## **EDITORIAL**

Pamela B. Deters, Ph.D., Douglas K. Novins, M.D., and Spero M. Manson, Ph.D.

The Circles of Care (CoC) initiative represents one of the most exciting and innovative initiatives in recent years for addressing mental health issues in American Indian and Alaska Native (AI/AN) communities. Funded by the Center for Mental Health Services (CMHS), the CoC initiative provides funding to plan, design, and assess the feasibility of implementing a culturally appropriate mental health service model for AI/AN children with serious emotional disturbances and their families. The two organizations that primarily assist in this effort are the National Indian Child Welfare Association (NICWA), which aids grantees in the program development component of CoC, and the CoC Evaluation Technical Assistance Center (CoCETAC), part of the American Indian and Alaska Native Programs at the University of Colorado Health Sciences Center, which aids grantees in the evaluation component of the initiative. The first cycle of CoC grantees were funded from 1998-2001. This publication represents the fulfillment of these grantees' firm commitment to disseminate the results of the CoC initiative, which gave so much to their communities and service systems.

This Special Issue is a compilation of the experiences and lessons learned described by grantees, administrators, and academicians involved in the first cycle of the CoC initiative during a planning meeting hosted by CoCETAC and supported by CMHS that took place in Denver in February 2002.¹ A companion to this volume will appear in the CMHS monograph series, which will make these issues more accessible to parents and community members interested in the CoC story, but less interested in some of the academic details presented here.

The core of this Special Issue are the six papers devoted to the components of the CoC evaluation effort: (a) Needs Assessment (Novins, LeMaster, Jumper Thurman, & Plested, 2004); (b) Serious Emotional Disturbance (SED) Definition (Simmons, Novins, & Allen, 2004); (c) Service System Description (Allen, LeMaster, & Deters, 2004); (d) Outcome Measurement Plan (Novins, King, & Stone, 2004); (e) Feasibility Assessment (Coll, Mohatt, & LeMaster, 2004); and (f) Process Evaluation (Bess, King, & LeMaster, 2004). Four additional papers provide the rich contextual nature of the initiative and evaluation: (a) an introductory paper (Freeman, Iron Cloud-Two Dogs, Novins, & LeMaster, 2004); (b) a paper describing the "life cycle" of evaluation (Bess, Allen, & Deters, 2004); (c) a paper describing outcomes (Duclos, Phillips, & LeMaster, 2004); and, (d) a final paper outlining conclusions and recommendations (Jumper-Thurman, Allen, & Deters, 2004). Data analyzed for this Special Issue were entirely secondary in nature, drawing on the reports of the grantees and the CoCETAC.

While a number of exciting aspects of the CoC evaluation effort are described throughout these papers, three deserve special mention here. First, the CoC evaluation effort showed strong evidence of a cyclical process as described by Bess, Allen, and Deters (2004, pp. 30-41). The life cycle of the evaluation initiative involved necessary, stage-specific dynamics that drove the process forward to completion. Distinct developmental levels emerged, including an understanding of prehistory relevant to participants, the definition and development of the evaluation effort, the transformation of data collection into policy and planning recommendations, and a final transition from planning to implementation.

Second, a critical aspect of the evaluation was assisting grantees to bridge the gap between AI/AN and non-AI/AN concepts of mental health and mental illness. This is clearly seen in Simmons, Novins, and Allen's (2004) paper on defining serious emotional disturbance (SED) for AI/AN children and their families (pp. 59-64). The authors highlight the fact that establishing a locally relevant definition of serious emotional disturbance (SED) was critical to the grantees' planning efforts. These definitions minimized stigmatization within grantee communities and allowed for the possibility of a strength-based conceptualization of need. This individualized characterization of each community's concept of SED also had significant implications for the design of a model system of care with, for example, a more broadly conceived definition of SED ultimately requiring a broader array of services.

Third, the CoC initiative produced tangible and intangible outcomes as described by Duclos, Phillips, and LeMaster (2004, pp. 121-138). A review of the overall outcomes of CoC was said to have included a "rippling effect." One efficacious outcome led to another, and so on. Ultimately this effect allowed grantees to identify tangible outcomes, such as written reports, programmatic changes, and funding for implementation of model systems of care, as well as intangible outcomes, such as the critical AI/AN focus of the evaluation, the energizing and mobilizing of AI/AN communities, and the establishment of long-lasting collaborations and partnerships as a direct result of the CoC initiative. The impact of CoC outcomes continues in these communities, noted most recently by the awarding of two more CMHS Children's Mental Health services grants to former CoC grantees.

