

Facilitating Awareness of
Human Service System Reform

By

Carrie A. Preston

A SENIOR HONORS THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

BACHELOR OF SCIENCE

Department of Psychology
1998

Abstract

Innovative service delivery reform is currently taking place in the human service system. Although the importance of awareness of innovative ideas to their diffusion and implementation has long been recognized, little research has been devoted to the factors affecting awareness of innovative ideas. This study examines human service providers' awareness of innovative service delivery reform efforts and its relationship to their participation in new, innovation-focused work settings and to their leaders' participation in a local interagency coordinating council. The differential effects of service providers' personal involvement in these settings, their agencies' total involvement in these settings, and their leaders' involvement in the interagency council are also examined. Results suggest that involvement in innovation-related work settings does affect service providers' awareness of reform efforts, and that agencies' overall involvement has an affect on awareness beyond that of individual service providers' involvement. The implications of these results for practitioners of service delivery reform are discussed.

Facilitating Awareness of Human Service System Reform

Innovative service delivery reform is currently taking place in the human service delivery system (Adams & Nelson, 1995). Recognizing that the current service delivery system is often ineffective (Cohen, Singh, Hosick & Tremaine, 1992; Dill & Rochefort, 1989), and that resources available for service provision will continue to decrease, state and federal governments have passed legislation calling for new approaches to service delivery (Behner, 1996; Brown, Cox, Jones & Semke, 1987). Two human service innovations that have been widely adopted are an emphasis on interagency collaboration (e.g. Abbott, Jordan, & Martuza, 1995) and a shift to a strengths-based service delivery philosophy (e.g. Andrews & Andrews, 1993; Dunst, Johanson, & Trivette, 1991). These reforms call for significant change in the guiding principles and structures of the human service system, as well as in the attitudes and beliefs of individual service providers (Glaser, 1994; Quirk, Strosahl, Fitzpatrick, Casey, Hennessey, & Simon, 1995).

Despite the promise of these human service innovations, service systems have often encountered difficulty in implementing these changes (e.g. Drake, Berfield, D’Gama, & Gallagher, 1995; Macbeth, 1993). A necessary first step in persuading people to adopt a new idea is informing them of the innovation’s existence, and providing them with the necessary knowledge to evaluate the innovation and make an informed decision about its value (Rogers, 1995). When a human service system adopts a technological innovation, such as a new computer system, the innovation’s existence may be obvious to the individual service providers. However, service delivery reform efforts are often composed of “invisible” ideas, beliefs and practices, and thus require specific efforts to facilitate awareness and understanding among service providers. The diffusion

process is further confounded by the loosely coupled structure of the human service delivery system (Weick, 1985). Loosely coupled systems have difficulty informing their members of a change endeavor and monitoring its implementation (Weick, 1982).

One way in which service systems can work to spread awareness of new ideas is through new, innovation-focused work settings created specifically to facilitate reform efforts (Abbott et al., 1995; Nelson & Allen, 1995; Pandiani & Maynard, 1993). By participating in service delivery teams dedicated to new ideologies and practices, service providers might be expected not only to learn of the innovations' existence, but to gain the knowledge and understanding necessary to adopt and implement the changes in their own work. Since the new work settings created by current reform efforts tend to involve providers representing multiple agencies, individual participants might also bring their new knowledge back to their home organizations, diffusing the new ideas to their coworkers (Katz & Kahn, 1978). This intraorganizational diffusion would play a critical role in the dissemination of these reforms, since organizational members often turn to their coworkers as they attempt to make sense of a change initiative (Isabella, 1990). Therefore, direct involvement of service providers in these teams, as well as working in a setting where others are exposed to these efforts, may both play a role in facilitating provider awareness of these changes.

Another factor that may facilitate providers' awareness of these reforms is their leader's involvement in a local interagency coordinating council (Wischnowski & McCollum, 1995). These councils, comprised of leaders representing a diverse array of human service agencies and domains, are becoming a popular vehicle for promoting local governance. For example, these councils often initiate and/or oversee the human service

delivery reforms in their communities. Through their involvement on these councils, leaders become aware of the reforms currently underway. Because leaders often play a key role in the transformation of organizational systems (Schein, 1985), leader awareness of these changes may facilitate provider awareness and adoption of these reforms.

This study examines the relationship between participation in new, innovation-focused service delivery settings and awareness of human service delivery innovations in one county's human service system. Such an exploration may help identify possible points of intervention for facilitating the successful adoption of these reforms in the service delivery system.

