Implementing high-quality collaborative Individualized Service/Support Planning: Necessary conditions

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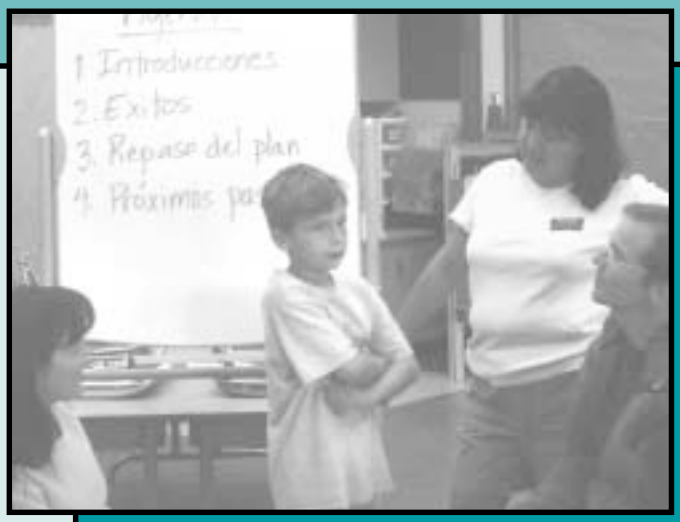

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Research and Training Center on Family Support and Children's Mental Health

Portland State University

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Chapter 1: Overview

In recent years, communities across the country have responded to the multifaceted needs of children with serious emotional and behavioral disorders by using a variety of creative approaches for coordinating, designing, and delivering services. One popular approach is the use of collaborative Individualized Service/Support Planning teams (ISP teams). The ISP team members—the identified child/youth, parents/caregivers and other family and community members, mental health professionals, educators, and others—meet regularly to design and monitor a plan to meet the unique needs of the child and family. The planning process itself, as well as the services and supports provided, are intended to be individualized, family centered, culturally competent, and community and strengths based. In different communities, ISP teams are known by a variety of different names, such as wraparound teams, family networking teams, child and family teams, and so on. In 1999, it was estimated that as many as 200,000 ISP teams were at work,[9] and it appears that numbers have been increasing since.

Among those who advocate and practice team-based ISP, there is a good deal of agreement about the definition of the team. There is also a consensus about the *value base* for ISP. Advocates and practitioners agree that the ISP process itself—as well as the plans produced through the process—should be individualized, family* driven, community and strengths based, and culturally competent.[4,14] This approach has been contrasted to traditional forms of service delivery, which have often been experienced by families as professional driven, family blaming, deficit based, and lacking in respect for the family's beliefs and values.[17,22]

Achieving quality implementation of team based ISP has proven to be challenging.[8,25] One set of challenges arises from the lack of a shared model of practice for ISP. Despite the consensus about the value base of ISP, there is little agreement regarding exactly how this value base should be translated into practice at the team level. As a result, there has been no formal definition of the techniques, behaviors, or procedures that make up the ISP process. This has led to a wide variety of practice models, many of which appear to be inconsistent with the original approach for ISP service delivery.[3]

Other challenges to high quality implementation arise from the larger context within which ISP teams work. 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*** (or *policy and funding context)*. [5,16,18,20] This required support

* Throughout this document, we intend for the term "family" to refer to the adult(s) with primary, long-term caregiving responsibility for the identified child, together with other members of his/her household. Such a family may or may not include, in the role of primary caregiver, biological parents, kin, foster parents and/or other guardians. We consider a family-driven process to be one which accords significant weight not only to the perspectives of the caregivers, but also, to the greatest extent possible, to the perspective of the identified youth/child.

** We use these terms interchangeably in this report.

for the team ISP process can be hard to come by given that organizations and systems are often locked in their traditional ways of doing business by organizational cultures;[18,23] inter-agency barriers;[15,16] funding exigencies;[19] and skepticism regarding the effectiveness of family-centered, strengths-based practice. [26]

As the field has gained experience with the challenges associated with implementing ISP, practitioners and advocates of the process have responded by developing a wide variety of supporting tools, procedures, policies, and structures at the team, organizational and system levels. Because each ISP program is embedded in its own local context and subject to local policies, this set of supports tends to look somewhat different in each community. Our research suggests, however, that these different tools, policies, procedures, and structures represent strategies that share a common goal: to produce conditions that allow for quality implementation of the team ISP model. What we propose here is to enumerate the conditions—at the team, organization, and system level— which must be in place if an ISP program is to thrive.

In the pages that follow, we propose a conceptual framework that specifies these necessary conditions. The proposed conceptual framework was developed through a process of "backward mapping."[7,12] Backward mapping begins with a description of desired behavior at the lowest level of intervention—in this case the team level—and then proceeds to identify the resources and supports that are needed if the desired behaviors are to occur. In developing this framework, backward mapping began with the basic proposition that quality implementation of the team-based ISP process can be recognized when teams conduct their work using practices that simultaneously promote both effective planning and the value base of ISP. Teams employing such practices maximize the likelihood that they will set and reach appropriately ambitious goals as they create and implement plans that are individualized, family driven, community and strengths based, and culturally competent. If this is to happen, what are the conditions that must be in place at the team, organization, and system levels?

Team, organization, and system

Before beginning the discussion of the proposed necessary conditions, we would like to clarify what we mean by *team*, *organization*, and *system (or policy and funding context)*. As we mentioned above, there is general agreement in the academic and training literature that a team *should* include the primary caregiver; the child or youth (if he or she is willing and able to participate); other friends, family, or community members whom the family finds supportive; and service providers* who figure importantly in the plan. In practice, the actual constitution of teams can vary widely not just from team to team but also from one meeting to the next. For the purposes of this discussion, we define a team as the caregiver and youth and at least two or three other consistently attending core members from the list above who are charged with creating and implementing plans to meet the needs of the family and child with an emotional disorder. This core

* Service providers include human service professionals (e.g. care coordinator, child therapist, school psychologist, teacher, child welfare worker, probation officer) as well as professionals and volunteers who provide services to the community (judo teacher, scout leader, pastor).

team may be supplemented as necessary by others who attend when their role in the plan is under consideration or when their input is invited.

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 the 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. Communities have developed a variety of strategies for distributing these roles across different agencies. In some systems, one agency may cover aspects of both functions (for example, when a therapist is also the team facilitator), whereas in other communities, the ISP model specifies that these roles should not merge. Furthermore, elements of the lead and partner roles may be divided up between different organizations or agencies in different ways. Our conceptual framework stresses the importance of the lead agency's role because we see facilitation as a key to the team-based ISP process. We view the training and supervision of facilitators as requiring a level of understanding of, and support for the team-based ISP process that is substantially greater than that required of agencies that act primarily in the partner roles.

We use *system level* or *policy and funding context* to denote the larger service policy and economic context that surrounds the teams and team members' agencies. The system level is made up of multiple organizations that may focus on a specific set of services (e.g. mental health), a geographic area (e.g. county), population (e.g. children), or a combination of these. The policy and funding context may also include multiple governmental entities at the county, region, or state, as well as other organizations that set policy, monitor or enforce policy, or interpret state or national policies to local service providers. The system level also includes any body that has been constructed to oversee the development of the service system or to manage funds that have been pooled. The policy and funding context varies from community to community but at the very least will include those individuals and bodies that make decisions regarding policies and procedures and the allocation of resources that affect the functioning of the lead agency (or agencies) and by extension, the teams.

Configurations of support

The conceptual framework described here proposes that the necessary conditions for the implementation of high quality ISP teams may be met even in the absence of a developing system of care. In fact, we have seen ISP teams function successfully in contexts offering very different levels organizational and system support. It appears, however, that different configurations of support have implications for the viability of individual teams, the stresses experienced by various stakeholders in the teams, and the sustainability of ISP programs over time. What is more, while some isolated *teams* may function well in the absence of organizational and system support that meets the proposed necessary conditions, we do not believe that high-quality ISP *programs* will be able to do so. Below, we discuss several different configurations of organization and system support for ISP: the *independent team* (low organizational and system support),

the *single agency program* (high organizational support, low system support), *newly developing system of care* (high or low organizational support, low to moderate system support) and *integrated system of care* (high organizational support, high system support).

At the level of least support from either organizations or systems, we have observed some teams that function for extended periods of time independently of any ISP program. These *independent teams* are unsupported by any formal arrangements at the organizational or system level. Such teams seem to emerge from the interests and efforts of highly motivated families and service providers who have learned of the ISP model but cannot access such services locally. As a result, team members have chosen to implement the model on their own, and in some cases have had a tremendous positive impact on the lives of the child and family for whom the team was formed. However, these independent teams tend to struggle, often unsuccessfully, to access and fund desired services and supports. Often they find they must either provide services/supports themselves or prevail upon sympathetic contacts in various agencies to make exceptions and bend rules. Team members on independent teams are often highly stressed by their continual efforts to work around existing policies and providers, as well as the need to negotiate multiple barriers to services and funds. Families also tend to be highly stressed due to continual uncertainty. Over time, these teams are not likely to have a significant impact on the agencies or systems with whom they interact, and so the stress experienced by team members does not decrease. Without any organizational or system support, independent teams have difficulty sustaining their work over time, and stimulating the creation of multiple independent teams does not seem like a viable means of systematically meeting the goals of children and families with high levels of need. We thus regard indifference on the part of organizations and systems—as is usually experienced by the independent teams—as insufficient to support high-quality ISP.

We did see evidence, however, of the potential for ISP programs to be successful within systems that are *almost* indifferent to their existence. Usually, such programs are operated using what we call a *single agency program* for ISP.* In this model, the ISP program exists within an established, well-regarded human service agency which is able to provide strong support as the lead agency for ISP. Outside of this strong lead agency, the necessary conditions for high quality ISP (i.e. the conditions fulfilled by partner organizations and the larger policy and funding context) are met in a minimal way, and often through informal agreements or special arrangements. Directors and supervisors at the lead agencies rely on relationships with various key allies both among their peers at partner agencies and at the county, regional, and/or state level. These key allies have enough influence to ensure that the necessary conditions described here are met—but usually only for that specific agency and often on an ad hoc basis. Thus for example, allies at the system level might write special contracts that permit the agency flexibility in managing funds or changing service categories and codes. Or county or regional-level allies might help the agency negotiate with other child serving agencies, such as child welfare, on issues such as developing unified documentation of plans. Similarly, when teams need services or arrangements that are somewhat unusual, agency supervisors or administrators often enlist the aid of peer allies in other agencies to negotiate exceptions or to creatively work around barriers to services or funding.

* This is similar to the agency model described elsewhere. [10]

At the team level, there appears to be less stress on the families in the single-agency program model than in the independent team model; however, relatively greater stress generally falls on the care coordinators who are constantly negotiating exceptions with counterparts in other agencies and systems. The program may also experience setbacks and disruptions when key allies leave their jobs, and previous informal or special arrangements must be re-negotiated. What is more, single agency programs, while capable of having a significant positive impact on a small number of families, may be quite limited in terms of the number of teams they can support. For example, because there tends to be no restructuring of jobs in partner agencies to accommodate teamwork, team members from those agencies—or those in private practice—must donate their services to teams. As the number of teams in a community grows, it becomes increasingly difficult for the lead agency to find people who are willing to assume—on top of existing job responsibilities—the considerable efforts that can come with participation on ISP teams. A similar phenomenon exists with respect to community resources. A small number of creative teams may be very successful at linking to appropriate community resources to support team plans. In the absence of a larger community effort to build capacity, increasing the number of teams at a given agency may quickly exhaust community capacity to provide desired support.

Most teams and programs appear to exist in a context of somewhat higher levels of system support, particularly in the context of *newly developing systems of care*. Often, these nascent systems of care have developed formal interagency agreements recognizing teams and providing pools of funds that can be used flexibly, as well as interagency committees which meet to problem solve or to create policies supportive of ISP teamwork. Ironically this situation can at times be even more stressful for team members, and particularly for care coordinators and families, than the single agency model described above. This appears to be especially likely when the lead agency is also newly created and/or when the ISP program has been adopted as part of efforts at systems reform that have shaken up multiple agencies. In these cases, the care coordinators are subject to the same stresses as in the single-agency model, except that their power to elicit cooperation from partner agencies may be *decreased* (due to the agency's lack of well-established reputation and relationships with peer and system-level allies) while resistance to their efforts from partners may well *increase* (due to defensiveness on the part of peers in partner agencies which have also been swept up in the efforts to reform the system). Family members may experience high levels of stress due to uncertainties and difficulty in accessing services, supports, and funds to meet unique needs. Lead agencies in these circumstances may experience rapid turnover among care coordinators, and consequently the capacity for high quality ISP may never develop. On the other hand, strong, well-established agencies with clear models of ISP practice appear to be able to survive, and even thrive in conditions such as these. In general, however, ISP programs with tenuous, newly developing and/or only nominal system support appear to be quite vulnerable to turnover among system-level allies and to changes in funding arrangements. Such programs are often funded under pilot agreements or grant-based initiatives, and their support may wane quickly once the trial period ends.

Recognizing these vulnerabilities, advocates of ISP in many communities seek to ensure the longer-term viability and quality of ISP programs by institutionalizing supporting conditions and arrangements at the organization and system levels. In most cases, this

is envisioned as coming about as part of the process to develop a larger, fully *integrated system of care*,[11,22,24] and/or through the formation of a locally managed system of care focusing on subsets of children with high levels of need.* With the move towards a system of care, the stresses may decrease on the teams and care coordinators. They may find they have more legitimacy and leverage to work with partner agencies, more resources and more flexibility with funding and documentation, and a greater pool of like-minded peers who are willing and experienced participants on teams.

As systems of care continue to develop, advocates of ISP programs may find that the conditions for high quality implementation will be met in a more stable and profound way than under any other sorts of arrangements. However, making the transition to a system of care is a long process, and there may be a tendency for resistance among upper level managers and systems people to increase as they become more fully aware of the thoroughgoing changes required by a shift to the system of care approach. Whether these sorts of barriers can be overcome in many communities is a matter of some uncertainty at this point.[6] What is more, research on systems integration sends a strong caution against relying on system reform, in and of itself, as a route to improved outcomes for children and families. These studies argue that without attention to improving the quality of services [1,2,13] and to increasing the capacity of organizations,[13] there may be little reason to expect improved outcomes under systems of care.

Even in the absence of obvious movement toward a system of care, it would appear that the necessary conditions for stable system level support of high quality ISP can be met through arrangements that are institutionalized in rules, policies, and structures. We propose that when the conditions are met in this manner, ISP programs can sustain high quality implementation even where the various child- and family-serving systems are otherwise not well integrated. Sufficient institutionalized support will mean that ISP programs will not be excessively dependent on the good will and efforts of a few key allies and will not continually demand exceptional efforts from the team members themselves. Regardless of the level of system support, however, we do not believe that a high quality implementation of ISP can be achieved unless the lead agency is highly capable, and can provide a strong model of practice, high quality supervision, and the other conditions described in this report.

Overview of this report

The remainder of this report focuses on work undertaken as part of *The Context of Services* project at the Research and Training Center on Family Support and Children's Mental Health. The goal of this work was to develop a conceptual framework describing the conditions that are necessary to support high quality implementation of team-based ISP.

Chapter 2 of this report provides a description of the types of information that were used in building the conceptual framework. The chapter also describes the process by which the framework was further developed through several rounds of expert review.

* See the descriptions of *local managed systems of care* in Pires. [21]

The next chapters describe the proposed necessary conditions for high quality implementation of ISP. We have grouped the conditions under five themes as outlined in Figure 1 (*see next page*). Each theme is discussed in a separate chapter, as follows:

Chapter 3: Practice model

Chapter 4: Collaboration/partnerships

Chapter 5: Capacity building/staffing

Chapter 6: Acquiring services/supports

Chapter 7: Accountability

Consistent with the idea of backward mapping, each chapter begins with a discussion of necessary conditions at the team level, and then goes on to discuss the organizational level and system level/policy and funding context (i.e. reading across the rows of Figure 1). Thus Chapter 3 begins with *support for a practice model* at the team level, and continues with the same theme at the organizational level and the policy and funding context (system level). Chapter 4 then returns to the team level to begin with the theme of *collaboration and partnerships*, and so on. The discussion of each condition includes evidence and argument supporting its inclusion among those necessary to ISP implementation. Additionally, we offer examples of specific techniques, processes, procedures, structures, or other mechanisms that different communities or teams have used to satisfy the condition.

Chapter 8 addresses the question of how this framework of necessary conditions can be put to practical use to improve the quality of ISP implementation. The chapter is built on the idea that quality can be improved when stakeholders 1) approach implementation with an agreement about conditions that must be in place at the team, organization, and system levels; and 2) use relevant data to guide ongoing discussions about the extent to which these conditions are currently in place. The chapter introduces a series of assessments that were developed alongside the conceptual framework. The assessments—for team practice and planning, organizational support, and policy and funding (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 a rating or ranking of the implementation; rather, they are intended for use in discussions of the strengths of the implementation, as well as to help clarify and prioritize areas for further development.

The assessments were also 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 flows downward: to frontline service providers, and even to the families served. However, as our research has made abundantly clear, high quality work in ISP cannot succeed where support is lacking from organizations and from the policy and funding context. 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 provides a means for pushing accountability upward as well as downward. Used in the way that we envision, the assessment of organizational

FIGURE 1: NECESSARY CONDITIONS

TEAM LEVEL	ORGANIZATIONAL LEVEL	POLICY AND FUNDING CONTEXT (SYSTEM LEVEL)
Practice model i. Team adheres to a practice model that promotes effective planning *and* the value base of ISP. Sub-conditions of practice model 1-7	**Practice model** i. Lead agency provides training, supervision and support for a clearly defined practice model. ii. Lead agency demonstrates its commitment 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 commitments, 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 cooperation 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 supports. iii. Team designs and tailor 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 documentation for continuous improvement 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.

support and the assessment of policy and funding context 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, rather than having two separate sorts of accountability, a balance of upward and downward accountability actually builds a culture of mutual accountability that encourages focused problem solving over defensive blaming.

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Chapter 2: Method

Sources of information

Expert review

Chapter 2: Method

The conceptual framework presented in this report is based on three main sources of information. First, project staff gathered relevant theory, research, and practice-oriented information available in published and unpublished literature. Second, we interviewed a number of stakeholders in the team-based ISP process, including parents, children/ youth, parent advocates, and other caregivers and team members; team facilitators and their supervisors; program and organization administrators; and county and state administrators. Finally, we gathered information during observations of ISP teams as they planned, implemented, and monitored services for children and families. Each of these sources of information is described in greater detail below.

At several points during the course of developing this framework, we asked experts in ISP to review our work and give us feedback. After each round of expert review, we synthesized the feedback and incorporated it into the subsequent version of the framework. Further information about the process of expert review is provided in the last section of this chapter.

Sources of information

Research literature

Project staff undertook a broad-based search for relevant literature at the team, organization, and systems levels. At the team level, one of our primary goals was to gather research on factors influencing the effectiveness of teams and groups that are similar to ISP teams in important ways. For example, we were particularly interested in locating information on teams that undertake a long-term planning process during which they define their own goals, devise strategies for meeting those goals, and monitor implementation and effectiveness of the strategies. We also sought information on the effectiveness of teams that have demographic, power, and/or status differences between team members, and teams whose members represent a diversity of experience and perspective. Our goal was to focus on team-level attributes shown to impact effectiveness in multiple studies across a variety of planning contexts. Thus, we paid special attention to locating relevant research reviews and meta-analyses. Much of the research we reviewed came from the fields of organizational behavior and applied social psychology; however, we also consulted literature on group facilitation, mediation, and the resolution of conflicts in groups, as well as research and theoretical literature directly related to the principles, practices and evaluation of ISP.

We also gathered and reviewed materials designed to guide the practice of ISP. Primarily, these materials were manuals for training team members in the ISP process. We gathered 13 different training manuals. Among these, 11 were developed for specific sites (in nine different states), while two were used by trainers who worked with a variety of sites around the nation. In addition to the full manuals, we collected a variety of practice-oriented guidelines, checklists, brochures, booklets, and descriptions of training activities.

In preparing the first draft of this framework, staff from the research project conducted semi-structured interviews with a total of 55 people with high levels of experience in ISP at the team, organization, and/or system levels. Included in this number were interviews conducted with 28 team members identified as experts who had worked with multiple teams. Among these experts, eight were caregivers. The expert team member interviews were part of a separate sub-study on supports and barriers for ISP teams. Since we will report some of the results of this study at various points in later chapters, we provide here some information about the method used to obtain and analyze the data.

Each expert team member had worked with multiple teams in roles that included facilitator, care coordinator, resource developer, and parent partner/advocate. About two-thirds of the interviewees were identified by asking site directors to nominate the team members they would recognize as being among the most effective and experienced at that site. Site directors contacted included those at seven sites recognized by the Center for Mental Health Services* as having implemented promising practices related to ISP. The remaining interviewees were identified as experts by national level trainers with experience at numerous sites. The interviews with expert team members lasted about an hour each, and focused on interviewee perceptions of factors that influenced the success or failure of ISP teams. The factors identified by the interviewees included both those that were mostly within the team's control (e.g. team process and structures), as well as those which were not (e.g. funding policies and supervisor support).

To analyze the data from the expert interviews, we developed a coding system that was designed to capture interviewees' perceptions regarding the essential elements of effective ISP teamwork, barriers to achieving effective teamwork, and strategies for overcoming these barriers. Records from six of the interviews were coded by two staff members, who achieved good agreement (mean inter-rater agreement >.85% over 62 ratings for each interview) on whether or not a given theme was or was not present. The remaining interview records were coded by one researcher.

