Informal Accountability Dynamics within Service Delivery Networks

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Abstract

Networks have become commonplace in the landscape of public service delivery, and are especially visible in the arena of social service delivery. The challenges of providing services through networks are multiple and inter-related including goal conflict, incompatible organizational cultures, competition for scarce resources, the need to maneuver both laterally and vertically, and instability. This paper summarizes research we have pursued to better understand how managers within social service delivery networks meet these challenges. In particular, we are interested in whether and how individuals and organizations informally hold one another accountable for network operations and objectives. Using a grounded theory approach, we examine three cases of county-level networks providing children’s social services in three different states. The data used to inform our analysis come from semi-structured interviews with 33 executive, mid-level, and street-level personnel of 27 public and nonprofit organizations represented by our three cases. Our data enable us to confirm and refine an earlier model of informal accountability among network actors, comprised of norms and facilitative behaviors, rewards and sanctions, and challenges to informal accountability. In addition, the data collected for this study point to differences in informal accountability dynamics based to hierarchical position, a gap between rhetoric and reality of collaboration, and tensions between formal and informal accountability systems.
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Introduction and Overview

Governments have become increasingly reliant on non-governmental parties to supplement and/or replace traditional service delivery (Hodge and Greve 2005; U.S. GAO 2006; Salamon 2002). One important manifestation of that reliance is the network – a system of interdependent organizations that is fundamentally different from the traditional hierarchical service delivery model in government (Agranoff and McGuire 2004, Berry et al 2004). O’Toole (1997) defines networks as “structures of interdependence involving multiple organizations or parts thereof, where one unit is not merely the formal subordinate of the others in some larger hierarchical arrangement” (p. 45). Networks differ considerably from the hierarchical, bureaucratic, rule-bound systems traditionally studied in public administration scholarship. By definition, they are multi-organizational, and therefore less stable, more complex, more entrepreneurial, and arguably less amenable to management than single organizations or simple bi-lateral partnerships.

The allure of networks is powerful. They offer the potential for innovation and a diversity of ideas in dealing with society’s “wicked problems,” especially in an environment of “sector failure” (Bryson et al 2006), whether real or perceived. Networks are a manifestation of the market approaches and entrepreneurial frameworks favored in New Public Management reforms. Accordingly, public administration and public management scholars have devoted much effort to researching networks, and published work that uses “networks as a theoretical framework has exploded” (Berry et al, 2004, p.539). Hicklin and her colleagues (2008) note that “networking seems to be the gift that just keeps on giving. With the extant evidence, one could conclude—rather implausibly, granted—that managers who want to increase performance should devote as much time as possible to externally oriented networking. But does this inference make sense?” (p. 256). And Bryson et al (2006) warn that, “the normal expectation ought to be that success will be very difficult to achieve in cross-sector collaborations” (52). The costs of managing and maintaining networks can be high (Agranoff and McGuire 2004), and the returns may very well diminish over time (Hicklin et al 2008).

The management challenges in networks are multiple and inter-related. They include, among others, goal conflict (O’Toole 1989, Meyers et al 2001) incompatible organizational cultures (Romzek and Johnston 1999), competition for scarce resources, the need to maneuver both laterally and vertically (Cooper, 2003), and instability (Johnston and Romzek 2008; O’Toole and Meier 1999). Organizations in networks often share a common goal – typically, that goal serves as the rationale for the creation of the network – but the organizations may also have a number of goals and interests that differ markedly from those of their counterparts. Goal dissonance and/or conflict can undermine the effectiveness of the network. These features, together with other elements in networks, challenge managers to find new ways to elicit the behaviors and responses considered necessary for successful integrated service delivery to citizens.

This paper summarizes research we have pursued to better understand how networks, and the managers within those networks, meet that challenge. In particular, we are interested in whether and how individuals and organizations hold one another accountable for network operations and objectives. Our specific focus is on the informal dimensions of accountability, and we examine interactions within
networks with an eye to the informal mechanisms that facilitate collaboration, joint production, coordination and integration of service delivery, and sustained effort. We hope to shed light on whether and how informal accountability can mitigate the management difficulties inherent in service delivery networks.

A central purpose of this paper is to refine a preliminary theory that identifies core elements of informal accountability: norms and facilitative behaviors, rewards and sanctions, and challenges to informal accountability (Romzek, LeRoux and Blackmar, 2009). We do this by interviewing network participants involved in delivering social services to children with complex needs, in particular, foster care and adoption services, mental health services, and wraparound services for children with intense social and psychological needs. We present a preliminary analysis of data gathered through semi-structured interviews with key personnel represented within children's social services networks in three counties. Following a multi-case study, grounded theory approach (Glaser and Strauss 1967; Sandfort 2000), we build on existing theory and observe details in the field to further refine our understanding of individual behavior within networks of service providers, with a focus on informal accountability dynamics. Data collection is still underway, but to date, 27 interviews have been conducted with 33 officials at various levels in governmental and nongovernmental organizations in three county-wide networks.

We see a convergence of observations that provide support for the relationships posited in a preliminary explanatory model of informal accountability in networks developed earlier (Romzek, LeRoux and Blackmar, 2009). Respondents report that shared norms and facilitative behaviors contribute to informal accountability and that informal relationships are moderated by challenges related to competition, turnover and finances. In terms of new insights generated by this multi case analysis, we observe differences in informal accountability dynamics at different hierarchical levels within these networks. These patterns suggest that the rhetoric of collaboration used by these networked organizations far outstrips the practice of collaborative service provision involving multiple service agencies. Our findings also reveal a tension between the operation of formal and informal accountability systems.

In the next section of the paper, we describe the theoretical underpinnings of our study, along with a review of the literature relating to informal accountability. Next we describe our methodological approach and data collection strategy. We then present the preliminary findings, beginning with a description of the data that confirm our theory of informal accountability. The paper concludes by discussing the implications of our findings for both theory and the practice of network management.

Informal Accountability in Networks: A Review of Theory and Literature

The interorganizational dynamics associated with informal accountability that are under investigation in this project operate at the nexus of three different bodies of literature: accountability, networks, and collaboration. The challenge of achieving accountability for public services is a longstanding one. As government agencies have expanded their reliance on contracts and networks for service delivery, efforts to understand the dynamics of accountability in networked settings have increased (Romzek, 2011). While networks provide the structure for cooperation, collaboration is a form of cooperation or activity that both creates and sustains the network. Fundamental to that sustenance is accountability.
Isett et al (2011) defined collaborative networks as “collections of government agencies, nonprofits, and for-profits that work together to provide a public good, service, or “value” when a single public agency is unable to create the good or service on its own and/or the private sector is unable or unwilling to provide the goods ... They may be formal and orchestrated by a public manager or they may be emergent, self-organizing, and ad hoc, with many variants in between (p. i158).” In the context of public management, O’Leary et al (2009), borrowing from Agranoff and McGuire (2003) and O’Leary, Gerard, and Bingham (2006), define collaborative public management as “a concept that describes the process of facilitating and operating in multi-organizational arrangements to solve problems that cannot be solved or easily solved by single organizations. Collaboration is based on the value of reciprocity. “p. 3. Gray (1989) suggests that collaboration is a “higher” form of cooperation because it is dynamic and evolutionary, and because it incorporates: the interdependence of stakeholders, the ability to address differences constructively, joint ownership of decisions, and collective responsibility (as cited in O’Leary and Bingham, 2006). Similarly, Selden et al (2006), construct a continuum of interorganizational relationship intensity that ranges from low (cooperation) to high (service integration); collaboration is on the high end of the continuum, but below service integration (p.413). They also distinguish among the levels of inter-organizational relationships, and identify client-focused collaboratives as more concentrated than those addressing policy, organizations, or programs.

