THE OPEN SYSTEMS PERSPECTIVE: AN EXPLORATORY STUDY OF THE ORGANIZATION SET AND BOUNDARY SPANNING UNITS OF A COMMUNITY MENTAL HEALTH CENTER

by

Kim M. Lewanowicz

Presented to the Public Administration Faculty
at The University of Michigan-Flint
in partial fulfillment of the requirements for the
Master of Public Administration Degree

April 1983

First Reader R. John Kurkel

Second Reader Peter R. Gluck

CHAPTER I

INTRODUCTION

Statement of Problem

Historically the field of mental health administration has been characterized as relying on "intuition and experience as substitutes for components of knowledge" (Feldman, 1981:xii). The practitioner in mental health administration has found little relevant information available regarding either the theory of, or applied knowledge of, mental health administration.

A well-founded criticism regarding current mental health administration literature, or lack thereof, as a distinct discipline, finds that what does exist is embodied in the fields of general administrative theory and practice or in other general health care areas (Ibid.:xiii). As is aptly noted by Feldman (1981) and Barton and Barton (1983) the approaches and directions of this general literature prohibits and precludes adequate applicability to mental health administration. Scholars such as Feldman (1981) and Barton and Barton (1983) find that mental health administration as a body of knowledge has a vague identity of its own. The disciplines of general administrative theory or health care administrative theory, which comprises most of the current literature in mental health administration are inadequate and cannot provide the technical or theoretical orientations to the unique environment, in which the mental

health administrator must operate (Feldman:xviii).

Barton and Barton (p. 790) provide the following definition of mental health administration:

> Mental health administration is the management process formed from the interaction between general health administration, clinical psychiatric care of patients, program elements and the mental health organization itself, as well as, the environment in which the structure exists including the attitude, value, and belief systems.

If "generic" administrative theory, principles, and practices are inadequate to the mental health administrator, then the need for specialization and differentiation is warranted from the rubric classifications of both general and health care administration. The differentiation and specialization would then necessitate that inclusive in the development of a succinct body of knowledge for mental health administrators include the characteristics and elements which serve to differentiate it from the other areas and make it unique to the mental health setting.

Feldman (1981:xviii-xxi) suggests that the body of knowledge which is to be supportive of the theory and practice of mental health administration should be inclusive of the following characteristics which are unique to mental health settings:

1) Administrators must understand the political processes and be able to work closely with government at all levels. Mental health services are subject to a high degree of government regulation.

2) Staff typically in a mental health organization are multi-disciplinary, professional, and highly autonomous. The mental health administrator must deal with professional standards, professional identities and conflicts over salary differentials.

3) The nature of the transactions between the therapist and the client are private and intimate, more so than in other fields.

4) The nature of the mental health client is unique. The mental health organization frequently interacts with a highly dependent patient population. Problems are encountered for administration and staff in trying to maintain a responsive, accountable and humane program.

5) The mental health "product" is intangible and the degree of success is difficult to determine and measure. It is difficult for the mental health administrator to evaluate the effectiveness of the organization and individual staff members.

6) The boundaries of mental health services are difficult to define. This permits the mental health organization to be seen as the vehicle for meeting a wide variety of divergent needs and encourages unreal expectations.

7) A poor public image of mental health services has developed as well as the enduring stigma associated with its use.

Other scholars in the mental health field support and expand the argument for a specialized and distinct body of knowledge which is unique to the practice of mental health administration. Barton and Barton (pp. 791-793) define several elements within the mental health field which qualify the field as unique and further call for the development of specialized knowledge and training:

1) A revolution in mental health/mental retardation service delivery has occurred in the last twenty years. Large institutions are winding down. Deinstitutionalization has returned the chronically ill to the community. A shift to ambulatory care has deemphasized hospital care, now limited to brief stays for identified goals. Increased importance is assigned to planning of comprehensive programs. The mass exodus of chronic patients has created a backlash directed against the burden upon family, disruption of society, inadequacy of alternatives to care, and the charge of abandonment of patients to the welfare system, which was unprepared to care for the mentally ill or retarded.

2) The responsibility of the mental health administrator extends beyond the institution's boundary to insure life support and diminution of stress upon the individual. Unlike general hospital administration, institutions, industry, agencies, families, and programs become essential elements for coordination by the mental health administrator.

3) No other area of health service is subject to so much legislation or judicial action. Every aspect of practice is affected, requiring special knowledge of the controversial interface between law and mental health administration.

4) The population served has unique needs that do not fit either the structure or process of traditional health care. Patients suffering psychological and social damage are highly dependent, often withdrawn or troublesome; long term involvement is common; extraordinary dilemmas exist in application of treatment to patients who need it but may be unwilling to accept it or be unable to determine their need for help or give informed consent. Confidentiality is an absolute necessity in psychotherapy.

What is apparent to date is that the field of mental health administration lacks a distinct, coherent and integrated body of knowledge peculiar to the practice of administration relevant to its uniquely defined attributes and environmental conditions. It is apparent that this base of knowledge is what is needed to aid the administrator in operating a more responsive and effective mental health care system.

The network of mental health service systems in the United States represents an enormously broad category of treatment services which are provided by both public and private individuals and organizations. This network of mental health services, however defined, is large in scope and consumes enormous national, state, local and individual resources.

Due in part to both popular and governmental pressures (Miles, 1980:194) for accountability, it is increasingly becoming apparent that a public human service organization, such as a mental health organization, must operate and be aware of and react to certain conditions external to their organizational boundary.

Zald and Wamsley (1973:21) suggest that a distinguishing characteristic of public organizations is the degree to which external actors are involved in the processes of goal-setting, allocating resources, and

the granting and withholding of legitimacy. It is in the area of the external environments of public organizations where many pressures for change exist. These pressures often serve to dynamically affect and influence a public organization.

The particular focus of the open systems model accepts that organizations, in general, are affected by and conversely, affect the environment which surrounds the organization. Another distinctive feature of the open systems model is its emphasis on the dependencies of an organization on other members of its environment, to secure needed inputs or resources, or to expel or dispose of its finished products, or outputs.

Determining how the study of an organization's "organization-set" and boundary spanning roles and units, as component parts of the open systems model, effectuate or advance the applied knowledge for the practice of mental health administration, is the primary consideration of this inquiry into organization and environmental relations.

It is conceivable that through the microscopic examination of a public community mental health organization's environment, that a compilation of initial descriptive information could be generated. The findings could then be utilized at a future date to provide a base of information with which hypothesis could be generated and hence, empirically tested. The exploration of a mental health organization's environment will provide an initial understanding of the existing range and patterns of interchange(s) between one focal organization and its specific environment; it's organization set.

Specifying the Problem

The concept of environmental and organizational relations and the related system of exchanges and linkages has been a familiar and prevalent topic within organizational analysis. The concept of organitional exchange was advanced by Levine and White (1960:121) in their study of health and social welfare organizations. Levine and White (p. 122) defined an organizational exchange to be "any voluntary activity between two organizations which has consequences, actual or anticipated, for the realization of their respective goals or objectives."

Hodge and Anthony (1979:57) suggest that an organization, as viewed as an open system, can be conceived of as "dynamic, multi-goal seeking and purposeful systems." Accepting this then, an organization which operates under rational leadership/management, would find that adaptation and survival within its environment would become a priority from those who are charged administrative or management authority internal to an organization.

Terreberry (1968:612) suggests organizational adaptability and survival depend upon the awareness and knowledge of interactions occurring within an organization's environment. To aid in the accessing of this knowledge, Terreberry suggests that an organization's perceptual and information processing capacities become a critical area for organizational attention and awareness.

Research to date suggests that the rational organization concerns itself with reducing the amount of fluctuation (change) and uncertainty outside of its boundaries. In what has been described as an organization's strategic attempt to adjust the organization to the

various constraints and contingencies as induced by an environment which is uncertain, fluctuating and dynamic, the organization is described as developing a functional unit in its organizational structure and design, whose primary purpose it is to relate and adjust the organization to its environment. This is achieved through what is described and termed as "spanning the organization's boundaries" (Thompson, 1967:18-21 in Hodge and Anthony:124).

The concept of a systems boundary becomes an important area for organizational analysis. Feldman (Ibid.:199) suggests that while a boundary of a system may be evident or exist as a territorial line or physical barrier, in a social system, the boundary may be thought of as existing in terms of patterns of human interaction. Feldman further suggests, that many complex human service organizations employ personnel whose function is to involve themselves with cross-boundary interactions for the purpose of facilitating environmental and organizational transactions (Ibid.).

To aid in the understanding of organizational and environmental exchanges or relations, Evan (1966) has developed the concept of the "organization set." This development evolved primarily from two fundamental theoretical beliefs concerning formal organizations: first, all formal organizations are situated in an environment of other organizations as well as, in a complex of norms, values, and collectivities of the society at large. Second, inherent in the relationship between any formal organization and its environment, is the idea that the organization is dependent upon its environment to some degree. Thus, the formal organization is viewed as a partial social system (Ibid.:119) in that it

defines "only a specific set of goals and statuses as relevant to its functioning" (Ibid.).

Evan's organization set utilizes as the unit of analysis, the "focal organization" as it outlines or traces its interactions within the network of organizations in its environment (Ibid.:119-120).

Current organizational theory posits that the organization set can exert influences on the focal organization by supplying or withholding information, resources, or other needed inputs or by refusing to accept the organization's outputs (Evan, 1966 in Feldman:200). Current research also suggests that organizations which are able to control the input resources for the focal organization are able to influence organizational decision-making and goal selection activities (Ibid.).

An organization's environment is critical to the organization's overall survival and operations. The environment also serves as a resource pool for inputs needed for the overall functioning and operation of the organization. The environment is also the location where organizational outputs are discharged into. An organization's environment can be either "friend" or "foe," and can have profound effects upon the relative functioning of the organization if one dares to ignore what is occurring outside of one's organizational boundaries. The environment is also a storehouse for information, a desired and valued quantity for organizational decision-makers.

It is apparent that it is crucial for administrators to be knowledgeable and monitor outside of its organizational boundaries, in its environment. The purpose of this inquiry will be to address the ways and means in which a mental health organization's administrators interact

with the environment and how it effects the operation of the organization. This inquiry will further serve as an exploratory case study investigation of a local community mental health organization and will identify the following three environmental-organizational attributes: 1) different types of interchange (different resources being exchanged); 2) the different organizations involved in these exchanges; and 3) the identification and purposes of organizational components, or boundary spanning units and positions (roles), that serve to link the focal organization with members of its organization set.

The interest in this particular area of applied research is the "idealistic venturing" in attempting to transpose organizational theory to a practical level of organizational analysis as applied to a "real world situation." The particular perspective chosen, that of organization set analysis, is theoretically able to provide a framework for the understanding of the exchange relations which occur between one organization (focal) and its specific environment.

