

Chapter 7:

Necessary Conditions: Accountability

Accountability: Team level

- i. Teams maintain documentation for continuous improvement and mutual accountability 89

Accountability: Organizational level

- i. Lead agency monitors adherence to the practice model, implementation of plans, and cost and effectiveness 90

Accountability:

Policy and funding context (system level)

- i. Documentation requirements meet the needs of policy makers, funders, and other stakeholders 91

References

..... 92

Chapter 7: Necessary Conditions: Accountability

This chapter completes the discussion of the proposed necessary conditions for high quality implementation of collaborative team-based Individualized Service/Support Planning (ISP). The conditions covered in this chapter are those found in the last row of figure 1, and are related the need for accountability to ensure adherence to the ISP practice model, implementation of plans, and cost and effectiveness.

The chapter begins with a discussion of the need for teams to maintain documentation that supports mutual accountability and an effective planning process. The chapter goes on to discuss the conditions that need to be in place at the organizational level to monitor the quality of teamwork and supervision. Finally, the chapter discusses the conditions that must be in place in the policy and funding context (system level) in order to ensure that ISP programs provide stakeholders with comprehensive information about cost and effectiveness.

Accountability: Team level

i. Teams maintain documentation for continuous improvement and mutual accountability

Effective planning according to the model of “continuous improvement” requires that teams: determine goals and indicators of progress towards goals, decide on action steps and assign responsibility for tasks, and revisit progress on tasks and goals (Chapter 3, team level). If this sort of continuous improvement planning process is to occur, teams must maintain appropriate documentation of goals, action steps and indicators of progress. We have observed teams that hold meetings and attempt to plan without clear reference to any documented goals or previously-used strategies. In fact, as noted earlier, among the ISP teams we observed, fewer than one third maintained a team plan with team goals. In the absence of an overall plan, teams often appear to be directionless and without a sense of priorities. It is our feeling that a lack of goal structure and performance indicators contributes directly to the apparent lack of creativity and individualization in most ISP plans. When teams do not judge strategies against performance indicators, there is little rationale or motivation to alter strategies. Thus teams tend to stick with what they are already doing, which is usually providing traditional services. In contrast, teams with clear documentation are able to adjust strategies, and to gain support across the team for doing so.

Clear documentation also enables mutual accountability and a sense of team effectiveness. When team members know that they will be held accountable for carrying out action steps, their motivation to follow through on assigned tasks increases. What is more, clear documentation also provides teams with evidence of what they have accomplished, and builds a sense that the team can be effective. The experience

of being effective builds further effectiveness and helps keep team morale healthy. Conversely, it is clear that being ineffective and inefficient rapidly saps team morale.*

Accountability: Organizational level

- i. Lead agency monitors adherence to the practice model, implementation of plans, and cost and effectiveness.

In addition to collecting information about how children are doing, it is important for the lead agency to collect evidence about whether ISP teams are adhering to the agreed upon practice model and to feed this information back into the supervision process. The lead agency should also collect information to help them monitor the extent to which supervisors are providing ongoing coaching that focuses in a structured way on building the skills required by the ISP practice mode.

Few sites have developed ways of measuring adherence to ISP that is specific to the practice model articulated in that agency. Some sites assess team-level adherence to a generic ISP philosophy by the use of questionnaires or surveys such as the Wraparound Fidelity Index,² a measure which focuses on the extent to which team members feel that team process is consistent with the value base of ISP. This approach appears to provide useful program level information. At the team level, feedback of this sort provides some indication of team functioning; however, without a clearly articulated and agreed upon practice model, it becomes challenging to translate this feedback into practice change and improvement. Other sites have used checklist observation forms such as the Wraparound Observation Form³ to monitor adherence to general ISP values and practices, and this approach seems promising since it focuses on observable behaviors which are identified and can be remedied. Similarly, the Checklist for Indicators of Practice and Planning (ChIPP), presented in Chapter 8, focuses on observable indicators of team practice that promote both effective planning and the value base. The checklist approach may be particularly useful if data are to be incorporated into supervision such that facilitators or teams could be coached to improve their performance. Using a different accountability strategy, some sites reported occasional monitoring of plans to see whether or not they included community-based services, informal supports, or other indications of adherence to the ISP values.

