Assessing the Necessary Agency and System Support

ollaborative multidisciplinary → teams that include family members and youth as equal partners have become an increasingly popular mechanism for creating and implementing service plans for individual children with complex needs and their families. In children's mental health, these teams are known as Individualized Service/Support Planning (ISP) teams or Wraparound teams. Consistently delivering high quality ISP/Wraparound throughout a system of care has been challenging, however (Farmer, 2000; Walker, Koroloff, & Schutte, 2003). At the team level, it is clear that the practice of ISP is complex and difficult. What is more, practical experience has shown that teams require extensive support both from their agencies and from the system of care if high quality ISP is to be achieved and sustained (Malekoff, 2000). But this necessary level of support is difficult to achieve. It appears that people at the organization and system levels are often not aware of the spectrum of supports that is necessary if ISP is to be effective. Even when they are aware, they may still find it difficult to put the necessary supports into place, since organizations and systems face many pressures and competing priorities (McGinty, McCammon, & Koeppen, 2001).

The goal of the research described in this article is to answer three questions. This article focuses on the second and third questions, while the first question is addressed in greater detail in the article on effective ISP teamwork, beginning on page 12.

1. What does it take for ISP/Wraparound teams to be effective in improving outcomes for children and families?

- 2. If teams are to be effective in this way, what supports do they need from the organizations that collaborate to provide ISP?
- 3. What supports do these organizations-and the teams-need from the systems of care within which they are embedded?

Figure 1 provides an outline of the conceptual framework that we developed out of research designed to answer these questions. We began by focusing on the first question and then moving "upward" to the organization and system levels, an approach consistent with "backward mapping" (Elmore, 1979/80). The framework describes a series of necessary conditions-conditions that must be met if high quality ISP is to be achieved and sustained. In this article, we provide an introduction to the framework and to the three assessment tools we have developed to help people gauge the extent to which these conditions are in place in their local implementation. We have recently produced a full report on our work (Walker, Koroloff, & Schutte, 2003; see box on page 7), which includes

- Details about our research sources and methods;
- A full description of each of the necessary conditions;
- A summary of the research evidence that provides the rationale for including each condition as "necessary;"
- Examples of ways that different communities have met each condition; and
- Assessment tools to gauge the extent to which the necessary conditions are being met at the team, organization/agency, and system levels.

Three Levels

The conceptual framework organizes the necessary conditions into three levels: team, organization, and system. For the purposes of this discussion, we think of the team as the caregiver and youth and at least two or three other consistently attending core members who take responsibility for creating and implementing a plan to meet the needs of the family and child with an emotional disorder. These team members, whom family members identify as important in their lives, usually include service providers and members of the family's informal and community support networks.

At the organizational level, the picture becomes somewhat more complicated. We find it useful to distinguish between two roles that organizations or agencies can play relative to ISP teams. In the first role, an agency takes the *lead* in ISP implementation, and is responsible for hiring, training, and supervising team facilitators. This agency may also provide training for other team members with specialized roles, such as family advocates or resource developers. In the second role, an agency acts as a *partner* to the team-based ISP process by contributing services, flexible funds and/or staff who serve as team members.

We think of the *system level* as the larger service policy and economic context that surrounds the teams and team members' agencies. Because many communities have not yet developed a "system of care" we also use the term *policy and funding context* to refer to this level. Put simply, the policy and funding context includes people and groups at "higher levels" whose actions and decisions