Objectives and Limitations of the Study

This investigation has both theoretical and practical implications.

1. First and foremost, this study focuses on the broad question of theory construction as this relates to mental health administration.

2. This study undertakes the systems approach as it allows for the graphic presentation of a complex reality--the flows and relationships of the "focal organization" as it interacts and conducts exchanges within its environment.

3. Since this particular case study is exploratory in nature,

it will concentrate on the descriptive findings regarding the system (focal organization) interface with other systems (the organization set) in the environment.

4. This case study approach was chosen for two reasons. First and foremost, the author is a "member" of the focal organization and therefore has accessibility to the resources, information, documents and personnel of the organization. The researcher can act as participant-observer and has a historical knowledge of the focal organization. Second, the desire to take apart, analyze and document the "operation" of a theoretical subject area such as organizational and environmental relations contributes practical information which may be useful to the administration of the organization at some future date. Third, the descriptive information gathered in this applied research, perhaps will contribute to the eventual model building as a first step to the empirical research, hypothesis generation, and hypothesis testing for mental health administrations.

5. The case study is useful as a methodology when attempting to find clues and ideas (Simon, 1969:276) for further research. The case study's major purpose is to generate descriptive data. The "one-shot" case study involves the observation of one population at a single point in time. There are no experimental controls in the case study. The techniques utilized for gathering data inclusive in this case study analysis are: participant observation and intensive interviewing. Criticisms regarding usage of these techniques include bias and error and non-reproducibility. Although, Simon makes an excellent point when he states that the "specific method of the case study depends upon the

mother wit, common sense and imagination of the person doing the case study" (Ibid.) and the writer feels confident that her research abilities will generate an objective analysis and reliable descriptive results.

Organization of the Study

This investigation is comprised of five main sections: the introduction and a theoretical overview of organizational-environmental relations. The case study findings will be presented, as well as the analysis and discussion in that order.

The statement of the problem and specification of the problem area are presented in Chapter I. The theoretical overview of organizational and environmental relations can be found in Chapter II. The theoretical overview covers the following topical areas: the organization as an open system, human service organization, technology of a human service organization, conceptions and levels of organizational environments, impact of organization set, organizational boundary roles and units and its application.

Chapter III presents the case study findings of this research. The organization and presentation of the findings will be by each major program and department as found within the structure of the focal organization. The areas presented will include the formulation of the following definitions and of relevant environments, domains, and organization sets. Also presented in the findings will be the identification of the boundary spanning units and personnel as well as its system-system interface.

The final chapter presents an analysis and discussion of the major findings of the investigation with special emphasis on the implications for future study and practical application.

CHAPTER II

THEORETICAL OVERVIEW OF ORGANIZATIONAL AND ENVIRONMENTAL RELATIONS

Introduction

The study of organizations has long been a research topic for those from various disciplines including sociology, psychology, political science, economics, anthropology, and management. The study of organizational theory realizes the multi-disciplinary approach, as well as, the diversity of its major component areas: goals; work; power and authority; delegation; differentiation; integration and complexity; organization structure; organization design; boundary and environment; adaptation and change; and a type scheme (Hodge and Anthony, 1979:18).

The component known as boundary and environment is a relatively new topical area within organizational theory. Its youth is recognized when comparisons are made to other such areas of organizational theory that have long since been established. For example, 1922 marks the date which translations were made of Weber's essentials of the bureaucratic organization and subsequently were noted and published by Gerth and Mills (1946). This is in contrast to the recent open systems research, which began in the 1960's.

The most significant impetus within organizational theory which served to facilitate the development of the boundary and environment area

were the contributions by the scholars of the Systems School who include: von Bertalanffy, Boulding, Ackoff, Forrester, Kast and Rosenzweig (Hodge and Anthony:43). The Systems School of thought principally applies mathematical, engineering and computer science theories to organizational analysis for explanations of organizational functioning and behavior (Ibid.). With the applications of general systems theory, not only has the understanding and clarity of organizational functioning increased greatly, but it also places paramount importance on how the organization interacts with its environment.

The Organization as an Open System

Traditionally, organizations can be viewed as either open or closed systems. The closed system model clearly dominated organizational theory until the early 1960's, when organizations began to be conceived of as open and interacting systems within their environment. The closed system perspective is traditionally associated with Max Weber's writings on bureaucracy. Hall (1977:49) summarizes the closed system model as

> . . .organizations as instruments designed for the pursuit of clearly specified goals and thus directing organizational arrangements and decisions toward goal achievement and toward making the organization more and more rational in the pursuit of its goals.

The open system perspective has its origins in general systems theory and is traditionally associated with Ludwig von Bertalanffy, a biologist. von Bertalanffy's research (1950) identified the importance of the transport theory and the general importance of a system being either opened or closed to its environment; which serves to differentiate living organisms from inanimate objects (Hall:49). General system theory

posits that all systems are characterized by an "assemblage or combination of parts with relations among them such as they are interdependent" (Ibid.).

Boulding (1956:197-208) provides a definition of the open system: "A system capable of self-maintenance based on a through put of resources from its environment, such as a living cell." Boulding's definition highlights the importance of the accommodation which must occur in the environment. The open system view therefore is considered to be one of an ecological perspective (Scott, 1981:103) as it is applied to the analysis of organizations.

The open system perspective is described in detail by Katz and Kahn (1966). Katz and Kahn (1966:19-26 in Hall:57-58) present the most comprehensive set of characteristics (9) which are shared by all open systems:

1. The importance of energy: New supplies of energy are brought into the organization in the form of people and materials. This energy is supplied by other organizations or the general environment.

2. The through put: This is the work that is done in the system (organization). The input is altered in some way as materials are processed or people are served.

3. The output: Whatever emerges from an organization is utilized, consumed, rejected, etc. by the environment.

4. Systems as cycles of events: Products sent into the environment are the basis for the source of energy for the repeating of the event. The importance of new energy into the organization triggers a new cycle. Each cycle may be composed of subsystems or be a part of a larger system. At the same time, the cycles themselves are affected by changes in the total system.

5. Negative entropy: Organizations attempt to import more energy then they expend. Energy can be stockpiled to avoid the condition of using more energy than is imported (the latter situation leads to organization death).

6. Information input, negative feedback, and the coding process: The information coming into an organization is coded and selected so that the organization is not inundated with more than it requires. Information provides signals from the environment and negative feedback indicates deviations from what the environment desires. It is a control mechanism.

7. The steady state and dynamic homeostasis: Systems tend to maintain their basic character, attempting to control threatening external factors.

8. Differentiation: There is a tendency toward elaboration of roles and specialization of function.

9. Equifinality: Multiple means to the same ends exist within organizations.

An additional characteristic of open systems is addressed by Scott (1981) in his work, Organizations Rational, Natural and Open Systems. Scott (Ibid.:109) describes open systems as having an additional property, boundaries, and further states that organizations "must expend energy in boundary maintenance--energies devoted to activities that span boundaries."

In order to conceive of an organization as an open system, we can conceptualize it in an input-output analysis (Refer to Figure 1). Hodge and Anthony (1979:56-60) provide an excellent schematic overview of the organization as a system. Their work will be highlighted and summarized here due to its importance for understanding the framework of this investigation. Hodge and Anthony (Ibid.) define the following elements in their description of an organization as an open system:

1. Sources of inputs: exist in the environment; may be outputs of other systems or outputs of subsystem of the same system.

2. Inputs: are the major and minor resources coming into the system; an organization's inputs consist of four essential resources: human, physical, financial, and informational; they are what the system must have to operate.

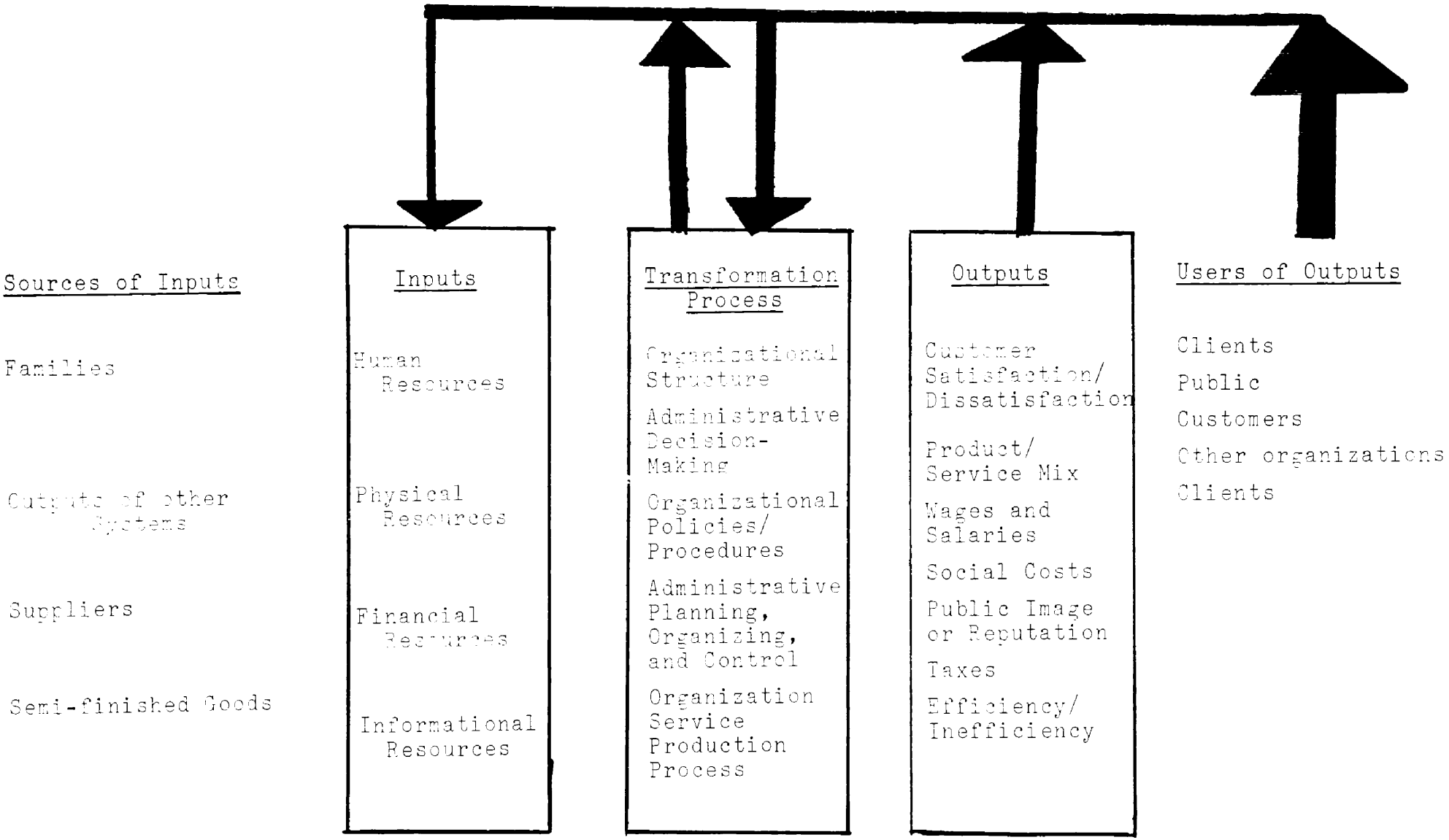


Figure 1

* This diagram is part of a more detailed presentation of the input-output analysis of the organization as an open sytem from B.J. Hodge and William P. Anthony, Organizational Theory An Environmental Approach (Boston: Allyn and Bacon, Inc., 1979), p.58.