A common theme in the literature on collaboration is interaction between and among organizations, and individuals within those organizations, to positively effect change and/or problem solutions in a targeted area. The implicit expectation of a collaborative relationship is positive – that is, the interaction will generate a positive outcome, and the interactive process will be positive in nature. In fact, interorganizational relationships often entail both positive and negative dynamics. Yet positive results can be generated despite the conflicts and less positive elements of collaboration and other forms of interorganizational interactions.

The literature on accountability tells us that the usual and fundamental problem - that of “many hands” (Thompson, 1980) - is compounded in networks. Service delivery networks operate within both formal and informal accountability relationships and network participants must learn to operate within both, reconciling the expectations of multiple stakeholders with their institutional responsibilities. In the U.S., governments have shown remarkable proclivity to create multiple and often overlapping formal accountability mechanisms (Romzek and Dubnick, 1987); in networked arenas they often are reflected in contracts or memoranda of understanding. While formal systems are used in network governance, informal dynamics are an important dimension as well, yet one that is far less understood.

Networks are both interorganizational and interpersonal (O’Leary and Bingham 2009). They often have hierarchical as well as lateral links (Agranoff 2004; O’Toole 1997), and informal activities can flow up and down vertical links as well as across network structures. Service delivery by networked organizations inevitably gives rise to a need for informal collaborations to reconcile disparate institutional cultures and service delivery protocols. Networks, even when formally structured, contain an element of self-governance that is enabled by informal systems of rules, trust and reciprocity norms, credible commitments, and informal mechanisms for rewarding or punishing those who violate rules and norms or defect on commitments (Ostrom, Gardner, and Walker 1994). For instance, Bardach and Lesser (1996) refer to partner accountability and Bryson and colleagues (2006) stress that both “formal and informal governing mechanisms are likely to influence collaboration effectiveness.” (p. 49). This analysis focuses on interactions that occur once agreements are achieved and programs are underway: the interpersonal dynamics by which individuals hold each other accountable for making appropriate contributions to shared outcomes.
Informal accountability in the more hierarchical structures of networks has been explored in the literatures on federalism and intergovernmental relations, among others (Agranoff and McGuire, 2004). The components of informal accountability that are operative in lateral links – repeated interactions, norms of reciprocity, facilitative behaviors, informal rewards and sanctions (Romzek, LeRoux and Blackmar 2009; Mandell and Keast 2007) exist also in relationships between individuals with authority and their subordinates within organizations, and in relationships between individuals in organizations with authority, and those in subordinate organizations in the network.

Informal accountability can also be especially important to reducing uncertainty (O’Toole 1997) – a key problem for networks dealing with “wicked,” difficult problems, as is common in child welfare and children’s mental health systems. Informal information sharing, trouble-shooting, and targeted communication can all help reduce these uncertainties (Mandell and Keast 2007). As with many social welfare problems, there is no clear agreement on “solutions” to problems experienced by children with complex needs, nor any clear cause-effect relationship between public interventions and client outcomes. Uncertainty and risk are typical.

Yet informal norms and interorganizational dynamics can lead to the development of reciprocal relationships and a sense of partner accountability (Bardach and Lesser 1996; Page 2004; Whitaker et al. 2004). Informal accountability emerges from the unofficial expectations and discretionary behaviors that take shape through repeated interactions among network members in recognition of their interdependence in pursuit of their shared goal(s). In the area of social welfare services, individuals in network organizations, regardless of sector, are often members of the same profession – social work, broadly defined. The benefits of the shared perspective derived from this professional orientation have been elaborated in Romzek and Dubnick (1987). Professional accountability taps into this shared orientation, and suggests that accountability to one’s fellow professional is strong enough, in some cases, to supersede dynamics and incentives associated with bureaucratic, political, or legal accountability.

This means that when networks involve professionals with a common orientation, informal accountability is facilitated because it may flow naturally from the shared perspectives of the network individuals. Network participants are often linked at the individual level through personal relationships, professional associations and memberships, and participation in local task forces, advisory committees or other forms of policy and planning networks related to their industry. These social connections foster relationships that can provide mutual benefit, reduce transaction costs of future collaboration, and solidify a sense of shared norms and mutual accountability among network participants. Just as these interpersonal relationships are informal, so are some network organizations’ expectations; these are expectations that are typically not included in formal contracts and agreements. The interpersonal behaviors involved are discretionary rather than those mandated by official agreements. So, too, are the rewards and sanctions of informal accountability.

Hodge and Coghill (2007), using a pyramid to describe the effectiveness of accountability in privatized systems, delineate “Personal Behaviours - individual ethical procedures and social behaviors” as the foundation of an accountable privatized system (p.695). Personal Behaviours, for these authors, occupy the bottom, most substantial portion of the accountability pyramid. Such personal behaviors are also fundamental to informal accountability. Scholars have identified trust as an important requirement for collaboration (Van Slyke 2009; Tschirhart et al 2009). Similarly, Amirkhanyan (2010) finds that
informal accountability mechanisms – specifically, informal monitoring – are prevalent accountability strategies used by both public and nonprofit organizations involved in service delivery.

Shared norms, facilitative behaviors, and rewards/sanctions, comprise the three broadest categories of dynamics identified in our preliminary model of informal accountability (Romzek et al 2009). Shared norms include trust, reciprocity, and respect for institutional turf. Informal facilitative behaviors are comprised of frequent and sustained communication, follow-up on commitments, information sharing, favors, acknowledgement of mistakes, and action to correct errors. Rewards include favors, commitments to future collaboration, public recognition, and advanced notice, while sanctions include diminished reputation, loss of opportunities within network, and exclusion from information.


Challenges to Informal Accountability

As is true with formal accountability, interorganizational network dynamics can give rise to forces that challenge informal accountability processes. Some of these render informal accountability more elusive. Potential challenges include organizational turf issues, conflicting expectations, disparate organizational agendas and administrative cultures, and tensions over performance standards and monitoring (Romzek and Johnston 1999; Johnston and Romzek 2008). For example, intra-network communication and collaboration are not always easy. Sometimes intra-network consultation is lacking, even though it is a widely held informal expectation in network service delivery and an important contributing factor in network agencies developing a sense of partnership.

Instability is another threat to informal accountability. To the extent that network organizations experience turnover in leadership and at other organizational levels, the personal elements of informal accountability are disrupted; they will not always be rebuilt, and these disruptions exact costs from the network participants (Johnston and Romzek 2008). Network membership changes also disrupt interorganizational patterns of communication, collaboration, and dependence (Johnston and Romzek 2008; O’Toole and Meier 1999).

The disparate goals of individual organizations can also work against network cohesion and effectiveness. Goal conflict is often invoked as a key challenge in principal-agent theory (Waterman and Meier 1998), but even in more lateral structures, such as those observed in networks, goal conflict can inhibit progress toward the policy objective. Organizations within networks pursue multiple goals, and the common goal of the network – in our cases, services to children – may be subsumed to other organizational goals such as revenue production, increased market share, and accountability to
foundations and other funding sources, among others. While goal conflict can be mitigated through formal agreements, incentive design, and other mechanisms, informal accountability dynamics are also critical to firming the “cement” necessary for effective networks (Agranoff and McGuire, 2004).^{1}

Finally, competition for scarce resources also threatens informal accountability (Romzek, LeRoux and Blackmar, 2009). Alexander and O’Leary (2009) note that collaboration and competition can go hand in hand. Collaboration can be a form of cooptation. We often associate nonprofits with altruistic behavior, but that is a simplistic view, and one which would sentence many nonprofit organizations to failure. As Tuckman (1998) notes, “Competition is not necessarily gentler or less intense because it occurs among nonprofits” (p.184). Competition – whether between sectors, or within sectors - can be antithetical to informal accountability strategies, and may substantially erode informal mechanisms such as trust and personal relationships. While competition is viewed as a positive characteristic of market-driven public service delivery, with the potential to deliver efficiency and cost-effectiveness, it can play very differently in the context of informal accountability efforts.

