Getting Started

♦ Develop a strategic approach to building and reinforcing consensus on systems problems and alternatives.

♦ Learn methods to utilize local expertise, identify action-oriented principles and improve motivation to stimulate change.

Focus on Strategic Planning

This issue focuses on the process of strategic planning and action. With a broad-based coalition of stakeholders, the use of strategic thinking across multiple systems is invaluable. A strategic approach to problem definition and systems change can help build and reinforce a powerful consensus on underlying system problems and desired alternatives.

Utilizing local expertise, an effective strategic planning process identifies shared, action-oriented principles and provides motivation to stimulate change. Strategic planning requires the careful development of solutions to identified problems. The solutions must be rooted in an analysis of available data and incorporate the perspectives of all involved systems and stakeholders.

 Acknowledge the Baseline Norm

Strategic planning begins with an understanding of how both the public and private sectors approach organizational management and systems change. Some public sector mental health and substance abuse treatment systems rely primarily on some form of crisis management rather than on strategic planning. Local funders and service providers may find themselves responding repeatedly to the “crisis of the day.” These crises may be a result of:

♦ the termination of programs or funding;
♦ shortages of well-trained staff;
♦ external pressures from government officials, advocates and the public;
♦ demands for an immediate response to a publicized incident; or
♦ requests for information and data on a particular subset of the population receiving services.

The ongoing demands of this approach on staff, at both the direct service and systems levels, and the requirements of a regulatory environment make it difficult to step back from the constant pressures of daily operations.

In this environment, it is virtually impossible to develop long-range goals or the vision essential for successful strategic planning. The long-range planning that does occur is likely to be hindered by incomplete data and/or a limited perspective of environmental factors that can promote systems change. Time may rarely be scheduled to consider plans and actions or their effectiveness.

Step Back from the “Crisis of the Day”

Functioning in a crisis management mode promotes a reluctance among public sector funders, planners and providers to step back from the urgent dilemmas of the moment and envision an alternative. The problem here is simple—a crisis mentality can become standard operating procedure. It becomes difficult to see beyond the daily crises to view the system from another perspective.

Systems integration requires that we recognize the value of long-range planning. Strategic planning and problem solving require us to deliberately remove ourselves from our daily routine and from the hectic demands of the workplace.

When was the last time someone in your system tried to schedule a planning retreat away from the office only to discover that staff were unwilling or unable to get away from the office, even for one day? Schedule retreats anyway. Retreats can be an excellent way to launch a successful strategic planning process. Insist that key system players attend. Electronic pagers and cell phones should remain in the office or be checked at the door.
As participants relax into the retreat environment, they will soon discover a sense of relief as they learn to resolve crises without the use of telephones, fax machines or email messages.

**Get Strategic**

Once your systems and key stakeholders have stepped out of the crisis management mode, strategic planning can become a process that facilitates the development and implementation of creative change and that improves the structures and functions of service delivery systems. Although strategic planning may be avoided because of the perception that the process is too complex and time consuming, a strategic approach to problem solving and system change involves a straightforward set of activities that are neither complex nor cumbersome. The key steps in the strategic planning process are summarized below.

**Develop a Vision Statement**

The process of crafting a vision statement was described in the second issue of *The Change Agent’s TOOL BOX* titled “Building Coalitions.” Vision statements should be concise, catchy and compelling. They should help to redirect the system and reflect diverse perspectives to promote broad public appeal.

As multiple stakeholders began a strategic planning process to promote improved services for persons with co-occurring disorders in King County, Wash., the “No Wrong Door” vision was used to describe how an effective system would function.

**Conduct an Environmental Scan**

Sometimes described as a SWOT Analysis (strengths, weaknesses, opportunities and threats), an environmental scan describes the key elements each system must address to promote systems change. The scan may include economic issues; demographic considerations; political and cultural factors; historical and fiscal realities; and issues related to broader attitudes and community perspectives about mental illness, substance abuse and co-occurring disorders.

**Assess Existing Systems and Resources**

Once the environmental scan has been completed, the next step in strategic planning is to make a candid and careful inventory of the programs, services and system functions that either facilitate or hinder integration and system change. This assessment will identify needed changes and system adjustments and offer alternative frameworks to meet local needs.

**Draft a Strategic Plan**

Now is the time for the first iteration of a strategic plan. Building on the vision, environmental scan and assessment of existing systems and resources, the strategic plan is the step-by-step process for implementing the systems-change initiative. Goals, objectives, strategies, timelines and outcomes must be identified. The plan should be specific and concrete. Progress toward identified goals should be measurable in increments that afford opportunities for both short- and long-term achievements.

**Market the Plan**

Once the draft strategic plan has been completed, those responsible for plan development must ensure that key stakeholders have opportunities to review the plan and to provide feedback, guidance and support. Often the group of stakeholders that crafts the plan is a subset of a larger group assembled as part of the strategic planning initiative. Taking the “product” back to the larger stakeholder group is an important and often overlooked component of the process. The greater the sense of ownership across multiple systems, the more likely the plan will be to succeed.

**Develop a Project Management Plan**

As with systems integration, strategic planning is not an event but a process. Systems do not integrate spontaneously, nor do plans implement themselves. Expectations for relevant players, procedures and timelines must be clearly defined and monitored. Responsibilities for specific roles and duties related to managing activities should be
clearly articulated, understood and acknowledged.