3. Transformation process: is the process that works on the inputs. It changes the inputs by adding value to them. It also includes the way the organization structures itself; the policy, procedures--the management and maintenance subsystem of the organization.

4. Outputs: the end results of the transformation process. Not only a service or product is output--includes profits, wages, and salaries for employees; social costs, etc.

5. Users of outputs: used by the environment or by other systems or subsystems and used by customers, clients, public, other organizations.

6. Feedback: the operation of the transformation process, outputs is fed back into the system so that changes may be made in inputs and/or the transformation process in order to change outputs. Feedback can be generated from the users of the outputs, other external sources, or can be generated by an internal source within the system.

The application of the systems approach in organizational analysis allows for a macro perspective to the analysis of an organization (Ibid.). With this framework we are able to consider the effects that environmental dynamics may have on the organization.

The Human Service Organization

Mills and Moberg (1982) suggest that research to date finds significant differences between organizations which are oriented towards service as opposed to those oriented to manufacturing. Mills and Moberg (1982:467) find that there are two general distinctions, as found in research which distinguish service and manufacturing operations: (1) differences in the nature of outputs; and (2) differences in the underlying production processes.

Mills and Moberg (Ibid.) suggest that approximately 70% of the employable work force is engaged in service activities. Contained in this tremendously broad range of general service activities finds a

range of formal organizations whose explicit function is to "shape, change and control behavior as well as confirm or redefine social and personal status" (Hasenfeld and English, 1974:1). Blau and Scott (1962 in Mills and Margulies, 1980:264) refer to these organizations as "professional service organizations." The corollary to the professional service organization is what is commonly referred to throughout the literature as, "the human service organization."

Hasenfeld and English (1974:1) identify two elements which serves to differentiate the human service organization from other bureaucracies:

1. Their input of raw material are human beings with specific attributes, and their production output are persons processed or changed in a predetermined manner.

2. Their general mandate is that of "service," that is, to maintain and improve the general well-being and functioning of people.

Typically human service organizations involve themselves with various functions relating to diagnosis, evaluation, and treatment of problems. McCord (1982:247) suggests that: "Agencies establish and maintain the importance of these functions by constructing specialized terminology, treatment modes, staffing models, and agency goals."

Peculiar to human service organizations, which attempt to produce cognitive, affective, or behavioral changes in clients, the state of knowledge (technology) is determined only to the extent to which the "raw material" (human beings) is understood (Glisson, 1978:383) which due to the unpredictability and volatility of the raw material incurred, is usually very minimal. In addition to knowledge, two other considerations peculiar to human service organizations are identified by Glisson (Ibid.): "The heterogeneity of interventive efforts to change the human

range of formal organizations whose explicit function is to "shape, change and control behavior as well as confirm or redefine social and personal status" (Hasenfeld and English, 1974:1). Blau and Scott (1962 in Mills and Margulies, 1980:264) refer to these organizations as "professional service organizations." The corollary to the professional service organization is what is commonly referred to throughout the literature as, "the human service organization."

Hasenfeld and English (1974:1) identify two elements which serves to differentiate the human service organization from other bureaucracies:

1. Their input of raw material are human beings with specific attributes, and their production output are persons processed or changed in a predetermined manner.

2. Their general mandate is that of "service," that is, to maintain and improve the general well-being and functioning of people.

Typically human service organizations involve themselves with various functions relating to diagnosis, evaluation, and treatment of problems. McCord (1982:247) suggests that: "Agencies establish and maintain the importance of these functions by constructing specialized terminology, treatment modes, staffing models, and agency goals."

Peculiar to human service organizations, which attempt to produce cognitive, affective, or behavioral changes in clients, the state of knowledge (technology) is determined only to the extent to which the "raw material" (human beings) is understood (Glisson, 1978:383) which due to the unpredictability and volatility of the raw material incurred, is usually very minimal. In addition to knowledge, two other considerations peculiar to human service organizations are identified by Glisson (Ibid.): "The heterogeneity of interventive efforts to change the human

beings, and the relatively low predictability of outcomes all contribute to the susceptibility of human service technologies to organizational influences."

Mills and Margulies (1980:264) provide the following review of Blau and Scott's typology (1962) regarding the personal-interactive service organization. Seven major points are enumerated by Mills and Margulies and are presented due to its importance in understanding "the nature of the business" of such an organization. The seven points are:

1. Employees in these entities provide personal service to clients/customers, who are typically unaware or imprecise about both what will best serve their interest and how to go about remedying a situation.

2. A client with an emotional problem may seek help from an organization but may be unaware of the extent of the problem.

3. The client must provide copious information crucial to the accomplishment of the task.

4. The employee in the personal-interactive service organization converts the information provided by the client into knowledge.

5. The generation of knowledge is typically the sole domain of the employee decision unit.

6. The client is dependent on the employee, resulting in a perceived power disparity, with the client viewed in the subservient state.

7. The information provided by the client is often of a confidential nature.

The consequences inherent for the human service organizations peculiar to those functioning in a personal-interactive service capacity are discussed by Mills and Margulies (Ibid.:264). Six symbolic points can be identified from their discussion:

1. The personal-interactive service firm is the most dynamic of the service organizations as each task and each interactive episode requires novel situations, with the decisions being made by the employee tending to be complex and judgemental.

2. The employee operates with considerable autonomy.

3. Standards and guidelines are difficult to establish in this setting.

4. These organizations exist in environments that are highly instable, with high change rates, and are generally fairly chaotic.

5. A greater identification of the service employee with the client (exists) and less attachment or identification (occurs) with the affiliated organization.

6. The aura of professionalism is so prevalent in these organizations that there is an attempt to regulate the decisions made so that the professional's behavior is not based on self-interest.

In summary, an image can be formed regarding distinct attributes of the human service organization based on several major research contributions on the subject. The human service organization is itself a broad typology, which is inclusive of a wide variety of institutions, such as public schools, welfare agencies, universities, police and fire departments and hospitals. To differentiate the various kinds of human service organizations, classification can be determined by predominant function. One such classification was presented, the personal-interactive service organization. Another popular name for this type of organization is a people-changing organization (Hasenfeld and English:5).

A Community Mental Health Center

Does a relationship exist which relates systems theory to organizations which function as people-changing organizations? Marmor

(1975) suggests there is a significant relationship between systems theory and community psychiatry, as he suggests that the visibility of this relationship can be seen in the community mental health center. Marmor (1975:808) summarizes the theoretical basis of community psychiatry, which views:

> Mental health and mental illness as results of a concentric network of interconnected determinants, with the individual at the core of the network but in a constant state of dynamic interaction with elements related to the family, peer groups, social class and larger community as well as with ethnic, racial, economic and cultural subsystems. Community psychiatry sees the roots of most mental disorders as residing not just within the individual but also in disturbances within this dynamic network of interacting systems.

The community mental health center is claimed to be "the major therapeutic instrument of community psychiatry." Community mental health centers were created with the main purpose of seeing that the total treatment services offered within a community ensure that a "continuum of care" be present--from intensive to supportive. For those entering the system at any point may be referred to the appropriate level(s) based on individual need, with the least intensive and least restrictive generally being the preferred treatment.

The community mental health center therefore functions to "deal" with the mental health problems of a community in a systems oriented way; the theoretical orientation founded on psychiatric causality and on a network of broadly distributed treatment centers (Ibid.). These community mental health centers are purposefully located within the community itself.

Technology of Human Service Organizations

Generally speaking, mental health organizations, like most other organizations, are in business to produce a product. The particular product that is produced, however, is that of the delivery of human services, in particular, mental health services.

Hasenfeld and English (1974:12-13) define the technology of a human service organization to be a "series of procedures designed to transform the raw material from one state to another in a predetermined manner." Further, "the technology is based on a body of knowledge that ensures, within certain limits, the success of the transformation process, enabling the training of personnel to perform the necessary tasks."

Inherent to human service organizations are that human beings as the "raw material" are inputs for processing by that organization. Human beings by their very nature, represent a volatile force internal to the organization and hence the transformation of one state to another by the organization becomes a difficult process for the human service organization. Hasenfeld and English (p. 13) further suggest that

> human service organizations, as a category of organizations, are distinctly characterized by the fact that they experience a high level of uncertainty and this can partially be attributed by the inherent variability and unpredictability of the state of the clients.

Similarly, Thompson (1967:17-18) identifies the term "intensive technology" as it relates when the object (of the technology) is human. Thompson defines intensive technology as a "variety of techniques drawn upon in order to achieve a change in some specific object, but the selection, combination, and order of application are determined by feedback from the object itself." Thompson suggests that the intensive

technology, as an input to the human service organization, cannot ideally be controlled, as it (technology) is predominantly determined, as Thompson states, by the object itself. Also characteristic of Thompson's intensive technology is that the individual "specific case defines the component activities and their combination from the larger array of components contained in the abstract technology."

The postulates of Hasenfeld, English, and Thompson identify the problematic area encountered by human service organizations when human beings are to be processed within the organization and the appropriate technologies applied within the organization. Assuming the organizations seek rationality and as a component activity to rationality, as Thompson (1967:19) states, that it is the desire of organizations to "seal off their core technologies from environmental influences." Central to this concept is the idea that the "inputs acquired must be within the scope of the technology, and it must be within the capacity of the organization to dispose of the technical production," (Ibid.). Various attempts at regulation will be made by the organization in order to meet the volatile and fluctuating conditions encountered in the environment as these conditions are becoming inputs for processing by the organization. The human service organization will attempt in the input processing (conversion) to make conditions more stable and more controlled for the more fluid operation once the "raw material" exits the environment and enters the organization for processing.

Conceptions and Levels of Organizational Environments

Basic to general systems theory and the open systems model of organizational functioning, is the concept of organizational interaction

with its environment and with other organizations. Organizations are considered to be open and adaptive systems situated within some larger context, their environment. A simple but operational definition is utilized by Zey-Ferrall (1979:72) of the organizational environment: "All influences on the organization that are external to the organization--all elements with which the organization exchanges inputs and outputs."