Methodology

Using a multiple case study design, we employed a grounded theory approach which is a method of study that allows the theory to emerge from the data (Strauss and Corbin, 1998). Grounded theory analysis is a qualitative method of gathering, analyzing and interpreting data, designed especially for generating and testing theory (Strauss, 1987). More specifically, it is “a style of doing qualitative analysis that includes a number of distinct features including theoretical sampling, and certain methodological guidelines as the making of constant comparisons and the use of a coding paradigm to ensure conceptual development and density” (Strauss, 1987, p. 5). Agranoff (2009, p. 35) makes the case for the value of a grounded theory approach in public administration scholarship arguing that it is “a systematic way to probe structures and processes at a real world level.” We follow the general approach to grounded theory analysis of case data adapted to public administration by Agranoff and Radin (1991), and used in a number of studies by prominent scholars in the field (Dubnick and Frederickson, 2010; Frederickson and Frederickson, 2006; Radin, 2000; Radin et al 1996; Radin and Hawley, 1988; Agranoff, 1986).

Case Selection

We examine three cases of county-based networks providing social services to children in three states: Kansas, Maryland, and Michigan. These three county networks were purposively selected, based on their similarities and based on the researchers’ ability to access to key informants inside these networks. We wish to emphasize that the goal of our study is theory building as opposed to statistical generalization, and therefore a case study design with purposive selection is appropriate for our purposes. According to Yin (2003, p.10) “the case study, like the experiment does not represent a “sample” and in doing a case study, the goal will be to generalize theories (analytic generalization) and not to enumerate frequencies (statistical generalization)”. Thus, the extent to which we can generalize from these results is dependent on the replication of our results by others through future research.

All three networks involve governmental and nongovernmental organizations (primarily nonprofit service organizations), all are in suburban counties adjacent to large urban cores, and all involve contracts, though the contractual portion of the network is not our focus here. These counties are among the most affluent in the nation, but like many suburban settings, they are experiencing rapid demographic diversification. And like most counties in the US, they are undergoing serious financial pressures related to the “great recession” of 2008-2010. A fuller description of these county networks is available in the Appendix. These similarities allow us to rule out some rival explanations for any variations that we observe, over and above specific network structural and behavioral features. We
have therefore “controlled” for some – but certainly not all – factors that could explain network behavior and effectiveness.

In terms of the types of network governance suggested by Provan and Kenis (2008) (participant-governed, lead organization-governed, and those led by a network administrative organization (NAO)), these counties networks appear to fit the NAO model. Each county has a single agency designated as an administrative organization charged with creating and managing a network of service providers for children with intensive needs, and with case management of individual child-clients. These cases share many of the operating characteristics of what Keast and Mandell (2009) identify as cooperative networks but they also exhibit some patterns associated with coordinative networks. These networks have known information sharing patterns, adjusting actions, independent and autonomous goals, power remains within the organizations, organizational resources are separate, and commitment and formal accountability tend to be to one’s own agency.

Data Collection

The data used in this analysis were generated through semi-structured interviews conducted with 33 public and nonprofit personnel at 27 different organizations, mainly in the fall of 2010 and the spring of 2011. Interview participants included executive level personnel, mid-level program managers and supervisors, as well as street-level case managers/ workers. Each interview ranged between 60 to 90 minutes in length and was conducted in-person with the interviewee(s) at his or her organization. Each interview was recorded and later transcribed.

Our interview questions were designed to elicit information about how informal interactions and interpersonal behaviors manifest as informal accountability among network members. We asked interview participants about the informal expectations and behaviors they use in their dealings with network partner agencies. We explored how they hold each other accountable for meeting their expectations for performance and what informal means they use to demonstrate their sense of obligation to their network partners (and vice versa). We also asked participants to rate the overall effectiveness of their network, as well as the effectiveness of professional relationships among network actors. These questions allowed us to explore the nature of network participants’ norms and behavioral expectations for their network collaborators, and ways that interorganizational conflicts are addressed informally. We used the technique of asking “generative questions” (King, Keohane and Verba 1994; Strauss, 1987) and relied on knowledge and experience derived from the interview process to further refine our questions and inform our research (Strauss, 1967).

Data Analysis

We analyzed our data using the process of open coding described by Glaser and Strauss (1967), adhering to the paradigm of coding for relevance with respect to conditions, interactions among the actors, strategies and tactics, and consequences (Strauss, 1987). This entailed each member of the research team independently analyzing each interview transcript and identifying concepts within various conditions. The interview team conferred at regular intervals between interviews at the three sites to process what had been learned, to refine interview questions, and to begin searching for consistency of concepts among respondent’s reports. Independent analysis of the transcripts by each member of the research team, and intensive analysis of them over time resulted in the emergence of several broad themes and consistent patterns of norms and behaviors displayed by managers across organizations. This process of coding allowed for the discovery of concepts that confirmed our preliminary theory of
informal accountability dynamics, as well as revealed some additional core elements. We now examine each these core elements in detail.

Findings

A key goal of this research is to refine our preliminary explanatory model of informal accountability. To do so, we explore the complex interactions among core elements of informal accountability in three separate networks. The patterns identified in our earlier exploratory work are present in these different venues. That model identified shared norms, facilitative behaviors, informal accountability relationships and challenges to informal accountability. As a point of reference, Figure 1 depicts the relationships between each of these core concepts through a conceptual map.

Figure 1 Here

Support for Preliminary Model

These analyses support the preliminary theoretical framework and add some important insights. Shared norms and facilitative behaviors do influence informal accountability (both rewards and sanctions), yet individuals within these networks face significant challenges to informal accountability. The patterns we observe include a notable gap between the rhetoric and reality of collaboration and tensions between formal and informal accountability systems.

The “common ground” and shared vision amongst these social service systems is to serve the child.

“I think everyone is trying to do what’s best for the child. Everyone thinks they are doing what is best for that family. No system is 100 percent right in the manner in which they approach it. I think it’s about, ‘how do you come to the table and collaborate on a child’s case without 100 percent insisting you have it your way’? It takes the ability to give up your money into a way, or maybe going along with a value that you’re not 100 percent committed to.”

Nonetheless, differences in mission across network organizations can lead to variation in service delivery goals, with each type of player bringing a different policy lens to the network. As a result, the methods, philosophies, and values on how “best” to “serve the child” may diverge. For example, one agency “can’t serve parents of troubled kids” even though a child-client’s problems may be due to parenting issues. Another agency in the network has family preservation as part of mission but not mental health.

