

What coordination problems has your organization encountered?

When implementing an evidence-based practice (EBP), Mental Health (MH) provider organizations must spend time and money to coordinate a plethora of activities (e.g., referrals and planning) across a network characterized by internal and external inter-dependencies. Coordination across this network is challenging since the delivery of services to mentally ill individuals tends to be highly fragmented.¹ Findings from the Innovation Diffusion and Adoption Research Project (IDARP) can provide insight as to how organizations that adopt EBPs deal with these problems. At three data gathering points between 2001 and 2005, IDARP key informants were asked to rate, using a 10-point Likert-type scale, the extent to which coordination problems hindered EBP implementation efforts, where “1” is “to no extent” and “10” is “to a great extent”. This bulletin describes their responses to these two questions along with more detailed interview-based information.

Background

IDARP, a longitudinal study that spans multiple contact points, is comprised of 91 projects. (Because some agencies implemented more than one EBP, information is analyzed at the project level). This bulletin presents data from a subset of 42 projects that were still implementing at Contact Point Three. Each project had key informants who responded to the questions about coordination problems and were in the process of implementing one of the following four EBPs at the third contact point: 1) Cluster-Based Planning (CBP), a research-based consumer classification scheme; 2) Integrated Dual Diagnosis Treatment (IDDT), an EBP tailored for individuals with mental illness and substance abuse problems; 3) Multi-Systemic Therapy (MST), an EBP involving intensive home-based treatment for youth, and 4) Ohio Medication Algorithm Project (OMAP), medication algorithms related to schizophrenia and depression. Table 1 shows the number of informants for the 42 projects by EBP still implementing at Contact Point Three.

| EBP | Informants | | Projects | |
|-------|------------|--------|----------|--------|
| | # | % | # | % |
| CBP | 23 | 25.3% | 10 | 23.8% |
| IDDT | 46 | 50.5% | 22 | 52.4% |
| MST | 17 | 18.7% | 7 | 16.7% |
| OMAP | 5 | 5.5% | 3 | 7.1% |
| Total | 91 | 100.0% | 42 | 100.0% |

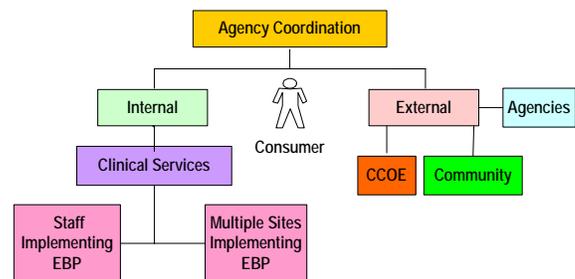
Data Analysis

Due to small and dramatically different informant sample sizes by EBP and time period, median ratings for the two Likert-type questions were computed for each EBP at each contact point. In addition, interview transcripts were analyzed with regard to references made about coordination problems.

Internal and External Coordination Model

A coordination model,¹ as described in organizational theory, helps explain how internal and external coordination issues affect the implementation process. According to this theory, MH providers deliver services within a network comprised of various internal and external inter-dependencies. To implement an EBP, the MH provider must develop mechanisms for managing relationships across this network to

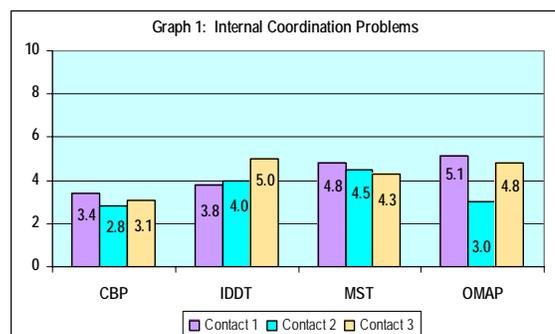
ensure that resources (e.g., money, referrals), information, and expertise pertaining to the EBP are transferred efficiently to and from the staff involved with implementing the EBP. Based on informants’ responses, the following diagram was drawn to depict the various internal and external inter-dependencies that must be coordinated when an agency implements an EBP. According to this diagram, implementing agencies typically must establish dynamic network relationships to allow the direct flow of resources, information, and expertise to and from the individual EBP practitioners. The coordination of network ties creates tension among the EBP practitioners, within the agency, and across the external network. Thus, strategies must be developed to resolve the tensions arising from these coordination efforts. As IDARP results discussed in the following sections indicate, the impact and importance of internal and external coordination issues varied by EBP due to the



nature of the EBPs. Consequently, the degree and complexity of the strategies developed to resolve these issues also differed by the EBP.

