3

Lessons of the Models

The preceding discussion of the models and innovations that have been developed to respond to the problem of AOD abuse among child welfare clients reveals nine common themes. These themes provide lessons from the many attempts to improve the links between AOD and child welfare systems.*

Lesson #1

Values matter, especially when the issues touch AOD and poverty.

Our attitudes about drug use (and use of alcohol, the consequences of which are often much more serious) and poverty are among the most stereotyped topics in our society. As a result, the public debate on these subjects tends to lurch from extreme to extreme, rarely confronting the "gray areas" where difficult decisions are necessary. The public and its opinion leaders exhibit polar extremes of reaction and overreaction to "crises" that become media-visible and then fade. From

* This section owes a great deal to three authors (whose works have been disseminated and supported by the Annie E. Casey Foundation): Lisbeth Schorr in the United States, and Gerald Smale and John Brown in Great Britain, whose work has been published by the National Institute of Social Work (NISW). There is a rich set of literature on policy and program implementation in the United States, notably work done during the past 25 years that began with Wildavsky and Pressman's seminal *Implementation* in 1973. Schorr, Smale, and Brown have all built from this earlier work, renewing it and giving it special relevance for policy aimed at children and families. Schorr's new book *Common Purpose* is a follow-up work to her 1988 book, *Within Our Reach*, and addresses the problem of taking successful pilot projects to scale. Smale and Brown's work has been undertaken as part of the Managing Change and Innovation Programme of the NISW. See Brown, J. (1996). *Chance favours the prepared mind*. London: National Institute for Social Work. With the exception of Brown's title, quotes from Brown and Smale have been Americanized in spelling.

denial that there is a problem, attitudes then shift toward a crisis mentality in which expensive "quick fixes" are attempted.

At the same time, we compartmentalize our attitudes about these difficult issues. This is shown by the widespread inability to see the connection between socially acceptable drug use (e.g., caffeine, nicotine, alcohol, prescription drugs) and drug "abuse." The public equates drug abuse with the use of "hard drugs" by low-income persons, rather than the abuse of alcohol or the misuse of mood-altering drugs by middle- and upper-income persons.

In CWS-AOD reform, these attitudes can make it difficult to sustain public support for middle-ground reforms. In a number of communities, the debate about "zero-tolerance" policies that insist on abstinence for CWS clients is almost solely focused on illegal substances, ignoring the far greater impact of alcohol on child and family problems. This has made it difficult to realistically discuss the financial costs and psychological impacts of strictly enforcing such policies by removing all children from homes where parents are using drugs.

In Sacramento, a public discussion of the merits of "harm reduction" as a public policy toward AOD use was made more difficult following incidents of children's deaths in substance-abusing families. The results included removal of a much greater number of children from their homes, foster care cost increases in the millions of dollars, and expansion of out-of-county placements. The lesson appears to be that discussing such value-laden issues in noncrisis times may build a residue of public understanding, while discussing these issues in crisis environments is far more difficult.

We are overdue for a reasoned debate about what we mean by "harmful drug abuse" in the context of children and families. But that will require sustained policy leadership above the level of specific programs. No one program can alter public attitudes built up over decades and entrenched in a context created by centuries of public opinion underlying some of these issues. This lesson can also be stated as a recognition that the *context* of reform matters as much as its *content*.

Clarifying the values of the general public and key stakeholders is an important part of innovation and its marketing. But our reluc-

tance to discuss values issues, and our tendency to polarize the debate when we do, complicates the values dimension of public education and policy change. What then happens is that in the absence of values consensus, policymakers and implementors tend to try to please everyone by "fudging" on the values choices: Which clients will get priority? When will sanctions be applied for clients who aren't in compliance? What is the role of the neighborhood in setting norms? These questions are values questions, but if innovation is carried on in an atmosphere that seems to be overly concerned with technical, fiscal, or programmatic issues, then the values issues will slip away and these questions will never be addressed in depth.

Targeting is an area where values matter a great deal. The decisions about whether male inmates or female parents should receive priority for limited AOD funding is not a technical decision—it is a values choice. And as we have already noted, whatever official policy statements may say about the importance of women and children, only 27% of publicly funded treatment slots are currently allocated to women.

Similarly, the decisions about when to terminate a parent's custody rights are obviously values decisions, and neither the laws or rules of program decision making will ever "automatically" force a decision to terminate parental rights. But in program design, as well as in implementation, these targeting decisions are often the last ones made. Often, they are made only by default, as events press for inclusion of one group, with the result that fewer of another group can be served unless funding is expanded. The targeting choices of how to respond to harder-to-serve clients are especially difficult, and programs usually opt out of these debates by taking a tacit position of "first come (or first referred), first served"—which is in effect saying the more difficult to serve will *not* be served.