Due to state agency budget cuts in each of these sites, there is a perception that this shared vision is at risk. Respondents perceive a bias against serving more children. There are also pressures to keep kids out of the more expensive elements of the service networks, even if this is not the best solution according to treatment experts. For example,

“I’ve seen a real shift, and I think one of the things that’s shifted is that [the state agency] really does not want to take kids out of the home. And they want to avoid anything. And even if we are telling them, this is not an issue with the child’s mental health. It’s really... an issue with the parent. And the parent doesn’t provide supervision, they don’t provide structure. They will still, not demand, but almost kind of require that we try PRTF [psychiatric residential treatment facility] before they will look at an out-of-home placement.”
Shared Norms

Our preliminary theory posits that shared norms are a key component of informal accountability among network participants; the specific norms identified are trust, reciprocity, and respect for turf. The presence of these norms in these cases provide support for this component of the model.

In their meta-analysis of collaborative governance, Ansell and Gash (2007) found trust building to be difficult among relatively independent networked agencies, which is a characteristic of agencies in this study. Trust-building is shaped by facilitative behaviors and, the presence of trust fosters facilitative behaviors. Shared norms relevant to these networks of providers include expectations of a willingness to coordinate with other agencies, recognition that the needs of the client will be paramount, and that trust needs to be earned. Respondents report the importance of trust between provider and client and between providers. Trust among providers can make significant differences.

“...when I first came to [agency] ... almost 13 years ago, the schools were really distrustful of mental health. They very much felt like we were trying to take over their jobs, that we were judging them when we came in to work with kids in the school. And so, we really had to develop that trust and respect with the schools. And kind of prove ourselves that we were not going to be in there to get them in trouble with the parents. We were not going to be in there to, you know, start any trouble at all.”

At the heart of these networks, we find respondents reporting efforts to cultivate trust, and that trust contributes to effective collaboration.

“If you got $100,000 to see 50 more families and your quarterly reports says you’ve seen only 30 families. [Someone will ask]...’What is going on? Why have you not seen 50 families? And is that going to be a problem?’ Because our funders will look at this. And we’re on this boat with you. And we’ve hit our service goals. So let’s make sure we all hit our service goals. ‘Do you need help?’ Or, ‘What is the deal? Did you lose staff?’ So I think because we have it as a combined project that we are trying to figure it out that everyone is doing what they are supposed to be doing. But trust is involved there... They assume everyone is doing the best thing they can, as well as they can.”

An important manifestation of trust within the network, which also links to facilitative behaviors, involves information sharing. One respondent notes that “sharing information and feeling like we are being honest with each other helps to form that trust.” For example,

“In most groups it is a taboo to “call out” major concerns. In this group, the trust is demonstrated because people will call out a concern. And they are not ostracized. They still get to come next month. I see the trust because we are calling on each more. We stay in our [collaborative] organization more. I see it evolve a little bit more and can say, ‘I am really worried about this.’ And it is ok to say that... The glue is everyone in our group feels this is a necessary team to get where we all want to go.”

An example of the absence of reciprocity and trust can be seen in comments about the working relationships within one network, especially regarding the largest contractor within the network:

“They complain a lot about the mental health centers to the state. And say, well, you know, our referral process has a lot of barriers. And you, know, they accuse the mental health centers.
And I think that’s kind of common throughout the state, really, that child welfare complains about the mental health centers.”

Facilitative Behaviors

Key facilitative behaviors include frequent and sustained communication, information sharing, extending favors, acknowledging mistakes, relationship building and champion behavior. Relationship building and champion behavior emerged as particularly salient in these network interactions.

Relationship building. Building relationships with other network actors form a basis for subsequent client services and informal accountability. One respondent underscores the value of relationship building, “I feel it’s important to cultivate relationships between these agencies, because it just makes my job a lot easier, so I network a lot.” Relationship building can occur through a variety of mechanisms, ranging from informal one-on-one communications to meetings of various types, including official case coordination meetings, voluntary trouble-shooting meetings, and collaborative councils. Building relationships across agency boundaries can generate positive effects for clients, as one executive noted:

“I think personality has an enormous amount to do with how successful they are at building those partnerships and overcoming the barriers that come up. People who are more rigid and know that they are right and maybe do not want to have a lot of debate, those are people who struggle at overcoming the barriers and forming partnerships.”

Another respondent noted how the character of interpersonal working relationships can affect collaboration.

“We see, if there are different professionals and they are paired up on a case from different agencies. Sometimes we can see if they have worked together on a lot cases, their case goes smoothly. And thing go well; everything falls into place, just because they know how to work together. And the vice versa. If there are two workers who just can’t get it together within their own relationship, or ability work together, it is a real struggle.”

At these meetings, it’s often the “face-to-face sidebar conversations that [are important]. It is the before and after meeting time when things get done.” Each of these networks arrange periodic meetings of provider teams that include all the people involved in a child-client’s life whose purpose is coordinate services. “So sometimes where it is a complicated case, a complicated child, or a complicated family and nobody knows certainly who is to be doing what. Or who is the best resource for what the child and family needs. So we talk about it and we try to figure it out.”

Coordinating councils, which create both formal and informal arrangements and expectations, also facilitate the building of relationships. Sometimes the positive effects of councils are evident later.

“At the CCC, we’ve had the mental health center with [another agency]..there were two different [approaches to services]. I mean, they even have different definitions of case management... There were some pretty significant differences in the way their structures were set up to serve these families. And they came together. They picked up the phone literally after talking about it at one of our meetings. And said, ‘we need to talk more about this.’ And since have done some cross-training.”
When collaborative councils are mandated by the state, they may be less effective in supporting relationship-building. One respondent observed that “this collaborative exists because it is mandated by the state, and has not had much, if any, impact on improving collaboration between child welfare and mental health--or between child welfare and other systems, such as juvenile justice, or the schools for that matter.”

**Champion behavior.** Another key facilitative behavior that emerges from these cases is the importance of a service “champion,” who takes personal interest in the outcomes of cases. Such individuals go beyond the call of their duty boundaries to accomplish effective delivery of appropriate social services to clients. In our study, these can be case workers or individuals who occupy pivotal positions in the network, such as judges in a child welfare system.

“If you’ve got someone who’s real vested in it, whether it’s the foster care worker, or the family, that’s done a good job of tracking kids history, advocating, keeping up on it, real case management type stuff. [Individual] doesn’t necessarily have to be a child mental health worker or foster care worker, [just] someone, ONE key person who’s been pushing it, who’s been advocating. It’s the old squeaky wheel. Those are the ones who end up getting the services. The ones that I’ve seen that have been successful, it’s because it had one key person that’s made the difference. Sometimes you get a sympathetic foster care worker who puts a lot of extra time into that family. But in doing that, all their other cases lose out.”

Facilitative behaviors are not present in every venue. Failures to engage in facilitative behaviors manifest themselves in various ways: problems with timeliness of appointments with providers and access to reports, lack of cooperation outside of family team meetings except for limited email and phone, and providers’ perceptions that they don’t have time to communicate case outcomes to other network providers.

**Informal Accountability**

These networks operate within formal and informal accountability relationships. Formal accountability takes the form of site visits, audits, official meetings, and official communications with complaints regarding formal obligations for documentation, screening, consent before many of services available, timelines for expected meetings, and termination of providers who fail to meet expectations. Formal accountability is supplemented with informal accountability reflected in rewards for good work and sanctions for poor work. Accountability manifests in two broad categories of impacts: on reputations and future opportunities.

Not surprisingly, when informal accountability relationships are working well, results can be beneficial. We found that many network partners are straightforward about their informal accountability tactics.

