Time after Time:
Reflections on Forty-plus Years of
Collaboration and Service Integration

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Collaboration is the managerial and leadership challenge of the 21st century.

Not only in health and human services, but in all important public tasks—foreign policy, national security, law enforcement, fighting the diseases that cripple and destroy us—the paramount human task is putting disconnected pieces of programs and remedies together so they help people better than if they remained fragmented.

No single agency with a mission involving humans can accomplish important tasks by itself for all of its clients.[1] Autonomy in organizational leadership is an obsolete concept, since autonomy only gets you isolation, and to be isolated in a fragmented world is to lack the resources you need to accomplish your mission. Agencies and agency heads that want to be left alone will get their wish—and they will fail because of it.

The subject of integration and collaboration is not an esoteric side-line topic for domestic policy wonks confined to human services arenas. It is, in fact, the generic issue that was evident in the failure to prevent 9/11, the horrific events of 9/11, and repeatedly, in the response to the events of 9/11. Failures of integration in government are endemic, malignant, and dangerous, whether between the CIA and FBI, the fire and police department radio systems in New York City, the Departments of Defense and State in the Middle East, or the emergency responses to Hurricane Katrina.

This review attempts to make a case that a unifying theme in services integration and collaboration is *the dimension of time*—time defined in several ways:

- Time as a historical understanding of what has been tried in the past in connecting programs, and what has and hasn't worked
- Time as follow-up—putting programs together, not in the same places but for the same clients over time, as one program hands off the client to another, as one program "steps down" a more intensive level of services to less intensive, more community-based services and aftercare, rather than abandoning the client (or the country) after the initial services (or battles) are over because it would take more resources to do it right, to provide an adequate dosage of ongoing services and supports
- Time in responding to child and family developmental cycles, making sure that children and their parents get what they need at the stage of their lives when they first need it; early identification for early intervention, or EI[2]
- Time as reflected in the different "clocks" of agency and legislative timetables—the differences between foster care deadlines and the process of recovery, TANF deadlines, eligibility for early care programs and assessments needed for early intervention

- Time as the critical ingredient in building trust and social capital—the parts of service integration and collaboration that are fundamentally about relationships among people, not structure or process. Collaboration moves through stages, and each stage takes time and talented people building new, lasting connections with each other.

Time is the fourth dimension, the physicists tell us, and these five elements of time can be used to frame the issues of services integration. Each is discussed in greater length below.

Definitions and rationale

The language we use to discuss collaboration has changed over time, but there are some terms that have been around for several decades. One is services integration (SI). Today, it is less used, but in the 1970s and later, it was used to refer to two kinds of linkage:

- At the point of service delivery, SI has meant links to get multiple services to children, families, or individuals who had multiple needs that could not be addressed by a single agency.
- At the point of policy leadership, SI has meant links to connect agencies and organizations which shared clients but did not have well-coordinated ways of planning for, prioritizing, serving, or evaluating their services to those shared clients.

Again, these concepts are not recent inventions. In 1947, the United States began a process of "services integration"—in this case, meaning coordinating the separate military services into a single Department of Defense. Fifty-six years later, in an article in Harvard Business Review, two military scholars analyzed the success of the initial phase of the Iraq war in 2003 as a logistical triumph—but admitted that

> For us, the challenge was to achieve jointness—the integration of the four branches of the armed services. As recently as the Persian Gulf War in 1991, our forces were still operating on separate tracks, like different divisions of a large corporation.[2]

In molecular biology, on the frontiers of stem cell and other innovative research, a recent summary noted that "all significant medical research today is collaborative. Molecular biologists, cancer experts, hematologists, even chemists and physicists have joined in the attempt to fulfill the immense promise of stem-cell biology." Michael Specter, "Political Science," *The New Yorker*, March 13, 2006. 65

Integration between military forces and supposedly linked civilian agencies is also challenging. In a more recent work about Iraq, *Fiasco*, Thomas Ricks says "the relationship between the CPA (Coalition Provisional Authority) and the military began badly and deteriorated further with time…Fundamentally, the CPA and the military had different conceptions of what the U.S. was doing in Iraq"[3]

So even in systems with a formal hierarchy and a chain of command, services integration has proven to be difficult over more than two-thirds of a centurya half-century. In mostly horizontal systems, such as most of the human services arena where agencies need

resources from their equals more often than from their subordinates, collaboration is more difficult and, at times, more unavoidable.

But collaboration is also a term that is often misused, and a concept that is often over-simplified. Collaboration is *not*, to use an old State Department term, a BOGSAT—a bunch of guys sitting around a table. Collaboration means meetings, but it is what happens before and after the meetings—the homework and the follow-up *over time*— that matter far more than the meeting itself. A collaboration in which all members go around the table and take turns describing what they did last month is a dysfunctional group, because it is focused on what the agencies did, rather than what it accomplished for its customers and clients and the communities in which it works.[4]

There are many definitions of each of these terms, but the simplest seem the best. Collaboration is *combining resources from two or more agencies to achieve results they cannot achieve by themselves*. And services integration is working at the point of service delivery, seeking to combine two or more helping programs (such as parent education and drug abuse treatment) that are needed by a child or parent or family, and that together may achieve more to help the family than if these services were provided separately. This definition contains both of the critical elements of *resources* and *results*, which are essential to assessing the impact of service integration.

For skeptics, and there are many, these realities may help make the case that SI cannot be ignored:
- One-third of students in many schools have non-educational barriers to learning—obstacles that cannot be addressed in the classroom.[5]
- Nine percent of children in the U.S grow up in a household with one or more caretakers who are alcoholics or chemically dependent on illegal drugs; an obviously overlapping 10-12% were prenatally exposed to alcohol, tobacco, or illegal drugs; the consequences of those prenatal and postnatal effects result in many of these children being diagnosed in late elementary grades with special needs, moving the family from the substance abuse treatment arena to mental health, special education, developmental disabilities, and potentially several other fields.[6]
- In many communities, several unconnected programs seek to prevent at-risk behavior by youth: use of alcohol, tobacco, and other drugs, pregnancy, dropping out of school, and violence. Each of these programs had its origins in a set of problem behaviors, which often overlap with other behaviors in this list. But in virtually all communities, these programs ignore that overlap because they are funded only to work on one facet of risky behavior, despite the links among these problems.

