

Experts discuss value of
“system of care” approach

CHF, GRANTEES LEARN IT TAKES CHANGE AGENTS TO DRIVE HEALTH CARE SYSTEMS CHANGE

Shortly after Connecticut began the process of restructuring service delivery for children with severe mental health needs around 2001, the Connecticut Health Foundation (CHF) launched an initiative to support the reforms mandating that local groups, known as community collaboratives, implement a “system of care” model.

“The system of care model says children’s mental health services should be comprehensive, coordinated, community-based and tailored to each child and each family’s individual needs,” says Ronda Zakocs, Ph.D., M.P.H., of the Boston University School of Public Health, which CHF hired to evaluate the initiative.

Lessons from the 2002 initiative demonstrate that for reforms to be successful, Connecticut must first create effective agents for change.

“The biggest lesson is that developing health care systems change agents is a complex and difficult process,” says Zakocs. “It takes time, resources, strategic technical assistance and road mapping.”

Marginal parental participation and a lack of local services were historic and fundamental weaknesses in Connecticut. When the collaborative-based reforms known as Connecticut Community KidCare began, about 80 percent of Connecticut’s resources for children’s mental health were used to treat less than 20 percent of the children in need — many of them far from home, notes CHF Vice President of Program & Evaluation Will Crimi.

Nevertheless, Connecticut’s attempts at reform fell short.

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Grantees share systems
change strategy



Key elements of effective
collaboration



Ask the Experts

chf news interviewed two experts about system of care in children's mental health: **Martin Schwartzman, Ph.D.**, a licensed psychologist, Director of Family and Children Services at Bridges, A Community Support System and a past CHF Health Leadership Fellow; and **Merva Jackson**, parent advocate and founder of African-Caribbean American Parents of Children with Disabilities, Inc. (AFCAMP).

Bridges is a comprehensive mental health and addiction services agency serving children and adults in Milford, Orange, West Haven and surrounding communities. AFCAMP is a Hartford-area parent advocacy organization designed to educate, empower and support parents of children with disabilities to improve children's education and quality of life.

Why is “system of care” a good approach to address children's mental health?

Martin: It is an inclusive system that involves interagency collaboration and promotes services that are community-based, culturally and linguistically competent, and family focused. The client is encouraged to participate as a full partner, along with other advocates, traditional or nontraditional community providers. This collaborative approach fosters a partnership among all service providers and the family in meeting specific objectives and goals. This philosophy is a significant improvement from the approach of one service provider addressing a problem at the same time other service providers are focusing on related issues, typically in isolation.

Merva: When you understand system of care in the context of the care and support circle for children and families in their community, what you have are families, the education system, providers, neighbors, the storeowner next door and others. If we give everyone in the system the tools, knowledge and support they need to help the child, then we could have much better results. We also could do better in prevention, early identification, implementation and other areas we struggle with, such as cultural competence.

What are some challenges and barriers to implementing a system of care?

Merva: One major challenge is to truly understand all the individuals, services and systems needed to have a system of care. Often, providers do not think outside their own experiences, or “box,” to recognize and value everyone in a child's system of care. The old woman next door standing at the window, watching the kids play in the driveway, is a provider. The biggest challenge is valuing everyone's expertise and seeing the benefit of bringing everybody to the table.

Martin: At the community level, an effective system of care relies on the community providers developing partnerships based on cooperation and collaboration. In some communities, there are turf issues, competition and mistrust among providers. Such factors create a difficult climate in which to develop an effective system of care. At the state level, the funding sources and the legislature create challenges to effective implementation. Historically, the state has been responsive to a crisis in service delivery by creating new programs and further fragmenting the system, rather than strengthening the framework of existing community-based services. Taxpayers would be better served through a needs assessment and a long-term strategic plan that is proactive.

Grantees Learn (continued from front page)

“Although many local programs were created or enhanced, Connecticut mandated that community collaboratives be formed, but did not provide the funding they needed to develop structures and processes to improve the children’s mental health systems,” explains Crimi.



CHF’s 2002 initiative awarded \$2,047,780 in grants and limited technical assistance to fiscal agents for 12 of the state’s 25 community-based collaboratives. Awards ranged from \$104,777 to \$375,000 over three to four years.

The initiative had three objectives:

- Improve the structure and processes of community collaboratives to be systems change agents;
- Improve local delivery of services for children by making them more family friendly, culturally competent and by using evidence-based services; and
- Increase parents’ participation in their child’s treatment planning and delivery.

CHF asked Zakocs to evaluate just the first objective.

“I think our expectations were too high,” says Crimi. “When you talk about systems change, some of the things you have to consider include the condition of the existing system and the ability of the agents to change the system.”

Zakocs conducted case study reviews of the CHF-funded collaboratives and a comparison study between the 12 funded and 13 unfunded collaboratives. Although evidence of improvements was stronger among collaboratives in the initiative, many encountered challenges.

Most collaboratives started the initiative unequipped for systems change. With few exceptions, most began as networking groups without structures, governance, staffing, resources or experience to be change agents. While most grew into more organized bodies “positioned to become systems change agents” during the initiative, only one emerged as a change agent, adds Zakocs. (See the grantee stories on page 4.)

“In a nutshell, everybody thinks systems change is great. What is problematic, is that no one understands or appreciates the complexity or challenge of trying to develop change agents and collaboratives that can maintain systems change.”

CHF is acting already on lessons learned in the 2002 initiative. Based on the evaluation and conversations with grantees, CHF developed a new 10-year strategic objective in children’s mental health to reduce the number of children ages 6-14 who enter the juvenile justice system or the most intensive levels of treatment because of their behavioral and mental health conditions.

