in developing the Westchester Community Network. This factor was identified by respondents as one of the easier factors to implement in the system. "Communication is easy at every level," noted one respondent, "from line staff to upper management." Openness of communication was a common theme in responses, as many stakeholders felt that communication was effective among professional system partners, from leadership to line staff. Further, many respondents felt that "the communication we have with families [is] important," and that families are "seen as partners and have strong communication within the network process." The importance of communication with families surfaced repeatedly in discussions related to communication. One family member commented, "The most important thing is to listen to what the family needs. Not to tell them what they need." The following comment by a family member is reflective of the system's effort to listen to families: "I think…network members…do listen and hear the concerns of our families."

Stakeholders recognized, however, that sustaining good communication is not without challenges. One stakeholder commented that communication "is a continuous process [and] people have to buy into it." It is evident from responses that stakeholders work diligently to make communication effective and multidirectional within the system. One social worker noted, "As professionals, we need to keep the communication open." This was further reflected in a comment made by a program director: "We need to be sure [communication] is in more than one direction, and I think that every attempt has been made to do that."

Community Network Model

The Community Network Model represents a unique feature of the Westchester System of Care. Data indicate

stakeholder agreement that this community network model is understood as representing elements of structure as well as process. Stakeholder ratings of agreement with the Community Network Model definition indicate "place" is less about a physical location than a gathering together of individuals to meet the needs of children and families. Stakeholders also viewed the Community Network Model as "a framework for bringing people in the community together." Quite noteworthy, the Community Network Model was rated as one of the easier factors to implement in the Westchester process of system development as well as one of the more effective system implementation factors. "Getting the community together on the same page," commented one family member "is a great opportunity."

Stakeholders almost uniformly noted the importance of Network to the Westchester system of care, with one stakeholder identifying Network as "one of the strongest components of the system of care." Data indicate that the concept of network permeates system activities at multiple levels and across community agencies. A program director said, "For me, the Network is where I work." Many stakeholders felt that Network was a place that families go to find help for their children.

It should be noted that the implementation of the Community Network Model was not considered effortless. It "requires [the] commitment of all parties" and "has taken lots of work to develop the model."

Community Organization Model

Data indicate that the contributions of the Community Organization Model are understood by stakeholders as distinctly different from the Community Network Model and critical to system development efforts. With few exceptions, stakeholders were in agreement with the definition of the Community Organization Model. A common theme that emerged across stakeholders was the importance of community responsibility for children and families and the strong belief in the power of community to contribute to their success. As one administrator noted, "Community organization is really saying to an entire community, 'You're all responsible.'" This consistent expression of commitment and responsibility was shared throughout all levels of the system, with a case manager remarking, "We're all responsible. I feel we're all responsible in making it work."

Community Network...

in Westchester County is a process that is a value-driven, community organization model for addressing the needs and issues of children, families, and communities. The Network is described as a "place" where people struggle together to meet the needs of families whose issues and needs cross more than one system. Networks have a broad, voluntary membership, are a cross-system, value-based structure that are not bound to funding, operate outside the formal system, and belong to the community. Westchester uses the term "Network" to denote the monthly community-wide planning meetings that focus on family and community issues as well as individual child and family team meetings. The Network structure also includes a specialized county-wide Transition/Aging Out Youth Network, Early Childhood Networks, and a Family Network. The community Networks rely heavily for their success on the partnership between the professionals in the community and the family organization.

The Community Organization Model ...

is central to Westchester County's system of care. It refers to a strong belief that the community has responsibility for its children and families, and that communities, organized at many levels including the Network level, are key to the success of children and families at high risk/high need. "Wraparound" and all of the other system of care concepts are built on this framework. While the Network model is Westchester's "creative step," it is based on this underlying belief in the power of community; and although the model has been replicated elsewhere, it is truly unique to the system of care in Westchester County.

Respondents found the Community Organization Model among the more difficult factors to implement in the Westchester Community Network. "[It] takes time and relationship building," stated one administrator. The difficulty of implementing the factor, noted stakeholders, can stem from other programs within the community. "Getting other organizations to 'get' the work necessary to help kids succeed (who have often been failed by those organizations) is very hard." Despite the challenges, most find this factor to be quite effective because "we work hard to help people buy in and share the vision." One family member stated, "To serve families within their communities is the best model."

Courage to Change

Courage to Change was rated the most difficult factor to implement in the Westchester Community Network. This factor was described by stakeholders as a "constant process," that "can be overwhelming," and "is difficult to get all parties engaged and involved for a change." Despite the hard work required to implement this factor, it was clear that the courage and commitment to change permeates the entire system, including leaders, line staff, and families. Although stakeholders indicated that courage to change "comes from leadership," it was also commonly noted that "families and workers have to have the courage to change." In addition, stakeholders suggested that the Courage to Change requires everyone to "push the limit," and "acknowledge the fear, and go ahead with an 'edge' that fear provides."

Several stakeholders linked Courage to Change with leadership, with comments such as: "[It] started with the leadership," and "[It is] "perhaps the greatest value of a leader." Respondents also acknowledged that Courage to Change is not uniformly easy to accomplish and can be "difficult for some people in different leadership positions." Courage to Change was also identified as "a motivator" that has significant impact on system outcomes. As one administrator stated, it is "something that excites people… you can be the innovator." "Courage to Change," stated one family member, "is what makes the system work."