Values disagreements are also important in negotiating the differences between CWS and AOD agencies, since each begins from different philosophical bases. The role of clients' motivation, the desire for abstinence in contrast with the need for harm reduction, the benefits of time limits and sanctions, the definition of client as parent, child, or whole family—these are just a few of the values issues that arise in

serious dialogue between the two systems. None of these, in our view, is irreconcilable. But few will be addressed seriously enough to identify and work out the differences if the values issues are ruled out or ignored.

For that reason, we urge that a *collaborative values inventory* (see Appendix A) be used as a means of anonymously assessing the extent of consensus in a group working on AOD issues. A group may be trying to collaborate without ever discussing the major underlying values that may unite them—or divide them. This tool has helped some groups understand what their disagreements are about.

Lesson #2

Without early, strategic attention to the scope and scale of reform, innovation reverts to isolated, categorical pilot projects with little impact on the organization or the larger target population.

Innovation that "succeeds" at the level of a pilot project but does not move beyond that state to wider implementation is a failed innovation. Gerald Smale has developed a devastating critique of the pilot project mentality, arguing that "pilot projects are how an agency inoculates itself against change":

> Special projects can attract considerable resentment from others in the mainstream of the organization, especially if the project workers are released from statutory duties or given extra resources....*organizations can be inoculated against innovation*. While people on pilot projects are developing their new form of practice, others in the organization are working out how they are going to avoid working in the same way....No matter how much we learn from pilot projects, we need other strategies for disseminating results and achieving widespread change [Smale 1996: pp. 25-26].

In our own work, we have emphasized the frequency with which pilot projects ignore the real resources and exhibit a "Willie Sutton problem." Willie Sutton, a bank robber in the 1920s, was once asked why he kept robbing banks; his answer was supposedly, "That's where

the money is." But in many communities, the emphasis is placed on relatively small, grant-funded pilot projects and on newly launched collaboratives, rather than changes in use of the much larger resources *already in the community* in the budgets of existing institutions.

Smale believes this pilot project mentality creates a barrier to innovation:

> ...departments are inoculated against innovation...[when] it is assumed that practice has changed after new management prescriptions have been declared, brief training undertaken, and the best intentions of staff have been gained [Smale 1996: p. 29].

He criticizes cursory training as the fallacy that "to know is to act differently." He also points out that reorganizing is how many organizations inoculate themselves against innovation; the reorganization itself is cited as though it were real change, and thus reduces the pressures for making real change at the frontline of practice. Weiner and others have also noted the tendency of organizations' political leaders to prefer to change *structure* rather than *strategy* when the organization comes under criticism [Weiner 1982].

Lisbeth Schorr agrees, using the phrase "the hidden ceiling on scale" to refer to barriers to expanding model projects. She suggests that effective replications share six attributes:

- They combine replicating the essence of a successful intervention with the adaptation of many of its components to a new setting.

- They have had the continuous backing of an intermediary organization.

- They recognize the importance of the systems and institutional context (i.e., they have an agenda for redirection of current resources, not just a grants agenda).

- They recognize the importance of the people context, requiring buy-in from line staff.

- They use a results-based outcomes orientation to judge success.

- They tackle, directly and strategically, the obstacles to large-scale change [Schorr 1997].

Using these criteria, it is possible to review pilot projects and distinguish those that have a solid chance of becoming strategic from those that are just isolated projects. For example, the CPS reform efforts in Missouri that have been implemented as a pilot project since 1994 included a built-in evaluation effort, were outcomes-driven, included more than 20% of the state's children in the demonstration areas, and proposed gradual phase-in of the features that proved effective. These elements gave far more assurance that the legislature and executive branch in Missouri were not just creating one more project, but were testing a model that had clear statewide implications from the first [Christian 1997].

It is obvious that sometimes legislators will adopt a pilot project when they could not be persuaded to take the greater risk of operating an innovation at a greater scale. In these cases, administrators seeking innovation have to weigh the costs and potential benefits of a pilot approach, including the likelihood that the legislature will accept evidence of success as a basis for expanding the innovation (as well as its readiness to support an adequate evaluation effort to document the outcomes). But it is the absence of a multiyear strategy and the tendency of some legislatures to spawn a series of unrelated pilot initiatives that justify caution in seeing a legislature's typical approach to pilot projects as a victory for innovation.

Some of these choices about the scale and structure of an innovation are visible in the choices made about how to organize the reform effort. One of the key choices is whether to place it at the core of the organization, to set it up as a separate unit removed from the mainstream of the organization's life, or to negotiate some compromise between these two poles. The trade-offs are clear: placing reform "all the way inside" the agency permits close ties to the organization's senior managers, but comes with the inevitable costs of moving at a

slower pace acceptable to those managers. Placing the reform unit farther outside in a "sheltered" position enables greater flexibility and a faster moving style of operation, but may make it more difficult to work closely with the senior managers.