Innovation and Awareness

Rogers (1995) defines an innovation as an idea, practice or object that is perceived as new. Diffusion is the process by which an innovation is communicated among, and ultimately adopted by, the members of a social system over time. During the first stage of this process, the knowledge stage, potential adoptees gather the information needed to adopt or reject the innovation. Though the importance of this stage has long been recognized (e.g. Fidler & Johnson, 1984; Havelock, 1971; Larsen & Nichols, 1972), little research has been devoted to the factors that influence providers' knowledge of human service innovations.

The information that adoptees need to recognize and use an innovation is termed software information (Rogers, 1995). Rogers defines software information as information that is embedded within the innovation and reduces a person's uncertainty about the nature of the innovation and its probable consequences. Three types of software information are defined: awareness knowledge, or knowledge that an innovation

exists; how-to knowledge, or information necessary to use an innovation properly, and principles knowledge, or knowledge of the scientific or other principles behind an innovation. The latter type of knowledge is most relevant to medical and technological innovations; however, the first two types are crucial to nearly all innovations, and clearly relevant to human service system reform. A service agency's official sanctioning or "adoption" of a new ideology has little meaning if individual service providers are unaware of the change or lack the knowledge necessary to put it into practice.

Possibly because of the tendency to study technological and other highly visible innovations, little research has been devoted to the extent of individual awareness of an innovation within organizations. When awareness is measured, results tend to be discouraging. Beyer & Trice (1978) found that only half of a sample of federal employee supervisors felt adequately familiar with the parts of a new federal employee alcoholism policy likely to affect their role as supervisors. In a similar study by Hoffman and Roman (1984), 23% of supervisors sampled knew nothing about the alcoholism policy; less than 40% felt that they had a moderate to high degree of familiarity with it. Cheney, Black and Gordon (1986) found that employees in public schools did not perceive themselves as receiving information about new ideas in the work place. Individual employees in Burkhardt's (1994) study of a technological innovation in an organization reported that very little information about the technological change was provided to them, and were angry that they had not been more involved in the change process. Meyer (1996) found that employees at a public health information agency felt they lacked adequate knowledge concerning a new intervention strategy being implemented in their organization.

As the above findings illustrate, lack of awareness is a potential problem for

organizations seeking to implement change. However, although research has been devoted to the awareness of innovations among individuals in the population at large (e.g. Dennis, Soderstrom, Koncinski & Cavanaugh, 1990; Weenig, 1993) and among key decision-makers of separate organizations (e.g. Brink, Basen-Engquist, O'Hara-Tompkins, & Parcel, 1995; Luhman, 1990), the factors affecting awareness of innovations among individual providers within human service organizations have not been examined. Given the state of constant change that characterizes human service delivery systems, knowledge of such factors could prove important in designing change programs that facilitate service provider awareness and implementation of new policies.

The Innovations: Interagency Collaboration and Strengths-Based Service Delivery

Two major elements of the current wave of human service system reform are an increased emphasis on collaboration among agencies and a shift to strengths-based service delivery. Both are ideological innovations, requiring change in the basic assumptions and principles underlying the current human service system, as well as in behaviors and practices (Glaser, 1994; Quirk et al., 1995).

Collaboration between agencies has long been a component of human service delivery (Provan & Milward, 1994; Rogers & Whetten, 1982). However, rather than assigning case managers to coordinate services for individual clients, current reforms seek to create a "seamless service delivery system" (Abbot et al., 1995) in which organizational boundaries are virtually eliminated and clients can move freely between agencies. Clearly, these reforms call for profound change in traditional service delivery systems, which are often characterized by competition and segregation (Bartunek, Foster-Fishman & Keys, 1996; Provan & Milward, 1994). Since traditional operation in most

human service agencies does not involve cooperation or sharing of resources (Dill & Rochefort, 1989; Drake et al., 1995; Tuma, 1989), human service providers are unlikely to engage in these behaviors unless efforts are made to inform them of the change efforts and give them the knowledge necessary to participate.

Similarly, the current emphasis on strengths-based service delivery represents a fundamental change in service system beliefs and operations (Dunst, 1985; Nelson & Allen, 1995). A strengths-based approach to service delivery (i.e. a client- or family-centered, competency-driven approach) has two important features: the client or family guides the selection and use of services, and service delivery emphasizes client competencies and builds upon client strengths (e.g. Andrews & Andrews, 1993; Dunst, Johanson & Trivette, 1991). This approach to service delivery challenges the traditional assumptions that service decisions are best made by professionals (Brickman, Rabinowitz, Daruza, Coates, Cohn, & Kidder, 1982) and that service delivery should focus on correcting deficits rather than utilizing strengths (Dunst, Trivette, & Thompson, 1990). Once again, service providers must become aware of these reforms and gain new knowledge in order to put them into practice.

