FIRST 5 MARIN
CHILDREN AND FAMILIES COMMISSION

SUSTAINABLE COMMUNITY SYSTEM CHANGE: A FRAMEWORK FOR PLANNING AND ANALYSIS

jdcPartnerships
integrating information for change

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EXECUTIVE SUMMARY

The purpose of this report is to provide reflection and guidance on system change for First 5 Marin as it enters its 5-year strategic planning review and to inform a more intentional evaluation framework around system change. A potential framework, Sustainable Community System Change, was developed based on an extensive literature and the guiding values, operating principles, and the implicit and explicit intentions of First 5 Marin to support the development of a more integrated, inclusive and adaptive system of services and support for children ages 0-5.

The SCSC framework provides categories describing key factors (referred to as "levers") affecting change within systems (comprised of people, organizations and communities). Describing the nature of these levers—the way they operate—can help identify the status of the system along a continuum, in its transition towards sustainable system change. The validity of this framework was assessed through its application to qualitative data presented by First 5 Marin funded projects as well as through interviews and focus groups with key partners, collectively considered our Study Group. This was accomplished through the development and application of a coding scheme. The coding scheme was developed to account for descriptions of 'how' and 'to what end' individuals and organizations made reference to the concepts presented in the levers of change/stages of change, as well as the 5A's of Access.

Five questions framed the testing of the Sustainable Community System Change framework:

1. How shall we define System Change in Marin?
2. What are the key levers of change?
3. Where has First 5 Marin made the most significant contributions?
4. At what stage is Marin along the continuum of change?
5. Is this a valid framework for First 5 Marin?

A working definition of Sustainable System Change vetted with our Study Group was approved:

> *Human and community service systems include multiple organizations that may or may not be connected to one another. Meaningful sustainable change within these systems requires:*
> - *A clear and shared vision of overall purpose and related goals;*
> - *Intentional fostering of linkages and relationships; and*
> - *Organizations working in concert--leveraging resources to build knowledge, partnership and processes.*

Application of the SCSC to the experiences and perceptions of system change among funded partners and other stakeholders yielded a depth and breadth of information about the changes that have occurred in Marin. Foundational aspects underlie and operate across the levers. Important foundational elements frequently described as supporting movement along the continuum of change include: 1) trust; 2) history; 3) willingness; and 4) size and scale of Marin.

Within the First 5 Marin community, several levers continued to surface as primary at this point in time in the work towards achieving Sustainable Community System Change: 1) Communication and Networking; 2) Shared Principles and Norms; and 3) Governance and Leadership. With regard to impact, First 5 Marin has had the greatest impact in the areas of access (e.g., accessibility, affordability, accommodation, appropriateness and availability) as well as human capacity building and financial resources. Through the efforts of its funded partners, children ages 0-5 and their families, as well as the providers who work with them, have greater accessibility to a continuum of services and supports which promote self-sufficiency, self-efficacy, school readiness, health literacy, and health and well-being including physical, mental and cognitive.
In addition to program and project level impact, First 5 Marin has had an impact in its role as a convener, facilitator, and confidante often initiating and contributing to significant system change. Examples include:

- Children's Health Initiative

- Partnership with Marin Community Clinic resulting in six (6) pediatric dental chairs

- Pediatric physician training on the use of "Ages and Stages," a developmental screening tool within the primary care setting

- More extensive developmental screening county-wide, as well as an increased number of children with special needs remaining in traditional child care settings

- Piloting the California School Information System ID in pre-K settings to allow for longitudinal tracking and understanding of the impact of early care and education on the school readiness of children as they move in and through the K-12 system.

As for the status of the county of Marin with regard to Sustainable Community System Change, using the SCSC as reference, Stakeholders interviewed noted both progress made and opportunities on certain levers. Notable changes within the broader county-wide system across all subsystems (bureaucratic, professional and community) were apparent in three areas: 1) a greater sense of clarity and understanding of organizational goals and roles; 2) increased communication among stakeholders; and most notably, 3) an improved willingness to explore collaboration.

Overall, the findings are supportive of the Sustainable Community System Change framework including the working definition. Study Group participants, who were diverse in their experience and roles, found it to relevant to their work with First 5 Marin, as did those who worked in other systems. A depth of evidence that spanned programs creating a picture of system change at the program and organizational levels was apparent when the SCSC was applied.

It is recommended that First 5 Marin consider the following as it engages its strategic planning process:

- Formally adopt the SCSC as an outcome and a specific strategy in its next strategic plan

- Develop specific strategies to tip SCSC Levers of Change identified through this work

- Identify and develop specific evaluation measures to understand and document movement along the continuum and the influence of specific levers of change

- Update current program and initiative scopes of work and reporting tools to reflect SCSC elements

- Continue the work with the Shared Vision Committee and ground its next steps in the SCSC

INTRODUCTION AND OVERVIEW

This report provides First 5 Marin Children and Families Commission (First 5 Marin) with an opportunity to both reflect on its accomplishments to date with regard to Sustainable Community System Change (SCSC), as well as provide greater clarity and direction for potential next steps. As it enters its 5-year strategic planning review, this information will assist the Commission and its partners in determining the best use of its resources given the current context and projected changes and trends in Marin.
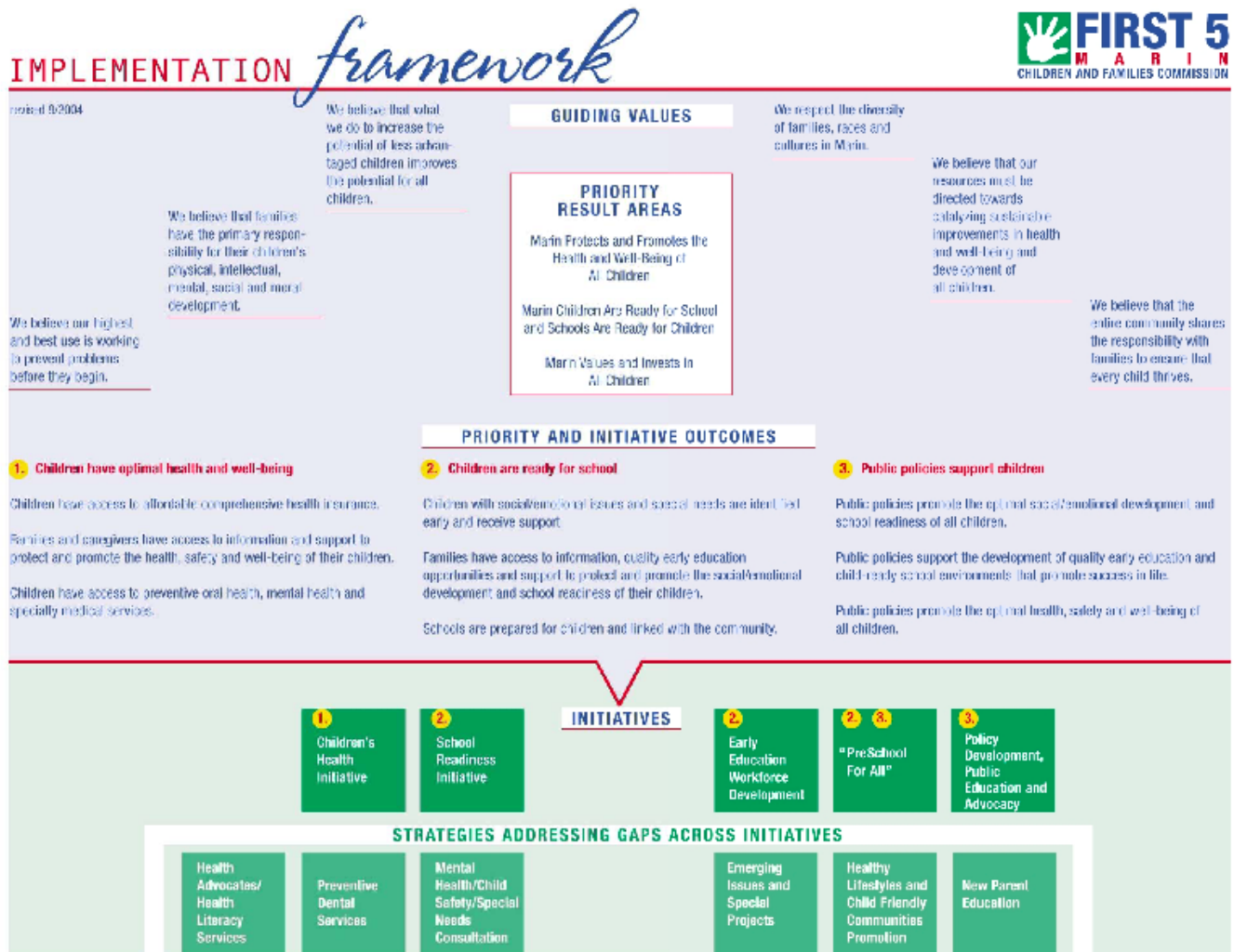
The following sections present the data sources that informed our work, methods of analysis, a working framework for sustainable community system change and findings from the testing of that framework, including its validity.

History

First 5 Marin's history is important background for understanding this report. It sets the stage for its work to date and the values and principles that have informed its choices and decisions.

In January 2004, the Commission began an intensive strategic planning process. The purpose of the process was twofold: 1) to assess and examine lessons learned over the past five years of operations, and 2) to determine the best use of the Commission going forward in order to achieve results on the highest priorities for all children in Marin County 0-5 years of age. During the second year of its first strategic plan, in 2002, the Commission identified nine outcomes under three strategic goals. At a retreat held in January 2004, the Commission, with participants from the public, re-examined, aligned, and reduced the number of those outcomes within a framework that would consolidate efforts under strategic initiatives addressing multiple outcomes. The Commission also drafted a vision, operating principles and program selection criteria on which to ground decision-making. Past and on-going feedback and discussions with the community, including those funded and not funded by First 5 Marin, informed this work.

Figure 1

IMPLEMENTATION *framework*

FIRST 5 MARIN — CHILDREN AND FAMILIES COMMISSION

revised 9/2004

We believe that what we do to increase the potential of less advantaged children improves the potential for all children.

We believe that families have the primary responsibility for their children's physical, intellectual, mental, social and moral development.

We believe our highest and best use is working to prevent problems before they begin.

We respect the diversity of families, races and cultures in Marin.

We believe that our resources must be directed towards catalyzing sustainable improvements in health and well-being and development of all children.

We believe that the entire community shares the responsibility with families to ensure that every child thrives.

GUIDING VALUES

PRIORITY RESULT AREAS

Marin Protects and Promotes the Health and Well-Being of All Children

Marin Children Are Ready for School and Schools Are Ready for Children

Marin Values and Invests In All Children

PRIORITY AND INITIATIVE OUTCOMES

1. Children have optimal health and well-being

Children have access to affordable comprehensive health insurance.

Families and caregivers have access to information and support to protect and promote the health, safety and well-being of their children.

Children have access to preventive oral health, mental health and specialty medical services.

2. Children are ready for school

Children with social/emotional issues and special needs are identified early and receive support.

Families have access to information, quality early education opportunities and support to protect and promote the social/emotional development and school readiness of their children.

Schools are prepared for children and linked with the community.

3. Public policies support children

Public policies promote the optimal social/emotional development and school readiness of all children.

Public policies support the development of quality early education and child-ready school environments that promote success in life.

Public policies promote the optimal health, safety and well-being of all children.

INITIATIVES

1. Children's Health Initiative
2. School Readiness Initiative
2. Early Education Workforce Development
2. 3. "PreSchool For All"
3. Policy Development, Public Education and Advocacy

STRATEGIES ADDRESSING GAPS ACROSS INITIATIVES

Health Advocates/ Health Literacy Services

Preventive Dental Services

Mental Health/Child Safety/Special Needs Consultation

Emerging Issues and Special Projects

Healthy Lifestyles and Child Friendly Communities Promotion

New Parent Education

As the Commission engaged in planning, several key lessons from the first four years of operation surfaced. These lessons influenced the direction of the strategic planning.

- The Commission does not have enough resources to address all of the priorities for children 0-5.
- The Commission must expand its role from funding projects to influencing lasting change. To do this, the Commission must:
  o Realign efforts toward building sustained and sustainable community commitment to supporting all children;
  o Use its resources to focus on community education, advocacy and leveraging all available resources to affect change;
  o Move from grant-making that funds individual programs to framing and funding;
  o Commission initiatives that seed fresh approaches, best practices and big ideas; and, replicate and expand models that address multiple outcomes (e.g., School Readiness Initiative).

In addition, First 5 Marin articulated a vision, values and operating principles to guide its efforts.

First 5 Marin Vision

Together with families, communities and other partners, the First 5 Marin Children and Families Commission will create a Marin in which the health and welfare of all of our children is at the core of decisions at every level of our political and public institutions in every community. Children will have access to affordable health care, opportunities that promote success in school, and they will live in families and communities that provide for their optimal health, safety and well-being. Families will have the knowledge and tools to advocate for their children and there will be understanding across and among communities of people about the varying opportunities and needs of children. As a community, we will understand and acknowledge that what we do to increase the potential of less-advantaged children improves the potential for all children.

First 5 Marin Children and Families Commission will be a trusted and accessible leader, partner and resource engaging families, children and organizations in creating solutions in a way that is respectful, inclusive, egalitarian, and responsive. We will convey information about best and promising practices to communities, facilitate integration of those practices into local systems, and connect systems for the good of children and families.

Guiding Values

- We believe that families have the primary responsibility for their children's physical, intellectual, mental, social and moral development.

- We believe that the entire community shares responsibility with families to ensure that every child thrives.

- We believe that what we do to increase the potential of less-advantaged children improves the potential for all children.

- We respect and value the diversity of families, races and cultures in Marin.

- We believe that our resources must be directed toward catalyzing sustainable improvements in the health, well-being and development of all children in Marin.

- We believe our highest and best use is working to prevent problems before they begin.

Operating Principles

- ✓ We will consider the highest and best use of Commission resources to affect change.

- ✓ We will consider actions based on the potential to build and sustain commitment over time.

- ✓ We will exercise leadership and take bold action to affect change.

- ✓ We will use our influence to convene and leverage all resources and assets in order to understand issues and develop and implement solutions.

- ✓ We will be accessible to the community and make every effort to engage broad sectors to understand problems and participate in developing solutions.

- ✓ We will act with fairness and consistency in our dealings with the community and our partners.

- ✓ We will engage families, children and organizations in a way that is respectful, inclusive, egalitarian, responsive and tailored to the community.

- ✓ We will expect the best outcome, work to overcome barriers and anticipate that others can and will participate.

✓ We will tap into the expertise of the community, utilize data, draw from promising practices and evidenced-based models, and use multiple approaches to build solutions.

✓ We will operate from a solid vision, make necessary hard choices and set clear guidelines and limitations.

✓ We will communicate openly about our decision-making and our rationale.

✓ We will assess and realign our efforts based on on-going community feedback and evaluation evidence.

Several phrases embedded in these frameworks allude to the Commission's interest and commitment to exploring Sustainable Community System Change:

- Resources must be directed toward catalyzing sustainable improvements

- Highest and best use of Commission resources to affect change

- Potential to build and sustain commitment over time

- Exercise leadership and take bold action to affect change

- Use our influence to convene and leverage all resources and assets in order to understand issues and develop and implement solutions

- Accessible to the community and make every effort to engage broad sectors to understand problems and participate in developing solutions

In addition to the concepts presented in the Commission's Strategic Plan, an access framework also provided insight to dimensions of system change that First 5 Marin sought to affect. In Marin, Access is described broadly as the ability to obtain needed services and supports and considers the following elements[1]:

1. *Availability* refers to the adequacy of the supply of providers, of facilities and of specialized programs and services/supports

2. *Accessibility* refers to the relationship between the location of services/supports and the location of clients taking into account client transportation resources, distance and ease of travel.

3. *Accommodation* refers to the manner in which the service resources are organized in order to facilitate client usage such as hours of operation, staffing and the clients' perceptions of these factors and their appropriateness.

4. *Affordability* refers to the relationship of the price (i.e., payment options of purchase) of the services; the clients' ability to pay and their perception of the worth of said services.

5. *Appropriateness* refers to the interrelationship between clients' perception of personal and practice characteristics of the providers and the actual characteristics of existing providers such as sex and ethnicity and those that the provider may have of the client (i.e., cultural competency).

These ideas coupled with re-occurring themes in discussions with the Executive Director and the Commission over the past several years served as part of the impetus for this report.

Another factor was the limitations of the evaluation design. First 5 Marin has made great strides in developing and tracking performance and outcome measure data for its projects. This design has evolved over time

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[1] Penchansky, R. and Thomas, J. W., "The Concept of Access: Definition and relationship to consumer satisfaction," *Medical Care* 1908:19:127-40.

resulting in increased meaningfulness and accuracy. Yet, something was missing. The midyear and year-end narrative reports contained a wealth of information about changes in human, organizational and system behavior for which there was not a formal methodology for analyzing and understanding across funded efforts.

