Collaborative Policy Advocacy in a Centrally Governed Health and Human Service Network.

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Abstract

Little attention has been paid to the contents and patterns of collaborative policy advocacy in public-funded centrally governed health and human service networks. We describe the patterns and contents of collaborative policy advocacy in a centrally governed health and human service network facing great resource decline in its general environment. We use social network analysis methods (QAP Multiple Regression) to explain organizational engagement in collaborative policy advocacy. Regression results indicate strong linkage between embeddedness in cohesive network structures (clique and clique overlap) and collaborative policy advocacy. Implications for management in centrally governed networks are discussed.
In network relationships, actors are engaged in reciprocal, preferential, and mutually supportive actions. Reputation, friendship, interdependence, and altruism are the entangling strings of a network and the basis of collective action (Powell, 1990). As networks evolve, it becomes more economically sensible to exercise voice rather than exit the network (p.302). Thus, confronted with environmental turbulence and resource decline, a health and human service delivery network is likely to exercise voice and initiate collective action. One form of collective action is collaborative policy advocacy.

Empirical evidence from research on human service sector corroborates this view. On one hand, human service contractors touted the ability to participate in collaborative policy advocacy (through coalitions and federations) as one of the major benefits of networking (Alexander, 2000). In a more recent study, Soloman and Geller (2008) noted the widely-shared belief among human service organizations in the greater impact of strength-in-numbers (compared to solo advocacy by discrete organizations) in policy advocacy.

Public management scholars also noted governments’ openness to contractors’ influence. For example, Kelleher and Yackee (2009) found that government contracts entail increased interactions between government managers and third-party vendors. The increased access to decision makers opens a new pathway for vendors to convey their recommendations for policy change to public managers and influence agency decision-making. Similarly, Amirkhanyan’s (2009) research on collaborative performance measurement in government contracts observed that government agencies often sought and appreciated input from vendors, including health and human service provider organizations. Not surprisingly, vendors reported active pursuit of developing and negotiating new performance monitoring procedures and standards with public
agencies. Such communication resulted in changed monitoring practices. This can be interpreted as policy advocacy.

This line of research validates the role of policy advocacy by human service organizations. However, due to its egocentric focus, i.e., focus on the ego’s self-report on its own relationships with other parties (government contracting agencies, other contractors), such research cannot reveal the overall structure of collaboration among human service organizations in policy advocacy. Moreover, we know very little about the configuration of policy advocacy ties in a multi-sector centrally governed health and human service network, where a network administrative organization (typically a for-profit managed care organization) was hired by the state to manage a mostly nonprofit service delivery system.

Curiously, the stream of whole-network research in health and human services paid little attention to policy advocacy (Kelleher and Yackee, 2009, for an exception, see Rethemeyer and Hatmaker, 2008). In the existing public network research literature, the research focus is on network governance (Provan and Kenis, 2008; Goldsmith and Eggers, 2004), network effectiveness (Provan and Milward, 1995), and network evolution (Provan, Huang, and Milward, 2009). When lobbying is mentioned, it has been portrayed as one of the tools that can be deployed by a network manager to achieve effective network governance. For example, Provan and Kenis’ (2008) insightful work on network governance focused on the management of tensions inherent in three governance forms (shared governance, lead organization, and network administrative organization). They suggested that environment shocks, such as shifts in funds or new regulations, are best managed by centralized action (through either a Network Administrative Organization or a lead organization) buffering or protecting the network from the
turbulence and bridging, which might include the roles of lobbying and building external legitimacy (p. 241).

The focus on the centralized management of network external environments under-appreciated the value of collaborative policy advocacy by network organizations. Public and nonprofit organizations compete in an authorizing environment comprising the media, interest groups, legislators, and government funders to gain external support and legitimacy (Moore, 2000). Organizational motivation to participate in collaborative policy advocacy may be enhanced when public and nonprofit human service organizations are embedded in a multi-sector centrally governed network. Consistent with the reform movement known as “new public management” (Kettl, 1997; Smith & Lipsky, 1993), the use of a for-profit general contractor (managed care organization) to manage publicly-funded health and human service delivery network is increasingly common at the state and local level (Francis, 2008; Martinez, 2006; Portz et al, 1999). In this situation, network member organizations may not feel comfortable in counting on a NAO to represent their causes, clients’ best interests, or organizational self-interest to the authorizing environment.

Thus, the research on multi-sector centrally governed human service delivery networks needs to account for the structure of collaborative policy networks. To the extent that health and human service organizations often advocate for some of the most vulnerable clients (e.g., the developmentally disabled, the homeless, clients with serious mental illness, foster care children) in our society, the diversity of voices advocating for such clients promote greater equality in a democratic system (Moesly, 2011; Alexander, Nank, and Stivers, 1999). It is important to know with whom they join hands and from whom they stay away in collaborative policy advocacy in a centrally governed network.
Moreover, it is critical to understand the linkage between public and nonprofit organizational involvement in service delivery collaboration and their participation in collaborative policy advocacy. As privatization and contracting-out became the dominant institutional force in the health and human service sector, there is concern in the research community that public and nonprofit human service organizations may reduce their level of political activism and policy advocacy so that they do not upset their institutional funders (government, foundations) (Alexander, Nank, and Stivers, 1999). It is possible that they may be actively involved in service delivery collaboration (e.g., referrals, sharing resources, sharing information) in a centrally governed network, while they accept the NAO’s status as the one legitimate voice to speak for the whole network to the authorizing environment. In this situation, the structure of service delivery collaboration and that of collaborative policy advocacy are likely to be decoupled.

