Building The Caring Enterprise
Part Four: The Network Model of Service Integration

By John Franz

A question of design

Regardless of the design chosen, a system of care for families and children with complex needs must resolve certain fundamental questions: How can we make sure we are buying the right mix of service options? How can we improve the match between child and family needs and the services they receive? How can multiple perspectives around need definition be resolved, especially when one of our subsystems such as child welfare or juvenile justice has intervened involuntarily in the life of an individual or family? How do we respond when we're not sure what to do because a child or family's situation is so unusual that none of our current services seems appropriate?

This article is the fourth and last in a series describing various solutions communities have developed to answer these questions. First we identified six basic technologies that systems of care use to help multiple service providers work together more effectively. Then we looked at designs for putting these tools into action. The second article illustrated the alliance model in which cooperating public agencies combine their staffs to mutually serve clients with complex needs. The agency model was highlighted in the third article. Using this approach, public agencies jointly contract with a private organization to deliver comprehensive support. This article presents a third option in which communities link a network of diverse resources to comprehensive service plans through the action of care coordinators who facilitate individualized support teams for each enrolled child and family.

Coordinating service access from the bottom up

Traditionally we used top-down mechanisms to answer these questions. Planning committees at the county or state level would estimate the type and amount of services that were likely to be needed in the upcoming year and budget a certain amount for them. Contracts would then be executed with service agencies to make those resources available – we would pre-purchase units of therapy, slots in day treatment programs and beds in residential treatment centers. Then system decision makers such as social workers and juvenile court judges would direct clients to the available slots, based on statutory or other criteria. The problem with this method was that decision-makers tended to define what a person needed based on service availability rather than individualized assessment. If our only options are hammers, our clients all begin to resemble nails.

The network model resolves this dilemma by building a bottom-up service delivery system. Client-first decision making is accomplished by adding three innovations: a reliable and reviewable planning process focused on achieving outcomes rather than distributing services, an assembly of private providers who are willing to offer flexible assistance upon request and to be

paid for those services after they are provided and a centralized administrative hub that coordinates network operations, manages contracts and insures accountability.

This is how the network operates when providing child and family services:

- A family is referred to the administrative hub for enrollment by one of the public agencies that participate in the network, for example, the child welfare system. If the child and family meet the entry criteria for the network, a lead agency is assigned to assist them.
- A care coordinator working for the lead agency meets with the family and a representative from the referring agency to learn about the situation. After any immediate needs are addressed, the coordinator works with the family and the referring agency to convene and facilitate a child and family team including both formal and informal sources of support.
- The team uses a strength-based planning process to develop a creative plan of care addressing critical needs across the child and family's life domains. The plan of care includes both formal and informal components.
- The child and family team chooses individuals or agencies from the provider network to implement the formal components of the plan (which might be anything from tutoring, to mentoring, to intensive in-home therapy, to treatment foster care or short-term residential care). Each of these network members has a contract with the administrative hub that states that if a child and family team calls upon them to provide a service, they will do so for a pre-arranged amount. Individuals and agencies can join the network at any time through a simple contracting process.
- Informal components of the plan draw from resources in the child and family's natural circle of support – relatives, friends, caring neighbors or community volunteers – and are supported when needed by flexible funds available through the lead agency.
- The resulting plan of care with its balance of formal and informal services linked to the strengths and needs of the family and the outcomes being sought through the intervention is presented to the administrative hub for review. If the plan meets the criteria set up for the system, it is approved and the services are provided. The providers bill the administrative hub on a monthly basis for services provided. The lead agency receives a fixed amount each month for every child and family team it is facilitating.
- The child and family team reviews the plan on a monthly basis for progress toward the selected outcomes and the service mix is adjusted as needed. Providers and the services they offer can be added, changed or removed. Each month the administrative hub reviews the updated plan and authorizes the next round of assistance.
- If teams are having difficulty making progress toward their chosen outcomes, staff from the administrative hub either provide directly or arrange for technical assistance to help things along.
- As children and families make progress toward the goals of the service intervention, plans of care gradually shift from a reliance on formal, purchased services to informal and natural sources of support. Similarly, the child and family team becomes more of a informal circle of friends that helps the family sustain the gains they have made.
- When the child and family approach the goals of the initial intervention, they graduate from the system. Traditional systems are available to respond to any remaining formal

service needs and informal assistance continues to be provided by the supportive circle that the team has helped generate.