In addition to these experts, we also interviewed a further seven experienced team members (including five caregivers and one youth); one trainer; twelve directors of ISP programs; five system-level administrators from the county, regional, or state level; and two researchers with a national perspective on ISP teams. Our interviewees at the team and organizational level included seven African Americans, two Latinos and three Native Americans (all but one from the expert group); however none of our system level interviewees was a person of color. The interviews were tailored somewhat for people at the team, organizational, and system levels, but each version focused on the eliciting information about supports for and barriers to successful ISP teamwork.

* These sites are identified, and their promising practices described, in a series of monographs produced from the Promising Practices Initiative of the Comprehensive Community Mental Health Services for Children and Their Families Project. The series is published by the Center for Effective Collaboration and Practice, American Institutes for Research, in Washington, D.C.

In preparing later drafts of this framework, we also had additional interview data available to us, from the preliminary phases of our intensive study of videotaped team meetings. For this study, we videotaped meetings of ISP teams whose members had been working together for some time. Soon after the meeting, we met individually with key team members who watched a series of selected excerpts from the meeting. After viewing each portion of the meeting, the team member answered a series of scaled and open-ended questions about the teams interaction and productivity during that segment. We also had an expert family member* who worked with our project reviewing the meeting using the same debriefing procedure. We completed this process for a total of 11 teams and 52 debriefing participants. While we have not formally analyzed the data, the interview information has informed the preparation of this report.

Observations

As part of a separate study on ISP teamwork, research staff collected data during observations and follow-up of 72 meetings of 26 different collaborative family-provider ISP teams. Sixteen of the participating teams were observed during only one meeting, and four teams were observed during five or more meetings. Observations were made of teams whose members had been working together for some time.

The teams that were observed were diverse in a variety of ways. In terms of geographic diversity, participating teams represented 13 different communities in eight different states. Three of these communities were located in the core areas of large cities, two in smaller cities, three in established suburban areas, and eight in developing "edge" areas where farmland and newer suburbs were intermixed. Teams were also diverse in terms of the overall levels of organizational and system support they received. For example, nine of the teams were from programs recognized by the Center for Mental Health Services as having implemented promising practices related to ISP. An additional four teams were also drawn from communities which had received substantial federal grants to improve service coordination and to implement Systems of Care. Members of some of the observed teams received extensive training and support from the organizations and systems in which they were embedded, while other teams received almost no such support.

One or two members of our research staff attended each observed meeting. Research staff collected any materials created by the team for use during the meeting (e.g. agendas, lists of goals), and took notes during the meeting about the structural characteristics of the team and elements of team process and planning. Copies of minutes or other team records produced as a result of the meeting were also provided to the research staff. At the end of the meeting, team members were asked to fill out a post-meeting survey.

At a later date, after all meeting materials had been gathered, each staff member who had attended the meeting separately reviewed notes and team materials, and completed a checklist summarizing various attributes of the team and its activities during the

* This family member had participated on, and then facilitated her son's ISP team, and had participated on numerous other teams in a role of parent advocate/support. She had also received a good deal of high quality training on ISP values and practice.

meeting. Information collected included: sex, race, and role of each team member in attendance; portion of the meeting attended by each member; and location, time, and length of the meeting. Another section of the checklist was used to rate whether or not various indicators of team process and planning were evident during the meeting. The list of indicators was derived from theory and research on team effectiveness and ISP. It was created as a means of assessing the extent to which there was evidence, during the observed meeting, that the team had the ability to promote both effective planning and the value base of ISP (see also Chapter 3). Using the ratings of two observers over nine of the meetings that were attended by two staff members, a mean agreement greater than 85% was achieved over the 28 items.* A revised version of the team checklist is provided as the team level assessment in Chapter 8.

Expert review**

The first draft of this report was written based on the information in the interviews, the data from the study of expert team members, and the data from the first 54 observations. Results from additional observations were incorporated into later drafts as the information became available.

The first draft was circulated to members of the National Advisory Committee for the Research and Training Center for Family Support and Children's Mental Health. This committee includes caregivers, advocates, practitioners, youth consumers, and researchers with a high level of expertise in children's mental health. From this group, seven with the greatest level of expertise relevant to ISP participated in a feedback session, which was audiotaped. Remarks from the session were summarized from the tape, and the feedback was incorporated into the second draft.

The second draft was then circulated to a further 11 expert reviewers, who included two parents/caregivers, one case manager, one ISP program director, two researchers, three state-level administrators, and two consultants. Ten of the 11 reviewers provided detailed feedback during interviews lasting about an hour in length. In most cases, two members of the research staff took detailed notes on the feedback during the interviews. Seven of the reviewers also provided written comments. One reviewer provided only written comments. Once again, the feedback was incorporated into the

* Three items had three disagreements each, representing agreement of 67%. For one such item, disagreement arose from the issue of whether a team could have shared goals in the absence of a team plan. We clarified this definition and were able to reach agreement. A second area of disagreement centered on whether natural support activities could count as team-related activities if the team as a whole had played no role in arranging the activity. Adjusting the definition of this item to reflect a team role in arranging the natural support led to acceptable agreement on this item. Finally, disagreement arose regarding the item coding whether or not teams had looked into providing community service. Clarifying the definition of community service allowed agreement on the item. Revised definitions were applied to all future work with the checklist.

** Of the total 45 expert reviews of the framework, twelve were given by parents, four by youth or young adult consumers, ten by researchers, eight by ISP facilitators or care coordinators, five by state level administrators, five system-level administrators, six ISP program administrators, and two consultants. (This total is greater than 45 due to reviewers in multiple roles relative to ISP teams and programs.) Among the 45 reviews, seven were provided by African Americans, three by Native Americans, and three by Latinos. The remainder of our reviewers were Caucasian, or their ethnicity was unknown.

subsequent (third) draft. This draft also became the basis for the assessment of organizational support and the assessment of the policy and funding (system) context.

Revised portions of the third draft, as well as the system and organizational assessments, were circulated to the National Advisory Committee, and again, the (ten) members with the highest levels of expertise in ISP participated in a group feedback session. Feedback, which focused primarily on the assessments, was incorporated into revisions of the assessments.

After these revisions, the organization and system assessments were circulated to two further groups of people who had considerable expertise in ISP and who were planning to attend a national conference on systems of care. One group received the assessment of organizational support. Included in this group were parents/caregivers who had been members of ISP teams, case managers/care coordinators, facilitators, and consultants. Members of this group came from four different states. The second group received the assessment of policy and funding context. This group included system or program administrators and consultants from seven different states. At the national conference, each group came together for an hour-long reaction session during which the participants discussed the appropriate assessment and provided feedback. Feedback sessions were taped. The assessments were revised based on a review of the tape, as well as on notes taken during the reaction sessions. A final draft of this report, including the assessments, was then prepared and sent out for final review. Final review included internal review, as well as review by a parent consultant to the research project. This parent has a high level of expertise with the ISP process, coming not only from her experience with her own ISP team, but also from her involvement with a parent advocacy group taking a strong role in system reform. The current version of each of these assessments is included in Chapter 8.

Chapter 3:
Necessary Conditions: Practice Model

Practice model: Team level

Practice model: Organizational level

Practice model: Policy and funding context (system level)

References

Chapter 3:
Necessary Conditions: Practice Model

This chapter begins 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 top row of figure 1, and are related to support for a practice model for ISP.

This chapter begins with a discussion of the need for teams to adhere to an ISP practice model that promotes effectiveness in reaching desired outcomes. The chapter goes on to discuss the conditions that need to be in place at the organizational level to support teams' adherence to the practice model. Finally, the chapter discusses the conditions that must be in place in the policy and funding context (system level) in order to support organizations and teams in these efforts.

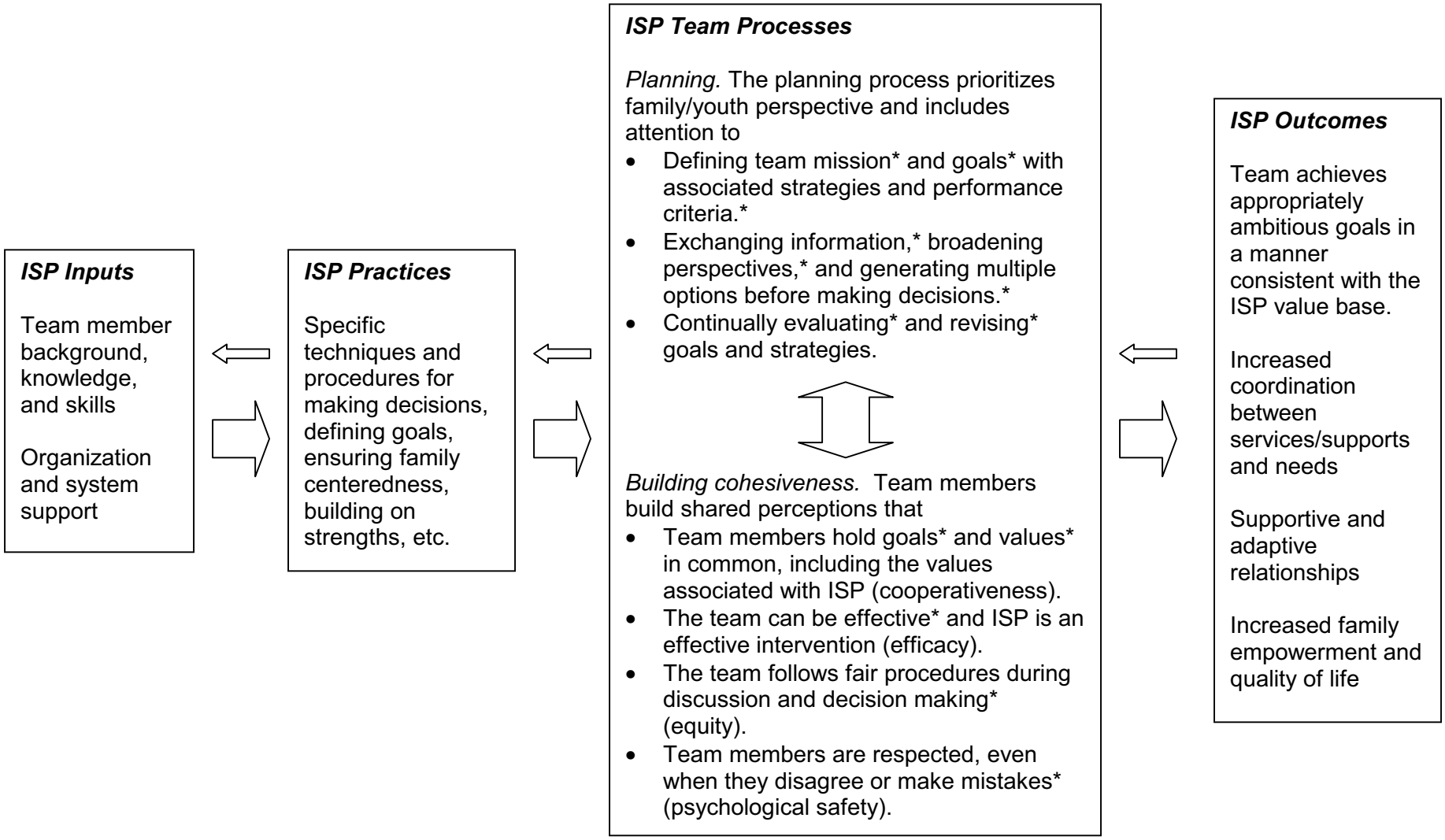
Practice model: Team level

i. Team adheres to a practice model that promotes team cohesiveness and high quality planning in a manner consistent with the value base of ISP.

Individualized Service/Support Planning teams face a variety of challenges in accomplishing their work. Like other teams involved in complex long-term planning, ISP teams need to overcome numerous challenges related to the "generic" tasks of teamwork. If any team is to be successful, its members must be able to select appropriate goals, devise high quality solutions to problems, avoid destructive conflict, maintain confidence in the team's efforts, and so on.[21,44] In addition to these generic challenges of teamwork, ISP teams face a series of additional challenges that are more specific to the ISP process. These challenges arise because ISP specifies that team plans—as well as the planning process itself—should be individualized, family centered, and culturally competent. ISP teams are further required to create plans which build on the strengths and assets of the team, the family, and the community.

In this section, we describe the types of knowledge and skills that team members must possess if they are to overcome these challenges and work together effectively. The discussion throughout this section is based on the model of ISP team effectiveness outlined in figure 2 (*see following page*). In developing the model, we incorporated information from our interviews, as well as information from research and theory on teamwork and team effectiveness. (Much of this research and theory is cited in the chapter.) The resulting model is a variation on the type of model that is most commonly used in research and theory on team effectiveness.[92] The model shown in figure 2 is also consistent with the way that expert ISP team members talk about teamwork. In our study of expert team members, we asked our interviewees to describe challenges to effective ISP teamwork and strategies for overcoming those challenges. In order to classify the main themes that came up in their responses, we used a coding system that was derived from the same conceptual foundation as the model. The level of inter-rater reliability that we achieved in coding the interview material suggests that the conceptual foundation is a good fit for practical as well as theoretical understandings of ISP effectiveness.

FIGURE 2: A MODEL OF ISP TEAM EFFECTIVENESS



*These attributes of process have been linked to team effectiveness in studies across a variety of contexts.

In the model, the main route to effectiveness is from *inputs* through *practices* and *processes* to *outcomes*. ISP *inputs* include team member skills, knowledge, and background, as well as organizational and system support. ISP *practices* are specific techniques and procedures that team members intentionally employ as they work to develop the plan and operationalize the ISP value base. Practices include specific techniques and procedures for defining and prioritizing goals, stimulating the exchange of information, making decisions, obtaining feedback, building an appreciation of strengths, ensuring family-centeredness, and so on. Practices take place within a short time frame, though the same practice may occur on many occasions. ISP practices are translated into *outcomes* through their impact on two team-level *processes*: the planning process and the process of building team cohesiveness. On cohesive teams, team members have developed the shared belief that they are willing and able to work together to achieve goals held in common. Figure 2 describes the two processes in terms of a series of attributes that have been linked to effectiveness in numerous team studies across a variety of contexts. These attributes are marked with asterisks in the figure. Other attributes of the two processes reflect the special nature of ISP by incorporating elements of the value base. The two team-level processes are complex, and each is continually affected not only by team practices but also by feedback loops that operate both within each process and between the two.

The model of ISP effectiveness assumes that success in both processes is required if teams are to be effective in achieving desired ISP *outcomes* (e.g. improved fit between services/supports and needs, increased family empowerment, and improved quality of life). In turn, effective practice is based on a clear understanding of how a given technique or procedure can be expected to impact team-level processes. In addition to being knowledgeable about practices, team members must also have skills that will enable them to implement practices at the appropriate times. These types of skills and knowledge are contained in a *practice model* for ISP.

The overall condition for high quality implementation of ISP at the team level is that a team adheres to a practice model that promotes team cohesiveness and high quality planning in a manner consistent with the value base of ISP. This overall condition is quite complex, however, so we have organized the discussion around seven sub-conditions that provide more detail about the types of knowledge and skills that team members need to have in order to maximize the probability that their work will be effective. These sub-conditions are:

1. Team adheres to meeting structures, techniques, and procedures that support high quality planning,
2. Team considers multiple alternatives before making decisions,
3. Team adheres to procedures, techniques and/or structures that work to counteract power imbalances between and among providers and families,
4. Team uses structures and techniques that lead all members to feel that their input is valued,
5. Team builds agreement around plans despite differing priorities and diverging mandates,
6. Team builds an appreciation of strengths, and
7. Team planning reflects cultural competence.

Below, we describe each of these sub-conditions more fully. We should be clear that our intention is not to provide a full practice model. Instead, the sub-conditions summarize the *types* of information that should be included in a practice model. Regarding the first sub-condition, for example, we argue that the practice model should provide clear, detailed information about the structures, techniques, and procedures that teams should use to support their planning. And while in many cases we provide examples of the types of techniques, structures, or procedures that might meet a given sub-condition, we do not attempt to offer a complete or exhaustive list.

Extensive trainings in ISP already exist, and any given training or manual may provide sufficient information to guide teams about how to meet most or all of the sub-conditions. However, in many communities, the local practice model is built from many different sources, and training and/or the model itself may be extensively adapted to fit local needs. This list of sub-conditions can help communities judge whether or not their own practice model is sufficiently comprehensive and specific. The Checklist for Indicators of Practice and Planning (ChIPP, described in Chapter 8 and included as Appendix A) is an assessment that can also be used in efforts to assess the adequacy of a practice model. Communities can then focus on filling in any gaps or weaknesses that they identify.

Each of the following sections focuses on a single sub-condition, and includes a brief summary of research results that support the idea that the condition is necessary for effective ISP teamwork. The results cited are drawn both from our own work and from other published studies. The cited research also provides evidence for the relationships between practices, processes, and outcomes depicted in the model.

Ultimately, of course, it is up to the team to adhere to the practice model. As teams carry out their work, different people, with different roles, will take primary responsibility for ensuring that various sub-conditions are met. For example, the person acting as the facilitator often assumes much of the responsibility for seeing that the team implements the steps of an effective planning process. On different teams, facilitation may the responsibility of a parent, a care-coordinator, or someone who has no other role on the team. Similarly, on one team, a parent advocate may take on a good deal of responsibility for ensuring that teamwork is family centered and strengths based. Other teams will not have a parent advocate, and so those teams will need other strategies to ensure that these values are guiding the team's work. The practice model should provide sufficient guidance about how the various responsibilities are shared out among the various team members. Team members will, of course, require sufficient training to enable them to carry out their roles on the team.*

1. Team adheres to meeting structures, techniques, and procedures that support high quality planning.

At its heart, ISP is a planning process. Teams that are effective in complex, long-term planning use a structured process for creating and monitoring their plans. The process moves through successive cycles of setting goals, selecting and carrying out action

* The provision of training is considered the responsibility of the lead and partner agencies, and is discussed at the organizational level.

steps, assessing progress, and adjusting goals and strategies as needed. Such an approach requires that:

- A long-term goal or mission is agreed upon;[71,92]
- Intermediate goals and observable indicators of progress towards goals are clearly defined;[22,44]
- Tasks or action steps are linked to intermediate goals, and responsibility for performing each task is assigned;[69] and
- Progress on each action, goal and/or sub-goal is monitored and/or revisited in subsequent meetings, and strategies for achieving the goals are altered as needed.[31,34]

Adherence to these structures of good planning helps ISP teams access other avenues to increased effectiveness as well. Further along in this section, the discussion provides clarification of how adherence to these structures can lead to increased ISP team effectiveness by: helping teams turn conflict to constructive ends, providing opportunities to promote the family's perspective, and contributing to cultural competence and the individualization of plans. It is worth emphasizing that these benefits accrue only when the team is united behind a *team* plan. Among the ISP teams we observed, less than one third maintained a team plan with team goals. Thus, more than two thirds of the teams were not making use of the structures of teamwork that have been most consistently linked to team effectiveness in virtually any setting.[92] A practice model for ISP should provide clear guidance to teams about how to maintain the essential elements of an effective planning process.

Training materials for ISP, as well as a formal consensus reached by ISP researchers, advocates, and trainers[40] give the ISP team the additional responsibility for developing the crisis plan for the child and family. While a crisis plan is different in some ways from the larger team plan, it nevertheless seems likely that imposing appropriate structure on crisis planning can increase the potential for the plan's effectiveness. For example, the crisis plan can be developed to reflect a goal structure with action steps clearly defined. And even though the crisis plan may never be measured against indicators of success (because it may not be used), the strategies included in the crisis plan should be reviewed periodically and revised where necessary. The practice model should provide guidelines for what should be contained in the crisis plan, as well as explicit expectations about how it should be reviewed and maintained. In general, the types of skills, procedures, and techniques that the ISP practice model provides for teamwork in developing the overall plan would apply equally in the case of the crisis plan.

2. Team considers multiple alternatives before making decisions.

Teams are widely touted for their potential to reach creative solutions to complex problems. However, this potential is often unrealized, and teams may well be less creative and/or less productive than individuals working on the same task.[69] This loss of creative potential appears to come about because team members are often over-eager to commit to the first goal, strategy, or solution that comes up, rather than generating multiple options and then choosing among them. Generating multiple options while problem solving leads to superior solutions because first solutions tend to be of poorer quality than those generated later.[10,78] Teams in general appear to be reluctant to adhere to procedures—such as brainstorming—that have been shown to stimulate creative, open-ended thinking.[74,92]

These barriers to creativity appear to be present in ISP teams as well. In our observations, fewer than one in five teams considered multiple options for ways to meet a goal or carry out an action even one time during the meeting. Fewer teams still used a structured activity to stimulate creative thinking. This may be one of the reasons teams appear to have relatively little success in developing highly individualized plans that incorporate community and natural supports.[13,87] Among the 72 meetings we observed, there was only evidence during 11 meetings that teams were providing access to a regular community service or support (for example, by purchasing a membership in the YMCA). More strikingly, during only four meetings was there evidence that the teams were actually tailoring a community service or activity to meet the specific needs or goals of the child or family.