A vast amount of literature exists regarding the environments of organizations. It serves no purpose to the objectives of this inquiry to present information other than a widely supported assumption, regarding the importance of environments. A basic assumption regarding environments, which is predominant in organizational research, is that the environment is a "source of both threats and opportunities--of constraints and contingencies--that affect the survival ability of an organization and must, therefore, be appreciated" (Miles, 1980:189).

Although organizational theory documents many perceptions and schemes of types and levels of organizational environments, Miles' (1980) basic concept will be used here. This inquiry is concerned with the particular environment which is "specific" or "relevant" to an organization (focal); that is, which has immediate relevance for the focal organization. The environment, then, consists of the organizations and individuals with which a focal organization has a direct exchange or interaction. Other terminology can be found throughout organizational research to denote synonymous conceptual meanings to the relevant or specific environment, for example; Evan's (1966) concept of the organization set; Dill's (1958) and Thompson's (1967) concept of the task

environment; and Hodge and Anthony's (1979) use of the intermediate environment.

The Impact of an Organization Set

As open systems, organizations are dependent on their environment for survival, as inputs are procurred and outputs are discharged. As an open system, the organization is dependent on a range of suppliers for its inputs and consumers for its outputs. The organization, or the managers charged with decision-making authority, determine which specific suppliers and consumers are selected as its exchange partners, for purposes of the organization's business transactions. In order for an organization to realize its goals or purposes, the organization must possess or control certain elements which are either functional or vital to its operations. An organization cannot secure its resources without the establishment of viable relationships with other organizations in its relevant environment. Levine and White (1960:538-601 in Etzioni, 1969: 129) suggest that there can "be no exchange of elements without some agreement or understanding, however implicit."

Essential to the understanding of exchange relationships which an organization will engage in, is consideration to what Levine and White (1960) have termed the organizational domain Levine and White claim that exchanges are contingent upon "the claims that an organization stakes out for itself" (Ibid.). In their investigation of health and welfare agencies, Levine and White establish that the domain of health organizations can be described in terms of the: 1) diseases covered; 2) population served; and 3) services rendered (Ibid.).

Use of the exchange model, is claimed by Levine and White, to be an explanation of "the flow of elements between organizations" which would be "in terms of the respective functions performed by the participating agencies" (Ibid.:125). A review of literature concerning research in the area of the organizational environment finds that there exists a distinctive body of research and investigations which views the environment as a rich and vast resource pool. This general area can be defined as the resource-dependence perspective, for which a model has been defined. The resource-dependence model finds its distinctions in its perceptions of organizational and environmental connectedness. An organization, as the model emphasizes, through adaptation processes, makes a series of conscious and reactive steps towards the procurement of its needed resources (Scott:116). The resource-dependence model assumes that an organization's decision-makers actively determine an organization's fate by "attempting to strike favorable bargains and avoiding costly entanglements" in the environment (Ibid.).

The resource-dependence approach has been addressed by a number of investigators and can be found under the guise of various names: Zald and Wamsley (1973) have espoused the political-economy model and the work of Thompson (1967) and Jacobs (1974) uses power-dependency analyses.

Scott (1981:116) surmises that Pfeffer and Salancik's (1978) writings are by far, the most comprehensive, to date, in relation to the resource-dependence analysis. Pfeffer and Salancik's major contribution to the field is highlighted by Scott (Ibid.):

> [major contribution. . .] . . .is to discern and describe the strategies--ranging from buffering to diversification and merger--pursued by organizations attempting to relate more effectively to their environments.

In summary then, the environment can be conceived of as a storehouse for all materials, energy and information upon which organizational sustenance is maintained. An organization is conceived of as a dynamic and adaptive system as it is symbiotically tied to its environment.

The open systems model stresses the paramount importance of the interdependencies of the organization upon its relevant environment. Another concept which can be introduced is that every organization is suggested to be, situated within an interorganizational field. Brown and Moberg (1980:45) suggest that the interorganizational field can be described as "that set of organizations, groups, and influential individuals with which the organization has relations." Brown and Moberg (Ibid.) suggest that consideration must be given to the effects of an interorganizational field due to the fact that "each of these units constitutes a concrete force that the organization must reckon with, particularly if there is a dependency involved."

Much has been written about the interorganizational system, or network. Benson (1975:229) criticizes the research to date, as it is deficient, as he concludes, due to abounding conceptual confusion and overlap concerning researcher's scholarly investigations.

Certainly one may inquire as to what benefits does the knowledge and identification have for a focal organization, of its specific environment or organization set? To an administrator, the answer would seem quite obvious; to enable the maximum opportunities for decision-

making under conditions of rationality. Scott (1981:188) provides a very valuable and brief treatise concerning the importance of understanding organization and environmental relations:

> Organizations aren't simply regarded as technical systems but as social and political systems: and the concern is not primarily how to achieve technical efficiency but how to ensure organizational survival and if possible, enhance the organization's bargaining position vis-a-vis other systems.

Organizational Boundary Roles and Units

The organization as an open system is dependent on its environment and is found to be located geographically within a larger inter-organizational network. A review of literature suggests that there are two primary general descriptions found in analyses of an organization's task environment. The two descriptions used are the variables, homogeneity and stability, in their differing degrees. Thompson (1967: 68-70) indicates these two variables are used to identify the "description and measurement of the social composition of environments."

Hodge and Anthony (1979:143) summarize these two general variables which are used to evaluate the organization's task environment as it is has been found to be reflective in organizational structure and process:

1. The more homogeneous and stable the task environment, the less need for organizational complexity and the greater the use for rulemaking.

2. The more heterogeneous and shifting the task environment, the greater the organizational complexity, planning and decentralization.

Miles (1980:5) suggests that organizational decision-makers when contending with a dynamic and complex environment, encounter

tension and uncertainty. For the management of this dynamic and complex environment, John Child (1972:2-21) argues for the strategic choice perspective in which organizational adaptation to its environment is found to be related to the choices made by the organization's "dominant coalition." The dominant coalition of an organization are those decision-makers within an organization whose influence is found to be the greatest.

Miles and Snow (1978:20) surmise that the strategic choice analysis places emphasis on managerial perception, as managers

> are viewed as being in a position not only to adjust organization structure and process when necessary, but also, to attempt to manipulate the environment itself in order to bring it into conformity with that which the organization is already doing.

Research recognizes and suggests that organizations which confront a dynamic and complex environment must exert energies for the management of their external relations.

Since organizations themselves are incapable of interacting with the environment, organizational decision-makers design and provide personnel whose function it is to engage in the various transactions and activities required for organizational functioning. Katz and Kahn (1966) suggest that organizations require specialized organizational roles, or boundary roles, to effect the organization's acquisition and disposal functions.

Leifer and Delbecq (1978:41) identify those individuals in an organization, which operate at the organization's periphery, or boundary and which function to, "perform organizational relevant tasks, and relating the organization with elements outside of it," as boundary

spanners.

Organ (1971:74) describes organizational adaptation to its environment as being achieved through the behavior of individuals acting as boundary agents, or linking pins, and further, provides the analogy that boundary agents function as "sensory organs" for the organization. Miles (1980:320) provides a summary which research suggests, of the various institutional adaptive functions which boundary spanning activities have been identified as serving:

1. representing the organization to its external constituencies.
2. scanning and monitoring environmental events that are potentially relevant for the organization.
3. protecting the organization from environmental threats.
4. information processing and gatekeeping.
5. transacting with other organizations for the acquisition of inputs and the disposal of outputs.
6. linking and coordinating activities between organizations.

Current research addressing boundary spanning activities treats such activities as an intervening variable; relating environmental characteristics and organizational processes and functioning. Thompson's (1967:70) work regarding boundary spanning is reflective that "we would expect the complexity of the structure, the number and variety of units [of an organization], to reflect the complexity of the environment."

Reynolds and Johnson (1982:551) define the concept of liaison: "The individual, who, although not a member of any one group, serves to link, through communication behaviors, two or more groups within an organization."

Barton and Barton (1983:583) define liaison activities specific to a community mental health center:

> Liaison activities include providing assertive, often advocacy-directed linkages between the patient's aftercare program and the community, other agencies or parts of the same agency who might be, or have been providing a service to the patient. Most of the activities are geared toward accomplishing continuity of care for the patient.

Many service activities involving liaison functions are provided by a community mental health center. Barton and Barton (1983:583-585) identify and exemplify this scenario:

1. Case management - focuses on the need for a person whose legitimate function is to find services for their clients and coordinate them.

2. Mandated legislative amendments to Public Act 94-63 require the provision of screening for all potential admissions to state institutions.

3. Court-ordered liaison activities requires the aftercare program's initiative in smoothing out the transition of the patient from court system to rehabilitative system.

4. Linkages most often need to be between the aftercare providers and the inpatient ward staff, the psychiatric emergency staff and other parts of the psychiatric and medical departments.

5. Community agencies - each may require regularized, official liaison to make continuity and consistency of a patient's rehabilitative program possible.

6. Liaison activities with the public is another important aspect of adequate aftercare.

As evidenced by Barton and Barton in their description of liaison functions operative within a community mental health center, it can be seen that much of the intended purposes for liaison activities is to facilitate the care and needs of clients'/patients' treatment. It is also recognized that much of the cooperation among caregiving organizations realizes additional resources for the organizational usage.

In order to aid the understanding or for purposes of describing the nature of interorganizational relationships encountered within a network, Feldman (1980:224) provides two social and structural characteristics which can be applied or used in an analysis to describe the tone of the relationship; the pattern of trust among organizations, and the extent to which the relationships are mandated or are voluntary linkages.

To the extent that cooperative efforts are becoming more prevalent in human service systems may be reflective of efforts towards the refinement of service integration. These efforts towards the refinement of service integration appears, as Feldman (1980:206-225) suggests, to be from demands for better and more accessible services; to prevent clients from "falling between the cracks" (Ibid.:225). Due to the increased demands for better and more accessible services, Feldman submits that there is an increased pressure for "stronger mechanisms of coordination and service utilization at the local level" (Ibid.:224).

Goldman (1982) emphatically asserts that service integration and coordination of existing resources will be significant determinants of social policy for the 1980's. He hypothesizes on a specific type of service coordination; of health and mental health services. In a socio-historical analysis of the health and mental health service sectors, Goldman finds that these two sectors have traditionally been separated by a number of factors, which he identifies: specialization, ideological, attitudinal, financial barriers, psychiatric professionalism and functional and organizational differentiation (Ibid.:616). Goldman (Ibid.:619-20) concludes his analysis of integration of health and

mental health services by stating that sensitivities by health planners and policy makers are requisite for the achievement of service integration efforts--and for the general survival of human services in the 1980's, which face overwhelming problems relating to resource scarcity.

