

A CONCEPTUAL FRAMEWORK
FOR DEVELOPING AND IMPLEMENTING
EFFECTIVE POLICY
IN CHILDREN'S MENTAL HEALTH

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ABSTRACT

This article presents a framework to be used in studying public policy development and implementation in children's mental health. It particularly focuses on policy related to the establishment of community-based systems of care. The framework is based on a review of the literature on policy development and implementation, and focuses on four dimensions: the stages of policy development and implementation; the relationship between different levels of government; the relationship between different service sectors; and variables that affect the likelihood that a policy will achieve its intended effect.

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Public policies have been defined as "authoritative decisions that are made in the legislative, executive, or judicial branches of government" (Longest, 1998, p. 4) that are intended to direct or influence the actions, behaviors, or decisions of others. Such policies are vitally important to effective services in many ways, such as establishing the financing system, setting standards and accountability procedures, and creating organizational structures. In recognition of the potential impact of policy on establishing and sustaining effective service delivery systems, at least half of the states have passed legislation that has defined their system of care (Davis, Yelton, & Katz-Leavy, 1995). These authors point out that while the existence of laws does not ensure that there are sufficient funds to implement the laws, the laws themselves serve as "a powerful building block towards system reform" (p. 14). It has also been pointed out that once system reforms have been undertaken, laws have great potential for helping to sustain the changes that were made (De Carolis, 1998).

The purpose of this article is to describe a conceptual framework for developing and implementing policy in children's mental health. The framework is based on a broad review of the policy development and implementation literature, extending beyond the children's mental health field.

Two of the states that have the longest history of legislative policy to support the development of systems of care are California and Vermont. Table 1 illustrates the approaches taken in these states. In California, the original legislation (AB 3920) passed in 1984, and created a pilot project in Ventura County to test the concept of interagency cooperation. In 1987, after the early success of the Ventura County pilot, AB 377 was passed to extend the Ventura model elsewhere in the state. As defined by AB 3015, legislation passed in California in 1992, a "system of care county means a county which has been approved by the State Department of Mental Health as having the capability to provide child- and family-centered services in a collaborative manner, resulting in quantitative outcome measures." The California statute allows counties considerable flexibility in how they develop their system but does require that a contract be developed between the county and the state indicating performance outcomes to be achieved.

In Vermont, Act 264, passed in state law in 1988, mandates collaboration, coordination, and parent involvement at all levels of decision-making. It provides a definition of severe emotional disturbance, and mandates state and local interagency teams. This legislation,

Table 1
Sample Language from California and Vermont

California	Vermont
<p>Article 2. County Systems of Care and Their Mission</p> <p>§5852 There is hereby established an interagency system of care for children with serious emotional and behavioral disturbances that provides comprehensive, coordinated care based on the demonstration project under former Chapter 7...Each participating county shall adapt the model to local needs and priorities.</p> <p>§5855. The department shall adopt as part of its overall mission the development of community-based, comprehensive, interagency systems of care that target seriously emotionally and behaviorally disturbed children separated from their families or at risk of separation from their families, These comprehensive, interagency systems of care shall seek to provide the highest benefit to children, their families, and the community Essential values shall be as follows:</p> <ol style="list-style-type: none"> a) Family preservation b) Least restrictive setting c) Natural setting d) Interagency collaboration and a coordinated service delivery system. The primary child-serving agencies, such as social services, probation, education, health, and mental health agencies, shall collaborate at the policy, management, and service levels to provide a coordinated, goal-directed system of care for seriously emotionally disturbed children and their families. <p>§5866 (a) Counties shall develop a method to encourage interagency collaboration with shared responsibility for services and the client and cost outcome goals.</p> <p>Laws of California, Chapt 1229 (1992)</p>	<p>State of Vermont (Assembly Bill no. 264</p> <p>Sec 1. Purpose</p> <p>This act is intended to develop and implement a coordinated system of care so that children and adolescents with severe emotional disturbance and their families will receive appropriate educational, residential, mental health and other treatment services in accordance with an individual plan.</p> <p>Legislative intent. 1987, No. 264 (Adj. Sess), § 1, provided:</p> <p>"This act is intended to develop and implement a coordinated system of care so that children and adolescents with a severe emotional disturbance and their families will receive appropriate educational, residential, mental health and other treatment services in accordance with an individual plan..."</p> <p>§ 7202. Coordination</p> <p>The department shall be responsible for coordinating efforts of all agencies and services, government and private, directed towards the control, reduction and prevention of those problems involving mental retardation, mental illness and, in coordination with the departments of social and rehabilitative services and education, severe emotional disturbance.</p> <p>18 VSA §7202</p>