Innovation-Focused Work Settings

Both interagency collaboration and strengths-based service delivery efforts can be implemented through the use of new, innovation-focused work settings (Abbott et al., 1995; Nelson & Allen, 1995; Pandiani & Maynard, 1993). These often take the form of interagency service delivery teams where providers from multiple agencies exchange information and work together to meet clients' needs. Participation in groups created specifically for innovation implementation has been recognized as facilitating innovation

in various ways, such as by creating a sense of personal involvement in the change process (Lewis & Seibold, 1993), building consensus in favor of a new program (Frost & Egri, 1991), and creating new social settings to accommodate change (Kelly, Ryan, Altman, & Stelzner, in press). Involvement in work settings dedicated to utilizing innovative ideas can be expected to have a positive effect on innovation implementation in general and on awareness in particular. Participation in groups created specifically for innovation implementation should guarantee knowledge of the innovation's existence (awareness knowledge); furthermore such involvement provides hands-on experience in putting innovations into practice (how-to knowledge). Innovation-focused service delivery settings also provide face-to-face contact with persons already knowledgeable about new ideas, thus allowing complex ideas to be communicated much more effectively than through memos or other typical organizational channels (House, 1976).

Involvement in these new work settings might facilitate awareness not only in participating service providers, but in their non-participating coworkers. The innovation-focused work settings associated with service system reform exist outside any particular agency, while involving members of many different agencies. Participating individuals can act as boundary spanners, persons who bring outside information into their organizations (Katz & Kahn, 1978). Since they have exposure to persons and ideas outside the boundaries of their home organizations, boundary spanners have long been recognized as valuable sources of new ideas for organizations (Adams, 1976; Tuchman & Scanlon, 1981). Service providers who are exposed to new ideas through participation in new work settings can then pass these new ideas along to their peers. Weenig (1993) and Weenig and Midden (1991) found this to be the case when examining individual

awareness of an innovative community program; volunteers directly involved in the program passed their knowledge on to others in the community, and having a direct communication tie with a volunteer was a predictor of awareness of the program. This type of communication may be an important mode for spreading awareness within agencies as well as in the community, especially when financial and workload considerations make it impossible to involve all service providers in innovation-focused work settings.

Another type of new, innovation-related setting currently utilized in many areas is the interagency coordinating council (e.g. Wischnowski & McCollum, 1995). The interagency coordinating council is a coalition composed of leaders of human service agencies who meet in order to plan and oversee the implementation of service reforms. Such coalitions are becoming a common way to organize communities in order to address issues in health promotion, service delivery, and other areas (Butterfoss, Goodman, & Wandersman, 1991).

Participation in interagency councils and coalitions can be of value to organizations and communities pursuing innovative change in many ways (Butterfoss, Goodman, & Wandersman, 1991). Of particular relevance to the issue of awareness of service system innovation is the tendency of such councils to allow organizations to become involved with new issues or areas. Interagency councils provide a safe way for service system leaders and their organizations to become involved in new areas, as the involvement of other council members prevents any one organization from being saddled with sole responsibility for these areas (Butterfoss, Goodman, & Wandersman, 1991). Through their participation on these councils, leaders become aware of and are often

expected to demonstrate a commitment to their communities' service reform efforts.

Because leaders play an instrumental role in facilitating organizational change (Schein, 1985), it might be expected that employees at these organizations would be more aware of reform efforts than those at other organizations.

Present Study

The purpose of the present study is twofold. First, the question of the extent of service providers' awareness of service delivery reforms in one county will be explored. Since ideas of service delivery reform are widespread among leaders in the county under study, it will be informative to determine whether or not service providers in the county demonstrate the lack of awareness of new ideas found by other researchers in other settings (e.g. Beyer & Trice, 1978; Hoffman & Roman, 1984).

