



Performance Measurement Learning Collaborative

Massachusetts Levels of Organizational Integration



Collaboration Theory

Collaboration is a powerful strategy to achieve a vision otherwise not possible when independent entities work alone.

However, it's a hard term to grasp.

R. Gajda (2004)



MA Prior Research

The MA Lifespan Respite Caregiver Needs Assessment. In 2014, the MA Lifespan Respite Coalition distributed an online survey (2014) to caregivers. Total of 380 caregivers completed the survey.

Survey results:

- **Access:** 36% of caregivers did not know where or how to access services
- **Effect on employment:** 46% of caregivers were often late or needed to leave work early; 41% used vacation or personal time; 11% reduced their hours; and 27% changed their career or position to accommodate caregiver demands
- **Financial burden:** 59% paid for respite services out of pocket (opc). Annual opc exceeded \$5,000.



State Respite Services

Prior research (2017) of policies and programs for state and federally funded respite services across Massachusetts' state agencies included, an environmental scan of state programs and key informant interviews with state program staff.

The researchers explored current delivery practices and potential gaps in Massachusetts' long-term services and supports (LTSS) respite programs and options.

The results demonstrated the variability in Massachusetts' state policies and program practices in four primary areas:

- 1) The types of respite services offered by state agencies,
- 2) The agencies definition of respite services,
- 3) Variability in the ability of families to access services, and
- 4) The methods employed to track the delivery and outcomes of services. This study concludes with recommendations to enhance the delivery of respite as an integral part of long-term services and supports in Massachusetts



Advancing State Lifespan Respite

Caregiver Respite State Action Group:

Executive Office of Health and Human Services (EHS),

Department of Children and Families (DCF),

Department of Developmental Services (DDS),

Department of Mental Health (DMH),

Department of Public Health (DPH),

Executive Office of Elder Affairs (ELD),

MassHealth (MH)

Massachusetts Rehabilitation Commission (MRC),

University of Massachusetts Medical School (UMMS)



1. Pre-survey of state respite program managers
2. Evaluate the outcomes of the state action group using LOIR during 3-phases: initial, mid-grant, final:

Research questions:

- a) What is the current level of collaboration?
- b) What is the needed level of integration?
- c) What is the expected outcome for the state action group?



Pre-Survey Results

MLRP evaluation team conducted an initial survey of the six primary state agencies that provide respite services (DDS, DMH, DPH, ELD, MH, MRC). Four (67%) of the agencies responded. The results show:

- Definitions of respite varies across programs
- Respite is predominantly available for individuals with disabilities
- There are four types of respite: Planned, Emergency, In-Home and Out of Home/Facility Based
- There are no standardized respite training requirements across agencies
- Tracking of respite referrals and utilization is inconsistent
- Only one agency had respite-specific public facing materials/information