Jonathan Borus (1978:1029) delineates nine issues which, he suggests, are critical to the survival of community mental health. These issues are: clarifying boundaries and priorities, caring for chronically ill deinstitutionalized patients, providing differentiated care, collaborating with the community, relating to the use of psychiatry and medicine, defining the community psychiatrist's role, maintaining psychiatric manpower, undertaking evaluation research and the achievement of stable funding. A single issue, the boundary problem will be summarized, as it relates specifically to this inquiry.

Community mental health has been severely criticized for its extremely broad scope and purposes, principally relating to its legislative origins in 1963, as Public Law 88-164. Kennedy's Community Mental Health Center Act has attempted to be, as Borus suggests, "to be all things to all people" (Ibid.). Borus identified that, from the community mental health center's inception in 1963:

> . . .as part of this crusading atmosphere, federal regulations mandated community mental health to do the impossible, that is, not only serve all citizens with defined mental illness who come for treatment within a large population-defined geographic area, but also serve the mentally ill in the community who do not come in for treatment, prevent mental illness in the potentially ill in the community, and improve the mental health of the rest of the population.

One aspect to survivability of the community mental health center then to Borus, is the issue of the community mental health center's

boundaries. Borus suggests that the community mental health center also must delimit its priorities and increase its accountability, if it is to survive (Ibid.:1030).

Application

Community mental health exists as a population based, prevention-oriented, publicly funded systems approach of community psychiatric practice and care based on the principals of continuity of care and treatment in the least restrictive environment. A community mental health center, as an open system, must adapt and survive to its specific environmental conditions. The community mental health center, as any organization, through its administrators, is responsible for managing appropriate strategies; for utilization of boundary personnel, for organizational design considerations; for whom the organization develops exchange relationships for resource acquisition and disposal functions; and for a basic determinant philosophy for its attitudinal treatment of others within its organization-set, which may range from competitiveness or hostility to collaboration and cooperation. Thompson (1967) refers to the basic administrative function as "co-alignment."

The importance of the administrative co-alignment concept, as Thompson identifies it, reflects this researcher's general conclusions regarding the importance of knowledge of organizational theory, as it can very importantly be adapted to the mental health administrative area.

Thompson (1967:147-148) provides an interpretation of this co-alignment function. This concept, as found in Thompson's work, serves as a concluding comment of the theoretical overview of organizational

and environmental relations; as Thompson's explication illustrates the following justification for this inquiry:

> Perpetuation of the complex organization rests on an appropriate co-alignment in time and space not simply of human individuals but of streams of institutionalized action. Survival rests on the co-alignment of technology and task environment with a viable domain, and of organization design and structure appropriate to that domain.
>
> . . . The central function of administration is to keep the organization at the nexus of several necessary streams of action. . .

CHAPTER III

THE ORGANIZATION SET AND BOUNDARY SPANNING UNITS OF A COMMUNITY MENTAL HEALTH CENTER

Introduction

The Community Mental Health Centers Act of 1963, Public Law 88-164, established the precedent for the federal responsibility in providing for the financial assistance to the states and localities for the construction and later staffing of the community mental health centers. The "bold new approach" for the care and treatment of mental illness/retardation emphasized treatment in the local community in lieu of the state psychiatric institutions.

Prior to the community mental health movement, the system of public mental health delivery was comprised primarily of treatment in state and regional psychiatric institutions, which were usually located in rural areas. With the enactment of Public Law 88-164, the idea of "community responsibility" for the care and treatment of the mentally ill/retarded became of primary importance and a chief attribute of the movement.

The general societal conditions of the 1960's and 1970's were predisposing factors in creating the mood of the federal government and mental health professionals in conceptualizing the general community mental health center concept (CMHC). The decades of the 1960's and 1970's realized the civil rights and civil liberties of minorities in

American society, as well as those who were labelled as disabled.

The public attention to the plight of the mentally ill/retarded in society came to the attention of the media and the judicial system, much in reaction to the deplorable and well documented living and treatment conditions as was found in most state institutions across the country. Very common descriptions of the public mental institutions for the mentally ill/retarded existed and were generally given the description of "human warehouses," which offered in the name of treatment and rehabilitation nothing except coercive and neglectful custodial care.

Public Law 88-164 has been amended fourteen times since its enactment in 1963 and vaguely resembles the original legislation that once characterized its original form. The Act, prior to 1981, required that community mental health systems provide to all age groups: inpatient, emergency and outpatient services, assistance to the courts and other public agencies in screening; provision of follow up care for those who have been discharged from inpatient treatment; and consultation and education.

With the enactment of Public Law 97-35, the Omnibus Budget Reconciliation Act of 1981, the original legislation which guided the Community Mental Health Centers Act of 1963, Public Law 88-164, has been deleted as well as the entirety of the Act's amendments. Today, the manner of realizing the federal financial responsibility for the provision of public mental health care, alcoholism, alcohol abuse and drug abuse is the distribution of the federal monies in a block grant targeted for this general usage and given directly to the appropriate state agencies which are charged with deciding its specific priorities

and general usage. Generally, the state's priorities can be evidenced in the budget allocations to the various community mental health service organizations, for its various program/service priorities and non-priority items.

Genesee County Community Mental Health Services

Genesee County Community Mental Health Services (hereafter GCCMHS), as all other community mental health services, were created for the main purpose of ensuring that the total services which are offered to a community, provide a "continuum of care," from intensive to supportive (Michigan Department of Mental Health:1976). Integral to the continuity of care concept is that individuals, who may enter the system, be referred to the appropriate level(s) or service(s), based upon individual need, with the least restrictive treatment alternative generally being the primary decision alternative (Ibid.).

GCCMHS, as a public mental health organization, operates and functions under the conditions, mandates, regulations and standards of the Michigan Department of Mental Health (DMH). DMH has established guidelines (1976:15) in Standards for Michigan Community Mental Health Services which define that the "Community Mental Health Board is to arrange for the provision of all needed mental health services to an assigned population." In Michigan, every Community Mental Health Board is responsible for the planning and implementation of programs in at least seven categories of services: 1) Prevention; 2) Emergency Services; 3) 24-Hour Intensive Treatment Services; 4) Day/Evening Treatment Services; 5) Day/Evening Activity Services; 6) Community Residential Living Services; and 7) Outpatient Services (Ibid.:16).

The general purpose of GCCMHS has been established by the Board and is found in "Article II" of the GCCMHS Bylaws (1978:32):

> Genesee County Community Mental Health Services shall be receptive to the mental health needs of the people of Genesee County and be responsive in maintaining, facilitating, and restoring individual growth in the context of the community.

The creation of Adult Services, Child and Adolescent Services, Developmental Disabilities and Rehabilitation Services as major clinical program components reflects the need of the organization to address the specialized mental health service needs of differing types of client populations, as based on mental health functional disorders and the varying degrees of illness or impairment.

GCCMHS' organizational structure and design embodies the four major clinical component areas as well as its management/administrative system.

Each major clinical component operationally functions independently of one another, directed by a Program Chief, Service Director(s), and Supervisor(s). Although each major clinical component functions independently, all areas are required to fulfill the formal and standardized procedures internal to the organization regarding the budget process, reporting (data) requirements, and personnal management (Heller, 1981). Each major clinical component area is subordinate to the Executive Director and Board of Directors, respectively.

Genesee County Community Mental Health Service's Organization Set

GCCMHS, as a people changing human service organization, can be conceptualized as an open system, which is situated within the larger human service network of Genesee County and surrounding regional/state

psychiatric institutions for the mentally ill/retarded. GCCMHS as an open system can be depicted graphically in Figure 2. In Figure 2, GCCMHS' inputs and outputs can be identified and described as well as the two major sections of GCCMHS; the four clinical component areas and the management and maintenance system.

GCCMHS Clinical Component Areas

GCCMHS' four clinical component areas (see Figure 2) are composed of: Mentally Ill Adult Services (MIA); Developmental Disabilities (DD); Child and Adolescent Services (CAS); and Rehabilitation Services. Each of these clinical areas offer a wide spectrum of services. The services for each clinical area will be presented in the input-output analysis in the "Findings Section" of this chapter.

The various services which are offered by each clinical area are related to common treatment modalities, which are applied in the transformation process of the client. The treatment modalities are the service technologies which are the processing activities to which the client, as the raw material, undergoes as a part of the particular program/service. The service technology is related to the overall and individually defined service/treatment goal for a specifically diagnosed "type" of client (schizophrenic, psychotic-acutely ill, organically impaired, neurotic, crisis, etc.), and the degree of impairment that is involved. The various service technologies are grouped by common treatment processes and hence, organized into a defined boundary or clinical area of the organization.

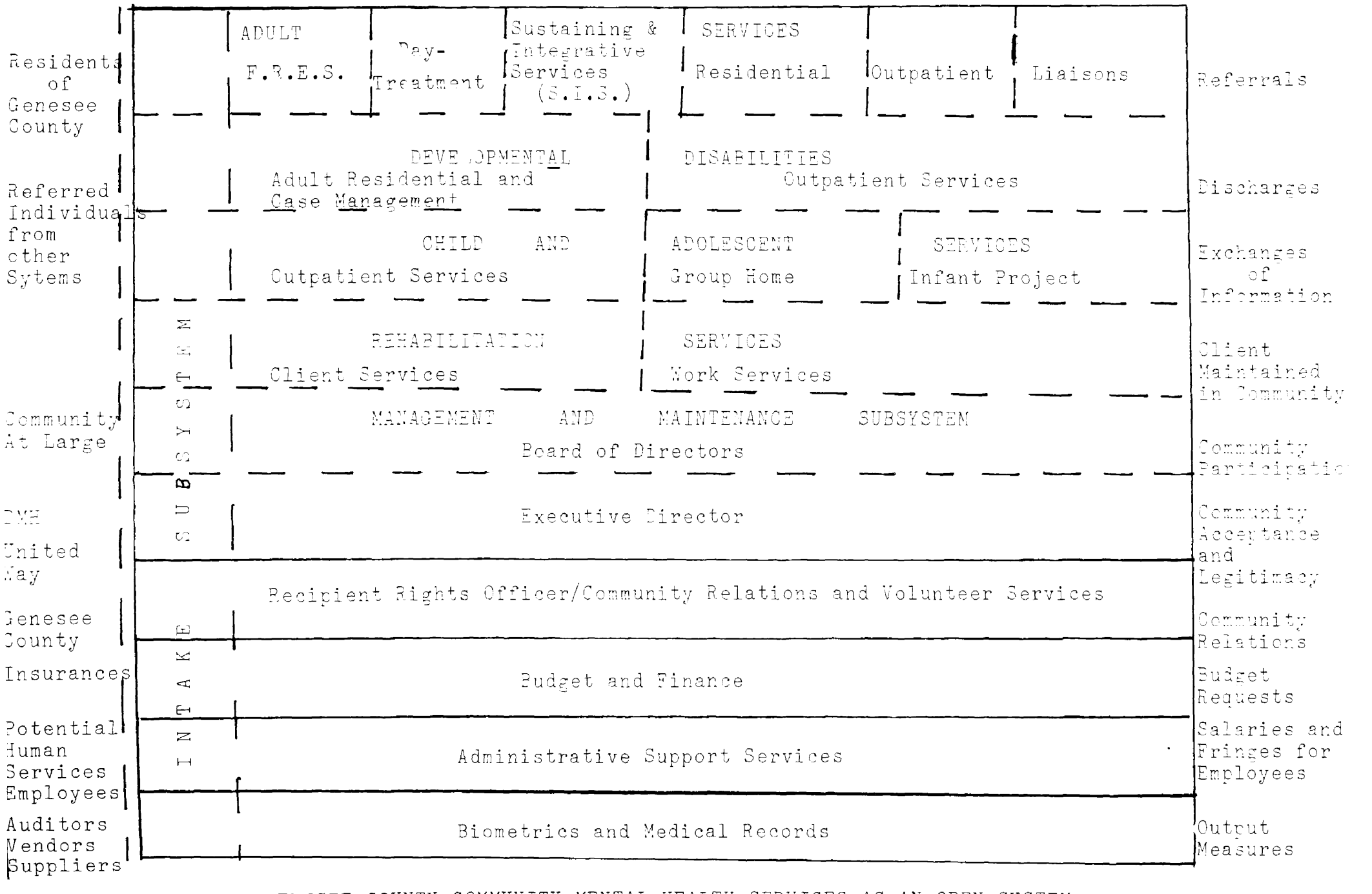
GCCMHS' clinical program boundaries are permeable, as the nature

