

Building The Caring Enterprise

Part Two: The Alliance Model of Service Integration

By John Franz

The tragedy of the Joneses

Let's say your community wants to help the Jones family. Their youngest, Sue, is 10 years old, bright and cheerful, but also has Spina Bifida. The community tries to help out by using its the medical, developmental disabilities and special education systems. Their 12 year old, Tommy, is energetic, athletic and outgoing, but has an attention deficit disorder, trouble controlling his anger and language-related learning disabilities. He receives medication assistance from a psychiatrist, counseling from a behavioral specialist and is in a special education class. James, at 16, is the oldest. He's a good student, plays on the high school basketball and baseball teams and is the student council treasurer. But a month ago he and 3 companions were arrested for burglary and he is now being held in juvenile detention. Your community's probation department is responsible for developing his plan of care.

The children's mother, Betty, who was a secretary for an insurance company, fell down the back stairs last winter and suffered a severe brain injury that has affected many parts of her life, including her ability to work and care for herself and her family. Your health care and vocational rehabilitation systems are trying to help her. Her husband Dan is a machinist. After Betty's accident, when she came home a different person from the one he married, he started drinking and got some traffic tickets. The community tries to help him with a substance abuse program and mental health counseling.

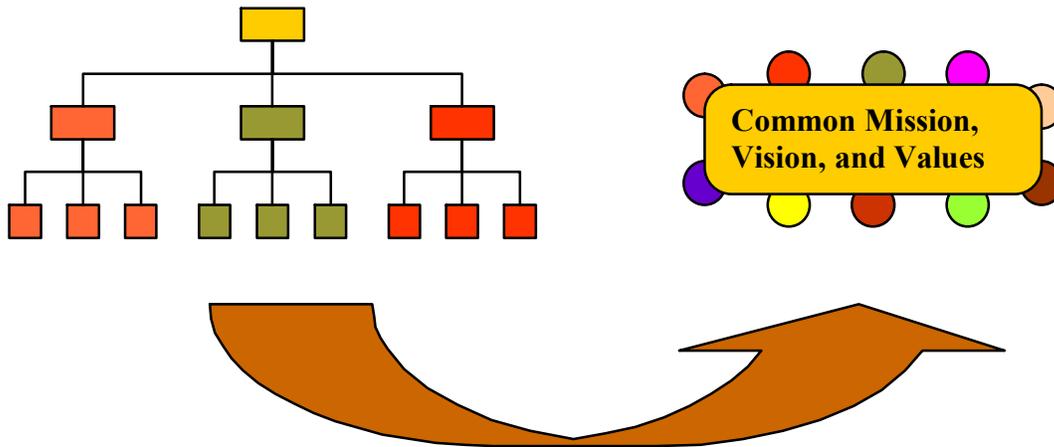
You work as a manager in the child welfare division of your county's human services department. Last week the school reported that Sue was coming to school so disheveled and poorly cared each day that they believed her physical and emotional health were at risk. The child protection worker from your division who investigated discovered that after his mother's accident James had become the primary caregiver for his siblings. Now that he's in detention, Sue isn't doing well at all. And, as it turns out, neither is Tommy.

You realize that all the threads in this family's life are connected. You can't just order Dan and Betty to go to a parent education class because the parent education class doesn't talk about taking care of 10 year olds with Spina Bifida and because it isn't targeted toward parents with traumatic brain injury or those who are drowning in grief. You can't tell the probation department to let James come home because that's another agency and besides, they say he has to be held accountable for his actions. On the other hand, if something isn't done, this family will continue to unravel. Before too long, James will be in a correctional placement, Sue will be in a special care foster home and Tommy will be in residential treatment. You feel frustrated because even though many people are trying to help the Joneses, all of the helpers are going in different directions.

And the Joneses aren't the only family in this kind of situation – not that every family has a mother with a brain injury, but many of the families your agency works with are experiencing a complex mix of needs that connect them to multiple service systems. Each system is expected to deal with part of the problem, yet none of them can address the sum of what the families need.