There are of course numerous barriers that limit ISP teams' ability to respond creatively to the challenges of planning. While many of these—particularly financial incentives and funding issues—are primarily organization- and system-level issues, there are also various barriers at the team level. Team members need to be keenly aware of a pitfall we heard about frequently in our interviews—relying on traditional, categorical services in a non-individualized manner. Team members often complained that the results of team planning all too often came down to the provision of the same kinds of services that had been happening before, albeit possibly in a more coordinated manner.

A practice model for ISP should provide clear guidance on the procedures and techniques that teams can employ to increase creativity. Teams will need to develop a mindset that will keep them from committing too quickly to the first solution—often a service solution—that comes up. Discipline in generating multiple options also has great potential to increase the extent to which the plan will be family driven and culturally competent. When teams generate multiple options, family members have a greater opportunity to select the option that fits with their own preferences and their own cultural values.

3. Team adheres to procedures, techniques and/or structures that work to counteract power imbalances between and among providers and families.

The value base of ISP specifies that the process is to be family centered,[40] with the work of the team being driven by the family's own sense of its strengths, needs, and priorities. The family's choice should also guide decision making regarding the services and supports that will be accessed or developed to serve the team's goals. Plans devised with genuine family input are more likely to have realistic goals, to include creative and flexible strategies, and to engender a sense of family ownership. What is more, when the process is family centered, it is more likely that the plan will be truly individualized, and that it will reflect cultural competence.

Available research indicates that it is likely very difficult to realize this vision of family-driven teamwork. Mental health professionals often demonstrate a reluctance or inability to hear the family's perspective, or to respect the knowledge which families bring to collaboration.[30,39,45,63,67,89] This may also reflect a more general dynamic that appears in teamwork. On any team, people of higher social status tend to talk more and have more influence over the decisions that are made.[68] Thus, for example, team meetings are likely to be dominated by men rather than women, by bosses rather than subordinates, or by people with more rather than less formal education.[7] It is very difficult for teams

to overcome this sort of imbalance, even when team members are making conscious efforts to equalize participation and influence. On ISP teams, it is not uncommon for family members (particularly youth) to possess relatively few markers of high status. Even where family members have relatively high status outside of meetings, their status within meetings is likely to be deflated because of team members' tendency to see the family in terms of its needs and deficits.[61] As noted above, professionals also tend to have high opinions of their own expertise relative to those of families of children who are experiencing emotional and behavioral difficulties.

If the practice model does not provide teams with specific, concrete guidance about how to redress the imbalances of power between the family/youth and professionals, it is unlikely that the family's perspective(s) will be adequately represented in the planning process. Simple process interventions to increase the number of contributions to discussion and decision making may be effective, but it is likely that teams will need to employ a variety of strategies for increasing family input and decision making at various stages during the planning process. Strategies we have seen in use include providing opportunities for family members to speak first and last during discussions, checking back in with families after any decision, or using a family advocate to reinforce the family perspective as elicited in interviews outside of full team meetings. It is particularly important that the team goals reflect the family's perspective. When the family's strengths, needs, and priorities are codified in the goals, the team's subsequent work by necessity builds from the family perspective. Obviously, this will not happen if the team has not selected goals, or if the goals are not clearly specified.

A number of our interviewees and several of the training manuals stressed that, beyond increasing family input into discussion and decision making, the planning process should also provide room for a qualitatively different sort of input from the family by providing opportunities for family members to "tell their stories." Potentially, providing such opportunities can be empowering for families by allowing them to provide a narrative explanation for how current situations have come to pass, and why.[64] The family's views of agency and causation thus become the frame for discussions of future steps. In addition to being inherently empowering, family storytelling can help the team access information that might otherwise be lost in more formal or abstract processes that are part of planning. A family's story can contain important information about hopes, goals, strategies, and resources. In some communities, the family is encouraged to add to their story at each ISP meeting by reflecting on how things are going, while in other communities the bulk of the story is elicited outside of meetings during interviews with a family advocate or care coordinator. Regardless of the specific techniques used, it appears that an ISP practice can be strengthened in important ways when opportunities are provided for family members to speak in an open-ended, narrative way about their experiences.

Beyond merely providing opportunities for the family to assert its perspective, our interviewees stressed the importance of creating a team atmosphere such that family members feel safe to speak openly and honestly about difficult topics, feel comfortable telling their stories, and feel engaged in the ISP process. Of course, it is desirable for *all* team members to feel psychologically safe and engaged in the ISP process. The discussion below—particularly that contained under the sub-conditions having to do with valuing input, building agreement, appreciating strengths, and reflecting cultural competence—

provides information about how the practice model should guide teams towards creating this sort of comfortable interpersonal environment. However, issues of psychological safety and engagement are of particular importance to the family, and the team needs to practice extra care to maintain the meeting as a safe and comfortable place where families feel valued and supported. Thus, for example, where team members might use techniques of active listening, such as reflecting and summarizing, to help demonstrate valuing of each team member's input, this might be done with greater frequency and deliberateness for input from the family.

4. Team uses structures and techniques that lead all members to feel that their input is valued.

Teams are more effective when team members feel that discussion and decision making processes are *equitable* or fair.[26,57,62,86] It is important to note that equity and equality are not the same. For example, teams may well feel that it is fair (equitable) for a mother to have more (*un*equal) opportunities than professional team members to speak and to make decisions. Team members are likely to feel that teamwork is equitable when they believe that they are respected, and that their input is valued.[21,25] When team members' participation is not perceived as equitable, the team's effectiveness tends to suffer due to decreases in creativity and information sharing, and due to increases in destructive conflict. When team members feel that decisions are reached through processes that are not equitable, they are unlikely to feel committed to the decisions and to follow through on tasks.[56]

As was noted previously, teams are often dominated by people with high status, and this can easily lead team members to feel that team process is not equitable. For example, a team's discussions may be dominated by a psychiatrist or clinical supervisor, and valuable input from a behavioral skills specialist may be lost. Once again, it is likely that these tendencies will continue unless the practice model provides specific information about how to increase equity in participation, and how to make people feel that their input is respected and valued by the team. Teams need explicit guidance from the practice model about techniques to increase team perceptions of equity, not just through counteracting status differences, but through other methods as well. Some examples of team process or techniques that can increase perceptions of equity include: providing opportunities for each team member to give input into decisions; reflecting, summarizing, and/or recording team member ideas or suggestions; and having the team set its own rules or guidelines for how to demonstrate interpersonal respect.

The practice model should also provide specific guidance about how to help ensure that youth team members will feel respected and valued. Existing research offers little information about collaborative teamwork between adults and youth; however there was a strong consensus among team members who participated in our studies that including the youth could be quite difficult. On the other hand, we observed teams that were successful in engaging children as young as nine years old in the planning process. Teams that include the youth in the planning process may well also confront challenges when the youth and other family members disagree.

5. Team builds agreement around plans despite differing priorities and diverging mandates.

On effective teams, members believe that their goals are cooperative.[21,82] This means that team members believe that the actions of each team member serve to advance the goals of all. This does not mean that team members will never be in conflict or have disagreements; on the contrary, controversy is an essential source of creativity and learning on successful teams.[51,82] Disagreement and controversy are particularly likely to occur on teams, like ISP teams, that have a high level of diversity in background and experience.[3,14] What is more, on ISP teams, different team members may be responsible for carrying out specific mandates that appear to be contradictory. Our interviewees reported that this can be a source of great conflict on some teams.

In teams and groups, conflicts are less likely to arise, and more likely to be resolved when the team has a clear sense of shared goals.[50,70] On ISP teams, conflict around the best ways to achieve goals may be decreased when the action steps are clearly linked to the goals. Furthermore, team members—especially those who may be skeptical about a particular goal or action step—need to be able to trust that the team will be pragmatic in evaluating the success of strategies or action steps, and discarding those which are not helping the team reach its goals.

A practice model must provide teams, particularly facilitators, with a variety of specific strategies for dealing productively with conflict and controversy. For example, facilitators should be able to recognize and intervene quickly in "negative process," [9] cycles of blaming and attacking behaviors which are detrimental to group functioning. Many strategies for harnessing controversy depend on consistently reminding the team of shared goals, and building from there. Where skills in conflict management are lacking, there is a high probability that the team's effectiveness will suffer.

6. Team builds an appreciation of strengths.

The ISP value base stresses that the process should be strengths based. In particular, the strengths of the family and youth are to be built upon. Additionally, the assets of other team members, and of the community, are to be drawn on in the plan. Research has little to say about whether a strengths orientation impacts team effectiveness; however, there is evidence that the affirmation of strengths can empower low status team members and increase their confidence and participation.[7,19,20] Furthermore, since acting in a strengths-based way is one of the requirements for ISP teamwork, it is important for team members to be able to recognize when they are being successful in practicing the value.

In our observations, we saw teams using several strategies to focus on strengths, especially those of the family. During interviews, a number of team members pointed out that child and family strengths are affirmed when the family is trusted and empowered to drive the ISP process. This is concrete evidence of a team's conviction that the family has a fundamental strength in knowing what to do to take care of itself. Research in other settings has shown that the participation of low status team members increases during teamwork when the team acknowledges specific contributions that the low status members have made to achieving team goals. Despite the strengths activities we observed,

and the comments we heard, team members in our studies consistently expressed concern because they were unsure about how to build a strengths perspective into the ISP process. Team members pointed out that it is not easy to design a plan that simultaneously addresses needs and builds on strengths. They also expressed some confusion about the differences between "real" and "fake" or superficial strengths, a distinction that appears in many training materials. Clearly, a practice model for ISP should specify the procedures and techniques that teams can use to assist them in maintaining a strengths perspective.

7. Team planning reflects cultural competence.

Each of the sub-conditions mentioned so far is potentially impacted by cultural values and norms. People from different cultural backgrounds may hold different values and make different judgments about, for example:

- what sorts of team procedures and rules will be acceptable,
- what sorts of interactions communicate respect,
- how strengths are defined and how they are talked about,
- how needs are defined and how they are talked about,
- how conflict is expressed and managed, and
- the most important types of goals for a child and family.

Team members who hold different beliefs in these areas may have great difficulty working collaboratively together. What is more, cultural differences in values and norms can arise from many sources, and not just from differences in racial, ethnic, or religious background. For example, individual families have their own norms and values; and mental health, juvenile justice, and child welfare workers are imbedded in organizations and work-based interpersonal networks which reinforce their own norms and values. Indeed, the cultural gap between the perspective of professionals and the perspective of families is one that appears regularly in teams, regardless of the degree of the racial, ethnic or religious similarity among team members.

The practice model should provide some specific information about how to increase the cultural competence of teamwork. It is likely that this guidance will need to be formulated with the culture of specific communities in mind. Agencies will need to adjust and elaborate practice models to provide clearer support for cultural competence on teams. Other agency efforts to support cultural competence are discussed in sections on organizational supports for ISP.

Beyond this, it is clear that teams are likely to be more culturally competent when they adhere to the other elements of teamwork discussed above. For example, differences in norms and values often exacerbate the difficulty that teams encounter in hearing the family and following the family's lead in planning. This makes it even more important that the team adhere to structures, techniques, and procedures that support the family's values and the family's voice. Similarly, cultural competence is likely to be greater when the practice model specifies how the planning process can be structured to offer choices between options. This allows family members to review a variety of options, and select those that best reflect their values and priorities. A number of our interviewees believed that cultural competence would be increased when teams included larger numbers of community and natural supports. This is another area where the practice model could be expected to provide concrete guidance, by specifying what teams can do to recruit and retain community and natural supports (see Chapter 6).

Practice model: Organizational level

i. Lead agency provides training, supervision, and support for a clearly defined practice model.

This section discusses why it is necessary for the lead agency to clearly define a single, shared practice model that will guide ISP practice for all its teams. Successfully implementing the practice model at the team level requires considerable expertise from team members in key roles, and this section also focuses on the training and support that agencies will need to provide to key team members.

The ISP practice model defined and supported by the lead agency may be one that has been developed specifically within the agency, or it may be one that is agreed upon across multiple sites. Regardless, it is critical that the practice model be shared among the facilitators, parent advocates, trainers, and supervisors who work together. This means that they will understand ISP teamwork in terms of shared definitions for the essential elements of the practice model, including the required techniques, skills, and procedures. Having shared definition will make it easy to recognize if a facilitator is, say, using procedure X for generating multiple alternatives to reach a goal, or using skill Y for promoting team members' sense of equity in decision making. Having shared definitions for essential elements of the practice model also makes it easier for trainers, supervisors, and team members to have a shared standard for evaluating the quality of the performance of key team roles.

Various strands of research and theory support the idea that having this sort of shared understanding of a clearly defined practice model is crucial for implementing and maintaining high quality, complex interventions like ISP.* For example, results from research on training show that when a model for the practice of complex interpersonal interventions is clearly defined, trainees and supervisees are more likely to learn the skills and techniques more quickly, apply them in their practice, and be more effective than practitioners using more eclectic or less fully specified approaches.[8,28,36,48,58,94] In meta-analyses examining psychotherapeutic interventions** for children, the provision of a structured model for practice is one of the factors that has been associated with the apparent superiority of practice in research settings over practice in community settings.[91] Shared understandings and shared vocabulary also facilitate discussion of the skills in a way that is effective in helping people develop metacognitive† awareness about when to apply a particular skill or technique to a particular type of situation. The development of metacognition appears to be an essential part of expert approaches to

*The various studies we cite have been selected focus either on training generally or on training in fields in which the skills to be acquired are similar to those which are used in facilitation—i.e. skills requiring the trainee/supervisee to facilitate or guide interactions in a complex interpersonal environment. Little high quality research exists specifically addressing the effectiveness of training and/or supervision in the context of social service organizations.[16,37,84]

**Our use of results from research in psychotherapy does not imply that we equate ISP with therapy. On the other hand, psychotherapy is like ISP in that practitioners need to learn and employ specific techniques or skills for managing complex interpersonal interactions.

†Metacognition is, literally, thinking about thinking. Metacognition is a higher order thinking process through which people evaluate their reasoning, thereby learning to improve judgment on future occasions.

a wide variety of complex cognitive tasks,[72,80] including the types of relational tasks that are central to teamwork. Having a clearly defined practice model is also essential for monitoring fidelity (the extent to which actual practice is "true" to recommended practice). If fidelity is not measured, or measurable, the chances of successful implementation of any intervention is greatly decreased, particularly if the intervention is complex.[77]

At the team level, it is the facilitator who will have the primary overall responsibility for ensuring that the team adheres to the practice model. For example, the facilitator must ensure that the family perspective is adequately represented in discussion and planning. The facilitator must also be able to help the team collaborate effectively despite differences of opinion and perspective. It is likely that it will take some time for facilitators to acquire the necessary expertise, and the lead agency must be prepared to offer support as effectively as possible. Beyond providing training, the lead agency must provide facilitators with sufficient, high-quality, ongoing support to ensure that training is transferred into practice. High-quality support will include supervision and/or coaching that

- incorporates information from observations, audio- and/or videotapes of facilitator performance; and
- focuses in a structured way on building knowledge about, and skills required for, the practice model.

Other team members with specialized roles, such as family advocates or resource developers, will also need training and support for their roles in the practice model, although this training may or may not be provided by the lead agency. Ongoing support for these team members should also encourage the transfer of training into practice by using a structured approach to coaching and/or supervision. The rationale for these recommendations is presented below.

It takes time to develop expertise in a complex task,[72] and research provides some clear guidance about the type of support that should be provided so that learning continues beyond the initial training episodes. Perhaps most important is the need for ongoing coaching. It is estimated that only about 10% of training is actually transferred into practice,[15,43] even when the trained skills are simple. For more complex interpersonal skills, transfer may be even less; however, when there is a clear practice model, *and* when ongoing coaching is provided, transfer can be dramatically increased.[55] Minimally, effective coaching for interpersonal skills involves observation of the trainee practicing the skill, followed by a discussion of the observation session. While supervisors and trainers can be used as coaches, peer coaching can also be very effective.[24,55] The literature on supervision suggests that ongoing support for skill acquisition will be more effective—as well as more satisfying to participants—when it is a *structured process*, based in a clear conceptual framework, and organized around the setting and monitoring of specific supervisee goals.[1,4,59,73,83] In meta-analyses examining psychotherapeutic interventions for children, supervisor monitoring of therapist practice (e.g. through review of videotapes) is another of the factors associated with the apparent superiority of practice in research settings over practice in community settings.[91]

Our own research confirmed others' assertions that many teams calling themselves ISP or wraparound teams do not appear to be working within the paradigm as it is defined,

and that this is at least partly due to a lack of specification of a practice model.[12,75] As noted previously, we found many teams operating in an essentially unstructured way, without a team plan or team goals. Other markers of ISP, such as attention to strengths or to the family perspective, were also absent in many meetings, including meetings from sites held up as national models. The team members we interviewed, *including those recognized as most expert*, were almost unanimous in saying that they felt overwhelmed by the complexity of the ISP process, and that they felt far from comfortable and competent in their roles. While many facilitators felt that the training they had received was useful in helping them to learn about the philosophy underlying the ISP process, they also said that they did not feel they had learned the specific procedures and skills that would help them to be strengths based, culturally competent, and family centered while also managing meetings effectively. Even when a training had focused on procedures, techniques, and skills, some facilitators reported feeling overwhelmed by the volume of information presented. Furthermore, while the extent of training varied from site to site, a substantial number of facilitators from "average" teams reported receiving no special training at all prior to starting to facilitate team meetings.

The supervision provided to team facilitators (as described by our interviewees) only rarely appeared to focus on the skills of team-based planning and facilitation *per se*. Furthermore, it was rare to encounter agencies that had developed clarity about how to recognize indicators of good practice, collected data on the extent to which these indicators appeared in teamwork, and then used the resulting data in supervision. In fact, there was no meeting, among the 72 that we observed, where there was a supervisor present to evaluate the performance of the facilitator or parent advocate (nor were any of these meetings audio- or videotaped for this purpose). Most facilitators reported receiving regular "clinical supervision"; however the supervisors were most frequently reported to be clinical psychologists who were not experienced or trained in facilitation of the ISP process. Most facilitators also reported that they had group supervision sessions with other facilitators.

Facilitators reported that they felt supported by their supervision; however for the most part they also reported that both group and individual supervision sessions were quite unstructured, and that there tended to be no formal goal setting or data gathering to assess facilitator skill or progress. Some sites have used, at least on occasion, reviews of service plans or surveys of team members as a means of providing feedback to facilitators and their supervisors, while other sites provided feedback based on observations of team meetings. It is not surprising that ISP supervisors do not follow recommended practices for supervision. Generally in the human services it appears that supervisors are rarely trained in supervision, and that most have no clear model for their practice of supervision.[52]

Just like facilitators, people with other special roles on ISP teams are likely to be more effective when the ISP program supports a single, clearly defined practice model, and when the roles for carrying out the practice model are also clearly defined. The agency providing training and support for these team members may or may not be the lead agency. For example, parent advocates may be trained and supervised by family advocacy organizations. Available research suggests that trained parent advocates can help increase family participation on collaborative planning teams,[11,95] and theories of parent empowerment are becoming increasingly specific regarding what skills are most helpful

in helping to empower parents.[49] Training curricula for parent advocates in the ISP process have been developed in several communities.[23,90] On the teams that we observed, parent advocates rarely appeared to take an active role unless they were also facilitating the meeting. In and of itself, this is not direct evidence that the non-facilitator parent advocates were ineffective; however, we were left with a sense that the parent advocates in many instances were not confident about the role they were to play on the team.

Finally, our interviewees suggested that all team members should receive orientation to the basic ISP model, and that family members in particular would benefit from such orientation. Many sites do, in fact, provide some form of orientation for teams. Often, portions of initial meetings are set aside for orientation and a discussion of procedures and ground rules. In other instances, orientation takes place apart from the planning process and can range from very simple (e.g. providing team members with introductory videos, booklets or pamphlets describing the ISP process) to quite elaborate (having teams come together to engage in structured team-building activities such as simulations, role plays or games). Some sites make a special effort to orient families to the purpose, values, and process of ISP, and available research suggests that that this is indeed helpful in increasing parent participation in collaborative planning.[41,93] Some evidence also suggests that when all members of a group or team are aware of how the group is structuring its work, they can all contribute to the facilitation of that process, thereby leading to more equitable participation.[18]

ii. Lead agency demonstrates its commitment to the values of ISP.

Many of our interviewees, as well as several of the trainers we spoke with, expressed the opinion that high quality team-based ISP could only happen when the entire lead agency demonstrated both:

- a conviction that ISP is an effective way to meet the needs of children and families, and
- a belief that the values of ISP should structure not just team interactions but also interactions between and among staff.

For example, there was agreement among the experienced facilitators, advocates, and administrators with whom we spoke that truly family-centered ISP practice could only take place within organizations which intentionally cultivates a parent/youth/consumer voice in organizational decision making around team issues. Similarly, a number of our interviewees expressed the belief that strengths-based practice can only take place within an organization that takes a strengths-based view of staff, and that culturally competent practice can only be sustained within culturally competent organizations. Relevant research reviews and results, as well as a growing consensus among proponents of systems of care, provide a measure of support for the idea that there should be consistency between the values *advocated* by an organization and the values *practiced* by the organization.

In the literature on organizational effectiveness, there is large body of research which generally supports the hypothesis that employees (and hence their organizations) perform better when organizational values and culture are clear and consistent and aligned with expectations for employee behavior.[6,32] There is also a smaller body of research which

supports the idea that teams are more effective when there is alignment between team and organizational goals (see the review and results reported by Cohen[22]).

