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This article discusses an organizational approach from the world of business and industry that may help mental health services workers implement new treatment interventions by building bridges among service providers, administrators, and community leaders. The Availability Responsiveness and Continuity (ARC) intervention was developed from the organizational research literature and adapted to meet the goals of mental health services agencies to implement evidence-based practices among different service sectors. The ARC includes a 200-page manual, *The ARC Initiative*, and there is empirical evidence of its success in reducing high casemanagement turnover rates by 41% in the juvenile justice and child welfare sectors, and for improving the quality of services in these sectors.

The ARC intervention utilizes the skills of *change agents*, who work with treatment teams and administrators within the service sector to facilitate the development of a positive work environment for all employees. Change agents also develop meaningful relationships between multiple service sectors and with community leaders (i.e., judges, school administrators, ministers, child advocates, and other stakeholders) to assist in the successful dissemination and implementation of evidence-based practices. The ARC initiative is designed to address problems in the work environment, such as interpersonal conflict, inter-group competition, turf wars, and resistance to change, and to reduce conflicts between the service organization and community leaders. Because these and similar problems "prevent innovation or subvert the implementation of new treatment technologies" (p. 248), the program includes 10 components that address these problems. The components are briefly described below.

- ✓ *Participatory decision-making* includes mental health service providers and community leaders in the administrative decision-making process, especially when these decisions affect the way services are structured and provided.
- ✓ *Team building* involves community leader advisory groups and direct service providers who work with change agents to solve problems that impede service delivery.
- ✓ *Continuous quality improvement* is made possible through the input of community and service provider teams, and through the collection and interpretation of data that help identify problems, recommend policy changes, and monitor progress.
- ✓ *Job redesign* efforts further eliminate barriers to service delivery that result from specific job characteristics (e.g., restrictions on scope of work, needed skills to perform job, etc.). These efforts include input from service providers about what they believe will enhance their ability to provide services.
- ✓ *Network development* is initiated by the change agent, and includes administrators, direct service providers, and community leaders who work with the change agent to identify problems in the community that interfere with the implementation of services and new treatment programs.
- ✓ *Feedback* about the effectiveness of services and barriers to care is a key factor in the ability of the change agent to troubleshoot problem areas and advocate for change; this feedback is collected from administrators, service providers, and community leaders.

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- √ *Information and assessment strategies* are made available to the community and to the service agency so that data may be used by each organization to monitor their progress toward making services available to children and their families.
- √ *Personal relationships* are the foundation of a successful intervention, and the change agent establishes these relationships with community leaders through sharing information and solving problems that arise during the implementation of services or new treatments.
- √ *Conflict resolution* may be necessary at the interpersonal, inter-group, and inter-organizational levels, and is made possible through the close relationships established by the change agent with administrators, service providers, and community leaders.
- √ *Self-regulation and stabilization* of an innovation or treatment plan is achieved through the application of the components discussed above, the provision of tools and training, and the incremental monitoring of the organizational intervention until administrators, service providers and community leaders adopt the roles initiated by the change agent (p. 249).

In conclusion, Glisson provides an exhaustive review of concepts and models from the organizational literature that sets the stage for a discussion of the ARC intervention. The concepts and principles discussed in this article may contribute to: (a) the openness of a service agency to adopt innovative and evidence-based treatments, (b) a close adherence to treatment protocols and strategies for service delivery, (c) therapeutic alliance between the service provider and client, and (d) continuity of services that are accessible and responsive to the mental health needs of children and their families (p. 250).