“We have a theoretical road map,” says Crimi. “We are providing 11 communities with a planning grant over an 18-month period to develop systems for early identification, screening and intervention. We are investing up front.”

As a result of the lessons learned and conversations with grantees, CHF also knows Connecticut’s approach to system of care must include even more multifaceted community supports, including faith-based programs, education and juvenile justice, adds Crimi.

The new initiative also will benefit from earlier and better engagement with state government. But, Crimi notes, “All of this will be meaningless unless community sites can demonstrate some effectiveness of these changes and the state can see the validity of developing a new structure because it improves the lives of children, is cost-effective and creates funding streams to support them.”

Zakocs agrees. “I believe wholeheartedly that if the community collaboratives develop into change agents, they can make systems changes in their community. If the state is not a partner in that, it becomes a barrier. If the state can facilitate, they’re becoming a change agent. That would be even better.”

FIVE VALUABLE LESSONS

1. Well-designed initiatives require a planning “blueprint” for health care systems change.
2. Building change agents and enabling them to change systems requires appropriate time and resources.
3. Change agents need sustained and coordinated technical assistance to build infrastructure and engage in system building.
4. Recognizing and respecting the values of multiple stakeholders works best to evaluate systems change initiatives.
5. Establishing formal relationships among the partners may improve systems change efforts initiated by others.

Tips for Effective Collaboration Will Crimi, Vice President of Program & Evaluation



A collaborative can be an effective mechanism to solve community problems in issues ranging from youth development to economic sustainability.

The value of the collaborative is its potential to convene representatives of diverse experiences, skills and points of view, and develop innovative approaches to create a healthy and thriving community.

Here are some tips to create and sustain an effective collaborative:

- Establish the purpose, mission and goals of the collaborative early.
- Be clear about the collaborative's mission and outcomes when recruiting members.
- Establish a structure and process to determine leadership, make decisions and develop strategy.

Collaboration is about "people relationships." Even if members already know each other from previous experiences, it is important for them to build and strengthen relationships within the collaborative by learning each other's interests and reasons for participating.

Conflict is a natural part of human interactions. This is especially true for the collaborative, which often has members who are passionate about the issue. A well-functioning collaborative develops a good process for identifying and resolving conflict.

A successful collaborative also keeps its eye on the prize by focusing on its purpose and mission. Although the collaborative may link its issue to other community processes, it is a fierce advocate for its purpose and it is dedicated to its mission. This is evident in the strategies it develops.

SOUTHEAST CHARTS ITS OWN COURSE FOR SYSTEMS CHANGE

Of the 12 collaboratives participating in the Connecticut Health Foundation's 2002 Children's Mental Health Initiative, Southeast Mental Health System of Care evolved into a systems change agent, while the other 11 have moved in that direction.

Southeast also was the only participating collaborative that demonstrated its capacity to "build sustained and sophisticated infrastructures" and "engage in systematic and aggressive system building" toward system of care reform, according to an evaluation by Ronda Zakocs of the Boston University School of Public Health.

It all began with a plan. "Without an external road map to follow, our collaborative underwent its own strategic planning process," says Peter DeRosa, chairman for Southeast, which serves families in 19 communities.

CHF's \$365,000 grant and subsequent extensions enabled Southeast to hire staff, and create work groups and processes to drive the plan, including continuous assessment and reflection; proactive system building; and increased parent leadership, education and family involvement.

"Family involvement is absolutely critical to systems change," says DeRosa. "We don't make a lot of changes without family involvement at all levels."

The collaborative also exemplified its aptitude for system building by coordinating technical assistance toward greater cultural competency for participating providers, notes Zakocs.

Having staff to implement a new and improved system has been key, adds Linda Fecteau, project director/coordinator for Southeast.

"As we evolve, we are experiencing growing pains and find it necessary to further build and define our structure," she says.

LOWER NAUGATUCK VALLEY PARENTS HAVE A GREATER VOICE

For the Lower Naugatuck Valley System of Care Collaborative (LNVSCC), the occasion to begin thinking and acting as an agent for change at first seemed novel and unprecedented.

"The Connecticut Health Foundation was a little out in front of the state and Connecticut's community mental health collaboratives, including us, in terms of seeing collaboratives as local, community-based agents for health care systems change," says Michael Wynne, co-chairman for the collaborative and chief executive officer for the Lower Naugatuck Valley Parent Child Resource Center, Inc.

The LNVSCC, which serves families and children in Ansonia, Derby, Seymour and Shelton, responded to CHF's 2002 Children's Mental Health initiative with a multifaceted plan aimed at several system of care objectives, particularly greater parental participation, cultural competency and capacity building.

CHF funding enabled the collaborative to develop structures and practices to facilitate greater parental participation, such as stipends for child care, mileage and parents' time.

LNVSCC also set up cultural competency workshops in the community. "We had about 80 people participating, many of them from human services organizations outside the collaborative," says Wynne.

Hiring a part-time project director enabled the collaborative to plan and implement several initiatives, large and small, aimed at system of care improvements. "Hiring a project director had immediate results," says Wynne. A new, permanent and high-priority agenda item, labeled "Family Focus," ensures that parents and families enjoy an opportunity to speak at every meeting.

"It tells parents they are important," says Cathy Adamczyk, a parent, collaborative co-chair, and founder and director for Northstar, an Ansonia agency serving families whose members have a range of behavioral health needs, as well as physical and developmental disabilities.

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