On the other hand, researchers have noted that the contracting-out movement and high levels of institutionalization within the human service sector, marked by growing organizational size, professionalized leadership of service organizations, and inter-organizational collaboration (Alexander, 2000; Frumkin & Andre-clark, 2000; Mosely, 2011), compel health and human service organizations to pursue an increasingly active advocacy posture. These organizations increasingly rely on insider tactics, e.g., lobbying policy makers for changes, participating in government committees and commissions, for policy advocacy (Mosely, 2011). Although participation in policy advocacy coalition is regarded as one of the indirect advocacy tactics, Mosely (2011) found that 84% of the surveyed 321 human service nonprofits in southern Los Angeles reported participation in coalitions for the purpose of influencing public policy. It is notable that this tactic received the highest affirmative answer among eight insider and indirect
tactics. However, due to the survey question design (respondents were asked to choose Yes or No answer to the public policy coalition question), we are left in the dark about the organizational participants in the coalition.

Although belief system and social capital are shown to be drivers of policy network structure (Henry, Lubell and McCoy, 2010; Berardo and Scholtz, 2010), these researches were conducted on self-organizing networks in non-health issue areas. We know very little about the drivers of structure of collaborative policy advocacy in a centrally governed health and human service network. Furthermore, scholars know very little about the contents of policy advocacy by health and human service organizations operating in a centrally governed network setting, except the speculation that the content of policy advocacy by human service organizations that are dependent on government funding may be more related to program/funding preservation and expansion than advocacy for clients’ interests.

Our research fills the gap by examining mental health service organizations’ policy advocacy in a centrally governed network. Three goals guide our research. First, we will describe the network structure of collaborative policy advocacy. Second, we will use network analysis methods to investigate the relationship between policy advocacy networks and other non-advocacy networks. Consistent with the rising interest in using network structure to explain the process of policy making (Sandstrom & Calsson, 2008; deLeon and Varda, 2009; Henry, Lubell and McCoy, 2010), our research builds on Rethemeyer and Hatmaker (2008)’s emphasis on the need to study the linkage between policy networks and collaborative networks. Rethemeyer and Hatmaker (2008) lamented the artificial separation of policy network and collaborative network research, likening that to the politics and administration divide in the research on networks. Lastly, we will illustrate the content of policy advocacy through interview data.
Our research extends Borgatti and Halgin’s (2011) insightful distinction of network flow model and network coordination model to a centrally governed network. The network flow perspective views network ties as systems of pipes (tie as pipes) through which information or any resource flows from node to node along network ties, while the coordination model views network ties (ties as bonds) that aligns and coordinates collective action. Building on this distinction, we propose to study the relationship between a specific type of network bond (collaborative policy advocacy) and the resource flows in a publicly-funded centrally governed service delivery network.

The Power of Cliques

Specifically, we suggest that leaders of health and human service organizations tend to enter collaborative policy advocacy relationships, not with complete strangers, but with professional colleagues and friends who collaborated with the focal organization in other, resource flow relationships (e.g., referrals, sharing information). We acknowledge that organizational characteristics, such as size, professionalized leadership, resource endowments, play an important role in affecting a human service organization’s decision to participate in policy advocacy (Mosely, 2011; 2009). We contend that larger, structural tendencies within a resource flow network, in addition to organizational characteristics, also play an important role in the likelihood of organizational participation in collaborative policy advocacy. We build on network researchers’ (Rethemeyer and Hatmaker, 2008; Henry, Lubell and McCoy, 2010) finding that network structure resources, such as brokerage-based social structure resources or bridging/bonding social capital, drives policy network structure.

Specifically, we propose that two organizations embedded in a cohesive network substructure, also known as clique (defined as a subset of group members who are directly
connected to each other; and all the actors must have no direct common link to any other actor, Kilduff and Tsai, 2003, p.46), in resource flow relationships are more likely to enter into joint policy advocacy relationships than an isolated dyad, one that is not surrounded by any common third-party ties, in a network setting with declining resource munificence and environmental turbulence.

We draw from two theories (resource dependence and network cohesion) to develop the logic for our idea. First, resource dependence theory (Pfeffer and Salancik, 1978) suggests that one way for an organization to manage its dependence on a resource holding organization is to enter into a relationship with the resource-controlling organization. However, when the entire resource base of the existing dependence relationships in a resource exchange network is under threat, we contend that those prior resource flow or dependence relationships become a ready basis of collaborative policy advocacy.