Second, this study will examine the relationship between participation in innovation-focused work settings and provider awareness of innovative service reforms. The participation of workers and/or organizational leaders in new, innovation-centered work settings may be expected to influence service providers in three ways. First, since service providers vary in the extent of their participation in these work settings, and more extensive participation might be expected to lead to more exposure to new ideas and thus more knowledge, it is hypothesized that individual service providers' extent of exposure will be linked to their awareness of service reform. Second, since service providers within an organization also influence one another, the average extent of participation among all service providers within an organization will also be linked to individual awareness. Finally, since organizational leaders can be instrumental in facilitating organizational change, leaders' participation in their own innovation-focused work

setting, the interagency coordinating council, might facilitate their employees' awareness of service reforms. Thus, this study explores three hypotheses:

1. Service providers who are more involved in innovation-focused work settings are more likely to be aware of service reforms,

2. Service providers from organizations where average employee involvement in innovation-focused work settings is high are more likely to be aware of service reforms, and

3. Service providers from organizations whose leaders participate in an interagency coordinating council are more likely to be aware of service reforms.

Method

Setting

Creek County is a mid-size, partly rural county in Michigan. For the past year, this county has been pursuing several service reform initiatives, most of which have been mandated by the state or federal government. All of these initiatives required increased service coordination and the adoption of a strengths-based approach to service delivery. Overseeing the majority of these initiatives is an interagency coordinating council, consisting of 30 key human service delivery organizations in the county.

The study employed a joint insider-outsider methodology (Bartunek & Louis, 1996) in order to ensure that the questions asked and the methods employed accurately represented the experiences of service providers within this county (Louis & Bartunek, 1990). A committee of eight members of the interagency coordinating council worked collaboratively with the research team on sample selection, survey development, data collection, data analysis, and feedback. The committee consisted of direct care providers,

managers and leaders of local agencies.

Sample

Organizational sample. All agencies that were members of the interagency coordinating council were included in the initial sample. To ensure that our sample was representative of the population of agencies in the county, we targeted an additional 14 organizations that were identified as important service providers in the county. Thirty-two of the targeted organizations agreed to participate. Eleven organizations declined participation because they did not employ the type of staff (direct service providers) targeted by the study. One organization deemed appropriate declined participation. The 32 organizations in this sample included 20 interagency council members and represent a broad range of agencies (e.g., domestic violence shelters, Head Start, substance abuse programs, Community Mental Health, Public Health) and service domains (e.g., mental health, physical health, education, judicial) providing a very representative picture of the services offered in the county. These organizations represent both not-for-profit and profit organizations, government and community-based agencies, and serve a variety of populations (e.g., families with small children, the elderly).

Provider sample. For a larger study, surveys were distributed to a purposively selected sample of 530 providers across the 32 targeted organizations (see the following section for more details on how this sample was developed). Three hundred twenty-eight surveys were returned, yielding a response rate of 62%.

For the purposes of this study, only those respondents who answered at least one of six open-ended questions included in the survey were included in the analyses. Of the 328 respondents, 255 (75%) answered at least one open-ended question. This smaller

provider sample was similar to the overall provider sample on the quantitative measures used in this study. A comparison of descriptive statistics for the overall sample and the sample used for this study is provided in Table 1.

Insert Table 1 about here

Survey Instrument

In addition to other variables included for the purpose of a larger study, the survey measured involvement in the new, innovation -focused work settings in the county. The measures used were developed specifically for this study. In addition, open-ended questions were asked regarding barriers to and impacts of the implementation of the strengths-based model and coordination. Responses to these questions included data indicating respondents' awareness of reform efforts.

Personal involvement in innovation-focused work settings. Eleven current human service reform initiatives were identified (e.g. task forces, interagency teams, drug prevention initiatives). Using a 4-point likert scale (0=no involvement with the initiative, 3=extensive involvement with the delivery or planning of the initiative), respondents indicated the extent of their involvement in each initiative. For the purposes of this study, a dichotomous score indicating involvement or lack of involvement in each initiative was created. A sum score, indicating extent of involvement across initiatives, was created.

Average involvement in innovation-focused work settings for organizations. In order to assess the average extent of involvement in new, innovation-focused work settings for employees at each organization, the personal scores for involvement of

respondents from each organization were averaged to create an average involvement score for that organization.

Leader membership in the interagency coordinating council. A dichotomous variable indicating whether or not the organization's leader was a member of the local interagency council, which oversees many of the initiatives, was also created.

Awareness of reform efforts. The survey included six open-ended questions asking respondents to indicate facilitators, impediments, and impacts of current service delivery reforms. Responses to these questions were analyzed using a modified version of the grounded theory approach (Corbin & Strauss, 1990) in which data were compared and labeled to form categories, or themes. Among the major themes which emerged from this open coding was lack of awareness. A binary coding procedure to make qualitative data amenable to quantitative analysis (Van de Ven & Poole, 1990) was then employed, creating a dichotomous score indicating whether respondents mention or do not mention lack of awareness. Responses in which service providers indicated that they had never heard of or lacked sufficient knowledge of service reforms, that their current lack of knowledge was a barrier to the implementation of these reforms, or that further knowledge was necessary in order to facilitate these reforms were scored as indicating lack of awareness. Throughout the analysis process, qualitative data analysis was carried out independently by two coders; each coding session was followed by a comparison of codes and refinements of definitions and coding procedures until high interrater reliability was achieved.