Several of our research participants pointed out difficulties arising from a divergence between the values of ISP and the values practiced by managers and staff of the lead agency. A number of interviewees expressed the idea that lead agencies may be more willing to "talk the talk" than "walk the walk" of ISP values. In these cases, managers and other staff in agencies were seen as being generally supportive of the idea of ISP, but unable, or unwilling, to change their own attitudes or behaviors in significant ways to reflect the values of the model. The most commonly suggested remedy for this situation was increased ISP training for managers and other staff. Several interviewees recommended that job descriptions be rewritten to include demonstrated commitment to ISP values as a prerequisite for hiring.

Theory (and, to a lesser extent, research) on mental health services and systems of care also support our interviewees' claim that there should be consistency in values across different levels of the service delivery system. At the organizational level, the need for consistent values is seen primarily in discussions of the need for organizational level attention to cultural competence and collaboration with families. In the system of care literature, there is a general consensus in agreement with the proposition that cultural competence at the service level can only exist within organizations that are themselves working towards cultural competence.[27] Further, organizations are called upon to do more than "talk the talk" of cultural competence by engaging in a structured process which includes substantial participation by diverse stakeholders.[88] This process can be based in organizational cultural competence self-assessment,[42] or in other forms of structured discussion and planning.[29] Another strand in the literature focuses on the need to generate feedback about perceptions of cultural competence from consumers, using measures such as the Client Cultural Competence Inventory.[81]

Similarly, the theory and qualitative research on systems of care support our interviewees' contention that family-centered services will only be a reality when service-providing organizations also collaborate effectively with families in determining organizational policies and priorities.[47] Our interviewees stressed that it difficult for agencies to fully understand the importance of providing a means by which family perspectives can have a real impact on the organization. Even where agencies might endorse this value, many barriers stand in the way of realizing it. Given this difficulty, it appears necessary that agencies implement concrete strategies to ensure that the family voice has an impact on practices.[47] Examples of such strategies are: hiring family members as staff, including family members in setting practice/skill guidelines or in hiring or evaluating facilitators, providing seats for family and youth on boards of directors, including family members in training for all staff, and involving families in service delivery. Similar strategies, as well as others, have been designated as promising practices in children's mental health, and are more fully described elsewhere.[79,96]

Finally, several interviewees were adamant that facilitators and other team members could only truly learn to be strengths based within agencies that treated *them* in a strengths-based way, particularly with respect to supervision. Cohen makes a similar argument, supporting it with evidence from existing research.[17] Various other theories, with limited research support, have focused on the more general idea that interactions

between clinicians and clients will parallel interactions between those same clinicians and their supervisors.[35] While our interviewees did not volunteer specific ideas about how to increase the strengths focus at the agency level, other sources provide examples of structures and techniques for strengths-based supervision.[37,73]

iii. Partner agencies support the core values underlying the team ISP process.

During our observations and interviews, we were made aware of the importance of partner agency support for ISP values. A lack of support for such values was one of the barriers to effective team functioning that was most frequently cited by our expert team members. Our interviewees did describe examples of teams that functioned well despite the fact that some of their members came from organizations or agencies with values that were to some extent inconsistent with those underlying team-based ISP. In some cases, the individuals from those partner agencies were asked to join the teams precisely because their personal values were more in line with the philosophy of ISP; however this could also mean that their values ran somewhat counter to those in their "home" (partner) agency. In other cases, individuals from partner agencies described their values as changing as a result of their experiences with the team process.

Interviewees reported that being at odds with the values of their home (partner) agency could be quite stressful for team members, and could cause friction for them with their supervisors and/or co-workers. These team members might also have difficulty in securing funds to help support team plans. Even when teams successfully "enculturated" individual members from organizations with different values, this could take a long time and detract significantly from team effectiveness in the meantime. Furthermore, relying on particular individuals who had been enculturated in this manner left the team vulnerable in the case of turnover. Finally, interviewees reported that some team members from partner agencies never became supportive of the ISP values, and that lack of support could be very detrimental to the team's ability to function.

Each of these observations is supported to some extent by research in organization and team effectiveness. Just as consistency in organizational values and culture has been linked to positive outcomes for individual employees and for organizations (previous section), inconsistent demands from competing values is often associated with negative outcomes.[32] For example, there are a number of studies suggesting that, when a person works under inconsistent or divergent values or expectations, she is likely to experience conflict and stresses that detract from work satisfaction and performance (see reviews in Tubre[85] and Nygaard[66]). Studies of team effectiveness show that unresolved value discrepancies among team members can have a variety of negative impacts on team functioning, including increased conflict, restrictions on information sharing, and turf battles.[65]

Care coordinators and facilitators reported spending a great deal of time trying to educate team members from partner agencies about the values of ISP and the effectiveness of the ISP practice model. Unfortunately they also reported that they were frequently unsuccessful in getting "buy-in" from skeptical team members, particularly where their (partner) organizations' cultures did not resonate with the ISP philosophy. Similarly, they reported engaging in various efforts to educate supervisors and managers at partner agencies about ISP and its values. Several interviewees reported

that training in ISP for partner agency staff was an effective way of remedying their lack of support for ISP. Several other interviewees suggested that accessible materials summarizing objective evidence of the effectiveness of ISP would be helpful in building partner agency support. In cases where partner agency support was seen as high, interviewees reported that the agencies were willing to pay for their staff to attend training in the practice model and were willing to take agency time to orient administrators and supervisors to the theory and skills underlying ISP.

Practice model: Policy and funding context (system level)

i. Leaders in the policy and funding context actively support the ISP practice model.

ISP teams faced with the daily reality of the needs of families and youth may view the knowledge and commitment of leaders from the funding and policy context as generally irrelevant to team functioning and reflecting abstract political maneuvering.[24] Furthermore, team members may see the policy and funding context as responsible for excessive requirements for documentation and other bureaucratic demands.[63] Despite this rather pessimistic view, there are a number of well documented instances in which strong leadership from the policy and funding context have been instrumental in the implementation of system changes and service delivery innovations. For example, Armstrong, Evans and Wood[5] describe the important role played by the state of New York in the development of family involvement policies. Jordan and Hernandez[54] list the existence of a statewide goal as one of the enabling factors in the development of the Ventura project in the state of California.

During the era of Child and Adolescent Service System Program (CASSP) funding, many service innovations, including individualized planning, were identified and introduced by mental health staff at the state level. In the current funding and policy context, agency managers or line workers may champion innovations like ISP. Whatever the origin of idea, in order for team-based ISP to be effectively implemented at the practice and organization level, there must be at least some key leaders at the policy and funding levels who have a commitment to ISP, understand the basic components of the practice model, and are willing to actively advocate for the needs of ISP teams. A number of our interviewees referred to these key leaders as *systems champions* of ISP. Lourie[60] comments that a core of committed individuals who share a common vision are critical to the development of any effective service delivery effort. Hernandez and colleagues[46] identify strong leadership as a prerequisite for shaping services within the perspective of outcome-oriented accountability. In their study of factors associated with successful and unsuccessful collaborations, Johnson and colleagues[53] concluded that strong leadership from key decision makers was one of the three major variables related to successful collaboration.

Without the benefit of active leadership from champions at the funding and policy level, it seems unlikely that team-based ISP will be implemented in more than isolated teams or within single agencies. Rosencheck[76] reminds us of what he calls the "iron rule of hierarchy," the tradeoff between innovation initiated by the upper levels of an organization and innovations from the grass roots. If the innovation comes from higher in the hierarchy, more people will hear about it and it has the potential for a wider scope

of dissemination. However, "If the impetus for implementation comes from lower in the organization… it is more likely to succeed, because fewer stakeholders need to concur, but the impact is likely to be limited and locally restricted" (p. 1610). In order for ISP to thrive, support for ISP and goals consistent with ISP need to be articulated at upper levels of the system as well as within the organization and the team.

It is not necessary that all ISP stakeholders at the system level be active champions of ISP; however, it is important that leaders of participating agencies (e.g. upper level administrators in child welfare or juvenile justice) have some basic knowledge about the values and practice of ISP. This level of knowledge will help them understand how decisions they make at their own agency may impact the ISP process, and can help them avoid initiating new policies that will adversely impact teams. It is also important that these individuals are at least willing to adopt a pragmatic attitude towards ISP (i.e. they agree that it's a good idea for plans to be family driven and for children to be treated in the community if such services can be at least as effective and no more expensive than current practices). These leaders may well place philosophical concerns in second priority behind issues of efficiency and effectiveness, and they may predicate their long-term support on the extent to which ISP programs are able to produce evidence of their success. ISP champions at the system level also plan a critical regard in securing the ongoing good will (or pragmatic neutrality) of their less committed peers. It is essential that the champions engage in ongoing efforts to educate their peers about ISP values and practice, and that they also transmit evidence about the effectiveness of ISP wherever it is available.[2,38]

Successful implementation of supportive policies or funding processes that emanate from levels above the lead agencies is another important concern.[33] In several of our interviews, we heard about policies or legislation supportive of ISP that had been codified in some manner but never implemented. Our interviewees stressed that an important role for leaders of the policy and funding context is to actively work for implementation of policies that support ISP, as well as making or supporting decisions that have a direct positive impact on ISP teams. They also stressed the importance of having a forum for addressing difficulties that might arise due to differing interpretations of such policies or a reluctance to implement them (see Chapter 4, system level, condition ii).

It is of course helpful if supportive leaders in the policy and funding context remain in their positions long enough for the desired policies and practices to become institutionalized and thus able to survive turnover among systems champions. Amado and McBride found that the degree of long-term commitment and support for long-term change were instrumental in the implementation of person-centered planning in the five demonstration projects they studied.[2] Systems champions must also maintain—and help their peers to develop—realistic expectations regarding both the time it will take to achieve full implementation of ISP, and the outcomes that can be achieved.

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Chapter 4:
Necessary Conditions:
Collaboration and Partnerships

Chapter 4: Necessary Conditions: Collaboration and Partnerships

This chapter continues 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 second row of figure 1, and are related the need for building the collaborative relationships that are required to carry out the ISP practice model.

The chapter begins with a discussion of the team-level need for collaboration. The chapter goes on to discuss the conditions that must be in place at the organizational level to support team members as they work together collaboratively. Finally, the chapter discusses the conditions that must be in place in the policy and funding context (system level) in order to support the collaboration of organizations and teams in the ISP process.

Collaboration/partnerships: Team level

i. Appropriate people, prepared to make decisions and commitments, attend meetings and participate collaboratively.

The ISP process requires that team members representing a wide variety of perspectives and mandates gather together and work in a spirit consistent with the values of ISP.* At the most basic level, interviewees reported that there is often difficulty getting the necessary team members to come to meetings at all. Hectic schedules and/or a lack of commitment to the process may mean that team members find themselves "too busy" to attend meetings. Without the key team members in attendance, important decisions may have to be delayed or made provisionally, and team planning can easily become uncertain and ineffective. At a minimum, the team needs to have the key members in attendance on a consistent basis. Our interviewees also stressed that it is important for ISP teams to maintain a stable membership over time. They provided numerous examples of ways that a team's work could be set back when there were changes in membership.

There are a number of strategies that teams can use to increase team member commitment and to encourage attendance. For example, team members are more highly committed to attending meetings and remaining as members of teams they perceive as cohesive and effective.[5] Cohesiveness and effectiveness perceptions are likely to be higher on teams that incorporate elements of effective planning as laid out in Chapter 3. For example, one of the most straightforward ways of building a sense of team efficacy is through documenting successes, even if these represent only "small wins."[7]

* A closely related topic is discussed in Chapter 6, namely, how teams can encourage the inclusion and participation of natural support people on teams. This section focuses on attendance and collaboration more generally.

Teams that have a clear sense of their goals, and of the steps they are taking to reach these goals, will be able to document these small wins as they occur. What is more, increased perceptions of team efficacy lead to increased perceptions of team cohesiveness.[1,12] Perceptions of team cohesiveness can also be cultivated directly through attention to issues of equity and cooperativeness as outlined in the team level conditions in Chapter 3.

Teams may find it more difficult to ensure stability of membership over time. Personal commitment on the part of team members can go a long way towards decreasing team turnover; however, turnover among human service workers and disruptions in funding are frequent causes of discontinuity in team membership, and these are issues that are more appropriately addressed at the organizational and system levels (next sections). When team member turnover does occur, having a clear and well-documented plan can be a major asset in preserving a team's sense of purpose despite changes in membership. A clear plan can also help in getting new team members "up to speed" and "on the page" more efficiently.

It is of course not enough for team members to merely attend ISP meetings. Team members need to be able to participate flexibly and collaboratively as well. Often, collaboration will require making some degree of compromise regarding goals, priorities, and strategies. Our research participants tended to view team members from partner organizations as most likely to resist collaboration. Often the difficulty was attributed to a rigid interpretation of partner agency mandates, or to differences in levels of "buy in" to the values of ISP. For example, several interviewees reported difficulties in getting parole officers to act collaboratively. Interviewees said that while some parole officers were highly collaborative, other parole officers' focus on community protection could keep them from considering certain types of goals and options in an open-minded way.* We also heard about teams on which it was the natural support people who were sometimes most resistant to collaboration. Typically, this came about when extended family members had fixed ideas about what caregivers or youth "really" needed. Even where differences of perspective among team members are not ongoing or clear cut, teams may experience periodic difficulties in reconciling divergent perspectives and priorities.

Among our interviewees, the most commonly reported strategy for increasing team member commitment and collaborativeness was through facilitators' or care coordinators' efforts to build individual relationships with team members who were not collaborating well. Investing in these relationships helped to build interpersonal trust, which could in turn be parlayed into support for ISP and the planning process. Facilitators and care coordinators reported spending a great deal of time in these efforts, however, they also pointed out these time-consuming efforts were often unsuccessful. Interviewees pointed to a great need for increased "buy in" among partner agencies, as well as to a need for adequate support from the lead agency, as a remedy for this sort of difficulty (these issues are discussed in the organization and system level conditions later on in this chapter).

*It should be noted that team members were not disagreeing with mandates per se; in fact, clearly delineated mandates were seen as potentially quite helpful in helping the team decide on appropriate goals and strategies.

Interviewees also believed there was great value in providing training to team members so that they would be more willing, and better able, to collaborate. Several sites offered extensive training in the ISP process to partner agency staff, while other sites offered workshops, pamphlets, or other forms of orientation. One site had developed an ambitious plan to provide collaborative problem solving training to interested individuals across various levels of all participating agencies. The idea was to make the training attractive by highlighting the importance of collaborative group process within, as well as between, agencies. At the same time, the training would have direct application to collaborative efforts on ISP teams.

Interviewees pointed out that it is also possible to increase collaborativeness through the planning process itself. One way this could be done, they said, was through skillful teamwork in resolving conflicts. Many of the same team members, however, pointed out that they felt insufficiently trained in techniques for doing so. Experienced facilitators also suggested that good plans—based on shared goals and documenting successes—can help overcome some degree of initial skepticism on the part of uncommitted team members. By demonstrating accountability (Chapter 7), teams encourage and support members to find creative ways of working within their mandates.

Research on effective teams provides a rationale for these recommendations. The discussion around necessary conditions for the practice model (Chapter 1) presented evidence that team member collaborativeness tends to increase when:

- Teams structure discussions and decision making such that each team member feels he has equitable input,
- Decisions are made using processes perceived as fair,
- Teams have skills that enable them to engage in productive discussion of differences of opinion while avoiding destructive conflict, and
- Teams are able to provide evidence of their effectiveness in reaching goals.

As mentioned above, it is not always easy for natural support people to act collaboratively on ISP teams. Teams must be prepared for the possibility that they will need to spend time securing collaboration and commitment from natural support people as well as from professionals. Teams should keep in mind that natural support people do not get institutional support for attending meetings—it is not part of their job, and they are not paid or given time off for attending meetings. Like other team members, natural support people's commitment to the team is likely to increase when they see that their contributions are valued, that their time is being spent in a worthwhile effort, and that their voices are being heard.

Collaboration/partnerships: Organizational level

i. Lead and partner agencies collaborate around the plan and the team.

Because ISP teams work across the boundaries of many agencies and service systems, they face special challenges with regard to collaboration.[8] Interviewees across stakeholder groups stressed the importance of having the team's work respected by staff in each of the participating agencies. When this does not happen, our interviewees told us, the team's work can easily be undermined or derailed. For example, in our observations, we followed a team whose different agency members maintained four separate plans of care for the family. Over the course of more than a year's worth of meetings, we never

observed team members sharing their separate plans with each other or with the family. Team meetings provided evidence of numerous occasions where the requirements of different plans were placing separate, and sometimes incompatible, sets of demands on the family. There was often also a good deal of confusion regarding exactly who had agreed to do what, and there was little team level awareness of whether the actions defined in the separate plans had actually been accomplished. The overall effect was one of extreme incoherence, and family members in particular expressed frustration with the lack of consistency across plans.

If the team plan does not serve as the case plan for each participating agency, team members need assurance that partner agencies will respect the goals and services/supports as decided by the team and will not develop separate goals and plans which are inconsistent with or undermine that of the ISP team. A further step in collaboration involves the development of a common format for case plans so that each team member is not required to translate the team plan into the language of their home agency—thus avoiding the temptation for goals and activities to drift away from the values and intent of the team. The development of a common format for plans also works to reduce inefficient and redundant paperwork thus giving team members more time to develop resources and pursue other team activities. Even where a common plan format is not fully in place, agencies must work together to minimize redundant documentation and effort.

ii. Lead agency supports team efforts to get necessary members to attend meetings and participate collaboratively.

As noted above, team level efforts to encourage key members to attend and collaborate during meetings are not always successful, especially where support for ISP varies across participating partner agencies. Teams will sometimes need support from the lead agency to supervisors and managers to encourage commitment and collaborativeness, especially where buy-in to values and process of ISP is uneven across participating agencies. When the ISP facilitator has used all of the personal authority and persuasiveness she can muster in her efforts to encourage collaborativeness, it is critical that she be able to appeal to management for backup and intercession. McGinty notes that the support of agency administrators is vital to the successful implementation of wraparound programs.[9] Although in our interviews it was viewed as a last line of defense by most, this level of commitment and support seemed critical to making teams effective. Lead agency supervisors and managers also need to work in a peer-to-peer manner to help their partner counterparts understand—and then communicate to their staff—the need for flexibility with regard to fulfilling mandates and the need for open-mindedness about what goals the team should pursue.

We were also told of occasions where attendance and/or collaborativeness were problematic even among certain team members from the lead agency. Under such circumstances, it may once again be necessary for supervisors or managers in the lead agency to support team efforts to help their coworkers develop a more supportive attitude. Interviewees also reported that lead agency policies were sometimes to blame for such problems, such as when two staff members from the agency were working with a family, but only one was allowed to attend team meetings, or only one was supported in following up with team tasks. Lead agency policies around access to funds

or services could also impede teamwork when staff were not empowered to make decisions about access or expenditure during team meetings. (This difficulty is more often encountered among partner agencies, and is discussed in more detail in condition iii, below.)

Often, supervisor or manager peer-to-peer interactions with partner organizations take the form of education about the team-based ISP process, its potential, and the need for some degree of creativity in satisfying competing mandates.[9] Our interviewees reported that these efforts can be enhanced when all involved have access to research demonstrating the efficacy of the team-based ISP process, and other materials that describe the process. Sometimes, partner agencies are not receptive to this sort of "education," and there may be a need to provide other incentives or to search out other means of encouraging collaboration. For example, we have seen situations in which the lead agency has funded training for administrators and potential team members from partner agencies. In other cases, where the lead agency has the authority to select and pay partners who most actively learn and practice the model, partner organizations have an added incentive to become collaborative team members.[4]

iii. Partner agencies support their workers as team members and empower them to make decisions.

This section focuses on the role of partner agencies in encouraging their workers to attend team meetings, to work collaboratively, and to make meaningful decisions during those meetings. Minimally, agencies whose professional workers participate on ISP teams must allow their workers to attend meetings on a regular and continuing basis. The continual cycling of new members replacing veteran members on a team is cited by many experienced team members as detrimental to team functioning. To more fully support team-based ISP, partner organizations permit workers to schedule their time flexibly so as to allow for their participation on teams and for team-assigned activities. The supportive partner recognizes that, for staff who participate on ISP teams, fulfilling team responsibilities takes time outside team meetings. Supportive partner organizations do not expect that the responsibilities that come with team membership will simply be added on to an already existing set of job responsibilities.

Another important aspect of the partner agency role is to support collaboration by allowing staff to make meaningful decisions during team meetings. One important way for partner agencies to support their workers in this area is to provide them with some flexibility around issues such as eligibility for services and how to meet agency mandates. Partner agencies further support collaboration by encouraging staff who participate on ISP teams to be open-minded in determining goals and seeking solutions. It is also important that partner agencies empower staff to make decisions *during* team meetings about access to funds and services at the partner agency. Our interviewees pointed out that when team members are not truly empowered to make decisions, they are often put in the position of having to go back to their home agency co-workers or supervisors to try to "sell" the team plan. If the team member is then unsuccessful in gaining approval from the home agency for the services or funds laid out in the plan, the activities of the whole team may be thrown into disarray. What is more, there may well be no efficient way to work out alternate solutions until the next team meeting. We were told of a number of instances in which a team member from a partner agency

failed to get approval for an expenditure which had been written into the ISP plan during a team meeting, even though the expenditure seemed like a fairly routine and legitimate use of agency resources. It is not hard to imagine the stresses that are placed on the team process if *multiple* members of the team can only provisionally agree to the activities and expenditures laid out in the plan.