In a centrally governed multi-sector network, health and human service organizations could be heavily dependent on the Network Administration Organization for their resources needs (funding), particularly when part of the mission of the NAO is resource allocation and monitoring. Thus, provider organizations may have enhanced incentive to work with the NAO in collaborative policy advocacy aimed at the authorizing environment. However, to the extent that provider organizations may not see eye to eye with the NAO in terms of policy preferences and goals, such organizations would be concurrently dependent on the authorizing environment for political support and interventions in network operation on their behalf. This dual dependence presents a challenge to provider organizations: With whom should they be affiliated in collaborative policy advocacy? Is it an either-or choice or could they work with the NAO and their peer organizations simultaneously in the network on collaborative policy advocacy?
To the extent that networks evolve through the accumulation of ties between increasingly embedded organizations, which are more likely to enter new strategic alliances with organizations in their existing networks of partnerships (Gulati and Gargiulo, 1999; Uzzi, 1997), health and human service organizations already embedded in resource flow relationships with other organizations are more likely to collaborate on policy advocacy with their existing partners. For example, resource flow relationships, such as referrals and sharing information, may enable organizations to receive advance notice of proposed rule changes and legislative activity that they would not know about otherwise (Mosely, 2011). Such access to evolving policy deliberations may galvanize collaborative policy advocacy.

However, not all resource dependence relationships are strong enough to sustain collaborative policy advocacy. There can be power asymmetry and lack of trust in a resource dependence relationship, particularly in a centrally governed network. We argue that for the two partners to act in concert in policy advocacy, network cohesion (ties that are embedded within closed triadic relationships, which are also known as Simmelian ties, Krackhardt, 1999) is needed to provide a solid basis of strong trust to engage in collective action. Collaborative policy advocacy has a certain public good aspect to it in that those non-participants may free ride and benefit from the success of the collaborative effort. Also, it is well-known that policy advocacy takes resources (time, access, etc) and collaborative policy advocacy entails relational work, which is a further cost to the advocacy effort.

Thus, strong trust in a resource flow network is needed to overcome these costs and facilitate organizational involvement in collaborative policy advocacy. We argue that cohesive resource flow substructure, such as cliques, may be particularly important for a network in times of environmental turbulence since network cohesion establishes a stronger basis for trust than an
isolated dyad in a resource flow network by mitigating the pursuit of individual’s self-interests, reducing the bargaining power of single individuals, facilitate the formation of shared interests, and the pursuing of common goals (Krackhardt, 1999; Tortoriello and Krackhardt, 2010). Another factor that promotes cooperation in a cohesive clique is the reputation effect: news of uncooperative behavior will spread and face coordinated sanctions of uncooperative behavior (Coleman, 1990; Krackhardt, 1998; Ingram and Roberts, 2000).

Combining the logic of resource dependence theory and the power of network cohesion, it is reasonable to expect that two organizations involved in cohesive substructures in a network of service delivery collaboration will have a higher likelihood of being involved in collaborative policy advocacy.

H1: Two organizations involved in a clique in a network of resource flow will have increased likelihood of being involved in collaborative policy advocacy.

We also recognize that a Simmelian tie may be involved in more than one service delivery clique. While Provan and Sebastian (1998) showed that organizational involvement in clique overlap enhanced network outcomes for health and human services delivery networks, they also recognized the collective action potential of clique overlap. In the authors words, a tie embedded in multiple cliques constitute a strong bridge spanning those cliques.

Thus, the policy ideas developed in one service delivery clique can be disseminated and built on effectively through the overlapping cliques and result in greater consensus and support for collaborative policy advocacy. Krackhardt (1999) suggested that Simmelian-tied dyads embedded in multiple cliques are subject to stronger normative constraints from all of the cliques the dyad is involved in. One consequence of this strong structural lock-in is a high degree of consensus within the dyad. This is consistent with Alexander’s (2000) observation that human
service organizations embedded in networks tend to be locked into particular patterns of response to problems and become more cohesive under stress. Krackhardt and Kilduff (2002) also found that individuals in Simmelian-tied dyads (compared to dyads in general) tended to exhibit more consensuses concerning the structure of organizational social worlds.

We extend these findings to the policy advocacy arena, suggesting that Simmelian-tied dyads embedded in multiple resource flow cliques are likely to develop a high consensus about preferred policy positions and goals. Consistent with the theory of networking in the advocacy coalition framework that policy actors form collaborative ties on the basis of shared systems of policy beliefs (Sabatier and Jenkins-Smith, 1993), we expect that two organizations embedded in resource flow clique overlaps have a high likelihood of entering collaborative policy advocacy in a network with declining resource munificence.

H2: Two organizations involved in clique overlaps in a network of resource flow will have an increased likelihood of being involved in collaborative policy advocacy.

**Research Design and Methods**

Our study intends to examine the pattern of inter-agency collaboration in the adult Serious Mental Illness (SMI) service delivery system in Bernalillo County, New Mexico, which encompasses the Albuquerque metropolitan area. In January 2009, the state purchasing body (New Mexico Interagency Behavior Health Purchasing Collaborative) selected PH New Mexico (a for-profit managed care company) to replace WO New Mexico as the Statewide Entity to manage mental health services for about 70,000 New Mexicans, including many minority recipients of Medicaid, for fiscal year 2010-2013.