Those responses coded as mentioning lack of awareness were further coded as pertaining to awareness knowledge, how-to-knowledge, and/or principles knowledge (as

defined in Rogers, 1995). As only three respondents mentioned principles knowledge, this variable was not included in analysis. Examples of responses pertaining to awareness knowledge and how-to knowledge are given in Table 2.

Insert Table 2 about here

Results

Descriptive Statistics

Awareness of service reforms. Of the 255 service providers sampled, 117 (45.9%) mentioned lack of awareness of service reforms. Of Rogers's (1995) three types of innovation-related knowledge, the most common type of knowledge to be mentioned as lacking or needed by service providers was how-to knowledge, mentioned by 67 providers (57.3% of respondents who mentioned lack of awareness, 26.3% of all respondents). Forty-nine respondents (41.9% of respondents who mentioned lack of awareness, 19.2% of all respondents) mentioned a lack of awareness knowledge. (One respondent mentioned only a lack of principles knowledge.)

Involvement in innovation-focused work settings. Respondents were involved in an average of 2 service reform initiatives (mean=2.19, standard deviation=2.77), with extent of involvement ranging from 0 to 11 initiatives. Average extent of involvement for organizations was 2 initiatives (mean=2.01, standard deviation=1.18). Of the 255 service providers, 234 (93.3%) belonged to organizations whose leaders belonged to the interagency coordinating council.

Model Predicting Awareness

It was hypothesized that personal and organizational involvement in new, innovation-focused work settings would predict individual service providers' awareness of service reform efforts. As respondents' scores on the measure of awareness are categorical, logistic regression analyses were performed to analyze these hypotheses. Logistic regression can be used to test a model predicting a respondent's score on a dichotomous, categorical variable, in this case the respondent's score on a dichotomous measure of awareness.

A model to predict service providers' awareness of service innovations was developed and tested for each measure of innovation-related knowledge. Factors included in the model included the individual provider's score for extent of involvement in innovation-focused work settings, the average scores for involvement in innovation-focused work settings for employees of the provider's organization, and the score of the provider's organization on a dichotomous measure of leader involvement in the local interagency council.

The overall model significantly predicted individual provider's scores for both awareness knowledge (LR χ^2 (df = 3) = 6.97, $p < .10$) and how-to knowledge (LR χ^2 (df = 3) = 10.27, $p < .05$). For awareness knowledge, one factor, the average involvement in innovation-focused work settings for employees of the provider's organization, also significantly predicted providers' scores: Wald = 4.07 (df = 1), $p < .05$. Service providers from organizations with a higher average level of employee involvement in alternative work settings were less likely to report a lack of awareness knowledge. For how-to knowledge, a different factor, individual provider involvement in innovation-focused work settings, significantly predicted providers' scores: Wald = 2.85 (df = 1), $p < .10$.

Service providers who were personally involved in innovation-focused work settings were less likely to report a lack of how-to knowledge. For a summary of regression analyses refer to Tables 3 and 4.

Insert Tables 3 and 4 about here

Discussion

The results of this study are consistent with those of past research (e.g. Beyer & Trice, 1978; Hoffman & Roman, 1984) suggesting that lack of awareness is a real and neglected problem in the implementation of innovations. Over a third of the service providers sampled spontaneously mentioned a lack of awareness or knowledge in response to open-ended questions, though awareness was not mentioned in these questions themselves or anywhere else in the survey. This is especially surprising given the fact that ideas of service delivery reform are widespread among service delivery leaders in the county under study. Like past studies (e.g. Burkhardt, 1994; Meyer, 1996), this study did not utilize an instrument specifically developed to measure awareness, but uncovered the problem of awareness in the course of other investigations. Future research might address lack of awareness more directly in order to more accurately gauge the extent of this problem in various organizational settings.