of the mental health client (frequent psychotic episodes, suicidal and frequent crisis situations) during times of crisis, illness or stress, may require multiple or additional supportive services from other parts of the organization as well as from outside of the agency, within the interorganizational network.

The terminology used in mental health, as well as in other human service organizations, to denote the concept of securing additional services, or to indicate the movement of a client from an individual, service or program to another, both intra- inter-agency, is referral. If the situation arises with a client where different or additional services are required, then a referral would occur, either intra- or inter-agency.

Management and Maintenance Subsystem

The major functions of the management and maintenance system are to: plan, organize, staff, direct and control. The functions are intended to operationally guide the organization and its personnel to the achievement of both general and specific program/service goals and purposes. This subsystem is composed of the following personnel and departments (refer to Figure 2): Board of Directors; Executive Director; Recipient Rights Officer/Community Relations; Budget and Finance; Administrative Support Services; and Biometrics and Medical Records. This subsystem is operationally responsible for the interpretation/identification of Genesee County Community Mental Health needs; obtaining resources and legitimating support to access and provide for the identified needs; and hence to then plan, organize, staff, direct and control



GENESEE COUNTY COMMUNITY MENTAL HEALTH SERVICES AS AN OPEN SYSTEM

Figure 2

existing and potential service programs.

The import of the environment to the management and maintenance systems is that it is its critical link, for which organizational survival is dependent. It is in the environmental area where all of the organization's needed inputs--clinical/management and legitimating--resources exist. Therefore, it is inherent that the organization, GCCMHS, will interact and engage in exchange relations with its environment. With whom, specifically GCCMHS exchanges or interacts with, then becomes GCCMHS' organization-set.

Identifying Inputs and Outputs

The incoming materials, or inputs, from the environment of GCCMHS can be identified and described as to its emergent source(s). This can be used to identify GCCMHS' organization set. The two major subsystems of GCCMHS will be introduced, as to major inputs required and used by the clinical programs and the management and maintenance systems. The detailed and specific inputs will be presented graphically in the Findings section of this chapter.

Clinical Areas

In viewing the agency as an open system, as in Figure 2, the major input to the GCCMHS organization is the individual, or client who enters the system for some type of therapeutic treatment. This individual or client must be a Genesee County resident, as GCCMHS serves the catchment area of Genesee County. By far, the client is the major input to the organization, as it is the reason for GCCMHS' existence. Oftentimes, clients are referred to GCCMHS from another indiviudal or agency

or from hospitals or other human service organizations within the Genesee County area. Therefore, we are receiving an output from the referring agency and this represents the client as an input into GCCMHS system, for processing.

Management and Maintenance

Inputs to this subsystem can be identified from the environmental area. GCCMHS, as a public mental health organization, receives its principal financial support from DMH. GCCMHS receives approximately 90% of its operating budget from DMH. Local match monies comprise the other 10%: from Genesee County and United Way of Flint. GCCMHS' total financial resources available for the internal operation of the organization from one year to the next, are dependent on external environmental actors, conditions and variables and funding sources (DMH, Legislature, Governor, Genesee County, United Way).

Other sources of revenue, as inputs to GCCMHS, are incoming monies received from the major health care insurances: Blue Cross/Blue Shield; Medicare and Medicaid; and other various insurance carriers (Triple A).

Essential goods and services must be purchased from area suppliers and vendors for the internal operations of GCCMHS. Such major inputs that are required and needed are buildings and facilities to house the various programs; office equipment and accessories; medical equipment and psychotropic drugs; recreational equipment; maintenance equipment; paper products; computer softwear and transportation vehicles. These are miniscule samples of what is needed by the organization.

Due to GCCMHS being a public mental health organization, its legitimating authority exists as the Department of Mental Health, not only for financial support but for its administrative recognition and accountability. DMH is a major input to GCCMHS, as it issues and distributes statewide standards, policies and procedures which the management and maintenance systems must accommodate and co-align its clinical and administrative operations.

Another input of GCCMHS from its environment, is the personnel that is recruited, selected and hired to staff the organization. There are many specialized professional staff which are employed by the organization: physicians/psychiatrists; psychologists; social workers; nurses, recreation therapists; guidance and counseling; other counseling areas; Rehabilitation counselors: clergy and business administration/ finance.

Referrals of clients are made, as indicated, when additional or more appropriate services or programs are needed. Such referrals are made to other Genesee County agencies that provide personal, social, medical, psychological or financial services, as a supplement to, or in lieu of, GCCMHS' current programming/services.

Discharges of clients occur in either forced or voluntary circumstances and may also be of a temporary or permanent nature. There exists four usual reasons for the discharge of a client from GCCMHS:

1. client no longer voluntarily desires services - services end;
2. crisis situation/problem/stress/initial goals or plan of service achieved--client no longer needs service;
3. client moves out of county/dies--service ends;

4. client no longer able to be maintained in community/requires hospitalization/long-term hospitalization needed/ enters another system such as corrections--services usually terminated.

Another popular output that is produced by GCCMHS is the exchange of information. Information is exchanged on a regular basis to other services or programs in GCCMHS' organization set as clients are usually concurrently serviced by other agencies in the interorganizational network, particularly as in the case of the Department of Social Services (DSS) and the two State hospitals: Ypsilanti and Oakdale.

Families, parents or any other individual/service or program can be the object to whom information is exchanged with or released to. In most cases, a formal and written request is submitted which state specific purpose for the release of information. Since client information is confidential, the client must recognize and consent to the release prior to the information exchange.

A recognizable output of GCCMHS, is the controlled/managed or sustaining client who is able to stay within the community setting instead of being required to go to the state institution for treatment of mental disorders/illness. The management of a client is achieved through the application of various treatment technologies: chemotherapy (major/minor tranquilizers, anti-depressants); psychotherapy; behavior modification; supportive, confrontive, and reality therapies; crisis intervention; group/individual/family therapy; therapeutic recreation; and general case management services. The service technologies utilized in GCCMHS are with defined objectives as outputs of the service delivery process: psychosocial adjustment, crisis resolution, rehabilitation/habilitation or maintenance goals, as per individual need for each client.

Management and Maintenance System

The Board of Directors of GCCMHS come together and represent various interest groups, political appointments, and from the general "at-large" community of Genesee County. The output from the Board of Directors is "community participation," as the representatives jointly share the planning and decision-making authority with mental health professionals--to better ensure that GCCMHS' outputs are "better" served and are co-aligned with the community's "best interests." Representatives from local government, community at large, private and public industry and organizations make up the Board of Directors.

The Standards for Michigan Community Mental Health Services (1976:22) has established that the Board of Directors "delegates policy implementation and daily operational functions to its County Director "Executive Director." Also, "the Board, through its County Director, communicates policies to all who need to use them for decision-making." (Ibid.:12).

The Executive Director has final responsibility for all areas of program administration and management of all people and programs in order to guide the organization towards its major goals and purposes. Major outputs of this position are "representing" the organization; its services and programs to the Genesee County community and to legitimating and funding bodies in the environment; for the establishment of "working relationships." The Department of Mental Health, Legislature, local politicians, Genesee County Commissioners, and United Way are a few environmental areas which working relationships must be established and maintained.

Similarly, the position of Recipient Rights Officer/Community Relations functions to provide informational exchanges of GCCMHS' general programs as well as to provide educational exchanges of information; to local schools, hospitals and other local community caregiving organizations. This is accomplished through giving speeches, attending meetings, participating in interorganizational committees and functioning as a "community resource" which functions to promote general community education and acceptance of mental illness/retardation. This position also provides information exchanges on GCCMHS program and service accessibility and referral information, and monitors those aspects of recipient rights. Recipient rights monitoring and prevention activities are performed by this position to ensure that clients are not denied any civil liberties which they are "due" as any other citizen of the United States, to ensure that the liberties are not being denied due to the clients being disabled or receiving mental health services.

A vast array of information is passed to the environment as outputs into various members of the organization-set from the management and maintenance subsystem. Such outputs as budget requests, payables, output measures, reports and correspondence are sent into the environment from this subsystem. The receivers of these outputs are mainly legitimating and reporting/accountability authorities--such as, auditors from Blue Cross/Blue Shield, DMH, Commission on Accreditation of Rehabilitation Facilities, Department of Labor, Genesee County and United Way of Flint.

Additional outputs of GCCMHS are the various salaries and fringe benefits for those employed by the agency. Clients are also paid for

work done for the organization (Workshop-Rehabilitation Services) as well as clients who work as janitors for GCCMHS.

A very costly output of GCCMHS is the system of client transportation it maintains to ensure clients coming to its various programs. GCCMHS exchanges money for "bus tokens" with the Mass Transportation Authority. Also vans and cars are leased for purposes of transporting clients to and from programming/services as well as to ensure that clients are getting needed "outreach" services.

The various outputs that GCCMHS discharges from both its clinical and management/maintenance systems are most often inputs to other human service organizations within the interorganizational network as well as to other legitimating and reporting agencies.

A common occurrence in Adult Services is the discharge/and subsequent referral of the client to the State Hospital. The output, the client, is functioning at a level that, by law as established under the auspices of the Mental Health Code (1974) is a: 1) danger to themselves--cannot take care of personal needs and/or will do harm to themselves; or 2) a danger to others--person(s) or property. There is a clearly defined mechanism for the referral-discharge process of the GCCMHS client when State hospitalization is needed.