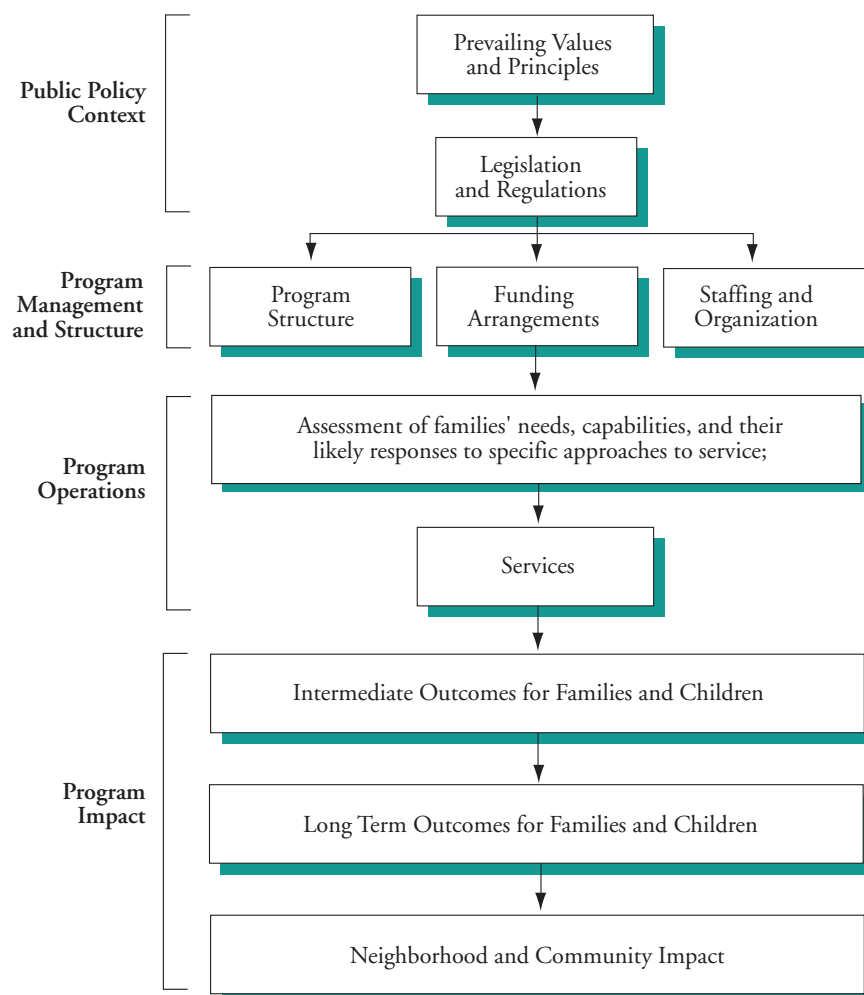
unlike California, does not call for performance outcomes but does indicate that “services provided by or through the departments of mental health, social and rehabilitation services, and education, to children and adolescents with a severe emotional disturbance shall be pursuant to a coordinated services plan.” Local interagency teams, according to this legislation, are to be developed and submit their procedures for review and approval by commissioners of the three state agencies that are partners in this effort.

While the establishment of policy may be an important step in building effective systems of care, unless the policy is carefully designed to address the major issues, and unless there is a strong implementation plan that is carried out well, the impact of the policy itself may be minimal. Despite this, there has been very little systematic investigation of the impact of policy on system development, and on outcomes for children and families. As a result, the

needed information is not yet available to guide policy makers and administrators in determining how to develop and implement policy that will positively impact children with emotional disturbances and their families.

The major reason for embarking on the study of policy development and implementation is because of its hypothesized relationship to service delivery and, ultimately, to outcomes for children and families. One model for depicting this comes from the work of Usher and his colleagues (Usher, Gibbs, & Wildfire, 1995). In this model, which they developed for understanding the context of child welfare services, and which has been adapted for display here, public policy serves as the beginning point for understanding the structure of a service delivery system, and its outcomes (see Figure 1). The public policy context for a service delivery system includes legislation and regulations that typically are based on a set of prevailing values and principles. The legislation and regulations in turn affect the management and structure of programs, which in turn affect program operations and, ultimately, program impact.

Figure 1
The Policy and Program Context of Services
(Modified from Usher, Gibbs, & Wildfire, 1995)



The Beach Center on Family and Disability proposes a similar model that links the core concepts of disability with the development of policy at different levels of government and within different systems. The policy then leads to the development of services that impact outcomes (Beach Center on Family and Disability, 1998).