CASE STUDY

In Sacramento, the AODTI effort was placed in a "reform unit," separate from the CWS managers who controlled the daily operations of the agency. But the leaders of the reform were chosen for their knowledge of the agency, with the ability to work with top managers and with line staff and community organizations. Until the CPS crisis created an entirely new situation, the reform unit had proven its ability to carry out Director Caulk's original vision and to mobilize resources throughout the agency for a "training-plus" reform that directly affected more than 2,000 employees of the agency who went through the training.

One reform manager noted that decisions about where to place an innovation unit were similar to decisions about quality assurance units, which need both independence to be able to judge effectiveness of agency practices and access to the mainstream of the organization to be credible. This tension and balancing is built into the decision about organizing reform, and knowing the organizational style and culture of an agency can help leaders make the right trade-offs in deciding how to structure reform so that model projects are not isolated.

Another arena that affects the scale of reform are the choices made about partnerships with external agencies. Operating from the basic premise that CWS reform requires resources *outside* the child welfare agency itself, supporters of any initiative that focuses on the impact of alcohol and other drugs must decide early how broadly to address the connections with the health and mental health system, the juvenile justice and adult corrections system, and the role of the courts. Some CWS reforms have started completely within the CWS agency, while others, including Sacramento's AODTI, have from the outset aimed their efforts more broadly at a wider array of targets.

CASE STUDY The Sacramento innovation team felt that their work with county criminal justice agencies and probation staff made it possible for them to carry the principles of the AODTI into other agencies and move beyond the child welfare arena of reform. "We were always more than CPS, from the start," stated one staff member.

This lesson about scale also relates to how a reform unit responds to the opportunities it has to influence other priorities of the organization *outside* the boundaries of the reform itself. This is related to the issue of parallel reforms discussed above. For example, in the past year, some CWS-AOD reform units have been forced to make a decision about how they are going to respond to welfare reform. Knowing that some of their clients will be directly affected by time limits, work requirements, and drug testing, CWS staffs have begun negotiations with TANF agencies. The temptation for some has been to "do another pilot," in which a small number of AOD treatment slots is set aside for TANF parents. But this approach may have the effect of restricting the scale of the reform to those few clients, instead of working directly with the TANF planning unit to set up new procedures and priorities for all TANF clients needing AOD services. Reformers need to recognize when they are achieving real system reform and when they have merely launched a new project that is buffered from the rest of the organization and unlikely to affect mainstream practice.

Finally, the issue of scale in reform is reflected in choices made about *rules*. In another context, we have used a four-stage theory of collaborative development that moves from earlier information exchange and joint projects to a third phase of *changing the rules* and a final stage of *changing the system* [Gardner, forthcoming]. In innovation, it is possible to distinguish between changes that take place *within* the rules of a given system, and those that seek to *change* the rules of the system. Clearly, the second kind of changes are harder, since they change relationships as well as rules [Smale 1996: p. 77]. The first involves changes in tasks and methods, while the second involves changes in roles and relationships as well. When roles and relationships are involved, innovation takes even more negotiation and buy-

in from those whose roles will change, as we discuss in Lesson #6 (page 66).

In CWS-AOD linkages, roles are often at the core of proposed changes, and as a result, changes in assessment and referral practices feel to workers as if they are major disruptions in the rules of doing business. That is why out-stationing an AOD counselor in a CPS agency or a school is much less threatening than proposing to change the role of *all* of the AOD counselors in working with external agencies. With a pilot approach to decentralization, the organization seeks to build a buffer against change by the rest of the organization. It is safer for the organization than a large-scale change in roles—but much less effective because it involves only a single staff member.

Lesson #3

Reforming systems demand a "theory of resources."

Several of the models and innovations described in this guidebook (and several that we recommend in conclusion) require more resources; for example, expanding training, addressing the treatment needs of adolescents as well as parents, and achieving realistic caseloads do not occur without cost. Some models involve additions of more staff and more treatment slots, which also require more resources. In addition to greater resources, however, *better* services and *different* ways of working together are needed in both CWS and AOD agencies.