The results of this study support the hypothesis that new, innovation-focused work settings, such as the interagency teams in Creek County, facilitate awareness of system reform among human service providers. Interestingly, the decisive factor in the relationship between innovation-focused work setting involvement and simple awareness

of reform initiatives does not appear to be individual providers' participation, but rather the extent of total participation by employees in their organizations. Participants in new work settings assume the position of boundary spanners (Katz & Kahn, 1978) for their organizations; they encounter and bring back to their home organizations information that was not previously available within their organization's bounds. They are then able to communicate this new information to coworkers. This notion is supported by the established importance of communication and communication networks in the diffusion of innovations (e.g. Rogers, 1995; Valente, 1995). Thus, it is logical that an organization's total extent of involvement in new work settings would have an effect on its employees beyond that of their individual involvement, even affecting employees that had never participated in an initiative themselves. The larger the number of initiatives persons from an agency are exposed to, the larger the amount of new information that passes the agency's boundaries. This effect may be especially helpful to agents of innovation in situations where it is not feasible to involve all an organization's employees directly in new work settings.

For how-to knowledge, the knowledge necessary to put innovative reforms into practice, the relationship between innovation-focused work setting involvement and knowledge is somewhat different. For how-to knowledge, providers' own personal involvement in new work settings significantly predicted providers' knowledge or lack of knowledge. It appears that providers may especially benefit from personal, hands-on experience in learning to apply innovative ideas and implement new programs.

The results of this study suggest that both individual service providers' involvement in new, innovation-related work settings and the involvement of their

coworkers may be important factors in facilitating awareness of human service system reform. The results of the analyses suggest a relatively less significant role for organizational leaders' participation in the local interagency coordinating council. However, the relatively small number of participants (less than ten percent) whose leaders did not belong to the council may have affected the results of the analyses regarding this variable. Future investigations might further explore the effect of leader membership in such councils on awareness of service system reform.

Though service system reform was widespread and many change initiatives existed in the county under study, these results suggest that there are more and less effective ways to utilize new, innovation-related types of work settings in innovation implementation. It appears that sending one or two representatives to an innovative initiative, although helpful, may not be sufficient to facilitate awareness of human service reform. Rather, allowing and encouraging many service providers to participate in multiple settings may enhance awareness not only in the participating providers, but among their coworkers in their home organizations. This may be especially crucial in giving service providers the hands-on, how-to knowledge they need in order to put innovations into practice. Organizational leaders seeking to encourage ideological reform in their service sectors might consider this factor in creating and utilizing new, innovation-related work settings.

One of the major limitations of this study is its dependence on non-directed, qualitative analysis. Due to the nature of the analysis, it was necessary to use expressed lack of awareness rather than awareness itself as an outcome variable, and there was no consistent, numerical measure of awareness. Future research might utilize quantitative

instruments developed specifically to measure awareness in order to further explore this problem. Alternatively, a more focused qualitative approach might be used, allowing opportunities to examine respondents' statements about awareness and knowledge more systematically. The lack of current research on the problem of awareness presents an opportunity to further explore the factors facilitating human service reform.

References

- Abbott, B., Jordan, P., & Martuza, N. (1995). Interagency collaboration for children's mental health services: The San Mateo County model for managed care. Administration and Policy in Mental Health, 22, 301-303.
- Adams, J. S. (1976). The structure and dynamics of behavior in organizational boundary roles. In M. D. Dunnette (Ed.), Handbook of industrial and organizational psychology (pp. 1175-1179). Chicago: Rand McNally.
- Adams, P., & Nelson, K. (Eds.) (1995). Reinventing human services: Community and family-centered practice. New York: Aldine de Gruyter.
- Andrews, M. A., & Andrews, J. R. (1993). Family-centered techniques: Integrating enablement into the IFSP process. Journal of Childhood Communication Disorders, 15, 41-46.
- Bartunek, J. M., Foster-Fishman, P., & Keys, C. B. (1996). Using collaborative advocacy to foster intergroup cooperation. Human Relations, 49, 701-733.
- Bartunek, J. M., & Louis, M. R. (1996). Insider/outsider team research. Thousand Oaks, CA: Sage.
- Behner, N. (1996). Establishing linkages in a changing mental health practice environment. Issues in Mental Health Nursing, 17, 51-58.
- Beyer, J. M., & Trice, H. M. (1978). Implementing change: Alcoholism policies in work organizations. New York: The Free Press.
- Brickman, P., Rabinowitz, V. C., Karuza, J., Coates, D., Cohn, M., & Kidder, L. (1982). Models of helping and coping. American Psychologist, 37, 368-384.
- Brink, S. G., Basen-Engquist, K. M., O'Hara-Tompkins, N. M., & Parcel, G. S.

(1995). Diffusion of an effective tobacco prevention program: I. Evaluation of the dissemination phase. Health Education Research, 10, 283-295.