Principals of Collaboration



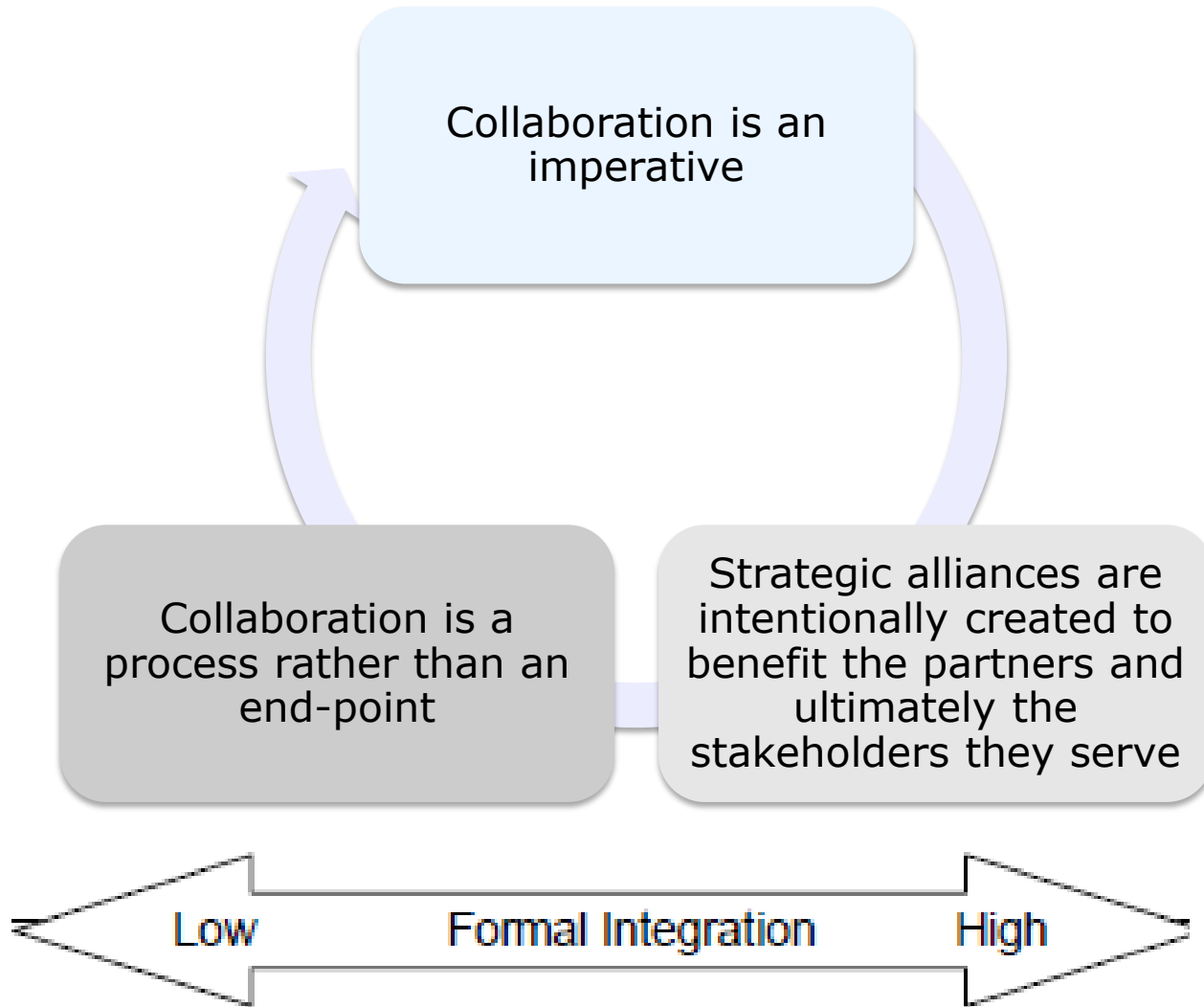
Collaboration depends
on positive relationships