A multifaceted resource strategy is a critical prerequisite to getting out of the pilot project trap. In program evaluation, the concept of a "theory of change" has become an accepted way of examining the logic that connects an intervention and its intended outcomes. But we believe that a "theory of resources" is equally important in making clear the assumptions about how the reform can expand—answering the simple, loaded question: *Who would pay for more of it, if it works?*

Providing more resources to the current staff and agency leadership in most CWS and AOD agencies *to work the way they are currently working* would result in marginal changes at best. More staff would be available, but they would work in systems that would still

be largely isolated, with increased referrals going back and forth between them but without agreements on new assessments to ensure that clients end up in programs that have the best chance of helping them. Workers unwilling or unable to ask the critical questions about AOD problems will miss as many cases as the current system, even if there are more workers. Nor will new funding provide any guarantees that progress will be made by AOD and CWS providers working under current purchase-of-services contracts, as long as those contracts measure success by numbers treated rather than according to the success rates and characteristics of the clients in the caseloads.

As noted above in discussing treatment effectiveness, not all parents need 18-month residential programs to be able to deal with their AOD problems. It is totally beyond the realm of fiscal possibility to replicate existing model programs across the entire system with intensive funding—*and a large percentage of parents don't need such intensive treatment for that length of time*. Generalizing from a "Cadillac program" is a fallacy of demonstration program thinking, assuming that if an intensive program works for some clients it will work for all and is needed by all.

In AOD-CWS reforms, four elements of a resource strategy are essential:

- *Savings and cost avoidance*. The data cited in this report on cost-effectiveness make a powerful case that treatment for the families and adolescents who are most at risk will have a payoff for those clients who complete treatment. Agencies need to commit resources to continuing to verify that the results of better AOD-CWS links can be proven cost effective, as the only way to justify budget decisions to move resources from the higher cost programs such as criminal justice and residential care to earlier treatment and prevention efforts. This strategy is currently being used in a number of mental health and juvenile diversion programs, such as in Alameda County, California, where more expensive slots for out-of-home care have been diverted to earlier intervention. Home visiting for high-risk par-

ents and infants is another arena in which this principle of cost avoidance has been put to work.

- *Redirection of funding from ineffective programs.* The argument for new funding rests implicitly on a premise that existing programs are effective. This premise cannot always be proven, and in fact has been disproved in some critical AOD and CWS programs, including school-based prevention programs (e.g., DARE). The great majority of parent education programs, an intervention used frequently for CWS clients, do not measure the outcomes of their instruction, but simply monitor attendance, with a few using pre- and post-tests that assess what parents *say* they are doing differently. In one community of 300,000 in which we work, there were four years ago 63 separate parent education programs—only a small number of which even used pre- and post-testing to determine their effectiveness. Until results-based accountability is applied intensively to programs to help parents or prevent risky behavior by adolescents, it is inaccurate to assume that new funding for these programs will invariably produce better results.

- *Blended funding.* The National Center for Child Abuse and Neglect demonstration projects mentioned earlier concluded that providing "collaborative, not categorical funding opportunities" was one of the most important policy changes that could be made in strengthening CWS-AOD links. The extraordinary efforts made by intensive services programs in some cities, securing funding from as many as 40 different funding sources, have come at a cost of countless hours of overhead time devoted to grant chasing and multiple reporting requirements. Blended funding legislation in a number of states has begun to encourage communities to develop "bottom-up block grants" by al-

lowing agencies more discretion to combine categorical funds in return for specified outcomes.

- *Mobilize people resources at the community level.* Finally, a theory of resources has to recognize that there are many more important resources than public funding. The "people power" and natural helping networks available in a community that understands and supports AOD-CWS goals can provide valuable citizen energy that multiples staff time greatly. Mobilizing this kind of citizen energy is what the Community Partnership approaches have been trying to do in the sites mentioned above, and it represents a serious resource strategy that can be far more valuable than securing another demonstration grant that runs out in three to five years. Faith-based organizations have often provided this kind of resource by donating their facilities for organizations of recovering persons, providing shelter for homeless AOD clients, and assisting with aftercare supports through networks of church members and outreach efforts.

To summarize this lesson about resources, there was an instructive incident in a recent session with federal grantees who were reaching the end of their five-year funding cycle. In a group of staff members from these programs, all of which provide AOD treatment to women with children, one grantee said in response to a presentation on funding options and sustainability strategies: "Why weren't we given this in the first year instead of the fifth year?"

That is the heart of our critique of pilot projects–not that they have not accomplished a great deal to show how systems can be changed, but that they typically lack (and funders have not sufficiently encouraged them to develop) a strategic conception of how to build on their successes with a theory of resources, a redirection agenda, and an institutionalization plan. Projects that have achieved success deserve more than mere refunding with another grant; they deserve sustained support in working to transfer their progress to wider levels of implementation.

Lesson #4

Parallel reforms and external crises can reinforce or undermine innovation.