Given these realities, collaboration and SI are *unavoidable* if client, family- and community-centered work is what we propose to do. Connections across services are often what the clients and the community need, demanding an integrative mindset that goes beyond boundaries, as described so succinctly by Rosabeth Moss Kanter.

> I found that the entrepreneurial spirit producing innovation is associated with a particular way of approaching problems that I call "integrative": the willingness to move beyond received wisdom, to combine ideas from unconnected sources, to embrace change as an opportunity to test limits. To see problems integratively is to see them as wholes, related to larger wholes, and thus challenging established practices-- rather than walling off a piece of experience and preventing it from being touched or affected by any new experiences.

That is why a relabeled but essentially unchanged SI agenda keeps being re-discovered and re-invented. SI has been proposed, usually in different language, for responding to the prisoner reentry issue, substance abuse treatment aftercare, school readiness, and a host of other problems affecting children and families. Each of these, because it cannot be solved by a single agency or program, demands an integrative perspective.

- If you are client-centered or family-centered, the work must be integrative because the family typically cannot be helped with a single, categorical approach
- If you are outcomes-driven, the work must be integrative because building the resources to achieve serious, measurable results typically requires more than one agency
- If resources are constrained, the work must be integrative, because priorities must be set among all the possible services, and those that are most effective when they work together achieve the most bang for the buck.

These are the realities. But the imperatives of collaboration do not make it any easier; just because it is essential does not make it simple. In tackling the many obstacles to the tasks of integration and collaboration, a sense of history and a deep commitment to assessing results are critical ingredients.

To ignore history is to repeat it

Santayana was right, but the bad news is that we are in an era of largely ahistorical policy-making, in which the lack of familiarity with the history of services integration is a major problem.[7] Not only have we not fully mastered the current demands of services integration, we have also not understood the past mistakes and achievements of SI in enough depth.

There are classics in the field, and not to know the classics in any field is to move clumsily down worn pathways, without awareness of where the minefields and sharp turns are located. Those classics include both of Lisbeth Schorr's books *Within Our Reach* and *Common Purpose*, Lynn Kagan's masterful *Integrating Services for Children and Families*, and Gans' and Horton's dated but still-useful categorization of the different types of services integration, *Integration of human services: the state and municipal levels*. Bruner's more recent efforts to place services integration in a larger context are also very useful. Although focused on the health field, David Young's excellent *Managing Integrated Delivery Systems: A Framework for Action* has many useful points

that apply to the larger field, especially his emphasis upon the importance of conflict management tools.[8]

Services integration is at least as old in this country as the settlement houses of the nineteenth century and the school-based health services established during the first major waves of immigration in the early twentieth century. In its more recent history, the multi-service centers funded by community action agencies in the 1960s, HUD's Neighborhood Services programs, federal services integration funding of the 1970's, and the school-based and school-linked services projects of the 1980's and 1990's all antedate the recent re-discovery and re-labeling of family resource centers. The accomplishments and failures of these earlier efforts make up the history of service integration, providing a useful foundation for design of current efforts. But this history is rarely tapped as reference points for new designs or renewed attention to the core concepts.

Fallacies of Collaboration: Space vs Time

Two related fallacies block services integration: the fallacy of the one-stop shop and the fallacy of co-location. Both of these presume that if what clients need is all *in one place*, clients will succeed.

Imagine trying to get the army and the air force all onto a naval aircraft carrier and calling that integration of military services. What matters is whether the branches can coordinate their separate missions, not whether they are all in one place. Making it easier for clients to access services by putting them in one place is a good idea—but it is far from sufficient to ensure that the services are really connected. Hoping that agencies in a single location will somehow magically work together more effectively is a kind of wishful "coordination by shared copy machine." And neither co-location nor one-stop offices address services effectiveness; co-located bad services are still bad services.

There is a third fallacy that impairs serious collaboration, and this is a bit of heresy: the idea that evidence-based practice can be applied to categorical programs for multi-problem clients. The problem is that the more narrowly defined the program, the easier it is to evaluate—and the less relevant the evaluation is for multi-problem clients and communities. Fortunately, the Aspen Institute has since 1995 worked on tools for evaluating across agencies and in community-based collaboratives. But it is not clear that single-purpose evaluators or single-focus programs understand the importance of this variation of evaluation.[9]

A good deal of collaboration and services integration falls into what Paul Hill, writing of education reform, calls the "zone of wishful thinking."[10] One also sees

> In California's emerging Mental Health Services Act, new state funding is being allocated based on adult programs and children's programs. These categories have served for many years, and the case for *family-based programs* that would cut across these categories was never made in a way that persuaded state and local agencies to change their vertical divisions into separate adult and children's services.

this syndrome in foreign and military policy, more expensively and tragically, in which a fervent desire for an outcome is confused with having the means to overcome the barriers to achieving that outcome.[11]

And then there are "systems of care." Using the phrase systems of care is a classic example of the fallacy of misplaced concreteness—the fallacy that confuses the name of a thing with the existence of a thing.[12] Most labeled SOCs are neither a system nor about care—they are arrangements of agency links that work "in the best interests of the system." The vast majority of these "systems" lack shared outcomes, pooled resources, and non-token commitments to new accountability for results in clients' lives.[13]

Collaboration and true conservatives

Collaboration sometimes sounds like soft-headed liberal cant: "let's all get together and do good things for our clients." But there are some parts of collaboration and service integration that should appeal most to conservatives—at least to fiscal conservatives.