Cross-System Structure

Cross-System Structure represents aspects of the system of care that serve as a formal link for cross-agency partnerships as well as from the county to the state. Approximately 25% of respondents described the effectiveness of this factor as "neutral." Many respondents stated they were "not sure how

easy or difficult this is to implement."

The lack of clarity around Cross-System Structure could have to do with the embedded and somewhat invisible nature of the formal cross-system processes. Defined as a lot of "behind-the-scenes" work, the cross-system structure includes interagency and cross-system meetings, many of which may not be apparent to many system stakeholders who regularly use the less formal Westchester Community Network processes in service of children and families. Data do, however, suggest that Cross-System Structure supports the collaboration of system-of-care agencies and networks in Westchester County. Regularly scheduled meetings with a wide array of community stakeholders, including representatives of formal child-serving agencies, allow system implementers to utilize a variety of resources to address community issues (e.g. the challenges presented by increased gang activity) in a timely and effective manner. Observational data indicate that the integration of the formal Cross-System Structure and the less formal network activities is seamless enough to obscure any obvious divisions or distinctions on a day-to-day basis.

Family and Youth Movement

Data indicate that the Family and Youth Movement, taken together as a single factor critical to system implementation, is central to the functioning of the Westchester system of care. Stakeholders rated this factor among the least difficult and most effective elements of the system to carry out. Data clearly indicate that the families and youth have a powerful voice within the system and that this voice extends from the level of the individual child and family to the broadest levels of service planning and delivery. It was noted that families and youth are "very enthusiastic about having a voice and need little encouragement to participate." Furthermore, they are "loudly heard and supported in Westchester County on all levels."

Family and youth were described as "the most integral part of the whole system." Respondents found that the family and youth movement has become "so integrated, so embedded" within the system, and "[has] become part of every fabric of what we do." Some stakeholders felt that the definition didn't "quite capture the courage and resilience that we've seen in families," and that families are "not just coming forward for help with their kids, but becoming leaders" in the Westchester Community Network.

Family and Youth Movement...

The development, nurturance, and full investment in the viability of a free standing, independent family organization is viewed as critical to the system of care in Westchester County. It is described as a reciprocal relationship between the family organization and government, in which power is shared with families and there is a level of trust between the two groups. The family organization has greatly expanded over time, has a very solid fiscal base with diversified funding, and is integral to policy development, program planning, direct service, training and evaluation. Family resource centers throughout Westchester serve as "hubs" for the system of care. Westchester's youth organization is an independent organization that emerged from the family organization and is mentored by a local mental health and community service organization. The family and youth movement components have numerous shared activities including participation in system level meetings, community meetings, and powerful planning committees.

Leadership

Leadership in the Westchester Community Network was defined as vision-based and communicating a shared sense of purpose and possibility. Considered one of the easiest factors to implement, Leadership was identified as critical to the development of other factors such as Courage to Change, Shared Values and Goals, and Communication. Leadership was described by stakeholders in terms of common goals, "We have leaders with vision and common goals," stated one manager, "so it is easy to be effective." Many respondents indicated that the positive effects of county leadership were felt throughout the system.

An important theme reflected by stakeholders across the system is the sense that leadership is shared. Respondents stated that "[there is a] very broad view of leadership," and a general feeling that leadership is "shared." Data indicate that this has translated into the emergence of leadership roles throughout the system, with examples ranging from leadership roles visible at the level of individual community networks, leadership within the individual provider agencies, leadership in cross-system committees, as well as leadership in the more traditional public agency roles.

Respondents also spoke to the leadership role of families in the system noting that "families can learn to become leaders." The process of balancing family and professional leadership was also noted as challenging, "It can be a struggle for families to see the leadership role they play in the process." One social worker noted, "Sometimes, being a professional, the families look to us as leadership, but I like to look at the families as leadership."

Data indicate that many stakeholders perceived leadership as being paramount to system functioning. "If you don't have leadership," stated one respondent, "you can't get anywhere." Leadership was described as "the real 'sustainable' force in a system of care."

Partnerships Based on Shared Power and Accountability

Data indicate that partnerships in the Westchester Community Network are broad and far-reaching. Interviews and observations confirmed that collaboration across system stakeholders is dynamic and constantly developing. In addition, these partnerships and collaborations have a strategic focus that is intent on continued system development and sustainability. The implementation factor identified as Partnerships Based on Shared Power

and Accountability was considered somewhat difficult to implement; however, stakeholders indicated that overall the system has been effective at implementing this factor.

A few respondents noted that because Network participation is voluntary, there is no "mandate across systems." Because the system is not codified by formal mandate, the concept of sharing power and accountability makes collaboration difficult at times. Stakeholders noted that the sharing of power and accountability can be complicated for systems, as "it can be difficult to see the shared mission, yet not lose the 'integrity' of a 'separate' department."

Although partnerships and shared power and accountability are perceived as challenging, stakeholders indicated that if system partners "see how effective it can be, they are more willing" to share power and accountability. One system administrator stated that in Westchester County, they are "constantly working to develop new partnerships, in early childhood, health, with advocates, [and] universities." Another respondent added, "Once trust and a true relationship is developed, the rest is easy and effective." Stakeholders considered partnerships with families and youth to be critical. "It's important," stated one case manager, "to have that shared power with the family."