In many communities, multiple innovations are under way as part of education reform, welfare reform, community development, youth services, Goals 2000, community asset mapping, substance abuse prevention, etc. In some neighborhoods, multiple decentralized facilities have been established, representing both public agencies and nonprofit or community-based organizations. At times, these initiatives compete with each other for publicity, elected officials' support, volunteers, grants, and other resources. In some cases, however, CWS-AOD reform has been able to make strong connections with AOD prevention campaigns, welfare reform, family resource centers, and county decentralized operations. Being aware of these parallel reforms is the first step toward avoiding competition as much as possible and achieving optimum impact whenever that is possible.

CASE STUDY In Sacramento, a matrix was developed that listed all the decentralized, community-based initiatives serving children and families. As this was being compiled, staff working on it were told that no such matrix of all neighborhood initiatives had ever been developed, and were asked to send copies to virtually everyone surveyed in its development. When completed, it showed dozens of separate offices sponsored by different city, school, county, state, and federal programs—none of which had ever been included in an effort to rationalize these programs in a single area. As a result, an early priority for the decentralization of CPS activities in two neighborhoods was clarifying their relationships to other decentralized initiatives already in these areas.

Some practitioners would point out that when an organization is already in the midst of innovation, (e.g., implementing welfare reform or a new child welfare information system), it is not a good time to launch new, *parallel reforms* that may compete with the prior innovation. As one organizational theorist notes, there is an obvious paradox: sometimes "we are too busy changing to look at how we are managing innovation and change" [Smale 1996: p. 77].

Sometimes crisis becomes the only external force that matters. In the CWS arena, by definition, the death or serious injury of a child becomes a spotlight event that can radically change perceptions of the agency and its workers and leaders. Once a critical incident throws a spotlight on an agency, major changes can result. As noted in Sacramento, this meant a seven-fold increase in the number of children whose parents were cited for substantiated abuse or neglect. Such an increase in caseloads and removals of children meant that normal operating styles were suspended in the short run in favor of new processes designed to err on the side of child safety. As a result, new AOD assessments became, ironically, an assignment that workers avoided, even though AOD problems were causing such an increase in caseloads.

Some studies of innovation argue that innovation works best when times are "normal" and resources are not overly tight, enabling changes to be made with transitional support for those workers and other stakeholders who will bear the main brunt of the innovation. The alternative theory is that innovation works best in times of crisis when an organization can do extraordinary things under the pressure of external events, creating a team spirit that mobilizes new resources and new energy. Only a local team can judge which of these is a more accurate reading of the local reality at any given point. In some sites, however, a CWS crisis that temporarily overshadowed AOD-related reforms eventually reinforced the *need for the reform*, once policy leaders understood that AOD issues and their fiscal effects were unavoidable.

Lesson #5

Leadership matters.

Leadership is important to innovation in several ways. First, leadership in innovation matters because leaders change over time; such changes can be beneficial or disruptive. But the deeper into the organization the reform goes, the more likely it can survive transition after leadership changes. So one task of leaders is to ensure that the roots of the innovation grow as deep as possible.

Leaders greatly influence innovation through their choices of the people who will carry out innovations on a day-to-day basis. Thus, staffing is one of the most important processes in reforming a system, since these are the people who will seek to bend the system to the new ways of doing business and, at times, to confront the system about its need to change. The skills and attitudes of these implementors become the critical ingredients of reform, determining the pace, intensity, and resources available to the innovation. The most fateful choices in innovation often are leaders' selection of their key subordinates, which becomes a form of succession planning for the initiative, if not the entire organization.

Second, leadership matters because leaders, at their best, articulate a vision and then guide a team in a clear set of actions that carries out the vision. As the innovation goes into action, the important part of the vision becomes the *accountability* for carrying it out—developing measures of progress and taking them seriously by using them to ensure that key supervisors are "on board" and not subverting the innovation. Experience in several innovations suggests that it is definitely not micromanaging for an innovation leader to monitor his or her priority initiatives to make sure that they are supported by key managers and line staff. Once those managers have been given a clear explanation of the problem, the logic behind the solution, and an opportunity to become active in designing the innovation, if their behavior remains blocking or subversive, they have become part of the problem and should be moved to other, less critical assignments.

CASE STUDY

The importance of leadership is apparent in the observation made by Dr. Robert Caulk in 1993, the Director of Sacramento County's Department of Health and Human Services; he stated that AOD was "almost 100% of our intake," forcing a "paradigm shift." In Caulk's lexicon, that meant that *all* HHS workers had to deal with AOD issues, and thus all should be adequately trained in doing so. Caulk's role was as a classic "product champion," to use a phrase from the innovation literature, which connotes a major top-level policy or management official who frames and defends the innovation. Not all of his mid-level supervisors were "on board" with the

new view of AOD issues, and some who were in critical positions had to be replaced before the project could move beyond the training-only trap.

