



CQI Report¹

Collocation: Views from Staff – Time 2

Orange County System of Care March, 2011

This report presents findings from the second administration of a staff survey about the Orange County System of Care collocation model where staff from different departments work in one setting – “The SOC House.” The SOC House includes staff from the county departments of mental health, child welfare (DSS), and probation; a Family Partner from the local family-run organization (Family Empowerment Council, FEC); Care Coordinators from Rehabilitation Support Services (RSS); and two administrative support specialists.

Probation Officers rotate one day a week at the SOC House; all other collocated staff are assigned full time to the SOC House to receive referrals, process intakes, and provide family support and care coordination. The Project Director and Family Lead are also located at the SOC House. Additional Family Partners provide support to families, youth, and young adults and are integrated into the overall team but are not physically located at the SOC House. All the staff mentioned above are considered members of the “Collocated SOC Team.”

In an effort to assess the functioning of the collocation model, staff and supervisors of the Collocated SOC Team, complete an anonymous survey at regular intervals.² This CQI Report presents the results of the second administration of the Collocation Staff Survey. Please visit www.mysystemofcare.org for a copy of the first report.

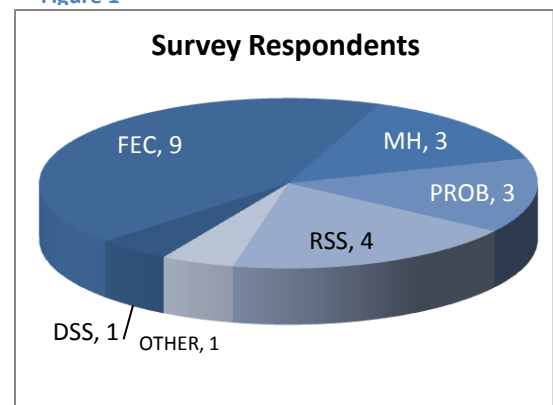
SURVEY DETAILS

For the second administration of this survey we modified the first round survey slightly to incorporate staff suggestions. Some questions were reworded for clarity, a few questions were added, and one question was dropped.³ The revised survey consists of 29 items in the same five theme areas: I. Communication, II. Training and Shared Learning, III. Supervision and Management, IV. Physical Collocation, and V. Team Functioning. Space was provided under each question and at the end of the survey to write in comments. The findings below present changes in responses from the first survey (Time 1 or T1) to the second survey (Time 2 or T2). There were 19 respondents at T1; 21 respondents at T2.

Who Completed Surveys?

Twenty-one team members completed the survey (Figure 1): 1 from child welfare (DSS), 9 from FEC (family support), 3 from Mental Health, 3 from Probation, 4 from RSS (care coordination), 1 from “Other” not specified. All of the team members work full time but the amount they work at the SOC house varies. Interestingly, 6 respondents indicated they spend less than 100% of their time dedicated to system of care work, indicating that workers perceive the system of care as a *project* rather than as a *philosophy* to guide their everyday work.

Figure 1



¹ As part of the federally-funded initiative, the Orange County New York System of Care (SOC) is engaging in an ongoing, multi-component evaluation study. One major study component is the Continuous Quality Improvement (CQI) process to monitor the implementation of system of care principles and practice on an ongoing basis. Please visit www.mysystemofcare.org and click on “How Are We Doing?” for more information on the evaluation program.

² The Project Director and Family Lead are not administered the survey.

³ Q21 “The intake form gathers the right information” was removed.

FINDINGS

We present the findings from each theme area. Time 1 responses are left blank for those items just asked at Time 2. Each table presents the percentage of respondents who “Agree or Strongly Agree” with each statement, as well as the average scale scores for each item. The scale ranges from 1 (Strongly Disagree) to 5 (Strongly Agree), with higher numbers indicating greater agreement with the statement.

I. COMMUNICATION

Overall the responses indicate that communication has improved, particularly in clarifying the chain of communication for questions about eligibility, intake, and forms. The most improvement was in the item “I get my questions about the SOC answered in a timely fashion.” Work remains making communication consistent within the house and with outside agencies, as indicated in the smaller proportion of workers who agreed with Questions 27 and 28.

Table 1
Communication

	Agree/Strongly Agree		Change*	Average Scale Scores	
	Time 1	Time 2		Time 1	Time 2
1. I know who to go to if I have questions about SOC eligibility.	84%	100%	↑	4.17	4.71
5. I know who to go to if I have questions about the intake process.	84%	95%	↑	4.17	4.38
9. I know who to go to if I have questions about SOC forms.	84%	90%	↑	3.89	4.38
13. I know who to go to if I have questions about the different phases of the intake and enrollment process.	--	86%	NA	--	4.29
15. I get my questions about the SOC answered in a timely fashion.	63%	86%	↑	3.56	3.90
27. Communication and the relaying of information is consistent throughout the SOC House (e.g., you get the same answer from everyone).	--	24%	NA	--	3.06
28. Communication and the relaying of information is consistent between the SOC House and community agencies.	--	43%	NA	--	3.06
Percentages may not sum to 100% due to rounding. Scale: 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree. “Not sure” is considered missing. *There were no statistically significant differences in scores from Time 1 to Time 2.					

