Barriers to Cross-System Integration

Dreams, Challenges, Strategies and Hope in Human Services

by John Franz

Something's got to change. People receiving services, people providing them, and people in the communities where the services are delivered are all expressing their frustration with the status quo. Dozens of child welfare programs are being sued or are operating under consent decrees, school districts are facing repeated due process hearings and Office for Civil Rights complaints. The juvenile justice system is under attack for being too lenient, too punitive, for failing to fulfill its promise of rehabilitation and for wasting time by giving parents and children too many rights. Mental health services are available for only a fraction of those seeking them; in many communities the only choices available through public or private third party payors are either a few hours of outpatient therapy or hospitalization.

It would appear that the paradigms under which our human services programs have operated for most of this century are beginning to fade and that we are in a chaotic transition phase in which tradition and innovation are in constant competition. During the next five to ten years, most of our systems of care are likely to undergo dramatic transformations. Health, education, justice and social services are redefining their operational goals, organizational structures and funding strategies. For good or ill, the ways in which children and families are supported in the new century may be unrecognizable to a person stepping through time from a door in the midst of the later half of this century.

The seeds of the new systems of care are already sown. The specifics of how they will develop will depend on the effects of random events - both positive and negative - and upon the will and energy of those struggling to lead their programs and agencies through this era. But one theme seems to dominate in many fields: the call for cross-system integration in service delivery. In this article we will examine four barriers which stand in the way of realignment of our traditional categories for services, and suggest some paths for overcoming them.

It seemed so simple a few years ago. Categorical systems weren't meeting the needs of many of our clients. They offered piecemeal responses that required folks to shuffle from system to system, all the while enduring contradictory procedures, recommendations and services. All we had to do to fix the situation was get together and cooperate: form an interagency council, draft up an agreement, let the line staff know how it was going to work, and we'd be rolling. Just like one of the old Mickey Rooney - Judy Garland movies: when things seemed most desperate, Mickey would say, "Hey kids, we can put on a show of our own!" Then, after a few scenes of frenetic activity, Judy and Mickey and their friends would be up on stage, high-stepping through a fully choreographed Broadway revue.

Unfortunately, reality is intervening as we attempt to put the basic ideas of system blending into practice, and although the enthusiasm for developing integrated services still seems strong, many agencies are taking a second look at the results of their initial efforts to see what is working and where problems are emerging. It seems that cross-system integration is easier to

maintain for small, narrowly defined populations. As pilot projects attempt to scale up to serve larger populations they are encountering substantial challenges. Some of these barriers are idiosyncratic, but most seem to fall into a few basic groups. For purposes of discussion, we have chosen four: organizational, fiscal, informational and operational.

Organizational barriers

A variety of models for blending service delivery have been tested in the last ten years or so, but by and large each has evolved within a traditional category of service. For example, wraparound (which has been discussed in several Journal articles) grew out of the movement to improve children's mental health services. The Balanced Approach to Restorative Justice is developing within the juvenile justice system. Family-based services is an approach with wide acceptance among child welfare agencies. Normalization, as it has evolved in programs for people with cognitive and physical disabilities, calls forth sophisticated integration of naturally occurring supports and generic community services. Service integration is also a major element of the federal Maternal and Child Health initiatives.

All have common elements, but there are many differences in detail and emphasis. And a significant portion of these differences derive from the culture and orientation of the system in which the concept originated.

It is this insularity of origin which defines the first of the barriers to true, community-wide cross-system integration. Whichever traditional system attempts to establish integration has to somehow convince the other systems to participate. And, sooner or later, as the demand for assistance grows, the response to the invitation to collaborate is likely to become: "Look, we'd like to help, but we can't even take care of our own kids and families. You're going to have to deal with this one on your own."

An inherent weakness in any effort at integration growing out of a traditional system is the voluntary nature of the participation of the collateral organizations. They may detach with regret because they are forced to do so by budget cuts and the loss of personnel, or they may do so out of animosity because of a conflict in values exposed by an especially difficult situation, but there is nothing to stop them from leaving. As a result, experienced administrators often resist joining in these arrangements in the first place - fearing the added obligations they may acquire if they are the ones left with the clients after a supposedly "integrated" system dissolves.

Oddly enough, these organizational barriers exist even though the same tax payers support all of the systems involved, whether through the property tax, or the income tax. But governmental jurisdictions for human services are strictly divided. School boards can't tell social service agencies what to do, county boards can't dictate to school districts, judges and district attorneys report directly to the voters, police departments to their municipal governments and medical and mental health services are often controlled by the rules of public and private third party payors.