- The administrative hub uses an enrollment/graduation committee with representatives from the participating systems to oversee intake, progress and child and family accomplishments. A quality assurance/quality improvement unit within the administrative hub monitors family satisfaction, plans of care, provider network and lead agency performance and service outcomes.

Making it work
Each of the six core technologies has to be well implemented for a network model to be successful:

Planning process. Child and family team facilitators must understand and be skilled in the techniques of strength-based wraparound planning. All of the facilitators, regardless of which lead agency they work for, have to use the same basic process. Everyone else in the system of care, such as probation officers, child welfare workers, mental health professionals, juvenile court staff, educators, and family advocates must understand the process and feel comfortable with being part of a team. The documentation and billing systems for network operations must be aligned with and reinforce the strength-based planning process.

Staff development and support. Consistent and ongoing training and supervision across all of the participating agencies is essential. Before care coordinators can start providing child and family team facilitation, they have to demonstrate that they have the knowledge and skills that are needed. Those who are supervising the coordinators must understand not only the complexities of team facilitation, but also how the planning process fits into the overall operation of the network. Ongoing training and support is needed for all of the other system participants so they know and are comfortable with their roles in the network, especially when they are using network resources to fulfill juvenile court mandates.

Cross-system infrastructure. Communities can use the alliance and agency models without changing their basic organizational arrangements, especially when these models are used to assist a narrowly defined population. A community might also have more than one alliance or agency model operating at a given time. But it is difficult to have more than one network up and running. The efficiency comes in having a single administrative hub to negotiate contracts with members of the provider network and manage the plans of care. Different needs in the community can be addressed by contracting with specific lead agencies and by recruiting additional providers into the network. Then the same process can be used whether it's to bring home a child with a severe emotional disability or to maintain an elderly individual in his or her own home following a serious injury. Different lead agencies and different providers are likely to be involved in the two circumstances, but the same format will be used to develop both plans of care.

Policies and contracts. Most communities have a well-established framework for human service operations. Generally this involves distinct vertical hierarchies for each service system, with specific workers, providers and procedures operating in each cluster. Creating a network model

means switching from vertical to horizontal integration. This difficult transition often generates fierce resistance and turmoil. A leadership team that represents all of the key stakeholders must be there to shape and then stand behind the administrative hub and the rest of the network if it is to survive the inevitable challenges.

Information management. A network must have a powerful information management system to operate effectively. Plans of care that span multiple domains, involve multiple providers, track progress toward individualized outcome goals and incorporate creative, strength-based, client-driven problem-solving produce mountains of data. Organizing this data into manageable information and tracking it so that both individual and system performance can be documented takes considerable sophistication. Without a proper information system, paperwork, rather than family needs, will drive the network.

Quality assurance. Having a good information system only gets you so far unless you also have a way to assess the network's operations, feed results back to practitioners, and generate innovative solutions for improving both performance and outcomes. A key task for the quality assurance component of the administrative hub is establishing objective measures of both process and outcomes that can be applied fairly and consistently to all of the participating agencies and individuals.

Costs and benefits of using the network model
Because creating a network model for delivering human services in a community is such a major undertaking there is a corresponding disadvantage for every advantage it offers. Here are some examples:

A network model can provide a powerful combination of diversity and integration in human services. However, it also demands more commitment, work and change than either of the other models. A community considering the adoption of the network model will have to decide whether it has the energy, time, staff and agreement among participants needed to make it happen.

Once established, a network model can be scaled up and adapted more easily than the agency or alliance models, and can become more efficient the larger it grows. On the other hand, the growth of a network means that more and more resources are being redirected from traditional service systems. People in those systems may resent the loss of control over the funds that are now flowing through the network. This resentment can be expressed in covert and overt attacks on the network. Leaders of the system change effort will have to decide whether they are willing and able to endure the political battles that can develop.

