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

Funded under a Sub-contract with ORC-MACRO with assistance by CMHS

Study Team Members
- Robert J. Paulson, Ph.D.
- Robert Friedman, Ph.D.
- Leticia Budzierski, MSW
- David Dews, Ph.D.
- Dean Fiss, Ph.D.
- Colleen Hassell, MPH
- Nancy Lynn, MSPH
- Sandra Naom, MSPH
- Patty Sharrock, MSW
- Wendy Struechen-Shellhorn, MPH
- Frances Wallace, MPH/Wendy Struechen-Shellhorn, MPH

Purpose 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

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

Sources of Data
- Original Grant Applications
- Continuation Applications
- ORC-MACRO “Systemness” site visit reports
- CMHS monitoring and technical assistance site visit reports
- Telephone Interviews
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

- 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

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

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

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

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
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

• 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

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

• 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

Findings from the Third Year

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

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

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

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

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

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

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
Uncertainty

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

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)

Uncertainty

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

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

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
**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

**Procedural conflicts**

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

**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

**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

**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

**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
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

Conclusions

- Establishing SOCs 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

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

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

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