San Francisco Children’s System of Care Theory of Change

**Target Populations:** Includes children & their families
- Age 0-5
- Co-occurring mental health/substance abuse
- Juvenile justice involved or at risk
- Impacted by violence
- Multi-system involvement or at risk (e.g. Juvenile Justice, Child Welfare, Special Ed)

**Challenges**
- Large foreign born population- cultural & language barriers
- Underserved Asian & Pacific Islander communities
- Prevalence of street youth
- Communities with high violence & poverty
- Need for early intervention/prevention
- Low penetration rates
- Fragmentation of inter-agency fiscal strategic planning
- Fragmentation of interagency efforts
- State & local fiscal crisis
- Lack of system-wide integration of family & youth voice
- Lack of system-wide integration of strength-based approach
- Lack of community support systems to promote family resiliency & self-reliance
- Limited youth & family exposure to city-wide resources

**Context**
- **SOC Strategies**
  - Targeting Populations Strategically focusing on underserved populations
  - Targeting Communities Particular focus on communities traumatized by violence

**Guiding Principles**
- **SOC Strategies**
  - Strength-based & solution-focused practices
  - Family & youth involvement and consumer orientation
  - Ensure core values of SOC
  - Accountable, Capacity, Effectiveness
  - Real-world applications of research-proven treatments
  - Cultural competence

**Outcomes**
- **Community Level Outcomes**
  - Increased Awareness
  - Increased Inter-agency knowledge of SOC
  - Increased Family/Youth knowledge of SOC

**Infrastructure Outcomes**
- **Short-Term**
  - Contracts in place
  - Evaluation plan in place
  - Programs in place
  - Social marketing plan in place

- **Long-Term**
  - Increased Access to Services
  - Increased penetration rates
  - Increased services to youth on the street
  - Increased services to 0-5 population
  - Increased Cultural Competence/Staff Skills
  - Increased services to minority communities
  - Increased staff knowledge and skills in specific treatments/approaches
  - Family/Youth Driven System
  - Increased family/youth participation at the planning, quality improvement, eval, and policy level
  - Increased consumer satisfaction
  - Strengthened family and youth awareness of community resources & natural supports

**Improving System**
- Increasing partnerships with parents & youth, consumer input
- Mapping what exists
- Increasing collaboration with partner agencies and community based agencies
- QI for MH system
- Providing outcome/evaluation information specific to needs of collaborating agencies
- Hiring youth outreach workers to build connections with MH
- Improving access point assessments for agency partners and the community
- Creating uniform referral process
- Showing effectiveness - identify areas of focus (internal & with agency partners)
- Care Coordination team for Early Childhood & Level 3
- Establishing day treatment program for juvenile offenders with substance abuse and mental health needs

**Improving Communities**
- Providing youth development & outreach to street youth
- Creating Child Crisis Emergency Response Team focused on violent events - debriefing services for community members.
- Expanding Family Involvement Team in Latino & Asian communities

**Improving Governance & Infrastructure**
- CSOC Policy Council
- Cultural competence & evaluation committees
- Fiscal staff person & committee
- Multilevel representation of consumers & community
- Best practices team
- Information-based blended funding & reinvestment
- Integrated access to data
- Social marketing
- Matrix work plan

**Improving Treatment**
- Enhancing Intensive Care Management
- Including PTSD
- Including DBT
- Piloting evidence-based treatments for specific diagnoses
- Implementing Family Group Conferencing- family directed assessment, planning & coordination

**Evaluation, Administration, Social Marketing, Training**