Shared Values and Goals

The values and goals of Westchester Community Network have been developed and nurtured over many years. The system implementation factor identified as Shared Values and Goals (along with the factor titled Family and Youth Movement) was found to have the highest definitional agreement among Westchester Community Network respondents. This definition includes a strong grounding in shared vision and values based on the concept of social justice as well as a continuous effort to develop continuity across system partners. One respondent who strongly agreed with the definition stated that these values and goals are "a fundamental output of the success of the system, to say the least. It is apparent pretty much on a daily basis." Further, a common theme of the responses was that "values are shared by families and professionals."

Many respondents felt that shared values and goals were among the most important factors of system implementation. This factor was described by respondents as "the heart and soul of the work" and provides a "road

Shared Values and Goals...

The System of Care in Westchester County is based on a slowly and carefully built shared vision which is grounded in core values and articulated across partners. In the Westchester Community Network, shared values and goals are collectively agreed upon, clearly articulated, and take continuous effort. A constantly restated values base provides continuity of mission across agencies, providers, and communities that includes commitment to individualized care and serving children and families within the community. The values base is aimed at meeting social justice goals—the success of youngsters who would not otherwise achieve success—and includes strength-based approaches to both families and systems.

map" for the system. Some stakeholders voiced the concern that "they're 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."

"Sneaking Ahead"

System developers are often faced with obstacles to system change. Whether obstacles are related to competing mandates, funding challenges, or gaining support of system partners, developers often seek moments of opportunity to strategically propel the system forward. Strategic actions through which pieces of the system are developed—often one step at a time as opportunities present themselves—is sometimes referred to as "incremental opportunism" (Lourie, 1994). Within the Westchester Community Network, the concept of "Sneaking Ahead" embodies the idea of incremental opportunism. Data indicate that such strategic action is particularly evident as Westchester leaders work to build relationships, expand services, and assist in policy development.

The concept of "sneaking ahead" resonated more among administrative leaders than with supervisors, direct care staff, or family members, and was met with confusion by non-administrative respondents.

Some of the respondents could not speak to the definition, effectiveness, or ease/difficulty of this factor. "I have no idea about this concept," stated one program manager. "Even the definition confuses me on a basic level." Some respondents, while agreeing with the definition for the term, were concerned that the title "Sneaking Ahead" may have a negative connotation. For example, one respondent suggested this factor should be re-titled "strategic action," in order to adequately represent the concept described in this definition. Another stakeholder suggested, "Behind the scenes work" would be a more representative title.

Although all stakeholders did not have clarity around "sneaking ahead," some embraced this action as an important strategy in the ongoing development of their system. One program manager said, "I love this concept. It's the experience in this work." Data suggest that for line workers and families, acting strategically to build system infrastructure is often related to preparing families to be proactive in responding to processes or requirements necessary for their access and use of services. For administrators, data suggest that the concept of strategic action is about "seizing opportunities as they arise" and "being set up in a positive way to take some strides."

> **"Sneaking Ahead"...**
>
> refers to "behind the scenes" action and allows leadership to sometimes act as if everyone is on the same page when they aren't. "Sneaking ahead" also encourages the generous sharing of credit for specific actions. It has also allowed the county to include new partners as authentic partners when they might not be "there" yet. It also allows for some "behind the scenes" action to take place among participants who have a common history that has resulted in leaps ahead in funding and in infrastructure development.

Additional Implementation Factors

During the card sort exercise, respondents were provided the opportunity to add or delete system implementation factors, and several respondents suggested changes in the factor titles. In addition to issues related to "Sneaking Ahead" that were described above, other factors added during the card sort exercises were **Persistence**, **Individualized Services**, and **Concern** (with the respondent noting that concern creates a mandate for change within the community). One respondent commented that "Family and Youth Movement" does not fully capture, on the level of the individual child, the role of families in driving their care. This respondent added **Family Empowerment/Family Driven Care** as an additional factor. Finally, **Cultural Competence** was added as a factor, with the respondent noting that cultural competence has always been a consideration, but people are starting to realize the level of its impact and the need to ensure that families' needs are being met in a culturally competent manner.
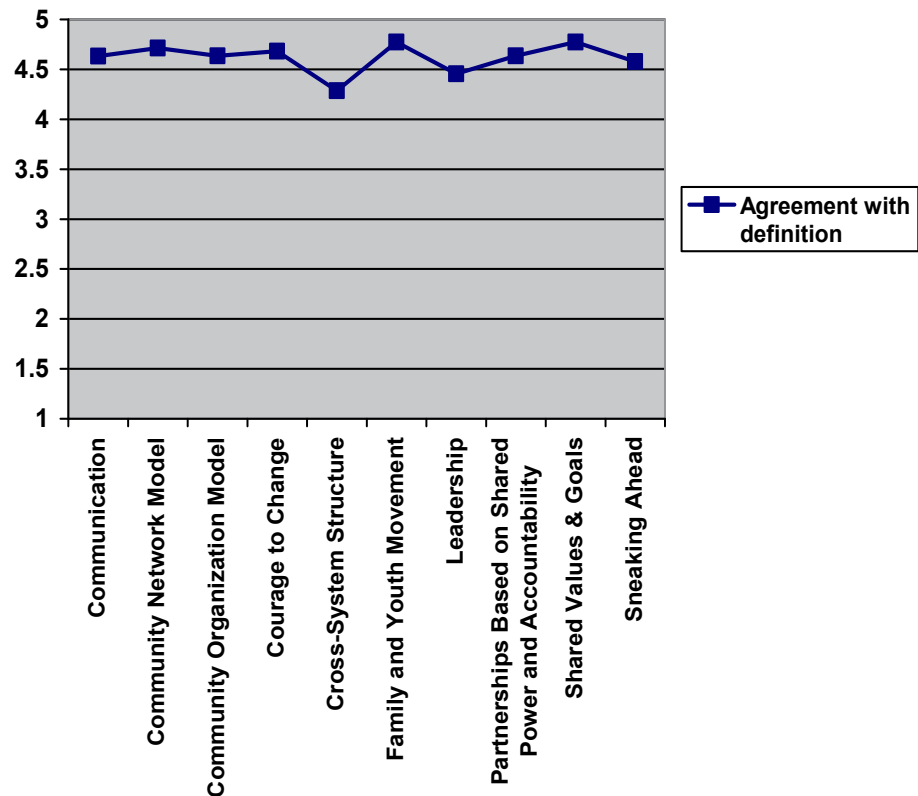
System Implementation Factor Comparisons