Figure 2: First 5 Marin Evaluation Framework
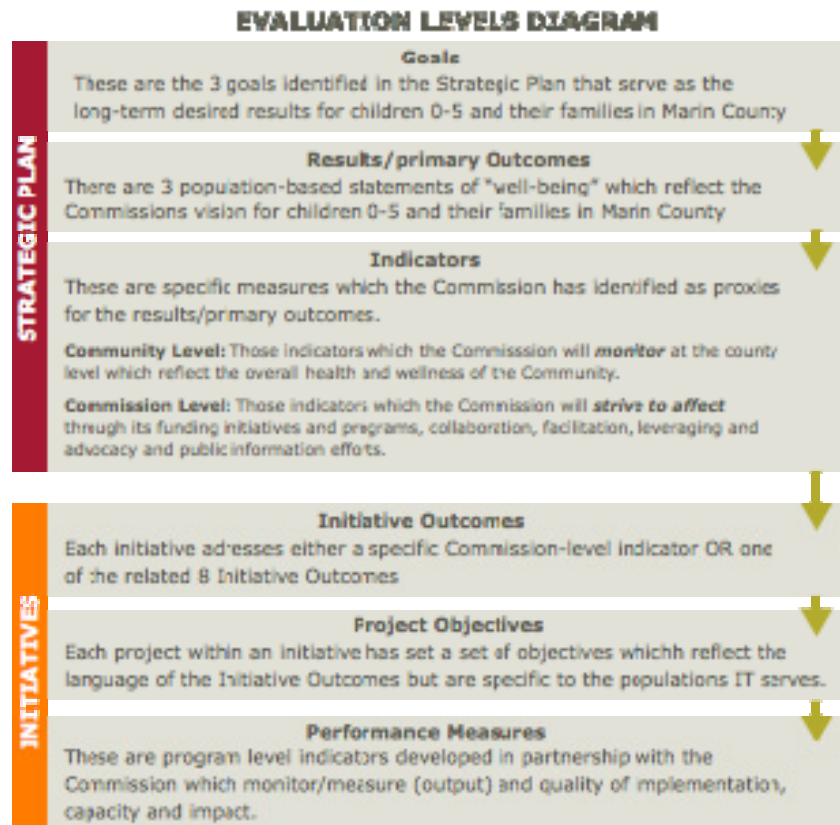
Given this background, coupled with increasing interest and need to better articulate the changes happening across systems, including the thinking and behaviors of individuals within those systems, First 5 Marin and jdcPartnerships embarked upon a process to institutionalize a Sustainable Community System Change Framework (SCSC)

By adopting a SCSC framework, First 5 Marin will be able to bring a more rigorous analytical lens to the qualitative data collected. This will provide insight and validation to those engaged directly in the work; highlight the changes that have occurred and identify opportunities for future efforts. The findings from and the decisions made about how to move forward with SCSC will be incorporated in to the current strategic planning activities and inform the next stage of the evaluation design.

OUR APPROACH

A variety of data sources and methods of analysis, including primary and secondary research, informed this report. They included a literature review, key informant interviews, focus groups, fiscal data and year-end reports. This section presents a description of those data sources and the methods used to analyze them.

Data Sources

The *Literature Review* included more than 200 documents spanning multiple fields including sociology, health, human and social service, community organizing and development, and so forth. Our intent was to understand what, if any, frameworks or models for system change existed that acknowledged multiple dimensions and subsystems and were adaptive in their design. A schema was developed *(see Figure 4)* based on the guiding principles in First 5 Marin's strategic plan, other dimensions related to defining system change, perceived benefits to individuals, organizations/agencies and communities, and other program and organizational impacts. The resulting annotated bibliography includes close to 80 citations, which informed the model for sustainable community system change in Marin *(Appendix A).*

Interviews with seven of the key partners in the larger systems (i.e., early care and education, public school system, county health, etc.) with which First 5 Marin works were also conducted. The First 5 Marin Executive Director identified the interview sample. Given the size of the sample, findings are informational—not representative. All interviews were by phone and approximately 45-60 minutes in length, digitally recorded and transcribed by an external vendor.

Prior to the call, interviewees received the working definition of system change as well as the levels/stages of change framework. Each interview began with the interviewee providing some background on their position and role as it related to the work of The First 5 Children and Families Commission. Interviews covered six key areas:

1. Review of the working definition of sustainable community system change;

2. Discussion of the levers;

3. Identification of critical steps and/or decisions that have supported system change across the program and service areas associated with First 5 Marin;

4. Potential barriers to continuing this work;

5. Lessons learned; and

6. Potential opportunities to address system change with regard to children 0-5 and their families.

> **INTERVIEWEES REPRESENTED**
>
> Marin County Child Care Commission
> United Way of the Bay Area
> Marin Community Foundation
> Bahia Vista Elementary School
> County of Marin DHHS
> Marin County Office of Education

Focus Groups with members of three of the four initiatives funded by First 5 Marin were conducted. They included representatives from School Readiness, Special Needs Mental Health and Health Advocacy Health Literacy. In total, 16 individuals participated in the focus groups. Overall, participants were diverse and reflected differing ages, groups, ethnic and educational backgrounds, as well as differing levels of experience and roles. All participants were female. Focus Groups were in English, digitally recorded and transcribed by an external vendor.

The Public Education and Policy Initiative (PEPI) is the youngest of First 5 Marin's initiatives and structured differently than the others. However, several of the key informant interviewees sit on the Shared Values Committee, which is leading a planning effort as part of the continued development of the PEPI.

Three areas were discussed n the Focus Groups: 1) the proposed definition of Sustainable Community System Change; 2) their experiences in affecting change and examples of change using the proposed framework as

reference; and 3) insights regarding potential levers of change that First 5 Marin could influence. Participants were encouraged to frame their responses within the context of the initiative, if possible. Focus Group questions included the following:

1. Given this definition of system change, how do you define "success" with regard to system change?

2. How important has relationship building and trust been to First 5 Marin's work? Why?

3. Given the definition of system change and the current context of your work within Marin, how have these relationships supported system change efforts?

4. How aware are you of and/or what has been your role in the decision making process that has accompanied efforts to build relationships and effect system change?

5. Looking forward, which are the most critical…etc.?

6. For these, at what stage are you presently?

7. What are some of the potential barriers in continuing this work and building on system change efforts to-date?

Year End Reports have been part of the evaluation plan since its adoption. The 25 currently funded partners submit this report annually by July 15 for the previous fiscal year. The report has quantitative and narrative elements. The latter includes a series of questions designed to support reflection and integration of the information into program practice and to explore implications as they relate to program effectiveness. It has been refined over the years as both the Commission's efforts and that of its funded partners evolve. Past iterations included a section asking about the program's efforts in the areas of accessibility, cultural competency, etc. We determined that a more clearly articulated outcome around system change would lead to better questions and analysis. Thus, this table was eliminated with the intent of refining based on the results of this effort.

Currently, the program narrative covers the following areas: Performance Measures, Client and Service Demographic Data, System Collaboration and Coordination, and Information Management and Evaluation. Following are examples of questions:

• What new relationships did you forge with other institutions in the county because of your relationship with First 5 Marin?

• What system change efforts, including policy change efforts, do you think would support your project goals and objectives?

Financial Data is reported annually to First 5 Marin by it's funded partners. It includes the budget and the percent of total funding that First 5 Marin represents as part of the whole. In past years, the amount of leveraged funding has been part of the local reporting to First 5 California annually. The state commission suspended this requirement in 2007-08. However, First 5 Marin continues to track this information.

Analysis

The interviewees and focus group participants constitute our Study Group. Although a small sample, the Study Group is a cross section of individuals within and across systems. It includes those who work closely with individuals and families on a daily basis as well as others in policy and grant-making positions at county and regional levels. In addition, the group reflects those who have been in the field for many years and others who are new to the work. Although primarily female, there is age, ethnic and educational variance across the Study Group. We believe this diversity provides a valid and reliable initial testing of the framework

The richness of the qualitative data provided by the Study Group, as well as the narrative reports from funded partners, necessitated a rigorous approach to analysis. In addition, we wanted to test the next generation of a framework that more fully integrated multiple dimensions of system change, and which was rooted in an understanding of the roles that individuals, organizations and community context play.

A key finding from the literature review was the discovery of a community-based system change framework from *Using a Systems Change Approach to Building Communities* (Parsons, InSites Boulder, Co 1997), which included stages and levers of change. The framework identified system change as both a process and an outcome.

The Sustainable Community System Change (SCSC) Framework is based on three core principles:[2]

1. We must adopt "systems thinking and learning." This includes looking at systems holistically—not only at the parts but also at the relationships between the parts—as well as seeing that systems are ever changing. Thus, we must see ourselves as lifelong learners responsible for modifying and adjusting systems.

2. We must define and often redefine the purposes of our systems and the results expected from them. Both purpose(s) and result(s) need to be clearly articulated and emphasized.

3. We must reshape the community (including all the individual communities which rest within) to be one grounded in the strengths and the hopes—not just needs—of those that the system often serves.

SCSC contains two key elements, Stages of Change and Levers of Change. The former, Stages of Change, refers to the six stages that individuals (and thus organizations and systems) move through, as depicted in the graphic below *(Figure 3a)*. Regardless of the Stage of Change, there are nine components which, when engaged, can become Levers of Change. Each Lever operates differently depending on the Stage of Change as illustrated in *Figure 3b* on the following page.

Figure 3a: Sustainable Community System Change Framework – Stages of Change
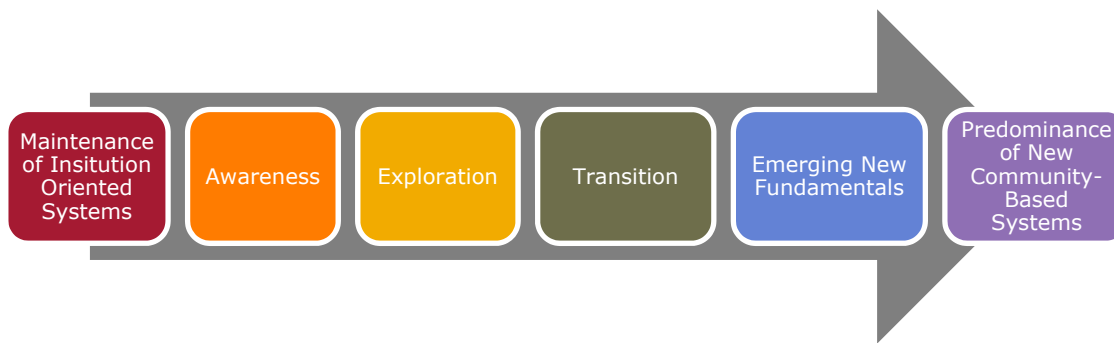
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[2] *Parsons, 1997, Pg 41*

Figure 3b: Sustainable System Change Framework - Levers of Change

Shared Principles and Norms

Assumption: Activity Oriented; Norm: Competition; Top Down Style	Become conscious of dysfunctional norms	New norms consciously used in designing projects or programs	Spotty applications of new norms within entities	Leaders attend to congruence of actions with new norms and assumptions	Assumption: Results Oriented Norm: Flexible, Adaptive, Inclusive

Vision and Goals

Focus on short-term successes and strategies	Recognition of need for a vision & goals within organizations	Continued shared vision development seen as a major force of change	Continued shared vision development seen as a major force of change	Continued shared vision development seen as a major force of change	Continual attention to public involvement in dynamic systems

Stakeholder Roles

Leaders, professional staff primarily involved in decision making	Beginning recognition of the diversity of stakeholder involvement	Structured efforts to gather citizen and other stakeholder input	Community residents becoming very vocal & involved in shaping vision	Emerging comfort with each other as equal partners	Continual attention to public involvement in dynamic systems

Projects, Programs and Initiatives

Built on narrowly focused organizational norms	Discussion of cross-agency projects with similar visions	Projects begin connecting short-term results with long-term vision	Projects comfortably link short-term and long-term results	Projects become a way to change standard operating mode of agencies	Assumption-based initiatives develop from projects

Human Capacity Building

Job training programs narrowly focused and/or outdated. Limited or unfocused volunteerism philanthrop	Discussion of cross-agency projects with similar visions	Networking within/ across current systems and groups encouratges as a way to build capacity	More community-based ways to learning & doing becoming evident	Human resources increasingly utilized on a regular basis. Committed corps of volunteers emerges	Volunteerism and philanthropy are leveraged to keep formal and informal systems flexible, dynamic

Governance/Leadership

Individual community members expected to implement but not make key policy decisions	Collaborative initiatives discussed, issues of their governance explored	More people from community invited to participate in key policy meetings and give input	New stakeholders invited to give input and make decisions. Decisions made about new roles & responsibilites	Decisions made about how to hold each other accountable. Emerging comfort with new roles & responsibilites	Decisions made about how to hold each other accountable. Emerging comfort with new roles & responsibilites

Commuication/Networking

Inform public after decisions are made and/or effort is moving forward. One way communication	Recognize that early communication with stakeholders is critical	Monitor successes and problems in new communications, networking methods	Communication patterns begin to develop that broaden dialogue and support community-based ideas	Two-way communication strategy is in place with active participation from diverse stakeholders	Developing internal capacity for generating assets and external supporting collaborations

Financial Resources

Emphasis on bringing in outside resources. Resources used to support what has been done in the past	Recognize that early communication with stakeholders is critical	Looking at social assets of community for resources (traditional assets & funding group)	Special funds strategically used to solidify new ways of operating	Developing internal capacity for generating assets and external supporting collaborations	Developing internal capacity for generating assets and external supporting collaborations

The interviews and focus groups provided an opportunity to test the initial validity of the framework for its applicability to the work of First 5 Marin. We also wanted to test the Sustainable Community System Change framework as an analytical lens for the narrative reports provided by the Commission's funded partners. This was accomplished through the development and application of a coding scheme presented below *(Figure 4)*. The coding scheme was developed to account for descriptions of how and to what end individuals and organizations made reference to the concepts presented in the levers of change/stages of change, as well as the 5A's of Access *(refer to page 6)*. Additional codes were generated to account for descriptions of projects, interventions, and other activities, as well as specific benefits and/or challenges to system change with regard to individuals, organizations and community. Interviews were coded by two researchers and reviewed to establish an agreed upon set of codes. Qualitative data analysis software *(Atlas-ti)* was used to assign codes to interview segments, focus groups and year-end reports to produce code-specific outputs. Code-specific segments were synthesized and summarized informing our findings.

Figure 4: Sustainable Community System Change Coding Schema

Code Description	Code
Definition of a System, System Change	SysDef
Descriptions:	
Key Features / elements in systemic change	SysKey
Foundational Requirements / Pre-requisites	SysPre
Relationships among/between key elements / stages	SysRels
Key Players in Systemic Change Efforts	SysPpl
Levers of Change:	
Shared Principles and Norms	LOCNorms
Visions and Goals	LOCVision
Stakeholder Roles	LOCStake
Projects, Programs, and Initiatives	LOCProg
Human Capacity Building	LOCHumCap
Governance/Leadership	LOCGov
Communications/Networking	LOCCom
Financial Resources	LOCFin
Information, strategies, approaches related to FFM sys change aspects:	
Access In general	5A-general
Availability	5A-Avail
Accessibility	5A-Access
Accommodation	5A-Accom
Affordability	5A-Afford
Appropriateness	5A-Appro
Interagency Collaboration	Interagency
Civic Engagement	CIVIC
Raising/Leveraging Funds	LevFunds
Service Quality (incl. evidence-based practices, research)	Qual
Advocating for policy changes or new legislation	Advo
Issues of the Role of Policy in Systemic Change Efforts	PolicyIssues
Issues of cultural appropriateness and competence (incl. working in different communities)	CultComp
Strategies for building organizational capacity for systemic change	OrgCapacity
Inappropriate/detrimental strategies and approaches	NegStrat
Challenges Limitations	SysChal
Benefits	
Sys change for Organizations	SysBenOrg
Sys change for Communities	SysBenCom
Sys change for Individuals	SysBenIndv

OUR FINDINGS

Five questions framed our testing of the *Sustainable Community System Change* framework and findings:

1.   How shall we define System Change in Marin?

2.   What are the key levers of change?

3.   Where has First 5 Marin made the most significant contributions?

4.   At what stage is Marin along the continuum of change?

5.   Is this a valid framework for First 5 Marin?

Defining System Change in Marin

In collaboration with First 5 Marin leadership, a working definition to describe "*Sustainable Community System Change*" was developed. Existing frameworks including the 5A's of Access, and the Commission's values and operating principles included in their FY2004-2009 Strategic Plan informed the definition.

Working Definition

The definition is based on the premise that three systems—bureaucratic/public, professional, and community—are intertwined and comprise the social systems of a community. Traditional efforts addressing system change tend toward the bureaucratic and professional, creating and sustaining an institutional/ organizational focus. The proposed definition recognizes a different paradigm: a shift toward a community-professional combination, grounded in the strengths, capacity and desires of the community.

> *Human and community service systems include multiple organizations that may or may not be connected to one another. Meaningful sustainable change within these systems requires:*
> o   *A clear and shared vision of overall purpose and related goals;*
> o   *Intentional fostering of linkages and relationships; and*
> o   *Organizations working in concert--leveraging resources to build knowledge, partnership and processes.*

Interviewed stakeholders and focus group participants were asked for their reactions to this definition, including what they thought might be added. Overall, respondents had a positive response to the definition, finding it both accurate and complete. Amendments and suggestions were minimal. The most substantial suggestion related to considering wording that better reflects the role(s) of those whom the system seeks to impact.

Key Levers Influencing System Change

To guide discussions with stakeholders and analysis of multiple data sources (stakeholder interviews, partner/initiative focus groups and year-end reports), a framework for describing factors and stages of system change was adapted. This framework provides categories describing key factors (referred to as "levers") affecting change within systems (comprised of people, organizations and communities). Describing the nature of these levers—the way they operate—can help identify the status of the system, along a continuum, in its transition towards sustainable system change.

Across data sources, several levers continued to surface as primary at this point in time in the work towards achieving *Sustainable Community System Change:* 1) Communication and Networking; 2) Shared Principles and Norms; and 3) Governance and Leadership.

Communication and Networking

In interviews, focus groups, and year-end reports, stakeholders and partners talked about the primacy of effective communication and networking strategies that facilitate overall awareness as well as collaboration and cross-agency work to more effectively and efficiently meet client/community needs.