While improvements are reported in Table 1 with confirmation from some open-ended comments, there were a few comments that indicate continued dissatisfaction with the efficiency and consistency of communication. Comments include complaints about needing to ask several people to get or confirm an answer, answers changing depending on whom is asked, and not being able to get a timely response if a key person is not available. One worker noted that e-mails may not be the best method as they are “not read or not read right away.” There was a question whether the suggestion box – a recommendation that emerged from the discussion of the first report – was being used or that everyone knew it was available.

In terms of communication with outside agencies, two people used the term “misunderstandings” and cited a need for more community education to address “different levels of understanding and buy-in.”

Recommendations

- Improvements remain in the area of developing a centralized and consistent method for communicating information to the Collocated SOC Team as well as with staff from outside agencies.

II. TRAINING AND SHARED LEARNING

Workers reported improvements in receiving training and opportunities to learn about systems other than their own. Some workers remain uncertain about the services and resource available for youth and families (Q4, Q26). The recommendation stands from the first report to develop a centralized resource list.

Table 2
Training and Shared Learning

	Agree/Strongly Agree		Change*	Average Scale Scores	
	Time 1	Time 2		Time 1	Time 2
2. I have received the training I need to do my job related to the SOC.	47%	86%	↑	3.58	4.14
4. I know what services and resources are available for youth who are eligible for SOC.	68%	67%	↔	3.94	3.62
6. As part of the Collocated SOC Team, there are opportunities for me to learn more about children's mental health.	74%	80%	↑	3.89	4.11
20. Being part of the Collocated SOC Team gives me the opportunity to learn about other service systems (for example, if you work in mental health, you are learning more about DSS and Probation).	79%	90%	↑	4.00	4.26
25. There are enough opportunities for cross-system information-sharing at the SOC House.	--	67%	NA	--	3.94
26. I know what services and resources are available for youth who are not eligible for SOC.	--	55%	NA	--	3.58
Percentages may not sum to 100% due to rounding. Scale: 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree. "Not sure" is considered missing. *There were no statistically significant differences in scores from Time 1 to Time 2.					

As with Time 1, workers are still requesting more opportunities for information sharing as well as a centralized resource list or document. For example,

“Services change and we don't have lists or updates. That's another reason talking together helps to get ideas about services.”

A few comments also indicated that cross-system sharing and integration of workers into the Collocated SOC Team is not felt across all staff. Changes to intake meetings and case conferencing schedules have left some feeling “isolated”.

Recommendations

The recommendations from the Time 1 report are still relevant:

- Community resource lists from each system should be made available to all staff at the SOC House; consider developing a centralized list of resources.
- Offering both informal and formal opportunities for exchange will foster the cross-fertilization of knowledge and experience among the collocated staff with the goal of establishing a mutually-dependent team.

III. SUPERVISION AND MANAGEMENT

Large gains were seen in the areas of obtaining regular feedback and understanding one's role on the collocated team. There was a dramatic increase in the percentage of workers who agreed that the SOC House is managed well, from 28% at Time 1 to 67% at Time 2. Roughly two-thirds of workers also agreed that the collocated intake process is managed well. However, one-third remain unclear whether their supervisor thinks they are doing a good job. Several workers noted that they do not get feedback (positive or negative) from their direct supervisor, some noting that they do, instead, receive feedback from other staff members.

Table 3
Supervision and Management

	Agree/Strongly Agree		Change*	Average Scale Scores	
	Time 1	Time 2		Time 1	Time 2
Supervision					
10. I know if my supervisor thinks I'm doing a good job related to the SOC.	58%	67%	↑	3.32	3.95
17. I understand what my role is as part of the Collocated SOC Team.	61%	86%	↑	3.56	4.14
19. I get regular feedback on how I'm doing as part of the Collocated SOC Team.	44%	71%	↑	2.94	3.81
23. I know who my supervisor is (or who to report to) for SOC-related tasks.	--	90%	NA	--	4.40
Management					
8. The collocated intake process is managed well.	--	62%	NA	--	3.55
18. The SOC House is managed well.	28%	67%	↑	3.13	4.05
Percentages may not sum to 100% due to rounding. Scale: 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree. "Not sure" is considered missing. *There were no statistically significant differences in scores from Time 1 to Time 2.					