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

Twenty-two people responded to the ratings exercise, with a response rate of 60%. Respondents represented all groups within the Westchester Community Network except for youth. It is important to note, however, that the ratings data are consistent with interview and observation data collected during the site visit.

The line graph in Figure 2 shows stakeholder responses on the Factor Ratings Exercise regarding agreement or disagreement with the definitions created for each factor. Questions offered the following response anchors: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, or Don't Know. These anchors were coded from 1 (Strongly Disagree) to 5 (Strongly Agree). Don't Know responses were not calculated to obtain mean scores but were used in overall analysis of the data. The rating exercise responses were used to validate data provided by a smaller group of stakeholders, in which critical implementation factors were defined. Respondents had little variability in their rating of each factor, with a large majority of respondents stating that they agree or strongly agree that the definitions developed by the smaller groups accurately reflect the meaning of these factors in their experience within the system of care. The average for **Cross-System Structure** was slightly lower than the averages of the other factors, and both **Family and Youth Movement** and **Shared Values and Goals** were shown as having

Figure 2. Agreement with Definition

the highest levels of agreement. Complete definitions for each factor are provided in the section titled System Implementation Factor Themes.

The research team also analyzed data on the effectiveness and difficulty of implementing the factors within the Westchester Community Network. The line graphs in Figure 3 illustrate stakeholder perceptions of both effectiveness and difficulty of the implementation of each factor within the system. The anchors for the question on effectiveness consisted of Very Ineffective (1), Ineffective (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 felt that stakeholders within the Westchester Community Network were effective or very effective in implementing the factors. **Community Network Model**, **Family and Youth Movement**, and **Leadership** demonstrated particularly high mean scores. **Community Organization Model**, **Courage to Change**, and **Cross-System Structure** had the lowest mean scores. It is important to note, however, that although these factor averages are slightly lower than the averages of other factors, they were still rated as "effective." Mean scores related to the questions of ease or difficulty of carrying out each task showed more variability across

factors than the issues of effectiveness. **Leadership**, **Community Network Model**, and **Communication** were viewed as the easiest factors to carry out, with **Family and Youth Movement** and **"Sneaking Ahead"** close behind. The reader will note that 3 of these 5 were also identified as being effectively carried out. Two factors that appear more difficult to carry out, **Courage to Change** and **Cross-System Structure** (also identified as being slightly less effectively implemented), included a few "very difficult" responses as well as several "difficult" and "neutral" responses. It should also be noted that overall, there were more Don't Know responses on "Sneaking Ahead" than on any other factor. This may reflect a lack of understanding of the term as noted by some respondents. Further details related to these differentials are reflected in the System Implementation Factor Themes section of this report.