Brown, L., Cox, G. B., Jones, W. E., & Semke, J. (1994). Effects of mental health reform on client characteristics, continuity of care, and community tenure. Evaluation & Program Planning, 17, 63-72.

Burkhardt, M. E. (1994). Social interaction effects following a technological change: A longitudinal investigation. Academy of Management Journal, 37, 869-898.

Butterfoss, F. D., Goodman, R. M., & Wandersman, A. (1991). Community coalitions for prevention and health promotion. Health Education Research, 8, 315-330.

Cheney, G., Black, B. L., & Gordon, B. S. (1986). Perceptions of innovativeness and communication about innovations: A study of three types of service organizations. Communication Quarterly, 34, 213-230.

Cohen, R., Singh, N. N., Hosick, J., & Tremaine, L. (1992). Implementing a responsive system of mental health services for children. Clinical Psychology Review, 12, 819-828.

Corbin, J., & Strauss, A. (1990). Grounded theory research: Procedures, canons, and evaluative criteria. Qualitative Sociology, 13, 3-21.

Dennis, M. L., Soderstrom, E. J., Koncinski, W. S., & Cavanaugh, B. (1990). Effective dissemination of energy-related information: Applying social psychology and evaluation research. American Psychologist, 45, 1109-1117.

Dill, A. E., & Rochefort, D. A. (1989). Coordination, continuity, and centralized control: A policy perspective on service strategies for the chronic mentally ill. Journal of Social Issues, 45, 145-159.

Drake, B., Berfield, M., D’Gama, L. A., & Gallagher, J. P. (1995). Implementing the family preservation program: Feedback from focus groups with consumers and providers of services. Child & Adolescent Social Work Journal, 12, 392-410.

Dunst, C. J. (1985). Rethinking early intervention. Analysis and Intervention in Developmental Disabilities, 5, 165-201.

Dunst, C. J., Johanson, C., & Trivette, C. (1991). Family-oriented early intervention policies and practices: Family-centered or not. Exceptional Children, 58, 115-126.

Dunst, C. J., Trivette, C. M., & Thompson, R. (1990). Supporting and strengthening family functioning: Toward a congruence between principles and practice. Prevention in Human Services, 9, 19-43.

Fidler, L. A., & Johnson, J. D. (1984). Communication and innovation implementation. Academy of Management Review, 9, 704-711.

Frost, P. J., & Egri, C. P. (1991). The political process of innovation. Research in Organizational Behavior, 13, 229-295.

Glaser, F. B. (1994). Slouching toward a systems approach to treatment. Alcohol, 11, 467-470.

Havelock, R. G. (1971). Planning for innovation through dissemination and utilization of knowledge. Ann Arbor, MI: Institute for Social Research.

Hoffman, E., & Roman, P. M. (1984). Information diffusion in the implementation of innovation process. Communication Research, 11, 117-140.

House, E. R. (1976). The micropolitics of innovation: Nine propositions. Phi Delta Kappan, 57, 337-340.

Isabella, L. A. (1990). Evolving interpretations as a change unfolds: How managers construe key organizational events. Academy of Management Journal, 33, 7-41.

Katz, D., & Kahn, R. L. (1978). The social psychology of organizations. New York: John Wiley and Sons.

Kelly, J. G., Ryan, A. M., Altman, B. E., & Stelzner, S. P. (in press). Understanding and changing social systems. In J. Rappaport & E. Seidman (Eds.), Handbook of community psychology. New York: Plenum.

Larsen, J. K., & Nichols, D. G. (1972). If nobody knows you've done it, have you...? Evaluation, 1, 39-44.

Lewis, L. K., & Seibold, D. R. (1993). Innovation modification during intraorganizational adoption. Academy of Management Review, 18, 322-354.

Louis, M. R., & Bartunek, J. M. (1992). Insider/outsider research teams: Collaboration across diverse perspectives. Journal of Management Inquiry, 1, 101-110.

Luhman, A. (1990). NDN: An outlet for exemplary programs. Journal for the Education of the Gifted, 13, 156-167,

Macbeth, G. (1993). Collaboration can be elusive: Virginia's experience in developing an interagency system of care. Administration and Policy in Mental Health, 20, 259-282.

Meyer, M. E. (1996). The effect of weak ties on perceived organizational innovativeness and innovation characteristics. Unpublished doctoral dissertation, Michigan State University, East Lansing, MI.