The GCCMHS client will be discharged and referred to the State Hospital if a more restrictive treatment setting is required. The GCCMHS client is an input into the State Hospital system and will be processed within that system until such time as the client's functioning improves and has stabilized and then can once again be managed in the community setting. Upon stabilization, the client is discharged from

the hospital setting and referred back to GCCMHS for services or programming, such as aftercare services. The client once again becomes an input for GCCMHS processing. Many times, clients of GCCMHS are in a continuous state of flow to other community agencies within the Genesee County interorganizational network as well as the State Hospital, especially those clients who are chronically mentally ill.

There are many inputs and outputs which are peculiar to the differing clinical areas and for the management and maintenance system. The inputs and outputs will be graphically depicted in the Findings section of this chapter and will represent what GCCMHS technically establishes as its domain and subsequent boundaries for the organization. Through the presentation of an input-output diagram for each clinical area, a conceptualization is intended which realizes the major purposes, objectives, inputs, transformation processes and service technologies, and emergent outputs of the particular service/program or department.

The diagram immediately following the input-output diagram will be that of the program's or department's organization set, as defined by those who staff the various programs and departments. This will provide the information regarding with whom the program or department interacts with and establishes "regular" exchange relations within its environment or interorganizational network.

Boundary Spanning Units of GCCMHS

The usage of both formalized and informal liaison personnel by GCCMHS, whose major function it is to provide and establish linking relationships between the agency and its environment, is a prevalent

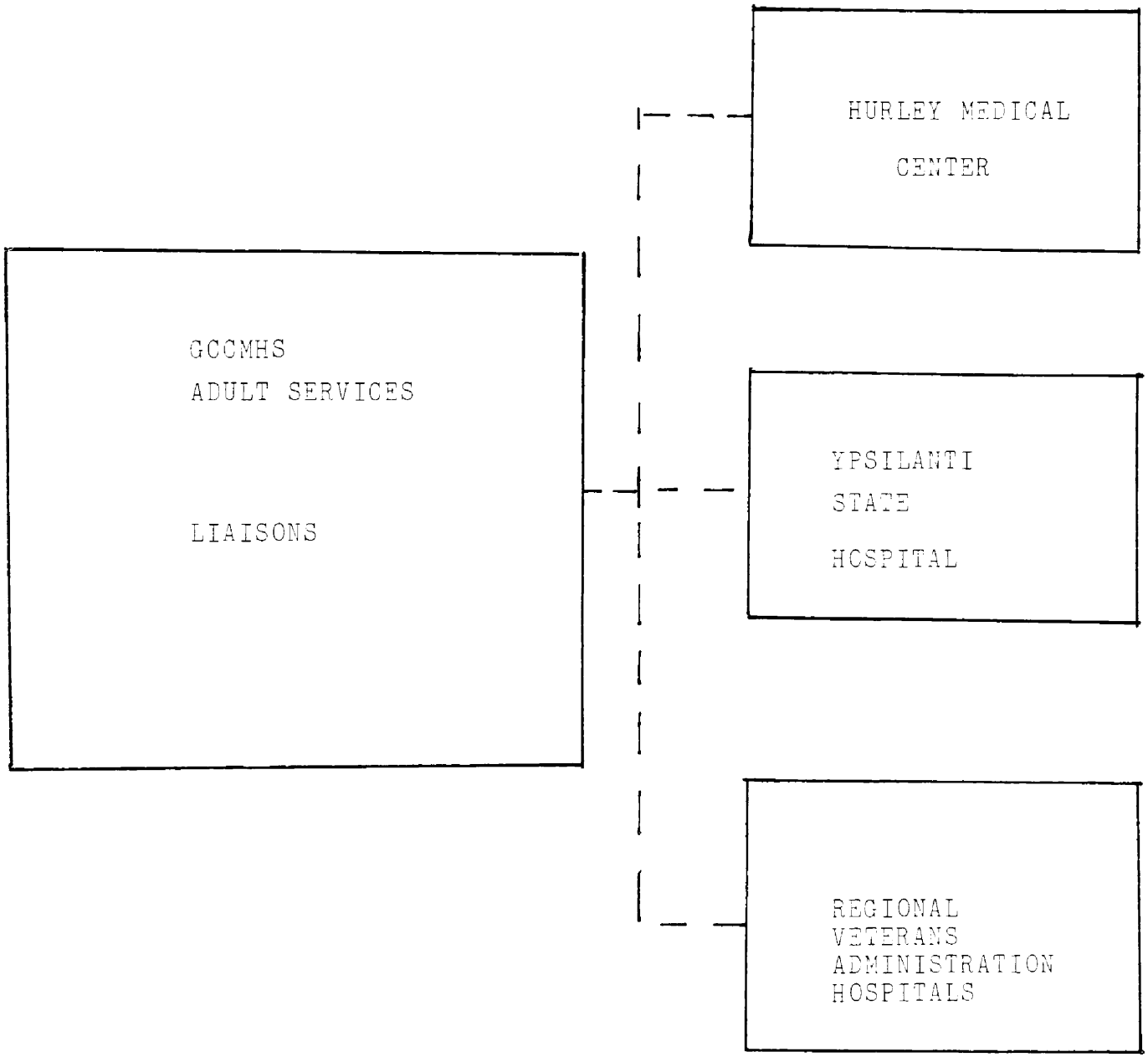
organizational practice. The creation of liaison positions for GCCMHS holds two major purposes. First, for the facilitation of quality and efficient services to the client. Second, for organizational and program strategic reasons; for community acceptance of organizational goals and for ways of efficiently transacting its business. Further GCCMHS' use of liaisons is for the overall collaborative effort for a unified and well functioning general mental health interorganizational network for Genesee County.

The following section will summarize the findings from each clinical component program area and management subsystem regarding the major environmental linking system and the description of what personnel is engaged in the various linking relationships and the major functions and activities of the linking or exchange relationship as engaged in, between the two systems; the system-system interface.

Adult Services

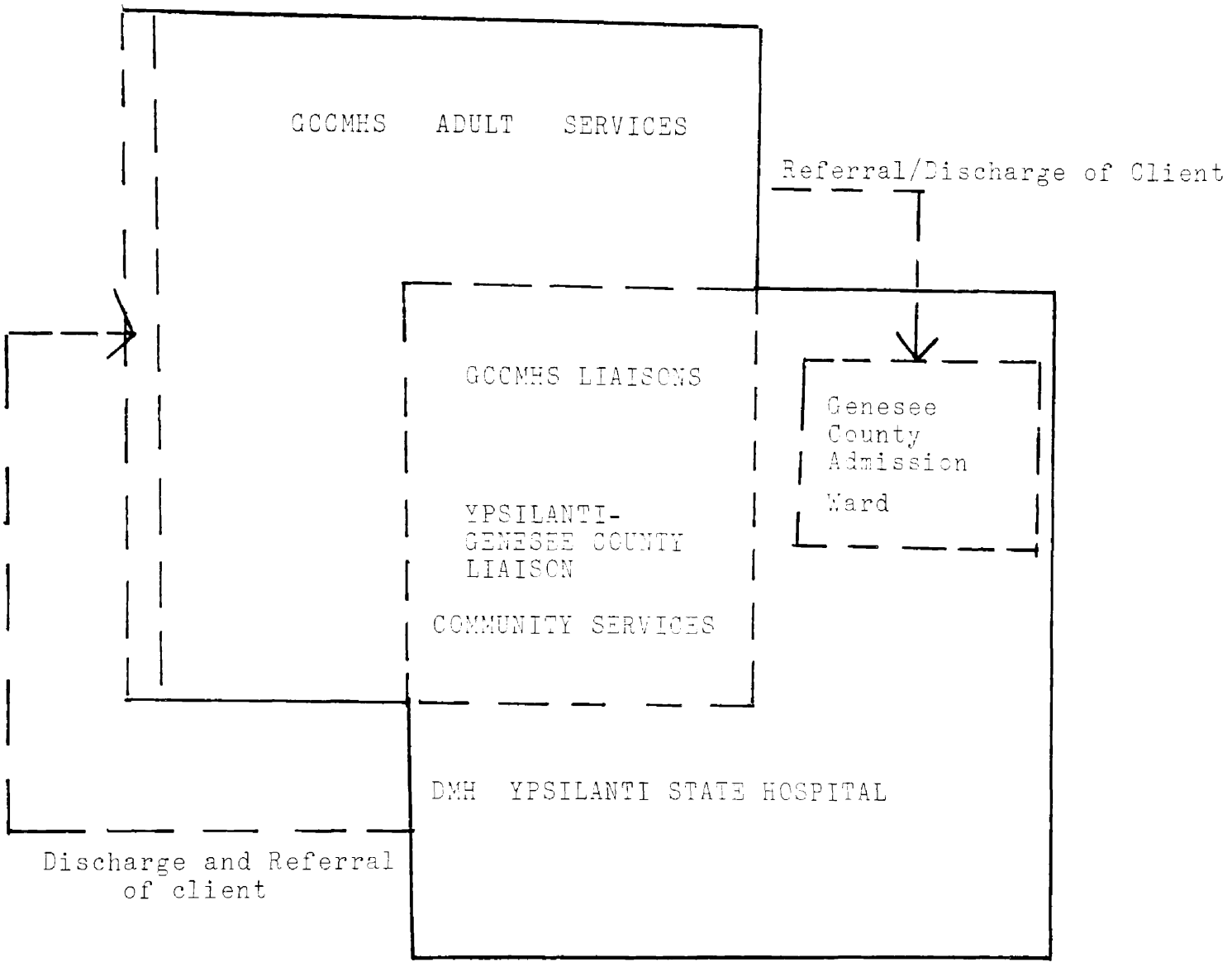
Adult Services has created three formal "liaison" positions in its organizational structure and service delivery system. The liaison positions are created with the intended purposes of facilitating client movement, referrals, discharges and various monitoring of on-going treatment which the Probate Court may order.

The three Adult Services liaisons function to connect GCCMHS to other major social systems and formal organizations in the inter-organizational network: corrections (Genesee County Jail); general hospitals and veterans administration regional hospitals, the State Psychiatric Hospitals (Ypsilanti, Northville, Clinton Valley Center) and



GCCMHS and GENERAL HOSPITAL SYSTEM - SYSTEM INTERFACE

Figure 3



GCCMHS and YPSILANTI STATE HOSPITAL SYSTEM- SYSTEM INTERFACE

Figure 4

the Judicial System (Genesee County Probate Court). Figures 3 to 6 depict the linking relationships and system-system interface between GCCMHS Adult Services and the three social systems. Tables 1 to 3 will provide the following summaries and a review of the various functions and purposes of the three liaison positions, activities and exchanges engaged in.