Figure 3. Effectiveness and Difficulty
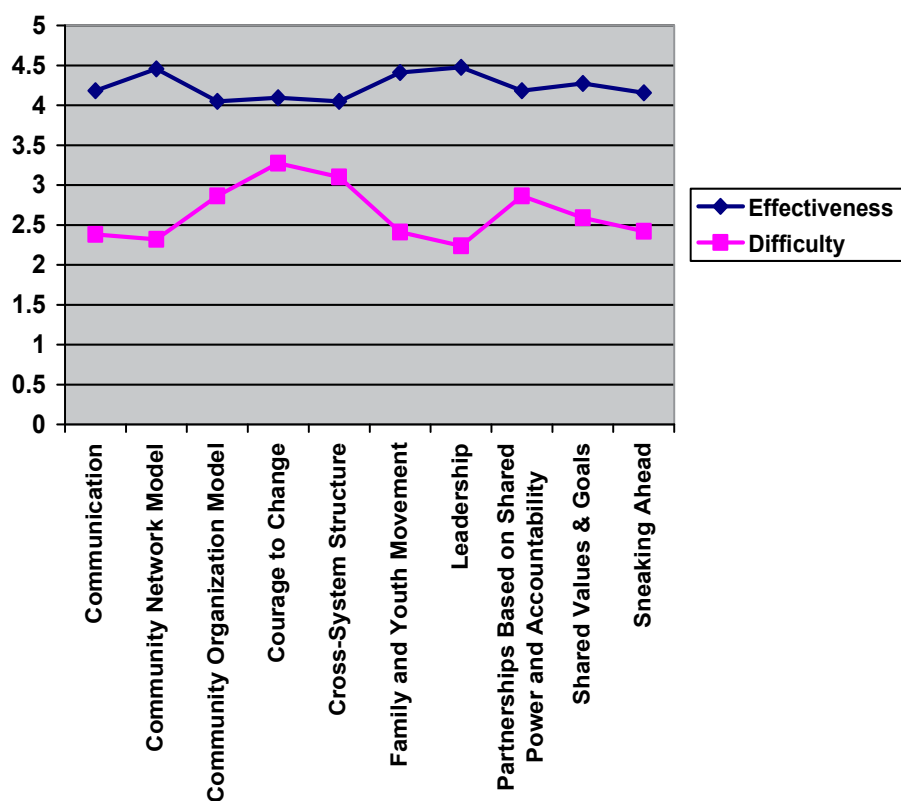
The graphs above reflect that in general, the factors that are easier to implement are more effectively implemented within the Westchester Community Network. This pattern is reflected in several factors illustrated in Figure 3.
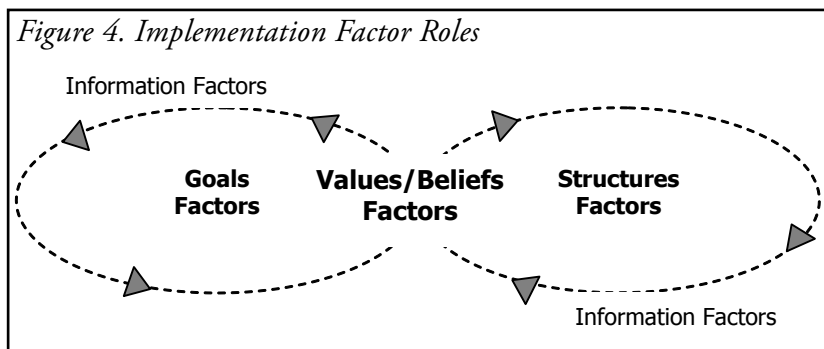
Relationships Among Factors

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

Stakeholders within the Westchester Community Network note that a theory of change planning approach is used regularly as a vehicle to help them expand their system and link component parts of the system into a whole. A theory of change is a statement of intended system development that focuses on the population context, change strategies, and expected outcomes of the system as well as the relationship between these elements. In Westchester County, stakeholders identify systemic issues that need to be addressed based on a participatory process which highlights the involvement of families, youth, and network partners. Stakeholders then develop committees to systematically collect data related to these issues and develop or modify service strategies based on the data. After staff are trained and strategies are implemented, outcome data are collected so that changes in strategies can be made as needed. Examples of the use of the theory of change approach to system development within the Westchester Community Network include development of services for clients with Mental Retardation-Developmental Disabilities/SED, the significant expansion of Early Childhood services, the addition of services for juvenile fire-setting clients and sexually aggressive /reactive youth, and the development of services for emerging immigrant populations.

Theory of change development in Westchester County has been used to develop the system of care at multiple levels. For example, at the system-level, the reduction of out-of-home placements has resulted in infrastructure development through Single Point of Entry and Single Point of Return, cost saving, cost sharing, cross system collaboration, infusing the broader child serving system with system of care values and replicable models. At the program level, the focus on sexually aggressive youth and fire setting has led to assessment tools, broad based training, targeted training, peer supervision and new program models; changes at the direct service level have included new partnerships, trainings, and shared resources.

Westchester Community Network stakeholders identified 10 local factors as critical to their system's development: communication, community network model, community organization model, courage to change, cross-system structure, family and youth movement, leadership, partnerships based on shared power and accountability, shared values and goals, and

"sneaking ahead." To better understand how these factors have been used together to leverage system development, the research team categorized each factor based on its primary role in leveraging system change in order to illustrate the functioning of the system as a whole. Figure 4 illustrates that factors related to values and beliefs are used to impact change related to both system 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. Westchester factors were grouped into these categories as follows: System Values and Beliefs included Shared Values and Goals, Community Organization Model, Courage to Change, Leadership, Partnerships Based on Shared Power and Accountability; System Goals included the factor "Sneaking Ahead"; System Information included the factor Communication; and System Structures included Community Network Model, Cross-System Structure, Family and Youth Movement.