Reassess and Modify the Plan

Strategic plans are, at least initially, theoretical statements. Few theories are flawless, and lessons learned during implementation require that systems have the ability to return to the original plan to make modifications. Effective strategic planning establishes and maintains a process for continually assessing the system’s progress. A future issue of the TOOL BOX will be devoted to evaluating progress and outcomes of systems-change efforts.

Put the Plan in Action

The theoretical foundation of strategic planning may not begin to make sense until it is applied in a specific setting. For example, King County implemented a strategic planning initiative to address the unmet needs of homeless individuals with serious mental illnesses.

After extensive community discussion, the “No Wrong Door” vision was adopted and refined. The vision “No Wrong Door” does not mean a single point of entry for services, which limits access, but a system in which every doorway becomes a “right” door, regardless of a person’s presenting problems. The vision challenged the way that we silo resources and services and articulated a system that incorporates the perspectives of clients seeking services. The environmental scan had documented the region’s limited services targeted to homeless persons with mental illnesses. Although the desire to increase system capacity among providers in all systems was a key strength, the inability to meet more than a fraction of the documented need was a critical weakness.

Among the opportunities identified were those presented by a five-year, federally funded research and demonstration project called Access to Community Care and Effective Services and Supports (ACCESS).

The ACCESS program funds received in King County not only provided resources for new services for homeless persons with severe mental illnesses, but they also required the exploration of integrated services for the target population. Encouragement from ACCESS staff at the federal level helped to stimulate the local strategic planning process and informed the work of identifying system strengths, weaknesses, opportunities and threats.

Among the threats identified by the environmental scan was the growing reliance on the criminal justice system—especially the county jail—for providing basic custodial care to homeless persons with mental illness. Some stakeholders perceived that the system criminalized homelessness. The phenomenon of “trans-institutionalization” shifted responsibility for a large sector of the disabled population from state hospitals to local jails. Stakeholders recognized the dangers inherent in devoting an ever-increasing proportion of local tax dollars to funding capital and operating costs associated with the local jail.

The assessment identified major structural flaws in the existing system. Most notably among these was the way in which the local service environment mirrored precisely the siloed, categorical structure of the federal, state and local systems that funded services to homeless persons with multiple problems. Mental health, substance abuse and homeless services remained largely separate and incompatible. In a clinical environment driven more by diagnosis than by individual need, the label assigned to a client defined the package of care he or she could receive more than the results of an individualized and tailored assessment. Despite the documented presence of large numbers of persons with co-occurring disorders, the assessment phase of King County’s strategic planning process uncovered a widespread absence of services.

Listen to Stakeholders’ Reactions

The initial strategic plan went through a half dozen drafts that were reviewed, refined and revised by multiple system stakeholders. The final product presented the concept for an alternative future—a single authority holding responsibility for the planning, funding and implementation of integrated mental health and substance abuse/chemical dependency services.

Initial reactions to the plan were strong and unequivocal. Some stakeholders agreed with the plan’s recommendations. Other stakeholders—particularly providers in the mental health and substance abuse fields—opposed the plan.

Providers in the substance abuse system were concerned that their professional identities would be overshadowed by the mental health system. Many expressed fears that every person with a substance abuse problem would need a psychiatric...
diagnosis. Providers in the mental health system were concerned that addicts would overrun mental health service sites.

As the discussion unfolded, it was evident that each system continued to rely on its own initial assumptions and stereotypes. Statistical analysis increasingly suggested that co-occurring disorders are far more common than either system was willing to recognize.

Nonetheless, examination of each treatment system’s structure confirmed that there was great value in preserving the integrity and identity of both mental health and substance abuse services even as the two systems developed new services for people with co-occurring disorders. An agreement was reached to design an integrated system and meld the strengths of each discipline.

Five years after articulation of the “No Wrong Door” vision—following extensive discussion and processing of issues at the clinical, bureaucratic and political levels—the mental health and substance abuse treatment systems were incorporated into a single authority. A new structure offered an opportunity to create a system undivided along professional and financial lines. The system moved toward integrating into a single organization designed to meet individual needs based on a client-centered model of care.

**View Integration as a Process**

Efforts to promote systems integration to improve services may fail if they are viewed as an event rather than a process. The formal reorganization of King County’s mental health and substance abuse systems into a structurally integrated Mental Health, Chemical Abuse and Dependency Services Division did not end the systems integration process. An integrated organizational chart does not guarantee an integrated system. Only after the King County Council’s unanimous vote to reorganize the systems did the real work of integration begin.

Implementing an integration agenda requires as much effort as the development of an initial plan. Advisory bodies established to inform the planning process can evolve into oversight groups to ensure that guidelines are followed and goals met. Renewed energy and effort are required to prevent the integration process from stalling over difficult issues.

Key parties and participants must be included in this process to ensure success. The interest and energy of policy makers must be sustained. The ongoing participation of system funders and administrators is crucial. Service providers must remain engaged as effective practice models are researched and consensus is developed.

Consumers and family members must remain actively involved in monitoring and providing advice on the integration process. Their advocacy is an essential ingredient for keeping the process on track. Individuals who receive direct services often know how the system needs to change.

In King County, the formal reorganization of the mental health and chemical dependency systems became a starting point for stimulating new levels of integration discussion and activity. Without a continuing commitment to the core principles of systems integration—sharing of information, planning, clients and resources—integration efforts will most likely fail to materialize.

Finally, of course, finding the resources necessary to implement strategic changes that result in systems integration is a challenge. Without the necessary funding, staffing and programming, even the most carefully designed strategic plan may not succeed. Identifying and accessing these resources will be the subject of the next issue of the TOOL BOX.

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