Unfortunately, the transition to the new general contractor has not been smooth. Providers faced excessive delays in getting reimbursement for the services they provided to their
clients. On October 29, 2009, the Collaborative issued a Sanction for Non-Compliance letter to PHNM, requiring a Directed Corrective Action Plan, $1 million in sanction payment to providers, damages and costs of a State Monitor (www.hsd.state.nm.us/.../2010/BHSD-Collaborative-OHNM-1-27-10.pdf, accessed on 10/15/10).

Compounding the turbulence encountered in the transition, Medicaid, which is the largest payer of publicly-funded mental health services, faces a projected $360.6 million shortfall in New Mexico in FY 12 (Boyd, 2010, New Mexico Legislative Finance Committee, 2010). Consequently, the Collaborative directed PH to implement a 3% reduction across a number of Medicaid providers and practitioners. Additional reductions to pharmacy dispensing fees, hospitals and outpatient hospital services are effective in FY10 as well.

The rough transition to PH, coupled with the fast-deteriorating state behavioral health budget situation, is likely to aggregate the uncertainty and intensify the resource pressure on service providers (Cunningham, Bazzoli & Katz, 2008).

**Network Survey**

Our research used a mixed-method design (network survey and follow-up interviews) to examine inter-agency collaboration in a publicly-funded adult SMI service delivery system in Bernalillo County, New Mexico. We received a letter of support for our study from the Chief Executive Officer of New Mexico Behavior Health Collaborative, which is the state agency in charge of the state-wide contract for behavior health services with the Statewide Entity (PH New Mexico). This letter of support from the state purchasing agency proved invaluable to secure the cooperation of those surveyed agencies.

Using the WO New Mexico 2009 Provider Directory, we identified the 34 adult SMI service providers by calling them to verify their contractual relationship with PH, their clients
(adults with serious mental illness, i.e., severe depression, bipolar disorder, or schizophrenia),
and the contact information for the executive director. After PH took over the system in June
2010, we presented the Region 3 (Bernalillo County) Director of PH with our list of adult agency
names to double check. This verification process narrowed the list down to 31 agencies (17, 10
and 4 nonprofit, for-profit, and public agencies, respectively).

We mailed out the surveys to the executive directors of 31 agencies in the summer of
2010. We followed Dillman’s (2008) methods in administering the mail survey. First, we sent
agencies a pre-study notice one week prior to the actual mailing of the survey. A week later we
mailed out the first wave of surveys. The mail package included a cover letter, the support letter
from the state behavior health collaborative, the actual survey, and a postage-prepaid return
envelope. We waited for two weeks before we sent out a second mail survey to the non-
respondents. After repeated phone calls and sending out a third-wave survey, we received 28
completed surveys back in the mail. The response rate is 90% (28/31). Table 1 presents the
general profile of the respondents.

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We then interviewed the executive director of 7 responding agencies in the fall of 2010 (2
for-profit and 5 nonprofit agencies). We used the same set of open-ended interview questions in
each interview. Two of the interview questions are: 1) Given the current state budget crisis, has
your strategy changed since 2009? In what ways have you adjusted to changes in your operating
environment? and 2) To what extent do you collaborate with organizations that work in
different service areas or from other sectors? How did your relationships with diverse partners
come into being? Each interview lasted about an hour. We recorded and transcribed the
interview. ATLAS.ti was used to code the interview transcripts. Collaborative policy advocacy emerged from the cross-transcript coding as one of the major responses to the deteriorating resource environment, besides strategic cut-back, planning, and reinvestment.

Measures

Drawing on the survey instruments used in Provan and Milward's (1995) seminal study of four cities’ mental health service systems in the US, this study used the roster-matrix method to collect data on interagency collaboration. Respondents were given a grid with each of the 31 organizations listed on the vertical axis and four types of relationships (sharing information about service innovations, e.g., cultural competence, evidence-based treatment, new treatment methods, etc., sharing resources, e.g., physical facilities, joint programs, policy advocacy, i.e., advocating for policy action on behalf of clients and/or service provider agencies, and referrals) to agencies listed on the horizontal axis. Respondents were asked to go through the list and identify (with a check) their partner organizations for the provision of services to adult SMI clients over the past 12 months for the relationships. Respondents were also asked to indicate (with a circle around the check) if they have frequent interaction with an agency.

Control Variables

Using the procedure provided in UCINET to convert an attribute to a matrix, we created two 31x 31 matrices (sector, size). In the sector matrix, cell ij is 1 if the attributes of agencies i and j (ownership status, i.e., for-profit, non-profit, and public) are identical. We used the number of full-time employees as an indicator of size. In the size matrix, cell ij is the absolute difference between the numbers of full-time employees of agencies i and j.

