

Still Struggling After All These Years: Lessons learned from Graduating System of Care Sites

Department of Child & Family Studies
Florida Mental Health Institute
University of South Florida

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Study Team Members

- Robert I. Paulson, Ph.D.
- Robert Friedman, Ph.D
- Leticia Budzienski, MSW
- David Drews, Ph.D.
- Dean Fixsen, Ph.D.
- Colleen Hassell, MPH
- Nancy Lynn, MSPH
- Sandra Naoom, MSPH
- Patty Sharrock, MSW
- Wendy Struechen-Shellhorn, MPH
- Frances Wallace, MPH Wendy Struechen-Shellhorn, MPH₂

Purposes of Studies

- Assess how well three early cohorts of grant communities implemented a System of Care (9 initially funded in 1997, 14 in 1998, 22 in 1999)
- Identify the facilitators and barriers to SOC implementation
- Identify in which areas of system change the GCs had experienced greater or lesser success

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Purposes of Studies

- Describe the lessons learned from their experiences
- The studies were not intended to be an evaluation of each community

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Sources of Data

- Original Grant Applications
- Continuation Applications
- ORC-MACRO "Systemness" site visit reports
- CMHS monitoring and technical assistance site visit reports
- Telephone Interviews

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Methodology

- Multiple indicators corresponding to either SOC characteristics or management and implementation principles were identified and operationalized based on SOC and program implementation frameworks
- Atlas.Ti software was used to code and sort documents according to the multiple indicators

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Methodology

- The set of multiple indicators assessed implementation factors within five domains
 - Planning and Implementation Processes
 - Governance
 - Management
 - Service System Processes and Characteristics
 - Service Delivery Characteristics and Components

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Methodology

- A five-point scale was developed for each indicator.
 - Each rating of implementation was anchored to the definition of a component
 - A rating of 5 meant that the information showed that the grant community clearly met the definition for a component

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Methodology

- To further explore the findings of the first two years, in the third year we:
 - ranked all of the GCs in each of the five implementation areas
 - chose the two highest and lowest GCs in each area for more in depth study
 - Telephone interviews were conducted with the program director and program evaluator (independently or jointly) to assess the implementation strategies, facilitators and barriers in the particular ranked areas

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General Findings

- The overall results were very consistent across all three years
- Grant Communities were more successful in making changes at the service delivery level for enrolled children than in making systems changes
- All GCs reported it took a full five years to begin to implement a SOC and that they needed another five to fully implement and institutionalize the changes

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General Findings

- The hardest part to change was the practice patterns and behavior of the individual practitioner
- A lot of training and support was needed to move supervisors from simply a clinical role to one of change agent
 - Yet this was crucial in changing line worker practice

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Findings from the Third Year

- There was remarkable consistency in all of the successful sites regardless of which domain was explored
- Successful GCs previously had worked together for long periods of time in coordinating services for children (e.g. CASSP) and had a shared vision of quality services prior to initiating the SOC

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Findings from the Third Year

- These previously existing groups may have been formed
 - By top leadership who understood the importance of coordinating services among the different agencies
 - In response to a crisis such as fiscal problems caused by large numbers of children in out of home placements
 - A dramatic increase in a particular problem population such as juvenile sex offenders

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Findings from the Third Year

- Successful GC governance:
 - Was representative of different stakeholders
 - Had established trust and top leadership support which permeated down to lower levels of participating organizations
 - Stable enough so that a new culture had been established in a jurisdiction
 - Turnover in key personnel could be absorbed because new persons either already subscribed to that culture or were quickly educated

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Findings from the Third Year

- The successful communities had data systems that provided real time information that was regularly shared and analyzed by the group to determine both successes and problem areas
- When problems were identified then a state or national search was conducted for persons or programs that had successfully addressed these problems

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Findings from the Third Year

- Once a program was decided on, resources were obtained for start up and implementation
- In short, these sites had established learning communities or communities of practice that applied for the SOC grant to expand and solidify the work they already had begun

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Findings from the Third Year

- The less successful sites, regardless of the domains we examined, had few if any of these characteristics

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A Different Framework for Understanding Implementation Problems

- There were remarkable similarities in the implementation of the Model Cities Program and SOC even though they were implemented forty years apart
- A more complete framework for implementation needs to take into account the realities faced by these two programs
 - Lack of resources
 - Uncertainty
 - Goal Displacement

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Organizational Context

- American system of government characterized by multiple jurisdictions & checks and balances making implementation of intergovernmental programs extremely complex

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Requisites for Service Coordination and Integration

- For service coordination or integration to occur need
 - Availability of sufficient resources to exchange so that the benefits outweigh the costs of cooperation
 - Shared operational goals (generalized goals are not enough to achieve service coordination) Reid 1964