The data system in a well-run network can provide rapid feedback of service use, outcomes, satisfaction and fiscal efficiency. However collecting, aggregating, analyzing and documenting that volume of information requires a major investment in information technology. The cost of the computers needed to operate the network will be relatively small compared with what it will take to write, debug and continually upgrade the software that will be used to acquire and

process all this input, and the expense of training and supporting the staff who will be using the software.

The benefit of the network comes from its ability to combine many different kinds of lead agencies and providers in the common cause of helping people with complex needs. This can support rich cultural diversity, varieties of innovative approaches, rapid targeting of emerging needs, decentralization of service access, and support for client choice among a range of provider options. But it can also generate management nightmares. The folks in the administrative hub have to find ways to keep all of the members of the network on the same page without stifling creativity, flexibility and growth. The community will have to decide if it will be able to establish and support oversight, training, technical assistance and quality assurance components with sufficient capacity and authority to hold the network together.[*]

So, which model is best – alliance, agency or network?

All three models provide a strength-based environment for supporting families with complex needs. No one model is better than the others. The question is which approach fits best with a community's circumstances. Also each type can be implemented in a variety of ways and elements from all three can be combined in a community's overall design. Table 1 provides a brief comparison of the three approaches. Figures 1 through 3 provide diagrams for each model.

Table 1 – A Comparison of the Three Models

	Alliance Model	**Agency Model**	**Network Model**
Primary actors	Association of public agencies	One or more private comprehensive service agencies.	Administrative hub, lead agencies, provider network.
Basic Structure	Interagency teams work collaboratively with children and families.	Agency provides most services needed by the child and family based on a plan developed with the family.	Lead agency facilitators help child and family teams develop plans using services from the provider network.
Principle advantages	Improved communication, cooperation and cohesiveness throughout the human services system, especially if schools are an alliance member.	Fastest start-up time, least administrative restructuring, most control and accountability for services.	Flexibility, diversity, expandability, and when operating at scale, efficiency.

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[*] Two Wisconsin counties have established network models: Dane and Milwaukee. Milwaukee County operates its own administrative hub, while Dane contracts with a private non-profit agency to provide this service. Dane focuses on families with children and youth at risk of residential placement and coordinates care for between 125 and 150 clients. Milwaukee supports several different populations through a variety of lead agencies and serves a much larger client base. Both have demonstrated significant reductions in out of home placements and in the achievement of goals like reduced recidivism, improved school attendance and family stability for children involved in both the child welfare and juvenile justice systems.

Principle drawbacks	Lengthy start-up time, vulnerable to partner drop out, family focus may be harder to maintain, still requires link to private providers for some services.	Difficult to take to scale, limited value diffusion, more difficult to incorporate informal resources, may be difficult to link to services not provided by the contracted agency.	Requires significant system change for large-scale implementation, continuing investment in information technology, sophisticated administrative, training, technical assistance and quality assurance systems, generates political battles.

In deciding whether to use an alliance, agency or network model to improve services for a specific target group, communities may wish to look at 4 aspects of the current status of their human service systems:

1. How immediate and pressing are the needs in the area you have chosen as your point of focus?
2. How many public or private agencies are involved in providing services to this group of people?
3. Are services to your target population currently provided through private agencies, by staff from public agencies, or by a mix of the two?
4. What is the level of agreement among these agencies on the need for change, operating values, service strategies, family involvement, priority of needs, etc?

If needs are immediate and pressing, the agency model with its shorter start up time may be more preferable. Also, if only a few agencies are working with the selected group and if most services are provided by private agencies, that would also favor the use of the agency model. On the other hand, if the needs are broader and more long-standing, an alliance or network model may be a better choice. The alliance model would be easier to develop if staff from public agencies already provide a significant percentage of the services in the given area and there is a reasonable level of alignment between those agencies. The network model is more likely to be the choice if there are large numbers of people in the targeted group, if there are already several agencies providing services to this group and if work will be needed to generate improved alignment among the providers.