Quirk, M. P., Strosahl, K., Fitzpatrick, W., Casey, M. T., Hennessy, S., & Simon,

G. (1995). Quality and customers: Type 2 change in mental health delivery within health care reform. The Journal of Mental Health Administration, 22(4), 441,425.

Pandiani, J. A., & Maynard, A. G. (1993). Vermont's local interagency teams: An evaluation of service coordination and system change. Community Alternatives: International Journal of Family Care, 5, 85-97.

Provan, K. G., & Milward, H. B. (1994). Integration of community-based services for the severely mentally ill and the structure of public funding: A comparison of four systems. Journal of Health Politics, Policy, and Law, 19, 865-894.

Rogers, D. L., & Whetten, D. A. (1982). Interorganizational coordination: Theory, research, and implementation. Ames, IA: Iowa State University Press.

Rogers, E. M. (1995). Diffusion of innovations (4th ed.). New York: Free Press.

Schein, V. E. (1985). Organizational realities: The politics of change. Training & Development Journal, 39, 37-41.

Tuchman, M. L., & Scanlon, T. J. (1981). Boundary spanning individuals: Their role in information transfer and their antecedents. Academy of Management Journal, 24, 289-305.

Tuma, J. M. (1989). Mental health services for children: The state of the art. American Psychologist, 44, 188-199.

Valente, T. W. (1995). Network models of the diffusion of innovations. Cresskill, NJ: Hampton Press.

Van de Ven, A. H., & Poole, M. S. (1990). Methods for studying innovation development in the Minnesota Innovation Research Program. Organizational Science, 1, 313-333.

Weenig, M. W. H. (1993). The strength of weak and strong communication ties in a community information program. Journal of Applied Social Psychology, 23, 1712-1731.

Weenig, M. W. H., & Midden, C. J. H. (1991). Communication network influences on information diffusion and persuasion. Journal of Personality and Social Psychology, 61, 734-742.

Weick, K. E. (1982). Affirmation as inquiry. Small Group Behavior, 13, 441-450.

Weick, K. E. (1985). Cosmos vs. chaos: Sense and nonsense in electronic contexts. Organizational Dynamics, 14, 51-64.

Wischnowski, M. W., & McCollum, J. A. (1995). Managing conflict on local interagency coordinating councils. Topics in Early Childhood Special Education, 15, 281-295.

Tables

Table 1.

Comparison of Descriptive Statistics:
Respondents Who Answered Open-Ended Questions versus All Providers

Sample characteristic	Respondents who answered open-ended questions	All respondents
Number of service initiatives respondent is involved in	mean = 2.19	mean =2.01
Average number of service initiatives employees at respondent's organization are involved in	mean = 2.00	mean = 2.00
Percent of providers whose leaders belong to the local interagency coordinating council	92%	94%

Table 2.

Examples of Qualitative Data Statements: Lack of Awareness

	Knowledge Type	
	Awareness Knowledge	How-To Knowledge
Sample responses	<p>“I’m not familiar with this concept.”</p> <p>“Not sure I have enough knowledge to answer these.”</p> <p>“Have no knowledge of these projects...very little information ‘trickles down!’”</p>	<p>“Right now I feel there is a lack of knowledge about what other agencies offer [for purposes of service coordination] -- as well as other agencies being unaware of our services.”</p> <p>“Knowing exactly what is available...knowing the process/procedure/paperwork to quickly access services from another source [would facilitate service coordination].”</p> <p>“[I need] proper training and understanding...not only of the [strengths based] philosophy but effective, efficient methods of putting the philosophy into action.”</p>

Table 3.

Summary of Logistic Regression Analysis:
Variables Predicting Service Providers' Awareness Knowledge

Variable	<u>B</u>	<u>S. E.</u>	Wald	df
Individual involvement in innovation-focused work settings	-.02	.07	.05	1
Organizational average involvement in innovation-focused work settings	-.52	.26	4.07*	1
Leader involvement in local interagency council	-.10	.30	.11	1
Constant	-.49	.43	1.27	1

L.R. χ^2 (df = 3) = 6.97, p < .10

*p < .05

Table 4.

Summary of Logistic Regression Analysis:
Variables Predicting Service Providers' How-to Knowledge

Variable	<u>B</u>	<u>S. E.</u>	Wald	df
Individual involvement in innovation-focused work settings	-.12	.07	2.85*	1
Organizational average involvement in innovation-focused work settings	-.22	.20	1.19	1
Leader involvement in local interagency council	.25	.25	1.02	1
Constant	.13	.37	.12	1

L.R. χ^2 (df = 3) = 10.27, p < .05

*p < .10