- Youth need services and supports—not just an array of public services, but what parents and members of their community can provide: Little League and AYSO coaches, church and temple teachers represent social capital at its least governmental and its most community-based. Some programs, like the Family Independence Initiative in Oakland, are organized to look for what families can do for themselves instead of trying to find a service provider. This is closely akin to voluntarism and the "1000 points of light of Bush I." But fragmented voluntarism can be as harmful to good outcomes as fragmented public programs. A lot of programmatic flailing around, however well-intentioned, ultimately wastes clients' time and providers' energies on isolated projects that never add up to a serious policy that could mobilize non-trivial increases in non-governmental resources.

- Redirection and effectiveness matter. Conservatives should hate DARE because it is a failure and a fraud; the $1-1.3 billion in total DARE costs[14] could be used for better-coordinated, more effective prevention programs that aim at all risky behavior, not just the narrowly defined, categorical curse of drug and alcohol abuse by young people. The only thing worse than categorical programs that aren't connected is *bad* categorical programs that aren't connected. Well-coordinated ineffective programs are not made effective by being coordinated; improved coordination and integration are no cure for weak design, inadequate dosage, and poor staffing.

If new money is not the answer, as the conservatives often repeat, then redirection of what we already have becomes critical. And redirection that is based on shared outcomes, which we can term *results-driven redirection*, is the core of collaboration, but comes at its highest stage of evolution, as shown on the 4-level chart described below.
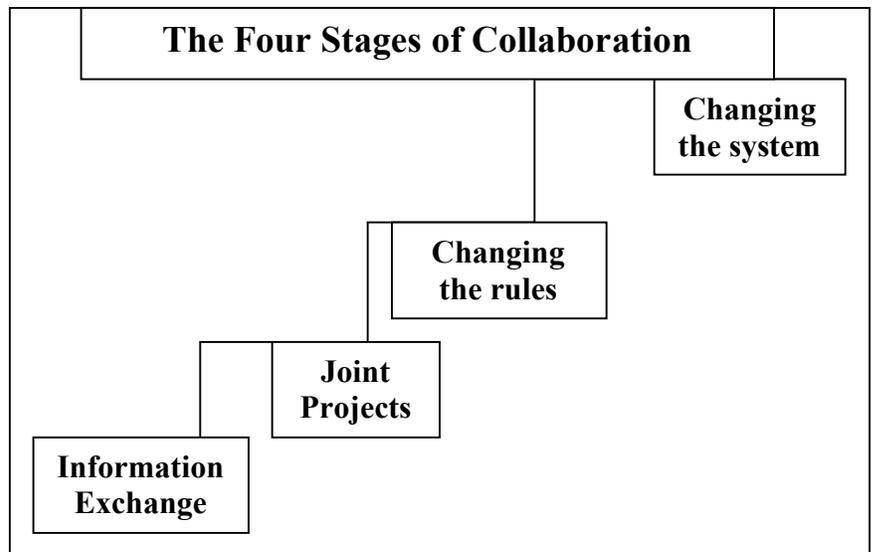
Examples of collaborative redirection

- redirected child welfare and substance abuse treatment funding based on a priority for treatment for parents and children needing services from both systems
- closer ties between youth-serving agencies, schools, and police patrol officers who contact youth in numerous non-arrest encounters, which in some communities represent the largest "prevention" program because of the scale of the patrol function relative to smaller prevention efforts
- use of the leverage provided by Medicaid funding for obstetrics care, which covers up to half of all births in some communities, rather than new add-on programs for small pilot projects that screen births for prenatal exposure to alcohol, drugs, and tobacco

The ten lessons: Each of these lessons is a potential book, portions of which I have written in two prior books. But this is intended as a distilled version, drawn from the full expanse of a career in this field, as described in the first appendix. The top three lessons are discussed at greater length below.

1.   The time-place lesson: SI over time is far more important than SI in a place where things are co-located.

2.   The shared outcomes lesson: The acid test of collaboration is shared outcomes, not "parallel play," which occurs when each agency at the table keeps its own score card.

The Four Stages of Collaboration

Changing the system

Changing the rules

Joint Projects

Information Exchange

3.   The lessons of developmental stages: Collaboration, like child development, goes through stages. We think there are four stages worth distinguishing, as shown. And it is not until the third stage is reached, changing the rules, when serious collaboration begin to get past grant-chasing and meetings. The rules dictate silos, and unless those rules are changed, the silos will dominate.

4.   The Beethoven/Sherlock Holmes lesson:[15] It is often *what is not happening* in collaboration that is most important, not what is happening. It is the values issues the collaborative members don't trust each other to discuss, it is the shared outcomes or basic data that are not there, it is the tools of collaboration that are not in use or even under consideration.

a. <u>The values and good fights lesson</u>: A good collaboration trusts itself to disagree over values, strategies, and tactics, and then builds on the new consensus for the next fight. The diagnostic question we have used is "what have you disagreed about lately?" As in a relationship, if the disagreements can't be discussed, the relationship is either imperiled or superficial.

b. <u>The missing data lesson</u>: What you don't collect is what you can't justify resources for. If you lack prevalence data from other systems, it will be very difficult to make a case for resources from other systems to work with "their" clients in your system. Why should they share resources if you can't prove that you already share clients? For example, California for many years reported to the federal government that only 4% of its foster care cases involved substance abuse. As a result, it was very difficult to build serious collaboration across these two systems at the state level, though it is much stronger at the county level in those few counties where data systems have been upgraded. But if you can't show me that my clients would be helped by working with your agency—why should I devote non-token resources to working with you?

5. <u>The gravity/buoyancy lesson</u>: Collaboration won't *trickle down* from policy people to front-line people, and it won't *float up* from front-line people to policy people. It has to be worked on at both policy and operational levels. Front-line workers need a standing invitation to escalate issues that they keep running into, and policy people have the right to ask how implementation of collaboration works in the real world, not the lovely, useless language of an artificial memorandum of agreement.

6. <u>The lesson of the measurability of capacity</u>: Collaboration and SI and the capacity to do them can be measured, improved, and critiqued. There are specific changes that do or do not happen in collaboration, and assessing whether they are happening is part of the critical feedback loop that makes collaboration real. Both client outcomes and changes in the ways systems perform with each other can and must be tracked, or collaboratives will fall back on the age-old claim (dating at least back to Model Cities in 1966) that "people and agencies are meeting together that have never met before." This claim is a clear diagnostic that non-trivial goals have not yet been achieved—or even set.