Figure 4. Implementation Factor Roles

Two important considerations should be made regarding the relationship among Westchester factors as illustrated in Figure 4. First, stakeholder involvement in Westchester's network structure is completely voluntary at all levels of the system. Data indicate that the consistent emphasis system leaders have placed on establishing and reinforcing system of care values and beliefs has provided both stability and sustainability to Westchester's network structure. The centrality of values and beliefs to Westchester's experience of system implementation and the process of leveraging change have clearly defined the roles and responsibilities of participation in the system over time, making the sustainability of a voluntary structure viable and vibrant. Second, stakeholders in the Westchester Community Network will recognize that the classification of their local factors into the categories such as Values and Beliefs, Goals and Actions, Structures, and Information is somewhat arbitrary because there is a great deal of overlap in content of factor definitions. One could argue that a single factor might be associated with a number of Figure 4 categories. These categories should be understood as representing the primary role of the included factors. A community such as Westchester County that engages in a Theory of Change process in such a genuinely participatory way will have system implementation components that interact closely with one another and do not lend themselves easily

to categorization by discrete boundaries. The discussion below considers Westchester's local implementation factors according to their primary role in system implementation.

System Values and Beliefs Factors.

Implementation factors related to System Values and Beliefs use the intrinsic philosophy of systems of care to create system change. Data confirm that in the Westchester Community Network, Values and Beliefs factors played a critical role in system development. It is noteworthy that five out of ten factors identified as critical to the development of the system fall into the category of Values and Beliefs, which illustrates the underlying belief structure of system stakeholders. These factors represent the mindset of the system or the shared understanding from which the system is developed; they include: Shared Values and Goals, Courage to Change, Leadership, Community Organization Model, and Partnerships Based on Shared Power and Accountability.

Stakeholders within the Westchester Community Network linked values and beliefs factors such as *Shared Values and Goals, Leadership*, and *Courage to Change* together. For example, interview data indicate that community leaders initiated system development in response to their concern that Westchester County's families' and children's needs were not being met in the fragmented social service system. These leaders brought together stakeholders to gain consensus on a shared set of values and principles that would form the foundation of system development activity. One respondent noted, "before we did the changing we had to settle on…the principles" They began by organizing professionals to better meet families' needs and over time, increasingly included and respected families in their desire to direct their own care and to be heard and empowered. This *Community Organization Model* is quite unique to Westchester County and creates an environment in which all stakeholders are responsible for children and families in the community.

Over time, leadership has become increasingly shared across partners. This shared leadership is fostered by a genuine trust in system partners and the belief that all stakeholders have a shared responsibility for the children and families within the system. *Building community Partnerships Based on Shared Power and Accountability* allows stakeholders in the system to actualize the goals of a family-driven, strengths-based, community-wide system of care. As one staff member noted, "It can be staff leading the way. I think that people [in this system] are empowered to think in a particular way." This new thinking has, in turn, led to new ways of acting. Implementation factors related to values and beliefs have great power to affect change because they shape actions taken within the system. Data suggest that the Westchester Community Network's ability to respond to change is grounded in the belief that change is possible and that stakeholders had the ability to transcend the initial conditions of the system.

System Goals.

The factors related to System Goals facilitate implementation by making system values and beliefs concrete and orienting system activity toward action. Westchester Community Network stakeholders identified one factor that was linked to System Goals—"*Sneaking Ahead.*" This factor allows stakeholders to develop system goals that ensure 1) that the Values and Goals of the system are shared and 2) that activities within the system are in service of the Values and Goals. During data collection, the factor first identified as "Sneaking Ahead" was renamed by some stakeholders as Strategic Planning, Strategic Intervention, Strategic Action, or Behind-the-Scenes Action.

Data indicate that activities related to strategic action may be "injected" wherever/whenever needed to help facilitate the building of partnerships as well as to push forward new initiatives or jumpstart stalled initiatives. Furthermore, data indicate that although sneaking ahead is utilized primarily by system leaders, this factor also plays a role with other system stakeholders in planning for system change, developing new partnerships, and conceptualizing innovative ways to serve children and families.

System Structure.

Factors related to System Structures facilitate system change by creating changes in specified roles, responsibilities, and authorities of system participants. In the Westchester Community Network, stakeholders identified three factors that appeared most closely linked with System Structure: *Community Network Model, Cross-System Structure,* and *Family and Youth Movement.* Data indicate that structures within the Westchester Community Network that are designed to enact system values and meet system goals began informally. Currently, cross-system meetings are designed to facilitate communication and planning at each level of the system; "at the county level the cross-systems work among the departments, and at the community level, the structure for working across a wide range of stakeholders, [is] very strong through the Network, the Integrated [County] Plan and through CCSI." This quote illustrates that cross-system structures have evolved into multi-tiered meetings that promote communication and coordination at every level of the system. Although the cross-system structures were originally convened by the Mental Health Department, they have, over time, become 'owned' by the participating community stakeholders.

Community network and administrative meetings, and other communication and collaboration processes have become such a part of the system that the extent to which they exist in the system and the effort it takes to carry out these activities are sometimes overlooked. As one respondent noted, it's only "once you're at the table [that] you can start to see the cross system structure." These structures are essential to supporting and guiding the system in its evolution, in part because "there's a lot of behind-the scenes work…that happens in your cross-system structures." Trainings and ongoing

meetings allow new and experienced stakeholders the opportunities to be exposed to the needs of families and the value of working to meet those needs in a strengths-based manner in the community. One system leader noted that, "[we] do a lot of things [involving] training because we need to make sure that a whole new generation understands all of this…..that's the important thing…it's dynamic, it's changing, and you're building it as well."