Third, leaders have to get the resources needed for innovation by selling it to their own leaders: the elected officials or senior management generalists who control resources. Director Caulk's efforts to keep the County Chief Administrative Officer and the Board of Supervisors supportive of the AODTI were major accomplishments in the early stages of the innovation, and the loss of that support once the CPS crisis (ensuing from the tragic deaths of two children who had been under CPS oversight) became visible and slowed the reform brought a major shift in the resources available to the effort.

Lesson #6

Successful innovation actively involves people in the organization, especially those whose work is the focus of the innovation.

This lesson deals with worker buy-in, shared definitions of a problem, and the value of a deliberate process of "mapping" the support needed to achieve real reform. The primary point is that *selling the problem is a prerequisite to selling a solution*. If planning and innovation occur without "selling the problem" to all of the workers in the agency, the innovation will slip to a lesser priority when the agency is faced with a crisis.

CASE STUDY

"We agreed on the solution before we agreed on the problem" was how one staff member of Sacramento's CWS reform described the difficulty of persuading line staff that abuse of alcohol and other drugs was a central problem that required new training, new assessment tools, and a new way of operating with families. As self-evident as the AOD problem may appear, it does not automatically ensure implementation of the changes in daily practice required if an agency takes the AOD problem seriously. This issue is especially important in responding to the challenges of winning support from staff and managers.

Smale suggests that implementing innovation is a process of thinking clearly about three questions:

- Who sees what as a problem?
- What needs to change?
- What should stay the same? [Smale 1996: pp. 48-53]

We use these three questions to assess Sacramento County's initiative as a case study to illuminate what the Sacramento AODTI implementors tried to carry out as the priority goals, while pointing out some of the problems that were encountered in implementation.

CASE STUDY

"Who sees what as a problem" in Sacramento's AODTI? Smale's first question, "Who sees what as a problem?" was answered primarily by the planners of the AODTI, who saw the absence of AOD training as a problem for effective CPS practice. Careful monitoring of line workers' attitudes was also attempted through consultation efforts and the pre- and post-training survey of workers' responses to the training. But when the CPS crisis hit, it seems fair to say that workers and their supervisors did not see the AODTI and its new assessment options as a solution to their problem, but as a new problem itself. The lack of adequate buy-in from supervisors and managers meant that these supervisors did not have any attachment to the AODTI as an innovative approach that addressed a problem they felt to be significant enough to require new training and new assessments. Despite serious and ongoing efforts to involve both line workers and their supervisors, a majority of both groups essentially abandoned the AODTI when the pressures of the deaths of two children in the system created a new reality in the problem of rapidly expanding caseloads. The innovation had become the problem, not a solution to a larger problem accepted by both the innovators and the implementors.

To apply the concept of seeing innovation as the solution to a problem, the leaders of the Sacramento AODTI viewed the problem as the fact that AOD-related problems were affecting "nearly 100%" of clients in the Department of Health and Human Services. This seemed overwhelmingly obvious: the numbers showed it, intake studies showed it, experience

in other states and cities showed it. The solution, consisting of training, new assessments, and a new referral mechanism, was developed by managers at the top level of the organization, in consultation with line workers. The innovation was delivered by a combination of inside and outside staff and consultants, and was accepted by line workers and supervisors (until the external pressure of the CPS crisis).

As Smale puts it, "To introduce 'solutions' to people who do not perceive themselves as having a problem will not unreasonably be seen as imposing a gratuitous burden, or at least an inconvenient interruption in their work...It is unhelpful to focus on the innovation alone and judge success only in terms of the adoption or application of the innovation. It is dangerous if the innovation becomes a cause in its own right" [Smale 1996: p. 40].

At this point, innovation may be reinforced if the organization has adopted an approach to results-based accountability that emphasizes the *outcomes* of innovation, rather than the process of its implementation. If the innovation is seen as a solution to a measurable problem, results-based accountability will seek both *client and system outcomes* that track progress toward solving the problem.

Therefore, the number of staff trained is far less important as a useful measure of progress than *what they do differently when they return to carrying out the daily practices of the organization*. Sacramento monitored both kinds of outcomes, and one of the clearest signals that the innovation was not going well was when staff submissions of client assessments for AOD problems did not keep pace with the number of new cases in the system.

CASE STUDY

"What needs to change" in Sacramento's AODTI? In turning to the "What needs to change?" question, the reality of daily practice must be stressed: *line workers are the key to daily practice reform*. Their support for the changes in daily practice required for the innovation is critical to moving from a vision to change to making the change. Nor should workers be seen as inherently opposed to reform, if the reform is presented carefully after consultation with line workers' representatives. A recent publication prepared by staff of the AFL-

CIO and funded by the Annie E. Casey Foundation described several examples of union-supported human services reform [Calicchia & Ginsburg 1996].