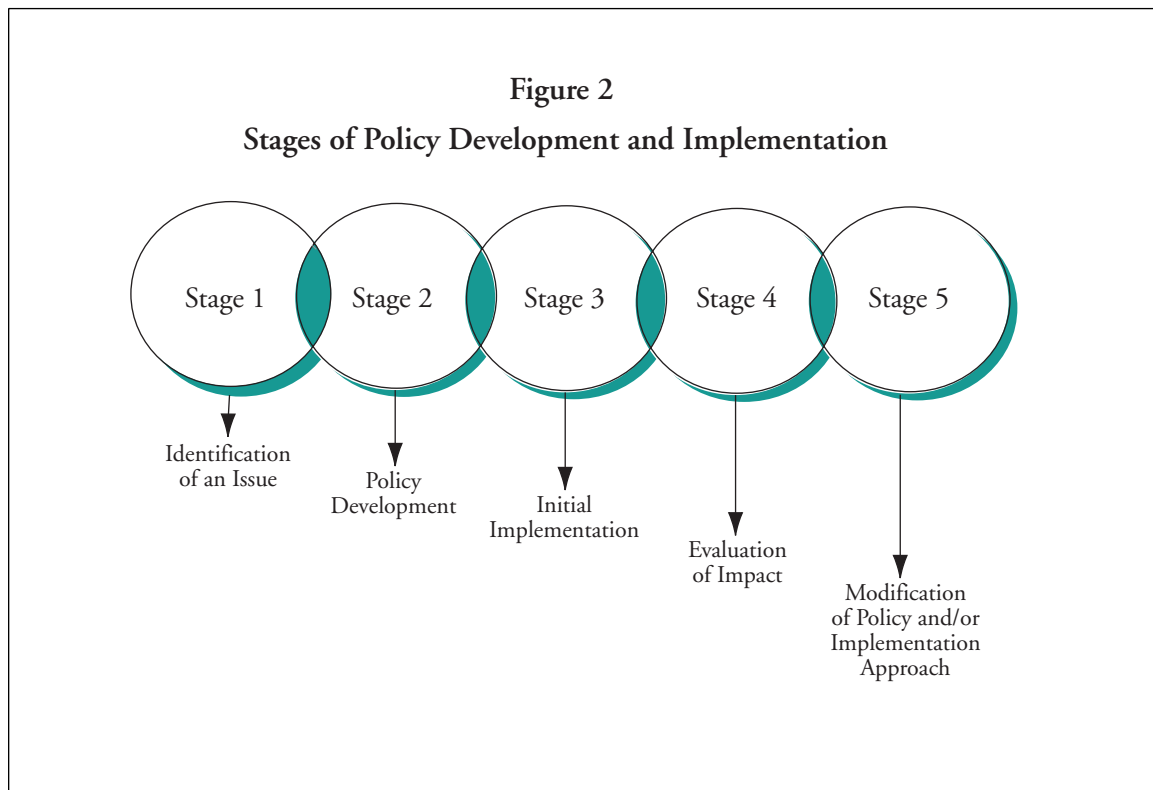
It has been noted, however, that the mere articulation of policy through legislation or regulation is rarely adequate to accomplish the goals of the policy. It has been pointed out, for example, that during the 1960s there was great optimism about the potential of policy to bring about change. As Sarbaugh-Thompson and Zald indicate (1995), “we passed legislation to eradicate racism, poverty, and inequality, confident that we would create a great society. The 1970s demonstrated that simply passing legislation may do little to resolve social problems” (p. 25). As this realization occurred, greater attention was paid to the area of policy implementation, which has been defined as “those actions by public and private individuals (or groups) that are directed at the achievement of objectives set forth in prior policy decisions” (Van Meter & Van Horn, 1975, p. 447). Dunst et al. (1993) similarly emphasize the importance of studying not only policy development but also policy implementation. They indicate that “policy implementation concerns itself with strategies used to translate policies into practice, and the analysis of the implementation of existing policies to determine whether they are achieving stated goals or solving the problem(s) that the policy is intended to alleviate” (p. 193).

CONCEPTUAL FRAMEWORK

The framework presented here focuses on four dimensions: (a) the stages of policy development and implementation; (b) the levels at which policy is developed and the interrelationship between the levels; (c) the service sectors or systems affected by policy and the inter-relationship between policy in different sectors; and (d) the variables that are likely to affect the level of impact that policy has.

Stages of Policy Development and Implementation

There are five somewhat distinct yet overlapping stages that can be identified in policy development and implementation (Figure 2). The first stage is the identification of an issue or a problem needing to be addressed. This may be followed by the development of a policy, traditionally through the passage of a statute by a legislative body. It may be, however, that the legislative body or executive branch determines that it is inappropriate to address the problem through further governmental action, and refrains from creating a new policy. In those instances where a new policy is established, the third stage is the beginning of implementation of that statute. This is followed by an evaluation, more often informal than formal, of the effect of the policy and its implementation. While many analyses of the stages of policy development and implementation stop at this point, it has been pointed out that there are often several stages in implementation, and that sometimes different implementation strategies are employed at the different stages (Elmore, 1987). Elmore refers to these as the “leading” and “following” strategies, and indicates that an initial strategy may result in implementation to a certain level. A new strategy may then be needed to elevate the level of implementation. Alternately, after the policy has been implemented for a period of time, it may be revised based on the results of the evaluation. The fifth stage, therefore, is modification of the policy and/or of the implementation approach.



The traditional viewpoint in the broad field of policy analysis has been that there is a clear distinction between policy development and implementation (Hill, 1997; Longest, 1998; Nakamura & Smallwood, 1980). In fact, images have been created of a “conveyor belt” process in which agenda setting takes place at one end of the line and implementation and evaluation at the other (Hill, 1997). Nakamura and Smallwood (1980) have pointed out that there is an overlap between the policy development and implementation stages, and that policy should be viewed as a stream that unfolds over time. Statutes often do not contain language that is explicit enough to guide their implementation, and therefore the responsibility is passed to implementing organizations, typically in the executive branch of government, to develop the rules and regulations used to guide the operation of the law. Therefore, the process of studying the impact of policies must take into consideration the abilities of the implementing organization to carry out the intent of laws and other policies. This is especially important when more than one organization is involved in the implementation of a policy (Longest, 1998; Sarbaugh-Thompson & Zald, 1995).