Our interviewees suggested that partner agencies are more likely to support their staff in collaboration on ISP teams when the partner agency supervisors and managers understand and support ISP as an effective way to deliver services. Interviewees recommended increasing buy-in at partner agencies by educating managers both about the ISP process itself (see also Chapter 3) and about the mandates and work of other agencies that were partners in the ISP process. This education could proceed in a variety of ways. Minimally, managers and staff at partner agencies could be provided with orientation materials and information about partners. Several sites went further by having representatives from partner agencies (including management-level people) attend ISP workshops or even full trainings together. One site trained upper level managers as team facilitators or co-facilitators (at this site, facilitators did not have any other role on a given team). The idea was that the first-hand experience that these managers would have with the ISP process would help them better understand the need for collaboration, and that this would encourage them to work to build a more collaborative attitude in their home agencies. Other sites set up job shadowing opportunities during which supervisors or managers would spend some period of time observing the daily work of a peer at a partner agency. Often the experience was accompanied by activities that might include discussion or journaling. At still other sites, partner agency representatives, including supervisors and/or managers, participated on standing interagency committees that worked to resolve difficulties around funding, mandates, and other aspects of collaboration. Participation on such committees was seen by our interviewees as an effective way not only of resolving specific conflicts, but also of educating the committee members about what ISP teams do, and the need for improved coordination and collaboration. Finally, there was one site that made an effort to train people across all levels of partnering agencies in a generalized skill of collaborative problem solving.

Collaboration/ partnerships: Policy and funding context (system level)

i. Policy and funding context encourages interagency cooperation around the team and the plan.

The development of interagency cooperation and coordination around activities that are mutually conducted is an ongoing challenge for the mental health community and has suffered from a lack of research specific to children's services organizations.[3] Tuma,[11] in his study of mental health services to children, found that many children with multiple agency involvement were not receiving comprehensive services. Whetten, [13] in his seminal work on interorganizational relations, identifies two groups of variables that are preconditions to successful coordination. The first of these is perceptual conditions (such as a positive attitude toward coordination or a recognition of the need to collaborate), and the second is resource and structural adequacies. In order to encourage

partner organizations to cooperate with the team ISP process, perceptual conditions must be maximized so that the partner agencies understand the importance of collaboration to ISP, recognize the desirability of collaboration with the lead agency, and assess the costs of collaboration as being in their favor. Leaders in the funding and policy context can influence these perceptual conditions by education, active support, and/or pressure on organizations to work together. Administrators and supervisors in partner organizations must be encouraged to allow their employees to participate in team planning and to complete team tasks, even when these activities are different from their usual work.

Resource and structural adequacies[13] must also be taken into consideration as a part of the strategy to encourage interagency cooperation. Decision makers in the policy and funding context need to make rules that allow partner organizations to be flexible in terms of how their mandates are met, and that allow for creative means of meeting the mandates while also responding to the priorities as expressed by teams. Changes in information and reporting systems (particularly changes that enable the use of shared documentation and common formats across agencies) represent an important means of streamlining work and enabling greater interagency collaboration.

More generally, the policy and funding context should provide both pressures and incentives for the implementation of policies about interagency collaboration.[2] What is unclear at this point, however, is whether or not such collaboration for the benefit of a small number of children and families with multi-system involvement can be embedded in a system in which agencies on the whole do not collaborate much, and in which services do not tend to be individualized and/or coordinated. Some of our interviewees believed that collaboration in the team-based ISP process could not be sustained unless entire systems were reformed, such that coming together around the specific and individualized needs of particular children and families were the norm for all service delivery, not just the "200 kids with most needs." This is an intriguing research question, and one that is difficult to address as there are few examples of team-based ISP programs with long tenure or of systems in which collaborative activity and individualized services are the norm. However, as team-based ISP programs go on year by year within systems that are still largely organized into vertical "silos" (child welfare, mental health, juvenile justice, education) there is increasing reason to believe the idea that team-based ISP can be maintained within a policy and funding context that reflects the philosophy and values of ISP only to a limited extent.

During the course of our interviews, we became increasingly aware of the importance of a structure or mechanism that allows collaboration and coordination to occur. Three distinct structures for managing interdependency among agencies are identified by Whetten:[13] mutual adjustment (little or no structure), corporate (single authority structure), or alliance (a medium amount of structure with a single lead agency). Although the relationships between lead and partner agencies who collaborate around ISP teams might most effectively be supported by an alliance, most communities appear to work from a loosely structured form of mutual adjustment. Mutual adjustment approaches depend on good working relationships among line level staff and rarely involve decision makers from upper levels of the organization.

Our interviewees pointed out that the primary mechanisms for achieving interagency collaboration are meetings, and that there is often a direct trade-off between going to meetings to learn about how things work in partner agencies and organizations, and using that time to attend to other work. Administrators report a great deal of frustration associated with meeting-based efforts to increase interagency collaboration. Our interviewees suggested that in many cases the decision making capacity remains within the individual organizations and no real authority is vested in the interagency groups, typical of a mutual adjustment structure.[13] As a result, the meetings become an additional burden and serve no real coordinating or collaborative function. It was suggested that when interagency groups are truly empowered to collaborate and make decisions, the interagency body comes to replace decision making bodies within individual organizations. Unless this happens, not only will the interagency groups be ineffective, but participants in such groups will continue to feel overburdened by attendance at meetings with little impact on decisions.

ii. Leaders in the policy and funding context play a problem-solving role across service boundaries.

In order to identify and solve mutual problems, there needs to be a recognized mechanism at the state, county, or regional level for bringing groups together to address policy issues that cut across agencies and affect the ability of teams to function.[10] This niche can be filled either by key individuals acting informally or by an individual or group that is formally charged with this responsibility. The individual/group needs to be able to solve problems or challenges in two areas: 1) resolving conflict over which stream of resources will pay for what (unless most funds are blended), and 2) recognizing the challenges to team functioning and bringing others together for the purpose of addressing those challenges. Further, it is important that individuals from teams and agencies understand that this is the mechanism for solving conflicts, and feel comfortable bringing their concerns to this individual or group.

Johnson and colleagues[6] note that involving upper management in planning and problem solving was one of the frequently reported strategies used to address barriers to interagency collaboration. We found examples of this kind of problem solving body in the interagency or interdepartmental committees referred to in several of our interviews. In some instances, the interagency body is active in resolving conflict over which funding stream should be used. Once the problem-solving group has taken action or made a decision, it is critical that it stays actively involved to make sure that the plan is implemented. In some cases, the individual or group may make decisions supportive of ISP but there is less focus on serving as a strong advocate for the ISP philosophy. The interagency body will be most influential if it actively supports the philosophy behind team ISP and is able to assess potential decisions or policies with that philosophy in mind. Training opportunities, workload and caseload policies, personnel practices and contract language are all examples of policies or decisions made at a county, regional or state level that might effect the ability of teams to function. Additionally, in the course of ISP team planning, it is inevitable that specific difficulties, unique to that team, will arise.

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Chapter 5:
Necessary Conditions:
Capacity Building and Staffing

Chapter 5: Necessary Conditions: Capacity Building and Staffing

This chapter continues 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 third row of figure 1, and are related the need for building capacity in the specialized skills and knowledge that are required to carry out the ISP practice model.

The chapter begins with a discussion of the team-level need for specialized skills and knowledge. The chapter goes on to discuss the conditions that must be in place at the organizational level to support team members as they acquire these assets, and to retain them afterward. Finally, the chapter discusses the conditions that must be in place in the policy and funding context (system level) in order to support the development of the special skills needed for key roles on ISP teams.

Capacity building/staffing: Team level

i. Team members capably perform their roles on the team.

This conceptual framework stresses the importance of specialized skills and knowledge that will be required for ISP teams to function effectively. In particular, competent facilitation is seen as essential for creating and maintaining a high-quality team-based ISP process. Teams will also require various other types of skills and knowledge to carry out their work. For example, if teams are to create plans that are truly individualized and community based, they need skill and knowledge to develop individualized resources, particularly those based in the community. While the necessary knowledge (of what services and supports are available, how to access them, and so on) may be distributed across team members, a team may benefit from having at least one team member who specializes in community resources, and who has many connections and sources of information within the community. Beyond this, the team may well require that a member or members have skills in developing new community resources, or in tailoring existing resources to help ensure that children and families can have successful experiences when accessing them. Other skills and knowledge required for effective ISP teamwork will include, for example, those related to empowering the family in the planning process, building on strengths, and locating effective providers.

These sorts of skills and knowledge may be spread across different team members in different ways on different teams. For example, on one team, a parent advocate may facilitate the team and also work with the family around defining strengths. On another team, the parent advocate may be exclusively concerned with drawing out and supporting the family perspective during team meetings. On many teams, the facilitator is also the care coordinator; however, some teams use a model of planning that relies on a facilitator who specializes in that role, and fills no other role on teams. Some

agencies have designated resource developers, while in other agencies, case managers are expected to fulfill this function.

While teams can work to attract team members who have desired skills and knowledge, the lead organization will bear much of the responsibility for ensuring that these assets are present on teams. The primary mechanism for this will be through support for an adequately comprehensive practice model, which will provide guidance about the various responsibilities of team members with specialized roles. Lead and partner organizations must also provide working conditions that allow them to hire, train, and retain team members with needed skills and knowledge.

Capacity building/staffing: Organizational level

i. Lead and partner agencies provide working conditions that enable high quality work and reduce burnout.

The work climate created by the organization is known to be associated with positive service outcomes and service quality.[4,17] In particular, much research has been conducted about the relationship between job turnover, job satisfaction and burnout. The ability to keep workers who have attained the skills needed to perform effectively on ISP teams is directly related to the program's ability to achieve good outcomes. In our interviews, we heard much concern about the rapid turn over among ISP facilitators and others with special roles on the team. There is at least some evidence that burnout and subsequent turnover may be related to the intensity of the interaction with families and the number of crises the family experiences.[9,18] Corrigan and colleagues[2] report that mental health workers who are emotionally exhausted (one component of burnout) are also likely to report a lack of cooperation and collaboration on their teams. The positive experiences of working on effective teams is a buffer against the difficulties and challenges that inevitably arise, as is supportive supervision.[16] The lead agency that hires, trains, and supervises team facilitators plays a strong role in demonstrating that it values the special skills that team facilitators need. Providing effective supervision and support (Chapter 3) are important in increasing the skillfulness of facilitators and communicating this value. Rauktis[16] suggests that supportive supervision may be most effective when it is coupled with strategies at the organizational level that address other sources of job stress, such as high workload.

Research on the relationship between heavy work loads and burnout is mixed in its conclusions. Some authors have reported a direct connection between caseload size and burnout [10] while others have failed to find a correlation.[7,8] In describing more recent work, Rautkis concludes that "work stress had a mediating or intervening effect while support and accomplishment had a moderating or buffering impact on the relationship between work load and burnout" (p. 40). With regard to effective ISP, "teamloads" need to be kept to a level that does not overtax the facilitators. The exact number of teams that a facilitator might handle depends on a number of factors, most importantly the extent to which the facilitator carries out other roles beyond facilitation—e.g. record keeping, case management, meeting and team support, etc. In many cases, facilitators do all of these tasks, and the consensus of our interviewees is that in these instances facilitators should be handling a maximum of ten teams at a

time. Whether or not this is a fixed ceiling is an issue open to further exploration. What is helpful is for the lead agency to articulate a reasonable expectation regarding the number of teams a facilitator will lead at one time and then make decisions that adhere to that benchmark.

Adequate pay and opportunities for career development are also important to facilitator tenure and can be influenced by the organization.[15] In many lead agencies, facilitators are BA-level, often newly degreed, and they receive a salary that many described as "less than a living wage." Furthermore, there is no clear career path for facilitators, so building a career may mean moving to different positions with different skill sets, or leaving work with public sector clients for private practice or other private systems. Not surprisingly, job tenure for facilitators in most sites was reported to be relatively brief (averaging under two years). Sites with longer facilitator tenure seem to be quite successful in providing intangible benefits to workers—experiences of success and a culture of support and optimism were benefits most often cited. In other sites, the organization has managed to build a value and respect for the role of facilitation in a way that increases the intangible benefits associated with the job. In other instances, particularly one case in which ISP was facilitated by a person whose sole job with teams was facilitation, the pay for the facilitators was substantially higher than average for other staff.

All collaborating agencies must also find ways to reward and promote family members who serve regularly on multiple teams in the role of family advocate or parent partner.[15] Several studies [3,5,11] have reported that status differential among team members is a barrier to effective team functioning. Frequently, family members who occupy special team positions either volunteer or are paid on an hourly basis and do not receive benefits or experience promotional opportunities or a reasonable salary level.[13] Treating family members who occupy these roles equally with other team members with regard to training, supervision, compensation and promotion is a tangible way of demonstrating that the organization values their skills.

People from partner agencies also need support from their agencies if they are to do high quality work on ISP teams while avoiding burnout. The supportive partner agency will fully recognize the time commitment that is required for attendance at team meetings and for carrying out team-assigned tasks (Chapter 4). Additionally, supportive partner agencies recognize that staff who participate on ISP teams will acquire skills and knowledge as they gain competence in the collaborative ISP process, and that these represent assets that should be valued and rewarded.

Capacity building/staffing: Policy and funding context (system level)

i. Policy and funding context supports development of the special skills needed for key roles on ISP teams.

The skills needed by people in key roles on ISP teams (facilitator, parent advocate, resource developer, care coordinator) are in many ways different from the skills and training needed for the development and delivery of services in a more traditional service system.[12,15] State and local stakeholders have important roles to play with

regard to staff development and training concerns.[15] In a study of human resource issues in the southern region of the country, Pires[14] found that 69% of those surveyed considered workforce issues to be of equal importance to issues of adequate funding in children's mental health. Leaders from the policy and funding context have an important role to play in addressing the development of the special skills needed by staff on ISP teams. This can include providing leadership to efforts to coordinate training across a state or region as well as using policy venues and contractual language to encourage the development of ISP skills.

There are a number of documented examples of states who have employed creative methods for coordinating skill development opportunities, usually focusing on developing skills needed for implementation of a system of care philosophy. Illback and colleagues[6] describe a process in Kentucky in which a state level interagency council worked to "assess the scope and focus of current provider training, develop strategies for integrating and coordinating initiatives, and formulate a plan to demonstrate coordination and integration of training in pilot regions" (p. 148). In the early childhood arena, Cantrell[1] describes a method of cross training that includes bringing together administrators from various service components to educate each other about their activities.

Other ways that leaders in the policy and funding context can be supportive of skill development needed by ISP team members involve using their ability to make policy and control resources through contract language. The lead organization may have the responsibility to train and supervise people in these key roles; however, it is the policies and rules set at the system level that makes it feasible for this to happen. Leaders within the policy and funding context have the ability to develop contracts and administrative rules that reflect an understanding of the need to retain and continually upgrade the skills of people in specialized team roles. Further, policies and contracts can set the standard for compensation, promotion and workload levels. Without some conceptual support from the system level, it is very difficult for administrators in the lead agency to maintain a commitment to people in key roles on the ISP team, given competing demands and financial pressures.

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Chapter 6: Necessary Conditions: Acquiring Services and Supports

Acquiring services/supports: Team level

Acquiring services/supports: Organizational level

Acquiring services/supports: Policy and funding context (system level)

References

Chapter 6: Necessary Conditions: Acquiring Services and Supports

This chapter continues 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 fourth row of figure 1, and are related the need for access to services and supports as called for in ISP plans.

The chapter begins with a discussion of the team-level need to identify, access, and/or tailor services and supports as called for in the ISP plan. The chapter goes on to discuss the conditions that need to be in place at the organizational level to support team members' efforts to acquire these services and supports. Finally, the chapter discusses the conditions that must be in place in the policy and funding context (system level) in order to support access to, and development of, effective services and supports consistent with the ISP practice model.

Acquiring services/supports: Team level

i. Team is aware of a wide array of services and supports and their effectiveness.

One of the main functions of the ISP team is to match the family's identified needs to available services and supports. In order to perform this sort of matching effectively, teams will need to know what services and supports are available and how to access them. Teams will also need to know something about the effectiveness of various types of services and supports, as well as the characteristics of providers who are most likely to be helpful in meeting an identified need.

Our interviewees often commented on how difficult it is to be aware of all possible services and supports, formal and community, that might be available to a team. Team members, of course, bring their own specific knowledge to bear on this issue, though a given team member's knowledge is usually most detailed with regard to the services or supports offered by his or her home organization or agency. Since teams tend to be numerically dominated by professional members, this means that teams have greatest knowledge about professional, agency-based resources. Teams are often not knowledgeable about publicly funded services provided by agencies or organizations not represented on the team, particularly school-based resources. Interviewees also pointed out that it can be very difficult to be up to date with information about community resources, and several said it could be of great benefit to teams to have a resource developer, or other expert in available services and supports, as a member. Many team members cited the need for additional organizational support in this area (See the next section of this chapter).

However, even where services or supports are available, there is no guarantee that they will be of high quality. The team's ability to achieve its goals is enhanced when the team can judge services or providers, using available information to decide which is most likely to contribute effectively to positive outcomes. For example, a number

of the teams we observed employed "mentors"; however a majority of these "mentoring" relationships appeared to be of short duration, and in several instances there was marked team dissatisfaction with the mentors' behavior. Research on mentoring has identified key attributes of effective mentors and successful mentoring relationships. One key element of a successful relationship is the length of time it endures, and in fact, short-term relationships may actually harm youth.[15] Best practices for selecting and training mentors have also been identified.[14] It seems likely that teams with information about the effectiveness of mentoring will be prepared to select from among available programs, or even individual mentors, to find one which is most likely to meet an identified need. Alternatively, learning that no qualified mentors or high-quality mentoring programs are available, the team might turn to an alternate strategy.

Virtually all the teams we observed purchased child psychotherapy services. Given the lack of evidence for the effectiveness of psychotherapy for children and adolescents in community settings,[38-40] teams are well advised to be critical consumers of such services, rather than continuing in an uncritical way with whatever provider or whatever approach is available. Teams that are aware of the evidence base for treatments for various disorders[6,36] will be better able to undertake such decisions, as will teams who are clear about the goals for therapy and the indicators for measuring progress towards those goals. A well-informed team might, for example, gather data on a youth's perception of therapeutic alliance, and use this information in decisions regarding whether or not to continue with the service and/or the provider. Another team might specify that the goal of therapy is to help the youth learn ways to decrease the number of conflicts he is involved in at home and school. The team would then monitor indicators of success related to that goal (perhaps by having family members and key teachers provide simple data). If therapy did not seem to be resulting in decreased conflict, the team could decide that a new therapist, or a new approach, might be needed.

ii. Team identifies and develops family-specific natural supports.

Including greater numbers of natural support people on ISP teams is an ongoing challenge. In trainings, and during interviews, we were often told that natural support people should outnumber professionals on the team, but this was almost never the case among the teams we observed. At the meetings we observed, there were no natural supports at all at just under sixty percent of the meetings, and only one natural support at 32% of the meetings. A total of seven meetings out of 72 had more than one natural support.* Natural supports were about equally likely to be extended family members or caregivers of other children with emotional or behavioral challenges;** and on only one occasion was there an attendee at a meeting who represented a

* These figures represent unpaid natural support people. If paid parent advocates are included in the count, then 47% of team meetings had no natural supports in attendance, 32 % had one natural support, fifteen percent had two natural supports, and four teams had three or more.

** This heavy reliance on other caregivers to children with emotional and behavioral disorders as natural supports—often the sole natural support—on ISP teams is troubling, as these are often single-parent families that are already highly stressed.

community organization or institution (club, church, sports). We have heard anecdotally of communities where levels of natural support participation on ISP teams are higher, though we have not been able to verify this formally. Additionally, several people have suggested that participation of informal supports on teams is higher in rural areas.

Facilitators, administrators and families point to a variety of challenges in identifying, recruiting, and retaining natural supports on teams. Many of our interviewees pointed out that families whose children have emotional or behavioral disorders tend to be socially isolated. Families often feel that friends and even extended family members blame them for their children's difficulties, and that this blaming attitude causes rifts in relationships and decreases available support. Even in the absence of blaming, families said that they felt that their sources of support had been burned out due to the high level of family needs and frequent crises. Another key barrier is family reluctance to have potential natural supports at team meetings where many sensitive topics are discussed. Families do not necessarily want their neighbors or even extended family members to know details of their difficulties. Families also expressed reluctance to burden support people by asking them to meetings, and support people were often discouraged from attending meetings by work schedules and difficulties with child care and transportation. Finally, there were a number of family members who commented that teams that do attract natural supports may be at a loss as to how to use them effectively. Especially in teams that are dominated by professionals' perspectives and goals, family members and natural supports can be marginalized.

Some teams have had good success identifying natural supports, and usually this began with a structured process to help the family think about people that could be invited to join the team. Several sites have developed aids—interview prompts or charts, for example—to help in this process. Other sites use trained parent advocates to help families identify the people in the community who are most connected to the family, educate them about the team process, and invite them to the team meeting. This is done prior to the first team meeting so the natural supports are involved from the beginning of the ISP process. Teams can also schedule meetings at times and places most convenient for natural support people, and can be attentive to encouraging them to participate in team discussions and decision making. In many communities, teams can request funds to help natural support people get transportation and child care.