If lead agencies are to ensure that team-level planning and implementation is proceeding effectively, it will need documentation that each team is following a clear set of goals and that the team is monitoring its progress toward those goals (including the use of flexible funds).¹ Although there is much information that could be collected about the plan for a child and family and how it is carried out, if these minimal elements are present, most stakeholders will be satisfied that the ISP program is being accountable. Team members frequently mention the stress created by organizational requirements to record data related to team meetings—for example to fill out additional case notes or treatment plans.^{10,14} They are clear that requirements to document are best when they are kept to a minimum and when they simultaneously meet a need as

* Each of these points is presented in greater detail, with references to available research and theory, in the team level discussion in Chapter 3.

defined by the team. For example, the team's own planning documentation can simultaneously serve as case notes or a treatment plan. In one state, the team plan template has been formulated in such a way that it meets the requirements of the Medicaid plan, thereby considerably reducing the paperwork requirements for the care coordinators. Developing this innovation required substantial leadership and support at the system level as well as ongoing dialogue between managers in service programs and accountants in the state and regional offices.

Finally, the lead agency must gather information that can be used to assess whether or not the ISP program is providing good outcomes for children and families at reasonable cost.^{7,12} Furthermore, these outcomes should include not only those related to child functioning, but also those related to family functioning, satisfaction, and quality of life. Program administrators and supervisors often emphasized the importance of having recent and accurate information on the outcomes of ISP and its costs.⁸ They reported identifying or "targeting" influential individuals and intentionally providing them with regular updates about the effectiveness of ISP and its cost. Organizational leadership also reported using information about effectiveness to educate community and partner organizations and to proactively increase community trust so that suspicion doesn't develop about ISP.¹⁰ Less frequently mentioned was the practice of disseminating evaluation findings directly to the group of families currently served by ISP. Although some sites employ a process of providing families with information collected from team members about their specific team's functioning, few have found an effective mechanism for informing families about the functioning of the ISP program as a whole. Although possible, the needs of the organization for cost and effectiveness data may be difficult to accomplish with the basic information system that places an acceptable level of burden on team members. Efforts to reconcile these two perspectives seems to be an ongoing challenge.

Accountability:

Policy and funding context (system level)

- i. Documentation requirements meet the needs of policy makers, funders, and other stakeholders.

A first priority for accountability at the system level is ensure that programs which claim to be providing ISP are in fact doing so. Policy and funding arrangements should require that ISP programs provide evidence that they are adhering to a practice model for ISP. Beyond this, policy makers and funders primarily need aggregated cost and outcome data so that they can determine whether team ISP is cost and outcome neutral (at a minimum) as compared to alternate arrangements.^{5,7,8,13} In order to reflect the goals of ISP, which may differ substantially from the goals of other service delivery arrangements, evaluators may need to pursue different strategies and instruments for measuring outcomes.^{6,11} For example, greater reliance on strengths-based instruments, measures of family satisfaction and empowerment, and assessment of caregiver strain are concepts important to team ISP. Ongoing dialogue is required between policy makers, family members, and team facilitators in order to select outcome measures which simultaneously reflect accountability at the policy and funding level *and* ISP

program goals. The needs of the policy and funding context are an important ingredient in the process of creating documentation which simultaneously serves team, organization, and policy and funding purposes. Creation of unified case plan templates and the development of understandings around how to reconcile Medicaid requirements with other service plans are areas where such collaborative planning can have a great impact on the ability of teams to function efficiently.

Another important concern at the policy and funding level is the family's need for services over time, the cost of those services, and the long-term outcomes that can reasonably be expected.^{4,9} While some families may graduate from ISP and eventually have no further need of formal services, other graduate families will experience new crises, perhaps necessitating intensive services and supports once again. Still other families will continue to rely to some extent on formal supports due to the ongoing nature of their child's needs. Leadership at the policy and funding level must build realistic expectations about these possible trajectories for families into their long-term cost projections; and they should communicate this understanding to all the stakeholders in ISP, so that families, teams, and agencies are working in an environment that does not hold them to unrealistic expectations.