Levels of Government

Policies may be established at varying levels of government. The most important issue, however, may not be the level of government that establishes the policy but the relationship between the different levels of government in the implementation of policy. This relationship may play a critical role in determining the impact of the policy. One of the primary purposes of public policy is to influence the actions of governmental entities at a lower level. This is done through strategies or policy instruments, such as mandates or inducements, that will be

discussed in greater detail later. One of the major issues in understanding policy impact, however, is determining the benefits and drawbacks of different policy instruments enacted by one level of government to influence a lower level of government.

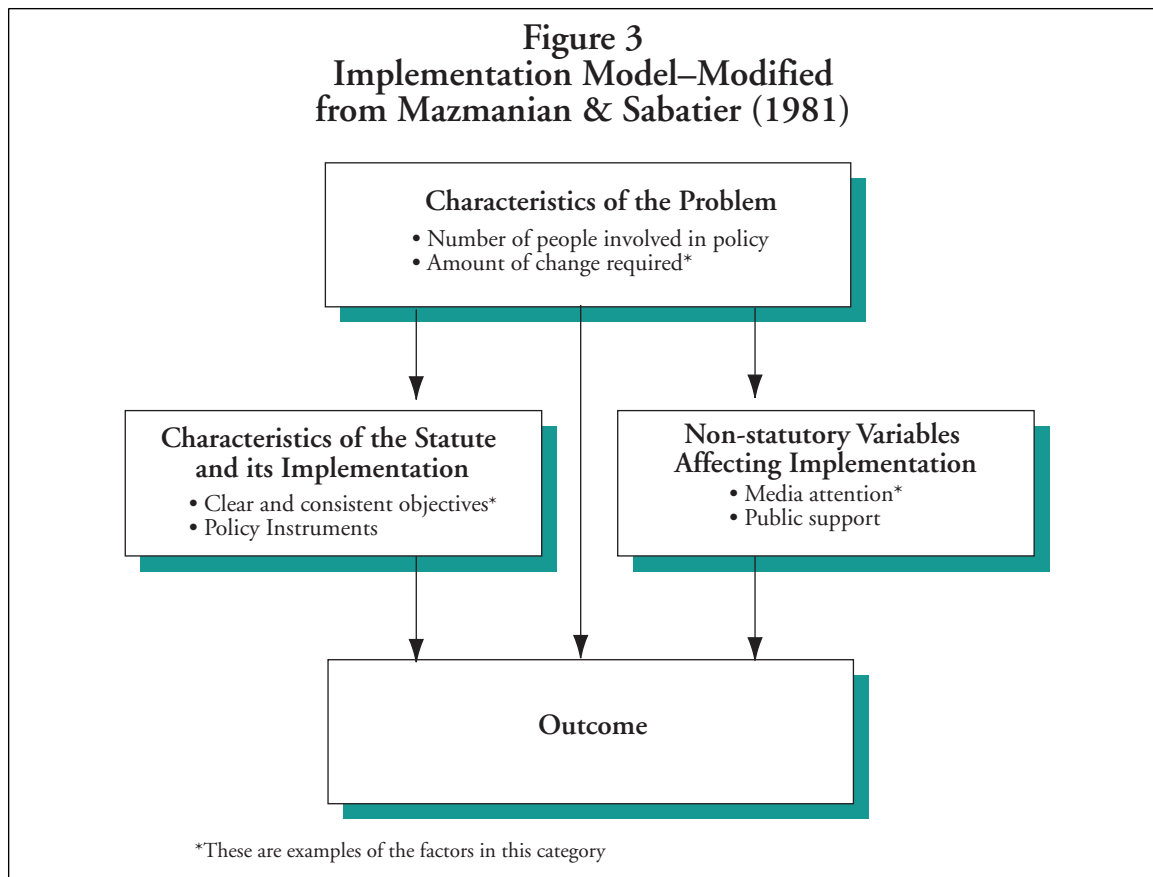
In recent years, state and local governments have become increasingly vocal in expressing concerns about policies that include strong sanctions for failure to comply with mandates but fail to fund the costs of implementing the mandates. As a result, state and local governments have often become reluctant partners whose compliance is marked by minimal efforts (May & Burby, 1996). The U.S. Advisory Commission on Intergovernmental Relations (1980) has referred to the difficulties that federal and state agencies have had in obtaining compliance with their policy prescriptions by lower levels of government as the “implementation gap.” This compliance problem has led to a shift from the use of coercive mandates that are spelled out in detailed standards and procedures and supported by rigorous enforcement procedures to more flexible arrangements (May & Burby, 1986), and to consideration of voluntary agreements (Baggott, 1986).

It has been pointed out that coercive policy may produce better outcomes than voluntary policy in those instances where local governments are not committed to the same policy objectives that the state has (May & Burby, 1986). However, when local government commitment and capacity exists, cooperative policy development has been demonstrated to produce results that are at least the equivalent to coercive policy, and may in fact have greater promise in sustaining the commitment of local government.