If the goal of 50% natural support membership on teams is to be realized, however, it is likely that a more comprehensive set of strategies will have to be developed to support team efforts in this area. The agency support for team efforts (next sections) is also crucial.

iii. Team designs and tailors services based on families' expressed needs.

A critical aspect of developing an ISP plan is listening carefully to the family's expressions of its needs and then individualizing a response by creating or modifying services traditional and/or community services that meet those needs. Our observational data suggest that teams are not very successful in individualizing plans to a significant extent. Teams did show a willingness to make small modifications—in

scheduling or meeting place, for example—to services if the family requested this. We saw services being "tweaked" in this way in 88% of the meetings we observed. In about a third of meetings, services were added or dropped as requested in the team plan. In these ways, teams did appear able to respond to family preference. Fifteen percent of teams purchased community services for the family (e.g. membership at the YMCA), but only 6% of teams tailored the community service or provided support to the family to help ensure that the community experience would be successful. For example, when supported by a paid or unpaid mentor, a child may be able to participate successfully in activities at a community center. Or when a martial arts teacher is aware of a child's particular behavior challenges, the teacher can help the child recognize inappropriate behavior and encourage him to use agreed-upon self-talk or self-calming procedures. At 14% of meetings we observed, there was evidence that the team was using flexible funds or other monies to purchase supplies or services to meet the family's unique needs.

Our observational data also showed that teams only very rarely spent time considering alternatives when deciding on strategies for meeting a need. Combined with the tendency to rely on "off the shelf" services, this strongly suggests that teams have a need for increased capacity for creativity in designing and tailoring services and supports. Team process that stresses creativity-enhancing strategies during decision making (Chapter 3) may be an essential ingredient in creating truly individualized plans. The apparent lack of individualization of plans may also be caused by insufficient support for the family's perspective during the planning process. This seems a reasonable hypothesis, given that: providers numerically dominate teams, there are few natural supports in attendance at meetings, and teams tend to lack a repertoire of concrete strategies for eliciting or reinforcing the family's input into discussion and decision making. A strong practice model may help to remedy some of these concerns (Chapter 3).

Acquiring services/supports: Organizational level

i. Lead agency has clear policies and makes timely decisions regarding the funding for costs required to meet families' unique needs.

In order to function effectively, teams need to quickly get the funding they need to pay for services or supports that are unique to the needs of an individual child or family.[5,8,21,26] These unique costs may include special equipment, non-traditional services, services or supports from a new provider, or services that are specific to the child's cultural heritage. Most frequently, these funds come from a pool of money designated as *flexible funds*. Given the increased emphasis placed on the availability of flexible funds, it is surprising that little has been written about the need for clear organizational polices and procedures regarding access to these funds.[10] Organizational procedures should encourage the purchase of the most effective services/supports and those preferred by families rather than any one categorical service.

Dollard and colleagues[10] noted three important factors in the successful use of flexible funds in the two programs they studied: 1) the ready availability of funds, 2) the dissemination of funds at the local team level, and 3) accountability for funds at the

local team level. In our interviews, facilitators reported that they are best supported when teams are trusted to make all but the most unusual purchases on their own authority. In one organization, facilitators were given an average amount of flexible funds that they could use per family in their caseload. They were free to use more for one family and less for another as long as the average was maintained. Team members also reported that it is helpful when organizational leadership has a clear philosophy about the use of flexible funds and there is a commonly shared understanding about what sorts of unique costs are legitimate to fund from this source. Dollard and colleagues[10] stated that an important policy for program managers to develop is "identifying the broad general uses for which money can be used" (p. 124). A number of our interviewees pointed out that it is also helpful if there is a shared understanding about the distinction between "enabling" and supporting families. Several administrators we talked to said that this distinction is not an easy one to articulate and is usually based more on experience and gut feeling than on a written policy.

To add further complexity, the organization's policies and procedures need to anticipate potential community concerns about certain types of expenditures. For example, in one setting, a limit was placed on the amount of flexible funds that could be used for recreational expenses per family. This was in direct response to administrative concerns over how the community might view use of flexible funds. In this case, organizational leadership was able to proactively anticipate public pressure and take steps to buffer team members from external criticism. In other cases, organizational leadership has been able to recognize the risk involved in using flexible funds to purchase unusual services and has prepared the community in advance for these uses.

ii. Lead agency encourages teams to develop plans based on child/family needs and strengths, rather than service fads or financial pressures.

The lead agency plays an important role in helping teams access services and supports called for in the ISP plan, and for helping to develop new services and supports when needed to meet the unique needs of a family and child.[5,27,34,37] Eber [11] notes the importance of monitoring how services and supports are developed so that "availability of specific services does not dictate wraparound planning" (p. 147). A support that works well for one or two children may inadvertently become a new categorical approach. Another threat to optimal team functioning is the normal pressures toward survival that exist within agencies and within service systems. An example of such a pressure is the subtle expectation to overpurchase certain formal services that are in plentiful supply. Sometimes team members have to face pressure from their own employer to make sure that certain programs are filled to capacity. Workers in this case may feel some need to refer children in order to make sure that the service continues to exist. Similar pressures can occur within the service system when a service provided by another agency is threatened with cuts. Pressure also occurs when a new service becomes available and workers and families see it as *the* solution to a variety of problems (e.g. mentoring). These pressures or incentives are often not recognized within the team even though they may exert a powerful influence over the shape of the ISP plan.

Team members need to be as free as possible from these pressures and incentives so that recommendations for services are based on the child and family's preferences

and needs, not organizational requirements. This buffer can be provided by a supervisor or agency administrator who is alert to the dampening effect that these pressures can have on team decisions.

The lead agency can also work in a more proactive manner to anticipate increased demands for types of services that ISP teams tend to favor. In the meetings we observed, mentoring and respite were two services most often desired by families and also often insufficiently available. In several cases, lead agencies were working with partner agencies (developmental disabilities or child welfare) to increase the supply of licensed respite homes. Lead agencies could also work with community and partner agencies to develop mentoring programs that mesh with the needs and goals of ISP.

iii. Lead agency demonstrates its commitment to developing culturally competent community and natural services and supports.

Given the diversity of the families served through ISP, it is important that the lead agency makes a commitment to cultural competence in the services and supports provided. In addition to having an overall plan to develop agency cultural competence, the lead agency needs to develop a specific plan for increasing the cultural competence of ISP teams, including opportunities for team facilitators and other team members to develop knowledge and understanding of the history and resources of the communities of color that exist within their geographic area.[19,31] The development of such a plan is most frequently done through an inclusive planning process that allows families from diverse backgrounds to participate in identifying services and supports appropriate to their situation. Community leaders, providers of culturally specific services, and representatives from resources that serve diverse communities should also be consulted in developing this plan.[3] In addition to a plan for supporting cultural competence in the ISP process, the lead agency can also demonstrate its commitment by hiring people connected to diverse communities to fill special roles on the team.[9] Roles such as family advocate or resource developer benefit from a history of living and working in the community, having strong ties with community leaders, and speaking the languages most often used by community members.

iv. Lead agency demonstrates supports teams in effectively including community and natural supports.

For the most part, community resources that are supportive of families and children with emotional disorders are hard to find, although Hernandez and colleagues[16] report that communities following system of care principals are more likely to have sources of informal support available. Team facilitators and the lead agency have to make a conscious effort to build capacity to develop needed community services and to make sure these services are connected to diverse cultural groups. Although still unusual, some organizations now employ staff to develop community supports that are appropriate for children with emotional or behavioral difficulties, while others assign this task to an existing staff member.[8] In one setting that we studied, the community resource developer worked closely with the parent advocates to identify needed resources. In another, the position of family resource developer integrated the functions of developing community resources with family support and advocacy. Examples of community supports that might be developed or modified include recreational opportunities, skill-building options related to employment, or supported peer activities

such as church youth groups or Boy Scouts/Girl Scouts. Such positions are tangible evidence of the organization's commitment to developing community opportunities and tailoring them so that the opportunities are truly available to teams.

In those service systems where community supports and natural networks are valued and nurtured, a greater degree of cultural competence can be achieved because of the input from community members and the influence of community norms.[3] The lead agency can support these efforts by encouraging team members to increase their knowledge of diverse resources within the community, particularly those that support children and families from diverse cultural backgrounds. Knowledge of resources in communities of color is particularly important for team members with specialized roles (e.g. family advocate, resource developer) because they often assume the role of cultural specialist and can apply the knowledge to the ISP process.

Supervisors should be knowledgeable about specific strategies for increasing the use of community resources and natural supports. Supervisors can help teams develop specific skills for inviting people from community organizations to ISP meetings, and for including them in decision making. Our interviewees often noted a lack of real local examples of the effective inclusion of community and natural supports on teams. Supervisors can provide opportunities for team members with special roles—parent advocates, resource developers, care coordinators—to meet and work collaboratively to share examples of novel ways to increase the availability of, or access to, supports in the surrounding community.

v. Lead agency demonstrates its commitment to developing an array of effective providers.

Effective providers are those who adhere to evidence-based approaches, who conform to best practices, or who demonstrate their impact on important outcomes through other means. Effective providers can provide formal services such as therapy or substance abuse treatment, or non-traditional supports such as tundra walking or sweat ceremonies, or community services such as mentoring or recreation. Although less research is available for non-traditional and community services, an evidence base has been established for many services and supports, [7,17,20,24] and best practices have been proposed for many others. While it is the responsibility of the team facilitators to know the array and quality of services available, it is the role of the ISP program manager and supervisor and other administrators of the lead agency to promote the development of high quality, evidence-based programs within the community.[31] The availability of services that are grounded in theory and have demonstrated an acceptable level of effectiveness is critical if teams are to be able to help families and youth think about what would be helpful in their situation. At the same time, it is important to avoid limiting the team's creativity in order to use only proven interventions.[33] While most communities cannot afford a vast array of services and providers, some amount of choice is important to the family's ability to feel that their needs are being considered. Teams that are limited to a few unproven approaches to treatment or one unsatisfactory provider will find it difficult to construct plans that are creative or responsive to family preference. Even the most effective provider may not appeal to all families because of differences in religion, culture or family lifestyle.

Acquiring services/supports: Policy and funding context (system level)

i. Policy and funding context grants autonomy and incentives to develop effective services and support consistent with the ISP practice model.

The ability to evolve a service system with a broad array of formal and informal services seems to depend on both support from the top (policy and funding context) as well as creativity and energy from the bottom (provider and team level). [25,31] It is apparent from our interviews that the leaders from the policy and funding context are in the best position to provide incentives (such as more resources) to develop the services that are consistent with the ISP practice model, especially services that are community based rather than those that employ out-of-community strategies. At the same time, many providers maintain that they could develop formal and informal services consistent with family and community needs and ISP philosophy if system level constraints were reduced and incentives increased.[27] For example, in one community, the lead agency developed a list of providers who showed the greatest willingness to collaborate with team ISP. Some providers proved to be more collaborative than others and because of this, more often received referrals. State and system level officials allowed the local community to shape its system of care in this manner.

The policy and funding context plays an important role in recognizing and rewarding effective services and those that are include evidence-based practices. Fiscal incentives can also be constructed so that programs and/or providers are rewarded for cooperating to meet a family's needs and for developing community and natural supports that achieve good outcomes. In a number of communities, the money saved by keeping children out of institutions is kept in the community and redirected to local services.[23,29] In other communities, managed care contracts are being written with specific requirements for elements like family involvement and the use of natural supports, thus making tangible the commitment to ISP.[32] Similarly, contracts can be written to take into account the costs associated with training and supervising providers in the ISP practice model.

ii. Policy and funding context supports fiscal policies that allow the flexibility needed by ISP teams.

ISP teams thrive in a funding context that supports flexible fiscal policies. Leaders in the funding and policy context are responding to this need by experimenting with a variety of strategies to increase flexibility. The two most commonly employed seem to be blended funding and flexible funding pools.[28] Dollard[10] proposes that the concept of flexible funds can be applied at both the macro (policy and funding context) and micro (individual team) levels. At the macro level, flexible fiscal policies suggest merging resources from several different sources into one funding stream. Blending funds across service areas often results in the removal of rigid eligibility criteria (e.g. income level), increases access to services and can be a major support to effective team functioning wherever it occurs. This may be facilitated by leaders within the

policy and funding context who give authority to provider agencies to blend funds as needed without excessive oversight. Supportive policy makers are active in encouraging and rewarding programs and policies that support non-categorical funding strategies. They may also advocate at the federal and state level for funding streams that can be blended. In addition to blending funds whenever possible, the policy and funding context can be instrumental in incorporating supports and services commonly used by ISP teams into the existing fee structures.[32] In some states, the work of parent advocates and other family support services has been incorporated into the fee structure. In other communities, team facilitation is recognized as a "medically necessary" service. In general, many of our interviewees felt that the advent of managed care had made the incorporation of these less traditional services into the fee system more difficult. The Health Care Reform Tracking Project partially confirms this perception, finding that managed care reforms resulted in more flexible, individualized services in those states with carve-out managed care designs and decidedly less flexible service arrays in those states with integrated managed care designs.[32]

The availability of flexible funds at the micro or team level, to meet the unique needs of the families and children, is another important component that requires the support of the policy and funding context.[21,26,27,37] Although often associated with blended funding, flexible funds can and do exist in individual agencies within communities where blended funding has not been implemented. The important aspect of flexible funds is that they are not tied to or ear-marked for any specific service or support.[4,30] Rather they can be accessed to meet needs identified in the team plan for which there is no developed service or support available or when the available services are not acceptable to the family. Agencies working with ISP teams need the support of leaders from the policy and funding context who understand how important these flexible funds are and who help to educate other policy level stakeholders about their use.

iii. Policy and funding context actively supports family and youth involvement in decision making.

Inclusion of family voice at all levels is a key principle of the ISP philosophy; however, involvement of family and youth on teams seems to occur most consistently. Involvement of families and youth in agency level decisions or in discussion of policy and funding issues requires dedication, effort and may pose significant challenges.[12,18,22] Several examples are available in which involving families in the design of policies and programs or supporting their leadership of the process has led to more family centered and flexible services and supports.[1,2,13,35] It appears to be particularly important to ask for family member and youth input into the way that services are structured and delivered and deliberate with them about these decisions. The inclusion of families and youth on decision-making bodies within the larger funding and policy context supports efforts at the organizational and team levels [12] and also serves to publicly recognize the resources and time needed to make this collaboration effective.[22]

The challenges that agencies face when including family and youth on major decision-making bodies can be mediated by strong and public support from leaders at the policy level, particularly if agencies are recognized and rewarded for doing a good job

in this arena. The culture of the professional is far different from that of families, and strategies for closing this divide are still in their infancy.[22] Little research has been done on the impact of family and youth input, however, one of the key recommendations for achieving financial sustainability is the inclusion of key players, such as parents, on decision-making bodies.[23]

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Chapter 7:
Necessary Conditions: Accountability

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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 Form[3] 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.

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Chapter 8: Assessing Implementation and Prioritizing Actions

Chapter 8: Assessing Implementation and Prioritizing Actions

This chapter addresses the question of how the framework of necessary conditions can be put to practical use to improve the quality of ISP implementation. This chapter introduces a series of assessments that were developed alongside the conceptual framework. The assessments—for team process, organizational support, and policy and funding (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 a rating or ranking of the implementation, or to measure change over time. Rather, they are intended for use in discussions of the strengths of the implementation, as well as to help clarify and prioritize areas for further development. The assessments are included in the concluding sections of this chapter.

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 abundantly 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 provides a means for pushing accountability upward as well as downward. Used in the way that we envision, the assessment of organizational support and the assessment of policy and funding context 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, rather than being two separate sorts of accountability, a balance of upward and downward accountability actually builds a culture of mutual accountability that encourages focused problem solving over defensive blaming.

Assessment at the team level

The team-level assessment is called the Checklist for Indicators of Practice and Planning (ChIPP). The ChIPP provides a list of indicators for the team level conditions necessary for the implementation of high quality ISP. The indicators are scored as "yes" when specific sorts of team behaviors or products are present during team meetings. If the

* We also envision that the team level assessment could be put to good use to encourage horizontal accountability, for example, when used as part of a process of peer coaching, or by teams as a form of self-assessment.

behaviors or products are not present, "no" is scored. Information on the reliability of an earlier version of the ChIPP can be found in Chapter 2.

Each indicator listed on the ChIPP is linked to one or more of the specific conditions laid out in Chapters 3-7 (these conditions are also listed in the first column of figure 1). Most of the indicators are linked to several conditions, reinforcing the idea that the elements of good practice in Individualized Service/Support Planning are densely interconnected. For example, the earlier chapters provided information about how a strong goal structure contributes not only to effective planning but also allows for higher levels of family voice, creativity, strengths orientation, and team collaborativeness.

The ChIPP is intended to be used either as a self-assessment or as an observational tool for supervision or peer coaching. It is not expected that all indicators would be present at every meeting. It is expected, however, that over a series of meetings a team would demonstrate a repertoire of skills consistent with a spectrum of the listed indicators. Similarly, across teams within a program, it would be expected that the full range of indicators would be seen. Consistent gaps would suggest that the practice model does not provide sufficient guidance to teams in particular areas.

As noted previously, the ChIPP, like the other assessments in this chapter, is not intended to provide an absolute rating or "grade" to teams or meetings. Instead, the ChIPP is based on the idea that when team members have a clear understanding of the conditions for successful ISP teamwork, they can make intentional, well-grounded decisions about when and why to apply the appropriate skills, techniques, and/or processes from the practice model. In making such decisions, team members are developing their metacognitive capacities as described in Chapter 4. Similarly, at the program level, the ChIPP provides a means for structuring discussions about the adequacy of the practice model. Where decisions are made to disregard some of the indicators in the ChIPP, or to substitute locally-derived indicators for indicators on the checklist, these decisions are made intentionally, again encouraging well-grounded thinking about what sorts of skills, techniques, and processes are important in the local context, and how they can be recognized in practice. Teams or programs wishing to use the ChIPP should contact the authors for further supporting documentation.

Assessment of organizational supports

The Assessment of Organizational Supports (AOS) for ISP uses a different assessment strategy than the ChIPP. The AOS assesses the necessary conditions at the organizational level from the perspective of team members looking "upward". Each section of the AOS focuses on one of the conditions listed at the organizational level in Chapters 3-7. These same conditions appear in Figure 1 in the central column. For each condition, the AOS lists a series of features that index the extent to which the condition is in place. Individuals completing the AOS provide two ratings for each feature. The respondent is asked to rate the extent to which the feature is in place, and the level of priority he or she assigns to improvement of this feature.

The AOS was designed to be completed by team members who participate on several teams, and who therefore have a sense of whether or not the features are consistently

in place. It is likely, however, that a given team member may not be able to fill out the entire assessment. It may well be the case that a respondent from a partner agency will not be aware of the level of supervision and support at the lead agency. Programs intending to use the AOS will therefore need to provide some instruction to respondents about which sections to fill out.

Similarly, it will be necessary for local decision makers to provide respondents with other instructions that are specific to the local context and local needs. Decision makers will need to clarify which agency or agencies respondents are to reference as they complete various sections of the assessment. For example, a facilitator in the lead agency may work with peers from many different partner agencies, and these partner agencies may offer different levels of support for their workers as team members. As the assessment is currently written, the facilitator would be asked to respond based on her general sense of the extent to which the required feature is in place across partner agencies. After data is gathered and fed back to programs, discussion on how to improve the implementation might focus on particular partner agencies with whom collaboration is problematic. Local decision makers could, however, ask facilitators to respond to the AOS by focusing on support available from one specific partner agency. Decision makers could also ask facilitators to fill out the portions of the assessment dealing with partner agencies several times, once for each key partner. In another example, team members from partner agencies might be asked to respond to the items on partner agency support with reference only to their own agency, or with reference to their general sense of whether or not the feature is in place across partner agencies that collaborate on ISP teams.

As is the case with the other assessments, the AOS is not intended to provide a rating or grade to agencies. Instead, the purpose of the AOS is to provide data that can help agencies clarify their understanding of the conditions that are necessary for local implementation, the extent to which these conditions are in place, and the priorities for action to improve implementation. Local decision makers may decide that, in their particular context, certain features are not good indices of a given condition, or even that certain conditions are not truly necessary. Discussions of such possibilities can help decision makers further develop their understanding of the goals and strategies for local implementation.

Assessment of the policy and funding context

Like the AOS, the Assessment of the Policy and Funding Context (APFC) for ISP uses an "upward" assessment strategy. Respondents to this system-level assessment might include managers, supervisors, and/or administrators in lead and partner agencies. Each section of this assessment focuses on one of the conditions listed at the system level (also called the policy and funding context) in Chapters 3-7. These same conditions appear in Figure 1 in the right hand column. For each condition, the APFC lists a series of features that index the extent to which the condition is in place. Individuals completing the assessment provide two ratings for each feature. The respondent is asked to rate the extent to which the feature is in place, and the level of priority she or he assigns to improvement of this feature.

The APFC recognizes that the policy and funding context will be different for each ISP program. Local decision makers will thus have to provide instructions to respondents about which levels and/or which parts of the policy and funding context they should think about when filling out the various sections of the assessment. In a manner similar to that described for the AOS, decision makers may also decide to tailor the APFC to reflect local goals and priorities for implementation.

Once again, this assessment is not intended to provide a rating or grade to individuals or groups in the policy and funding context. Data collected via the assessment provides input into decision making for improving local implementation.