You dream of a new service arrangement that would help your community escape the tragedy of the Joneses. A picture forms in your mind of staff from multiple departments joining one another around a table where they can leave behind their rigid job descriptions and unite to help families through a common mission, vision and set of values. Figure 1 illustrates this transformation.

Figure 1 – The Transition from Vertical Hierarchies to an Integrated Response



It's not enough to just round 'em up

This is the goal of the alliance model of service integration: link staff from diverse agencies like child welfare, mental health, juvenile justice, developmental disabilities, public health and special education so they can work together on behalf of families with complex needs. A variety of strategies can be used to create the needed linkages. Physical changes can be made in the places where people work. Staff from participating agencies can be co-located in a jointly operated office. Or staff from several agencies can be cross-located to work together in each other's offices. Procedural changes can also be used. Various types of regular meetings or forums such as interagency teams can be created that allow staff from the participating agencies to engage in collaborative planning.

So you try to make your dream a reality. You work out an agreement with managers from some of the other systems to create a special cross-disciplinary unit to help families like the Joneses. You move them in together, bring in a consultant to teach strategies for improving collaboration, assign them a selected caseload, and tell them to get busy. They are able to help some of the families, but not as many as you had hoped. You ask the folks in the special unit what the problem is. They like working together and are definitely getting a more comprehensive picture of the families' needs, but they can't be as creative in their responses as they would like to be. The child welfare worker can only access certain resources from his system if he has a court order or the family meets specific criteria. Likewise, the probation officer, mental health counselor and education specialist still have to operate within the bounds of their systems.

You realize that while physical alliances will link people, you'll need policy, resource and procedural alliances to link systems. But those connections are harder to make. It was one thing to convince your colleagues to contribute a few staff for a special project. Getting them to contribute resources and change policies and procedures will be much harder.

Varieties of alliances

You ask around to see how folks in other places have started integrating their service systems. You learn about a number of different approaches. A county north of you has a small, tightly focused unit set up to provide better support when families have children who have developmental disabilities but are also getting involved with the juvenile justice system or are at risk of being excluded from school because of challenging behaviors. The unit includes a person from the school district, the mental health center, the developmental disabilities system, child welfare and the probation office. When you interview the person who set up the special unit, she tells you, "First we thought we would just hire a couple of behavioral specialists and they would come in and fix these kids. But we soon realized it was a lot more than a

treatment issue. So now we have this unit that can take over all of the system issues and keep things from bouncing back and forth between manifest determination hearings at school and court hearings on child welfare or juvenile justice petitions. We've all agreed to go with the comprehensive plans this unit comes up with and they can use resources from any of our systems.

Across the state line you have a friend working in a county that uses a different take on the alliance model. The challenge they were dealing with involved the competition between the probation department, the child welfare department, mental health and the district's special education unit for treatment foster care and residential treatment beds. They created an office to collaboratively manage substitute care referrals and the supervision of placements. By combining their efforts and resources, not only were they more efficient and effective, they were also able to reduce inappropriate placements and shorten placement time.

A county on the other side of your state formed a large-scale alliance. They closed their separate offices for child welfare, juvenile justice, and children's mental health and opened small, cross-system branch offices around the county. They agreed that when a family was opened to one department, say child welfare, they would automatically be open to all of the other departments for the purpose of resource access. That way a family who entered the unit through a child welfare intake would not have to go through a second intake to get mental health services. In addition, if the cause for the initial referral was resolved, the family could continue to receive services if they had ongoing needs. No longer would kids have to commit another offense just so they could continue seeing a counselor obtained as part of their juvenile court order.

Bringing structure to the integration conversation

It would be great if you could just replicate a model from one of the other counties. But it isn't that simple. Every county's politics, procedures, resources and goals are different. You can use other community's ideas for inspiration, but the design has to be a local creation. And for that creation to work, everyone who will be affected by it has to participate in its development. You will need family members, line staff, supervisors, community representatives and providers. But you wonder how to get that many people to agree on any single plan.