Collaboration develops
in stages



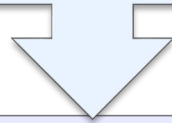
Principals of Collaboration





Attributes of Collaboration

Shared Purpose



Complex

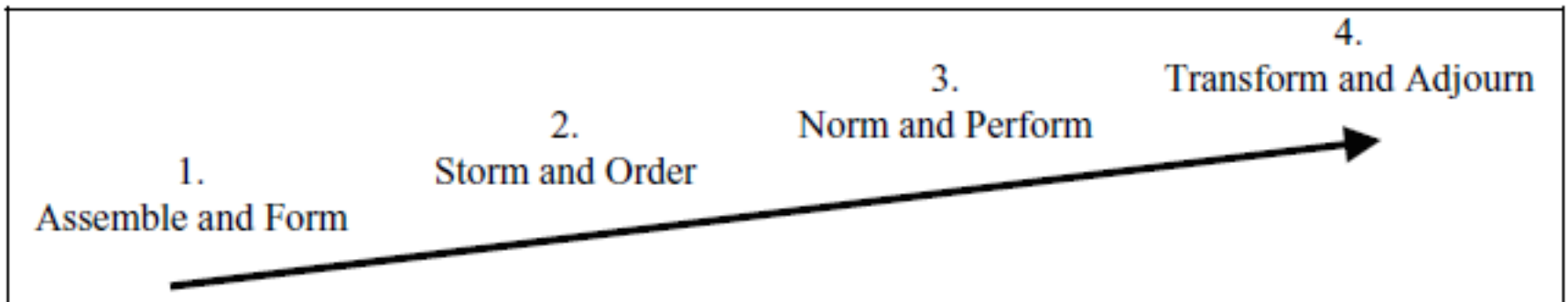
Inter-organizational

Intra-organizational



Developmental Stages

—Forming, storming, norming, performing, transforming





Attributes of Collaboration

- Levels of integration
- Cycles of inquiry



Level of Integration	Purpose	Strategies and Tasks	Leadership and Decision Making	Inter-professional Communication
Independent (none) 0	None identified	Shared strategies and tasks do not exist	No shared leadership or decision-making structures	Nonexistent or very infrequent and unplanned
Network 1	Create a web of communication Identify and create a base of support to explore interests	Loose or no shared structures Flexible, roles not defined Few clear tasks	Nonhierarchical Flexible	Very little inter-professional conflict Communication among members is planned, but infrequent
Cooperating 2	Work together to ensure tasks are done Leverage or raise money	Member links are advisory in nature Few structures and shared tasks Distinct organizational missions	Nonhierarchical, decisions tend to be low stakes Facilitative leaders, often voluntary Several people form a 'go-to' hub	Some degree of personal commitment and investment Minimal inter-professional conflict Communication among members is clear, but largely informal Some inter-professional conflict
Partnering 3	Share resources to address common issues Organizations remain autonomous but support something new to reach mutual goals together	Strategies and tasks are developed and maintained Tasks are delegated Documented overlaps in organizational mission	Central leadership group identified Partners share equally in the decision-making process	Communication system and formal information channels developed Evidence of problem solving and productivity
Unifying 4	Extract money from existing organizations and merge resources to create something new Commitment for a long period of time to achieve short- and long-term outcomes	Formal structure to support strategies and tasks Specific short- and long-term strategies and tasks are identified A shared organizational mission	Decision-making mechanisms are in place Strong, visible leadership Committee and subcommittees formed Roles and responsibilities are clear and designated	High degree of commitment and investment Possibility of inter-professional conflict is high Communication is clear, frequent and prioritized

**Woodland and Hutton
(2012)*



Collaboration

Levels of Organization Integration Rubric (LOIR) to measure the level of collaboration across the State Action Group. The LOIR pinpoints attributes across five levels from zero to four:

0. Independent, the group operates independent of one another
1. Network, the group begins to network
2. Cooperating, the group enters into a stage of cooperation
3. Partnering, the group begins to share ideas and resources, and
4. Unifying, the group begins to transform and produces real change

The value of this tool enabled the State Action Group to understand the level of communication and collaboration needed to meet the goals of the project.



Massachusetts Respite is

Planned or emergency support to provide family/primary caregivers with a short break from the exceptional demands of caring for individuals with complex needs across the lifespan

Each agency further defines:

- ✓ Emergency
- ✓ Support
- ✓ Caregiver
- ✓ Special needs
- ✓ Exceptional



SWOT Analysis

Strengths

Agencies and organizations alignments already exist

Weaknesses

Caseworkers/advocates need to be educated

Opportunities

Create system and blend rules:
NWD

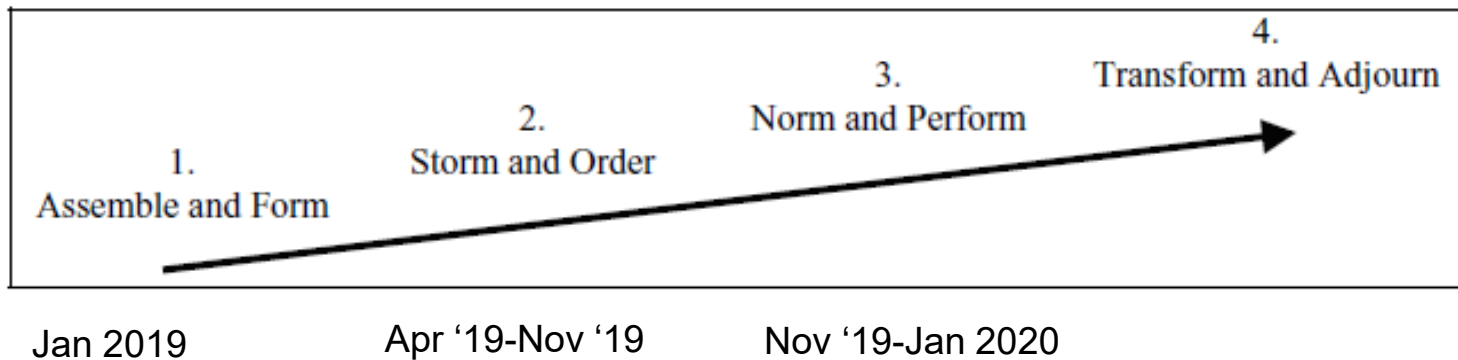
Threats

Loss of state funding
Lack of sustainability



Developmental Stages

Forming, storming, norming, transforming



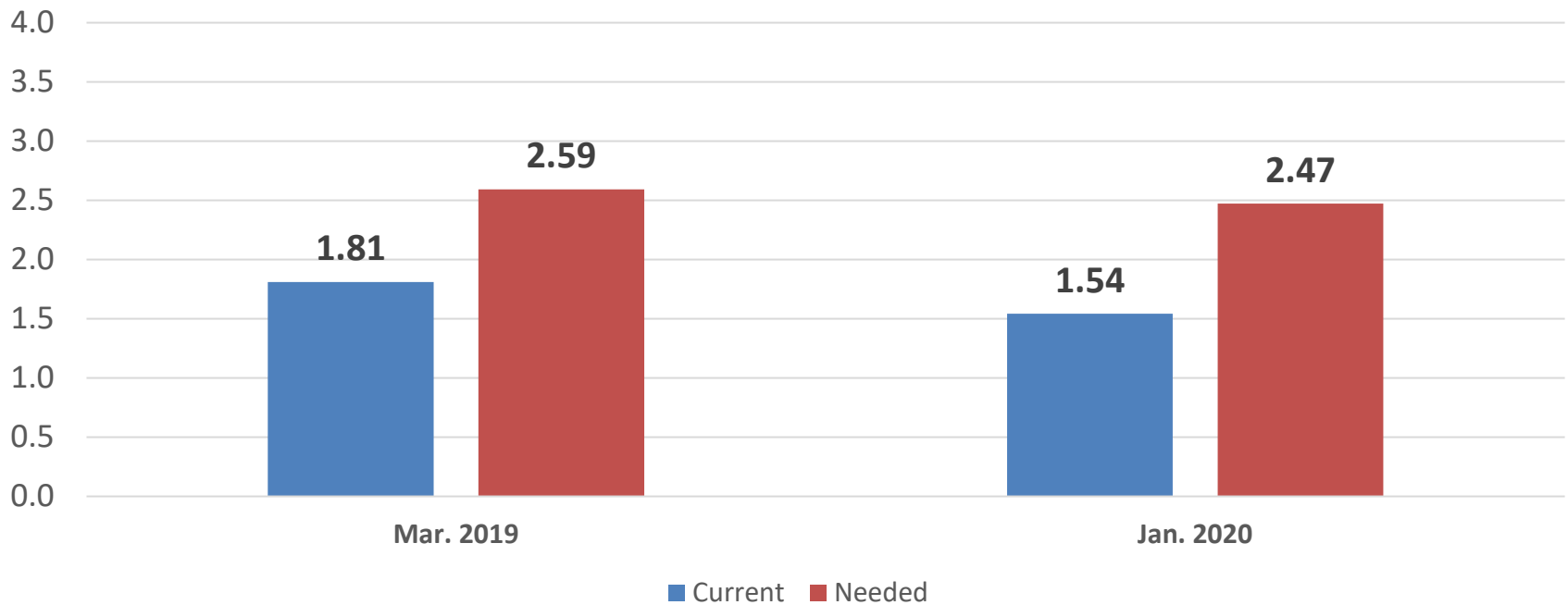
**Levels of Organizational Integration Recording (LOIR) Results
MA Caregiver Respite State Action Group
January 28, 2020**