The reason we included sector as a control variable is that organizations that belong to the same sector may have more in common than their counterparts across sector boundaries. This
is particularly true for nonprofit and public agencies that share certain characteristics, e.g., mission, community stakeholder, public value (Moore, 2000). Thus, it is reasonable to expect that they have increased likelihood of collaborative policy advocacy. Size is another important organizational characteristic that correlates with the amount of resources an organization has at its disposal. Large organizations may have dedicated positions (i.e., government relations, public relations) for policy advocacy. They are more likely to be involved in policy advocacy. In using the difference between the sizes of two organizations, we acknowledge the principle of homophily (McPherson, Smith-Lovin, L and Cook, 2001).

Independent Variable

Clique Overlap. To create our three independent variables (shared resources, shared info about service innovation, and referrals) we first entered survey responses from our 31 roster matrices forming 31 x 31 matrices representing each of our three variables. To the extent that unconfirmed measures are not reliable indicators of the presence of a tie (Marsden, 1990), we followed Provan, Huang, Milward (2009) in confirming the ties by symmetrizing the matrix by product, replacing cell Xij and cell Xji in the matrix by Xij*Xji, i<j. In other words, we only count a tie as present as long as it is reported by both organizations. We then ran clique analysis in UCINET. One of the outputs is a new 31 x 31 matrix saved as clique overlap. This matrix is an actor-by-actor clique co-membership matrix where a value of k in row i column j represents the number of cliques that actors i and j are co-members, which is our measure of dyadic embeddedness in clique overlap.

Dependent Variable

Policy Advocacy. We mapped the responses in the roster-matrix regarding the link of policy advocacy onto a policy advocacy matrix (31x31). When an agency reported a frequent tie
(by circling the check in the corresponding cell in the roster-matrix) to another agency, we assigned a 2 in the corresponding cell to differentiate the frequent tie from the regular tie, which was coded 1 when an agency reported a tie to another agency by checking the corresponding cell in the roster-matrix. We confirmed the ties by using the same symmetrization procedure.

Data Analysis

We used UCINET 6 for Windows to analyze our data. We modeled the hypothesized relationships using Multiple Regression Quadratic Assignment Procedure (MRQAP) technique. MRQAP allows us to regress our policy advocacy matrix on matrixes of control variables (sector, and size) and the matrices of the independent variable (information clique overlap, referral clique overlap, and resource clique overlap). A primary reason we chose to adopt the MRQAP test, rather than Ordinary Least Square (OLS) regression, is the problem inherent in network data of autocorrelation of errors (Krackhardt, 1988; Dekker, Krackhardt, and Snijders, 2007). Because the dyad is the unit of analysis, actors in the dyad respond with reference to one another. Under these conditions, analysis using OLS will result in biased estimators.

In contrast, QAP explicitly considers the autocorrelated errors in network data. The quadratic assignment procedure is carried out in two stages. First, QAP calculates standard multiple regression coefficients for all the independent variables in the regression. Second, it randomly permutes (i.e., reorders) all the rows and columns of the dependent variable matrix and recomputes the regression. This step is repeated a high number of times (in our study, 2,000 times) to estimate standard errors for the regression statistics. The R-squared and regression coefficients from these random runs are stored. These are then used to assemble empirical sampling distributions to estimate standard errors under the hypothesis of no association (Hanneman & Riddle, 2005; Kilduff and Tsai, 2003).
Simulation studies indicate that QAP regression consistently yields unbiased parameter estimates while OLS’ F-tests increases its Type I error very quickly once the autocorrelation becomes large (Krackhardt, 1988). QAP does not produce collinearity diagnostics to test for collinearity among the predictor variables. However, the Double Dekker Semi-Partialing method minimizes the effect of collinearity and is robust to the effect of collinearity (Dekker, Krackhardt, and Snijders, 2007).

Findings

The network graph of policy advocacy shows a network that is divided between the tightly connected (There is only one main component in the network) and those who are non-participants in collaborative policy advocacy. The square, the down triangle, and the circle denotes nonprofit, for-profit and public sector, respectively. The size of the node is proportional to the organization’s degree centrality, which is simply a count of the number of alters an ego is connected to. The thick line represents frequent interaction, which can be interpreted as an indicator of strength of tie. It is notable that BH sits at the intersection of the only two strong relationships (between BH and TMH and between BH and GNCH) in the network. Also, except BH, all the nonprofit organizations contained in the main component of the network reached across sectoral boundaries. They have one foot in nonprofit-only and another foot in cross-sector partnership in policy advocacy. Being the most connected organization in the network (with a degree centrality of 7), the for-profit Statewide Entity (PH) has a prominent presence in such cross-sector partnerships. Out of the 7 policy advocacy ties, only 1 tie is with a for-profit service provider organization.

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Table 2 presents summary statistics for the three flow sub-networks and the policy advocacy sub-network. The low network centralization score (.10) of the policy advocacy sub-network indicates high degree of decentralization in the network. In fact, it is the most decentralized one among the four sub-networks (Table 1). Its low density score (0.04) suggests that it is a sparse network, populated by only 18 confirmed policy advocacy ties.

Except for the sub-network of sharing resources, service provider organizations have more links in the other two flow sub-networks than policy advocacy. The low number of resource sharing ties can be interpreted as a reflection of the declining resource environment. One survey respondent observed in our follow-up interview, “Collaboration actually takes time and energy. When the system resources are strained to the extent that they are now, you would think that it would be a time when collaborations would make more sense…but the more difficult the times, the more we tend to pull in and focus on just surviving from day to day.”