7. <u>The lesson of the value of "imported goods:"</u> What the military and private business have faced in seeking to integrate their efforts has relevance to health and human services. So does David Young's work on integration of health services in hospitals and medical organizations—emphasizing how conflict is managed, knowing that it is inherent and inevitable in integrative tasks.[16] If we stay inside the easy fences, boxes, and boundaries of the human services we are most familiar with, we will miss the lessons that are readily available from other systems and settings.

8. The human resources lessons: Some SI efforts depend upon people without credentials; some of it depends upon people whose personalities allow them to transcend their credentials, rather than using them to erect walls. Some people bring an integrative instinct to their work because they were once clients or they have had life experience equipping them to understand that clients' needs aren't neatly categorical.[17] Others have learned in their education and professions that their disciplines are only a starting point for helping clients— whether or not their academic preparation actually included trans-disciplinary or interprofessional elements.

9. The inventory lesson: If you can't find it, you can't connect it. So community asset mapping and statewide inventories like Arizona's annual inventory of substance abuse prevention and treatment programs are critical tools in finding the pieces at local and statewide levels. When someone says "there are no treatment slots," but no one even has a current inventory of all the treatment funding streams—the claim for resources is weakened. Some agencies' position on resources is essentially "give us more, though we don't know what funding streams we have at present, and we have no process under way to find out."
   a. A related lesson here is that nothing coordinates like cash. Identifying how cash flows into communities or systems enables a deeper discussion than mere grant pursuit. But the inventory has to come first.

10. The confidentiality lesson: Confidentiality is a symptom, not a barrier. When it is invoked as an excuse for not collaborating, it is a diagnostic signal of a lack of trust across agency lines, of too little social capital within the group to enable sharing information that would help clients.

The issue of time

Service integration over time is far more important than SI as a place where staff and services are co-located. In physics, time is the fourth dimension. In human services collaboration, it can also be a critical, fourth dimension, after coordination in a common space, in funding, and in training.

How do collaboration and service integration relate to time?

1. The developmental rationale: Services need to be provided over time because many clients—children and families, in particular—pass through their own developmental stages, with different services and supports relevant at different stages. In the prenatal stage, for example, services that feature effective client engagement are critical to moving from a positive toxicological screen to actually enrolling a pregnant woman in effective treatment. Later, in infancy and childhood when a prenatally exposed birth has occurred, it is critical to combine parent and child services to screen and assess the child for

developmental effects of exposure, and to prepare parents for the vital role they can play in reducing the harmful effects as they child moves into school.

2.   Collaboration in <u>upstream prevention</u>: This is about asking the question: When is the soonest we could know about this need for services and support, when could we have intervened? These questions are a kind of backward mapping of the client to see where we missed it, from prenatal screening on—how can we better identify and help these kids as soon as possible, rather than waiting for the explosions that mark their lives ever after? In responding to the problem of drug-exposed births, pre-pregnancy messages are needed to address the issue of one in five mothers drinking alcohol in the first trimester.

3.   <u>The aftercare rationale</u>: Services also need to be provided over time because clients in some systems are "discharged" in predetermined cycles that may not correspond with their needs for continuing support. Aftercare services in mental health and substance abuse treatment are increasingly recognized as part of a longer continuum of care than public funding can fund, and so organizing aftercare from community-based or voluntary organizations becomes an added resource that makes recovery and health more likely to be sustained. But if that sustained care is not organized across systems, one system will discharge a client only to have another pick her up as she runs into new problems. This is also a resources issue, because interagency collaboration over time can increase the total dosage of resources that support clients beyond the initial treatment period of 3-6 months. So duration of services and the dosage of services are closely linked, and must be coordinated.

> **Aftercare as Services in Time**
> In one evaluation, an assessment was done of the outcomes of a program that placed substance-abusing mothers and their infants in residential care for six months of combined treatment and child development services. After receiving services that were far more expensive and intensive than other models, these mothers were returned to their own communities, where a sample of them were found after several months to be in substandard housing in the same areas where they had originally had problems avoiding drugs and alcohol—and were now subject to the work demands of the TANF system.
>
> Why is this an SI problem? Because the care was not provided over time—it was not sustained, even in a stepped-down version, at the end of the six months. Aftercare was the missing ingredient—as it often is in women's treatment services.

4.   <u>The clocks rationale</u>: There are different "clocks" that operate in different systems. The child welfare clock for a younger child—the timetable for court-driven decisions about removal or reunification—may be running much faster than a mother's ability to gain employment under a TANF clock or her ability to sustain recovery under a drug treatment clock. At the same time, developmental changes are taking place in the life of that child that cannot be ignored. Yet other systems whose only focus is the parent do not have developmental changes in the child's life anywhere on their radar screen.

If we seek to mirror in the organizational arena what we know is effective with the individual child, then life-cycle development approaches demand a level of interagency collaboration throughout the child's life far beyond what is common today. The handoffs across systems become more important and the links among them more critical. And wishful thinking about these connections becomes part of the problem if it is allowed to overcome critical analysis of what *isn't* connected.

5. The trust rationale: In collaboration, as in communities, social capital is built up over time, through the gradually learned experience of staff and policy leaders working with each other. That capacity to collaborate does not happen when these stakeholders sit down with each other the first time—it takes time to build the trust that is the human side of collaboration. Capacity is developmental, whether in children or organizations, and so is collaborative capacity. Co-location does not make any of that trust automatic; time is needed to live through the experience of working together, whether in the same place or across town in new referral relationships. Memoranda of understanding and interagency agreements are just words on paper when they are first written if they do not reflect some measure of trust that has been built up. Eugene Bardach points out that there are both objective and subjective elements of interagency collaboration: the formal agreements and resources mobilized, and the legitimacy, trust, and expectations that underlie those objective elements of collaboration.[18]We often overlook the second type of foundation for SI efforts.