Sectors

The previous section dealt with vertical issues – relationships between different levels of government. This section deals with horizontal issues – the relationship between different sectors or service systems that are involved in serving and supporting children with emotional disorders and their families. The original monograph presenting a model for the system of care movement in children’s mental health (Stroul & Friedman, 1986) emphasized the critical importance of collaborative efforts between the different sectors involved in serving children. This remains a major theme to the present, as reflected, for example, in the Comprehensive Community Mental Health Services for children and Their Families Program of the federal Center for Mental Health Services (Holden, Friedman, & Santiago, 2001). The original focus of systems of care was on the interrelationship between the mental health sector, and the child welfare, special education, and juvenile justice sectors. It has now been emphasized that it is important to involve other sectors in partnership as well, including health, substance abuse, housing, economic support, family support, law enforcement, and recreation (Bruner, 1996).

One of the important issues is the degree to which policies in the different sectors reflect the same values and principles, are focused upon similar groups of children, and are directed toward the achievement of the same, or at least compatible, objectives. In the absence of compatibility between sectors, the effectiveness of policies that are established in any single sector is likely to be diminished. Petti et al. (1996), for example, report on an effort to use state legislation in Indiana to bring together various service sectors through the mandated establishment of local coordinating committees to serve children with serious emotional disturbances and their families.



Variables

This section of the paper identifies and describes variables which are believed to be related to the success of a policy in achieving its goals. The variables identified draw heavily upon a model of the policy process developed by Mazmanian and Sabatier (1981), on the work done by Elmore on policy instruments (1979/80; 1987), and on the policy analysis research of Dunst and his colleagues (1993).

Figure 3, a modified version of the model of Mazmanian and Sabatier (1981), shows that the effectiveness of a policy in achieving its intended outcome is a function of three different types of variables: (a) those related to the nature of the problem that the policy addresses; (b) those related to the policy itself and its implementation; and (c) those that while not related to the policy, affect its implementation nonetheless. Mazmanian and Sabatier (1981) indicate that some social problems are much easier to deal with than others. They refer to this dimension as the “tractability” of the problem. They hypothesize that positive results are more likely to occur for policies when there is a clear understanding of the changes necessary to resolve the problem; the behavior to be regulated is not very varied; the problem involves only a small subset of people; and the amount of behavioral change required among target groups is minimal. Given the complexity of the children’s mental health field, and particularly the large number of people involved, this model would predict that bringing about positive change through policy would be a very challenging endeavor.

The factors not directly a part of the policy that Mazmanian and Sabatier (1981) emphasize include: media attention to the problem; public support for it; attitudes and resources of constituency groups; continued support among agencies responsible for implementation; and changes in social, economic, or technological conditions. Within this model, it is noteworthy that there have been several changes in the children's mental health field that would increase the likelihood that policy would be effective in improving service delivery systems. These include the development of a national family organization (the Federation of Families for Children's Mental Health) with strong chapters in most states that is specifically focused on providing support for efforts to improve services, a major public education campaign on children mental health launched by the Center for Mental Health Services, and the publication of two documents by the U.S. Surgeon General on mental health (Office of the Surgeon General, 1999; U.S. Public Health Service, 2000).

The primary emphasis of this paper, however, is on attributes of the policy itself and its implementation that are related to its overall impact. Table 2 lists the variables to be specifically discussed here.

First, is the *consistency of the policy with system of care values, principles, and concepts*. This requires an analysis of both the values, principles, and concepts of the system of care, and the content of the policy. The primary sources for system of care values, principles, and concepts are embodied in the original and updated monograph on a system of care (Stroul & Friedman, 1986, 1994), and in the current guidelines for the Comprehensive Community Mental Health Services Program for Children and their Families of the CMHS. This emphasis on consistency of the policy with system of care values, principles, and concepts builds on the work done by Dunst et al. (1993), and the Beach Center on Families and Disability (1998). In their study of family support policies around the country, Dunst et al. (1993) found that "adoption and adherence to a belief system that is consistent with the intent of family support principles" (p. 189) was related to more positive outcomes. Similarly, it would be expected that state and local policies that are consistent with system of care values, principles, and concepts are more likely to result in high levels of collaboration across sectors, and between parents and professionals, for example, and to produce better outcomes than policies that are not consistent with the system of care.

Table 2
Policy Implementation Variables

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1. Consistency of the statute with system of care values, principles, and concepts.
 2. Support for system of care values, principles, and concepts in statutes and policies of other key sectors in the child-serving system.
 3. Clarity of the policy with regard to the population to be served, and the goals of the policy.
 4. Inclusion of a clear and valid causal theory.
 5. General approach to developing the policy and implementation plan.
 6. Election of particular instruments in implementing policy.
 7. Adequacy of the resources and capacity to implement the policy.
 8. Accountability and monitoring procedures that are used.
 9. Nature of the relationship between the organizations involved in implementation.
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Second, is the *support for system of care values, principles, and concepts in statutes and policies of other key sectors in the child-serving system*. This requires an examination of policies in sectors such as special education and child welfare to determine the extent to which they promote such system of care concepts as collaboration, partnerships with families, cultural competence, and individualized care. If system of care theory is correct, then it is expected that there will be more positive outcomes in those instances where policies of related sectors support system of care values than when they do not.