In CWS practice, paperwork and the role of supervisors are both vital to influencing what line workers actually do. Substantial amounts of paperwork are inherent in CWS, because legal mandates compel a paper trail of what has happened to the client and whether time limits have been met. Supervisors, in turn, are where line workers go for advice (and for shared responsibility) in dealing with the hardest cases. In normal times, an increase in paperwork and mandates for new procedures will be unwelcome. In times when caseloads have increased, workers are even more insistent that their time be protected. In such times, if new forms are mandated, they may be filled out and submitted to adhere to rules, but they will not be thoroughly done or be useful as trustworthy data. If they are optional, few workers will comply.

CASE STUDY

In Sacramento, where the CPS crisis led to a dramatic decline in workers submitting required assessment forms, it was clear that the union was not opposed to the AOD training and assessments as such, but to the "layering" of new paperwork requirements and the new assessment *on top of* existing paperwork, which increased the time it took to fill out the new forms at a time when caseloads and pressures on workers were increasing greatly. (Added complexity resulted when the new AOD assessment process came during a period in which a new state CWS information system was being implemented, as well as a proposed state pilot risk assessment system.)

Some students of human services reform argue that mapping change requires identifying who, if any, are the perceived *victims* of the innovation. "Whose identity is changed?" is one way they phrase this question that has special relevance for CWS-AOD linkages [Smale 1996]. In such initiatives across CWS and AOD systems, an effort is being made to get both sets of professionals to work more effectively with the other system, in ways that sometimes appear to threaten workers' sense of their own identity. (It did not help in one of these initiatives when a senior official stated to the media that all CWS

workers would become AOD counselors, confirming many of their suspicions about role change that had already been voiced.) Innovation threatens the sense of identity of AOD workers who are told that they need to understand the child welfare system, and, similarly, of CWS workers who are told that they need to understand a completely different AOD treatment system.

Supervisors' reactions to new policy and changes in practice will determine a great deal of the response of line workers. The line workers carry out the daily practice of an agency, but key resource decisions are made by their senior managers—the directors and deputy directors of AOD and CPS agencies. In reforms where any of these key officials are lukewarm or opposed to the reform, their lack of support can cause costly delays in implementation. A senior manager who does not agree with an innovation has dozens of daily opportunities to overtly send that message to lower level staff, and line staff will quickly recognize such opposition.

Gaining the support of top managers is an important element in the initial phases of reform. When the goal is adapting to changes that raise the priority given to AOD problems, the whole organization must understand and accept these changes, and senior managers can set the tone for the acceptance. Whether those managers are in central offices or leading community-based decentralized teams, they can provide protection for innovation-minded staff who will otherwise wait until they get strong signals from their supervisors before they agree to take the risks of innovative practice. Sometimes senior managers who are working at the neighborhood level can effectively counter innovation blockers in the central office, but only if they are skilled leaders who understand how to help line staff adapt to change.

A further lesson that bears upon the role of senior managers is that training aimed solely at line workers may omit some management training needed by more senior staff who are expected to lead reform, but who may themselves not understand (or agree with) either its rationale or the new techniques being advocated. Staff development for senior managers of an agency is at least as important as training for line workers, but it can be much more difficult to arrange the time and ensure the credibility of the training aimed at senior

Beyond Training to Changing the Rules

This lesson reinforces two points made earlier in this document:

- The crucial role of assessment in tying together CWS and AOD efforts, and
- The failure of training alone to achieve system reform.

Once workers have been trained in new approaches to AOD problems, the process of change *has begun*, but it is far from complete. Changing assessments, ensuring that new forms are used and understood, establishing clear referral agreements with outside agencies—all these subsequent stages of AOD-CWS innovation have to happen *after* effective training has brought new forms of daily practice to line workers. A staff member in Louisville described the limited impact of training by saying, "I've been to a half-dozen trainings on AOD and they don't make any difference by themselves." Or, as one observer of the Sacramento reforms put it, "they loved the training, but they hated the implementation." Again, it was the external influence of the CPS crisis above all that led to the partial rejection of the new practice guidelines, not opposition to the concept of looking harder at AOD problems of parents in the CPS system.

managers who presumably rose to their positions because they had mastered their responsibilities. The assumption is not always warranted, but the resistance to training that follows from the assumption is often a problem.

CASE STUDY

"What should stay the same" in Sacramento's AODTI? The question "What should stay the same?" is addressed in CWS reform when innovators take into account the time costs of new assessment forms. In Sacramento's CWS reform, an effort was made at one point to observe a guideline summarized as "no net increases in time." This means that if new assessment forms are required, some of the old forms should be dropped or consolidated. For the Sacramento AODTI, the answer to the question was the time that workers spend per case must stay the same, unless new resources are brought into the agency.