Connecting structure and soul
This series has focused on the creation of flexibility in human services through the redesign of the relationships among a community's publicly funded agencies. In order to establish a comprehensive system, the participating agencies and community stakeholders must share a common vision, operate with compatible values, develop a unified planning process, support creative, point of service resource development and open themselves up to permit active consumer involvement. With this alignment as a foundation, they can select the model that best serves children and families with complex needs, given the situation, strengths and challenges of the community.

The design process can be difficult. A system of care is a system of systems, so those crafting the framework for the common enterprise must search for a combination of process, structure and resource access that will provide agencies from the child welfare, education, juvenile justice,

mental health, developmental disabilities, public health and law enforcement systems common ground for cooperative interaction. In addition, for the enterprise to be successful each agency must adjust its internal structure and operations to facilitate effective external linkages. Given that every organization in the system of care has its own rules, statutes, habits, culture and funding streams, fostering harmony among them requires as much soul as structure.

Ultimately, the point is helping the children and families in our communities have better lives. If we're not careful we can loose sight of this and create designs that are wonderfully elegant and woefully wrong. We must continually challenge ourselves to make our values more real, to sustain the best of what we have developed and to let go of the ideas that haven't worked. Everything in the structures we create should support and sustain the growth of positive, reciprocal relationships between helpers and those needing assistance. To the degree that human services are businesses, those relationships are our only products. That's why we can never cease listening to our youth and families. Their voices must be our compass.

Figure 1 – The Alliance Model
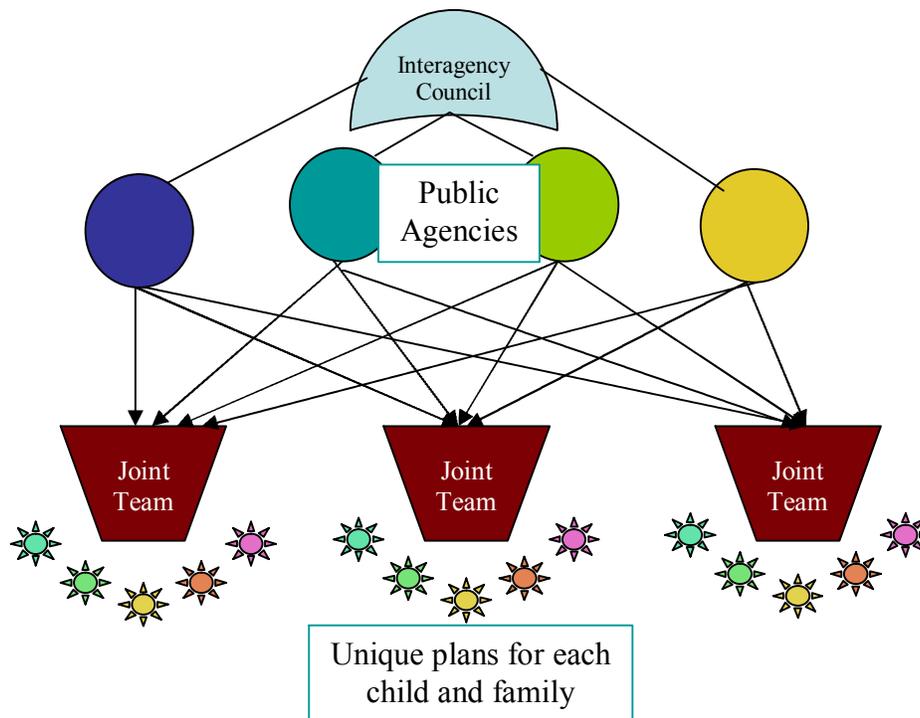
In the alliance model, the participating public agencies use an interagency council to manage their operations. They form joint teams with staff from each of the agencies. The teams work together with families to develop comprehensive, individualized plans that can draw upon the combined resources of all of the agencies.