As with the quantitative data, comments were mixed. Some offered positive comments that things are "improving", "it feels like a healthy environment," and offered compliments to the administrative staff. Among those who did not agree with the two questions about management, the comments were in direct contrast to "a healthy environment". For example, one person expressed, "...we are not comfortable speaking up." Another mentioned that the new supervisory structure is "unwelcome." One comment noted a lack of a cohesive management model, "[I] don't see overall management. Departments are left to their own devices to get work done."

Recommendations

- Project management is encouraged to review the type, quality, and consistency of the supervision provided to workers.

IV. PHYSICAL COLLOCATION

There was improvement in the percentage of workers who rated the physical collocation items positively. Notably, 100% of the respondents agreed that collocating staff is a good idea. There was a large increase from Time 1 about staffing working well (5% vs. 53%). The comments confirmed these findings. For example,

"It's great to combine everyone's knowledge or ideas."

"It is a well-oiled machine!"

Still, about half of the staff are neutral or unsure about the staffing at the SOC House. The rotation of Probation workers was mentioned again as a frustration, with one person adding that Probation staff "is at a disadvantage due to rotation." One mentioned that staff members from different agencies work at different paces. Lack of privacy/eavesdropping was mentioned as a downside of the collocation model.

Table 4
Physical Collocation

	Agree/Strongly Agree		Change*	Average Scale Scores	
	Time 1	Time 2		Time 1	Time 2
3. The collocated intake process is an effective way to get youth and families enrolled into the SOC.	58%	76%	↑	3.83	4.15
11. Co-locating staff from different departments is a good idea.	78%	100%	↑	4.12	4.57
12. Implementing the co-located intake process is going well.	37%	81%	↑	3.29	4.00
21. Staffing of the SOC House is working well.	5%	53%	↑	2.37	3.76
24. Youth and families are better served within the system of care than with “usual” services.	47%	62%	↑	3.44	3.85
Percentages may not sum to 100% due to rounding. Scale: 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree. “Not sure” is considered missing. *There were no statistically significant differences in scores from Time 1 to Time 2.					

There was an acknowledgment that collocation has not been an easy process:

“Co-location was difficult to get used to in the beginning, but I think we have all learned how to interact with each other appropriately and effectively. We are settling into our roles and are developing a respect towards each other and the work that we do.”

One worker noted that collocation may be working at the SOC House but the model or philosophy has not had a broader impact:

“We have collocation but SOC is working in silo committees and most people don't have “the big picture.” Committees are making decisions without input from workers and, without knowing what other committees are doing, are sometimes not compatible.”

Regarding the system of care approach compared with “usual” services, one worker expressed a concern about waiting lists and the time it takes to schedule a wraparound meeting, suggesting the addition of another urgent care social worker.

“Families who are on wait lists need more than a phone call every 2 weeks from the house.”

Recommendations

Responses regarding collocation demonstrate improvements since Time 1. This model is a continuing work in progress.

- Given the reiteration of frustration over rotating some staff, a careful assessment of the effectiveness and efficiency of this practice is warranted.
- Each agency/department brings to the SOC House its own organizational culture and way of doing things. Opportunities for open discussion can offer a constructive venue to learn about each others’ systems and discuss the effect of different approaches on internal communication and morale.

V. TEAM FUNCTIONING

The functioning of the Collocated SOC Team improved dramatically since the first survey. Team members seem to be relying on one another and working together as a team more at Time 2 than at Time 1. Some comments indicated that this might not happen all the time or across all workers; others stated that “everyone is respectful and helpful” and “I love when we come up with ideas together that I wouldn't have thought of myself”.

Table 5
Team Functioning

	Agree/Strongly Agree		Change*	Average Scale Scores	
	Time 1	Time 2		Time 1	Time 2
7. My knowledge and experience are valued in my role with the SOC.	74%	95%	↑	3.68	4.29
14. I feel that I am an important member of the Collocated SOC Team.	67%	71%	↑	3.50	4.15
16. I ask SOC House Team colleagues for their input on complex cases.	37%	81%	↑	3.95	4.14
22. I am asked for my input on complex cases.	53%	94%	↑	3.42	4.60
Percentages may not sum to 100% due to rounding. Scale: 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree. “Not sure” is considered missing. *There were no statistically significant differences in scores from Time 1 to Time 2.					

Recommendations

Improvements in team functioning will take continual attention and cultivation to sustain.

- Consider ways to ensure that respect and mutual reliance become a standard of practice among the Collocated SOC Team.

SUMMARY

The results of this survey indicate improvements, some dramatic, in all areas related to the implementation of the Collocated SOC Team model. This is encouraging given the short interval between surveys (August 2010 to January 2011). Work remains in each of the areas in order to sustain positive trends and to make mid-course corrections to further the successful implementation of the model.

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