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Defining "necessary" services and supports: Why systems of care must take direction from service-level processes

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ABSTRACT

A crucial element of the system of care definition is the specification of its purpose, namely, "to ensure access to and availability of necessary services and supports." This article discusses the structures and processes that must be in place so that systems of care can acquire and respond to high-quality information about what services and supports are truly necessary.

1. Introduction

The definition of system of care offered by Hodges, Ferreira, Israel, and Mazza (2009) is a helpful updating of this important concept. As a one-sentence definition of a complex idea, however, the definition requires quite a bit of unpacking, and therefore the article's discussion of each of the 10 "component terms" will be an important source of guidance to people working to create and sustain systems of care. A crux of the proposed definition is its specification of the purpose of a system of care, namely, "to ensure access to and availability of necessary services and supports." However, the discussion of the key component terms *necessary services and supports* and *access and availability* offers no explicit information about how the system will ensure that it is providing the types and quantities of services and supports that are truly needed.

In the essay by Hodges et al., the discussion of these two component terms does provide some information about what is needed/necessary. In the discussion of *necessary services and supports*, "both formal and informal, as well as traditional and non-traditional" services and supports are seen as essential. Additionally, the services and supports that are provided must represent a flexible, individualized response, designed to meet the needs of a given child and family. While this elaboration is helpful, the discussion essentially leads in a circle: What is "necessary" is what is needed by children and their families. Similarly, the discussion of the component term *access and availability* emphasizes that families and children must receive care "as needed," but without discussing how the system will know what these needs are.

2. Determining needs: top down versus bottom up

Traditionally, social service systems have tended to take a top-down approach to developing policies about what clients need and what services they will get to remedy those needs. Within children's mental health, service systems typically reflect this sort of *forward mapping* approach to policymaking (Elmore, 1979/80; Friedman, 2003; Walker & Koroloff, 2007). Policies that govern what outcomes are desired—and what services and supports will be made available so that these outcomes can be achieved—tend to be made at "higher" implementation levels, through legislation, administrative rules, and/or decisions made by governing boards or administrators. Through these decisions, individuals and collectives at higher implementation levels exert authority and control over activities at "lower" levels. The information that flows upward from the lower levels is chiefly used to monitor compliance with the higher level intent. Forward mapping

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approaches express the premise that "the ability of complex systems to respond to problems depends on the establishment of clear lines of authority and control" (Elmore, 1979/80, p. 605).

In contrast, a *backward mapping* approach begins with a focus on problem solving at the "lowest" level of intervention, where services are provided and where "public servants touch the public." Through problem-solving processes at this level, desired outcomes—and strategies for achieving the outcomes—are identified. Focus then moves upward through the implementation levels, to identify the policies, resources, and supports that are needed from higher levels if the desired outcomes at the lower levels are to occur. Backward mapping reflects the assumption that "the closer one is to the source of the problem, the greater is one's ability to influence it; and the problem-solving ability of complex systems depends not on hierarchical control but on maximizing discretion at the point where the problem is most immediate" (Elmore, 1979/80, p. 605). Backward mapping is intended to build policy and structures that support a flexible response at the intervention level, avoiding the "one size fits all" solutions that are characteristic of forward mapping approaches to policymaking.

Systems of care are complex systems, in which both forward mapping and backward mapping inform policymaking and resource allocation decisions. A system of care must ensure service-level compliance with relevant legislation, administrative rules, funding requirements, and mandates. This creates a need for top-down, forward mapping approaches for developing relevant policies and accountability structures. At the same time, however, a system whose purpose is to fulfill individualized plans cannot be successful unless it has a well-developed capacity to be continuously "backward mapped" from the service level. Within the individualized planning process, child and family needs are determined, and outcomes and strategies are developed. The resulting plan specifies a unique set of necessary services and supports for a particular child and family. The system of care's responsibility toward this particular child and family is to provide the unique set of services and supports identified in the plan. By extension, the system's larger purpose is to build the capacity to meet the aggregate "demand" for services and supports as identified through individualized planning at the service level. This includes services and supports that are needed by many families, as well as those that must be located or created for fewer or even single children or families. Regardless of how well the system tries to anticipate this demand, top-down, forward mapping decision-making processes will be based on guesses about families' needs and the types of services and supports that should be provided. The system will have even less information about the informal, non-traditional, and completely unique supports and services that are needed; and about what kinds of policies must be developed to ensure families' access.

3. Intentionality and accountability

In short, a system of care cannot succeed in its purpose unless it is successful in taking direction from "below." For this sort of backward mapping to work, the system must have access to accurate information about what services and supports are truly necessary. This sort of system responsiveness is difficult to achieve. Taking direction from below represents a radical reversal of normal lines of authority within human service systems, where power is concentrated at the "top" levels and authority flows "downward." (Indeed, it is difficult even to talk about implementation levels without using vocabulary that reflects higher/lower, top/bottom or up/down distinctions.) People at administrative and policy levels not only control jobs, budgets, and other resources; but they also typically have greater seniority, professional prestige, and/or perceived expertise. Similarly, at the service level, providers have traditionally maintained a one-up relationship with clients. Providers not only have professional credentials and technical knowledge, but also exercise control over treatment planning, have power over resources, and often wield legal mandates. Making the system answerable to needs identified from the child and family perspective thus requires that information flows "upstream," against strong prevailing currents of power and authority. Furthermore, even if accurate information arrives at the system level, there is no guarantee that it will actually form the basis of policy and resource allocation decisions. System inertia works to dampen or even suppress system response.