Internal Coordination Problems

At each contact point, informants were asked: “To what extent have internal coordination difficulties hindered the implementation

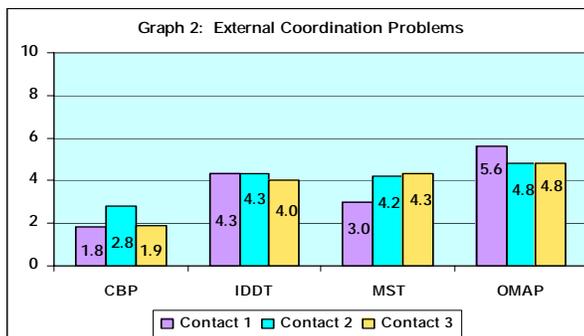


process?" Graph 1 shows the median scores for informants by contact point and by EBP. If one looks at the median scores for each EBP across the three contact points, one will notice that CBP informants indicated this problem hindered implementation to a "small extent (3 to 4)" at each contact point. For the other three EBPs, ratings ranged from "a small extent (3 to 4)" to "a moderate extent (5 to 6)" for each contact point. Respondents across all four EBPs indicated that internal coordination problems typically occurred when the agency implemented the EBP at multiple locations. In these situations, staff members implementing the EBP were unable to share information efficiently (e.g., infrequent joint staff meetings) and to develop strategies to address common problems. As one participant stated, "[Y]ou really need a team approach in one location where they can have communication ongoing with each other. Otherwise, going to a meeting once a month doesn't do it."

Besides multiple site coordination problems, IDDT respondents noted that inappropriate referrals from internal direct service units caused internal problems. Inappropriate referrals occurred due to lack of understanding about how IDDT fit within the agency's service delivery mechanism.

External Coordination Problems

At each contact point, informants were asked: "To what extent have difficulties related to the coordination with external entities hindered the implementation of the EBP?" When one looks at the ratings for each EBP across the three data gathering points, one can see that median scores for this question ranged from "no extent" to "a moderate extent". (Refer to Graph 2). At each contact point, CBP respondents indicated that the problem



hindered implementation either to "no extent (1 to 2)" or to a "small extent (3 to 4)". Ratings related to the other EBPs median scores ranged from "a small extent (3 to 4)" to "a moderate extent (5 to 6)" at each of the three contact points.

External coordination for MST, IDDT, and to a lesser degree for OMAP, appears to be more complex than for CBP because of the need to build a reciprocal referral process with external work units. In the interview transcripts, MST, IDDT, and OMAP informants frequently cited differences with external entities in treatment philosophies and expectations about what the EBP provided and how treatment philosophies affected the referral process.

According to OMAP informants, community agencies implementing OMAP often received discharged patients from hospitals that did not use the OMAP algorithms. Because the hospital treatment plans and the OMAP algorithm differed on the type and amount of medications prescribed, OMAP practitioners questioned which medication treatment plan was most appropriate to follow.

For MST and IDDT projects, respondents further noted that external agencies did not always understand which consumers should be referred to the EBP. According to one respondent, "[w]e got inappropriate referrals [from the community agencies], and we had to reiterate the basic criteria. It takes a while to get it functioning. . . ."

Conclusions

As mentioned earlier, strategies need to be developed to deal more effectively with coordination issues. These strategies may be applicable to both internal and external coordination issues. Drawing upon IDARP informants' comments, the following mechanisms may be used to reduce coordination problems that occur during EBP implementation:

Meetings

Scheduled and impromptu meetings among the EBP practitioners helped all EBP staff members coordinate planning, dissemination, and problem-solving activities. For MST and IDDT, planning, dissemination, and problem-solving meetings with other internal and external workers helped to alleviate problems with inappropriate referrals.

Liaisons

MST and IDDT teams often designated a specific team member, such as a supervisor, to serve as a liaison to other work units and to stakeholders. Liaisons were helpful when network coordination was critical or when conflicts arose, especially around referrals. For all EBP projects, liaisons also helped coordinate CCOE activities, such as trainings, data collection, and on-site consultations.

Trainings

According to informants across EBP projects, staff members implementing the EBP often conducted training sessions with their respective CCOE to help internal and external staffs understand the purpose of the EBP and how the EBP fit into the agency's and community's mission. Like the meetings held with internal and external staff, trainings also helped to solve referral problems.

Reference:

¹ Gittel, J. H. & Weiss, L. (2004). Coordination networks within and across organizations: A multi-level framework. *Journal of Management Studies*, 41(1), 127-153.

For more information:

IDARP Bulletins are issued periodically to report specific research findings that may be of interest to policy makers, practitioners, consumers, etc. For more information about this Bulletin, please contact Helen Anne Sweeney, IDARP Project Manager (SweeneyH@mh.state.oh.us).