The organizations we have established to support our human and health care needs are as balkanized as central Europe.

Overcoming organizational barriers

As noted above, the traditional method of overcoming organizational barriers is to form an interagency agreement. It functions much like a treaty among nations. When integrated programs

are in the pilot stage, these agreements can support a significant level of cooperation. Of course, they have to be entered into honestly and the resources to implement the terms of the agreement have to be available, but they are usually enough to enable a group of agencies to work together to help a certain number of clients. But like many of the treaties signed by the countries in central Europe, these agreements are usually not enforceable. At the maximum they can exist no longer that the shortest budget cycle of any participating agency.

A longer term solution may require a more fundamental change in the way we organize service delivery. Currently we divide responsibility among public agencies by function. To most people that seems the easiest and most intuitive way to split things up. But it is not the only alternative. For service integration to become an intrinsic part of the way agencies support communities, the jurisdictions of traditional service delivery will have to be redefined by the outcomes agencies are expected to produce and the customers they serve. Many businesses are already undergoing this transformation, and it may be inevitable that the trend will overtake the public service sector.

But for our public service systems to be restructured, their legislative underpinnings would have to change. A proposal for one such change was the new Children's Code, discussed in the last few issues of the Journal, but a much more extensive revision would be needed for community-wide transformation.

These changes are unlikely to occur over night, and probably shouldn't. Slower, more evolutionary changes can be added based on the results of our pilot programs, if we are willing to learn from these efforts and transfer the results into organizational realignment using a consistent blueprint for change. In the meantime, we can also use legislation and rules to create an environment in which more programs compete based upon their ability to produce socially valued outcomes.

Fiscal barriers

In many ways the fiscal barriers to cross-system integration reflect the organizational barriers described above. Most public agencies are designed to purchase or deliver services, not results. It is assumed that good things will happen if the services are delivered as promised. This design is almost universal, from education to health care. Insurance companies buy x-rays, orthopedic consults and casts. They assume healed fractures will occur.

This approach works fine when outcomes are closely and reliably linked to services, but becomes more problematic when complex outcomes require the cooperation of many support entities, as well as the clients themselves. These days, both public and private industries are struggling to find ways to create outcome-driven fiscal models. The managed care systems many of us are experiencing in HMOs are just one example.

Strategies for achieving fiscal change

Changes in fiscal police are often implemented through changes in contract language. Changes designed to achieve cross-system integration often do so by the inclusion of performance standards and multi-party agreements. For example, a county may prepare a joint contract with several vendors who will have to work together to achieve a specific outcome for a group of people (a neighborhood, a subpopulation of youth, etc.). To meet contract expectations all of the vendors will be expected contribute a variety of interlinked services. The contract might include incentives for all of the vendors if the goals are achieved and spread risk among the vendors if the

goals are not reached. This type of arrangement creates a significant incentive for cooperation, if not full integration.

At present, most such contracts are single grantor, multiple vendor arrangements. However, it should be possible to negotiate single contracts, or interlinked contracts that join a number of groups such as school districts, HMOs and county departments at one end with a variety of vendors at the other. (Dane County's Children Come First project coordinates these efforts through a central entity that mediates between buyers and suppliers.)

But large scale fiscal integration still seems difficult to achieve without the organizational changes described above. Individual agencies are unlikely to carry risk for broad outcomes when they lack the tools and authority to deal with all of the variables that affect the outcomes being sought. Schools, for example, are not likely to assume total responsibility for the educational achievement of their pupils when they are unable to control the external factors which affect learning, such as environment, family, and nutrition.

However, these arrangements need not be all or nothing. Many groups are now exploring concepts of limited risk and limited payoff to encourage creativity, cooperation and integration.

Fiscal barriers to integration are also closely related to informational barriers. Outcome driven fiscal policies require accurate definition and measurement of the services and changes being purchased by the community.

Informational barriers

Information is a primary commodity in human services. We pay to have ideas transferred from vendor to client in a variety of contexts, in the hope that those concepts will change behaviors or improve capabilities. We also generate a lot of data measuring the actions involved in the transfer of skills and the outcomes derived from those actions.

Ultimately the problem is not how to get enough information, but how to make sense of out the mountains of data we produce.

For example, consider this simple model of a human service interaction:

A tutor (T) provides instruction (I) to a pupil (P). The goal is to help the pupil move from a state prior to instruction (S_a) where P lacks a certain skill (K) to a state after instruction (S_b) where it is hoped P will have that skill. An evaluator (E) observes the process.

We can apply a variety of objective and subjective measurements to this interaction.