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Insufficient Resources

- Expertise
- Political support
 - (governor, mayor)
 - Consumer constituencies (advocacy groups)
- Organizational reserves (slack)
 - Prestige & legitimacy
 - Trust

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Insufficient Resources

- Technical assistance
- Knowledge and information
 - Knowledge of past , present & future
 - Future amount of resources which will be available
 - MIS

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Insufficient Resources

- Insufficient resources alone makes implementation difficult even in a uniform & stable environment because stability means an organization needs less organizational slack
- Most human service organizations operate in a heterogeneous, uncertain environment

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Uncertainty

- Change never occurs in a vacuum
- Major external events (deaths, managed care, legislation, elections)
- Changes in key actors
- Changes in guidelines, policies, regulations
- Turnover

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Uncertainty

- Money doubts
 - Awarding or rejection of additional grants, funds
 - Funding cuts
- Bureaucratic delays-grant approvals, waivers, policy changes
- Constituency crises

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Uncertainty

- In a heterogeneous and uncertain environment with continual uncertainty it is hard to plan and negotiate agreements among stakeholders and organizations

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Importance of Time

- If you “allow enough time to elapse in a rapidly changing external world (then) it is hard to imagine any set of agreements remaining firm”
- The problem becomes one of implementing a program “fast enough to capture agreements while they last” (Pressman & Wildavsky)

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Uncertainty

- Available resources and uncertainty would be formidable obstacles to system change implementation even if there was only one major constituency with a clear consensus on goals among all key stakeholders and organizations
- Most system changes occur in the context of multiple constituencies and therefore multiple goals and often goal dissensus

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Goal Dissensus

- Because of large number of constituencies most system integration organizations (e.G. SOC) need to try and be all things to all people
- While stakeholders may agree on shared generalized goals, operationalizing them may lead to disagreement

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Goal Dissensus

- Incompatible expectations (e.G. State, local or regional mental health authority, schools, parents, juvenile justice, medicaid)
- Process contradictions
 - Treatment plans which are parent friendly vs. Professional, accreditation, and medicaid oriented
- Disagreements about the role of constituencies (parents) in the system

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Goal Dissensus

- Roles of key organizations-
 - Expectation that partners (e.G. Schools) and sub-contractors will implement programs following SOC principles
- Goal conflicts caused by concern over competition, program control and coordination
 - SOC agency advocating for parents against practices of a partner agency

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Goal Dissensus

- Procedural conflicts
 - Civil service
 - Accounting & reporting procedures
 - Medical necessity vs. Flexibility
- Report requirements-agencies refusing to provide information in a timely manner

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The Complexities of Joint Action

- There are often pragmatic and political reasons why stakeholders who share the same goals are unwilling to cooperate
- Some of these reasons may include:
 - Direct incompatibility with other commitments
 - No direct incompatibility, but a preference for other programs
 - Simultaneous commitments to other projects

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The Complexities of Joint Action

- Dependence on others who lack a sense of urgency to the project
- Differences in opinion on leadership and proper organizational roles (also with interorganizational communication)
- Legal and procedural differences
- Agreement coupled with lack of power

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Strategies That Worked: Creating True Partnerships

- Creating true partnerships and system of checks and balances
- Ongoing meetings at multiple levels (CEO, program,) between partners
 - Share all budget, service utilization and performance outcomes of each of the partners
 - Identify and problem solve around emerging problems and issues

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Strategies That Worked: Creating True Partnerships

- Create a flexible learning organization with full ownership of system by all partners
- Identification with individual organizations is replaced over time by identification with the SOC as a whole

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Strategies That Worked

- Co-location and liaisons (frequently the case manager) wherever possible
- Important not used alone or can create series of isolated coordinated units (e.G. Mental health workers in schools)
- Avoid one best model trap-create fit between characteristics, capacity and needs of the community and the model developed

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Strategies That Worked

- Recognized the critical importance of aligning, policy, organizational and financial structures to support the desired changes
- Developed close relationships with constituencies at all levels even if not critical actors at that particular stage of development

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Conclusions

- Establishing SOC's were complicated endeavors and the SOC studies showed the importance of various management and implementation tasks in contributing to their success
- It is particularly difficult to combine both service delivery level and system level changes in the same grant

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Conclusions

- When this is done and there is accountability for direct service than system change is often neglected
- The alternative framework shows that the environmental context in which these demonstrations took place, particularly the relative degree of available resources, uncertainty, and goal dissensus influenced success as well

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Conclusions

- The third SOC study established that more successful GCs were established where a political culture already existed that supported:
 - Collaborative planning and service delivery
 - Data based decision making
 - Continuous quality improvement

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Conclusions

- Instead of concentrating on the creation of particular service programs, it might be better for demonstration programs to focus on changing the political culture by:
 - Directing resources toward enhancing capacity
 - Building the social and political capital of a jurisdiction through a collaborative planning process which focuses on the needs of the community with respect to the children and their families who have mental health challenges

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