CURRENT (C) and PROJECTED (P) LEVELS OF INTEGRATION 0-4*	ELD		EHS		DMH ADULTS		DMH CYF		DCF		DPH C&Y		DPH E.I.		DDS		VET		MRC		MH		UMMS (3)	
	C	P	C	P	C	P	C	P	C	P	C	P	C	P	C	P	C	P	C	P	C	P	C	P
	ELD			2	3	2	3	0	0			2	2.5	0	0	2	3			2	3			2.67
EHS	2	3			3	4	1	2.5			4	4	?	3.5	2	4			3	4			2.67	3.33
DMH	1	2	2	3							1	3	0	2	2	3			1	2			1.67	2.67
DCF	1	2	2	3	3	3	1	1			2	4	1	3	2	3			1	2			0.67	1.33
DPH	2	3	2	3	2	3	0	0							3	3			2	3			1.67	2.67
DDS	2	3	2	3	3	3	0	0			2	3	0.5	3					3	3			2.67	3.00
VET	2	3			1.5	2	0	0			0	0	0	0	0	2			0	2			0.67	1.33
MRC	2	3	2	3	3	3	0	0			1	3	0	0	1	3							1.67	2.67
MH	2	2	2	3	3	4	0	0			1	3	1.5	3	1	3			4	4			2.33	3.00
UMMS	1	2	3	4	2	3	0	0			2	3	1	3.5	1	2			3	3				
AVERAGE CURRENT AND AVERAGE PROJECTED LEVELS OF INTEGRATION BY AGENCY	1.67	2.56	2.13	3.13	2.50	3.11	0.22	0.39			1.67	2.83	0.50	2.00	1.56	2.89			2.11	2.89			1.85	2.59
AVERAGE CURRENT LEVEL OF INTEGRATION ACROSS THE GROUP	1.54							AVERAGE PROJECTED LEVEL OF INTEGRATION ACROSS THE GROUP															2.47	

RESPITE ACTION GROUP-PARTICIPATING AGENCIES
ELD=Executive Office of Elder Affairs
EHS=Executive Office of Health and Human Services
DMH=Department of Mental Health
DCF=Department of Children and Families
DPH=Department of Public Health
DDS=Department of Developmental Services
VET=Veteran's Administration
MRC=Mass. Rehabilitation Commission
MH=MassHealth
UMMS = University of Mass. Medical School

*Level of Organizational Integration Rubric (LOIR)
0=Independent
1=Network
2=Cooperating
3=Partnering
4=Unifying

MA Respite State Action Group LOIR Results Over Time



In year 1, The initial State Action Group LOIR score was 1.81; demonstrating the group was in a level of networking.

In year 2, the State Action Group experienced changes in membership. Some state managers left their position and new managers assumed their role. CWM repeated the assessment and found the LOIR score dropped to 1.54, remaining in the level of networking.

The State Action Group continues to project that they need to achieve the level of Cooperating-Partnering in order to accomplish their goal



MA Lifespan Respite Program

If the Projected level of collaboration for the MA Respite State Action Group is ‘Cooperating-Partnering’:

- **What’s the evidence that would indicate we reached this level of collaboration? (LOIR rubric)**
- **What actions are needed to accomplish this?**



SWOT Analysis: Future Vision

A centralized place to access respite information supported by a live person

Full-service website

A respite system where all programs are aligned and knowledgeable about each other

Knowledge of (state) provider services

Sufficient staff in agencies and organizations that can respond and support

More access to respite providers

Well informed, excited respite workers

A common view of the respite workers as a valued and acknowledged role in the community

More formalized training for respite workers

Cultural and regional representation in the respite workforce



State Respite Training

In 2019, the MLRC future vision included a respite system where all programs are aligned with and knowledgeable about each other.

In response to this vision, the MLRP is working with with CWM Disability and Community Services to develop an online training for state staff across EOHHS programs.

Goal: *Develop an online training video to inform state agency staff of family caregiver respite services across Massachusetts State agencies and increase access to services through the MassOptions program.*



Thank you!

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