Stakeholders described their opinions regarding the importance of communication and networking in influencing system change, noting them as critical to effective cross-agency collaboration. Stakeholders also described how broader effective communication about what programs are doing and where they are succeeding also increases awareness and informs wider community decisions about resource allocation and program development.

Among funded partners, there was discussion of First 5 Marin's initiation of and support for collaborative meetings, such as the Special Needs Mental Health Roundtable, which are structured to provide opportunities to share information about programs and practices and to meet client needs through case management. Funded partners noted that without First 5 Marin, the roundtable meeting would "be a luxury we probably wouldn't allow ourselves" *(SNMH Focus Group Participant)*. School Readiness Coordinators and Family Advocates from five different communities in Marin, funded by First 5 Marin's School Readiness Initiative, also talked about the value of coming together monthly, describing how they are building relationships with one another, sharing ideas, and learning from one another. Advocates also noted that discussions in the meeting "help clarify the big picture" of the work they are doing. In addition to highlighting the value of explicit opportunities for communication and networking among themselves, these comments also illustrate ways in which aspects of the working definition of system change are being addressed. These meetings are providing opportunity for the intentional fostering of linkages and relationships. Furthermore, in building these relationships, funded partners are also developing habits of working together to build knowledge and processes across projects (shared principles and norms lever).

In addition to this internal communication and networking, funded partners also described growing awareness among other agencies regarding their work (stakeholder roles lever). As mentioned in focus groups with Advocates:

> "When we began, parents were recruited door-to-door. The community and the agencies know more about us… Other organizations acknowledge our program and bring families in. Local organizations are doing the referring to us."

Furthermore, there is the role of First 5 Marin in fostering relationships and new networks among the broader groups of organizations in Marin. Comments from the focus groups suggest that the reputation of First 5 and its leadership's relationships within Marin have opened doors and facilitated progress towards more effective delivery of services.

> "Our relationship with First 5 Marin always makes it easier for us to collaborate with other institutions. First 5 Marin is well known, connected and respected in the community and is supportive of all of our efforts. "

Further evidence of the importance of communication to First 5 Marin's system change efforts is seen in its inclusion of a Public Policy and Education Initiative that is specifically designed to support its broader communication efforts. Activities of the Public Policy and Education Initiative include:

- producing monthly legislative reports for the Commission meetings;
- producing and sending letters to federal and state elected officials, copy to our local representatives;
- communicating with Marin's representatives in the State Senate and Assembly regarding legislation, key public policy issues affecting young children, and regarding First 5 events; and

- sending communications to city council members, county supervisors, Assembly members, State Senators, Congressional representatives and US Senators (cc'd to city manager, CAO) regarding First 5 programs/accomplishments

"In developing partnerships and relationships with other agencies, it's not always immediately clear how our programs are relevant to their agencies, so using the Communications Manager and information from the evaluation reports helps make the relevance more evident." (SRI Focus Group)

Shared Principles and Norms

First 5 Marin continues to grow in its articulation and realization of "common norms that are respectful of other ideas rather than confrontational" and shared leadership with "a focus on long-term capacity building rather than short-term crisis interventions, and an expanded view of stakeholders" *(Parsons, 1997 p.48)*. The principles underlying these norms include intentions towards building—and building upon—the interconnectedness of funded and other partners, and developing a sense of shared leadership and responsibility about both process and results. The comments of this stakeholder highlight the broader community's perception of the emergence of these shared underlying principles within First 5 Marin:

> *I think Amy and the people that work in First 5 are very systems oriented and they see the big picture. So they are not stuck in disparate programs that don't connect in some way. (Stakeholder)*

In relation to the underlying principles, focus groups participants described how they've established connections between initiatives with other agencies and noting that there continues to be a need to "get outside of specific programs and services to build" these connections. Focus group comments suggest a sense of shared leadership and responsibility as well as an expanded view of stakeholders among funded partners, with participants in one focus group explaining that there is a need to influence the overall perception of these services, to see them within the larger frame of the well-being of families and not just meeting the needs of children 0-5. Comments about the expanded use and integration of The Ages and Stages Questionnaire highlight the sense of shared leadership and responsibility across both the SNMH and School Readiness Initiatives in identifying and supporting children with special needs.

In addition, the fostering of relationships described previously also was noted in the SNMH Initiative focus group as supporting the growth of shared leadership by "open(ing) things up for more lead players to be involved." (SNMH Focus Group). The notion of an expanded view of stakeholders and their role was touched on in the School Readiness focus group where participants mentioned that parents are becoming more involved and vocal as group (Human capacity lever).

Governance and Leadership

In a sustainable community system, governance and leadership are described as encouraging movement from individual to strategically aligned cross-organizational commitments and are "keeping the system responsive to, and in tune with, the needs and vision of the community, rather than micromanagement of the system." *(Parsons, 1997, p. 53)*. Comments reflecting an alignment with this definition are abundant across data sources. For example, one stakeholder describes his perception of First 5 Marin as well-positioned to encourage cross-organizational commitments "whether they are the ones who sort of called everybody together or whether they're in a coalition with other people like us," adding that the clarity of the mission helps First 5 to be successful in driving systems change. Another focus group participant similarly noted "Leadership has a clear vision to move people in the same direction" *(SNMH Focus Group)*. Also noted in the SNMH focus group:

> *The leadership of First 5 has helped influence many great connections for children and families in Marin. Continuation in the leadership efforts will help implement long-term strategic change in the Marin community. (SNMH)*

The role and use of evaluation is also described in this lever. In moving towards a sustainable community system, "evaluation is done with an emphasis on learning and improvement and using data to make decisions. Evaluations are also focused on looking at benchmarks of progress toward long-term goals and providing information that helps governing bodies recognize adjustments they need to make within and across systems to achieve their ultimate goals" *(Parsons, 1997, p. 53)*. Comments at both the School Readiness and SNMH Initiative focus groups suggest that evaluation is already being viewed as "contributing to learning and program improvement." Another focus group participant recognized this approach in the way which learning from a less successful effort was used to come up with alternative strategies.

Foundational Elements

Foundational aspects underlie and operate across the levers. Important foundational elements frequently described as supporting movement along the continuum of change include: 1) trust; 2) history; 3) willingness; and 4) size and scale of Marin.

Trust

The work of building trusting relationships emerges as a major foundational element. A comment that emerged from one of the focus groups remarks on the need to engage people from the community in order "to maintain trust and support for shared vision and principles. " In addition, the importance of trust with families is described as impacting effectiveness and outreach in a year-end report:

> *Build trusting relationships: families know they can trust us and so they send their friends and relatives to our program. We are the ones they know they can call for help and guidance. If we don't know the answer, we'll find it. Trusting relationships have enabled us to take advantage of the most effective way to reach our families – word of mouth. (SRI)*

From the perspective of organizations working together, this stakeholder described the primacy of trusting relationships:

> *Some of it's just building relationships over time. It's building trust. I imagine that in the most successful communities, either through leadership or through multiple people insisting on "We're gonna make this work." And, you just hang in there, and you're with each other enough to have trusting relationships. (Stakeholder)*

Another stakeholder talked about challenges that can be associated with who gets credit for the outcomes of collaborative efforts:

> *Bigger systems change is done on behalf of the children and families we're trying to serve – and nobody needs to get credit for it. But I think that in some ways, everybody is hungry for credit – how do we get acknowledged, how do we continue to justify our existence and that kind of thing. It's just the nature of organizations and institutions to want some of that, and we haven't set it aside yet, I think. (Stakeholder)*

History

To a certain extent the work of First 5 to foster connections and collaborations is supported by existing relationships within Marin. Focus group participants pointed out how these relationships benefit in opening doors to working with funded and other community partners.

> *First 5 Marin has provided a critical link in the development of community partnership among private and public organizations working for special needs children. Easter Seals has built a strong working*

relationship with the Marin Community Clinics and we are developing a new partnership with Kaiser. As a result, our goal of providing developmental screening to all young children in Marin is now realistic and achievable. (SNMH)

Willingness

First 5's leadership role reflects their willingness to assist in exploring and building cross-agency partnerships and programs.

> *I think, as far as what's been effective, First 5 has done a good job of linking programs together through the projects that they have developed. (Stakeholder)*

> *The work of First Five Marin has resulted in new groups that meet regularly to discuss and strategize together to move efforts to a broader outcome. One of these groups formed to discuss quality in childcare and the other was formed out of lack of services for those children who are experiencing significant social/emotional behavior. The Child Care Commission has brought the work of these groups forth in the master planning that is taking place. (SNMH)*

Size and scale of Marin

Stakeholders and funded partners reflected on the idea that given geographic and population sizes, system change should be feasible in Marin.

> *One of the things that I think is very clear, and I'm sure Amy knows this, is that in a county like Marin that's relatively wealthy and has a population that you can get your head around — it's not L.A. — that we ought to be able to make things better for all of our children. (Stakeholder)*

In What Ways Has First 5 Marin Made the Most Significant Contributions?

First 5 Marin is committed to working with funded partners and other community partners to develop sustainable strategies resulting in a system of care for Marin County that is better coordinated, collaborative and integrated. The Strategic Plan, adopted in 2004, is the core of their efforts. Although context, resources and occasionally players have changed over time, the vision and goals of the Commission remain constant. This holds true for many of the programs, projects and initiatives funded through First 5 Marin as well. Many stakeholders remarked that this consistency over time has supported deeper understanding and communication of roles. *Figure 6* is a graphical application of the SCSC framework to the work of First 5 Marin.

> *I think the focus of visioning and goals and kind of results orientation has been strong. I think it's helped programs think in those terms (Stakeholders)*

Figure 6: Application of the SCSC to First 5 Marin's Efforts
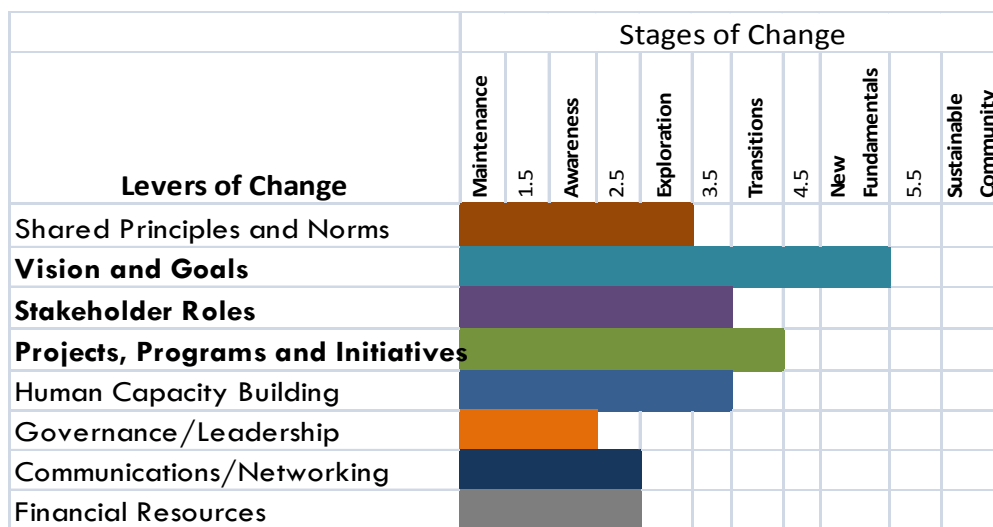
Strategies employed by First 5 Marin seek to influence different key aspects of system change, including internal efforts more directly related to program operations and relationships with other agencies/ organizations, as well as external efforts seeking to influence policy, promote community involvement and change the public discourse on issues. The impacts of these strategies as well as evidence of the strategies themselves are described throughout the year-end reports provided by First 5 Marin's funded partners, highlighting the institutionalization of approaches to integrated services and supports and increased accessibility.

5A's Across First 5 Marin Initiatives

Though not directly prompted to address aspects of First 5 Marin's Guiding Principles and the Five A's of Access, while discussing their successes, challenges and project highlights, funded projects provided numerous examples of the ways in which their work is addressing and is aligned with First 5 principles and key factors for sustainable system change.

Figure 7 reflects the percentage of coded funded-partner year-end reports within each initiative wherein there is spontaneous mention of ways their work is addressing the particular strategies/principles identified as supporting system change. Year-end reports did not formally solicit information about these specific strategies/principles.

Figure7: Percentage of Funded Partners Year-End Reports Addressing 5A's of Access
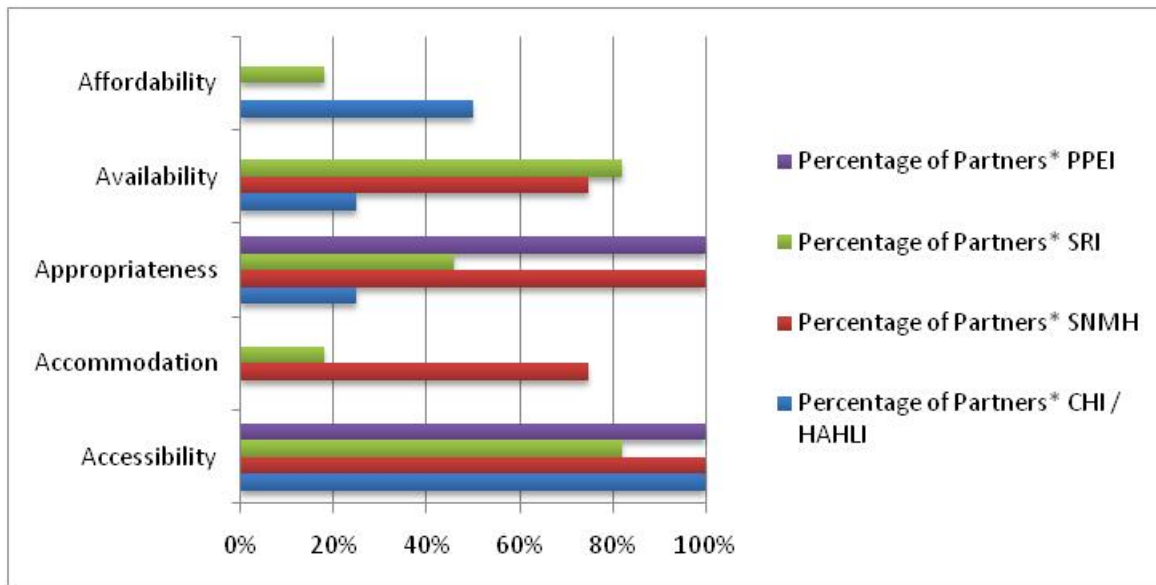
In the following section the ways in which each of the Five A's was observed, addressed, and/or aligned with is overviewed followed by select highlights from project narratives with further detail.

Accessibility: Convenient and user-friendly service delivery for clients, including improved informal and formal referral relationships

Partners routinely discuss various ways in which they were mindful of operating in ways that were convenient and user-friendly. Consistent scheduling and follow-through with each client, centralizing and de-centralizing service locations as appropriate, and increasing access through the on-site availability of resources from collaborating projects. Additionally, program components such as school readiness playgroups are repeatedly described as providing a convenient means for sharing information and resources with clients in a friendly, trusting atmosphere. Reports highlighted the importance of formal and informal referral relationships by describing the progress of particular clients who followed through on referrals, increased understanding and referrals from community partners, and increased inquiries from those who heard about services from participants.

> *Several parents have followed-up on FLAGship referrals and connected with Marin Literacy Program to receive literacy instruction. Eight women stand out in my mind who have gone on to receive tutoring and greatly improved their literacy skills in a short time. Two are from Novato, five from West Marin, and one from San Rafael. Each started attending FLAGship for the benefit of their preschool-aged children and then chose to take steps toward improving their own lives and, subsequently, that of their families. These happy parents share their experiences and successes with other adults who could potentially benefit from our literacy services, "spreading the good word," you might say! (SRI)*

> *One benefit not anticipated is how much the information the mentors shared was spread out among the general family childcare population and then having those providers call and want the information given to mentees. (CHI/HAHLI)*

Relationship with the Department of Health and Human Services – Division of Public Health – has strengthened because of the nutrition trainings, HAHLI meetings, and their involvement with providing oral health exams at Summer Bridge, to Kindergartners during the school year and at International Canal Health and Safety Day. (SRI)

When we began, parents were recruited door-to-door. The community and the agencies know more about us, which makes it easier to bring parents in. Other organizations acknowledge our program and bring families in. Local organizations are doing the referring to us. (Advocates Focus Group)

Accommodation: Modifying operational practices to increase access to services

Projects described modifications to their operational practices resulting in increased access to services. Some of these modifications included targeted outreach into isolated areas including the continuation of FLAGship's mobile family literacy services. Additionally, School Readiness playgroups continue to adjust the days and/or hours for playgroups to encourage parent participation, noting that participation in these playgroups is often a comfortable first step for parents that allow them to obtain information about and/or referrals for other services that benefit the well-being of their family.

As anticipated, we are reaching out to physically isolated or emotionally withdrawn family units that have not previously had community contact or support. We are seeing the formation of new "mom's groups" in the Valley who met solely through the Valley playgroup. (SRI)

This "preschool-on-wheels" is a mobile family literacy project that provides a multitude of services to connect families with their communities. We search out groups of underserved families across Marin, the most recent addition being Bolinas. As stated in our Scope of Work, we have served many diverse groups such as isolated West Marin ranch families, inner-city Canal families, and home daycares in Novato. New site possibilities pop up often, causing the FLAGship schedule to shift and morph every year. Some sites have remained the same from the beginning, while others change often with the shifting needs and populations that exist in Marin County. (CHI/HAHLI)

Instead of relying on word of mouth and referrals, our Parent Advisor will increase her presence in the Canal and will go out into existing gatherings of parents. (SRI)

Appropriateness: Working with diverse populations

As with the ways in which partners are applying their knowledge and understanding of their clients and communities to increase convenience and availability of services, this knowledge and understanding is also applied in consideration of how best to operate and provide services in ways that are appropriate for the diverse populations with which they work. Partners from each initiative described staffing and program decisions that reflected appropriateness to client needs and primary languages, including refining approaches to sharing information with clients and working to build trust in conjunction with their understanding of how to better work within their diverse communities.