The issue of not knowing what you don't know

"We know how to collaborate—it is meetings, working together, sharing information, etc. We know how to do all that—collaboration is a hallmark of what we do."

But do we really know how to do it?

What metaphors do we use for collaboration?
- Bridge-building
- House-building (Bardach's)
- Weaving a fabric or tapestry out of dissimilar materials
- Conducting an orchestra with different instruments playing the same song
- Diplomatic negotiations among nations or disagreeing parties
- Sports analogies about different skills needed for a unified team

What is common to all of these is that *they take a lot of practice*. You mess it up many times before you get it right, so you have to work at getting it right—it is not intuitive. Yes, it can be taught and learned, but personal characteristics make some people better than others at doing it.

You wouldn't expect a musician to know how to conduct automatically the first she tries it, or a third baseman to know how to pitch—or even to understand pitchers.

But we sometimes expect collaborations to take off automatically once everyone sits down—or to flow perfectly from a new memorandum of agreement. That is almost always unrealistic, and the lack of realism may short-change the investment required to make serious collaborations work well.

If a first-time conductor or contractor had written instructions and an agreement from all parties that they would cooperate, but it was the first time he had ever tried to conduct or build a house—the written commitments wouldn't matter remotely as much as the lack of experience in working together.

If we really knew how to do it, we would have well-used standards and ways of measuring whether it is happening, not a few under-utilized collaborative capacity tools. And if we used those tools fully and honestly, we would see how far short we are falling. We would recognize more often when we are in meetings where we merely talk about what each agency does, rather than how agencies working together have improved the lives of clients and communities. And we would not confuse time in meetings, the number of agencies around the table, or more referrals with progress.

But it is hard

It *is* hard—that is what leads a lot of well-meaning practitioners to give it up as a waste of time and energy. Yet the evidence is there that some states and communities have made it work and have connected services better for clients' benefit. That is not to say that there is an off-the-shelf collection of great evaluations that show that SI pays every time it is tried. Again, the judgment that has to be made is whether the extra up-front effort is justified by two things: (1) better results and (2) expanded resources that will eventually flow from collaborative, integrative efforts. That assessment of potential costs and benefits will not justify new collaborative efforts in all cases. But if clients' needs are not being met, the assessment always needs to be made. And if the assessment is to be realistic, it also demands that hard questions be asked about the depth of any collaboration that is being considered.

When to Say to Hell with Collaboration

Because it is hard and time-expensive, sometimes collaboration really isn't worth it. How can we tell?

1. Is the collaborative itself dysfunctional? (see footnote 4 for the list of signs of dysfunctional collaboratives)
2. Are we ready to negotiate with "outsiders"—do we have our own act together? (Ira Cutler has pointed out that unhealthy agencies have more trouble collaborating than healthy ones)
3. Are there likely to be serious partners on the other side of the table or just attendees who are there for defensive reasons?
4. Does the collaborative exist to make something happen—or is it the excuse that is being used to show that something is happening?
5. Does the problem come needing more than one service or support? Do clients tend to have multiple needs?

Testing collaborative depth

Several years ago, the current mayor of Savannah, Otis Johnson, wrote a great article titled "Everybody Talkin' about Collaboration Ain't Collaborating."

That says a lot. The claim that a person or an agency is collaborating is like the claim that diplomatic negotiations are underway: it can cover a lot of nothing with a phrase that is intended to make people feel better.

But collaboration is not about its participants feeling better or having lots of meetings—it is about its intended beneficiaries *getting better*. And so we need measures and metrics and accountability for collaboration. Merely claiming it is happening is no longer enough.

The tools we and others have developed can help with those assessments of the depth of collaboration.[19] These tools can be distilled to a three-part framework for collaborative seriousness that is a further checklist on shallow collaboration. It includes

1. <u>Resources</u>: what resources, in both financial and people terms, are being used in collaboration? Do those resources belong mostly to one agency, or are they widely shared?
2. <u>Roles</u>: Does the collaboration reflect different roles [see CCKF roles discussion] that go beyond funding to a much more nuanced approach to making things happen—convening, evaluating, spotlighting issues—does it weigh all those non-funding roles that can trigger resources at a much more serious level than simply funding another isolated project?
3. <u>Results</u>: how do we measure collaborative results—what outcomes and indicators are we using to regularly track our progress toward shared outcomes? Have we upgraded our information systems to collect useful information so that we can track important measures of progress as a collaborative—or are we still in parallel play, with each agency measuring with its own traditional score card?

Careful readers will note that these add up to 3 R's—and that's just fine.

With these three elements in place, a collaborative will have agreed on *shared outcomes* that make the difference between a mere BOGSAT and a serious effort to pool resources to achieve better results. Collaboration in which each agency keeps score with its own outcomes measures is still just "parallel play," like toddlers who are not yet able to really play together but who play separately, even though they are in the same room and may have the same toys. If two agencies who are "collaborating" still use their own separate score cards—if child welfare agencies measure abuse rates and mental health agencies measure parental stress index scores—they have not yet done the hard work of negotiating shared measures of progress and success. They are still in parallel play.

But with those shared outcomes, a collaborative is ready to negotiate with policy leaders. And the shape of those negotiations in the foreseeable future seems likely to be about

"the deal," one way or another: give us *discretion for accountability.* Policy leaders will be asked to allow collaboratives to put categories or funding streams together more creatively if they commit to achieving better outcomes by doing so—which means serious evaluation and some kind of referee to see if the outcomes are being achieved.

*What SI and collaboration **can't** do*

It is important for advocates of SI and collaborative approaches not to over-state the benefits or the evidence for their missions. Ultimately, resources do matter, and SI is no magic resource multiplier and should not be marketed as such. Doug Nelson and others have pointed out that comprehensive services is not an idea that has been tried and found wanting, but rather "found difficult and left untried."[20] Since a similar logic has been used in military and other endeavors—we just need more troops and more time and we can achieve victory—the "left untried" argument has to be accompanied by a clear strategy with landmarks for progress, not simply a demand for more resources and more time—as important as they may be.