| Figure 1. Necessary Conditions | | |
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| Team Level | Organizational Level | Policy & Funding Context (System Level) |
| Practice Model i. Team adheres to a practice model that promotes team cohesiveness and effective planning in a manner consis- tent with the value base of ISP. | Practice model i. Lead agency provides training, supervision, and support for a clearly defined practice model. ii. Lead agency demonstrates its commitments to the values of ISP. iii. Partner agencies support the core values underlying the team ISP process. | Practice model i. Leaders in the policy and funding context actively support the ISP practice model. |
| Collaboration/partnerships i. Appropriate people, prepared to make decisions and commit- ments, attend meetings and participate collaboratively. | Collaboration/partnerships i. Lead and partner agencies collaborate around the plan and the team. ii. Lead agency supports team efforts to get necessary members to attend meetings and participate collaboratively. iii. Partner agencies support their workers as team members and empower them to make decisions. | Collaboration/partnerships i. Policy and funding context encourages interagency coopera- tion around the team and the plan. ii. Leaders in the policy and funding context play a problem- solving role across service boundaries. |
| Capacity building/staffing i. Team members capably perform their roles on the team. | Capacity building/staffing i. Lead and partner agencies provide working conditions that enable high-quality work and reduce burnout. | Capacity building/staffing i. Policy and funding context supports development of the special skills needed for key roles on ISP teams. |
| Acquiring services/supports i. Team is aware of a wide array of services and supports and their effectiveness. ii. Team identifies and develops family-specific natural sup- ports. iii. Team designs and tailors services based on families' expressed needs. | Acquiring services/supports i. Lead agency has clear policies and makes timely decisions regarding funding for costs required to meet families' unique needs. ii. Lead agency encourages teams to develop plans based on child/family needs and strengths, rather than service fads or financial pressures. iii. Lead agency demonstrates its commitment to developing culturally competent community and natural services and supports. iv. Lead agency supports teams in effectively including community and natural supports. v. Lead agency demonstrates its commitment to developing an array of effective providers. | Acquiring services/supports i. Policy and funding context grants autonomy and incentives to develop effective services and supports consistent with ISP practice model. ii. Policy and funding context supports fiscal policies that allow the flexibility needed by ISP teams. iii. Policy and funding context actively supports family and youth involvement in decision making. |
| Accountability i. Team maintains documenta- tion for continuous improve- ment and mutual accountability. | Accountability i. Lead agency monitors adherence to the practice model, implementation of plans, and cost and effectiveness. | Accountability i. Documentation requirements meet the needs of policy makers, funders, and other stakeholders. |

Figure 1. Necessary Conditions

impact ISP teams and organizations through formal and informal policies, and through decisions about finances. For example, the policy and funding context often includes administrators of child- and family-serving agencies (child welfare, mental health, juvenile justice) at the county, region, or state level. Policies and funding decisions may also be impacted by state and local governing bodies, as well as by other organizations that set policy, monitor or enforce policy, or interpret state or national policies to local service providers.

Five Themes

The conditions depicted in figure 1 are also organized into five rows according to five themes: practice model, collaboration/partnerships, capacity building/staffing, acquiring services/supports, and accountability. At each level-team, organization, and system-stakeholders must engage in activities that meet the necessary conditions. The framework does not attempt to specify exactly how a program or community should meet each condition, only that there should be some structure, mechanism, policy, or process for doing so. For example, in the area of accountability, the framework includes the necessary condition that the organization monitors adherence to the practice model of ISP (as well as implementation of plans and cost and effectiveness). Since the practice model is built around the value base of ISP, part of this monitoring must focus on whether or not teams are truly working in ways that promote the values. However, monitoring adherence to the value base can be done in several ways. For example, an organization might ask family members to rate the level of adherence to ISP values that they experienced in their team meeting (this is the strategy used in the WFI, see page 21), or the organization might ask supervisors to observe team meetings and provide feedback on adherence to the values. These are two different activities on the part of stakeholders that satisfy this aspect

of the condition. The framework recognizes that it is important that organizations and systems have some flexibility to decide—based on local context and local needs—what sorts of strategies will work best to meet the conditions in their particular community.

Interrelationships Across Levels

The organization of the framework according to themes also draws attention to the ways that the three levels of activity are interrelated. Failure to recognize the impact of system-level actions on the organization, or the effect of organizational decisions on teams, leads to narrow problem definition and ineffective solutions. Staff at all levels can easily end up blaming each other, defensive about their own actions, and demoralized. Practical experience has shown that achieving meaningful change at the service delivery level requires extensive support from the organizational level, as well as from the system level (Clark, Lee, Prange, & McDonald, 1996).

A good example of the impact of one level on another can be found within the collaboration/partnership theme. Support across all three levels is necessary to ensure that key team members will attend meetings. For example, a child welfare worker from a partner agency is told by her supervisor that she can no longer attend an individual child's team meetings because she needs to use her time investigating child abuse cases. Her regular presence at team meetings is critical to the team's ability to make appropriate decisions. This organizational decision is sparked by a recent child death and increased community pressure on the child welfare agency. In a community with low organizational and system support for ISP, the team facilitator is left to negotiate directly with the child welfare worker or her supervisor to assure some level of involvement in team meetings. If the facilitator is well respected or has a strong network of friends, he or she may manage to get the child welfare

worker's supervisor to allow her to attend the next meeting for this specific child. Alternately, the child welfare worker may begin attending team meetings on her own time. However, neither of these solutions changes the general policy that continues to restrict child welfare workers' involvement in other (and future) teams. In a community with stronger organizational and system supports, the team facilitator might enlist the help of a supervisor or program manager who will negotiate directly with the manager of the child welfare agency to work out a different policy that does not restrict workers' participation on ISP teams. Further, a strong interagency body at the system level could examine the problem of increased scrutiny of child welfare and seek ways to resolve this issue that do not undermine the collaboration and partnership that is necessary for ISP.