Each community has its own way of working so helping bridge the work of the project to the broader community continues to be a target… that realignment and updating of the objectives in relationship to the broader community has contributed greatly to the success of the program. Another activity is the Special Needs project's ability to change their practices in order to meet the target collaborator's way of working as seen in the most recent work with the West Marin Community. (SNMH)

The multi-cultural staff members who have brought invaluable languages and skills to the CHI program significantly influenced achievement of the performance targets. As a group, they have the English, Spanish, Vietnamese, French and Portuguese languages available to assist clients. Each has come to the job with local community contacts and a great many CHI clients know all. Their education,

professionalism and program skills have been essential to the work that they have assumed. (CHI/HAHLI)

In addition to funded partners' comments, one stakeholder also described his awareness of First 5 Marin hiring people from the community to become part of their organization, noting that this fosters "real community engagement going on and community capacity building going on through the work."

Availability: Increasing number and types of services

Partners describe some of the ways in which they expanded the number and/or types of services for their communities. For some, this increase was possible in part by additional staff and/or coordinating projects with other First 5 Marin Partners and/or other community partners including funds available through First 5's Marin's Health Advocacy & Health Literacy Initiative. Partners also detailed the importance of building and maintaining relationships with those with whom their projects collaborate as well as communicating what is happening with their projects as a means for expanding/deepening engagement among those with whom they can collaborate and leverage resources.

> *We were able to significantly increase our workshop offerings because of funding from the Health Advocacy / Health Literacy Initiative (HAHLI). HAHLI's coordinator generously provided free facilitation of the Basic Aide workshops to parents and Promotoras. Our program took full advantage of the funding & Barbara's services and our families benefited. We significantly increased the number of workshops that we offered families this year. We offered 22 education workshops plus 3 Promotora workshops. Last year we offered 6 workshops. (SRI)*

> *One goal this past year was to introduce more health events to the First 5 community and we accomplished this goal with our four Health Days, parent education nights, immunization clinics, family cooking nights, and CPR and First Aid classes. Many of these events were in collaboration with the HAHLI grant and will continue next year. (SRI)*

> *The work of the initiative will be strengthened as the project collaborators work to broaden their collective perspectives. As the lead coordinator for the project, Easter Seals will work to help collaborative partners link to the broader goal of the Initiative's work rather than stay focused on their piece of the work (SNMH)*

> *We have begun to discuss with SLS supervisor Dani Tarry, Superintendent Stephen Rosenthal, Principal Anne Harris and Head Start E.D. Kay Wernert, the possibility of working collaboratively to open a unique Head Start/Family Center at West Marin School. It has become evident to many leaders in our community that our current preschool does not have the capacity to serve all our families. We currently have over 35 families waiting for Head Start services in West Marin. We understand that the central eligibility list in Marin is much, much larger, but we feel that we can develop the infrastructure to serve all of our families here in our community. (SRI)*

Affordability: Barriers to access due to cost are reduced

Some of the more specific ways in which affordability was addressed in 2007-2008 included the continued support for enrollment in children's health insurance, as well as the provision of stipends and transportation reimbursements for training participants. An example of the longer-term impacts of these stipends is described as follows:

Teachers and Family Child Care providers in Marin County are becoming more educated as they complete college coursework towards their permits and degrees. Almost half of the returning stipend recipients completed more than the three or six units required for a CARES stipend. Two stipend recipients received their Associate degrees and one received her Bachelor's degree – and they plan to continue with furthering their education. (SRI)

Other Levers of Change

In addition to the "Key Levers of Change" described in the previous section and the 5A's of Access, often the work of First 5 Marin relates to two other important levers: Human Capacity Building and Financial Resources.

Human Capacity Building

Through its staff, consultants and other supports, First 5 Marin has made considerable efforts supporting Human Capacity Building among its funded partners and beyond. For example, First 5 has collaborated with the American Association of Pediatrics and Easter Seals to offer a daylong training conference in the use of screening tools to identify infants and young children with developmental delays or disorders, understanding and screening for autism, and developmental challenges faced by premature infants. Information about community resources, agencies and other intervention or support services for children in need of follow-up was also reviewed. As a result, a number of private pediatric practices in Marin are using Ages and Stages (an evidenced-based screening tool) as part of their well-child care.

In a related scenario, Easter Seals and the Marin Child Care Council provided training for daycare providers to support and retain special needs children in their daycare settings. By reaching out to early care educators, more pre-schools are accepting special needs children and providers are calling Easter Seals for assistance and support rather than removing children from childcare.

In addition to more formal professional development, First 5 Marin supported convenings among their funded partners, including initiative roundtables and meetings with First 5 leadership and initiative leads. As discussed elsewhere in this report, funded partners talked quite a bit about the benefits and importance of their initiative meetings in focus groups and year-end reports; furthermore, the comment below helps to illustrate how the meetings among initiative leads supports structures and partnerships integral to long-term success:

> *As the initiatives continue to work together under the guidance of the executive director, we should improve cooperative efforts among the initiatives (how can HAHLI help SRI, and vice versa. How can SRI help Special Needs), be willing to ask other initiative leads for ideas and support (initiatives leads can ask for public information and outreach support from the Public Policy Initiative), and look for opportunities to expand the role of the executive director in relation to the initiatives (how can her community contacts and networks further support initiative efforts). (PPEI)*

Financial Resources

Stakeholders and focus group participants frequently mentioned the notion of *funding silos* and the challenges that specified funds to individual projects and organizations presents in deepening partnerships and collaborations.

By targeting funds directly to support partnerships, First 5 Marin displays an intention towards system change in its allocation of financial resources. Many examples of this, as reported by funded

partners, relate to the increased services and emerging/strengthening partnerships that grow from Health Advocacy/Health Literacy Initiative (HAHLI) funds. HAHLI funding supports integration and coordination among organizations, programs, and systems around health messages, understanding of health services and how and why to use them, and reducing barriers to access for families by focusing on building the School Readiness Initiative's ability to promote health in their communities. School Readiness Initiative Coordinators, community advocates, and stakeholders met quarterly in 2007-2008 and discussed community health needs, support and barriers to promoting health, and resources needed. The initiative supported human capacity building by engaging community advocates in local training opportunities such as the Provider Summit and Nutrition Forum. HAHLI funds also support the monthly meeting that brings together School Readiness Advocates.

In FY2007-2008, First 5 Marin distributed $2,498, 569 to its initiatives and programs, which support its Strategic Plan.[3] These funded partners were able to leverage close to $2,000,000.00 additional funding to support programs and efforts. Essentially doubling First 5 Marin's investment .This number is a conservative estimate given the difficulty determining the specific dollar amounts that both First 5 Marin and the County Department of Health and Human Services are able to draw down from the Medi-Cal Administrative Activities Program (MAA). This additional funding has provided for program expansions as well as organizational capacity building and sustainability.

Figure 7: Leveraged Funding Table

FY0708 Other Program Revenues & In-Kind Sources	Revenue	In-Kind
Canal Neighborhood School Readiness		
State Match	186,369.00	
Bahia Vista Even Start		
San Rafael City School District	57,310.00	97,030.32
Federal Even Start Grant	120,750.00	
Parent Ed. Collaboration		105,116.18
Marin Community Foundation	20,000.00	
Parent to Parent/Matrix Parent Network		
Matrix Parent Network		4,188.00
Mentores/Parent Services Project		
Bella Vista Foundation	25,115.00	
Marin Head Start/Family Ed. Coordinator		
San Rafael School District		6,000.00
Marin Head Start/CAM		8,096.00
CSR/Pickleweed CC Preschool		
City of San Rafael		10,410.00
School Readiness Expansion Projects		
Shoreline/Papermill Creek C.C.		
Shoreline Community Agency		38,860.00
United Way Bay Area	62,757.00	4,500.00
San Geronimo Valley /San Geronimo V.C.C		
San Geronimo Valley Community Donors		28,285.20
Grants from other Sources		1,000.00
In-kind services from other sources		1,000.00

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[3] First 5 Marin 2007-2008 Annual Report to the Community

FY0708 Other Program Revenues & In-Kind Sources *(continued)*	Revenue	In-Kind
MarinCARES		
State Match	127,183.00	
Marin Community Match		80,000.00
Marin County Board of Supervisors	50,000.00	
Marin Community Foundation	30,000.00	
Morris Family Foundation	25,000.00	
AB212	70,000.00	
Medical Legal Partnership Emerging Opportunity		
County of Marin	2,500.00	48,500.00
Prospective Funders (not specifically allocated)	117,531.00	
MCC Med		
Children's Health Initiative		
MC/DHHS/Children's Oral Health Project		
Insurance Reimbursements	16,593.00	
Federal Financial Participation	35,530.00	
Marin County General Fund	-	37,431.00
Dental Specialty Grant	7,788.00	
CHI/Community Outreach Workers		
MAA (0405, 0506)	54,698.00	
United Way	15,000.00	
State CAA Reimbursement	13,330.00	

FY0708 Other Program Revenues & In-Kind Sources *(continued)*	Revenue	In-Kind
Health Advocacy/Health Literacy Initiative		
Health Advocacy/Health Literacy		
MAA (0405, 0506)	89,185.00	
Marin Literacy/FLAGShip		
Marin Literacy		8,510.00
Sonoma First 5	10,250.00	
Mill Valley Outdoor	800.00	
Early Childhood Health Consultant/MC - DHHS		
Federal Financial Participation	9,966.00	
Title V	44,604.00	
Special Needs/Mental Health Initiative		
Family Service Agency of Marin		
MediCal	48,464.00	
Contributions/foundation grants	24,025.00	14,365.00
Self-pay	9,320.00	
Victims of Crime	2,430	
CPS	550	
Jewish Children's & Family Services		
Marin Community Foundation	50,000.00	
Morris Family Foundation	20,000.00	
Stulsaft Fountation (requested)	10,000.00	
Bella Vista	35,000.00	
JFCS	57,493.00	
TOTAL	**1,449,541.00**	**493,291.70**

Highlights of Sustainable System Change[4]

As well as being a funder, First 5 Marin has played significant roles, often the initiator and convener, resulting in significant changes in access to supports and services in Marin. These successes cross disciplines, engaging small and large organizations in new ways of thinking and doing their work in order to create an integrated and sustainable system which is better able to meet the needs and support the efforts of those it serves. Following are highlights:

THE MARIN EARLY CHILDHOOD EDUCATION PARTNERSHIP

The Marin Early Childhood Education Partnership includes the Superintendent of Schools and the leaders of the Marin Child Care Commission, the Marin Child Care Council and First 5 Marin. Meeting monthly since 2006, this is the only regular convening of the leadership of these key institutions representing the pre-K-12 educational pipeline. In addition to deepening the understanding of each other's organizations, including differing and common priorities, tensions and challenges, the Partnership members work together to develop solutions. One such example was the shared concern about the current and future need for preschool staff—especially those with advanced education or targeted training. The solution: the Marin County Office of Education began to offer an early childhood education course as part of its Regional Occupation Program (ROP). High school ROP students now get high school credit for learning about career opportunities as early childhood educators. They gain exposure to the field of preschool education, learn how advancing their own education will support their career goals—and credits earned are accepted by the College of Marin should they continue their education in the early care field.

RESULTS: During FY 2007-08, there were 70 high school students enrolled in the new ROP classes for early childhood education.

PEDIATRIC TRAINING CONFERENCE ON DEVELOPMENTAL SCREENING

First 5 Marin collaborated with the American Association of Pediatrics (AAP) and Easter Seals on a training conference for pediatricians. Upon completion, physicians received five hours of Continuing Medical Education and nurses qualified for five contact hours. This daylong event offered presentations by developmental experts and medical professionals in the use of screening tools to identify infants and young children with developmental delays or disorders, understanding and screening for autism, and the developmental challenges often faced by premature infants. The conference also reviewed community resources, agencies and specialists providing counseling, therapy and other interventions and support services for those children in need of follow-up.

RESULTS: 40 pediatricians, nurses and other health professionals attended this conference on April 12, 2008. Evaluations were almost entirely "excellent" or "very good" for all segments of the conference. There has been discussion about having a second training in FY2009-2010.

SPECIAL NEEDS/MENTAL HEALTH INITIATIVE:
DEVELOPMENTAL SCREENING AND EARLY INTERVENTION

This Initiative is dedicated to universal developmental screening and early intervention for children with special needs and mental health or emotional issues. The Initiative has developed a dynamic countywide partnership and three key components: developmental screening and assessment; a roundtable of service providers working as an interdisciplinary team complimented by; and a broad referral network to provide prompt and appropriate follow-up. Easter Seals of Northern California is coordinating the universal screening

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[4] FY2007-2008 First 5 Marin Report to the Community

effort. Marin Community Clinics provides universal screening of all of their pediatric patients beginning at six months of age. Extended partnerships ensure that those children who are "yellow-flagged or red-flagged" receive appropriate follow-up services: the Family Service Agency of Marin provides parent and child counseling; Jewish Family and Children's Services leads the Early Childhood Mental Health Project and offers support to families and staff when children have behavioral difficulties in early care settings. Working together, Easter Seals and the Marin Child Care Council provide training for family daycare providers to support and retain special needs children in their daycare settings. All of the partners in the initiative collaborate with First 5 Marin's five school readiness sites, community-based organizations, public agencies, other healthcare providers, childcare providers, preschools, teachers and families to support children.

RESULTS: In FY2007-2008, of the 1900 "Ages and Stages" questionnaires distributed, 928 were returned for review. After scoring and assessment, hundreds of children with special needs, mental health or behavioral issues were identified early on and received services to address physical, social or emotional challenges. 80% of children receiving Parent-Child Interactive Therapy stabilized or improved in all rated categories; and 80% of participating families had improved scores. The Marin Community Clinics adopted a new policy of screening all children for autism at 18 months. In addition, by outreaching to early care educators, Easter Seals has seen far more preschools accepting special needs children, and providers are calling for assistance and support rather than immediately removing children from daycare due to behavioral problems.

ADVOCACY AND PARTNERSHIP WITH MARIN COMMUNITY CLINICS

One of First 5 Marin's earlier projects was the Oral Health Program (now an initiative). Through this project, oral health treatment for hundreds of low-income children each year was provided for many children who received treatment for the first time. By communicating about the crisis in children's dental health and contributing to media coverage and public policy attention, First 5 joined healthcare professionals and health advocates in underscoring the need to increase the capacity for additional pediatric dental care in Marin County.

RESULTS: As a result of this broad advocacy for children's oral healthcare in the County, the Marin Community Clinics installed six dental chairs for children at the new clinic in San Rafael which opened in fall 2008, and now has a policy that all children will see a dentist twice a year beginning at six months of age.

CHILDREN'S ORAL HEALTH INITIATIVE

This initiative brings oral healthcare and education to young children in preschool, childcare and family daycare settings, and Summer Bridge classes. Most of these children are low-income, and many have never seen a dentist before. Staff provides oral health screenings, dental cleanings, and fluoride varnish and x-rays if needed. They also make referrals for follow-up dental services; provide dental care for pregnant women and new mothers; and support "mid-day teeth brushing programs" at preschools and childcare centers.

RESULTS: During FY2007-2008, 713 children received comprehensive oral health screenings, dental care and education; 487 children participated in mid-day brushing programs; and 73 pregnant women and new mothers received oral healthcare and treatment through collaboration with the County's Women's Health Clinic.

CHILDREN'S HEALTH INITIATIVE (CHI):
HEALTHCARE OUTREACH, ENROLLMENT AND RENEWAL ASSISTANCE

As a primary partner in Marin County's Children's Health Initiative (CHI), First 5 Marin funds the countywide efforts for outreach, enrollment, renewal and utilization of healthcare coverage. CHI is dedicated to enrolling every uninsured child in a health insurance product. If they qualify for public programs, staff provides assistance with the applications. For those children ages 0 to 5 who do not qualify, First 5 Marin pays the insurance premiums. Once children are insured, the goal is to make sure that they stay insured, that the family establishes a "medical home" with a primary care physician and that the insurance is properly utilized to obtain all recommended immunizations, for scheduled well-baby visits, and specialty and urgent care as needed. The Children's Health Initiative is a collaboration of many key partners: Marin County, Healthy Marin Partnership, Marin Community Clinics, the Marin Community Foundation and First 5 Marin. In order to outreach to families and children who may be uninsured, CHI also works with elementary schools, community-based organizations, Summer Bridge and other school readiness programs, FLAGship and other families in the local community.

RESULTS: During FY 2007-08, 2733 children received healthcare application, enrollment or renewal assistance. In total, 40,000 referral forms were distributed. Outreach workers enrolled 199 in insurance products, and a 98% retention rate was achieved for CalKids. 1200 children enrolled in CalKids receive case management supports from the county's Department of Health and Human Services through funding from First 5 Marin.

CALIFORNIA SCHOOL INFORMATION SERVICES (CSIS) ID ASSIGNMENTS –
LONGITUDINAL TRACKING

After several years of disusing the possibility of longitudinal evaluation and tracking children who have been part of First 5 Marin, October 2008 presented a new opportunity. Earlier that year, the Marin County Superintendent of Education who sits on the Early Childhood Education Partnership, was successful in getting all 19 school districts in Marin to adopt a single data system. This created a technological environment supportive of longitudinal tracking. With this in place, steps were identified, building on the partnerships between First 5 Marin, Head Start, Even Start, MCOE and others, to make this a reality. There is now agreement that the CSIS IDs traditionally assigned at kindergarten entry will be assigned in Pre-K beginning in January 2009. Efforts are underway to standardize forms across the various pre-K providers. Parents will be able to indicate the type of pre-K experience in which their children participated prior to entering the K-12 system. San Rafael City Schools has agreed to serve as the pilot.