With the development of family and youth organizations in the late 1980s and early 1990s, the Westchester Community Network has clearly demonstrated that family and youth representation at each level of the system, particularly at the highest levels of the system, is a priority. Family Ties and Youth Forum are ideal examples of structures that have developed because of a shared belief among system stakeholders that families should drive care. This belief is also actualized as each family directs its own Network meeting.

Thus the structures and the way they are constituted not only serve to coordinate action towards meeting system goals, they reflect the joint system values of inclusion and empowerment of all stakeholders—particularly families. In the Westchester Community Network, there is "still lots to continually be done, and that's not a criticism," of the system, but rather a reflection of its nature. Structures facilitate the ongoing, adaptive work.

System Information.

Factors related to System Information address issues of system feedback and incorporate both formal and informal information mechanisms to accomplish system change. In general, factors related to system information should provide for the structure and flow of information across stakeholders. Stakeholders within the Westchester System of Care identified one factor related to System Information: *Communication*. Although the Communication factor is the only factor specifically classified within the Information category, it is clear that communication is reflected throughout all aspects of the Westchester Community Network via communication of values and beliefs and goals as well as attention to action and provision of feedback. As such, although it is in a category of its own, communication should be viewed as continually impacting all categories and influencing day to day functioning of the system. The function of the Communication factor in system flow is actualized within the Westchester Community Network through the conduct of networks at the individual client/family, local community, and system levels. These networks not only address the individual needs of clients but also attend to overarching needs of families within the community. The importance of Communication is also reflected by the recognition that anyone is empowered to convene a network meeting, and this is routinely done by families. Finally, communication across agencies and at all levels is evident in that stakeholders have ready access to even the highest levels of administration.

Summary: Relationship Among the Factors

Leaders in the Westchester Community Network began with a vision of a just community in which all persons, particularly children and families, receive the supports necessary for full participation in the community. Westchester used factors related to values and beliefs to impact change in both system goals and structures so that the system-of-care values and beliefs could be translated into opportunities and structures for people to connect with each other to achieve the vision. Over time, stakeholders in various service sectors have taken ownership and responsibility for the Westchester system of care vision, and they work tirelessly to connect families with needed resources and to empower families within the community.

KEY POINTS FOR SYSTEM SUSTAINABILITY

The Westchester Community Network held its first community network meeting three decades ago. What is perhaps most notable in Westchester Community Network's implementation of system of care is the degree to which the system is fluid and adaptable in the face of change. In a diverse county with multiple and changing needs, the Westchester Community Network has fostered an innovative, community-based model to serve youth and their families. This innovation has put the Westchester Community Network in a position to serve as an exemplar for other communities across the state and the nation. There are numerous examples of the successes of the system, including an empowered youth network, a strong emphasis on family driven care, and a strengths-based approach at all levels of system implementation. In addition, there is a genuine community-based approach that allows the system stakeholders to mobilize in response to local concerns or crises.

The commitment and motivation of Westchester stakeholders to improve services is clearly evident. In support of their commitment to quality improvement, the research team offers the following recommendations for continued system development. We hope these recommendations will provide key points for their continued system sustainability.

1. Renew shared values.

Inspire staff. Current leadership has placed strong emphasis on inspiring staff commitment to system-of-care values, and across agencies, staff members are described as "part of the movement." The longevity and experience of staff in Westchester Community Network provides strong reinforcement for shared values. However, data suggest that new staff need additional information to fully appreciate the effort it took to

leverage change in Westchester as well as the continued effort needed to sustain the system. A regeneration of system-of-care values, particularly among more recently hired direct care staff, should be used to infuse these values and beliefs at the practice level as well as reinforce what the system of care "movement" can achieve for children and families in Westchester County.

Efforts to renew system-of-care values should go beyond training related specific system-of-care structures and process by providing strategic technical assistance that helps staff place their day-to-day work into a larger context of Westchester's system vision. Programs that expose staff to well-respected speakers in the system-of-care movement nationally (e.g. Karl Dennis) are encouraged as a way to provide inspiration to staff and help them understand their work in a larger context. Similarly, cross-agency retreats or trainings that focus on shared values would support developing direct care staff who have genuinely internalized the Westchester Community Network's values and beliefs as well as achieving a longer term goal of developing a new generation of leadership from within.

Transform training into practice. There are many targeted trainings in the Westchester Community Network, but interview data suggests a need for an increase in ongoing coaching and mentoring. In order to maintain fidelity to training models, ongoing monitoring of intervention practices must occur. Data also indicate that worker training is not always supported by supervisors within partner agencies. Training should be consistent across levels of staff, to ensure shared values and consistent practices.

2. **Reinforce shared goals and accountability.**

Expand efforts to address out-of-home and out-of-community placements. The majority of stakeholders within the Westchester Community Network identify keeping children in the least restrictive levels of home, school, and community as a major goal of the system. A number of stakeholders expressed concern that the system should place increased attention to the issue of out-of-home and out-of-community placements.

An initial step in this direction would be to expand supports for children and youth upon return to the community. The Single Point of Return process provides an ideal vehicle for this work, although data suggest that progress may require building shared goals and commitment among agency partners to reducing these placements.

A second step is working with existing residential service providers to develop additional community-based services. Data indicate some interest on the part of residential service providers to collaborate with the Westchester Community Network in this way. Cross-site findings from

this study suggest communities are expanding community-based services through the reinvestment of residential placement cost savings.