By themselves, SI and collaboration cannot

- Increase new resources needed to reduce caseloads and increase dosage
- Train professionals and volunteers in pre-service and in-service education in how to do SI effectively
- Ensure in-depth evaluation of their effects
- Redesign ineffective programs and redirect resources toward the most effective programs
- Enlist grass-roots participants in collaborative efforts that multiply public financial resources.

Each of these is needed for the full effect of SI to be felt, but SI itself cannot make these things happen. The final point needs more emphasis.

Can top-down and bottom-up approaches be reconciled?

In lesson #5, I made the point that both top-down and bottom-up approaches are needed for SI to work. Several thoughtful critics of SI, including John McKnight and Arthur Himmelman, have pointed out that SI is often *only* a top-down strategy that excludes community residents and assumes their lives

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Holistic Thinking

In the mid-1990s I made a speech in Arizona about coordination efforts then under way, and sought to explain the origins of the categorical system in American pragmatism—we see a problem, we invent a program, we solve the problem. But the way I phrased it was to note that "the only native American philosophy is pragmatism," meaning that it is the only philosophical tradition native to the United States.

It was highly imprecise speech. And gracefully, after my remarks, a women from a Navajo tribal group came up and explained that in Native [with a capital letter] American philosophy—long before William James developed his ideas about pragmatism—a holistic, harmonious approach to life and human beings was at the heart of Navajo thinking. The "whole child" invented by John Dewey and others in the early twentieth century corresponded with much earlier Navajo ideas that a person seeks harmony in all things, which are common themes in the ideas of many of the first Americans.

So I am much more careful now in linking the words "native" and "American," and I am much more aware of the depths of some older traditions of integrative thinking.

can be made better by what happens inside public and nonprofit agencies. Despite the straw man caricatures of integrative efforts they sometimes use in making this case—they have a point.

SI *can* degenerate into bureaucratic bottlenecks of meetings, protocols, screening tools, and referrals—none of which help clients directly, but which can consume large amounts of agency staff time. As Lisbeth Schorr and many others have observed, we cannot service people out of poverty. The final test of services integration is not whether services are connected, but whether the new connections produce better outcomes for children and families. And it is more than fair to point out that power issues arise in coordination, and those with resources are much more likely to get programs coordinated around their goals than those without.

On the positive side, SI over time can have a deep community dimension. For example, aftercare can be done at the community level, by community-based organizations and self-help groups that can accept handoffs of clients from higher-cost institutions. The point above about life-experienced workers also argues for SI to be carried out in part by less-credentialed, more experienced workers who see clients and communities whole, rather than through narrow categorical and disciplinary lenses

But balance is needed. In an earlier work, I raised a caution about over-romanticizing the role of neighborhoods in social services:

> …given the fragmenting approach of typical programs, why should anyone expect that neighborhoods would react to a categorical, project-oriented social services system with a vision of integrated services, when no such reality exists?[21]

A bottom up dimension is critical, involving the perspectives of front-line workers, residents of areas served, consumers of services, and people who live in neighborhoods where the envisioned one-stop centers are to be located. But it is no more likely that these perspectives will automatically be integrative than those of policy leaders. However, the tools used by both groups may help widen their perspectives.

Can technical and values issues and tools be reconciled?

SI has both a technical and a values dimension, and the people good in one arena aren't necessarily good at—or even comfortable with—the other side. In another context, I have argued that the "collaborative airplane" needs two wings: one for information and the other for values. To neglect the new technical tools we have—geographic information systems, data matching, community voting mechanisms, and other tools of deliberative democracy—would lose the potential power of these new approaches. But to ignore the profound values differences affecting decision-making in human services—what kind of integrative data bases will be used to discover what clients need, what kind of biochemical approaches to mental illness, delinquency and violence will be allowed, and the growing intergenerational values choices needed to referee new demographic

conflicts due to the costs of aging and immigration—would be equally blind to the changes affecting our work and our lives.[22]

SI and collaboration are sometimes sold as process activities, without adequate attention to these issues of content and choice. Both information strategies and values will be needed to make SI relevant in the midst of these shifts in the kinds of policy issues facing decision-makers.

Conclusions

Collaboration and service integration will not go away; they just keep being re-discovered, for reasons explained in this essay. Because of this, it is important to go beyond the current generation's tendency to be ahistorical and understand at least the basics of what has gone before—and what hasn't yet been tried beyond the pilot projects.

As we complicate the world more with specialized human and social constructs in response to the world's increasing complexity, we have an increasing burden to work harder to put the pieces together. For all our integrative tools—and we have far more than we did forty years ago—the drive toward fragmentation is at least as powerful, most of the time, as the drive toward integrative thinking and action.[23]

And so it will take leadership and risk-taking for the forces of integrative thinking to confront and win some battles with the forces of fragmentation. To the extent that the integrative thrust is based on what kids and families really need, some of the battles can be won. And to achieve lasting results, they must be.

Appendix 1: One Person's Experience in SI Attempts

A happy set of accidents and a small amount of design led over the past forty-two years to my having repeated opportunities to learn the lessons of collaboration and service integration. I have seen it done wrong, time after time, and also, on occasion, I have seen the pieces coming together through the masterful efforts of remarkable people and a few institutions that gave those people the right settings in which to assemble pieces and make them connect effectively.