Third, is the *clarity of the policy with regard to the population to be served, and the goals of the policy*. Longest (1998) states that one factor that contributes to successful outcomes for policies is “the clarity of the policy itself, especially in the embedded hypothesis stating the problem, its solution, and the particular actions directed by the policy, and in the inherent language expressing its goals and objectives” (p. 167). The work of Mazmanian and Sabatier (1981) supports this as well. In addition, the “ecology of outcomes” model similarly emphasizes that accountability must be grounded in the context of a clear statement of the population to be served, the outcomes to be achieved, and the interventions to be provided in an effort to achieve the outcomes (Hernandez, Hodges, & Cascardi, 1998).

Fourth, is the *inclusion of a clear and valid causal theory*. Unless the policy is based on a clear and accurate theory of the changes that are needed in order to achieve the desired goal, then the policy is not likely to successfully achieve the intended outcomes. This emphasis on the need for a clear and accurate theory of change was reflected in the recent report of the Outcomes Roundtable for Children of CMHS (Outcomes Roundtable, 1998). It is also a lesson from the systems accountability project of the Research and Training Center for Children’s Mental Health (Hernandez, in press), and is reflected in an increased use, within that project, of tools such as logic models to assist communities in articulating a clear theory of change that can serve as a guide for their actions.

Fifth, is the *general approach to developing the policy and the implementation plan*. In particular, Elmore (1979/80; 1987) has elucidated two basic approaches to policy development, which he calls “forward mapping” and “backward mapping.” These general approaches have served as the basis for several significant policy studies (Dunst et al., 1993; Fiorino, 1997). Forward mapping is a relatively traditional hierarchical approach. It begins at the top with as clear a statement of intent as possible, and then proceeds downward through an organization or system to define what must occur at each level, to outline the necessary rules and actions, and to allocate responsibility for implementing units. Forward mapping is based on the assumption that the closer one is to the source of the policy, the greater is one’s authority and influence, and the ability of complex systems to respond to problems depends on the establishment of clear lines of authority and control (Elmore, 1979/80).

Backward mapping begins not at the top of the implementation process but at the point at which administrative actions intersect private choices. It begins with a statement of the specific behavior at the lowest level of the implementation process that generates the need for a policy. It seeks to find the level closest to the specific behavior that can affect the behavior, and to identify the resources that this unit requires in order to achieve the desired effect. It posits that the closer one is to the source of the problem, the greater is one’s ability to influence it, and that “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). Backward mapping seeks to disperse rather than centralize control, to strengthen the knowledge and capacity of lower-level administrators, and to use funds strategically to affect discretionary choices.

Dunst et al. (1993), in their study of family support policies across the country, found that one of the factors that was related to positive outcomes was the “use of predominantly backward mapping policy implementation strategies and methods” (p. 189). This research team, in an effort to determine the type of approach used by states, asked questions such as, “To what extent does policy development begin at the consumer level and work backwards to determine what must be in place at higher levels so that problems can be solved and family needs met? To what extent are desired goals and expected outcomes stated in terms of consumer identified needs?” (p. 31). The need to learn from the experiences of those who receive services has been emphasized by others as well (Friedman, 2001; Knapp, 1995; Osher, 2001).

The findings of Dunst et al. (1993) suggest that Elmore’s advocacy for a backward mapping approach, starting at the level of the needs of children and families and looking at strengthening local capacity to address those needs, may result in more positive outcomes for children and families than the traditional hierarchically-oriented approaches. This is also consistent with the work of May and Burby (1996) who suggest that cooperative policies, particularly when values and commitments are the same at the state and local levels, may be more effective than coercive policies.

In a study of environmental policy, Fiorino (1997) indicates that forward mapping stresses compliance, uniformity, standardization, and control from the top level. He further reports that creating a “legal mandate to maintain compliance offered little incentive to firms to move beyond minimal compliance or to find ways of achieving better overall environmental results” (p. 256). A backward mapping approach to environmental policy involved asking the people who ran the production facilities, lived in the communities around the plants, managed regulatory programs, and made financial and operational decisions for their companies, to indicate what factors promote and impede good environmental performance. The approach then built upon the solutions they identified.

Similarly, a backward mapping approach to service system development would identify the actions at the local level that need to be changed, and would then develop policy based on the input of individuals involved with those actions at the local level. It would aim to improve local capacity and would provide a greater amount of local discretion than would policy developed using a forward mapping approach, which would be more likely impose standardized requirements across a state, with strict monitoring and compliance procedures. Part of the process of creating new policy and implementation procedures is understanding the strengths and weaknesses of each of these approaches, how to combine the best features of each of them, and when to use each of them.

