A Naturalistic Study of MST Diffusion In 13 Ohio Communities

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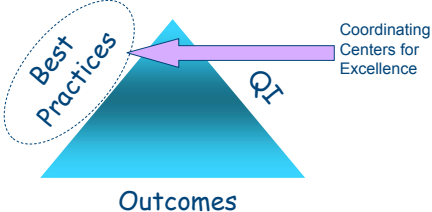Innovation Diffusion & Adoption Research Project

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Presentation Outline

- Ohio's Quality Agenda
- Innovation Diffusion & Adoption Research Project (IDARP)
- MST Diffusion at 13 Ohio Sites
  - Theoretical Frameworks & Methods
  - Sample / Participants
  - Findings
  - Conclusions

ODMH Quality Agenda

Best Practices

QI

Coordinating Centers for Excellence

Outcomes

Role of CCOEs

- Promotion of Best Practices
- Education & Training
- Capacity Development
- Fidelity Assurance
- Cross-System Sharing

Center for Innovative Practices

- Integrate Innovative Practices with Systems of Care development
- Participate in discussion of related policy, finance, and program issues
- Establish and maintain partnership agreement with MST Services to serve as a dissemination site

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IDARP

- What factors and processes influence the adoption, assimilation and impacts of best practices by mental health provider organizations?

- MST diffusion/adoption at 13 sites one of four innovative practices studied by IDARP team
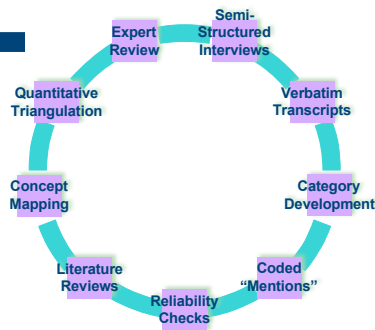
Study of MST Diffusion

- Conceptualizes adoption decision as a process under conditions of risk
- Examines characteristics of System of Care alliances involved in decision process
- Examines alliance collaboration around two major barriers/facilitators of the decision process

Theoretical Frameworks

- Systematic Rationality (Becker, 1976; Simon, 1978)

- Collaboration Theory (Wood & Gray, 1991)

- Inter-Organizational Alliance Theory (Oliver, 1991; Gulati, 2000)

Qualitative Methodology


Semi-Structured Interviews
Expert Review
Verbatim Transcripts
Quantitative Triangulation
Category Development
Concept Mapping
Coded "Mentions"
Literature Reviews
Reliability Checks

Definitions

Network: System of Care & Broader Community

Alliance: Local System of Care collaboration specifically to consider MST adoption

Sponsors/Conveners: Facilitate alliance development for MST adoption decision

Key Players: Funders, Service Providers, System of Care Coordinators

Stakeholders: Linked to constituency group or consumer base, e.g., Juvenile Courts, Child Welfare
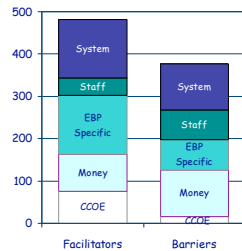
Participants

- 8 Adopter & 5 Non-Adopter Alliances
  Semi-structured interviews with 39 individuals with 25 agencies (15 key players)

- 10 Sponsor/Conveners
  Provider Agencies = 4
  Coordinating Agencies = 3
  Funding Agencies = 3

Study Sample

13 alliances of child-serving agencies

Urban: >751 psm

Mixed: 151–300 psm

Semi-Rural: 76–150 psm
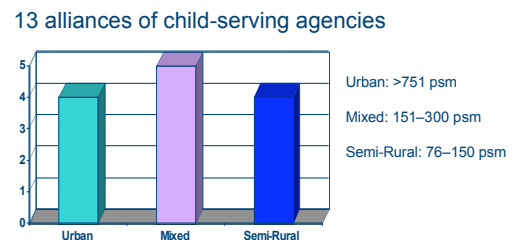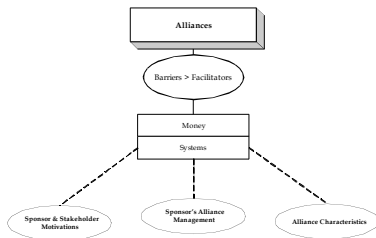
Facilitators & Barriers: Content Analysis

- 100+ more facilitator mentions
- Most facilitators: Tie – System & EBP Specific
- Most barriers: Tie – System & Money
- Least facilitators: Staff
- Least barriers: CCOE

Chart (Facilitators / Barriers):
- Facilitators: System, Staff, EBP Specific, Money, CCOE
- Barriers: System, Staff, EBP Specific, Money, CCOE
(Y-axis: 0 to 500)

System & Money Barriers

- Individuals within the System have pet agendas
- Individuals/agencies in System harbor unrealistic expectations
- Agencies within the System operate in policy and funding "silos"
- Fee-for-Service financing does not support outcomes-based treatment
- Cost-savings are not shared across System or cannot be realized given out-of-home placement rates

Concept Map

- Alliances
- Barriers > Facilitators
- Money
- Systems
- Sponsor & Stakeholder Motivations
- Sponsor's Alliance Management
- Alliance Characteristics

Three Domains of Difference

Adopter and Non-Adopter alliances differed on:

I. Motivations for entering alliance

II. Convener skills, capacity to build and manage alliance

III. Characteristics of alliance collaboration

Domain I
Motivations

- **Adopters**
  - Market Dominance
  - Legitimacy
  - Fiscal Stability
  - Service System Efficiency
- **Non-Adopters**
  - Fiscal Stability
  - Service System Efficiency

Domain I
Market Dominance & Legitimacy

"When I first took the job here, I had to confront the fact that the agency had become stagnant. I wanted a data-driven intervention strategy, and I wanted something that generated outcomes. I wanted to be the first and only game in town. I wanted to expand regionally, and once I saw the opportunity, I took it."