- In the summer of 1965, as an intern in the Bureau of the Budget, I was asked to go look at ten new agencies across the nation that were trying to do community-level coordination—community action agencies that were barely a year old in their roles as a new mechanism in the war on poverty. I visited ten cities and wrote a report that concluded that coordination was both difficult and critical to the task of reducing poverty.
- During 1966-67 I served as Executive Secretary of the New York City Anti-Poverty Board, the body that distributed community action funds in New York. Its work involved attempting to coordinate citywide and neighborhood-focused programs across the areas of job training, Head Start, and youth development.
- For a year and a half, from 1967-68, I worked in the U.S. Embassy in Saigon, watching the State Department, USAID, USIA, and the military trying to function as a team in the morass of our experience in Vietnam.
- In 1968-71, I worked in the Model Cities program in New York City and then in the federal Department of Health, Education, and Welfare, in an office I directed called the Center for Community Planning. The Center, which had been created by John Gardner when he was Secretary of HEW under President Johnson, was integrative by design and mission, working with HUD and its local counterparts to focus HEW program resources on Model Cities coordination efforts in selected urban neighborhoods.
- In 1970, the Secretary of HEW. Elliot Richardson, asked me and two colleagues (Barbara Sampson and Marty Linsky) to do a Task Force Report on Service Integration, which was the basis for series of grants made by the Department during 1971-74.
- From 1973-75 I directed a local services integration project in Hartford, Connecticut, the Community Life Association.
- Later, in 1977-81, I served in elected local government, as a City Council member in Hartford. I worked on children and youth issues and wrote an ordinance that set up a youth services bureau to coordinate services to youth.
- During 1982-86, I completed a Master's degree at Hartford Seminary, focusing on the ethics of policy toward children and youth, in which the ethical issues of services integration were an area of interest.
- During 1986-88, I worked for the Annie E. Casey Foundation in Connecticut, helping to develop a coordination effort known as New Futures, which supported several cities as they sought to link their separate efforts to improve outcomes for children and youth.

- In 1988-91, I was on the staff of California Tomorrow, a San Francisco-based organization that addressed issues of diversity and coordinated services in several California cities and counties. We worked with some of the forty county-level collaboratives in California, which became the basis for a book published in 1998, *Beyond Collaboration to Results.*
- From 1991-2001, I served as Director of the Center for Collaboration for Children at California State University, Fullerton. The Center sought to work across academic disciplines in developing approaches to interprofessional education and projects that embodied it at the local level. We also worked with numerous models of school-linked services and family support projects.
- From 1996 to the present I have worked with Dr. Nancy Young, my wife, in a nonprofit organization we created, Children and Family Futures, which is also designated by the federal government as the National Center on Substance Abuse and Child Welfare, in which the major area of emphasis is improved coordination of these two sectors.
- In Irvine, where our firm is based, we worked from 2003 to 2008 under contract to the City of Irvine to develop a strategic plan on coordinated children and family services, including indicators of progress across program areas.
- In 2004 I published *Cities, Counties, Kids, and Families: The Essential Role of Local Government*. This book sought to summarize what I think I have learned about local government's capacity to put the pieces together in ways that states and the federal government find far more difficult to do.
- Finally, since 1996 my wife and I have been adoptive parents to two children with special needs, now 17 and 18, who came to us through the public child welfare system. In the first eighteen months that the children lived with us as foster children, we worked with 51 different agencies. The number is now well over 100. So the fragmentation of the systems that affect our family—and millions of other families—is a problem we have experienced at first hand, as well as in our work on public policy. The parents of children with special needs must themselves become case managers, and they learn intimately and painfully about the dysfunctions of systems. In the joys and challenges of this parenting, we have learned a great deal about why fragmentation harms and how coordination helps—when it happens.

In each of these experiences, I have had the opportunity to see good people working hard to put pieces together for children and families. Skeptics may call coordination the Holy Grail of public administration and may deprecate services integration as a recurring vision of naïve idealists. But I have seen the successes in human lives when the connections are made, and I have also seen the great harm done by people and agencies who too often work *in the best interests of the systems*—not the best interests of the child. The "integrative project" matters, as I have had the privilege to learn in these cumulative chapters of personal experience over 42 years.

Appendix 2: **<u>Some Quotes on Services Integration</u>**

Whatever the virtues of the university, and they are many, it is not organized for
boundary crossing and the coordination of knowledge and experience.
Seymour Sarason and Elizabeth M. Lorenz, *Coordination: Process, Problems, and
Opportunities in Schools, Private Sector, and Government*

...The assumption to start with is that the technologies that are likely to have the greatest
impact on a company and an industry are technologies *outside* its own field .
Peter F. Drucker, *Management Challenges for the 21st Century*, Harper Business Books,
1999.

A balanced perspective cannot be acquired by studying disciplines in pieces, but through
pursuit of the consilience among them. Such unification will come hard. But I think it is
inevitable...Only fluency across the boundaries will provide a clear view of the world as
it clearly is...
Edward O. Wilson, *Consilience–The Unity of Knowledge,* Knopf, 1998.

I am an evangelist of integration...The noun "integrity" comes from the verb "to
integrate…The word diabolic is derived from the Greek *diaballein*, meaning to throw
apart or cast apart or fragment. ...Compartmentalization is not the root of all evil, it is
however, the principal psychological mechanism of evil...Compartmentalization is
painless; integrity never is. Integrity requires that we fully experience the tensions of
competing demands and conflicting ideas.
M. Scott Peck, *In Search of Stones*, Hyperion Press, 1995. p 367-8

Clearly one of the large changes under way in our civilization is that we're trying to
escape from the narrow segmented emphasis on specialization that began some four
hundred years ago with the scientific revolution, seducing the rest of the centers of
thought in our civilization into looking at the world in very narrow slices, gaining the
great benefits of using this approach to understand in intricate detail ever narrower slices
of the world but at a cost of ignoring the interconnections with the rest of the world.
Al Gore, in an interview with Louis Menand, *The New Yorker*, October 26, 1998.

It is not enough to teach a [person] a specialty. Through it he may become a kind of
useful machine, but not a harmoniously developed personality. It is essential that the
student acquire an understanding of and a lively feel for values. He must acquire a vivid
sense of the beautiful and of the morally good. Otherwise, he -- with his specialized
knowledge-- more closely resembles a trained dog than a harmoniously developed
person. He must learn to understand the motives of human beings, their illusions, and
their sufferings in order to acquire a proper relationship to individual fellowmen and the
community.
      Albert Einstein, <u>Ideas and Opinions</u>, 1955. quoted in Goodlad's <u>Teachers for Our
Nation's Schools</u>

NOTES

[1] This is not to deny that single-purpose programs and agencies can accomplish a great deal to help children and families. A pediatrician can help a child with a persistent cough; an optometrist can prescribe glasses to help a child read. But many of the children and families that need the most help need it from more than one source *at a time*, which is the point.