“If we are working with the placement agency who is working well with us, who is keeping the kids stable, taking the tougher kids, they are getting more of the referrals, so they are getting more of our business. And vice versa. If we find one of the agencies has homes and asks for our child to be moved, we are going to stop making regular referrals to them.”
Sometimes the accountability picture is mixed. For example, one contractor noted that he takes both good and bad facilitative behaviors into consideration. Certain “providers might be great at what they do, [they] may be terrible at returning phone calls. One person who is terrible to work with, but I know he’s great with kids. I never let anything personal get in the way of serving the kids.”

Poor performance can elicit informal sanctions. Some providers are informally “written off.” “I just don’t refer to them anymore. Personally, I just don’t feel they are effective. Or they don’t provide a resource I can use for my families.” Other providers report calling to inform contractors that care coordinators are not representing [the agency] well in their communities.

The literature is flooded with instances of failures of formal accountability where mechanisms are in place but underutilized (Romzek and Dubnick 1987). Respondents in this study report their share of examples of instances when the informal accountability system does not function well. For instance, respondents noted a weakness of system that is difficult to pinpoint but nonetheless is present, namely, the absence of action when action is appropriate, such as the failure to make referrals for kids in need. While there is a shared norm that providers will put the needs of the child first, respondents note that a breach of this norm is not always subject to informal sanctions, indicating an absence of effective informal accountability. One respondent noted

“It is expected that if a child is open with us [responsive to therapy], we are part of the clinical consult. It is expected that we are there, and we are. We expect them [other providers] to participate in our treatment planning process as well, the family-centered plan. Sometimes they do. But is there accountability for that? Absolutely not.”

Some informal accountability failures are associated with conflict, as illustrated by a respondent’s observation that “most conflicts between providers [result from one provider] feeling that the other is not doing their role.” Another example of a failure of accountability was characterized by a respondent as the disagreement over appropriate treatment in a recently closed case. The respondent noted that the child family treatment team decided residential facility was the best for the child-client when in the mental health expert’s opinion the child did not have any mental health issues; rather the problems were due to a parenting issue.

Challenges to informal Accountability

Our earlier research suggested that the presence of competition or institutional turf issues could work against informal accountability.

Competition and Institutional Turf. While service delivery networks are seen as a way to break down institutional silos, the pressures to retain autonomy are significant. Respondents note that at the higher levels of these agencies many network participants’ first reaction is to defend administrative boundaries and “not to share.” Resource pressures, which we observed more starkly in this analysis, may exacerbate this dynamic. We see this in preferences to provide as many services in-house as possible. Some providers “have expressed that is has been their desire to provide those services themselves even though they are not required to. So the way they put it, they don’t get the money for is. But they believe that they can handle it themselves.” One executive said frankly, “I do think, I think we are all probably going to hold our cards a little close because this is so competitive, the child welfare contractors in particular.” Another noted a reluctance to collaborate. “It is more than that, it could be
perceived as competitors in many respects as they want to get into the business we are doing [mental health]. And I guarantee you we do not want to get into the business they are doing [foster care].”

Institutional turf challenges arise from different organizational cultures which present barriers to collaboration between the two systems and may take a long time to “un-do” even in the face of mandated cooperation through the pilot waiver and other reforms instituted within [agency].

“Within mental health, you’re always going to have the view of choice, person-centered and family-centered planning, a lot of decision-making power is given to family within the mental health system. Then you look at juvenile justice, because you can’t leave them out of this discussion, and the system [is] all about compliance and regulations set forth. And their decisions are driven by how well was that plan followed and complied with. And then there’s the [state] system that really operates in crisis management mode, puts kids in levels on how bad the offense is or how the reports describe them. And then the treatment decisions just follow from that.”

One case worker questioned whether there is: “even a willingness to work with other people. Or does that reflect negatively upon your agency if you’re making referrals you would rather capture internally?” One respondent noted the institutional turf perspective in work with schools.

“And literally, I met with this school district to talk to them and try to appeal to them about … our shared goal is to help these kids be successful in school. Help them be successful in life. And that was, to me, that was a shared goal. And I was flat-out told that that was not a shared goal. That was their responsibility to work with those kids during the day, not ours. And that our responsibility was to work with them after school and in the evenings, and work with the parents. And we are able to get in a couple of the schools. But really, we’re locked out of that district for the most part. And we really see the detrimental effect that it has on children. … So that’s a case that’s very territorial. And that’s probably the worst case.

Sometimes the explanation for lack of collaboration is that the services the “partner” should provide are not forthcoming. “I am going to be honest. The mental health side is a challenge because of availability. So our own organization has had to create our own clinical department just because we could get service access.” Adhering closely to organizational mission boundaries also can be use to ward off unwelcome expansion of an agency’s participation in a case. In other instances, the failure to collaborate was sufficiently glaring as to warrant a state family court judge to explicitly order one contractor to work with another service provider in spite of institutional rivalries.

Funding. Fragmented funding is another challenge to informal accountability because of policy limits in funding streams, stipulations about billable activities in contracts, etc.

“If you’re looking at the system, everyone has their own funding stream. So at the end of the day, they have ability to make decisions independently because they’re [their own agency] authorizing payment. Because of the very nature of these systems, because there aren’t blended funding streams for collaboration, it comes down to each system making decisions for these kids based on their point of view. It’s very easy for the systems to operate independently.” “There have definitely been turf issues between mental health and child welfare… I think it centers around funding and money. And what is billable and who is paying for what. I think opening up the provider thing is something the mental health centers didn’t really want.”
“A lot of these kids nowadays don’t fall within a certain population, you’ve got all these contract agencies.... The barrier to all these things is the funding. Yeah we should be collaborating more, yeah you can do all these wonderful things but the funding is still based on a medical model. You need to get reimbursed for every little nickel and dime. And a lot of these little collaboration things, it’s not covered, it’s not something we can bill for.”

**Turnover.** Staff turnover is a challenge in these networks. For instance, one provider noted that “I need to be able to get some kind of chronological history on these kids in order to do the diagnosis so I can get them to the right provider so they get the right treatment. But they’ve been bounced around from these homes and also bounced from worker to worker so nobody has a solid history on this kid.”

These cases suggest to us that many of the critical informal accountability dynamics in these networks are concentrated at the street level” of the network, where contact between networks, its organizations, and the clients occurs. We turn our attention now to a profile of a case worker within these networks to illustrate how the dynamics of informal accountability play out in this key role. See Figure 1.

**Informal Accountability in Action: Case work as a profile of informal accountability**

This section focuses on one “location” in network space that appears to be crucial to informal accountability. A common observation across the three network cases studied here is that a critical portion of the coordinating function falls to professionals who fall into the “case manager” category. Their titles may differ across organizations and networks, but these individuals tend to have responsibility for the “clients” to which the network services are targeted. They are therefore often important conduits for flows of information, task-sharing protocol, program design, service integration, etc – all arenas in which informal accountability can be manifested. Social welfare networks dealing with children often adopt “wraparound” or “integrated service” approaches in which an array of services is designed to treat the complex needs individual – in this case, the child-client. To the extent that the case manager designs and coordinates these services, s/he comes into contact regularly with representatives of the organizations in the network providing those services.

One of our cases illustrates this dynamic clearly. In the Maryland county network, “care coordinators” – we’ll call them “case managers,” or CMs, for consistency’s sake – serve this function. They use a formal tool – a monthly “child and family team” meeting – to assemble the client, the family, and all service providers. The child-client’s progress is reviewed and discussed, barriers to progress are discussed, and strategies to improve progress are introduced and adopted. These meetings necessarily entail give and take, bargaining among parties, and conflict resolution. They are also the setting in which goal conflicts can emerge or amplify, and in which the benefits of informal accountability can play out. To the extent that the parties on the team have used informal accountability mechanisms to facilitate interaction and coordination, positive team dynamics are facilitated. To the extent that informal mechanisms are weak or undeveloped, teams may be less integrated. In either situation, the CM is at the hub of the team. Although in formal terms, the family possesses the power in the team – the family and child-client select providers and sanction the treatment strategy – informally, the CM has significant influence over all facts of team dynamics. The CM must approve the family’s choices, and has a great deal of say in which providers are selected.