RESULTS: First 5 Marin, Head Start, Even Start and others who provide pre-K opportunities to children will be able to better determine the impact of their efforts by following the progress of these children as they enter the K-12 system. This will provide important data as strategies continue to evolve about how best to support the school readiness of children and the impact of those efforts long-term.

At What Stage is Marin along the Continuum of Change?[5]

Observations about the stage of the county of Marin along the continuum are presented as context for First 5 Marin's efforts and informational for stakeholders working across all systems in the county. Several factors suggest that it is an opportune time to better understand, define and commit to a more clearly articulated vision of a system of services and supports countywide. These factors include shifting and diversifying demographics; the changing public, social and philanthropic environment; and economic conditions that have, and will likely continue for some years, resulting in increasing demand for services and supports across disciplines.

Although a small Study Group, the diversity of the participants in terms of their roles and tenure in key sub systems across the county provides, we believe, a reliable and valid lens for assessing the current stage of system change in Marin using the SCSC framework. Representatives of other systems (i.e., juvenile justice, business community, etc.) should be exposed to the framework to both further refine and to engage in the work. As a first step, First 5 Marin intends to share this report with its "Shared Vision for Marin's Kids" Committee, which has broader representation to inform the Commission's planning.

Using the SCSC as reference, Stakeholders interviewed noted both progress made and opportunities on certain levers. Notable changes within the broader county-wide system across all subsystems (bureaucratic, professional and community) were apparent in three areas: 1) a greater sense of clarity and understanding of organizational goals and roles; 2) increased communication among stakeholders; and 3) most notably an improved willingness to explore collaboration.

A recent example that highlights progress made was mentioned by several individuals is the Shared Vision Committee. The Committee was initiated by First 5 Marin as its Public Education and Policy Initiative but is much broader that First 5 Marin and children 0-5. This is seen as an important collaboration and venue for tipping a few of the Levers of Change to move the system closer to ones that are more adaptive.

> *Our CEO sits on that group (e.g., Shared Vision Committee). It might have been logical to send me, but no, she said, this is important enough that I want to be there. It is in the early stages, but with the quality of conversation that I hope they are having, that is always a good sign. (Stakeholder)*

Another longstanding effort is the collaboration between First 5 Marin, Marin Community Foundation and the County of Marin's Department of Health and Human Services to fund the Children's Health Initiative (CHI), which they have done for the past 4 years. The oversight body for CHI is the Children's Health Initiative Coordinating Committee, officially appointed by the Board of Supervisors with representation from the County of Marin, First 5 Marin Children and Families Commission, Marin Community Foundation, Healthy Marin Partnership, the Latino Council, Coastal Health Alliance, the Marin Community Clinic and the Marin County Office of Education.

> *It was a process that created a new level of trust among those three entities (i.e., First 5 Marin, Marin Community Foundation and Marin Department of Health and Human Services) and a new way of working. It was a model for how to make systems change, because we did change the system through that process and created networks, collaborations and partnerships that did not exist before. If it can be done in children's health insurance, which is one of the more complicated things in the world, then it certainly can be done with a lot of others. (Stakeholder)*

Stakeholders noted continued progress along three levers, Shared Principles and Norms, Governance and Leadership and Financial Resources would support overall movement towards *Sustainable Community System*

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[5] Parsons, Beverly "Using a Systems Change Framework to Build Communities," *InSites*, Boulder CO, 1997

Change. They remarked that although there were more examples of diversity and inclusiveness on advisory and coordinating councils at the program level, this norm had not been fully embraced county-wide and at all levels of policy and decision-making. One individual characterized as follows:

> *But the whole notion of inclusive governance and client voice on some of those thing – I'd like to see us get there, but I think we're on the pre-awareness stage of that in this county. (Stakeholder)*

Collaborative funding has increased in Marin. It tends to be co-funding as illustrated by the success of the Children's Health Initiative. At the organizational and program level, in terms of pooling resources it remains a tension.

> *I think people are still very hesitant to get into shared funding situations if it may mean less for the exact work that they want to do. We really want people to be changing how they are doing their own business in relationship to other opportunities and kind of linking the funding. (Stakeholder)*

Stakeholders identified specific areas of opportunity that build on the foundation to date and increase movement along the system change continuum such as establishing a common language, adapting best practices and approaches, moving commitment from the individual to the organization level and expanding community participation.
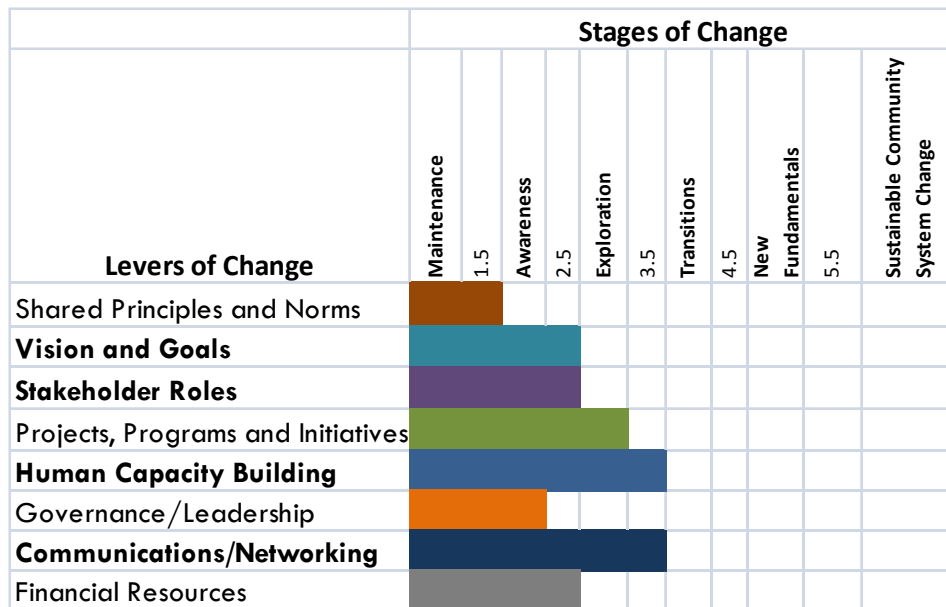
> *I think in order to have a shared vision and actually have a shared system that we need to come up with some shared language. (Stakeholder)*

Perhaps the most important next step is to generate countywide commitment to *Sustainable Community System Change*, to make the development and maintenance of system that is adaptive, community based and sustainable a shared principle and norm. One stakeholder summed it up as

> *"How do you convince leadership and boards that there is a result in doing this "system change" work?*

The combination of progress and opportunities provide insight into the status of the county, presented on the following page using the *Sustainable Community System Change* framework. This assessment is informational only and is context for both First 5 Marin and others interested in applying a system perspective to Marin.

Figure 8: Application of the SCSC to the County of Marin

Levers of Change	Stages of Change										
	Maintenance	1.5	Awareness	2.5	Exploration	3.5	Transitions	4.5	New Fundamentals	5.5	Sustainable Community System Change
Shared Principles and Norms											
Vision and Goals											
Stakeholder Roles											
Projects, Programs and Initiatives											
Human Capacity Building											
Governance/Leadership											
Communications/Networking											
Financial Resources											

And that's the next step, I would think, for the leadership, the County, the First 5 and the Foundation – to really move forward together and create a system together. (Stakeholder)

VALIDITY OF THE FRAMEWORK

The exploration and testing of the *Sustainable Community System Change* Framework was well received by all who engaged in this process. Participants expressed their appreciation of a more explicit approach to system change grounded in a clear definition, which acknowledged the importance of both the process of system change and the adaptive system resulting from the effort (the outcome).

Several participants remarked that the focus on system change was a role they had come to expect of First 5 Marin.

> *I think that they ought to be thinking of themselves in a systems change role, not just we're a funder and not just a supporter of services role. (Stakeholder)*

Focus Group and Interview participants were generally accepting and engaged by the SCSC framework. One stakeholder commented: "*Looks to me like you have the right things on this graphic.*" Not surprisingly, elements resonated differently across the Study Group. These differences across groups and individuals were likely due to the developmental stage of their programs/initiatives/organizations, their own role and perhaps to their individual characteristics.

First 5 Marin Commissioners although not formally interviewed as part of this process, were presented the working SCSC framework in November 2008. They reflect a wide range of experiences and perspectives as well as positions in Marin. In general, it resonated strongly with the Commissioners. Further refinement of the SCSC will occur as part of the Strategic Planning process.

The SCSC proved to be a relevant and meaningful tool for assessing the work of First 5 to date with regard to system change.

CONCLUSION AND RECOMMENDATIONS

This report explored the application of a developmental system change model that identified elements which, when operationalized, impact movement along the continuum towards a community-based and adaptive system of services and supports. Testing the model included its application to existing data as well as through discussions and reflections with key stakeholders in First 5 Marin and the county at large

Conclusions

Overall, the findings are supportive of the *Sustainable Community System Change* framework including the working definition. Study Group participants who were diverse in their experience and roles found it to relevant to their work with First 5 Marin, as did those who worked in other systems. A depth of evidence that spanned programs creating a picture of system change at the program and organizational levels was apparent when the SCSC was applied. With regard to the status of system change in Marin, findings strongly suggested that there had been progress and that action upon specific areas of focus (levers of change) could continue to move First 5 Marin and the county of Marin along the continuum to a more community-based and adaptive system.

Highlights of findings for First 5 Marin and the county include:

- There is interest in exploring and working towards SCSC in Marin although there is varying levels of understanding of how to contribute to the work

- Progress has been made in addressing many of the levers of change in SCSC in First 5 Marin and through the county at large

- Many look to First 5 Marin as the "holder" of a system change vision and commitment

- Several efforts initiated and/or sponsored by First 5 Marin resulted in significant changes to the systems affecting access to services and support to children 0-5

- The various roles which First 5 Marin plays in the County have nurtured a new environment for collaboration and integration across systems

Recommendations

To build on the accomplishments to date and the interest sparked from this research, the following recommendations are offered for consideration for First 5 Marin:

- ✓ Formally adopt the SCSC as an outcome and a specific strategy in its next strategic plan

- ✓ Develop specific strategies to tip SCSC Levers of Change identified through this work

- ✓ Identify and develop specific evaluation measures to understand and document movement along the continuum and the influence of specific levers of change

- ✓ Update current program and initiative scopes of work and reporting tools to reflect SCSC elements

- ✓ Continue the work with the Shared Vision Committee and ground its next steps in the SCSC

Appendix A:
Annotated Bibliography

Ackoff, R. L. (1994). "Systems thinking and thinking systems." *System Dynamics Review* (Wiley) 10(2/3): 175-188.

> Three types of system are identified and differentiated: mechanical, organismic, and social systems. The evolution of our concept of an enterprise from mechanical to social is then traced, as enterprises are viewed from each of these perspectives. Some consequences of conceptualizing them as social systems are then discussed, including the consequences of (1) considering the parts of an enterprise separately, as is commonly done, that is, managing analytically versus synthetically; (2) supervising personnel who can do their jobs better than their bosses; (3) treating problems separately rather than systemically, and (4) taking disciplines as aspects of reality, that is, as categories of nature.

Armenakis, A (1992) "The Role of Metaphors in Organizational Change: change agent and change target perspectives." *Group & Organization Management*; Sep; 17, 3.

Armenakis, A., Fredenberger, W., et al. (1996). "Symbolism use by Business Turnaround Change Agents." *International Journal of Organizational Analysis* (1993 - 2002) 4(2): 123.

> Presents information on a study which investigated organizational change agents' use of verbal, enacted and material symbols during business turnarounds. Discussion on symbols as triggers for cognitive and behavioral change; Information on the Turnaround Management Association; Pattern of effectiveness ratings; Analysis of results.

Armenakis, A., S. Harris, et al. (1999). "Making change permanent A model for institutionalizing change interventions." *Research in Organizational Change and Development*, JAI. Volume 12: 97-128.

> Increasing global competition has accelerated the rate of organizational changes, such as reengineering, restructuring, and downsizing. As a result, organizational leaders find themselves faced with growing cynicism among employees that the current wave of changes is nothing more than the program of the month that will pass as those that preceded it. We address the issue of how to make changes permanent by providing a model developed from theory and research on organizational change and from successful practices implemented in numerous organizations worldwide. The model can serve at least three purposes. First, the model can assist change agents in planning for and assessing progress toward institutionalizing organizational change. Second, the model can help focus efforts of organizational scholars to study the change process. Third, the model offers the basis for hypothesis testing regarding the success or failure of change efforts.

Barth, R. (2007). "The Move to Evidence Based Practice: How Well Does it Fit Child Welfare Services?" *O'Leary lecture Ohio State University*, School of Social Work, University of Maryland School of Social Work

> Child welfare services are engaged in examining and applying concepts from evidence based practice. This paper provides background on evidence based practice in child welfare and suggests the areas of least and greatest fit between the methods of evidence based practice and CWS. Implications for the emergence of more evidence based approaches to CWS are forwarded. Suggestions for social work education are also offered.

Behrens, T. and Foster-Fishman, P. (2007). "Developing operating principles for systems change." *American Journal of Community Psychology* 39(3-4): 411.

> Based on an analysis of the articles in this special issue, the authors propose five operating principles for systems change work. These principles are: clarifying the purpose of the systems change; identifying whether the change is one to an existing system or the change is to create a new system; conceptualize the work as systems change from the beginning; use an eclectic approach; and be open to opportunities that emerge while also undertaking forma analysis to identify leverage points. The authors argue that the time is now ripe to develop such principles and encourage community change agents to engage in a dialogue to explore, revise, eliminate or expand on these principles.

Bekemeier, B., Riley, C., et al. (2007). "Leveraging finances for public health system improvement: results from the Turning Point initiative." *Journal of Public Health Management & Practice* 13(6): 642-8.

Reforming the public health infrastructure requires substantial system changes at the state level; state health agencies, however, often lack the resources and support for strategic planning and systemwide improvement. The Turning Point Initiative provided support for states to focus on large-scale system changes that resulted in increased funding for public health capacity and infrastructure development. Turning Point provides a test case for obtaining financial and institutional resources focused on systems change and infrastructure development-areas for which it has been historically difficult to obtain long-term support. The purpose of this exploratory, descriptive survey research was to enumerate the actual resources leveraged toward public health system improvement through the partnerships, planning, and implementation activities funded by the Robert Wood Johnson Foundation as a part of the Turning Point Initiative.

Boland, R. and Greenberg, R. (1992). "Method and metaphor in organizational analysis." *Accounting, Management and Information Technologies* 2(2): 117-141.

The design of an information system begins with the analysis of an organization in order to identify problems and requirements for corrective action. We report on an empirical exploration of language use by system analysts in an organizational analysis exercise that reveals how the schemas used in the analysis shaped the formulation of problems and the choice of action. Organic and mechanistic metaphors were used to prime the two sets of schemas used by the subjects. The study supports structurational and enactment theories of organization that propose organizational strategies and structures that emerge from situated action and language practice. The idea that language use shapes information system design challenges the hope for a method of justifying our analyses based on an objective and neutral language. The study also shows how different schemas frame an organizational contradiction in different ways and propose different interventions to resolve it.

Brindis, C., Klein, J., et al. (2003). "School-based health centers: accessibility and accountability." *Journal of Adolescent Health* 32(6, Supplement 1): 98-107.

Purpose To examine the current experience of school-based health centers (SBHCs) in meeting the needs of children and adolescents, changes over time in services provided and program sponsorship, and program adaptations to the changing medical marketplace. Methods Information for the 1998-1999 Census of School-Based Health Centers was collected through a questionnaire mailed to health centers in December 1998. A total of 806 SBHCs operating in schools or on school property responded, representing a 70% response rate. Descriptive statistics and cross-tab analyses were conducted.

Results The number of SBHCs grew from 120 in 1988 to nearly 1200 in 1998, serving an estimated 1.1 million students. No longer primarily in urban high schools, health centers now operate in diverse areas in 45 states, serving students from kindergarten through high school. Sponsorship has shifted from community-based clinics to hospitals, local health departments, and community health centers, which represent 73% of all sponsors. Most use computer-based patient-tracking systems (88%), and 73% bill Medicaid and other third-party insurers for student-patient encounters.

Conclusions SBHCs have demonstrated leadership by implementing medical standards of care and providing accountable sources of health care. Although the SBHC model is responsive to local community needs, centers provide care for only 2% of children enrolled in U.S. schools. A lack of stable financing streams continues to challenge sustainability. As communities seek to meet the needs of this population, they are learning important lessons about providing acceptable, accessible, and comprehensive services and about implementing quality assurance mechanisms.

Blasinsky, M., Goldman, H., Unutzer, J. (2006). "Project IMPACT: A Report on Barriers and Facilitators to Sustainability." *Adm Policy Ment Health & Ment Health Serv Res* 33:718–729

Project IMPACT is a collaborative care intervention to assist older adults suffering from major depressive disorder or dysthymia. Qualitative research methods were used to determine the barriers and facilitators to sustaining IMPACT in a primary care setting. Strong evidence supports the program's sustainability, but considerable variation exists in continuation strategies and operationalization across sites. Sustainability

depended on the organizations' support of collaborative care models, the availability of staff trained in the intervention, and funding. The intervention's success was the most important sustainability factor, as documented by outcome data and through the ''real world'' experience of treating patients with this intervention.

Bruce, M., Smith, W., et al. (2002). "Community-based interventions." *Mental Health Services Research* 4(4): 205-214.