Comment by Adopter Sponsor/Convener

Domain I
Fiscal Stability & Slack

This community has the resources necessary to support…
a) initial implementation of MST
b) ongoing implementation of MST

Adopters: Yes   Non-Adopters: No

Mann-Whitney U: Initial Slack sig. <.05 Ongoing Slack sig. <.01
No significant difference between Sponsor/Convener & Key Players

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Domain I
**Non-Adopter Alliances &
Fiscal Stability**

"The executive committee said they were not interested in trying to cobble the money together for this. Everyone feels stretched very thin. They wanted all the money to come from one source in order to give this model a try. If it worked, then they would tell their vendors their programs are de-funded."

Comment by Non-Adopter Sponsor/Convener

Domain I
**Adopter Alliances &
Fiscal Stability**

Pooled Funding
"We felt that the population needed nontraditional responses. We started looking at potential funding streams in a way that allowed us to move forward."

Provider Cost-Shifting
"Some agency programs will need to overproduce to cover the loss that we may have on MST around billable hours."

Why Would a Provider Cost-Shift?

Discounting in time: "If the program is successful, the barriers will dissipate."

Domain I
**Non-Adopter Alliances on
Service System Efficiency**

"It is very hard to figure out how (MST) can work in this area because we have so many kids and their needs are so varied. There is the question of how do you structure MST to meet the needs of these families within the existing system of care."

Comment by Non-Adopter Sponsor/Convener

Domain I
**Adopter Alliances on
Service System Efficiency**

"We needed key agencies dealing with kids to change their philosophies. THIS IS A COMMUNITY KID PROJECT [sic]. We had to hit the folks with power over kids. We planted the seeds to make a true community change."

Comment by Non-Adopter Sponsor/Convener

Domain II
Sponsor/Convener Alliance Management

Adopters:
- ⊕ ID relevant stakeholders
- ⊕ Exchange information
- ⊕ Manage expectations
- ⊕ Manage conflict

Non-Adopters:
- ∅ Engagement & Process Skills
- ∅ Conflict Management
- ∅ Flexibility

Domain II
Identify Relevant Stakeholders

"For two years it was us alone talking to providers in an effort to get them to buy MST. Then I realized that we had to come together with the other child-serving systems."

Comment by Adopter Sponsor/Convener

Domain II
Failure to Identify Relevant Stakeholders

"We offered an MST training where we invited Juvenile Court staff, some of our own staff, and a couple of providers that found out about it through the grapevine and showed up even though they were not directly invited."

Comment by Non-Adopter Sponsor/Convener

Domain II
Lack of Engagement & Process Skills

"She's a little scattered in her focus. She has lots of balls in the air, and can't pull the systems together in terms of identifying common goals and delineating discrete areas of responsibility. We don't have enough collaboration across the systems."

Comment by Non-Adopter Sponsor

Domain II
Positive Engagement & Process Skills

"The people in the stakeholder group are busy bureaucrats. So, I would put together two-page briefs to keep the substance of MST in front of them. I made phone calls and engaged in community relations. I spent hundreds of hours in face-to-face contact in addition to the phone calls and e-mails."

Comment by Adopter Convener/Sponsor

Domain II
Inflexibility & Poor Conflict Management

Provider: Annual budget reconciliation requirement for state subsidy restricts initial slack funding available for start-up.

Funder: Cost savings from service will not recoup start-up; Cannot sustain another Medicaid entitlement

Sponsor/Convener: The provider doesn't want to try anything new.

Domain III
Alliance Characteristics

Adopters:
- Congruent Perspectives
- Shared Rules, Norms & Structures
- Commitment to System Change

Non-Adopters:
- Conflicting Perspectives
- High Autonomy among Agencies
- Low Interest in System Change

Domain III
Congruent Perspectives with Shared Rules, Norms & Structures

"We started talking about what we can do together, about collaborative efforts and where we would go. People were being open during our collective daydream sessions. We started to discuss what we would do if we had all the tools and money to do anything. We were not getting barriers from people. The barriers that were coming up were being solved."

Comment by Adopter Alliance Key Stakeholder

Domain III
Commitment to System Change

"You have to help the (key players) focus on what are the real motivations of public service. You go into this because you feel what you do every day should change life. In fact, I think that's why most people get involved with public service--they want to create change that will help others."

Comment by Adopter Sponsor/Convener

Conclusions

Decision to adopt MST requires…
- System of Care collaboration on a new way of doing business
- Sponsor/Convener quest for market dominance through best practices and strong alliance management skills
- Commitment to System change