The CMs themselves engage many informal accountability strategies, primarily accomplished through repeated interactions with members of the team. This dynamic is consistent with Bryson’s and
colleagues’ (2006) proposition that cross-sector collaborations are more likely to succeed when trust-
building activities (such as nurturing cross-sectoral and cross-cultural understanding) are continuous.”
(p.48). Through repeated emails, phone calls, and site visits, the CM uses reciprocity strategies, works
on trust-building (thereby moving toward closer goal alignment), and otherwise breaks down barriers to
integration, agreement, and co-production among team members. The CM tends to be in constant
contact with the child-client and family, and with providers (a common array might include a behavioral
therapist, an after-school/weekend mentor, a respite provider, an academic tutor, a probation officer,
by way of illustration). S/he strives to acquire knowledge about any potential conflicts, failure to
perform on the part of any team member, and other barriers to the child’s progress.

As a result, continual informal flows of information move between the CM and team members,
and to some extent among team providers as well. Providers may interact informally (outside the
monthly team meeting) in order to coordinate around a particular need or issue, thereby contributing to
the construction of informal accountability ties, but more often the information flows from provider to
CM to targeted team member (e.g., another provider, or the client and family).

It appears, then, that these CMs behave in ways consistent with the Weber and Khademian
(2008) call for public managers to focus on knowledge transmission tasks, communication with network
members, knowledge integration tasks, and collaborative problem solving. Their role in conflict
resolution comports with the contention by O’Leary and Bingham (2007) that conflict is the biggest
challenge of network management, and that “collaborative managers need to be conflict managers and
conflict resolvers” (107).

In terms of consistency with our prior research (Romzek, LeRoux and Blackmar 2009), we
observe that CMs exhibit respect for shared norms through ongoing trust-building activities across the
team (frequent contact, continual efforts to break down barriers to cooperation and co-production,
etc.), and through reciprocity (rewarding “engagement” with referrals to other clients or to other CMs).
They engage in facilitative behaviors (facilitation of the “team” and treatment of the client, achieved in
part through coordination and collective action), frequent and sustained communication, follow-up on
commitments (especially to the family in following through on issues with providers, and to providers by
referring other clients to them), information sharing (which is extensive and ongoing), favors (referrals
to other clients for especially favored providers, and to other CMs through shared trouble shooting and
information sharing), acknowledgement of mistakes (less frequent), and action to correct errors (as they
develop in team dynamics).

The CMs also make use of informal rewards and sanctions to move their teams and child-clients
toward favorable outcomes (avoidance of residential treatment). In terms of rewards, they grant favors
such as referring clients to respected providers, and sharing their positive impressions of those providers
with other CMs who will, in turn, refer clients from their caseloads. Many of the other rewards –
commitments to future collaboration, public recognition of respected network members, and advance
notice – are beyond the responsibility of the CM, but these often originate from CM perceptions and
endorsements to those higher in the [contractor] organization. CMs are also in a position to sanction
informally, primarily by reducing opportunities for providers perceived as inferior (in terms of accepted
norms and expectations) through reductions in referrals or outright avoidance. These actions tend to
cascade as “word gets out” to other CMs, to leaders in the [contractor agency], and to clients and
families.
Further, the critical roles of CMs suggest that variations in their effectiveness may help to explain variations in the degree to which informal accountability facilitates network success. As the “go to” conduits of information, as coordinators and facilitators, CMs are on the front lines of day to day network management. While testing this hypothesis is beyond the scope of this paper, we believe that individual CM success in initiating and sustaining informal accountability strategies may be critical to effective network service delivery. This is also likely true for other individuals that occupy “hub” positions in networks.

Issues for Further Investigation

These data point to differences due to hierarchical position, a gap between rhetoric and reality of collaboration, and tensions between formal and informal accountability systems. Each of these warrants fuller attention than possible in this current context.

Hierarchy differences

Experienced network actors, those who have had roles and that range across several different levels of these networks, report differences in network collaboration experiences at the different levels. They note that while the collaboration dynamics for case workers, program managers, and top executives are fundamentally the same, individuals typically perceive the tension differently. They note that the difference is due to experience levels and the different levels of complexity. One senior executive phrased it this way:

“I think it [challenge of working within network collaboration] is the same. I think it is much the same. I sort of chuckled when you said it might be different. I think as people have more professional experience and more life experience, I think it [their perception] changes. Things that are so overwhelming [to caseworkers] aren’t when they stand back and examine from a broader view. For example, a case manager who has 14 cases and they are her 14 cases. You know, a couple of those big barriers will seem bigger to her than me that on any day has 2000 kids. As they [are] here longer, as [they] work with more kids, families, and professionals, [I] think they just see it in a different way. But I do think the barriers are much the same.”

Gap between rhetoric and reality of network collaboration

In any administrative arrangement there are tensions between rhetoric and reality of commitment to key norms and facilitative behaviors, such as trust and communication. The state director responsible for one of our network cases noted concern about how well mental health and foster care contractors were working together and the limitations of state agency staff who oversee the contracts, noting a gap between their prescribed role as contract managers charged with encouraging collaboration and their preferred roles as regulators. “We talk about managing contracts, but staff really has hard time letting go of service delivery and [its] regulatory stance.”

This gap seems more pronounced at higher levels of agencies. Respondents note differences in the willingness to collaborate across levels of the hierarchies within the network, with more vocal rhetoric about supporting collaboration at the highest levels of agencies, but a feeling that such support is not deeply rooted. One senior official’s requests to her peer executive for meetings to facilitate collaboration across agency boundaries were met with polite disinterest. At lower levels of the hierarchy individuals report.
“And I don’t think [contractor] is viewed positively probably by anybody in the state. And that’s more at the corporate level. Now, I could tell you that at the supervisor level, or even at the district manager level, I do feel like those people are wanting to work with us. And they are willing to kind of figure out some collaborative relationships.”

**Tension between formal and informal accountability systems**

Respondent views indicate that the incentive system that fosters informal accountability dynamics may work against formal accountability. The tension between informal accountability and formal accountability can be subtle or straightforward and due to disincentives built into the policies and/or contracts or due to process complexities. Straightforward conflict was described in one case the following way.

“I had one worker give me seven referrals is one day. And she was dropping the ball left and right. And I didn’t want to complain about her because she gave me seven referrals. And they [the lead contractor staff] were like, ‘Who is it? Who is it?’ So eventually I had to say something about it. I said, ‘You know, ...this is going to bite me in the ass. She isn’t going to send me any more referrals if she thinks I’m calling you guys to complain about her.’ I’ve got five to eight people I need to help put food on their table.”

Tensions also are built into policy designs, when financial incentives put in place to discourage unnecessary expenses also discourage actions that are in the best interest of vulnerable child-clients.