This paper explores the potential of community-based, public health oriented interventions as a tool for reducing the burden of affective disorders on individuals, their families, and communities. The paper reviews the use of community-based interventions with other health-related problems and describes potential applicability for affective disorders such as changing public attitudes, reducing social stigma, facilitating access, or supporting treatment adherence for populations in their community settings. An agenda for developing this field of intervention research is proposed.

Burns, B., Hoagwood, K., et al. (1999). "Effective treatment for mental disorders in children and adolescents." *Clinical Child & Family Psychology Review* 2(4): 199-254.

As pressure increases for the demonstration of effective treatment for children with mental disorders, it is essential that the field has an understanding of the evidence base. To address this aim, the authors searched the published literature for effective interventions for children and adolescents and organized this review as follows: (1) prevention; (2) traditional forms of treatment, namely outpatient therapy, partial hospitalization, inpatient treatment, and psychopharmacology; (3) intensive comprehensive community-based interventions including case management, home-based treatment, therapeutic foster care, and therapeutic group homes; (4) crisis and support services; and (5) treatment for two prevalent disorders, major depressive disorder and attention-deficit hyperactivity disorder. Strong evidence was found for the treatment of attention-deficit hyperactivity disorder, depression, anxiety, and disruptive behavior disorders. Guidance from the field relevant to moving the evidence-based interventions into real-world clinical practice and further strengthening the research base will also need to address change in policy and clinical training.

Chamberlain, P., Brown, C., et al. "Engaging and Recruiting Counties in an Experiment on Implementing Evidence-based Practice in California." *Administration and Policy in Mental Health and Mental Health Services Research.*

There is a growing consensus that implementation of evidence-based intervention and treatment models holds promise to improve the quality of services in child public service systems such as mental health, juvenile justice, and child welfare. Recent policy initiatives to integrate such research-based services into public service systems have created pressure to expand knowledge about implementation methods. Experimental strategies are needed to test multi-level models of implementation in real world contexts. In this article, the initial phase of a randomized trial that tests two methods of implementing Multidimensional Treatment Foster Care (an evidence-based intervention that crosses child public service systems) in 40 non-early adopting California counties is described. Results are presented that support the feasibility of using a randomized design to rigorously test contrasting implementation models and engaging system leaders to participate in the trial.

Checkland, P. and Haynes, M. (1994). "Varieties of systems thinking: the case of soft systems methodology." *System Dynamics Review* (Wiley) 10(2/3): 189-197.

A number of ways of intervening rationally in human affairs are based on systems thinking: understanding real-world complexity via systems ideas. This article reviews the development of systems thinking and focuses on one of the systems approaches: Soft Systems Methodology (SSM). It indicates how SSM embodies systems thinking by giving an account of the crucial steps in the thinking as SSM developed. Issues in current work are reviewed by setting out a number of experientially derived generalizations. These concern: SSM as an ideal-type process that the user suitably adapts on each occasion of use; the fact that SSM's systemicity lies primarily in the process of inquiry; the fact that its focus is the interaction between theory and practice; the implicit belief behind SSM that learning is axiomatically good; and the belief that SSM is best used participatively.

Christens, B., Hanlin, C., et al. (2007). "Getting the social organism thinking: strategy for systems change." *American Journal of Community Psychology* 39(3-4): 229.

> The ability of community researchers/practitioners to facilitate systems change is constrained by social power--particularly the capacity to shape ideology [S. Lukes (1974). Power: A radical view. Hampshire: MacMillan] and frequently power molds ideologies which undermine systems thinking. Following what Mills [C. W. Mills, (1959). The sociological imagination. New York: Oxford University Press] (termed the "sociological imagination", this article makes the case for a strategy of systems change that promotes an integrated focus on systems and their constituent individuals. Both of these components are understood to continuously shape each other. The social imagination is introduced as a way to conceptualize the intersection between individuals' conceptions of systems and the ways that systems work to form individual identities and perceptions of social reality. Examples of attempts at systems change from community organizing and public health are used to illustrate both common fallacies and potential future directions for systems change efforts.

Coetzee, F. P. (2000). "Research Note: Sense-Seeking Systems as Normative Model for Innovative Sociocultural Systems." *Systemic Practice and Action Research* 13(3): 425.

> A concept of innovation as beneficial change that results from change in knowledge leads to a foundational model of sociocultural systems, labeled the Sense-Seeking Systems Model, which proclaims that the essence of human striving is to seek and disclose and thereby to gain meaning or sense. Two of the most distinctive characteristics of the model are that it entertains the concept of creation or discovery of sense as the raison d'etre of human systems, and that systems characterized by this model are intrinsically dynamic, with such dynamism emanating from interaction of multiple visions and reflected in the dialectical nature of such systems. A focus on sense-gaining highlights that where possible loss of sense threatens, the urge to regain sense induces aspiration for vision, and vision promises gain of sense. Emphasizing multiple visions, though, admits the necessity and sensibility of maintaining the likes of variety, inherent tension, debate, conflict, and dialectics for effecting innovation.

Duncan, R. (1979). "What is the right organization structure? Decision tree analysis provides the answer." *Organizational Dynamics* 7(3): 59-80.

> New ways of managing change have run aground on the uncritical acceptance of a limited view of temporality, identified here as causal-time. Because it emphasizes identity and state-transitions, causal-time is inherently static and past-centered. An alternative view, called flow-time, emphasizes the dynamic of the always arriving future. The claim is made that a future-centered temporality gives access to the knowledge change agents need to cope with accelerating and ongoing change.

Durlak, J., Taylor, R., et al. (2007). "Effects of positive youth development programs on school, family, and community systems." *American Journal of Community Psychology* 39(3-4): 269.

> A review of efforts at social system change in 526 universal competence-promotion outcome studies indicated that 64% of the interventions attempted some type of microsystemic or mesosystemic change involving schools, families, or community-based organizations in an attempt to foster developmental competencies in children and adolescents. Only 24% of the reports provided quantitative data on the change that occurred in targeted systems. However, studies containing the necessary information produced several mean effect sizes that were statistically significant, and ranged from modest to large in magnitude. These data indicate that attempts to change social systems affecting children and adolescents can be successful. Future work should measure more thoroughly the extent to which the systemic changes that are targeted through intervention are achieved, and investigate how such changes contribute to the development and sustainability of the outcomes that might be demonstrated by participants of competence-promotion programs.

Emshoff, J., Darnell, A., et al. (2007). "Systems change as an outcome and a process in the work of community collaboratives for health." *American Journal of Community Psychology* 39(3-4): 255.

> The widespread development of comprehensive community initiatives that aim to improve community health is driven by the need to change the systems charged with delivering the services and creating the policies related to a variety of health outcomes. Georgia's Family Connection initiative is the nation's largest statewide

network of community collaboratives for health, with collaboratives operating in 159 counties. Data on community context, collaborative processes, engagement in systems change, and changes in programs and activities implemented, gathered consistently at the collaborative level over 3 years, will be used to answer the following questions. How do community contexts and the structure and processes of collaboratives affect implementation of systems change? How do systems changes affect intermediate outcomes such as the type of programs offered in a community? Longitudinal change in systems change and program implementation is described and significant predictors of between-collaborative variation in longitudinal change for each outcome are identified.

Espejo, R. (1994). "What is systemic thinking?" *System Dynamics Review* (Wiley) 10(2/3): 199-212.

This article elaborates on the historic roots of management cybernetics and its evolving identity. The nature of this evolution is explained by presenting a theory of action in organizations, which makes visible the interplay between people's autonomous actions and their role as observers of these actions. This interplay is referred to as the process of grounding epistemology in ontology. The article then discusses complexity. The idea of distinctions is central, we make distinctions about our experiences. These distinctions define our individual complexity and also our situational complexity as we ground them in shared tasks (i.e., purposeful action). It is argued that creating situational complexity requires managing our interactions and that this management is effective if it gets the best out of us and provides our actions with direction and purpose.

Ford, J. K. (2007). "Building capability throughout a change effort: leading the transformation of a police agency to community policing." *American Journal of Community Psychology* 39(3-4): 321.

This case describes a change effort to move a police agency to become a community policing organization. The community policing effort was seen as a means to make a transformational change to become a learning organization with the goal of improving the delivery of police services. The case describes the steps taken to meet the new vision of community policing as well as the steps taken to deal with the challenges or realities of trying to make change happen. The lens for this case is the leadership role across the stages of change (exploration, planning, implementation, monitoring and institutionalization) in building capacity within the organization to sustain the change effort. The capacity building focused on incorporating systems thinking into the mindset of the members of the organization, breaking down the command and control mindset by building a new norm around high involvement of committed teams, and developing skill sets to support continuous learning and improvement in order to align organizational systems. A key lesson learned is that effective leaders do not just prepare an organization prior to a change effort. They must have the patience to constantly build the capacity for change among organizational members throughout the various stages of the change effort.

Forrester, J. W. (1994). "System dynamics, systems thinking, and soft OR." *System Dynamics Review* (Wiley) 10(2/3): 245-256.

System dynamics, systems thinking, and soft operations research (soft OR) all aspire to understanding and improvement of systems. In all, the first step interprets the real world into a description used in following stages. In system dynamics, description leads to equations of a model, simulation to understand dynamic behavior, evaluation of alternative policies, education and choice of a better policy, and implementation. Case studies, systems thinking, and soft OR usually lack the discipline of explicit model creation and simulation and so rely on subjective use of unreliable intuition for evaluating the complex structures that emerge from the initial description of the real system. Nevertheless, systems thinking and soft OR, with emphasis on eliciting information from real-world participants, should contribute useful insights to system dynamics. Conversely, the model creation and simulation stages of system dynamics should contribute rigor and clarity to systems thinking and soft OR.

Foster-Fishman, P., Cantillon, D., et al. (2007). "Building an active citizenry: the role of neighborhood problems, readiness, and capacity for change." *American Journal of Community Psychology* 39(1-2): 91.

Community-building initiatives strive to involve residents as the drivers of the change process, involving them in an array of activities including collective action efforts. Recent evaluations of many of these initiatives,

however, suggest that developing the levels of resident involvement needed in such efforts is challenging. This study examines the neighborhood conditions that are related to whether and how much residents become involved in individual activism and collective action efforts. A random-digit-dial phone survey of 460 residents in 7 distressed neighborhoods suggested that while demographic variables were relatively unimportant, resident perceptions of neighborhood readiness (i.e., hope for the future and collective efficacy) and capacity for change (i.e., socialities and neighborhood leadership), and the level of neighborhood problems were strongly related to whether and how much residents were involved in individual and collective action efforts. Moreover, different elements of these neighborhood conditions were more or less important depending on the type and level of resident involvement. For example, while perceptions of neighborhood problems was the strongest predictor of whether an individual became involved at all, perceived strength of neighborhood leadership was the strongest predictor of an individual's level of activity. The implications of these findings for practitioners and scientists are discussed.

Foster-Fishman, P., Nowell, B., et al. (2007). "Putting the system back into systems change: a framework for understanding and changing organizational and community systems." *American Journal of Community Psychology* 39(3-4): 197.

Systems change has emerged as a dominant frame through which local, state, and national funders and practitioners across a wide array of fields approach their work. In most of these efforts, change agents and scholars strive to shift human services and community systems to create better and more just outcomes and improve the status quo. Despite this, there is a dearth of frameworks that scholars, practitioners, and funders can draw upon to aid them in understanding, designing, and assessing this process from a systemic perspective. This paper provides one framework--grounded in systems thinking and change literatures--for understanding and identifying the fundamental system parts and interdependencies that can help to explain system functioning and leverage systems change. The proposed framework highlights the importance of attending to both the deep and apparent structures within a system as well as the interactions and interdependencies among these system parts. This includes attending to the dominant normative, resource, regulative, and operational characteristics that dictate the behavior and lived experiences of system members. The value of engaging critical stakeholders in problem definition, boundary construction, and systems analysis are also discussed. The implications of this framework for systems change researchers and practitioners are discussed.

Foster-Fishman, P. and Beherens, T. (2007). "Systems change reborn: rethinking our theories, methods, and efforts in human services reform and community-based change." *American Journal of Community Psychology* 39(3-4): 191.

This article introduces the reader to this special issue on Systems Change and highlights six lessons learned about theory, methods, and interventions for systems change that emerged across the included articles. The value of a systems approach to systems change is examined, including the need for frameworks, methods, and change activities that attend to the characteristics of systems.

Glisson, C., Landsverk, J., et al. (2008). "Assessing the organizational social context (OSC) of mental health services: Implications for research and practice." *Administration and Policy in Mental Health and Mental Health Services Research* 35(1-2): 98-113.

The organizational social context in which mental health services are provided is believed to affect the adoption and implementation of evidence-based practices (EBPs) as well as the quality and outcomes of the services. A fully developed science of implementation effectiveness requires conceptual models that include organizational social context and tools for assessing social context that have been tested in a broad cross-section of mental health systems. This paper describes the role of organizational social context in services and implementation research and evaluates a comprehensive contextual measure, labeled Organizational Social Context (OSC), designed to assess the key latent constructs of culture, climate and work attitudes. The psychometric properties of the OSC measure were assessed in a nationwide study of 1,154 clinicians in 100 mental health clinics with a second-order confirmatory factor analysis of clinician responses, estimates of scale reliabilities, and indices of within-clinic agreement and between-clinic differences among clinicians. Finally, the paper illustrates the use of nationwide norms in describing the OSC profiles of individual mental health clinics and examines the cross-level association of organizational-level culture and climate with clinician-level work attitudes.

Hawe, P., Noort, M., et al. (1997). "Multiplying Health Gains: the critical role of capacity-building within health promotion programs." *Health Policy* 39(1): 29-42.

> Health outcomes in populations are the product of three factors: (1) the size of effect of the intervention; (2) the reach or penetration of an intervention into a population and (3) the sustainability of the effect. The last factor is crucial. In recent years, many health promotion workers have moved the focus of their efforts away from the immediate population group or environment of interest towards making other health workers and other organizations responsible for, and more capable of, conducting health promotion programs, maintaining those programs and initiating others. `Capacity-building' by health promotion workers, to enhance the capacity of the system to prolong and multiply health effects thus represents a `value added' dimension to the health outcomes offered by any particular health promotion program. The value of this activity will become apparent in the long term, with methods to detect multiple types of health outcomes. But in the short term its value will be difficult to assess unless we devise specific measures to detect it. At present the term `capacity-building' is conceptualized and assessed in different ways in the health promotion literature. Development of reliable indicators of capacity-building which could be used both in program planning and in program evaluation will need to take this into account. Such work will provide health-decision makers with information about program potential at the conclusion of the funding period, which could be factored into resource allocation decisions, in addition to the usual information about a program's impact on health outcomes. By program potential, we mean ability to reap greater and wider health gains.

Herschell, A., McNeil, C., et al. (2004). "Clinical Child Psychology's Progress in Disseminating Empirically Supported Treatments." *Clinical Psychology: Science and Practice* 11(3): 267-288.

> Advances have been made over the past decade in identifying, evaluating, and disseminating empirically supported treatments (ESTs). Progress with adult ESTs, compared to child treatments, however, has differed. This article highlights areas of advancements, reviews literature related to specific training methods (i.e., treatment manuals, graduate education, continuing education, and EST protocols), discusses issues relevant to adult versus child treatment dissemination, and provides recommendations for enhancing the dissemination of ESTs.

Hill, R. and Levenhagen, M. (1995). "Metaphors and mental models: Sensemaking and sensegiving in innovative and entrepreneurial activities." *Journal of Management* 21(6): 1057-1074.

> To be successful, entrepreneurs must be able to cope with significant ambiguity. Entrepreneurial businesses typically operate m unsettled industries or unsettled segments of stable industries. Moreover, starting a new business is an uncertain undertaking creating many ambiguities in itself. To cope with these uncertainties, the entrepreneur must develop a "vision" or mental model of how the environment works (sensemaking) and then be able to communicate to others and gain their support (sensegiving). This paper discusses the process of mental model development for entrepreneurs. Metaphor development is proposed to be a significant and important stage in this process. Metaphors provide a common language and a basis for communication within the organization. Through metaphor(s) an organization develops a common language, an understanding of the task environment and a means of interpreting events. Metaphors are particularly useful in communicating broad and sometimes abstract concepts such as organizational mission and strategy and in situations requiring novel concepts and approaches.

Hirsch, G., Levine, R., et al. (2007). "Using system dynamics modeling to understand the impact of social change initiatives." *American Journal of Community Psychology* 39(3-4): 239.

> Community psychologists have a long history of interest in understanding social systems and how to bring about enduring positive change in these systems. However, the methods that community psychologists use to anticipate and evaluate the changes that result from system change efforts are less well developed. In the current paper, we introduce readers to system dynamics modeling, an action research approach to studying complex systems and the consequences of system change. We illustrate this approach by describing a system dynamics model of educational reform. We provide readers with an introduction to system dynamics modeling, as well as describe the strengths and limitations of the approach for application to community psychology.

Hoagwood, K. (2003). "The policy context for child and adolescent mental health services: implications for systems reform and basic science development." *Annals of the New York Academy of Sciences* 1008: 140-8.

> Significant state and national policy initiatives are focusing on strategies for financing and structuring the delivery of evidence-based services for children. These initiatives reflect, in part, an increased awareness of and respect for scientific standards about effective treatments and services. At the same time, major studies of system reform and organizational behavior are calling into question the effectiveness of current practices and identifying the complexities of taking science-based services to scale. Four major policy initiatives are described and the implications of scientific developments within the basic neurosciences for improving policy, practice, and service in children's mental health is discussed.

Hoagwood, K., Burns, B., et al. (2001). "Evidence-based practice in child and adolescent mental health services." *Psychiatric Services* 52(9): 1179-89.

