

## Findings: Examining the Impact of Policy on Collaboration in Systems of Care

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## Study Purpose

- Purpose: To increase our understanding of how various public policy implementation strategies facilitate or inhibit collaboration in systems of care
- Assumptions:
  - ◆ Collaboration is a key factor in developing systems of care
  - ◆ The policy implementation strategies that states use have an impact on levels of collaboration
  - ◆ Effective collaboration produces outcomes, such as improved relationships among agencies, families, and providers; and improved service delivery



## Policy Approaches

- Legislative mandates: rules governing the behavior of individuals and agencies
- Inducements: transfers of money on a conditional basis in return for the performance of activities
- Capacity building: the conditional transfer of money in order to invest in human or material resources
- System change approaches: the transfer of authority among individuals and agencies in order to change the service system
  - Elmore, 1987



## Domains that Affect Policy Implementation



## Study Method

- National survey of state mental health agencies to collect data on types of policy instruments used
- Coding of documents; cluster analysis to identify groups of states similar on types of policy instruments, agencies involved, and system of care principles
- Cluster analysis produced 5 clusters of states with similar approaches
- Site visits to two states from each cluster
- Analysis and synthesis of qualitative and quantitative data



## Findings: Facilitative Structural/ Organizational Factors

- A tiered infrastructure of interagency coordinating entities at the state, regional and local levels
- Policies that support local/regional level autonomy and flexibility regarding how financial and human resources are distributed
- When new resources are available, include policies that make local collaboration a funding mandate
- Factors such as lawsuits, or a strong family organization may be used strategically to support collaboration



## Findings: Facilitative Structural/ Organizational Factors

- A coordinating entity at the state level with Commissioner-level representation, legislative authority, and a mandate to promote collaboration
- Consent decrees may promote cross-agency establishment of common values and the introduction of evidence-based practices
- The number of organizational entities involved, or the integration of children's systems into one state agency, may or may not result in high levels of collaboration



## Findings: Inhibiting Structural/ Organizational Factors

- Two or more different state entities that fund local collaborative infrastructures
- Two or more state entities with mandates and resources for children with mental health problems
- Financing systems, including managed care arrangements and Medicaid waivers, with funding levels that are not able to support a comprehensive service array or flex funds



## Findings: Inhibiting Structural/ Organizational Factors

- Diffused responsibility and accountability for a target population
- Frequent changes in administration and leadership at the state levels
- The absence of a statewide family organization that can facilitate collaboration and advocate for system of care development
- Lack of an infrastructure for convening child-serving agencies at the state level



## Findings: Facilitative Behavioral Factors

- A series of consistent policies and initiatives that provide moderate resources for collaboration and system of care development
- Strong leadership by at least one state agency that promotes a shared vision and strategic cross-agency activities
- Moderate resources to support local interagency coordinating infrastructures
- Creative use of human resources, such as placement of personnel in school districts, child welfare, and juvenile justice settings to provide consultation and skill development



## Findings: Facilitative Behavioral Factors

- Policies with clear accountability mechanisms, including data collection on outcomes, evaluation, and quality assurance activities
- Shared, active use of data by policymakers to drive decision-making, planning, and problem solving
- Development of a cross-agency strategy for the integration of activities into a comprehensive, coordinated approach to system of care development



## Findings: Inhibiting Behavioral Factors

- System of policies developed at different times by various legislative bodies and state agencies, with conflicting policy interpretations
- Policies of child-serving agencies that do not reflect system of care values, such as family involvement and collaboration



## Findings: Inhibiting Behavioral Factors

- Conflicting policies and/or mandates in various child-serving systems
- Too much money, too soon. E.g. statewide implementation when some localities have less history of collaboration and less readiness to implement systems of care



## Facilitating Attitudinal Factors

- Shared cross-system support for system of care values and principles, including collaboration
- Mutual respect among system partners at the state and local levels
- Long-term cross-agency focus on barrier reduction at the state and local levels
- A perception among stakeholders that there is a shared willingness to compromise regarding goals and strategies for the system of care



## Facilitating Attitudinal Factors

- Adequate local authority to "do whatever it takes" to serve children in their homes and communities
- A common belief in shared decision making and cross system responsibility and ownership
- Parents' perception that services provided by local agencies are coordinated



## Inhibiting Attitudinal Factors

- Lack of a shared cross-agency vision for the development of local systems of care
- The absence of strong state level leadership
- Child-serving agencies that operate as "closed systems" and fail to share resources and data
- Belief systems that focus on blaming and deficits discourage family involvement
- Mistrust among system partners, including mistrust of parent's perceptions about the system of care



## Policy Recommendations

- Infrastructures such as tiered coordinating entities, a Children's Cabinet, or super agencies that include several child serving systems
- Strong, visionary, committed, and consistent leadership at all levels
- Funding, even at modest levels, and leverage of funding
- Local autonomy in the use of human and financial resources



## Policy Recommendations

- Policies that include shared, cross-agency goals, such as prevention of out-of-home placements
- Policies that facilitate the placement of mental health personnel in schools, juvenile justice, and child welfare settings
- Resources for the support of local infrastructures to promote collaboration
- Clear accountability policies and standards that define cross-agency data collection activities



## Policy Recommendations

- The use of data by interagency structures to guide decision making and allocation of new resources
- Clear state-level responsibility for a target population
- Policies that mandate family attendance and participation at service planning meetings
- Policies that promote cross-system pooling of resources
- The rotation of leadership for interagency collaborative infrastructures and activities



## Policy Recommendations

- Policies that balance promotion of a broad policy framework, local autonomy for how the vision is carried out, and a reasonable level of statewide standardization and accountability
- Policy mandates with modest funding can get stakeholders to the table more quickly
- Support by state policymakers for initiatives that strengthen interagency collaboration, whether these efforts are initiated at the state or local level