Enhance accountability through the established network structure. Local community networks are well-functioning units that are critical to the Westchester Community Network's success. Data suggest, however, that these structures are localized and person-dependent to a degree that accountability across community networks and providers is difficult. The county-wide network structure can be enhanced by using community networks as a forum for accountability. This could be accomplished by establishing a network-based quality improvement process that would allow local stakeholders to evaluate what is working effectively and what changes need to be made. Key quality indicators could be aggregated at the system level for a powerful look at system-wide performance.

3. **Expand system-wide use of data**

Invest in evaluation. Shared values and a commitment to shared accountability provide real opportunity to expand the use of data in service planning and delivery. Developing formal processes of data utilization and outcome accountability for the Westchester Community Network would be a natural extension of the informal assessments and dissemination of information currently occurring at the local community network level.

A focus on data utilization will require an investment in evaluation. The creation of a dedicated staff position for the collection, analysis, and dissemination of outcome data would assist in streamlining existing evaluation efforts across the system. Formalizing evaluation and dedicating staff support to this function will allow the Westchester Community Network to organize the rich array of data already being collected and strategize how to fill any identified information gaps. Furthermore, this investment in evaluation would enhance the demonstration of positive outcomes at both clinical- and system-levels, strengthen cross-agency collaborations, and increase Westchester's ability to strengthen or adapt service delivery strategies.

Strengthen the quality improvement process. Stakeholders in Westchester County have a genuine desire to improve their service delivery to children with serious emotional disturbance. A streamlined quality improvement process that monitors outcomes at the system, service, and clinical levels facilitates continual self-reflection and positive system change. Regular access to clinical outcomes data will enable direct service stakeholders to make data-based decisions in treatment. Additionally, regular reports of system and service level outcomes will provide timely critical feedback to managers and administrators who can then monitor emergent community issues and assess or modify system structures and processes as needed.

Observational data suggest that there are informal assessment processes currently in place that can be reorganized into a cohesive quality improvement program that will allow more efficient monitoring of the system service delivery. For example, a wealth of baseline data is collected during the single point of entry process, while individual service providers maintain detailed clinical records. Creating a mechanism that connects these baseline data to the clinical outcome data will aid data-based decision-making.

Focus outcome data on specific populations. The Westchester Community Network serves a large, diverse, and fluctuating population of families. Understandably, services that are geared toward emergent populations of children with SED tend to be less developed than those that have addressed the needs of youth historically served in the Westchester Community Network. Interview and observation data suggest that there are specific concerns throughout the system regarding the availability of services for both Hispanic/Latino and MR/DD populations.

As a first step in using data to better serve these emerging populations, a well-developed, value-based conceptual model will help Westchester stakeholders make explicit links between the strategies they implement and the outcomes they hope to achieve. Then, focusing quality improvement efforts on these populations will allow stakeholders to efficiently monitor the evaluation data to ensure that these groups of children are receiving appropriate, culturally competent, and effective services that best meet their unique needs.

4. Expand opportunities for collaborative funding.

Stakeholders in the Westchester Community Network demonstrate exceptional collaboration in the form of sharing staff time and space throughout the county. Building upon this strength, stakeholders should consider expanding opportunities for collaborative funding. Cross-system knowledge and system-level planning as well as a strong level of trust across system partners provide the opportunity to work collaboratively in serving children and families. The expansion of collaborative funding activities would continue to anchor trust across system partners and would empower partners to collaborate more efficiently.

CONCLUSIONS

Westchester County built a voluntary, collaborative system based on shared values for serving children with emotional challenges and their families. The leadership of the Westchester Community Network defined and created community ownership of a set of values and beliefs that support collaboration among community and service partners and multi-level structures maintain these collaborative efforts. The Westchester Community Network has demonstrated an unwavering commitment to meeting children's and families' needs for empowerment and full participation in the community. This is done both by making available necessary services and resources and by creating empowering opportunities for families and children. These opportunities include participating in and directing care, communicating to service providers about the effectiveness of care, serving in mutual support capacities with each other, and teaching providers about family and youth-directed care. Because of the positive impact made by the Westchester Community Network within the county, leaders are often sought to assist in state-level efforts and spend a significant amount of time and effort assisting in these endeavors. At the state level, stakeholders, including families and youth take a meaningful role in critical activities such as developing and rewriting the state Medicaid plan and assisting in other statewide planning efforts.

The Westchester Community Network is a growing and dynamic system of care that has developed far beyond its original vision. Although the system was initiated in mental health, it illustrates a <u>true</u> system of care in that it has moved beyond its mental health roots to engage all agency partners. System participants are continually examining the strengths and needs of local families and communities and adapting services and supports as necessary. These changes are continually driven by efforts to more fully adopt system-of-care values in practice and by system monitoring efforts designed to detect emerging family and youth needs. Westchester Community Network stands as an excellent example of a collaborative, value-driven system that adapts to changing community and family needs.

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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.

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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.

APPENDIX B:

SYSTEM OF CARE DEFINITION

STUDY 2: CASE STUDIES OF SYSTEM IMPLEMENTATION

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System of Care Definition

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

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

[1] Original System of Care Definition: "A system of care is a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with severe emotional disturbances and their families." (Stroul & Friedman, 1986).

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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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