> The authors review the status, strength, and quality of evidence-based practice in child and adolescent mental health services. The definitional criteria that have been applied to the evidence base differ considerably across treatments, and these definitions circumscribe the range, depth, and extensionality of the evidence. The authors describe major dimensions that differentiate evidence-based practices for children from those for adults and summarize the status of the scientific literature on a range of service practices. The readiness of the child and adolescent evidence base for large-scale dissemination should be viewed with healthy skepticism until studies of the fit between empirically based treatments and the context of service delivery have been undertaken. Acceleration of the pace at which evidence-based practices can be more readily disseminated will require new models of development of clinical services that consider the practice setting in which the service is ultimately to be delivered.

Hoagwood, K. and Erwin, H. (1997). "Effectiveness of school-based mental health services for children: A 10-year research review." *Journal of Child and Family Studies* 6(4): 435-451.

> Presents a literature review from 1985-1995 on school-based mental health services for children. Of the 5,046 references initially identified, 228 were program evaluations. Three inclusion criteria were applied to those studies: use of random assignment to the intervention; inclusion of a control group; and use of standardized outcome measures. Only 16 studies met these criteria. Three types of interventions were found to have empirical support for their effectiveness, although some of the evidence was mixed: cognitive-behavioral therapy, social skills training, and teacher consultation. The studies are discussed with reference to the sample, targeted problem, implementation, and types of outcomes assessed, using a comprehensive model of outcome domains, called the SFCES model. It is suggested that future studies of school-based mental health services should: (1) investigate the effectiveness of these interventions with a wider range of children's psychiatric disorders; (2) broaden the range of outcomes to include variables related to service placements and family perspectives; (3) examine the combined effectiveness of these empirically-validated interventions; and (4) evaluate the impact of these services when linked to home-based interventions

Hoagwood, K., Hibbs, E., et al. (1995). "Introduction to the special section: efficacy and effectiveness in studies of child and adolescent psychotherapy." *Journal of Consulting & Clinical Psychology* 63(5): 683-7.

> This article introduces a special series on "transporting" studies of the efficacy of psychotherapy into studies of their effectiveness. Models of the relationship between efficacy and effectiveness are described. Traditional linear models of the phases of scientific expansion suggest that findings from efficacy studies can be transported into broader population samples only after a prescribed series of steps have been followed, with the ultimate goal of implementing treatments that have broad public health implications. An alternative 3-dimensional model is described. This new model posits as its organizing principle flexible movement between dimensions of efficacy and effectiveness across multiple axes.

Hoagwood, K., Jensen, P., et al. (1996). "Outcomes of mental health care for children and adolescents: I. A comprehensive conceptual model." *Journal of the American Academy of Child & Adolescent Psychiatry* 35(8): 1055-63.

OBJECTIVE: Accountability for mental health care has become a standard of clinical practice. With the expansion of managed care as a corporate response to health reform, attention to outcomes will intensity. Assessment of clinical treatment has typically focused on symptom reduction at an individual level, whereas assessment of service effectiveness has more often targeted service-level change.

METHOD: A dynamic and interactional model of outcomes is presented that broadens the range of intended consequences of care. The model comprises five domains: symptoms, functioning, consumer perspectives, environmental contexts, and systems.

RESULTS: The model reflects the changeable interaction between children's evolving capacities and their primary environments (home, school, and community).

CONCLUSIONS: As health care practices shift, attention to improved care is likely to depend increasingly on scientifically credible evidence of its impact. Greater integration between research and standard practice will be needed. Such a partnership can be strengthened by a more comprehensive view of the impact of care.

Hoagwood, K. and Johnson, J. (2003). "School psychology: A public health framework I. From evidence-based practices to evidence-based policies." *Journal of School Psychology* 41(1): 3-21.

Describes current perspectives on evidence-based practices in psychology, medicine, and education. The paper also discusses challenges in the implementation and dissemination of research-based findings into schools and in particular understanding the fit between empirically validated interventions and organizational structures. Following that discussion, differences between current models of organizational behavior as studied in children's mental health services and in education are described and finally, the kinds of programmatic research models within school psychology that can move evidence-based practices towards system-wide policies are described. Implications for practice and policy are noted

Hoelscher, D., Feldman, H., et al. (2004). "School-based health education programs can be maintained over time: results from the CATCH Institutionalization study." *Preventive Medicine* 38(5): 594-606.

BACKGROUND: Developing and evaluating interventions to influence students' opportunities for healthful choices has been a focus of school-based health promotion research; however, few studies have examined the sustainability of these programs and viability of continued organizational implementation.

METHODS: The purpose of this study was to determine the maintenance of Child and Adolescent Trial for Cardiovascular Health (CATCH) school-level changes in former intervention (n = 56) and former comparison (n = 20) schools 5 years post-intervention. Twelve schools unexposed to CATCH were measured as controls. Macronutrient content of 5 days of school lunch menus, amount and type of physical education (PE) classes, and health instruction practices in the classroom were assessed. An institutionalization score for schools was developed, using program maintenance variables: % kcal from fat and saturated fat in school lunches, % PE class spent in vigorous and moderate-to-vigorous physical activity, and class time devoted to CATCH topics.

RESULTS: Menus from 50% of former intervention cafeterias met the Eat Smart guidelines for fat, compared to 10% of former control cafeterias and 17% of unexposed school cafeterias (P < 0.005). There were no significant differences in implementation of CATCH PE goals between conditions. Although the total time spent teaching CATCH was low in former CATCH schools, the former intervention schools spent significantly more time teaching CATCH and taught more lessons as compared to former comparison schools. Former intervention schools had a higher mean institutionalization score than former comparison schools (P < 0.001). Training had the greatest impact on maintenance of CATCH.

CONCLUSIONS: Results from this study suggest that changes in the school environment to support healthful behaviors can be maintained over time. Staff training is an important factor in achieving institutionalization of these programs.

Hwang, A. (2000). "Toward Fostering Systems Learning in Organizational Contexts." *Systemic Practice and Action Research* 13(3): 329.

> This article explores the ways in which the process of systems learning can be nurtured in organizational contexts. I posit that in order to mobilize systems learning at the individual, group, and organizational levels, an integrated, holistic approach must be pursued. It is suggested that the challenge of not only teaching the systems thinking concepts but also using their actual applications in practice is more than just an issue of pedagogical improvement. The cultural and material issues integral to the use of systems thinking must be taken into consideration as well. I argue that our efforts to improve our pedagogical practices to foster systems learning in organizational contexts can benefit from the social constructivist perspective, which represents a system of ideas about learning. The qualities of systems pedagogy resided in social constructivism are proposed as a framework to think with in designing the meaningful systems learning activities. This article also discusses how to create the cultural and material environments in which the process of systems learning can be nurtured.

Jackson, M. C. (1994). "Critical systems thinking: beyond the fragments." *System Dynamics Review* (Wiley) 10(2/3): 213-229.

> This article is concerned with systems thinking as an approach to the management of complex problems. I argue that systems thinking is currently failing to make the most of the significant steps forward taken in the discipline during the 1970s and 1980s. Systems thinking should be able to present itself as the discipline capable of offering a holistic response to a very wide range of management problems. Instead, different groupings of academics and practitioners lay claim to the systems label but share little overall intellectual vision. While the discipline remains fragmented, the claim to offer a holistic and comprehensive response to management problems will seem hollow. Critical systems thinking is suggested as a way for the discipline to progress beyond the fragmentation.

Janzen, R., Nelson, G., et al. (2007). "Capturing system level activities and impacts of mental health consumer-run organizations." *American Journal of Community Psychology* 39(3-4): 287.

> Since the 1970s mental health consumer-run organizations have come to offer not only mutual support, but they have also adopted agendas for broader social change. Despite an awareness of the need for system level efforts that create supportive environments for their members, there has been limited research demonstrating how their system level activities can be documented or their impacts evaluated. The purpose of this paper is to feature a method of evaluating systems change activities and impacts. The paper is based on a longitudinal study evaluating four mental health consumer-run organizations in Ontario, Canada. The study tracked system level activities and impacts using both qualitative and quantitative methodologies. The article begins by describing the development and implementation of these methods. Next it offers a critical analysis of the methods used. It concludes by reflecting on three lessons learned about capturing system level activities and impacts of mental health consumer-run organizations.

Jensen, P., Hoagwood, K., et al. (1996). "Outcomes of mental health care for children and adolescents: II. Literature review and application of a comprehensive model." *Journal of the American Academy of Child & Adolescent Psychiatry* 35(8): 1064-77.

> OBJECTIVE: Using a comprehensive model of outcomes, the authors review the scientific literature to determine the extent of knowledge concerning the outcomes of mental health care for children and adolescents.

> METHOD: Previous research is examined to determine the degree to which it addresses five salient outcome domains: symptoms/diagnoses, functioning, consumer perspectives, environments, and systems (the SFCES model).

> RESULTS: Despite numerous studies, only 38 met minimal scientific criteria. They generally fall into two categories, according either to their focus on the efficacy of treatment(s) for specific disorders or the effectiveness of a particular service or service system. Only two studies include outcome assessments across all five domains.

CONCLUSIONS: As health care practices shift, improvements in mental health care will require credible evidence detailing the impact of clinical treatments and services on all salient outcome domains. Embedding efficacious treatments into effective service programs will likely improve care, but treatments will require modification to make them flexible, inclusive, and appropriate to multicultural populations. Furthermore, service delivery systems must be modified to meet the specific clinical needs of children with mental disorders and to embrace new efficacious treatments as they become available.

Johnson, K., Hays, C., et al. (2004). "Building capacity and sustainable prevention innovations: a sustainability planning model." *Evaluation and Program Planning* 27(2): 135-149.

This article presents an informed definition of sustainability and an associated planning model for sustaining innovations (pertinent to both infrastructure and interventions) within organizational, community, and state systems. The planning model stems from a systematic review of the literature and from concepts derived from a series of `think tanks' made up of key substance abuse prevention professionals. The model assumes a five-step process (i.e. assessment, development, implementation, evaluation, and reassessment/modification) and addresses factors known to inhibit efforts to sustain an innovation. One set of factors concerns the capacity of prevention systems to support sustainable innovations. The other pertains to the extent to which a particular innovation is sustainable. A sustainability action strategy is presented that includes goals with corresponding sets of objectives, actions, and results that determine the extent of readiness to sustain an innovation. Sustainability tools to assist in implementing the planning model are illustrated, and next steps for the model are discussed. This planning model provides a conceptual and practical understanding of sustainability that can lead to further investigation.

Kim, D. and Senge, P. (1994). "Putting systems thinking into practice." *System Dynamics Review* (Wiley) 10(2/3): 277-290.

The dynamic systems perspective illuminates some of the core challenges in organizational learning. If learning occurs through experience, there are good reasons why organizations often fail to learn. In particular, large organizations face a class of systemic decision-making situations in which learning is extremely unlikely. The systems perspective teaches us that cause and effect are often not close in time and space, that obvious interventions do not always produce obvious outcomes, and that long time delays, and systemic effects of actions can make it almost impossible to judge the effectiveness of those actions. This article presents a framework for organizational learning, outlines several breakdowns that thwart the learning process, and discusses how systems thinking can play an important role in helping organizations overcome the learning breakdowns through the design and implementation of managerial practice fields.

Kratochwill, T. and Hoagwood, K. (2005). "Evidence-Based Parent and Family Interventions in School Psychology: Conceptual and Methodological Considerations in Advancing Best Practices." *School Psychology Quarterly* 20(4): 504-511.

Major national, state, and local systems reform efforts are under way to close the gap between science and service through implementation of a range of evidence-based practices (EBPs). A set of rhetorical distinctions and ensuing debates about the relevance of science versus service and efficacy versus effectiveness threatens to widen rather than close the gap. However, methodological and conceptual approaches, drawing upon strong theory-driven models, offer considerable promise for an integrated science on implementation effectiveness. This paper outlines some of the major scientific and policy challenges in strengthening the link between science and service in school psychology within the context of the papers in this series.

Kreger, M., Brindis, C., et al. (2007). "Lessons learned in systems change initiatives: benchmarks and indicators." *American Journal of Community Psychology* 39(3-4): 301.

Measuring progress toward systems change, sustainable efforts that address root causes of an issue by changing policies and practices, is a difficult task for communities, evaluators, and foundations. Tracking and documenting changes in resources, power, policy, sustainable funding, structured relationships and roles, and underlying values require multi-level analyses. Systems change analysts must consider at least four "strata" at once: (1) events and trends, (2) patterns of interaction, (3) context and cultural or social models, and (4) the

systems themselves. In this paper we provide a brief overview of systems change; a discussion of collaboratives as one "engine" of social change; a discussion of benchmarks and indicators of collaboratives focused on systems change; and suggestions for further research. The analysis draws upon several analytic frameworks described in the literature. We illustrate these concepts with examples from six systems change initiatives funded by The California Endowment. The need for further research is outlined.

Lane, D. C. (1994). "With a little help from our friends: how system dynamics and soft OR can learn from each other." *System Dynamics Review* (Wiley) 10(2/3): 101-134.

At its inception, the paradigm of system dynamics was deliberately made distinct from that of OR. Yet developments in soft OR now have much in common with current system dynamics modeling practice. This article briefly traces the parallel development of system dynamics and soft OR, and argues that a dialogue between the two would be mutually rewarding. To support this claim, examples of soft OR tools are described along with some of the field's philosophical grounding and current issues. Potential benefits resulting from a dialogue are explored, with particular emphasis on the methodological framework of system dynamics and the need for a complementarist approach. The article closes with some suggestions on bow to begin learning from the links between the two fields.

Levitt, J. M., Saka, N., et al. (2007). "Early identification of mental health problems in schools: The status of instrumentation." *Journal of School Psychology* 45(2): 163-191.

When embedded within a continuum of mental health services including both prevention and treatment, school-based mental health identification programs can promote improved academic and mental health functioning among students. This article describes the scientific status of assessment instrumentation that may be used for early mental health identification in schools. Currently available instruments are described in terms of their ability to accurately detect youth with mental health problems. Implications for selecting mental health screening and assessment instruments and integrating them into schools are discussed. Finally, a range of approaches to early identification in schools as well as some of the broader ethical and practical issues related to the integration of these strategies into a school-wide continuum of services are presented.

McKay, M. , Hibbert, R., et al. (2004). "Integrating Evidence-Based Engagement Interventions Into 'Real World' Child Mental Health Settings." *Brief Treatment and Crisis Intervention* 4(2): 177-186.

This article focuses on an attempt to integrate evidence-based engagement interventions into "real world" outpatient child mental health settings in order to increase access to care for urban youth and their families. More specifically, empirical support for introducing engagement interventions into child clinical settings will be reviewed. Then, specific engagement interventions that are delivered during the initial telephone contact with a child's adult caregiver or during the first face-to-face contact with a child and family are described with attention paid to the training necessary to assist service providers in adopting this change in practice. Factors that serve to facilitate or impede adoption of evidence-based engagement interventions are also reviewed. Finally, preliminary evidence for the effectiveness of integrating such evidence-supported approaches is presented.

Mufson, L., Dorta, K., et al. (2004). "Effectiveness research: transporting interpersonal psychotherapy for depressed adolescents (IPT-A) from the lab to school-based health clinics." *Clinical Child & Family Psychology Review* 7(4): 251-61.

This paper describes the process of modifying and transporting an evidence-based treatment, Interpersonal Psychotherapy for Depressed Adolescents (IPT-A), from a university setting to school-based health clinics. It addresses conceptual issues involved in the shift from efficacy to effectiveness research as well as operational issues specific to the transport of IPT-A into school-based health clinics. Consideration is given to the rationale for an IPT-A effectiveness study, methodological concerns, and the timing of the move from the "lab" to the community. The authors identify challenges and barriers to initiating effectiveness and transportability research and provide suggestions for overcoming these barriers. Recommendations for conducting research in school-based practice settings are provided.

Murray, L., Fayyad, J., et al. (2006). "An examination of cross-cultural systems implementing evidence-based assessment and intervention approaches.[comment]." *Revista Brasileira de Psiquiatria* 28(1): 76-9.

Implementation of evidence-based assessment and intervention approaches for youth with behavioral and/or emotional problems is rising to recognition worldwide. Feasibility research is critical to examine what characteristics of systems allow for success or barriers to the implementation of evidence-based practices into real-world settings, especially when working cross-culturally. This paper briefly reviews the experience of 4 international sites to understand how the overall structure and specific site variables directed the implementation of the World Health Organization and the World Psychiatry Association project. Discussion includes a thematic summary of the successes and challenges experienced by the sites, and future directions of feasibility studies.

O'Connor, P. (2007). "Using system differences to orchestrate change: a systems-guides intervention model." *American Journal of Community Psychology* 39(3-4): 393.

Community psychologists have a long history of interest in understanding social systems and how to bring about enduring positive change in these systems. However, the methods that community psychologists use to anticipate and evaluate the changes that result from system change efforts are less well developed. In the current paper, we introduce readers to system dynamics modeling, an action research approach to studying complex systems and the consequences of system change. We illustrate this approach by describing a system dynamics model of educational reform. We provide readers with an introduction to system dynamics modeling, as well as describe the strengths and limitations of the approach for application to community psychology.

O'Loughlin, J., Renaud, L., et al. (1998). "Correlates of the Sustainability of Community-Based Heart Health Promotion Interventions." *Preventive Medicine* 27(5): 702-712.

OBJECTIVES: This study investigated factors related to the perceived sustainability of 189 heart health promotion interventions initiated by a public health department or research initiative and implemented in a variety of organizations across Canada.

METHODS: Data were collected in a telephone survey of key informants from schools, restaurants, grocery stores, health care facilities, and sports facilities that had implemented a heart health promotion intervention (risk factor screening, courses for smoking cessation, healthy eating or physical activity, support groups to promote healthy lifestyles, environmental modification, dissemination of information) in the past 8 years.