You need some way to focus the discussion, so that people from a variety of backgrounds can work together to design the components of their cross-system service model.

The six core technologies for service integration, introduced in the first article in this series, can help in this effort. Each one can be presented as topic for consideration by a planning group. The challenge to the group will be to propose a strategy for implementing a given technology that fits with the strengths and needs of your community. Besides sharing examples of the ways other communities have addressed these technologies, you can also provide them with some questions to guide their discussion. Table 1 provides examples of possible questions to go with each system component when the basic goal is to improve service integration by forming some type of interagency alliance. The answers should help define the new model by describing what it will do, who will do it, how it will get done, and how you will keep track of what is happening.

Table 1
Using the core technologies to define an alliance model for service integration

Core Technology	Implementation Questions
A flexible infrastructure for process management and resource access	<ol style="list-style-type: none"> 1. What community needs will the alliance address? 2. Who should be a part of the effort to meet these needs? Who are the people experiencing these needs? Who is trying to help them now? Who has resources that may be important? 3. How will resources be pooled for access by the alliance? How will the balance of contributions be kept equitable? 4. Will new resources need to be developed? What service resources can be prepared in advance, what options should be developed on a flexible, family-by-family basis? 5. What procedures and criteria will staff follow to access pre-existing and flexible resources through the alliance? 6. Who will manage the resource pool, and how will this management be provided? How will the voice of families be included in the planning and management process for the alliance?
Policies, contracts and agreements to insure comprehensive, integrated assistance	<ol style="list-style-type: none"> 1. What type of governance structure makes the most sense? Will a formal interagency group need to be established, or can an existing group be adapted to oversee the operations of the alliance? 2. What criteria will be used for deciding which families will be supported through the alliance? 3. How will disagreements about system operations, resource allocation staff assignments and similar issues be resolved? 4. Who will provide ordinary, day-in, day-out management of the alliance? What process and structure will insure rapid and appropriate plan development, resource access and outcome review?
Consistent staff development, support and supervision	<ol style="list-style-type: none"> 1. How will staff be assigned to work for the alliance? Will new staff be hired, or will staff be reassigned from existing positions? 2. When staff work for the alliance, will they remain under the supervision of managers in their home systems, or will there be independent supervision? How will staff be paid and provided benefits? 3. What special skills and knowledge will staff of the alliance be expected to demonstrate? How will staff be trained? How will staff demonstrate that they have acquired and are using their skills and knowledge appropriately? 4. What supports, rewards and opportunities for advancement will be available for staff who work for the alliance?
Unified strength-based planning and action process	<ol style="list-style-type: none"> 1. What specific process will staff use to develop comprehensive, goal-oriented, strength-based plans of care with families who have been enrolled for assistance through the alliance? Who will be responsible for gathering and facilitating the child and family team? How will family voice and choice in the process be assured? 2. How will the plans of care be translated into concrete actions? 3. How will the alliance insure that a single plan of care can be used to address family needs across their life domains, and meet the expectations of the formal systems in which families may be involved, such as child welfare or juvenile justice?
Value-driven information management system for billing and documentation	<ol style="list-style-type: none"> 1. What format will staff use to record the plans of care they develop with families? Will additional documentation be needed to meet the requirements of any participating systems, including the courts? 2. What will be needed to insure reimbursement for services provided through the alliance? What will be needed for accessing resources that are within the alliance pool? What will be needed for accessing services from outside the pool? What will be needed for third party reimbursement, such as medical assistance and private insurance? 3. How will the documentation format insure that the core values of the alliance will be expressed, supported and reinforced during the planning and service process?