[2] Diane K. Morales and Steve Geary, "Speed Kills: Supply Train Lessons from the War in Iraq." *Harvard Business Review*. November 2003. 1

[3] Thomas Ricks (2006) *Fiasco: The American Military Adventure in Iraq*. New York: Penguin Press. 209.

[4] In a separate work, I have described six dysfunctions of collaboration, also known as six ways to tell when you are at a bad meeting. This is available at www.cffutures.org

[5] Howard S. Adelman and Linda Taylor, (1998) "How School Reform is Failing to Address Barriers to Learning," UCLA School Mental Health Project 1998. Adelman and Taylor cite estimates that as many as 50% of children in some schools "manifest learning, behavior, and emotional problems."

[6] SEB paper cites

[7] Lest this be taken as the rant of a rapidly aging curmudgeon, the reader should know that I test this observation frequently with students and recent graduates, and receive consistent confirmation that the lessons of services integration are almost completely ignored in current graduate and undergraduate discussion of human services. When it is taught, it is taught categorically—how services integration is done in social work, mental health, special education, or some other specific field—but rarely across fields. The classic oxymoron is mental health "systems of care." After several years as a consumer/parent in the mental health field, I can say with great conviction that these are rarely systems and almost never about coordinated care across agencies. They are about meetings and referrals largely within the mental health field, as it seeks to broaden its own resources rather than to make firm agreements for resources from other fields outside its control.

[8] L. Schorr,(1989) *Within Our Reach: Breaking the Cycle of Disadvantage*, New York: Anchor Books. L. Schorr, (1998) *Common Purpose: Strengthening Families and Neighborhoods*. New York: Anchor Books. L. Kagan (1993), *Integrating Services for Children and Families*. New Haven: Yale University Press; S. Gans and G. Horton, (1975) *Integration of human services: the state and municipal levels*. New York: Praeger. C. Bruner, D.Young *Managing Integrated Delivery Systems: A Framework for Action* (with Sheila M. McCarthy), Chicago, Health Administration Press (1999).

[9] *Establishing Causality in Evaluations of Comprehensive Community Initiatives* Aspen Institute, New York. www.aspeninstitute.org

[10] Paul Hill and Mary Beth Celio, *Fixing Urban Schools*. (Washington, D.C.: The Brookings Institution, 1998), vii.

[11] Many recent books capture this, none better than Ricks' *Fiasco*.

[12] Actually, it is a little more complex than that. From Wikipedia:
The "Fallacy of Misplaced Concreteness", originally coined by philosopher Alfred North Whitehead, involves thinking something is a 'concrete' reality when in fact it is merely a belief, opinion or concept about the way things are. Specifically, the fallacy refers to Whitehead's ruminations on the relationship of spatial and temporal location of objects. Whitehead rejects the notion that a real, concrete object in the universe can be described simply in spatial or temporal extension. Rather, the object must be described as a

field *that has both a location in space and a location in time.*[emphasis added]
http://en.wikipedia.org/wiki/Fallacy_of_misplaced_concreteness
The interesting thing about this summary is that it goes to exactly the point I am trying to make about thinking about services over time, not just services at a place.

[13] This is not to say that mental-health-based efforts since the early 1990s have not greatly improved the comprehensiveness and effectiveness of children's mental health services. It is, however, intended to point out that these initiatives have been conducted almost entirely within mental health, bounded by its medical model and its inability to link with other needed services outside mental health. The separate definitions of "emotionally disturbed" in special education and mental health are a prime example of this insularity.

[14] An excellent article on DARE costs is found at
http://www.reconsider.org/issues/education/economic_costs_of_d.htm

[15] Music critics point out that in Beethoven's late string quartets, it is at times the silences between notes that matter as much to the music as the notes and the rest of the music—a point that gains added poignancy and power when one realizes that Beethoven was essentially deaf when he wrote those quartets. Sherlock Holmes solved once of his most important cases ("Silver Blaze") based on a dog that didn't bark—which proved that the dog knew the criminal. In both cases, what did not happen mattered more than what did. The Holmes term has passed intro the medical literature: "The term `non-barking dog' refers to a species of anomaly▬detail that could reasonably have been expected to appear in evidential text but which, for whatever reason, is absent." Eric Shepherd. "Non-barking dogs and other odd species." *Med Sci Law* 1999

[16] David Young (1999). *Managing Integrated Delivery Systems: A Framework for Action* (with Sheila M. McCarthy), Chicago, Health Administration Press.

[17] Some of these qualities of life-experienced workers are described in a forthcoming paper to be published by Cornerstone for Kids at http://www.cornerstones4kids.org/ as part of a set of activities funded by the Annie E. Casey Foundation under their Human Services Workforce Initiative.

[18] Eugene Bardach, (1998) *Getting Agencies to Work Together*, Washington, D.C.: Brookings Institution. 20-21.

[19] At our website, www.cffutures.org, the Collaborative Capacity Inventory and the Collaborative Values Index are described. We have used these in more than two dozen sites, in both online and workshop formats, to help groups seeking to become more effective collaboratives to self-assess themselves and focus on their strengths and weaknesses in collaborating. The Values Index assumes that a group of people or agencies with underlying values that are widely dissimilar will rarely be able to collaborate without understanding the values differences and getting them out on the table.

[20] Doug Nelson, "Found Difficult and Left Untried: The Governance Necessary for Service Integration."*Annie E. Casey Focus* 3 no. 1 (1993): 2–3, 19. (4)

[21]S. Gardner (2005) *Cities, Counties, Kids, and Families: The Essential Role of Local Government.* Lanham, Md.: University Press of America. 161

[22] Some of these issues are addressed in a chapter on the future of children and family services in the previously cited work.

[23] An article attempting to describe this long-term tendency, "Still Fragmented After All These Years," is available at our website, www.cffutures.org