“...it could be perception, but definitely, for my folks, once a kid gets sent home from being in custody, there does seem to be reluctance for the contractor to get reinvolved because there is no money. And so, they cannot get paid again until that kid has been home for a year. So there is some weird things about the contract that, seems like to me, almost disincentivizes doing the right thing for the kids’ safety. “

**Conclusion**

Government agencies that contract out for service provision endorse collaboration as the way to accomplish complex tasks while minimizing investment in new administrative structures. Service provider agencies and the individuals who staff them recognize that network service provision is an organizational arrangement that will endure. Nonetheless, network participants’ actions and attitudes reveal less collaboration in practice, reflected in an observed tendency to continue do as much in-house as possible. This underscores the importance of understanding the challenges to effective informal accountability.

This research provides insights that support a preliminary model of informal accountability and suggests additional characteristics and dynamics for further investigation. These data are based upon detailed multiple case comparisons of participants in county-based child welfare service delivery networks in three different states in the United States. Additional key facilitative behaviors suggested by these data include the importance of building relationships and individuals acting as champions.
This research also reinforces the notion that context is an important aspect of collaboration (Hicklin et al. 2008), and that network effectiveness is highly responsive to structural, historical, and environmental features. We expect that context will also affect informal accountability – the forms it takes and its success in mitigating network management problems. In addition, the complexities of these networks and the policies they implement also work against informal accountability. Complexity varies in the cases examined here but each presents challenges of multiple agencies, disparate missions, policy constraints, distinct service protocols, and limitations on funded activities. We found these complexities reflected in differences in receptivity to collaboration based upon hierarchical levels within networks, a gap between rhetoric and reality of collaboration, and tensions between formal and informal systems of accountability. Senior executives in these service delivery networks endorse the rhetoric of collaboration but administrative practices, incentives, and funding streams often present barriers to collaboration.

A common observation across the three network cases studied here is that a critical portion of the coordinating function falls to individuals who fall into the “case manager” (CM) or “case coordinator” category. These individuals are the ones who build and sustain relationships, are more likely to fill the “champion role” than others, and participate in the voluntary meetings to address client needs.

Some of the barriers to informal accountability identified earlier may help to explain variations in the effectiveness of CM informal accountability efforts. Those barriers include goal conflict, instability, resource scarcity, and the impact of hierarchical links in the network. Our observation is that the CMs in these networks do facilitate reduction of goal conflict. They can help steer members of the service delivery teams toward the overarching goal of meeting the child-client needs – using coordination, joint trouble-shooting dialogues, and otherwise appealing to the fundamental interests of parties to the network to serve children in need. Nonetheless, the goals of the organizations in which these service providers are embedded are multiple, and may detract from this common goal (O’Toole 1989; Meyers et al. 2001). Just to name one, some providers in the Maryland child/family teams attend team meetings reluctantly because they are typically not able to include this time in their reimbursement requests – this is not a “billable” activity. The fact that many providers do attend is testament to the efficacy of the networks’ enforcements of norms and expectations. Yet it is an uphill battle that CMs need to fight continually.

Competition for scarce resources clearly undermines informal accountability as manifested in the CM function. One of the clearest and most salient forms of competition in the Maryland network is competition for “referrals.” Referrals to the client’s family, which is formally responsible for provider selection, are made by the CM. Informally, the CM has significant influence over provider selection, and complete authority over provider referral. Because of the structure of this network – its NAO form – and its reliance on external providers, competition is funneled through the CM instead of through a competitive contract as we might observe in other networks. This leads to a heady responsibility for the CM. Providers do report resentment over CM referrals, noting their relative inexperience and their propensity to select minority providers for minority clients. Some providers, discouraged by the small number of referrals, are not sure that it is “worth it” to continue with the network, despite their fundamental belief in its objectives and efficacy. Provider departures from the network require all organizations to re-adjust and they add to network instability.

Instability is a chronic network condition (Johnston and Romzek 2008). Its costs are high, invisible, and uncompensated. Many of those costs fall most heavily on the network client (Johnston
and Romzek 2008). The CM position is one characterized by high turnover, and is often occupied by young, relatively inexperienced individuals. As the CMs become more skilled, they tend to seek other opportunities, in part because of limited mobility within their organizations. Thus, just as they begin to add value to the network, they move on. All network parties must adjust, and because of the critical role played by the CM in terms of informal accountability, those adjustments can be particularly costly – to families, providers, the NAO, and other parties. Networks are not time-static, and instability is unavoidable. Indeed, New Public Management’s attractions to market strategies and its inherent instabilities – and the attendant costs in terms of institutional history – are rarely addressed in the literatures on network management. The roles of time and evolution need attention, and research in those areas has been called for by several scholars (Provan and Kenis, 2008; Andrews and Entwistle 2010).

The typical constraints and complications that apply to the management of street level bureaucrats have the potential to affect these delivery networks as well (Meyers et al 1998; Sandfort 2000; Riccucci 2004). The CM who occupies the position of “street level” nexus between the citizen-client and the organization – here, publicly funded, but nongovernmental. Accordingly, the CM functions as the street level bureaucrat (Lipsky, 1980), with the attendant influence over the implementation of policy – and the capacity to resist policy as well. Street level workers are not always susceptible to managerial direction. Indeed, their professional orientation in these networks – toward serving the child-client – can be viewed positively from the perspective of formal accountability (Romzek and Dubnick 1987), but also means that they may not respond to traditional managerial strategy (Sandfort 2000). Likewise, senior managers may not always embrace the rhetoric of collaboration when institutional interests are not aligned with informal accountability relationships.
References


Figure 1: A Theory of Informal Accountability

Shared Norms
- Trust
- Reciprocity
- Respect turf

Facilitative Behaviors
- Frequent and sustained communication
- Follow-up on commitments
- Information sharing
- Extend favors
- Acknowledge mistakes
- Take action to fix mistakes
- Individuals act as champions
- Relationship building

Challenges / Cross-Pressures
- Competition and turf-battles
- Staff turnover
- Financial pressures
- Hierarchy
- Gap between rhetoric and reality
- Tensions between formal and informal accountability

Feedback

Accountability Relationships Manifested
- Rewards
  - Favors (i.e. support, cut red tape, loan staff)
  - Future collaboration
  - Public recognition
  - Enhanced reputation
  - Advance notice (information on rule changes, opportunities for funding)
- Sanctions
  - Diminished reputation
  - Loss of opportunities (status as preferred provider, future partnerships, funding)
  - Excluded from information network
Appendix: Service Delivery Networks

The three cases from Kansas, Maryland, and Michigan that we analyzed are described here.

The Kansas Case

The network we studied in Kansas is located in a county in the Kansas City, MO-KS Metropolitan Statistical Area. According to U.S. Census Bureau estimates for 2009, the county had a population of 542,700, 25% of which were children below the age of 18. The median household income was $71,766, although 7% of the population was living below the federal poverty level.

The network in the Kansas case centers around a contract for foster care and adoption services between the State of Kansas and a 501(c)(3) nonprofit corporation. The contractor is a local organization that was founded locally but now operates in five states, primarily in the Midwest. The services it offers include a child welfare and behavioral health care continuum of care and specialized psychiatric and behavioral healthcare to children and adolescents at two psychiatric hospitals in Kansas. In fiscal year 2010, this nonprofit had an operating budget of over $75 million, and served more than 25,000 children and families.

This agency has held the contract to provide case management and related services for children involved in foster care and adoption for this region since 1996. It recruits, licenses, trains and supports more than 500 foster families across eastern Kansas as subcontractors on the state contract. It also contracts with other nonprofits and private providers for psychiatric services when it cannot provide such services itself.