It follows that a system of care must be intentional about building and adhering to strong structures and processes that support its capacity to ascertain and meet needs. Such structures and processes ensure that the flow not just of information, but also of accountability, is reversed from its usual state, so that systems are held responsible for complying with "lower" level intent. Our research and practical experience with systems of care provides evidence for at least three requirements, all of which must be in place for a system of care to succeed in its purpose. We describe each of these in turn, basing our observations on experience with two different planning processes implemented within systems of care: wraparound, a team-based planning process for children and their families implemented in many communities around the nation; and Options, a program in Clark County, Washington, in which youth and young adults aged 14–25 work with a transition facilitator using the Transition to Independence Process (TIP; Clark, 2004) and complementary approaches to develop individualized plans (Woolsey & Katz-Leavy, 2008).

3.1. Requirement 1: ensure the integrity of the planning process

Determining needs—and developing strengths-based, culturally competent service and support strategies—is not an easy or straightforward process. Families and youth, particularly those with long service histories, usually have had little opportunity to explore their own perspectives about their needs, and professionals often lack the time or skills to facilitate this process. In the wraparound process, a detailed exploration of child and family strengths, needs, and culture is required. Options also use an extensive, pre-planning engagement process that explores strengths (or "gifts"), needs and goals (Clark, 2004; Woolsey & Katz-Leavy, 2008). In both approaches, this exploration must take place before service and support strategies are even discussed, and great care must be taken to ensure that the needs that emerge reflect a family/youth perspective (e.g., Joe needs friends who are fun to be around and stay out of trouble) rather than a service/system perspective (e.g., Joe needs therapy and anger management). In the absence of clear specification and monitoring of the planning process, the overwhelming tendency is for individualized planning to shortchange the exploration of needs, and jump straight to services-on-hand "solutions" (Walker & Schutte, 2004). Informal and non-traditional strategies are infrequently considered and rarely implemented, even when their importance is strongly emphasized in program theory and values (Walker & Schutte, 2005). Similarly, in the absence of fidelity or quality monitoring (e.g., Bruns, Burchard, Suter, Leverentz-Brady, & Force, 2004; Bruns, Suter, Force, Sather, & Leverentz-Brady, 2006; Clark, 2004), there is likely to be laxity in monitoring the plan and the success (or failure) of service/support strategies. As a result, services may remain in the plan even though they are actually not helping. In sum, unless the system has access to reliable information about the quality of the planning process, it cannot be certain that it is providing access to services and supports that are responsive to real youth and family needs.

3.2. Requirement 2: ensure the availability of timely, accurate data about service/support availability, access, and gaps

Because the individualized service planning required in systems of care is so different from traditional service planning, existing information systems typically fail to capture important information from plans. Existing information systems often do not include and/or cannot easily aggregate information about the full spectrum of services and supports included on individualized plans, particularly when service/support strategies are provided by a variety of different agencies or individuals. Additionally, information systems often cannot provide full or systematic data about which strategies were successfully implemented, which were implemented only after long lags, and which needed to be radically altered or even abandoned because they could not be implemented or accessed at all. It is of course the gaps—and particularly the failures to access or implement non-traditional strategies—that are least likely to be represented in information systems. As a result, system-level decision-makers may never become adequately aware of failures to provide one, several, or many children, youth or families with, for example: coaching around specific career interests; respite provided by friends, extended family, or neighbors; culturally appropriate mentoring; or off-hours, strengths- and community-based behavioral support. Consequently, relevant policies—e.g., for creating mechanisms to pay people from the family's interpersonal network to provide respite or other basic support services—will not be developed. Reliance on information systems that can only produce partial information—i.e., about usage and gaps for traditional services—is perhaps as bad as having no information, since this can bias system-level efforts by providing a false picture about which services are available and which need to be added or expanded.

3.3. Requirement 3: adhere to a transparent system-level process for making decisions about the allocation of resources

The system of care must have an ongoing process for using the information generated at the service level to allocate resources across service/support options and to create and revise relevant policy. For example, youth in the Options program were disillusioned with mental health therapy due to past experiences with counseling that seemed ineffective, patronizing or irrelevant to their lives and goals. The young people were thus reluctant to include therapy on their individualized plans, even when they might have benefited from it. When therapy *was* included on plans, engagement and retention were low. When this pattern became clear to the Options steering committee, it responded by developing a position for an on-site therapist, who used a non-traditional approach that was engaging and appealing to youth (Woolsey & Katz-Leavy, 2008). Investing in new service/support approaches—and disinvesting in others—can be difficult to carry out. To overcome system inertia and to maintain unity in a context of divergent stakeholder perspectives, the process for making and implementing these decisions should be one that is perceived as both strong and fair. Thus, decision-making should be transparent, and the decisions made should not be subject to later modifications or overrides. Importantly, the body making the decisions should be representative of key stakeholder groups. To help counteract systems' top-down tendencies, there should be an over-representation of voices from the service level, particularly youth and families.

4. Recommended amendment

We have argued here that a system of care cannot fulfill its purpose unless it is acutely responsive to continual backward mapping from the service level; and we have enumerated three crucial functions that the system of care must carry out in order for this to happen. Since our argument was carried forward essentially by logical extension from the system of care principles and the proposed definition, we do not feel that the definition itself needs to be changed to address this issue. Instead, we recommend that the explanation of the component term *necessary services and supports* be augmented to include the three key system functions which must be in place to ensure that the system has accurate information about youth, child and family needs and how well these needs are being met through the service/support array.

The system of care vision has the potential to transform children's mental health care. Yet for the vision to become a reality requires careful attention to the formal structures and processes that support the transformation process. Backward mapping from service-level processes is an essential mechanism for driving this change, and it is therefore imperative that systems are adept at—and held accountable for—taking direction from "below."

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