Table 3 shows the results of the clique analysis for three flow sub-networks. We used the default minimum set size of three when we ran the clique analysis in UCINet for Windows. All of the cliques contained in the three sub-networks have three agencies per clique, except one clique in referrals sub-network which consists of four agencies. The analysis consisted of first calculating the number of cliques with three or more agencies each sub-network had and the total number of agencies in the network involved in one or more of these cliques. We then calculated the number of Simmelian ties involved in clique overlap. Specifically, we looked at the clique-
by-clique actor co-membership matrix and counted the number of times each clique shared two actors with another clique.

The resource sharing sub-network has only one clique. In contrast, the information sharing and referrals subnetworks have much larger and a similar numbers of cliques (8 and 10, respectively). The numbers of Simmelian ties in clique overlap in those two subnetworks are similar as well.

Table 4 presents the results of QAP multiple regressions. We first tested the effects of two control variables (sector, size) on the likelihood that two agencies will collaborate in policy advocacy. None of the two variables have significant explanatory power. We then tested the effects of clique variables (information clique overlap, referral clique overlap, and resource sharing clique overlap) on policy advocacy. Not only are they all significant predictors of collaborative policy advocacy (beta= 0.353, 0.290, 0.165, p<0.01, respectively), the model explained much more of the variance in the dependent variable (Adjusted R²=0.387, p<0.01) than the model comprising control variables only. This offers very strong evidence in support of our hypothesis 2, which posits a positive relationship between dyadic embeddedness in clique overlaps and dyadic engagement in policy advocacy.

Although more Simmelian ties are embedded in clique overlaps in referrals subnetwork than those in information sharing subnetwork, information clique overlap has the strongest
explanatory power among the three clique variables. Despite having only one three-agencies clique, the resource clique comes out strong. This lends strong support to our hypothesis 1, which posits a positive relationship between dyadic embeddedness in a clique and dyadic engagement in policy advocacy.

**Content of Collaborative Policy Advocacy**

Through follow-up interviews with seven service provider organizations, we were able to develop a more nuanced understanding of the trigger of collaborative policy advocacy and contents of collaborative policy advocacy in a centrally governed system. First, frequent changes in the state-prescribed mental health service model have been a major source of turbulence for the service provider agencies, to a larger extent than the economy, the state budget crisis, and the change of Statewide Entity (from ValueOptions to Optum). The executive director of an one-million-dollar-annual-budget agency providing services to homeless women/single mothers out of jail noted:

“The state is moving from Comprehensive Community Support Services (CCSS) system to this Core Service Agency (CSA) system... under the new system only core service agencies can bill Medicaid for CCSS and that’s about fifteen percent of our budget... the guidelines that they have developed permit the CSAs to subcontract with other agencies in certain niches and we are in one of those niches so in theory we can subcontract... unfortunately the three CSAs have pretty much decided they don’t want to subcontract with anybody. They want to keep it in house ... because Optum has created a contract that makes them financially and legally responsible for the subcontractees and they (the CSAs) don’t want that.”

The executive director expressed deep concern about the implications of changing the service model in the middle of a severe recession. She saw it as a piece of a larger plan to centralize cost control in the system.

“The whole notion of CSA is trying to impose more of a for-profit model on the nonprofit world. If they are limited to dealing with three providers they are at a much better position to contain costs. It is really intended to move more to HMO model. Although the
CSA model is sold to us as following the medical home model, which is a core element in national health care reform...when you look at the reality of it they are creating these enormous agencies that really don’t have the capacity to follow any individual clients. Our clients failed in those systems. Almost all of our clients have been in those systems before coming to us and they haven’t been successful and I don’t see them being successful going back to that. They just get much more intensive much more individualized care at our agency.”

Unlike the helpless and hopeless subcontractors purely at the mercy of the big service delivery organizations attempting to move contracted services in-house (Johnston and Romzek, 2008), this lawyer-turned director really focused on the collaborative policy advocacy work to try and make some system changes. She observed,

“…We are working in various venues. We are attempting to work with Optum and [the] Collaborative to see if they make those subcontracts work. I stay in touch with the lieutenant governor’s office. I often talk with state legislators. There are several possibilities the most extreme would be to get rid of the Collaborative and Optum and some legislators are really in favor of that option. A return to direct government contracting would be good. Stepping down from that is it possible to get rid of the core service agency model and I am not sure that is even possible since the Collaborative in particular has really invested a lot of time and energy into that but stepping down from that are there ways to facilitate agencies like our continuing because we are not the only one in that situation… could they provide a model subcontract that includes indemnification clauses that give CSAs greater comfort level … certainly on a legal front to evaluate what the options are there. Is it compliant with the Medicaid regulations to enter into this core service agency model um if it doesn’t adequately serve the clients? …10 agencies, mostly nonprofit, are involved in this advocacy coalition.”