RESULTS: Overall, 43.6% of 189 interventions were perceived to be very permanent, 34.8% were somewhat permanent, and 21.5% were not permanent. Independent correlates of perceived sustainability included intervention used no paid staff (odds ratio (OR) 95% confidence interval (95% Cl) = 3.7 (1.8, 7.5)), intervention was modified during implementation (OR (95% Cl) = 2.7 (1.4, 5.0)), there was a good fit between the local provider and the intervention (OR (95% Cl) = 2.4 (1.2, 5.0)), and there was the presence of a program champion (OR (95% Cl) = 2.3 (1.2, 4.4)).

CONCLUSION: Consideration of these factors by health promotion program planners could increase the potential for sustainability of health promotion interventions implemented in the community.

Olin, S. and Hoagwood, K. (2002). "The Surgeon General's National Action Agenda on Children's Mental Health." *Current Psychiatry Reports* 4(2): 101-7.

The Surgeon General's National Action Agenda highlighted key issues that challenge the public health system in appropriately meeting the mental health needs of children and their families. Among these issues included the need for screening and early identification, improving access to appropriate mental health care, strengthening the infrastructure, and expanding training for providers. Two key gate-keeping systems identified as critical in this reform of mental health care for children and their families are education and primary care. This paper focuses on these two systems to illustrate problems related to these issues. Central to the Surgeon General's call for reform is also the pressing public health responsibility to improve and use the science base by strengthening the connection between what we know from the scientific evidence base and what we do in practice. The implications of this reform for specialty mental health are discussed.

Owens, P., Hoagwood, K., et al. (2002). "Barriers to children's mental health services." *Journal of the American Academy of Child & Adolescent Psychiatry* 41(6): 731-8.

OBJECTIVE: To examine the characteristics associated with barriers to children's mental health services, focusing on the effect of children's psychosocial problems on parents.

METHOD: Data come from a first-grade, prevention-intervention project conducted in Baltimore, Maryland. Analyses were restricted to 116 families who participated in seventh-grade interviews and indicated the index child needed services. The Services Assessment for Children and Adolescents was used to measure barriers to children's mental health services.

RESULTS: More than 35% of parents reported a barrier to mental health services. Types of barriers included those related to structural constraints, perceptions of mental health, and perceptions of services (20.7%, 23.3%, and 25.9%, respectively). Although parenting difficulties were associated with all barriers (structural: OR = 10.63, 95% CI: 2.37, 47.64; mental health: OR = 8.31, 95% CI: 1.99, 34.79; services: OR = 5.22, 95% CI: 1.56, 17.51), additional responsibilities related to attendance at meetings was associated only with structural barriers (OR = 5.49, 95% CI: 1.22, 24.59).

CONCLUSIONS: Researchers and policymakers interested in increasing children's access to mental health services should consider strategies to reduce barriers related to perceptions about mental health problems and services, in addition to structural barriers. Particular attention should be given to programs that focus on the needs of families who are most affected by their child's psychosocial problems.

Parsons, B. (2007). "The state of methods and tools for social systems change." *American Journal of Community Psychology* 39(3-4): 405.

The last decade or so has seen an increase in the rate of attention to systems change and the application of multiple theories to study and influence change in systems. This article considers how these theories, described in other articles in this issues, plus theories about complex adaptive systems open opportunities for us to continue to expand our repertoire of tools and methods to address systems change. These conceptual frameworks, tools, and methods are expected to help us increase our capacity to study and influence both planned and self-organizing systems change. New tools and methods have emerged and others are needed to help us continue to explore and influence the complex social systems within which we operate.

Peterson, D. and Eberlein, R. (1994). "Reality Check: a bridge between systems thinking and system dynamics." *System Dynamics Review* (Wiley) 10(2/3): 159-174.

System dynamics models are supposed to be more robust than other kinds of simulation models. However, tests of robustness are usually underused and under-documented. To allow the extensive use of robustness tests, we have included in the Vensim software a language for defining qualitative and quantitative tests, and a facility for automatically executing the tests on a simulation model. Such automatic tests are called Reality Check tests. These tests provide an explicit indication of model quality and an effective way of comparing models.

Pipan, T. (2000). "Metaphors and organizational identity in the Italian public services." *Scandinavian Journal of Management* 16(4): 391-409.

This article calls in question the stereotyped image of the lazy and idle employee, lacking motivation or a sense of responsibility. In analyzing three case histories in the secretarial offices of a major university department, in a registry office and in a specialist ward in a medium-size hospital, we discovered an unexpected world of cooperation, commitment and initiatives. In this research attention focuses on the operators' point of view, i.e. the complex interactions with the public, the symbolic frames created to justify one's own role and routine, the metaphors used to explain the dilemma of a difficult everyday life. Running a service means offering a non-material product in which personal attitudes, organizational abilities and communication codes all play a decisive role. Perhaps the observation of small communities at work may help us to find that lost way out of the labyrinth of the Italian public administration.

Pluye, P., Potvin, L., et al. (2004). "Making public health programs last: conceptualizing sustainability." *Evaluation and Program Planning* 27(2): 121-133.

> In public health, programs constitute an important method of improving health, and program sustainability is critical. Knowledge on sustainability raises nevertheless two major issues. The first concerns the social structures within which programs are sustained. The literature suggests different structures however only organizational structures, namely routines, are used for analysis. The second issue concerns the temporal aspect of sustainability that is typically conceived as the final phase of program development after the planning, implementation, and evaluation phases. This `stage' model does not allow one to consider that sustainability must be prepared in advance, concomitantly with implementation. These structural and temporal dimensions ground our proposal to re-conceive sustainability. The literature on organizations defines two relevant social structures, one organizational (routines), and one institutional (standards). This in turn suggests three degrees of sustainability. We then emphasize how sustainability is concomitant with the implementation process, by exploring events that characterize these processes.

Purser, R., Bluedorn, A., et al. (2004). "The Times of Cause And Flow in Organizational Change." *Research in Organizational Change and Development*, JAI. Volume 15: 1-29.

> New ways of managing change have run aground on the uncritical acceptance of a limited view of temporality, identified here as causal-time. Because it emphasizes identity and state-transitions, causal-time is inherently static and past-centered. An alternative view, called flow-time, emphasizes the dynamic of the always arriving future. The claim is made that a future-centered temporality gives access to the knowledge change agents need to cope with accelerating and ongoing change.

Richardson, G. P. (1994). "Introduction: Systems thinkers, systems thinking." *System Dynamics Review* (Wiley) 10(2/3): 95-99.

> Introduces a series of articles on system dynamics, system theory and system thinking.

Richmond, B. (1994). "Systems thinking/system dynamics: let's just get on with it." *System Dynamics Review* (Wiley) 10(2/3): 135-157.

> The world has many problems. Many of these problems are approaching crisis proportions. The system dynamics community has something very powerful to contribute to addressing these problems--whether we call that something systems thinking or system dynamics. We have not been very effective in sharing what we have to offer because we have failed to truly appreciate the essence of system dynamics. As a result, we have both consciously and unwittingly diluted this essence, and in the process made more difficult the task of disseminating what we have to offer. We need to better understand and appreciate the essence of our field and then focus our energies on the real task at hand: figuring out why this essence seems to be so difficult for people to grasp, and then fixing that.

Rones, M. and Hoagwood, K. (2000). "School-based mental health services: a research review." *Clinical Child & Family Psychology Review* 3(4): 223-41.

> This paper provides a synthetic review of research on school-based mental health services. Schools play an increasingly important role in providing mental health services to children, yet most school-based programs being provided have no evidence to support their impact. A computerized search of references published between 1985 and 1999 was used to identify studies of school-based mental health services for children. Study inclusion was determined by (i) use of randomized, quasi-experimental, or multiple baseline research design; (ii) inclusion of a control group; (iii) use of standardized outcome measures; and (iv) baseline and post-intervention outcome assessment. The application of these criteria yielded a final sample of 47 studies on which this review is based. Results suggest that there are a strong group of school-based mental health programs that have evidence of impact across a range of emotional and behavioral problems. However, there were no programs that specifically targeted particular clinical syndromes. Important features of the implementation process that increase the probability of service sustainability and maintenance were identified. These include (i) consistent program implementation; (ii) inclusion of parents, teachers, or peers; (iii) use of multiple modalities; (iv) integration of program content into general classroom curriculum; and (v)

developmentally appropriate program components. Implications of these findings and directions for future research are discussed.

Schoenwald, S. K., Chapman, J., et al. (2008). "A survey of the infrastructure for children's mental health services: Implications for the implementation of empirically supported treatments (ESTs)." *Administration and Policy in Mental Health and Mental Health Services Research* 35(1-2): 84-97.

A structured interview survey of directors of a large national sample (n = 200) of mental health service organizations treating children examined the governance, financing, staffing, services, and implementation practices of these organizations; and, director ratings of factors important to implementation of new treatments and services. Descriptive analyses showed private organizations financing services with public (particularly Medicaid) funds are prevalent and that employment of professional staff, clinical supervision and training, productivity requirements, and outcomes monitoring are common. Results of random effects regression models (RRMs) evaluating associations between governance, financing, and organizational characteristics and the use of new treatments and services showed for-profit organizations more likely to implement such treatments, and organizations with more licensed clinical staff and weekly clinical supervision in place less likely to do so. Results of RRMs evaluating relations between director ratings of the importance to new treatment and service implementation of three factors--fit with existing implementation practices, infrastructure support, and organizational mission and support--suggest greater importance to public than private organizations of these factors. Implications for EST implementation and future research are described.

Schoenwald, S. K. and Hoagwood, K. (2001). "Effectiveness, transportability, and dissemination of interventions: What matters when?" *Psychiatric Services* 52(9): 1190-1197.

The authors identify and define key aspects of the progression from research on the efficacy of a new intervention to its dissemination. They highlight the role of transportability questions that arise in that progression and illustrate key conceptual and design features that differentiate efficacy, effectiveness, and dissemination research. An ongoing study of the transportability of multisystemic therapy is used to illustrate independent and interdependent aspects of effectiveness, transportability, and dissemination studies. Variables relevant to the progression from treatment efficacy to dissemination include features of the intervention itself as well as variables pertaining to the practitioner, client, model of service delivery, organization, and service system. The authors provide examples of how some of these variables are relevant to the transportability of different types of interventions. They also discuss sample research questions, study designs, and challenges to be anticipated in the arena of transportability research.

Silverman, W.K. and Kurtines, W.M. (2004). "Research Progress on Effectiveness, Transportability, and Dissemination of Empirically Supported Treatments: Integrating Theory and Research." *Clinical Psychology: Science and Practice* 11(3): 295-299.

Herschell, McNeil, and McNeil's documentation of the lag in the dissemination of child empirically supported treatments (ESTs) relative to adult ESTs highlights an important issue that needs to be addressed if progress is to be made in helping children who suffer from debilitating behavioral and emotional disorders. The Herschell et al. article brings to the foreground a myriad of other issues, however, that need to be addressed in order that the profession may achieve the long-term goal of widespread deployment of ESTs. In this commentary, we use Herschell et al. as a point of departure for highlighting one issue that we believe is particularly critical. Namely, we highlight the importance of balancing Herschell et al.'s current call for more basic research on dissemination with a call for more basic theory on effectiveness, transportability, and dissemination, and, more significantly, the integration of theory and research.

Staggs, S., White, M., et al. (2007). "Changing systems by changing individuals: the incubation approach to systems change." *American Journal of Community Psychology* 39(3-4): 365.

This article describes and evaluates the implementation of an innovative approach to systems change, the incubation approach, which was developed on a systems change project designed to increase the capacity of multiple systems (e.g., law enforcement, child protection, domestic violence, mental health, early education) to

respond to children's exposure to violence. The incubation approach encourages change agents to collaborate with project staff to gently nurture, or "incubate," feasible and warranted change in target systems. Project staff gain concrete commitment from motivated and accessible change agents and collaborate with those agents to implement change actions. This approach works well with committed, executive-level change agents in target systems, with stable systems that have low turnover and well-integrated subsystems, and when seed funds are provided to key organizations.

Strein, W, Hoagwood, K., et al. (2003). "School psychology: A public health perspective I. Prevention, populations, and, systems change." *Journal of School Psychology* 41(1): 23-38.

Suggests that concerns regarding American schools and mental health services for children abound, including inadequate educational achievement, school violence, over-referral to special education and disproportionate placement of minorities into special education, under-utilization of mental health services for children, and a poorly coordinated system of child mental health services. All of the above concerns share 2 common attributes: (1) they are statements regarding populations, rather than specific individuals; and (2) they are best addressed by changing system-wide elements of psychological service delivery. The authors argue that, although conceptualizing school psychology as primarily an indirect service specialty has advanced the thinking about effective service delivery, conceptualizing school psychological services from a public health perspective will provide an even broader framework that can increase both the efficacy and efficiency of school psychologists' work.

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Suarez-Balcazar, Y., Redmond, L., et al. (2007). "Introducing systems change in the schools: the case of school luncheons and vending machines." *American Journal of Community Psychology* 39(3-4): 335.

A major public health crisis facing America's society is the increase in child and youth obesity, which has seen a fourfold increase in the last four decades. Major concerns include what children eat for school lunch and what other foods are available in schools. This paper illustrates efforts towards systems change in the luncheon program and food vending machines in the Chicago Public Schools. We discuss the different factors that lead to such changes using the framework of the social ecological model and the soft systems methodology, and we analyze how the resulting innovation was implemented and evaluated. First, we present a theoretical perspective to explain factors that influence children's eating patterns from a systems approach. Second, we discuss the antecedent factors that lead to systems change. Finally, we examine challenges to systems change, such as resistance to change, different stakeholder priorities, lack of resources, institutional bureaucracy, and unrealistic funder expectations.

Tseng, V. and Seidman, E. (2007). "A systems framework for understanding social settings." *American Journal of Community Psychology* 39(3-4): 217.

In this paper, we argue that attempts to change social settings have been hindered by lack of theoretical advances in understanding key aspects of social settings and how they work in a dynamic system. We present a systems framework for understanding youths' social settings. We focus on three aspects of settings that represent intervention targets: social processes (i.e., patterns of transactions between two or more people or

groups of people), resources (i.e., human, economic, physical, temporal resources), and organization of resources (i.e., how resources are arranged and allocated). We postulate that these setting aspects are in dynamic transaction with each other, resulting in setting outcomes. Discussion focuses on the implications of our theoretical framework for setting intervention.

Weist, M., Goldstein, J., et al. (2003). "Funding a full continuum of mental health promotion and intervention programs in the schools." *Journal of Adolescent Health* 32(6, Supplement 1): 70-78.

PURPOSE: To assess the availability of public and private financing sources to support comprehensive school mental health programs. The paper focuses on "expanded school mental health" (ESMH) programs, which provide a full array of mental health promotion and intervention services to youth in general and special education through school-community partnerships.

METHODS: A range of strategies to fund ESMH services are reviewed, including fee-for-service funding, as well as grants, contracts, and other mechanisms from federal, state, local, and private sources.

RESULTS: An objective national study of the characteristics and financing of ESMH programs has yet to be conducted. Existing evidence suggests that funding for these programs is patchy and tenuous. Many programs are being funded through fee-for-service programs, which generally only support the provision of more intensive services (e.g., assessment, therapy) and are associated with significant bureaucracy and other concerns (e.g., the need to diagnose students). As programs move to enhance funding for preventive and mental health-promoting activities and services, there is an increasing need for grants, contracts, and other sources of support.

CONCLUSION: Progress in the national movement toward ESMH will be promoted through an interconnected agenda of quality improvement, evaluation of program effectiveness, and the advancement of advocacy. These developments will facilitate policy improvements and increased funding for the full continuum of mental health promotion and intervention in the schools.

Weisz, J., Chu, B., et al. (2004). "Treatment Dissemination and Evidence-Based Practice: Strengthening Intervention Through Clinician-Researcher Collaboration." *Clinical Psychology: Science and Practice* 11(3): 300-307.

Youth clinical practice and research have rich traditions and share important goals. Linking the two traditions could capitalize on their complementary strengths. The thoughtful review by Herschell, McNeil, and McNeil (this issue) highlights several efforts at linkage; these could help launch a new generation of collaborative work. In this work, several aims will require attention: (a) building consensus on how to identify empirically supported treatments, (b) matching these treatments with empirically sound assessment and diagnosis in practice, (c) expanding the concept of evidence-based practice to encompass an assessment-intervention dialectic, (d) ongoing testing of the impact of evidence-based care on practice outcomes, and (e) rethinking the model that guides intervention development, by focusing on what is needed for eventual deployment.

Zazzali, J., Sherbourne, C., et al. (2008). "The adoption and implementation of an evidence based practice in child and family mental health services organizations: A pilot study of functional family therapy in New York State." *Administration and Policy in Mental Health and Mental Health Services Research* 35(1-2): 38-49.

Numerous challenges persist in providing evidence-based treatments to children and families in community-based settings. Functional Family Therapy (FFT), one such evidence-based treatment, is a family prevention and intervention program for adolescents with conduct disorder or oppositional defiant disorder. This paper presents pilot data in support of a conceptual framework explaining the adoption and implementation of FFT in a small sample of family and child mental health services organizations in New York State. The conceptual framework is grounded in the diffusion of innovations and the organizational behavior literatures, as well as previously published accounts of the adoption and implementation of evidence-based treatments in mental health. Pilot study data demonstrated that factors associated with the adoption of FFT included: The program fitting with the mission of the organization, as well as the organization having a strong interest in evidence-based treatments. Once a decision to adopt FFT was made, the degree to which it fit with organizational characteristics (e.g., available resource sets, organizational structure, and culture) influenced the ease with which it was implemented. Implications for the adoption and implementation of other evidence-based treatments are discussed.