1. P's ability to demonstrate K after reaching S_b can be measured by T or E or by P through self-testing.
2. T's ability to deliver I can be measured by E or P, or by T's self-evaluation.
3. P, T and E can also describe their sense of the quality of I as a way of transferring K, as well as their suggestions for other ways of accomplishing this goal.
4. The cost of I can be measured.

External to the specific interaction, another level of evaluation is also possible. Assuming K is a readily reproducible and observable skill, statistical sampling could be done to show the degree to which K is currently disseminated throughout the subpopulation represented by P. A reference group, selected to be representative of the values of the community, could be asked to indicate how much they would value K's presence in the subpopulation and what they would be willing to spend to accomplish K's wider dissemination.

A third level of information can also be extracted. Assume that the first stage testing showed that I was a reasonably successful strategy for transmitting K. Also assume that at the second level the reference group determined that K was a skill worth transmitting. Based on this, an effort might be made to teach as many members of the subpopulation as possible this new skill. After a period of time, a second survey could be done to find out the degree of successful dissemination and the reference group could again be polled to determine whether the overall community benefits expected to occur as a result of teaching this new skill were in fact emerging.

If collecting data about the transmission of a single skill within in a single system is this involved, one begins to see how difficult effective data management can be when a cross-system effort is being implemented on behalf of a group with a wide range of needs. No one could collect all of this data. The key is for the agencies and the community to reach agreement about what needs to be known, and then to collect that information consistently and accurately.

Often, the pressure for change is driven by dramatic incidents rather than rationally chosen objectives. A newspaper headline captures the imagination or passions of a community - people want something done, now. The loud message to programs is: "We don't care what you do, just as long as you do it quickly." The quiet but distinct follow up is: "...and it doesn't cost us too much."

But by the time an agency is able to add a new program, the headlines have changed, fueling a new appeal.

In order stave off these fickle demands, individual programs, and especially multiple-program systems, must find a stronger foundation. A better organized way of collecting information can help. Looking back at the analysis of the basic model presented above, there are three clusters of values being extracted:

1. How efficiently (positive outcomes divided by cost) are the interactions being carried out?
2. How do the participants feel about the interactions?
3. How much does the community value the outcomes being generated by the interactions?

Informational barriers to cross-system integration can spring from mixed demands for accountability, from the attempt to use the wrong kind of data to prove effectiveness, from different criteria being applied to the various programs taking part in the effort, or from improper assumptions being drawn from existing data.

Removing those barriers requires a determined effort to get everyone involved on the same page and to keep them there through the cross winds of publicity and politics. The flow of data from within the integrated system and from the community at large has to be gathered at the interagency level and transformed into information that exhibits social validity, reliable measurement of system functioning and consistent sampling across the disciplines who are working together on the system change.

Operational barriers

Operational challenges are often the ones agencies deal with first when attempting to bring about integration of service delivery. Operational barriers can be broken down into components relating to management, service design and service delivery. Of these, the segment usually confronted first is service delivery. For example, an agency might contract with someone to

provide training to line staff in wraparound, family-based services, or the balanced approach and then hope that individual case managers can somehow provide new services from within the agency's traditional framework.

But looking back at all of the steps necessary to overcome the barriers to blending services across agencies, deciding how the new services will be delivered probably should be done last. If the community is going to erect the new system of care on family-centered outcomes, then those outcomes with the highest social value and the lowest level of incidence for that community need to be identified. Then the community and its existing agencies can work together to decide the best way to combine existing categorical programs with new efforts to accomplish the selected results.

Once the goals and organizational boundaries are in place, fiscal and information management policies can be established to support the arrangement. Finally, procedures for putting the plan into operation can be installed. This will include clarifying the responsibility of upper and middle management and training the staff who will be responsible for client contact. In this way, training can be conducted in the context of structured change. Participants will know how what they are learning will fit into the overall picture.

Conclusion

The progression being suggested here is not linear. The movement to change may well begin at the client contact level. In fact, opening rounds should tie together community leaders, families, service providers and recepients and program managers. Activities which build communication across typical hierarchical and jurisdictional boundaries is an important aspect of building a consistent set of values on which to base change. After a common vocabulary is established and common goals selected, then the detail work of realigning organizations and setting up informational, fiscal and operational methods can be carried out. Nor is there any cookbook for this enterprise. Different communities will choose different outcomes to emphasize and different structures for bringing them about.

Selected bibliography

Ideas in this article have been drawn from a wide variety of sources. Some are unpublished or not readily available, but the reader may find some of the following books or articles useful:

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