Most of the system level people we interviewed see the value of using evaluation data to modify programs and support the collection of data for this purpose. They noted, however, that it is sometimes difficult to allow time for modifications to be made before evaluating the program effectiveness. Although leaders at the policy and funding level understand the need for implementation time and are willing to delay major system changes until team based ISP has matured, external forces such as the legislature or a funding source may be less flexible. These leaders can be instrumental in assuring that a single system of accreditation is in place such that lead and partner agencies can focus on a single review or audit process.

Leaders at the policy and funding level play an important role in educating others about the philosophy and goals of a variety of service options such as ISP and frequently use cost and outcome data for this purpose.^{10,15} Several of our interviewees had championed the philosophy and goals of team-based ISP to others at their level and to policy makers in general and used research and evaluation results to build legitimacy and respect for this approach.

References

- 1 Amado, A.N. and McBride, M.W. (2002) Realizing individual, organizational, and systems change: Lessons learned in 15 years of training about person-centered planning and principles. In *Person-centered planning: Research, practice, and future directions* (P.M.Vietze, ed.), pp. 361-377, Paul H. Brookes.
- 2 Bruns, E.J., Suter, J.C. and Burchard, J.D. (2001) Pilot test of the Wraparound Fidelity Index 2.0. In *The 14th annual research conference proceedings, a system of care for children's mental health: Expanding the research base* (Friedman, R.M., ed.), University of South Florida, The Louis de la Parte Florida mental Health Institute, Research and Training Center for Children's Mental Health.

- 3 Epstein, M.H., Jayanthi, M., McKelvey, J., Frankenberry, E., Hardy, R., Dennis, K. and Dennis, K. (1998) Reliability of the wraparound observation form: An instrument to measure the wraparound process. *Journal of Child and Family Studies* 7, 161-170.
- 4 Farmer, E.M.Z. (2000) Issues confronting effective services in systems of care. *Children and Youth Services Review* 22, 627-650.
- 5 Friedman, R.M. (1999) *A conceptual framework for developing and implementing effective policy in children's mental health*. Research and Training Center for Children's Mental Health, Department of Child and Family Studies, The Louis de la Parte Florida Mental Health Institute, University of South Florida.
- 6 Friesen, B.J., Pullmann, M., Koroloff, N.M. and Rea, T. (2003) Multiple perspectives on family outcomes in children's mental health. In *Expanding family roles in the system of care: Research and practice* (Vol. 2) (Duchnowski, A., ed.), Pro-Ed, chapter in preparation.
- 7 Hernandez, M., Hodges, S. and Cascardi, M. (1998) The ecology of outcomes: System accountability in children's mental health. *Journal of Behavioral Health Services & Research* 25, 136-150.
- 8 Koyanagi, C. and Feres-Merechant, D., eds (2000) *Systems of care: Promising practices in children's mental health, 2000 Series: Volume III. For the long haul: Maintaining systems of care beyond the federal investment*, Center for Effective Collaboration and Practice, American Institutes for Research.
- 9 Lourie, I.S., Stroul, B.A. and Friedman, R.M. (1998) Community-based systems of care: From advocacy to outcomes. In *Outcomes for children and youth with emotional and behavioral disorders and their families* (Duchnowski, A., ed.), pp. 3-20, Pro-ed.
- 10 McGinty, K., McCammon, S.L. and Koeppen, V.P. (2001) The complexities of implementing the wraparound approach to service provision: A view from the field. *Journal of Family Social Work* 5, 95-110.
- 11 Moxley, D.P. and Manela, R.W. (2000) Agency-based evaluation and organizational change in the human services. *Families in Society: The Journal of Contemporary Human Services* 81, 316-327.
- 12 Newman, F.L. and Tejada, M.J. (1996) The need for research that is designed to support decisions in the delivery of mental health services. *American Psychologist* 51, 1040-1049.
- 13 Ogles, B.M., Trout, S.C., Gillespie, D.K. and Penkert, K.S. (1998) Managed care as a platform for cross-system integration. *Journal of Behavioral Health Services and Research* 25, 252-268.
- 14 Tannen, N. (1996) *Families at the center of the development of a system of care*. Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.
- 15 Usher, C.L. (1998) Managing care across systems to improve outcomes for families and communities. *Journal of Behavioral Health Services & Research* 25, 317-330.