Governance Structures for Systems of Care

Preliminary Findings of Secondary Data Analysis

Context
This poster describes models of interagency governance used by systems of care funded in Phase IV of the Children’s Mental Health Initiative (CMHI). A qualitative analysis of secondary data, including community funding proposals and data collected as part of the CMHI National Evaluation’s System of Care Assessment (SOCA), was conducted to identify key interagency structures used by funded systems of care communities. Characteristics of these models will be presented including membership, roles and responsibilities, decision-making authority, and fiscal authority.

Study Goal
The overall goal of this project was to identify key governance structures used within systems of care funded through the CMHI.

Expectations in the CMHI GFA
The GFA guides applicants to develop a governing body that incorporates:

- Governance
  - Group with authority to make policy decisions
  - Group should include: representative from entity that received funding, collaborating state/community child serving agencies, family members, and community representatives (including racial/ethnic population representatives)
  - Develop and uphold formal agreements
  - Be accountable for standards of care such as cultural competence, family involvement, and standards of practice shown effective through research and evaluation studies
  - Ensure cooperative agreement funds are expended appropriately within the community by keeping up to date with reforms
  - Monitor clinical and functional outcomes
  - Can be a board of directors, committee, task force, workgroup

- Interagency Collaboration
  - Includes formal arrangements (MOUs, policy manuals, board minutes)
  - Provides a broad array of services
  - Should include child serving agencies such as mental health, education, child welfare, child protective services, juvenile court, juvenile corrections, primary healthcare, substance abuse treatment & prevention, vocational counseling, and rehabilitation
  - Is located in the community
  - Specifies roles of agencies in SOC: financial contributions, representatives in governance structure, participating in strategic planning and service delivery
  - Specifies if agencies are local or state entities

Study Design
This qualitative secondary data analysis considers the intersection of system of care governance with the system of care value of interagency collaboration.

Sample: CMHI communities funded in 2002

Data Sources:
- Guidance for Applicants (GFA) for the purpose of gaining clarity around the definitions of governance and interagency collaboration and the funding requirements related to these components
- Community proposals for the purpose of understanding community context and their initial plan for system of care governance
- SOCA reports for the purpose of assessing the development of governance structures and changes to the plan initially proposed

Analysis:
- Multi-disciplinary team composition, used to achieve diversity of perception and understanding in data collection and analysis;
- Multiple data sources, used to produce a comprehensive assessment (14 grant applications and 41 System of Care Assessment reports produced by the CMHI National Evaluation);
- All sites funded in 2002 during Phase IV (with the exception of one Native American community, which will be later examined with other Native American sites) were analyzed to access multiple approaches to governance;
- Use of team-based approach to analysis, including the development and utilization of a matrix in order to ensure inter-coder reliability.

Preliminary Findings

Two Core Governance Structures in Use

- **Single-level Governance Structure (9 sites)**
  - Interagency Council
  - Work Group

- **Tiered Governance Structure (5 sites)**
  - State, City or County Level
  - Regional or Local

Strategies for Building Effective Governance Structures:
1. A clearly articulated purpose for the proposed governance structure, specifying decision-making authority and fiscal authority, is critical for establishing effective and functional system of care governance.
2. Continued participation of interagency partners in governance requires that everyone understand the reason for their membership and how their organization’s participation will support the work they do within their agency.
3. Members must be able to make decisions on behalf of their agencies/organizations if the governance structure is intended to function as a decision making body.
4. Effective and functional governance structures require mechanisms for resolving disputes and making decisions when partners disagree.
5. Planned governance structures often require modification. Flexibility and a willingness to learn and change support the viability of governance structures.
6. Sustainability of the governance structure after CMHI funding ends requires that a clear distinction be made between the responsibilities of the governing body in system planning and development and the responsibilities of the grant staff in managing the grant.
7. For tiered governance structures, there must be clearly defined roles and responsibilities at each tier level and across tiers.

Implications for the Field
Communities that receive funding through the CMHI often struggle to devise a workable interagency governance structure for their developing systems of care. Preliminary data indicate that proposed governance structures often do not function as well as anticipated. This may require significant modifications or development of an entirely new governance structure during the grant period. With greater understanding of why and under what circumstances certain governance structures are successful, new systems of care communities could plan better for the most appropriate governing structures for their community.

Next Steps
1. Continued analysis will consider the following in each of core governance structure types:
   - Membership
   - Interagency roles and responsibilities
   - Decision-making authority
   - Fiscal authority
2. Examine System of Care Assessment scores of the 14 sites in light of preliminary findings.
3. Analysis will be expanded to include the remaining 13 sites funded in Phase IV.

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