Mutual accountability

Taken as a group, the assessments provide a framework for developing mutual accountability within and across the various levels of implementation of ISP. Teams are held accountable for demonstrating practice consistent with high quality ISP. At the same time, lead agencies are accountable for providing a coherent and comprehensive practice model, and for providing sufficient ongoing professional support for facilitators. Similarly, partner agencies are held accountable for supporting their staff in their roles on ISP teams. Finally, managers in the policy and funding context are held accountable for providing a hospitable environment for ISP teams and programs. Ultimately, all of these stakeholders are accountable to the public, and to the children and families who are served through ISP programs.

Individualized Service/Support Planning Teams: Checklist for Indicators of Practice and Planning (ChIPP)

Walker, Koroloff & Schutte[1] identify a series of necessary conditions for high quality implementation of Individualized Service/Support Planning (ISP). Necessary conditions are identified at the team, organization, and system levels (The system level is also called the policy and funding context.) At each level, the necessary conditions are grouped into five themes: practice model, collaboration/partnerships, capacity building/staffing, acquiring services/supports, and accountability.

The ChIPP provides a list of indicators of the extent to which teams demonstrate, during team meetings, that these conditions are present in their work. Information on the reliability of an earlier version of the ChIPP can be found in Walker, et al.[1] The ChIPP is intended to be used either as a self assessment, or as an observational tool for supervision or peer coaching. It is not expected that all indicators will be present at every meeting. It is expected, however, that over a series of meetings a team will demonstrate a repertoire of skills consistent with a spectrum of the listed indicators.

Many of the indicators have both an "a" and a "b" level. The "a" level indicators provide a higher level of confidence that the condition is in place. The "a" level indicator is a sign that teams are intentionally meeting the condition by using a defined technique or structured process. In contrast, the "b" level indicators are a sign that the condition is *possibly* being met in a more informal manner. In some cases, particularly where teams are functioning well, "b" level practice may be sufficient to fully meet a given condition. Using practice at the "b" level, however, should be a conscious choice made by team facilitators, and practice at the "a" level is usually considered more likely to contribute to team effectiveness.

The necessary conditions for high quality implementation of ISP at the team level are listed below. The checklist links each of the indicators to one or more of these conditions as they appear in the outline below. Details on the conditions and rationale for the listed links is provided in Walker, et al.[1]

A. Practice model

i. Team adheres to a practice model that promotes team cohesiveness and high quality planning in a manner consistent with the value base of ISP.
   1. Team adheres to meeting structures, techniques, and procedures that support high quality planning,
   2. Team considers multiple alternatives before making decisions,
   3. Team adheres to procedures, techniques and/or structures that work to counteract power imbalances between and among providers and families,
   4. Team uses structures and techniques that lead all members to feel that their input is valued,
   5. Team builds agreement around plans despite differing priorities and diverging mandates,
   6. Team builds an appreciation of strengths, and
   7. Team planning reflects cultural competence.

B. Collaboration/Partnerships

i. Appropriate people, prepared to make decisions and commitments, attend meetings and participate collaboratively.

C. Capacity building/ Staffing

i. Team members capably perform their roles on the team.

D. 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 supports.
iii. Team designs and tailor services based on families' expressed needs.

E. Accountability

i. Team maintains documentation for continuous improvement and mutual accountability.

Individualized Service/Support Planning Teams: Checklist for Indicators of Process and Planning (ChIPP)

Definitions related to the practice indicators:

Mission: The purpose or long term goal for the team. (e.g. Michael will participate successfully in opportunities and activities that he chooses, and that will prepare him for a successful adulthood.)

Intermediate goals: The major strands of activity that the team undertakes in service of the mission. (e.g. Michael will get a job, and/or take training or classes to prepare him for employment.)

Measures of progress: Concrete indicators, selected by the team, used to measure progress towards each goal. (e.g. Michael is involved in work or educational activities 30 hours each week.)

Strategies: Method selected by the team to achieve an intermediate goal. (e.g. Michael will enroll in the community college program for web design.)

Action steps: Specific tasks to be carried out by team members to implement the strategies. (e.g. Michael and Marlon, his mentor, will complete the application prior to meeting with the community college admissions counselor on Thursday.)

Community experience: Opportunity to circulate in the community (e.g. go to a museum, attend a sporting event)

Community service: A class, course, or opportunity provided to the general community by a community organization (e.g. church youth group, soccer team, YMCA fitness)

Informal support: An unpaid individual undertakes specified activities with the family.

Note: Those interested in using the checklist should contact the authors for expanded definitions of the indicators.

	Indicator and description (Conditions indicated)	
1. Attendance	a. Key team members are present from start time to end of meeting. (A.i.1, B.i.)	Y N
	b. Key team members are present for sufficient portions of the meeting.	Y N
2. Agenda	a. Team generates a written agenda or outline for the meeting that provides an understanding of the overall purpose of the meeting as well as the purpose of the major sections of the meeting. (A.i.1)	Y N
	b. Team members share a strong implicit sense of the major sections of the meeting and the purpose of each section.	Y N
3. Meeting structure	a. Meeting follows an agenda or outline or clear implicit structure such that team members know the purpose of their activities at a given time. (A.i.1)	Y N
4. Team records	a. Team maintains a record of its work that is distributed to all members. (A.i.1)	Y N
5. Mission	a. Team discusses or has produced a mission. (A.i.1, B.i.)	Y N
6. Plan	a. Team creates/maintains a plan that guides its work. (A.i.1, A.i.3, A.i.5, A.i.7, B.i., E.i.)	Y N

7. Crisis Plan	a. Team has confirmed or is creating a crisis plan. (A.i.1)	Y N
8. Intermediate goals	a. Team plan contains specific intermediate goals. (A.i.1, A.i.3, A.i.5, B.i, E.i.)	Y N
	b. Planning provides evidence of a strong implicit goal structure.	Y N
9. Measures of progress	a. Intermediate goals are associated with concrete measures that can be used to assess progress toward, or achievement of, a goal. (A.i.1, A.i.2, D.i., E.i.)	Y N
	b. Team has a shared definition of a "good enough" outcome for specific activities.	Y N
10. Linkage	a. Tasks and strategies are explicitly linked to intermediate goals that the team has determined *prior* to discussion of tasks/strategies. (A.i.1)	Y N
	b. Strong implicit linkage of tasks to goal structure.	Y N
11. Create options	a. Team considers several different strategies for meeting a need or furthering a goal OR considers and prioritizes several different goals. (A.i.2, A.i.3, A.i.7, D.ii., D.iii.)	Y N
	b. Team considers options for tasks or action steps OR considers options for minor changes to services or supports.	Y N
12. Enhance creativity	a. Team uses structured process or procedure to generate options or choices.	Y N
13. Assign responsibility	a. Team explicitly assigns responsibility for action steps. (A.i.1, B.i., E.i.)	Y N
	b. Strong implicit understanding of who is responsible for action steps.	Y N
14. Monitor activity	a. Team conducts a systematic review of members' progress on assigned action steps.(A.i.1, B.i., E.i.)	Y N
	b. Team members report on activities relevant to the plan.	Y N
15. Evaluate strategies	a. Team assesses goals and strategies using measures of progress, and revises plan if necessary. (A.i.1, D.i.)	Y N
	b. Teams discusses adequacy of goals/activities with reference to outcomes.	Y N
16. Caregiver voice	a. Team uses specific techniques or processes to provide extra opportunities for caregivers to speak and offer opinions, especially during decision making. (A.i.3, A.i.6, A.i.7, D.ii., D.iii.)	Y N
	b. Caregiver speaks, or is invited to speak and/or offer opinions, on many occasions during the meeting, especially during decision making.	Y N
17. Youth voice	a. Team uses specific techniques or processes to provide extra opportunities for youth to speak and offer opinions, especially during decision making. (A.i.3, A.i.6, A.i.7, D.ii., D.iii.)	Y N
	b. Youth speaks, or is invited to speak and/or offer opinions, on many occasions during the meeting, especially during decision making.	Y N
18. Caregiver story	a. Caregiver is invited to speak in an open-ended way about current and past experiences and/or about hopes for the future. (A.i.3, A.i.6, A.i.7, D.ii., D.iii.)	Y N
19. Youth story	a. Youth is invited to speak in an open-ended way about current and past experiences and/or about hopes for the future.	Y N

	(A.i.3, A.i.6, A.i.7, D.ii., D.iii.)	
20. Caregiver Strengths	a. Team explicitly builds an understanding of how caregiver strengths contribute to the success of team mission or goals. (A.i.6, A.i.7)	Y N
	b. Team acknowledges or lists caregiver strengths.	Y N
21. Youth Strengths	a. Team explicitly builds an understanding of how youth strengths contribute to the success of team mission or goals. (A.i.6, A.i.7)	Y N
	b. Team acknowledges or lists youth strengths.	Y N
22. Inclusive process	a. Team provides multiple opportunities for community team members and natural support people to participate in significant areas of discussion and decision making. (A.i.3, A.i.4, A.i.7, D.ii., D.iii.)	Y N
	b. Team provides some role for community team members and natural support people.	Y N
23. Enhance equity	a. Team demonstrates awareness of how talking turns and quantity of speech is distributed across team members, and uses techniques or processes for enhancing equity in discussion and decision making. (A.i.4, A.i.5, B.i.)	Y N
	b. Talk is well distributed across team members and each team member makes an extended or important contribution.	Y N
24. Acknowledge input	a. Team explicitly recognizes each team member's input to a discussion or decision through verbal reflection or summary or written record. (A.i.4, A.i.5, B.i.)	Y N
	b. Team acknowledges each member's input at various points during the meeting.	Y N
25. Neutral facilitation	a. Facilitator focuses on process advocacy and rarely, if ever, evaluates input or decisions. (A.i.1, A.i.3, A.i.5, A.i.7)	Y N
	b. Facilitator reflection, summary, and process-oriented comments are much more prevalent than evaluative comments.	Y N
26. Collaboration	a. Team members demonstrate consistent willingness to compromise or explore further options when there is disagreement. (A.i.5, B.i.)	Y N
	b. Team members make decisions *after* having solicited information from several members or having discussed several options.	Y N
27. Decision process	a. Team adheres to an explicit process for making decisions. (A.i.1, B.i.)	Y N
	b. Strong implicit sense of process for decision making.	Y N
28. Successes	a. Team draws attention to and creates positive atmosphere around accomplishments or improvements. (A.i.6, B.i.)	Y N
	b. Team draws attention to improvements or accomplishments.	Y N
29. Responsive services	a. Formal services are significantly tailored as per team plan. (D.ii., D.iii.)	Y N
	b. Small changes to services are included in the plan.	Y N

30. Community experience	a. Team is facilitating access to community experience. (A.i.7, D.ii., D.iii.)	Y N
	b. Team discusses or is exploring access to community experience.	Y N
31. Community-based Service	a. Team is facilitating access to community-based service. (A.i.7, D.ii., D.iii.)	Y N
	b. Team discusses or is exploring access to community-based service.	Y N
32. Tailor Community Support	a. Team is facilitating the tailoring of community supports or services to meet unique needs of child and/or family. (A.i.7, D.ii., D.iii.)	Y N
	b. Team discusses or is exploring the tailoring of community supports or services.	Y N
33. Enhance Natural Support	a. Team is facilitating natural support activities for the child/family. (A.i.7, D.ii., D.iii.)	Y N
	b. Team discusses or is exploring natural support activities for the child/family.	Y N
34. Support Family	a. Planning includes action steps or goals for other family members, not just identified child. (D.ii, D.iii.)	Y N

1 Walker, J.S., Koroloff, N. and Schutte, K. (2003) *Implementing high-quality collaborative individualized service/support planning: Necessary conditions*, Research and Training Center on Family Support and Children's Mental Health.

Assessment of Organizational Supports for Individualized Service/Support Planning

This tool assesses the organizational support for Individualized Service/Support Planning (ISP) from the perspective of team members. It should be completed by team facilitators and other individuals who are on several teams sponsored by this agency (e.g. family advocate, child welfare worker assigned to this agency, teacher in a facility-based classroom).

This assessment is not intended to provide a rating or grade to agencies. Instead, the purpose of the assessment is to provide data that can help agencies clarify their understanding of the conditions that are necessary for local implementation, the extent to which these conditions are in place, and the priorities for action to improve implementation.

Lead agency is the organization which hires, trains and supervises team facilitators.

Partner agencies refer to all other organizations whose staff participate as team members.

For each feature, you are asked to rate two things:

1. The extent to which you believe this feature is in place to support your work. (Use the columns on the left to rate this.)
2. Your rating of whether working to put this feature in place should be a high, medium, or low priority for your agency. (Use the columns on the right to rate this.)

Practice model

i. The lead agency provides training, supervision, and support for a clearly-defined practice model. This section focuses on the extent to which the lead agency supports a clearly defined practice model for ISP. The practice model specifies the techniques, processes and structures that teams should use to ensure that planning will be effective as well as family centered, individualized, culturally competent, and strengths and community based. For example, the practice model would include specific skills and techniques for: resolving conflicts, increasing the input of families and informal supports into decision making, reinforcing family strengths, deriving goals that address the family's unique needs, etc.

This feature is currently…				**I rate the priority for improvement of this feature as…**		
In Place	Partially in Place	Not in Place	**Feature**	High	Med	Low
			1. Trainers, supervisors, and facilitators share a common understanding of the *specific techniques, processes and structures* that make up the ISP practice model.			
			2. Supervisors and trainers are experts in the specific techniques, processes and structures that make up the practice model.			
			3. On-going training, coaching, and/or supervision focus *in a structured way* on building the skills required by the practice model.			
			4. Supervisors incorporate first-hand information (e.g. direct observation, audio or video tapes) into supervisory sessions.			
			5. Facilitators receive sufficient training in the practice model, and have the opportunity to observe and/or co-facilitate teams before being asked to lead a team.			
			6. Other team members with special roles (parent advocate, resource developer) receive training and supervision that focuses in a structured way on the specific skills and techniques they need to carry out their roles in the practice model.			
			7. All team members receive orientation to the basic processes and structures in the practice model, and to their roles on the team.			

Practice model (continued)

ii. The lead agency demonstrates its commitment to the values of ISP. This section asks about the extent to which the lead agency is committed to the idea that services and supports should be individualized, family centered, and community based. It also asks about the extent to which the lead agency values the idea that interpersonal interactions—including those between and among staff—should be strengths-based, and should reflect respect for diverse cultures.

This feature is currently…				**I rate the priority for improvement of this feature as…**		
In Place	Partially in Place	Not in Place	**Feature**	High	Med	Low
			8. Managers in the lead agency (e.g. program director, executive director, financial officer) have a solid knowledge of the values of ISP and the ISP practice model.			
			9. Managers of the lead agency "walk the walk"—they work to infuse the values of ISP throughout the agency (e.g. by ensuring staff do not engage in family blaming when families are not present, by engaging the agency in ongoing efforts to increase cultural competence).			
			10. Managers in the lead agency model the ISP values in their interactions with agency staff, and expect that other staff members will do the same (e.g. that supervision will be strengths based, that staff respect each others' cultures).			
			11. Managers in the lead agency make an effort to inform and educate their peers at other agencies about the values of ISP and the basics of the practice model.			

Practice model (continued)

iii. Partner agencies support the core values underlying the team-based ISP process. This section asks about the extent to which people from partner agencies act in ways that indicate they are committed to the values of ISP. It also asks about whether partner agencies believe that ISP is an effective way to meet the needs of children and families. Partner agencies are agencies—other than the lead agency--whose staff participate on ISP teams.

This feature is currently…				**I rate the priority for improvement of this feature as…**		
In Place	Partially in Place	Not in Place	**Feature**	High	Med	Low
			12. ISP team members from partner agencies understand the basic elements of the ISP practice model and believe it is an effective way to support children and families.			
			13. Supervisors and managers in partner agencies understand the basic elements of the ISP practice model and believe it is an effective way to support children and families.			
			14. Partner agencies encourage and support staff members who participate on ISP teams in learning about the ISP practice model (e.g. agencies provide time and pay the costs of ISP training or orientation).			
			15. Supervisors and managers in partner agencies participate in workshops or training to learn about the ISP practice model.			

Collaboration/partnerships

i. Lead and partner agencies collaborate around the plan and the team. Because ISP teams work "between" agencies, they face special challenges. Most importantly, the team plan needs to be respected at each agency. If the team plan does not serve as the case plan for each participating agency, teams need assurance at least that various partner agencies will respect the goals and services/supports as decided by the team, and will not develop separate goals and plans that are inconsistent with or undermine the team plan or ISP values. Additionally, to prevent team members from getting overwhelmed, managers at the lead agency need to work with partner agencies to reduce and streamline unnecessary or redundant demands on team members.

This feature is currently…				**I rate the priority for improvement of this feature as…**		
In Place	Partially in Place	Not in Place	**Feature**	High	Med	Low
			16. A family's ISP team plan serves as a basis for service/support planning at the lead and partner agencies (i.e. other plans which may be maintained at partner agencies are the same as--or at least consistent with--the goals and strategies expressed in the ISP plan).			
			17. Lead and partner agencies work to develop a common format for plans so that the team plan can serve as the case plan for each agency to the greatest extent possible.			
			18. Lead and partner agencies work to reduce inefficient or redundant requirements for paperwork and rules (e.g. developing common consent forms, reducing redundant documentation of needs, etc.)			
			19. Lead and partner agencies work together to develop mechanisms for sharing non-confidential information (e.g. information on all services received by a family, up-to-date information about types of assistance offered by various agencies).			

Collaboration/partnerships (continued)

ii. Lead agencies support team efforts to get necessary members to attend meetings and participate collaboratively. Lead agencies need to do what they can to ensure that important team members from their own agency and from partner agencies are encouraged to attend team meetings. The lead agency also needs to help people from partner agencies understand that collaboration requires that they will be open-minded about how to satisfy mandates and about what goals the team should pursue.

This feature is currently…				**I rate the priority for improvement of this feature as…**		
In Place	Partially in Place	Not in Place	**Feature**	High	Med	Low
			20. Supervisors and managers in the lead agency encourage all their own staff who need to be on ISP teams to attend meetings and be active on the team.			
			21. Supervisors and managers in the lead agency support all their own staff who are members of ISP teams by flexing their work time so that they can attend ISP meetings or complete other team tasks during off-hours.			
			22. The lead agency gives its staff authority to make decisions during team meetings about access to services and funding at the lead agency.			
			23. Managers in the lead agency support team efforts to get necessary people from partner agencies to join teams and attend regularly.			
			24. When team members from partner agencies who are needed don't attend meetings, managers from the lead agency will work with the partner agency to find a solution.			
			25. When a team member from a partner agency is not being reasonably open-minded or flexible with mandates, managers from the lead agency will work with the partner agency to find a solution.			

Collaboration/partnerships (continued)

iii. Partner agencies support their staff as team members and empower them to make decisions. This section asks about whether or not the partner agencies encourage their workers to attend team meetings and allow them to make meaningful decisions during the meetings. It also asks about whether partner agencies encourage their workers to be open-minded in finding ways to satisfy mandates, determining goals, and seeking solutions.

This feature is currently…				**I rate the priority for improvement of this feature as…**		
In Place	Partially in Place	Not in Place	**Feature**	High	Med	Low
			26. Partner agencies demonstrate willingness to be flexible about their regular procedures to support the needs of the ISP process.			
			27. Partner agencies demonstrate willingness to be reasonably open-minded and flexible around how to satisfy mandates.			
			28. Team members from partner agencies get support from their agencies for attending meetings and being an active part of the team.			
			29. Partner agencies allow staff to flex their time so they can attend ISP meetings during off hours.			
			30. Partner agencies give their staff authority to make decisions during team meetings about access to services and funding at the partner agency.			
			31. Partner agencies recognize that being a member of an ISP team requires a time commitment beyond attendance at ISP meetings.			

Capacity building/staffing

i. Lead and partner agencies provide working conditions that enable high quality work and reduce burnout. This section asks about the whether the agency that hires, trains and supervises team facilitators acts in ways that shows it values and rewards the special skills that team facilitators need. This section also asks whether or not the partner agencies and the agencies which hire and pay other team members with special roles (e.g. family advocate, resource developer, care coordinator) also demonstrate that they value the skills that these people bring to teamwork.

This feature is currently…				**I rate the priority for improvement of this feature as…**		
In Place	Partially in Place	Not in Place	**Feature**	High	Med	Low
			32. The lead agency has set a reasonable benchmark for facilitators' team workload (number of teams that a facilitator is involved with) and sticks to that benchmark.			
			33. Agencies set and stick to benchmarks for the team workload of other team members with special roles (family advocate, resource developer, care coordinator if not also the facilitator).			
			34. Higher pay and promotion opportunities are available to facilitators as they increase their capacity in the special skills needed to implement the ISP practice model.			
			35. People who act as professional parent partners or parent advocates receive compensation which reflects their value in the ISP process.			
			36. Partner agencies value and reward the skills gained by staff who participate on ISP teams.			

Acquiring services/supports

i. The lead agency has clear policies and makes timely decisions regarding funding for costs required to meet families' unique needs. This section asks about whether teams are able to quickly get the funding they need to pay for costs required to meet families' unique needs (special equipment, non-traditional, or non-categorical services and supports, etc.) as called for by the ISP plan. Most frequently, but not always, these funds come from a pool of money specifically designated as "flexible funds"; however, your agency may provide access to funding for the special needs of a team plan through other channels.