Thus, an operational change’s implication spilled over into the political arena. It galvanized an advocacy coalition that draws on sophisticated professional expertise (the legal challenges and alternatives) and intimate knowledge of the political system to advocate for system change. One of the changes the human service organizations sought were “governance regime change”—to abolish the outsourced network governance regime and return to state direct contracting. It is noteworthy that the nonprofit still works with the for-profit NAO and its
oversight agency (the Purchasing Collaborative), while pursuing changes at multiple levels (operational, system, and legal levels). This is consistent with what we found in the network graph of policy advocacy: nonprofits worked within and across sector boundaries in collaborative policy advocacy. The contents of those ties can be very different.

Service provider agencies also work within and beyond geographical boundaries to address policy issues related to behavioral health. For example, the executive director of a large healthcare for the homeless organization reflected on her involvement in two kinds of policy advocacy: a local coalition to promote the housing-first model and trans-local advocacy to debunk the culture-of-homelessness/poverty perspective at the national healthcare for the homeless council.

"We are working with the small task force with Mayor Berry’s administration, some downtown business partners, social scientists at the university, service providers … There has never been a study done here in Albuquerque for the Albuquerque market, although there is really good evidence and studies and models done in other cities about the cost per psychiatric inpatient stay for someone who is homeless and has mental health issues… this group has looked at applying some of those models to do some cost analysis here in Albuquerque so we have a base line then proposing some really effective model shifting… for example, taking a position on not building any more shelters which is controversial but if you build the cost the bricks and mortar costs for a shelter and then the costs to operate it then you fill it up immediately to serve not many people, if you took that money and shifted to housing vouchers and put that into the private or subsidized market. Those housing vouchers follow people then we provide the services that have been proven to be effective. It’s a better cost investment and then we are going to reduce those urgent care and emergency departments costs and police calls and jail incarceration and everything else. So this group has finally looked at that and then come up with some practical solutions together because it cannot be the service providers. We don’t have enough power.”

Subsequent policy development is a testament to the success of this group. In January 2011, Mayor Berry launched the $500,000 Homeless Initiative. Consistent with the taskforce’s recommendation of shifting to the housing-first model, this initiative centers around providing 75
of Albuquerque’s most vulnerable homeless people with housing vouchers and intensive services (McKay, 2011).

This executive director has a Master of Public Health degree. She has been with the seven-million-dollar-annual-budget organization for 15 years. As a founding member of the National Healthcare for the Homeless Council, she is actively involved in the council governance. She served on its policy and clinical committees. Thus, she was actively involved in a debate within the Council concerning the applicability of the culture of poverty perspective on homelessness.

“the national healthcare for the homeless council organizes research updates that really help and they publish at least quarterly …we debate furiously and there’s some really good white papers on whether or not there is a culture of homelessness and I am pretty adamant that there isn’t. Homelessness is a circumstance it’s a situation . . . assuming a cultural perspective perpetuates the intercultural biases and assumptions that homeless people are certain way and they are just sort of wired that way.”

Later in the interview she referred back to the controversy surrounding the culture of poverty/homelessness perspective and Dr. Ruby Payne, one of the major authors who publish on the issue.

Some of my Council colleagues picked this (the culture of poverty perspective) up and they started quoting her (Dr. Ruby Payne) on the national health care for the homeless website. I was aghast and questioned it and people started reading and there was sort of a conversation about it and my peer in salt lake city who is a medical anthropologist by training from New Mexico who runs a healthcare for the homeless project up there is a Ph.D. and wrote a white paper in response to it. He really ties it to the work that we do, how it really doesn’t apply to some of the work we do, and some of the pitfalls and dangers of sort of adhering to that model philosophically.

In summary, the interviews painted a fascinating picture of the content of collaborative policy advocacy in a centrally governed health and human services network. Consistent with existing literature on policy advocacy, some collaborative advocacy efforts are clearly intended to benefit local clients and/or provider organizations. Some provider organizations see their self-
interest closely aligned with clients’ interest. We also found that some of the preferred policy positions (e.g., the housing-first-model and the debate regarding culture of homelessness) went beyond organizational self-interest to address system issues or ongoing debate in the trans-local professional field. Anecdotal in nature, these accounts provide us with some hope in the vitality and diversity of voices in civil society in a centrally governed health and human services network.

Discussion

Our research shows that there is a tight linkage between dyadic embeddedness in cohesive flow network structures and dyadic engagement in collaborative policy advocacy in a centrally governed network comprising organizations from all three sectors. If we view flow ties such as referrals, resource sharing, and sharing information, as service/implementation linkages and policy advocacy as political ties, the tight linkage between service linkages and political ties is obviously contrary to what the classic politics/administration dichotomy prescribes.