Sixth, is the *selection of particular instruments for implementing policy*. Elmore refers to “instruments” as the general approach or strategy that is used in implementing policy (1987). He indicates that while more than one instrument is typically used at a time, there is generally a primary instrument that is used, and that the instrument that is selected affects

the likelihood of success. According to Elmore, “certain instruments ‘fit’ with certain problems and objectives better than other instruments” (Elmore, 1987, p. 175), and the study of the fit between instruments and problems can yield information of practical value to those involved in developing or implementing policy.

Elmore (1987) identifies four primary policy instruments. The first is mandates, or rules governing the behaviors of individuals and agencies. Mandates are intended to achieve goals by producing compliance. According to Elmore (1987), the central question with the use of mandates is the choice of a package of standards, penalties and enforcement procedures that deliver an acceptable level of compliance without excessive cost. The second policy instrument is inducements, which are transfers of money to individuals and agencies on a conditional basis in return for the short-term performance of certain actions. For inducements, the central strategic problem is the choice of a package of money and conditions that are sufficient to produce the desired services, and to produce them in a way that maximizes quality, and, in some cases, sustainability. Sustainability is clearly one of the major issues in the Comprehensive Community Mental Health Services for children and Their Families Program (Koyonagi & Feres-Merchant, 2000).

The third policy instrument identified by Elmore (1987) is capacity-building, which is the conditional transfer of money to individuals or agencies for the purpose of investment in future human, intellectual, or material resources. For capacity-building, the question is how to assess the cost of present expenditures against the benefits of long-term gains in human, intellectual, or material resources. This basic question affects decisions about whether to make investments in such areas as training, education, and research. The fourth policy instrument is system-changing, which is the transfer of authority among individuals and agencies in order to alter the system by which services are delivered. Elmore (1987) indicates that for system-changing approaches, the key question is how to keep existing institutional interests and incentives from driving new ones out of existence before the new ones have a chance to form and gain strength.

Seventh, is the *adequacy of the resources and capacity to implement the policy*. Mazmanian and Sabatier (1981) emphasize the need for adequate resources and capacity, and this is particularly an issue in the children’s mental health field as it is developing. For example, the need for more professionals who are trained to work within systems of care has been identified in several recent reports (Meyers, Kaufman, & Goldman, 1999; TFPCAP, 1998). Similarly, Petti et al. (1996) found that adequate funding and support for local level entities trying to work more collaboratively was essential for the policy to be effective. As indicated earlier, a central concern of local government is the extent to which new policies from the state or federal level are accompanied with the resources that allow the policies to be effectively implemented (May & Burby, 1996).

Eighth, is the *accountability and monitoring procedures that are used*. As the Outcomes Roundtable for Children of CMHS (1998) emphasized, good accountability procedures that are based on a well-articulated theory of change, and that are clear about the desired outcomes, the population of concern, and the proposed interventions, can play a vital role in program improvement and overall effectiveness. Similarly, ongoing formative evaluation procedures that are designed to provide practical, useful information can be extremely useful

in achieving positive outcomes (Hernandez, Hodges, & Cascardi, 1998; Patton, 1998; Usher, 1998). An example of a policy designed to promote systems of care that has a strong emphasis on accountability is AB 3777, the California law which includes a requirement that counties negotiate a performance contract with the state to achieve agreed upon outcomes (Feltman, 1999, personal communication).

Ninth, is *the nature of the relationship between the organizations involved in implementation*. It is consistently acknowledged that a potential impediment to effective implementation is the number of organizations involved in the implementation process, and the complexity and nature of their relationships with each other (Elmore, 1979/80; Longest, 1998; Mazmanian & Sabatier, 1981). This is a particular challenge in the children's mental health field, where one of the goals of policy is often to promote collaboration across service sectors, and where implementation may therefore require a partnership between several agencies that are not accustomed to such a relationship. It is also pointed out by Elmore (1979/80) that the very strategies that are sometimes used to achieve implementation and produce compliance sometimes have the opposite effect. "The tighter the structure of hierarchical relationships, the greater the number of checks and decision points required to assure compliance, the more opportunities for diversion and delay, the greater the reliance of subordinates on superiors for guidance, and the lower the reliance on individual judgement and problem-solving ability. One of the great ironies of increased attention to implementation is that the harder we try using conventional tools of hierarchical control, the less likely we are to achieve" (Elmore, 1979/80, p. 608).

SUMMARY OF FRAMEWORK

This paper, although far from comprehensive, has gone into considerable detail in reviewing the literature on policy development and implementation. Figure 4 presents an overview and summary of the policy development and implementation framework, as discussed here.

The framework begins by recognizing that a key variable is the nature of the problem to be addressed, and the population of concern. The population and the problem must be considered in a broad context, including political, and economic factors as well as systemic factors. Based on these considerations, a problem is formally identified, and action may or may not be taken. It may be for example, that action is not taken because a legislative body or an agency of the executive branch is unable to agree on a plan of action, or because it believes that the best course of action is to leave the problem for action at a lower level of government, or because of a belief that it is an issue for individuals and families to address themselves rather than for government to address.