We, the editors, thank all those involved in this endeavor for the hard work and tenacity evidenced throughout this process, including CMHS, which provided financial support for the 2002 planning meeting and completion of this publication. It was through their efforts that this Special Issue was conceived and took form. Their commitment and passion made this publication possible.

Finally, we believe that through this publication the participants in the CoC initiative have accomplished one of its primary goals: to disseminate the exciting and valuable information and experiences gathered through the

CoC planning process. We hope that program planners, evaluators, and policymakers will use this Special Issue to assure that future planning efforts for all communities, including AI/ANs, benefit from the knowledge gained through the work of the CoC initiative.

Pamela B. Deters, Ph.D. University of Alaska Fairbanks

Douglas K. Novins, M.D. University of Colorado Health Sciences Center

Spero M. Manson, Ph.D. University of Colorado Health Sciences Center

## References

- Allen, J., LeMaster, P., & Deters, P. B. (2004). Mapping pathways to services: Description of local services for American Indian and Alaska Native children by Circles of Care. American Indian and Alaska Native Mental Health Research: The Journal of the National Center, 11(3), 65-87. Available at: http://www.uchsc.edu/ai/ncaianmhr/journal/11(2).pdf
- Bess, G., Allen, J., Deters, P. B. (2004). The evaluation lifecycle: A retrospective assessment of stages and phases of the Circles of Care initiative. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center, 11*(3), 30-41. Available at: http://www.uchsc.edu/ai/ncaianmhr/journal/11(2).pdf
- Bess, G., King, M., & LeMaster, P. L. (2004). Process evaluation: How it works. American Indian and Alaska Native Mental Health Research: The Journal of the National Center, 11(3), 109-120. Available at: http://www.uchsc.edu/ai/ncaianmhr/journal/11(2).pdf
- Coll, K. M., Mohatt, G., LeMaster, P. L. (2004). Feasibility assessment of the service delivery model. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center, 11*(3), 99-108. Available at: http://www.uchsc.edu/ai/ncaianmhr/journal/11(2).pdf
- Duclos, C., Phillips, M., & LeMaster, P. L. (2004). Outcomes and accomplishments of the Circles of Care planning efforts. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center, 11*(3),121-138. Available at: http://www.uchsc.edu/ai/ncaianmhr/journal/11(2).pdf

- Freeman, B., Iron Cloud-Two Dogs, E., Novins, D. K., & LeMaster, P. L. (2004). Contextual issues for strategic planning and evaluation of systems of care for American Indian and Alaska Native communities: An introduction to Circles of Care. American Indian and Alaska Native Mental Health Research: The Journal of the National Center, 11(3), 1-29. Available at: http://www.uchsc.edu/ai/ncaianmhr/journal/11(2).pdf
- Jumper-Thurman, P., Allen, J., Deters, P. B. (2004). The Circles of Care evaluation: Doing participatory evaluation with American Indian and Alaska Native communities. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center, 11*(3), 139-154. Available at: http://www.uchsc.edu/ai/ncaianmhr/journal/11(2).pdf
- Novins, D. K., King, M., & Stone, L. S. (2004). Developing a plan for outcomes in model systems of care for American Indian and Alaska Native children and youth. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center*, 11(3), 88-98. Available at: http://www.uchsc.edu/ai/ncaianmhr/journal/11(2).pdf
- Novins, D. K., LeMaster, P., Jumper-Thurman, P., & Plested, B. (2004). Describing community needs Examples from the Circles of Care initiative. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center, 11*(3), 42-58. Available at: http://www.uchsc.edu/ai/ncaianmhr/journal/11(2).pdf
- Simmons, T. M., Novins, D. K., & Allen, J. R. (2004). Words have power: (Re)-defining serious emotional disturbance for American Indian and Alaska Native children and their families. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center, 11*(3), 59-64. Available at: http://www.uchsc.edu/ai/ncaianmhr/journal/11(2).pdf

## Footnote

<sup>1</sup> A list of the participants in the planning meeting and the meeting agenda may be found on page 156 and 158 of this Special Issue.