Our research also observed two kinds of advocacy (within-sector policy coalition and cross-sector policy coalition) in play in the network. The interview data shed light on the contents of within-sector and cross-sector policy coalition. It is notable that these two can work against each other. In the case of the shift to core service agency service delivery model, a nonprofit coalition was actively working with elements of the authorizing environment to pursue instrumental as well as systematic changes, one of them being changes in the very network governance model. Thus, under the surface of the flow operations, a centrally governed network may have colliding undercurrents that, if not navigated carefully in the change implementation process, may diminish the effectiveness of network governance.
Implementing changes in a centrally governed network must be treated with great care for changes can be the trigger of collaborative policy advocacy in a multi-sector service delivery network. Networks are inherently social. They can be mobilized to thwart or derail change. There is a large literature on how to successfully implement change inside an organization. However, change in the network setting is a scantly researched area (for an exception, see Rao and Sutton, 2008). Our research shows that as a collective response to imposed changes in an inter-organizational network collaborative policy advocacy has the potential to put up significant road barriers to network change implementation. More research needs to be done on change implementation in a centrally governed network context.

Our study has several limitations. First, it is a cross-sectional network survey conducted in the middle of a recession. Thus, the tight linkage between cohesive network structure in resource flow relationships and collaborative policy advocacy may not be present in a resource-rich environment. Second, it assumes the dyads embedded in cliques or clique overlaps in resource flow relationships have similar policy preferences and goals. Future research should ask the respondents directly to rate their degree of agreement or disagreement with other network organizations. Third, our interview data shows that there are other actors (e.g., downtown businesses, trans-local partners) playing important role in collaborative policy advocacy. Those are not captured in our roster of service delivery providers. This is the inherent problem of boundary specification of whole-network data collection. One way to overcome this is to use a combination of roster and ego-centric name generator questions to let the respondents to define the network boundary.
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Moor, M.H. 2000 Managing for Value: Organizational Strategy in For-Profit, Nonprofit, and Governmental Organizations. Nonprofit and Voluntary Sector Quarterly, 29 no. suppl 1 183-208


Mosely, J.E. 2010. Organizational resources and environmental incentives: understanding the policy advocacy involvement of human service nonprofits. Social Services Review, March, 57-76.


FIGURE 1 Network Graph of Policy Advocacy

Thick line represents frequent interaction
Circle = public, Square = Nonprofit, Down triangle = For-profit
### TABLE 1

Profile of Adult Mental Health Service Providers in Bernalillo County

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Organization Age</th>
<th>2010 Budget</th>
<th>Number of FTE</th>
<th>SMI Clients Per Day</th>
<th>% Hispanic</th>
<th>% White</th>
<th>% Native American</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>4</td>
<td>24.33</td>
<td>33,366,666</td>
<td>171.33</td>
<td>73.66</td>
<td>45.00%</td>
<td>40.00%</td>
<td></td>
</tr>
<tr>
<td>Nonprofit</td>
<td>14</td>
<td>31.23</td>
<td>2,737,818</td>
<td>65.46</td>
<td>63</td>
<td>38.85%</td>
<td>45.25%</td>
<td>23.00%</td>
</tr>
<tr>
<td>For-profit</td>
<td>10</td>
<td>10.44</td>
<td>586,250</td>
<td>30.22</td>
<td>46.57</td>
<td>45.63%</td>
<td>36.88%</td>
<td>16.67%</td>
</tr>
<tr>
<td>Number of Confirmed</td>
<td>Policy Advocacy</td>
<td>Sharing Info</td>
<td>Sharing Resources</td>
<td>Referrals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------</td>
<td>--------------</td>
<td>-------------------</td>
<td>-----------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ties</td>
<td>18</td>
<td>28</td>
<td>14</td>
<td>56</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Density</td>
<td>0.04</td>
<td>0.06</td>
<td>0.03</td>
<td>0.12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Network Centralization*</td>
<td>0.10</td>
<td>0.16</td>
<td>0.13</td>
<td>0.29</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Based on degree centrality
### TABLE 3 Clique Characteristics: Minimum Set Size of Three.

<table>
<thead>
<tr>
<th></th>
<th>Sharing Information</th>
<th>Sharing Resources</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Cliques</td>
<td>8</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Number of agencies in Cliques</td>
<td>9</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Number of Simmelian ties in clique overlap</td>
<td>7</td>
<td>NA</td>
<td>10</td>
</tr>
</tbody>
</table>
TABLE 4

Results of QAP Multiple Regression \(^a\)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Model 1 (control variables only)</th>
<th>Model 2 (adding clique variables)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size (FTE)</td>
<td>0.08</td>
<td>0.014</td>
</tr>
<tr>
<td>Sector</td>
<td>0.058</td>
<td>0.017</td>
</tr>
<tr>
<td>Info clique overlap</td>
<td></td>
<td>0.353***</td>
</tr>
<tr>
<td>Referral clique overlap</td>
<td></td>
<td>0.290***</td>
</tr>
<tr>
<td>Resource clique overlap</td>
<td></td>
<td>0.165***</td>
</tr>
<tr>
<td>(R^2) (Adj.(R^2))</td>
<td>0.009(0.007)*</td>
<td>0.390(0.387)***</td>
</tr>
</tbody>
</table>

Note: Dependent Variable: Policy Advocacy

\(^a\) Double Dekker Semi-Partialing MRQAP

All coefficients presented are standardized coefficients * \(p<0.10\), ** \(p<0.05\), ***\(p<0.01\)