Figure 2 – The Agency Model
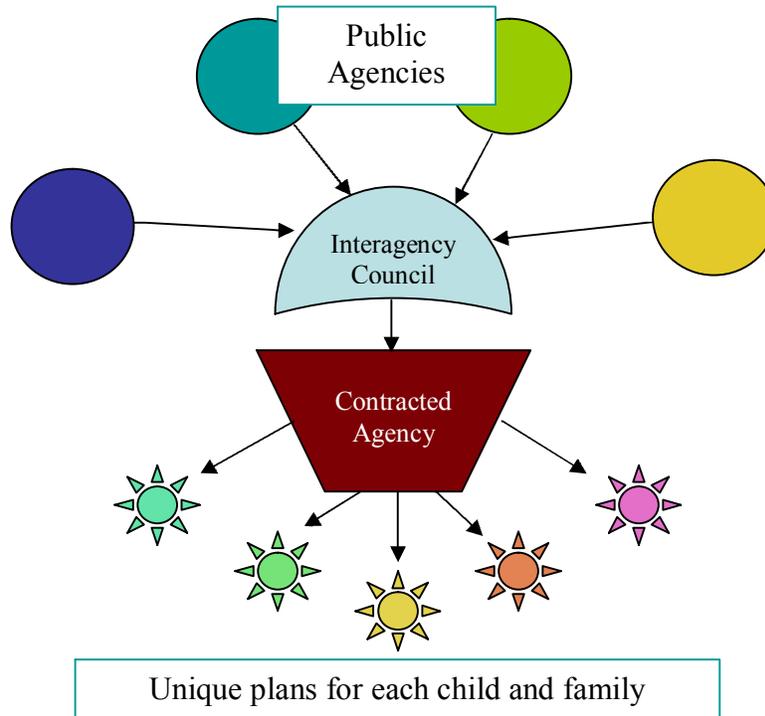
In the agency model, the participating public agencies combine in an interagency council that allows them to jointly contract with a private agency to develop and implement a comprehensive, individualized service plan for each child and family that address needs across all of the family's life domains.

Figure 3 – The Network Model
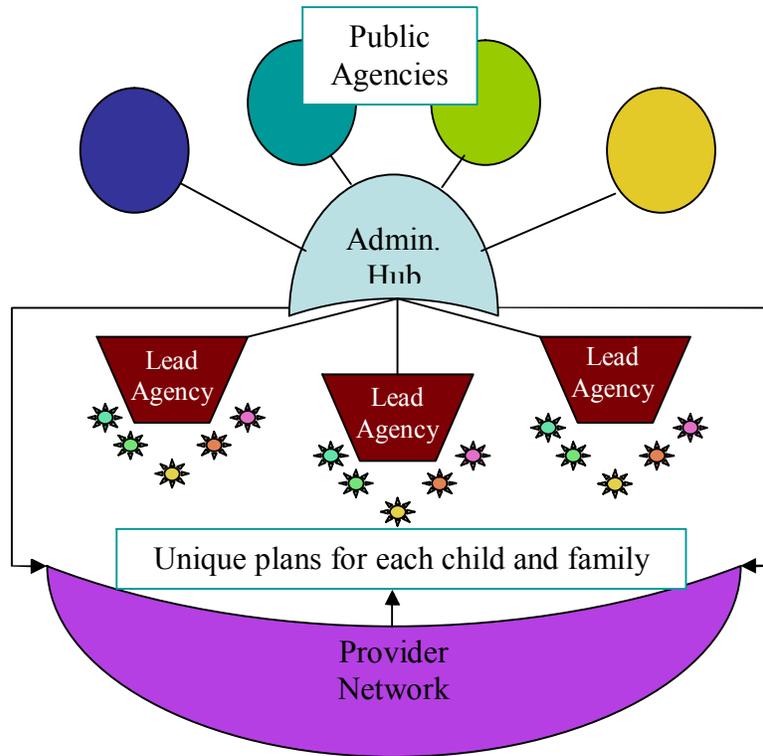
In the network model, the participating public agencies form an administrative services organization, or contract with a private entity to provide administrative management services for a network of lead agencies and service providers.   Care coordinators from the lead agencies facilitate individualized planning teams with each enrolled child and family. These teams generate and implement creative plans drawing from members of the provider network for formal services and from natural sources of support for informal assistance.