This feature is currently…				**I rate the priority for improvement of this feature as…**		
In Place	Partially in Place	Not in Place	**Feature**	High	Med	Low
			37. Funds to pay for costs required to meet families' unique needs (special equipment, non-traditional, and/or non-categorical services or supports, etc.) are readily available to teams who require them for the ISP plan.			
			38. The procedure for requesting funds for unique costs is clear and followed by everyone in the agency.			
			39. Within specified limits, facilitators have the authority to immediately approve expenditures for unique costs.			
			40. Team members and lead agency managers share a common understanding regarding which sorts of unique costs are legitimate to fund under and ISP plan.			
			41. Managers in the lead agency are aware of potential community concerns about paying for unusual services or items, and they take steps to buffer facilitators from that reaction.			

Acquiring services/supports (continued)

ii. The lead agency encourages teams to develop plans based on child/family needs and strengths, rather than service fads or financial pressures. This section asks whether the lead agency helps teams get services and supports that are called for in the ISP plan. It also asks whether the lead agency works to develop new services and supports when teams request them.

This feature is currently…				**I rate the priority for improvement of this feature as…**		
In Place	Partially in Place	Not in Place	**Feature**	High	Med	Low
			42. The lead agency expects that teams will develop ISP plans that are directly related to the family's needs and preferences.			
			43. The lead agency buffers teams from pressures within the lead agency (e.g. service providers whose caseloads are not full, lack of providers for desired service) that might otherwise shape the services called for in the plan.			
			44. The lead agency buffers teams from pressures within the services system (e.g. over- or under-supply of certain services, relative costs of desired services) that might otherwise shape the services called for in the plan.			
			45. Team members are encouraged and given support to locate and/or individualize services and supports when called for by an ISP plan.			
			46. The lead agency works strategically to respond to emerging needs for services and supports that tend to be identified by ISP teams (e.g. mentoring, respite, behavior support, community-based recreation).			

Acquiring services/supports (continued)

iii. The lead agency demonstrates its commitment to developing culturally competent services and supports. This section asks whether the lead agency acts in ways that show it is committed to developing cultural competence, and to helping teams provide culturally competent services and supports.

This feature is currently…			**Feature**	**I rate the priority for improvement of this feature as…**		
In Place	Partially in Place	Not in Place		High	Med	Low
			47. The lead agency has initiated an inclusive process for identifying the service and support needs of diverse families receiving ISP services.			
			48. The lead agency has a specific plan, developed through an inclusive process, for increasing cultural competence in the work of its ISP teams.			
			49. When hiring people who will perform special roles on teams (facilitators, family advocates, care coordinators), the lead agency places an emphasis on finding people who are connected to the community (e.g. have history living or working in the community, have many community ties, represent the diversity and/or speak the languages of the community).			

Acquiring services/supports (continued)

iv. The lead agency supports teams in effectively including community and natural supports. This section asks about whether or not the lead agency supports teams in attracting and maintaining community and natural supports.

This feature is currently…			Feature	I rate the priority for improvement of this feature as…		
In Place	Partially in Place	Not in Place		High	Med	Low
			50. The lead agency encourages team members with special roles (resource developers, care coordinators, family advocates) to increase their knowledge of diverse resources within the community, and to apply this knowledge in the ISP process.			
			51. The lead agency has dedicated resources to developing new community supports or adapting existing ones.			
			52. Supervisors are knowledgeable about specific strategies for increasing the participation of community and natural supports in the ISP process.			

Acquiring services/supports (continued)

v. The lead agency demonstrates its commitment to developing an array of effective providers. This section asks whether the lead agency acts in ways that show it is committed to ensuring that the services and supports available for ISP teams are of the highest available quality. Effective providers are those who adhere to evidence-based approaches, who conform to best practices, and/or who demonstrate effectiveness through other means. Effective providers can provide formal (psychotherapy, substance abuse treatment), non-traditional (tundra walking), or community services (mentoring, recreation, behavior support).

This feature is currently…			**Feature**	**I rate the priority for improvement of this feature as…**		
In Place	Partially in Place	Not in Place		High	Med	Low
			53. The lead agency has knowledge about effectiveness considerations across a range of services and supports.			
			54. The lead agency obtains accurate information about the effectiveness of available services and supports, and makes this information available to its staff and to teams.			
			55. If the team or family feels that a provider is not working effectively with the family, the lead agency supports the team in finding another provider.			
			56. The lead agency actively encourages local providers to increase their effectiveness (e.g. by adopting best practices or evidence-based approaches).			

Accountability

i. The lead agency monitors adherence to the practice model, implementation of plans, and cost and effectiveness. This section asks whether the lead agency collects information to make sure that teams are using the ISP practice model, and to document how children and families are doing.

This feature is currently…			Feature	I rate the priority for improvement of this feature as…		
In Place	Partially in Place	Not in Place		High	Med	Low
			57. The lead agency performs quality management studies or program evaluation to see if teams are successfully implementing the ISP values and practice model.			
			58. The lead agency ensures that supervision for facilitators incorporates data on the extent to which the facilitators' teams are adhering to the ISP values and practice model.			
			59. The lead agency has a mechanism for monitoring whether supervision focuses in a structured way on building skills required by the ISP practice model.			
			60. The degree to which ISP plans are implemented is considered an important outcome by the lead agency.			
			61. The lead agency keeps accurate records of the costs associated with teams' plans and the ISP program.			
			62. The lead agency monitors data on the outcomes associated with ISP teams and uses this data in programmatic decisions.			
			63. In addition to outcomes related to child functioning, the lead agency values outcomes associated with the family (e.g. family satisfaction, caregiver burden).			

Assessment of the Policy and Funding Context for Individualized Service/Support Planning

(Sometimes referred to as the "system context")

The purpose of this checklist is to provide a structured way to assess the policy and funding context that surrounds Individualized Service/Support Planning teams (ISP teams) and the lead agency that houses these teams. This assessment is to be completed by individuals responsible for managing the ISP program in your agency. This might include individuals who supervise team facilitators, as well as program managers and administrators of the agency or agencies that are primarily responsible for implementing ISP.

This assessment is not intended to provide a rating or grade to people or agencies in the policy and funding context. Instead, the purpose of the assessment is to provide data that can help stakeholders clarify their understanding of the conditions that are necessary for local implementation, the extent to which these conditions are in place, and the priorities for action to improve implementation.

The ability to produce good ISP services is affected by the decisions and actions of higher-level individuals from outside the lead organization. The *policy and funding context* is the term we use to refer to this larger political and economic context that surrounds the lead agency and the teams. It includes those individual leaders and groups that:

1. Make decisions about funding for ISP teams, ISP training, or administrative costs;
2. Audit, certify, accredit or review the ISP program or related parts of the lead organization (e.g. business office);
3. Make laws, rules or set procedures that affect the functioning of the teams or the lead organization (e.g. how long services and supports will continue, how flexible dollars can be spent); or
4. Prepare contract language that affects the way that ISP teams function or are supported.

The policy and funding context will be different for each organization that hosts ISP teams. It may include all or some of the following: inter-organizational committees at state, regional or community levels; leaders at state or county departments of mental health, child welfare, education and juvenile justice; and accounting or billing offices or others with the power to control funds or team activities.

Please use the space below to write down the major groups or individuals you think comprise your policy and funding context.

NOTE:
IF YOU FEEL that an item is not applicable to your situation, or that you do not have enough information or knowledge to respond to an item, feel free to leave it blank.

Practice model

i. Leaders in the policy and funding context actively support the ISP practice model. This section focuses on the extent to which leaders in the policy and funding context make rules and allocations of resources that support the essential elements of ISP. By "practice model," we mean a team process that is driven by the needs of the family, uniquely tailored to meet these needs, and grounded in community and natural supports and services.

To what extent is this feature present?			Feature	I rate the priority for improvement of this feature as…		
A lot	Some	Very little		High	Med	Low
			1. There are some influential leaders in the policy and funding environment who actively advocate for the needs of ISP teams. (In some sites these leaders are called "ISP champions.")			
			2. Leaders from the policy and funding context understand the basic components of the ISP practice model.			
			3. When policies or agreements that support ISP are in place but are not actually being implemented, leaders in the policy and funding context will work actively for implementation.			
			4. When leaders in the policy and funding context make decisions, they are able to foresee how their choices will have direct and indirect impacts on ISP teams' ability to function.			
			5. When leaders in the policy and funding context make decisions, they choose options which are supportive of the needs of ISP teams.			
			6. Leaders in the policy and funding context make an effort to educate their peers about the components and values of ISP.			

Collaboration/partnerships

i. The policy and funding context encourages interagency cooperation around the team and the plan. To encourage partner agencies to cooperate with the team-based ISP process, there must be active support and/or pressure for them to work together. This requires various incentives, as well as flexibility in both the funding mechanisms and the way policies are written.

To what extent is this feature present?			Feature	I rate the priority for improvement of this feature as…		
A lot	Some	Very little		High	Med	Low
			7. The policy and funding context encourages agencies to collaborate to deliver ISP more effectively. (For example, by encouraging mechanisms for sharing information about services and assistance offered at different agencies, by encouraging co-training or co-funding of staff positions, or by encouraging mechanisms to share client information in ways that do not violate confidentiality).			
			8. Policies and funding guidelines are written in ways that support team members' attendance at team meetings. (For example, allowing team members flexible hours to attend meetings, reimbursing attendance as a legitimate service cost, or allowing several team members from the same agency to attend a meeting).			
			9. Policies and funding guidelines are written in ways that support team members' carrying out tasks assigned by the team. (For example, reimbursing time spent on tasks, or writing up team documentation).			
			10. Leaders from the policy and funding context work to ensure that ISP teams aren't required to do redundant work to satisfy the requirements of various partner agencies. (For example, by consolidating requirements for documenting plans, or by supporting streamlining of consent process).			

Collaboration/partnerships (Continued)

ii. Leaders in the policy and funding context play a problem-solving role across service boundaries. In order to identify and solve mutual problems, there needs to be a recognized way—at the state, county, or regional level—to address policy issues that span agencies and that affect the ability of teams to work effectively. This function can be performed by an individual or key individuals acting mostly informally, or it can be performed by an individual or group that is formally charged with this responsibility. Regardless, the individual or group must have sufficient decision-making authority to be effective in resolving problems.

To what extent is this feature present?			Feature	I rate the priority for improvement of this feature as…		
A lot	Some	Very little		High	Med	Low
			11. There is a person or group with sufficient decision-making authority who acts to resolve problems that are encountered by ISP teams or programs and that arise from insufficient inter-agency collaboration. (For example: problems about who will pay for what, problems about access and different eligibility criteria, problems stemming from conflicting rules).			
			12. Individuals involved in ISP teams and/or programs feel comfortable bringing their complaints and concerns to this problem-solving individual or group.			
			13. When this individual or group has made a decision, follow-through is monitored to ensure that the decision is implemented.			

Capacity building/staffing

i. The policy and funding context supports development of the special skills needed for key roles on ISP teams. The skills needed by people in key roles on ISP teams (facilitator, parent advocate, resource developer, care coordinator) are in many ways different from the skills needed for service delivery in traditional models. Policies and contracts must reflect an understanding of the value of these roles and their importance to the effective functioning of ISP teams.

To what extent is this feature present?			**Feature**	**I rate the priority for improvement of this feature as…**		
A lot	Some	Very little		High	Med	Low
			14. The policy and funding context reflects an understanding of the need for hiring people to fill the special roles on ISP teams. (For example, facilitator, parent advocate, community resource developer).			
			15. The policy and funding context encourages agencies that hire people for these special roles to provide compensation that reflects their value to ISP teams.			
			16. Leaders in the policy and funding context support reasonable team workloads for people who perform these special roles.			

Acquiring services/supports

i. The policy and funding context grants autonomy and incentives to develop effective services and supports consistent with the ISP practice model. This section asks whether the policy and funding context provides incentives or erects barriers affecting the agencies' ability to respond to the needs that emerge from the individualized planning process. It also asks about the extent to which agencies are supported in developing new or modified services and supports. It also asks whether ISP teams and programs are supported in their efforts to ensure that the services and supports acquired by ISP teams are of the highest possible quality (i.e. the providers conform to evidence-based approaches, adhere to best practices and/or support the value base of ISP).

To what extent is this feature present?			**Feature**	**I rate the priority for improvement of this feature as…**		
A lot	Some	Very little		High	Med	Low
			17. Incentives in the policy and funding context clearly encourage community-based placements over other placements (residential care, detention, hospital) whenever possible.			
			18. When ISP teams or programs are able to save money by avoiding out-of-community placements, the resources saved are returned to the community to support further development of needed services and supports.			
			19. The policy and funding context provides incentives that encourage the development of services and supports consistent with the ISP practice model.			
			20. Policies and contracts allow flexibility in (sub)contracting so that ISP teams and programs can seek out the most effective providers.			
			21. Policies and contracts do not provide incentives to over-purchase certain kinds of "standard" services (e.g. psychotherapy, psychiatry) and/or under-purchase other kinds of services and supports (e.g. respite, behavioral support, mentoring, sweat ceremonies).			
			22. Contracts for funding contain language that require elements of ISP (e.g. family involvement, natural supports).			
			23. Policies and contracts recognize the costs associated with training providers in the ISP values and practice model.			

Acquiring services/supports (Continued)

ii. The policy and funding context supports fiscal policies that allow the flexibility needed by ISP teams. ISP teams thrive in a funding context that supports flexible fiscal policies such as blended funding and flexible funds. ISP teams need to have access to funds to pay for the costs required to meet families' unique needs as called for in the plan (e.g. for special events or equipment, or for non-traditional or non-categorical services or supports). The policy and funding context must recognize these as legitimate costs and must support teams in accessing funds to pay the costs in a timely manner.

To what extent is this feature present?			Feature	I rate the priority for improvement of this feature as…		
A lot	Some	Very little		High	Med	Low
			24. Leaders in the policy and funding context identify and encourage the use of funding streams that can be blended.			
			25. Children who are not Medicaid eligible have access to ISP, flexible funds and most other services.			
			26. The policy and funding context supports paying for costs to meet unique needs by encouraging blended funding or other mechanisms.			
			27. Leaders in the policy and funding context understand that costs to meet unique needs are legitimate expenditures.			
			28. Leaders in the policy and funding context help to educate other stakeholders (politicians, the public) about why ISP funds are expended for items, services, and/or supports that are non-traditional, unique, or "different."			

Acquiring services/supports (Continued)

iii. The policy and funding context actively supports family and youth involvement in decision making. Inclusion of family voice at all levels is a key principle of the ISP philosophy and monitoring this inclusion within the policy and funding context is important. Inclusion of family members on policy and funding decision-making bodies encourages greater attention to family and youth input at the organizational and team levels.

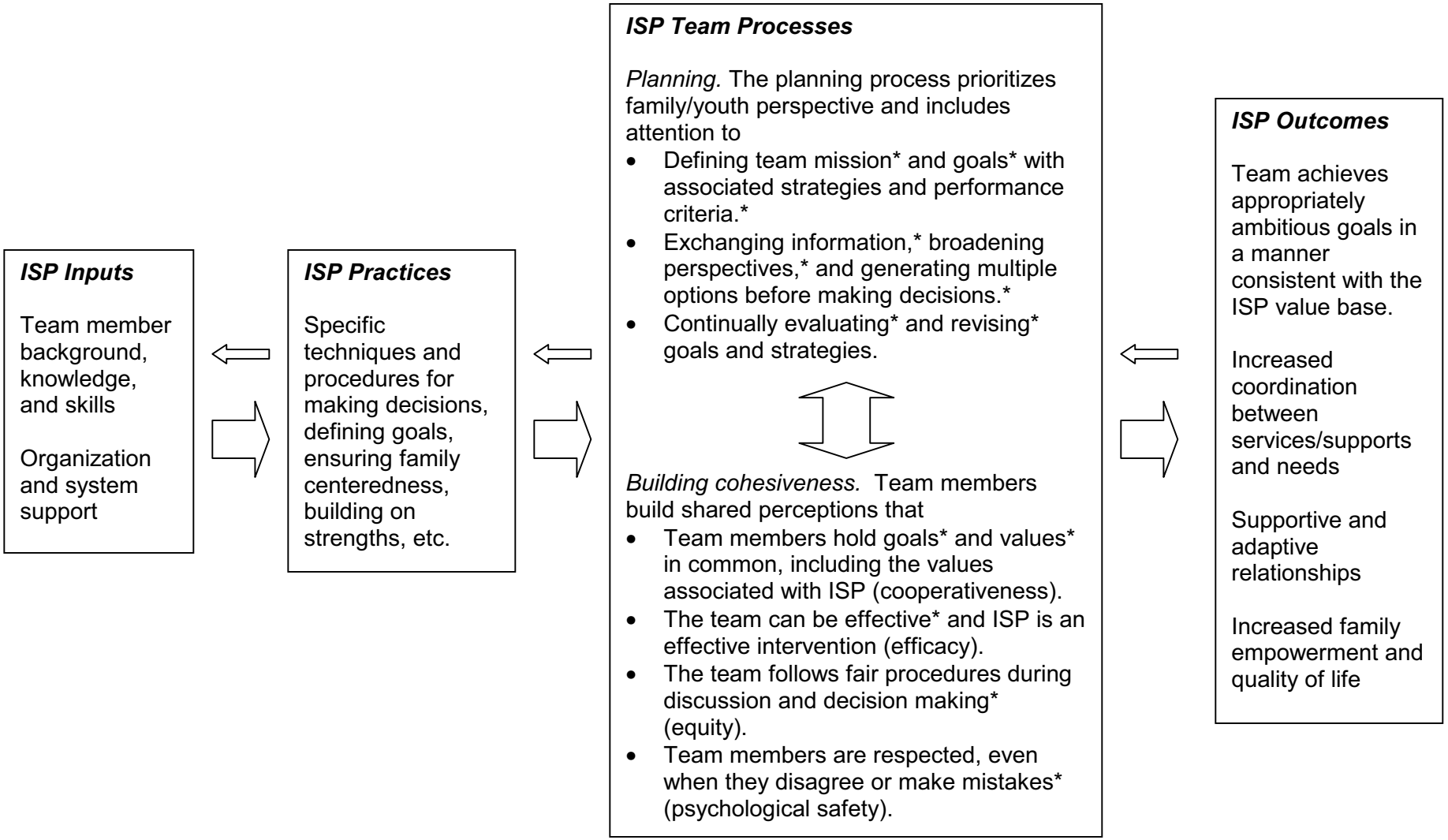
To what extent is this feature present?			Feature	I rate the priority for improvement of this feature as…		
A lot	Some	Very little		High	Med	Low
			29. Policy and funding arrangements recognize the costs of partnering with families and youth in the ISP process (e.g. reimbursing travel or child care costs).			
			30. Family members are included on major policy-making bodies or groups involved in making fiscal decisions that impact ISP teams.			
			31. Policy and funding arrangements recognize the costs associated with including family members and youth on policy-making bodies (e.g. stipends, reimbursement for travel and child care).			
			32. Agencies are recognized and rewarded for doing an outstanding job of including family members and youth on policy-making bodies and on teams.			
			33. Policies and funding arrangements recognize that family members and youth will need training and orientation in order to participate most effectively in policy and funding decision making.			
			34. The policy and funding context supports the inclusion of a variety of representative youth and family members across different opportunities to participate in decision making (e.g. not always the same people, not just a single “token” person, people with a diversity of backgrounds and opinions).			

Accountability

i. Documentation requirements meet the needs of policy makers, funders, and other stakeholders. Leaders in the policy and funding context will need information on aggregated cost and outcome data so that they can determine whether team-based ISP is cost and outcome neutral (at a minimum) as compared to alternate arrangements. In order to reflect the ISP practice model, which may differ substantially from the goals of other service delivery arrangements, different strategies and instruments may be needed for measuring outcomes. For example, greater reliance on strengths-based instruments, measures of family satisfaction and assessment of caregiver strain are concepts important to team-based ISP. Teams, agencies, and providers should also have access to data that will help them deliver ISP more effectively.

To what extent is this feature present?			Feature	I rate the priority for improvement of this feature as…		
A lot	Some	Very little		High	Med	Low
			35. Policies and funding arrangements require that ISP programs provide evidence that they are adhering to a practice model for ISP.			
			36. The documentation for ISP programs required by the policy and funding context provides sufficient data to evaluate the costs and the effectiveness of ISP.			
			37. Measures of family satisfaction, reduction in caregiver strain, and other family-oriented outcomes are accepted as legitimate indicators of the effectiveness of ISP.			
			38. Leaders in the policy and funding context use data to diagnose challenges and barriers to the effective functioning of ISP teams and programs.			
			39. Leaders in the policy and funding context use data to educate peers and build support and build recognition for successes of ISP (e.g. among members of the state legislature or the public).			
			40. Documentation required by the funding and policy context is realistic and not burdensome for teams or lead organization.			
			41. Policy and funding arrangements recognize the costs associated with collection of data on costs and outcomes.			
			42. Documentation required by the policy and funding context is coordinated with documentation maintained for organizational and team needs.			
			43. Policies and funding arrangements support sharing cost and outcome data with lead and partner agencies, and with providers.			
			44. Leaders in the policy and funding context communicate realistic expectations about the costs of ISP programs, what sorts of outcomes can be expected from ISP programs, and how long it will take to achieve results.			

FIGURE 2: A MODEL OF ISP TEAM EFFECTIVENESS



*These attributes of process have been linked to team effectiveness in studies across a variety of contexts.