	<ol style="list-style-type: none"> 4. How will the documentation format insure that a clear and accurate picture of each family's strengths, needs and goals will be recorded, as well as the specific actions and resources that the team will use to help the family reach its goals and the outcome indicators that will be used to measure progress toward those goals? How will reviews and updates of the plans be recorded? 5. How will the alliance collect, aggregate and analyze the documentation from individual family plans? Will the alliance use a paper or electronic-based system? If it is a mixed system, how will the interface between paper and electronic formats be managed? How will the alliance's information system align with the systems of the participating agencies?
<p>Quality assurance and improvement system for increasing performance and alignment with the values of the system of care</p>	<ol style="list-style-type: none"> 1. What are the core values that will underlie the alliance's effort? How can they best be put into action? 2. How will key measures such as client satisfaction, participation and outcomes, fiscal balance, and compliance with alliance procedures be measured? 3. How will information about performance and outcomes in the alliance be gathered? What benchmarks will be set for performance and outcomes and how will progress toward those benchmarks be measured? 4. How will information about performance and outcomes be fed back to staff who are carrying out alliance responsibilities? How will information be fed up to the alliance's governance structure? 5. What provisions will be made for changing alliance processes, resources and structures to improve performance and outcomes? How will the alliance continue to challenge its initial benchmarks as more is learned about the needs of the people the alliance is serving and the strategies for helping them have better lives?

Advantages and drawbacks to using the alliance model

A number of factors should be considered when deciding whether to use the alliance, agency or network model for cross-system integration in your community. All have advantages and drawbacks. The question is which model fits best and which of the drawbacks you are most willing to accept.

Startup time. One of the drawbacks of the alliance model is the time it takes to put an effective alliance together. People have to meet and discuss the critical needs of the community and consider how best to address them. Then they have to figure out how to structure and manage the operation of the alliance. Politics, personalities and group dynamics all play a large roll in the evolution of the model. In fact, when larger alliances are being built the atmosphere can resemble the constitutional conventions of the early days of America's independence. The corresponding advantage is that this groundwork can eventually lead to improved communication and understanding among public agencies, families, private providers, and community stakeholders. In contrast, if a community has an immediate need, an agency model can be assembled more quickly, but will generate less community buy-in. (The agency model will be discussed in the next article in this series.) Like alliances, networks often take quite a while to assemble. (The last article in this series will examine the network model.)

Partner involvement. A second drawback is the risk of partner drop out. Alliances are voluntary associations. A change in leadership or funding may cause a participating agency to leave the group. These departures can result not only in the rapid and unexpected loss of staff, but also the evaporation of significant portions of the resource pool. The corresponding advantage is that because alliance membership is by choice, not mandate, participation is more likely to be enthusiastic rather than pro forma. Since the agency and network models are driven by contract rather than voluntary agreements, they are harder to back out of. However, as a result they may also have a less personal and more business-like feel.

Restructuring. Finally, participating agencies may have to make significant changes in their internal structure and operations to build an effective alliance. If the community decides to take the model to scale, these changes will be necessary to insure efficient collaboration – but making big alterations in long standing habits nearly always produces resistance. On the plus side, once the agencies get through the rigors of organizational realignment, the community as a whole will benefit from improved cohesiveness in its human service systems. As agencies become more comfortable working together, informal cooperation may emerge in areas outside the alliance. The agency model does not require the participating members to make major changes in their internal structures. They simply agree to jointly contract for services from a private provider. But as a result there will be less of a tendency to establish informal connections. Building a network model can require even more change than an alliance, depending on how much of the community's resources the network is asked to manage. The degree of casual cooperation that is generated will depend on how much joint ownership the members of the network have in its formation and operation.

Moving to action, together

By definition alliances cannot be created alone. Leaders who are hoping to develop a human service alliance usually begin by engaging a diverse group of colleagues and community stakeholders in sustained conversations. The jointly shared needs, goals and values that emerge from these exchanges become the foundation for the careful evolution of operational partnerships. While the challenge of assisting families like the Joneses may form the impetus to begin these conversations and test out the benefits of partnership, it is the experience of increased understanding and trust through mutual action that ultimately will induce the participants to abandon their organizational isolation and establish meaningful structures for human service integration.

Part three of this series will explore the agency model as an alternative path for helping families with complex needs.

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