Lesson #7

Innovation requires results-based accountability to determine whether practice and policy are really changing.

Innovation without accountability becomes merely rhetorical talking about change. A "tight feedback loop" that monitors the changes expected from the organization will enable a quicker response to lagging implementation, but it demands that the information systems be in place to provide that feedback. If workers are expected to change their daily practice, their compliance must be monitored regularly enough to provide accountability. If community agencies are expected to become more active in working with noncrisis families, the extent to which this is happening must be monitored by intake information or some other form of useful feedback. "How will we know that the new process is happening?" is not yet an outcome question—but it is a critical question, because without compliance with the new procedures, the intended outcomes will never happen.

It is also important not to overload an innovation with new hardware and software that defeats its own purpose. Sometimes automation means that data are collected solely for the sake of collection, without being connected to monitoring either workers' compliance or client outcomes. A decent data system can catch noncompliance, but the trick is designing a system that isn't so cumbersome that it produces noncompliance.

Finally, it must be clear that if CWS-AOD reform seeks new accountability for results with clients, this inevitably brings new accountability for work performed by line workers and their operating units. Such accountability is unusual at the operating level of most CPS agencies, and within AOD systems as well. The impact of this new form of accountability should not be understated in negotiations with workers' representatives and with senior supervisors.

CASE STUDY In Sacramento County, the capacity of the new information system to monitor both the number of clients seen by AOD counselors and the number of assessments performed by CPS workers brought some strong reactions from both sets of workers, none of whom had been held accountable at that level in the

past. But in both cases, for senior managers to have such information for the first time led to some important readjustments in caseloads and responsibilities that would have been impossible before the information system changes were made.

When innovation is accompanied by changes in the information systems that monitor workers' performance and client outcomes, the organization may for the first time be dealing with direct connections between what workers do and the results of what they do. This can be extremely unsettling. An innovation that is primarily oriented to training may be popular; adding assessment forms designed to track clients' needs and progress in treatment and determine if workers are changing their practice may be far less popular. Assessment forms can help diagnose and track clients; they also can detect *what workers are really doing differently*.

Lesson #8

In reforming systems, process and product need to be balanced.

Working across agencies that are unaccustomed to working together at all can sometimes make participants feel as if meetings alone actually represent progress. But they do not, and it is important to remember that they do not. To be sure, the process of building trust across AOD and CWS agencies is crucial, and that process takes time. But there must eventually be a product beyond the talking and trust building, or the process will have *become* the product—and no meeting in itself ever protected a child or supported a parent.

The good news is that state and local agencies and their nonprofit partners around the nation have increasingly used new tools for "putting the pieces together" across different service systems. These *policy tools* are capable of developing solid products that can lead a group of interagency or community-level partners beyond meetings and pilot projects to working at scale:

- Data-matching techniques for determining which clients are served by more than one agency or need resources from more than one agency.

- Case reviews that can accomplish the same purpose.

- Resource mapping and geocoding services information, using geographic information software that compiles information about informal community supports, formal public spending, and sites of services facilities or service incidents in a given neighborhood.

- Itemized "children's budgets" and budgets of total prevention spending in a community to documenting the costs of negative outcomes over time.

- Comprehensive inventories of substance abuse-related spending (such as Arizona's) to document and allocate by category all state AOD spending.

- Benchmarking to determine what outcomes and performance measures have been achieved by similar programs in other communities, using scorecards of neighborhood conditions and results-based accountability systems for program- and agency-focused outcomes.

- A collaborative values inventory (as described above) to assess a collaborative's willingness to address values issues that underlie policy choice, based on the degree of consensus within the group on those values.

- Collaborative matrices to identify all of the collaboration and coalitions that may be working on children and family issues in a given community.

- Evaluation of training content to determine whether the intended competencies are connected to the materials taught and the methods used.

Lesson #9

One size won't fit all.

The project prospectus for the Clark Foundation Community Partnerships makes this lesson explicit:

> The diversity of family behaviors that are represented in the abuse and neglect literature requires that communities' strategies respond to a wide range of family situations, and respond in an individualized fashion. "One size fits all" does not work to address this problem [Center for the Study of Social Policy 1997].

As the quote underscores, this need for diversity is true of responses to families and also of responses to communities. As a result, practitioners should be suspicious of any set of guidelines—including those in this work—that may purport to be "the only way to do it." There are definitely some broad principles that should be followed, and some powerful signals about how *not* to do it. But tailoring an innovation to local contexts is crucial to the innovation being fully rooted and accepted in that location, and to being sustained if it proves successful.

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