Another example comes from the area of acquiring services and supports. One of the key tasks of the ISP team is to integrate community services and natural supports into the plan. It turns out teams are rarely successful in building plans which are not primarily reliant on formal services. Our research indicates that this is in large part due to a lack of support from the organization and system levels. For example, teams require knowledge about specific strategies for attracting and retaining community and natural support people to the team. Ensuring that team members acquire this necessary knowledge is a responsibility at the organizational level. In reality, organizational pressures often work the other way, to encourage teams to develop plans that rely on formal services that have already been contracted. Again, it is the responsibility of organizations to ensure that teams are able to develop plans based on the family's expressed needs and strengths, rather than on the services that are "on the shelf." If many teams within a program are successful in integrating community and natural

supports into the plan, another problem may well emerge: There may now be more demand for community services and supports than capacity to provide them. This would be the case if a number of teams in an ISP program suddenly "discovered" a high quality afterschool program at a local church that combines mentoring, tutoring, and social skills development. The program might have openings for only one or two additional children. Or suppose a team wants to provide respite for a child's mother by paying a neighbor who has a good relationship with the child to have the child at her home every other weekend. This creative, and potentially highly cost effective solution is derailed because there is no existing mechanism for certifying or paying a non-traditional respite provider. If plans are to be truly individualized and community based, the organizations that collaborate to provide ISP must devise strategies for developing community capacity to provide the services and supports that tend to be requested by teams. Developing community capacity and informal supports will also require support from the system level. For example, the policy and funding context must allow organizations the flexibility and autonomy that are necessary if they are to develop the specific services and supports that will be successful within a particular community context.

Assessments

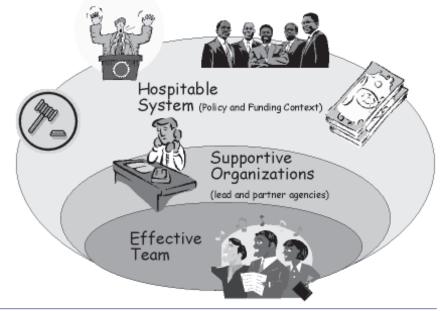
We have developed a series of assessments as a companion to the conceptual framework. These assessments-for team process, organizational support, and system context-are designed to provide stakeholders with a structured way of examining the extent to which the necessary conditions for ISP are present in their local implementation. The assessments are not designed to provide an absolute rating or ranking of the implementation. Rather, they are intended for use in discussions of the strengths of the implementation, and to help clarify and prioritize areas for further development.

The assessments were designed with an eye towards issues of mutual accountability across the various levels of implementation of ISP. Traditionally, we think of people at the service delivery level as accountable for the quality of the services that they provide. When programs fail to deliver desired outcomes, the blame is often laid at the provider level. However, as our research has made clear, high quality work in ISP cannot succeed where the necessary organizational and system level supports are lacking. But how are people at these levels to be held accountable for providing an acceptable level of support? We believe that assessing the extent to which the necessary conditions are in place at the organizational and system levels provide a means for pushing accountability upward as well as downward. The assessment of organizational and system support are tools for this sort of upward accountability. In contrast, the team level checklist can be seen as a more traditional sort of tool, of the type that is used for supervision in a more familiar form of downward accountability. The idea is that a balance of upward and downward accountability actually builds a culture of mutual accountability that encourages focused problem solving over defensive blaming.

References

- Clark, H. B., Lee, B., Prange, M. E., & McDonald, B. A. (1996). Children lost without the foster care system: Can Wraparound service strategies improve placement outcomes? *Journal of Child and Family Studies, 5*, 39-54.
- Elmore, R. F. (1979/80). Backward mapping: Implementation research and policy decisions. *Political Science Quarterly*, 94, 601-616.
- Farmer, E. M. Z. (2000). Issues confronting effective services in Systems of Care. *Children and Youth Services Review*, 22, 627-650.
- Malekoff, A. (2000). Bureaucratic barriers to service delivery, administrative advocacy, and Mother Goose. Families in Society: The Journal of Contemporary Human Services, 81, 304-314.
- Walker, J. S., Koroloff, N., & Schutte, K. (2003). Implementing highquality collaborative Individualized Service/Support Planning: Necessary conditions. Portland, OR: Research and Training Center on Family Support and Children's Mental Health.

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