If action is taken, then a policy is developed and a plan for its implementation is developed. The model illustrates that policy development and policy implementation overlap because the policy, as it is developed, structures to a lesser or greater extent the manner in which it is to be implemented. The variables affecting the outcome of the policy, as just discussed, are reflected in the framework as well. As the figure shows, policy would generally flow through a local system, or through multiple local systems as part of its implementation. If the policy has to do with collaboration between service sectors, then it is to be expected

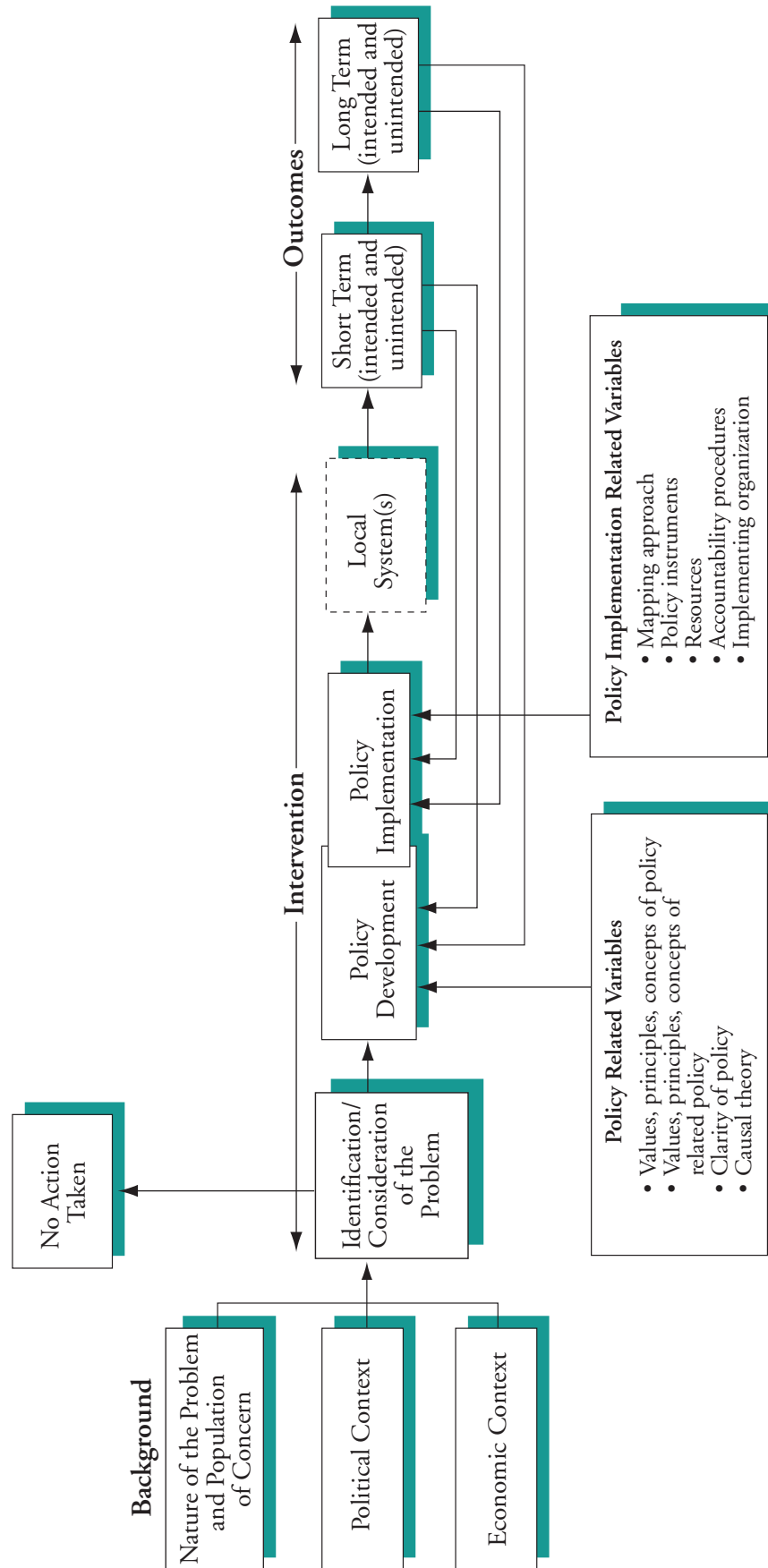
that implementation will flow through multiple sectors.

The implementation of the policy then leads to short-term and long-term outcomes. If the desired and intended outcomes are not achieved, either on a short-term or long-term basis, then this may lead either to the development of new policies, or to changes in the implementation approaches. It also may be the case that while an intended outcome is achieved, there are also negative unintended outcomes of the policy. A major focus of any analysis of policy impact, therefore, has to be both on the extent to which the policy achieved the outcomes that were intended, and the extent to which there were other unintended outcomes, whether they are positive or negative.

Another important aspect of this analysis is determining the extent to which the policy was implemented as intended. For example, were clear rules and regulations that address directly the intent of the policy developed, were the resources that were intended to be provided in fact provided, and were appropriate accountability procedures instituted?

This framework is intended to stimulate research on policy development and implementation. It is also intended to assist policy makers and advocates to think carefully about the features of proposed policy, and its implementation, that will be most likely to result in positive outcomes.

Figure 4
Overall Guiding Framework



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