The network therefore includes the State of Kansas, the contractor, and the providers of services tailored for individual children in the child welfare system. A key provider is the county community mental health center, created in 1962, which works with the contractor to provide mental health services to children in foster care. The mental health center offers a wide range of mental health and substance abuse services to residents of the county under the auspices of the county government. Its operations are overseen by a nine member Governing Board appointed by the Board of County Commissioners. Currently, mental health services are provided in six separate facilities located throughout the county. Twenty-four hour emergency services are provided to meet the needs of those persons experiencing a mental health crisis.

The mental health center’s services directly relevant to families and children in the child welfare system include a Family Focus program designed to serve youth (ages 3 – 18) with emotional or behavioral issues. (Being in foster care is not a prerequisite to being in this program; it is open to all citizens of the county.) Family Focus provides community based mental health services to children in their homes, schools and in the community. Once an assessment is made of the child’s needs, strengths, and weaknesses, case managers work one-on-one with the youth and family to provide the services needed.

Other network members include the county’s district judge who oversees the legal cases of kids removed from family custody; regional and contract monitoring staff from the State of Kansas welfare agency, which is the legal entity that is ultimately responsible for the children removed from their homes; and a local coordinating board, which convenes a group that includes a broad base of
organizations concerned with children’s welfare, such as social service providers, school districts superintendents, and juvenile justice representatives.

**The Maryland Case**

The network we studied in Maryland is located in a county in the Washington-Arlington-Alexandria, DC-VA-MD-WV Metropolitan Statistical Area. According to U.S. Census Bureau estimates for 2009, the county had a population of 971,600, 24% of which were children below the age of 18. The median household income was $94,420, although 7% of the population was living below the federal poverty level.

The service network in Maryland began with a state initiative that began in the early 1990s. Specifically, in 1992, Maryland established Local Management Boards throughout the state. The mission of the Boards was to identify priorities and target resources for each community, to increase local capacity to plan, implement and monitor services for children and families, and to provide a vehicle for collaboration and partnership among those agencies serving social welfare needs. Thus, the Local Management Board in the county we studied is a key member of the network.

Another member in the network is tied to a unique funding arrangement in the county. In the late 1990s, the county government received a grant from the Substance Abuse and Mental Health Administration (SAMHSA) to build a system of care for children with intensive needs, many of whom are at risk of needing juvenile detention services, or whom already receiving them. The county contracts with a private nonprofit to function as the care management entity (CME) for this pilot “wraparound” service program. This nonprofit contractor is a subsidiary of a larger corporation headquartered out of state. As the CME, the contractor is responsible for care coordination, development of individual service plans, development of a comprehensive provider network, utilization of community-based no or low cost services that can be sustained, and provider reimbursement. This contractor also receives partial funding from other related state agencies.

Currently, the contractor subcontracts with about 100 providers for services for their child-clients, including for mentoring, tutoring, and therapeutic behavioral services. Providers are also available to the community at large and are encouraged to market their services so they are not dependent on referrals to wraparound clients even though some providers were found and in some sense “created” through the wraparound program. The subcontracts are fee-for-service in nature, and providers bear no financial risk – they are compensated for their services at a negotiated rate. The contractor holds monthly provider meetings to share information about the wraparound program, discuss any gaps in services needed for the youth, and to gather feedback from providers.

Because one of the contractor’s central missions is the establishment and maintenance of a large provider network, and because of the comparatively small number of child-clients, a central issue in the network concerns competition among providers for referrals to child-client cases. Providers seek referrals in order to invoke their contracts with the CME. As fee-for-service contracts, theses generate reimbursements only when child-clients use a provider’s services. Instead of competing for a common contract, these providers are competing on the basis of their fit with the child-client, and their acceptability to the child-client and family, and the care coordinators who approve the plans of care and coordinate the providers serving the client.
The Michigan Case

The network we studied in Michigan is located in a county in the Detroit-Warren-Livonia, MI Metropolitan Statistical Area. According to U.S. Census Bureau estimates for 2009, the county had a population of 1,205,508, 23% of which were children below the age of 18. The median household income was $62,308, although 10% of the population was living below the federal poverty level.

The Michigan case focused on the adoption and foster case components of the child welfare system and children’s public mental health services, which tend to be highly fragmented in most counties in the state. Foster care and adoption services in Michigan are funded by, and to a large extent directly delivered by county level offices of the state welfare agency. On the other hand, following a state-wide shift to deinstitutionalization in the mid-1990’s, public mental health services became publicly managed at the county level, and predominantly delivered in the community through private not-for-profit contractors.

The network in the Michigan case includes five state welfare offices in the county. State-wide, the welfare agency in the early stages of a multi-year effort to reform its child welfare system. Having a long-standing reputation as an unresponsive and ineffective bureaucracy that failed to protect the rights of children, a federal lawsuit was filed against the agency in 2006 by the national children’s advocacy group Children’s Rights Inc. The suit was brought on behalf of the roughly 19,000 children in Michigan’s foster care system with reasons cited as lack of basic physical and mental health services of children in the system, excessive lengths of stay in state custody, a severe shortage of foster homes, and excessively high caseloads and turnover among caseworkers. In 2008, the agency reached an out-of-court agreement with Children’s Rights Inc. resolving the lawsuit through a corrective action plan that included reducing caseloads, increased education and training, permanency planning for the child, recruitment of new foster families including relatives of the child, reducing failed foster placements, and expanding access to physical and mental health services. Nearly all of the provisions of the corrective action plan had implications for expanding reliance on, and collaborating with private providers.

The other primary member of the network is the local Community Mental Health Authority, whose role is to determine the menu of public mental health services made available to county residents, assemble and manage the network of service providers, establish performance measures, and provide oversight of contractors through routine performance monitoring, programmatic and financial. The county’s mental health budget is over $284 million, approximately 88 percent of which is used to procure services and supports from private providers on a contractual basis.

The Authority does not provide any direct services, but rather contracts with other members of the network, six “core providers” who either provide a specialized service in the county’s continuum of care, or serve a geographically distinct area of the county. Five of the six core providers contract extensively with other nonprofits, managing a network of subcontractors to provide everything from psychological testing to residential care. Because of stringent Medicaid eligibility criteria in Michigan, children’s services comprise a very small share of mental health in the Michigan county (7-8% of total budget) and up until last year, only one of the core providers was responsible for providing children’s services to children with serious emotional disturbance (SED) and their families. Children with developmental disabilities are served by another core provider (although these clients are a small proportion of the children’s client pool). In order to create opportunities for consumer choice, a contract was awarded in 2010 to a second children’s SED services provider.
Services provided by the children’s core providers and their subcontractors include around-the-clock crisis intervention services, case management, individual and family therapy, respite, Wraparound, psychiatric evaluation and medication monitoring, psychological testing and neuropsychological testing, substance abuse treatment, parent support and education, family psycho educational groups, community living supports, and infant mental health services. A number of children receiving these services are also clients of the foster care and/or adoption systems.

Due to the dysfunctions of Michigan’s child welfare system, collaboration between mental health and foster care and adoption providers has historically been weak. In attempt to formalize cooperation to some extent and address the lack of adequate mental health treatment for kids in the system, Michigan instituted a program in 2010 known as the “pilot waiver”. The pilot is based on a $2 million grant to be spread over five years, from the U.S. Department of Health and Human Services Children’s Bureau to develop and test a best practice model in three Detroit metro counties, including the subject of our study, which are collectively responsible for nearly 42 percent of the state's foster care cases.

\footnote{Mandell and Keast, 2007, note that our ability to evaluate network effectiveness is hampered by the dominance of measures that are designed for single organizations. The proliferation of network types further complicates efforts to construct a protocol for assessing network performance.}