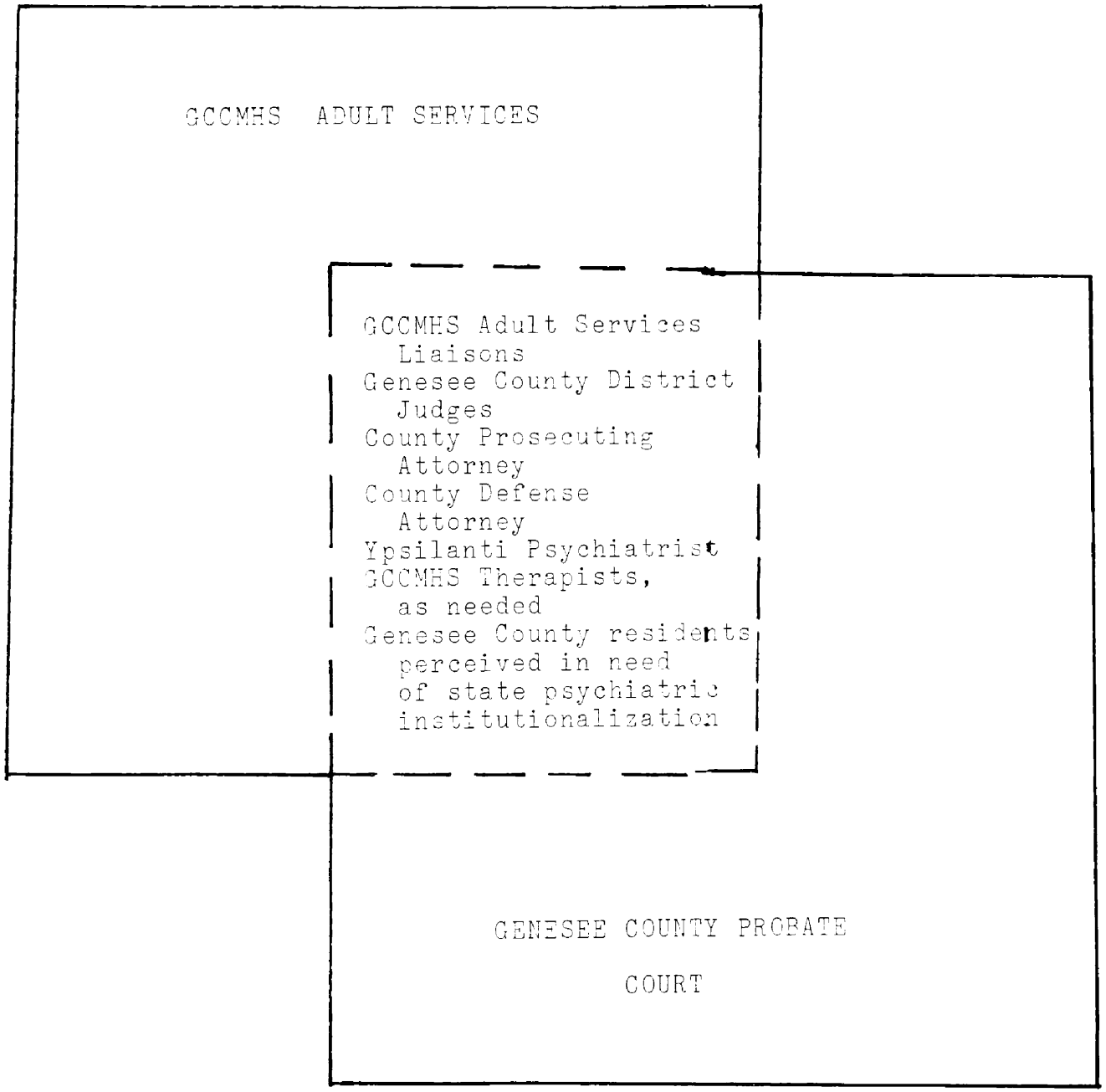
TABLE 1

LIAISON TO GENERAL HOSPITALS/VETERANS ADMINISTRATION/ STATE HOSPITALS

1. Serves as a formal liaison to state*, local and regional veterans administration hospitals.
2. Facilitates the admission process to hospitals.
3. Coordinates clinical data exchange between GCCMHS and hospitals on timely basis.
4. Interviews clients at the hospital(s).
5. Participates in on-going treatment team meetings of clients in hospitals.
6. Participates in the hospital setting, planning for discharge and follow-up care; makes appropriate recommendations for follow-up/aftercare service planning.
7. Accompanies client to recommended GCCMHS program at time of referral-Intake.
8. Transfers pertinent exchange of clinical case file material (current medication upon discharge) to assigned program and assigned primary therapist.
9. Relates programming and administrative changes of GCCMHS to other organizations and vice versa to Adult Services Program Chief.

---

*Indicates that a formal, contractual and mandated relationship is established between the two interfacing systems.



GCCMHS and JUDICIAL SYSTEM (PROBATE COURT) - SYSTEM INTERFACE

Figure 5

TABLE 2

LIAISON BETWEEN GCCMHS AND GENESEE COUNTY PROBATE COURT

*1. Serves as a formal liaison to Genesee County Probate Court.

2. Attends Probate Court Hearings and makes recommendations to the Court as to recommended alternative programming in the least restrictive environment.

3. Facilitates referrals from the Court system to GCCMHS programs.

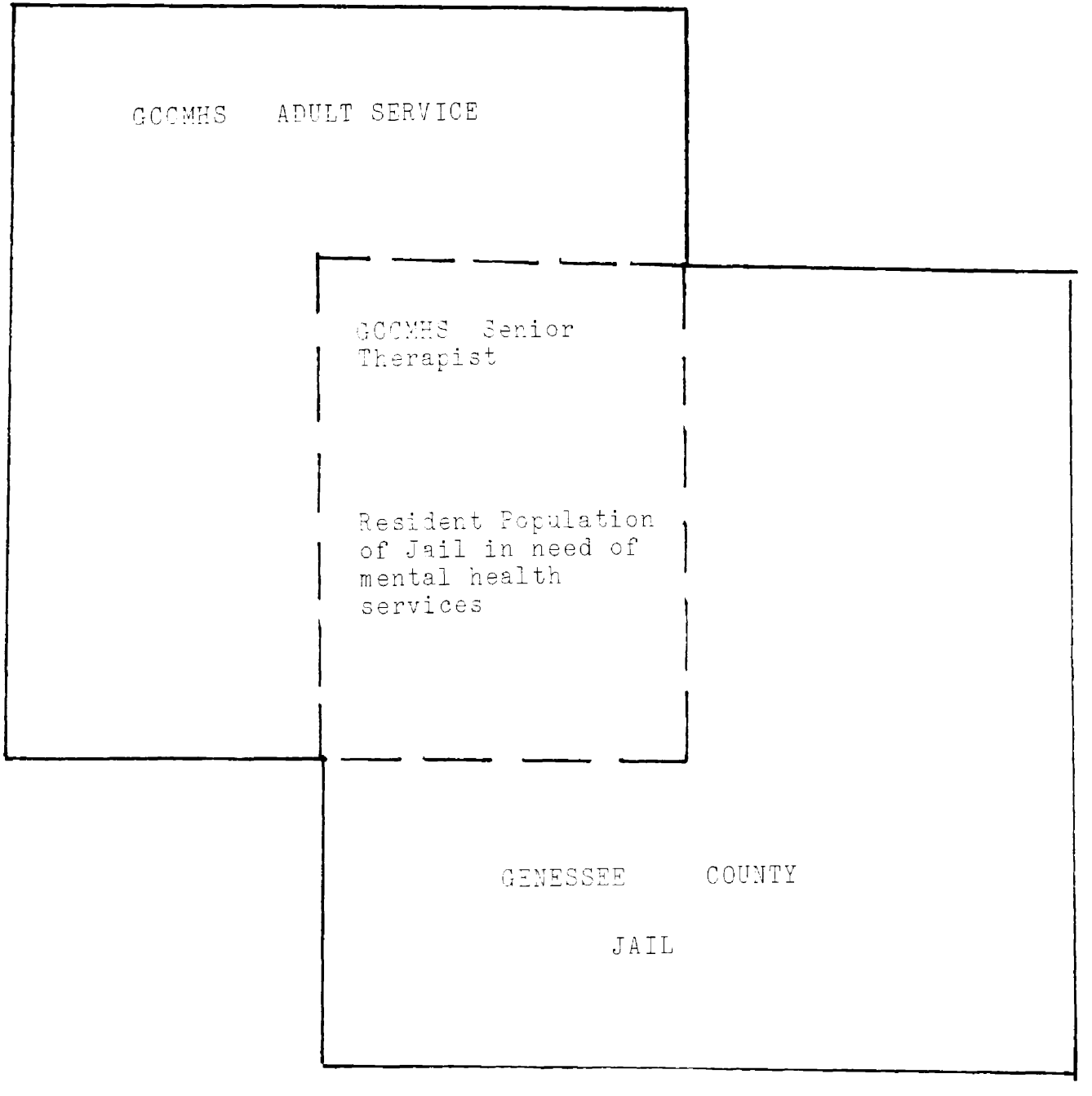
4. Monitors discharged hospital clients and Probate Court referrals ordered to attend appointments with the GCCMHS referred service.

5. Liaisons with the Prosecutor's Office in providing information relevant to Probate Court Hearings and coordinates efforts with law enforcement agencies.

6. Relates programming and administrative changes of GCCMHS to other organizations and vice versa to Adult Services Program Chief.

---

*Indicates a formal and mandatory relationship is established between the two systems.



GCCMHS and GENESEE COUNTY CRIMINAL JUSTICE SYSTEM - SYSTEM INTERFACE

Figure 6

TABLE 3

LIAISON BETWEEN GCCMHS AND GENESEE COUNTY JAIL

1. Senior Therapist assigned to the jail to provide mental health services for the resident population at the jail.
2. Provides psychological evaluations of inmates.
3. Provides individual and group therapy with inmates.
4. Works with jail personnel in the delivery of therapeutic services.
5. Provides consultation and inservice training to jail personnel.
6. Works with psychiatrist assigned in the evaluation, medication and treatment of inmates.
7. Provides recommendations to psychiatrist in the evaluation/certification process for inmates needing state psychiatric hospitalization.
8. Provides referral and case management services as needed with other agencies in Genesee County for inmates.

Developmental Disabilities

The client that Developmental Disabilities provides services to, by definition, is developmentally disabled/mentally retarded. Although there does not exist liaison personnel who function exclusively to link clients/services to areas in the environment, there is an array of personnel who perform liaison functions to specified environmental organizations which serve to link DD clients, services and personnel to the following programs, as summarized in Table 4.

TABLE 4

DD PERSONNEL AND AGENCIES LINKED

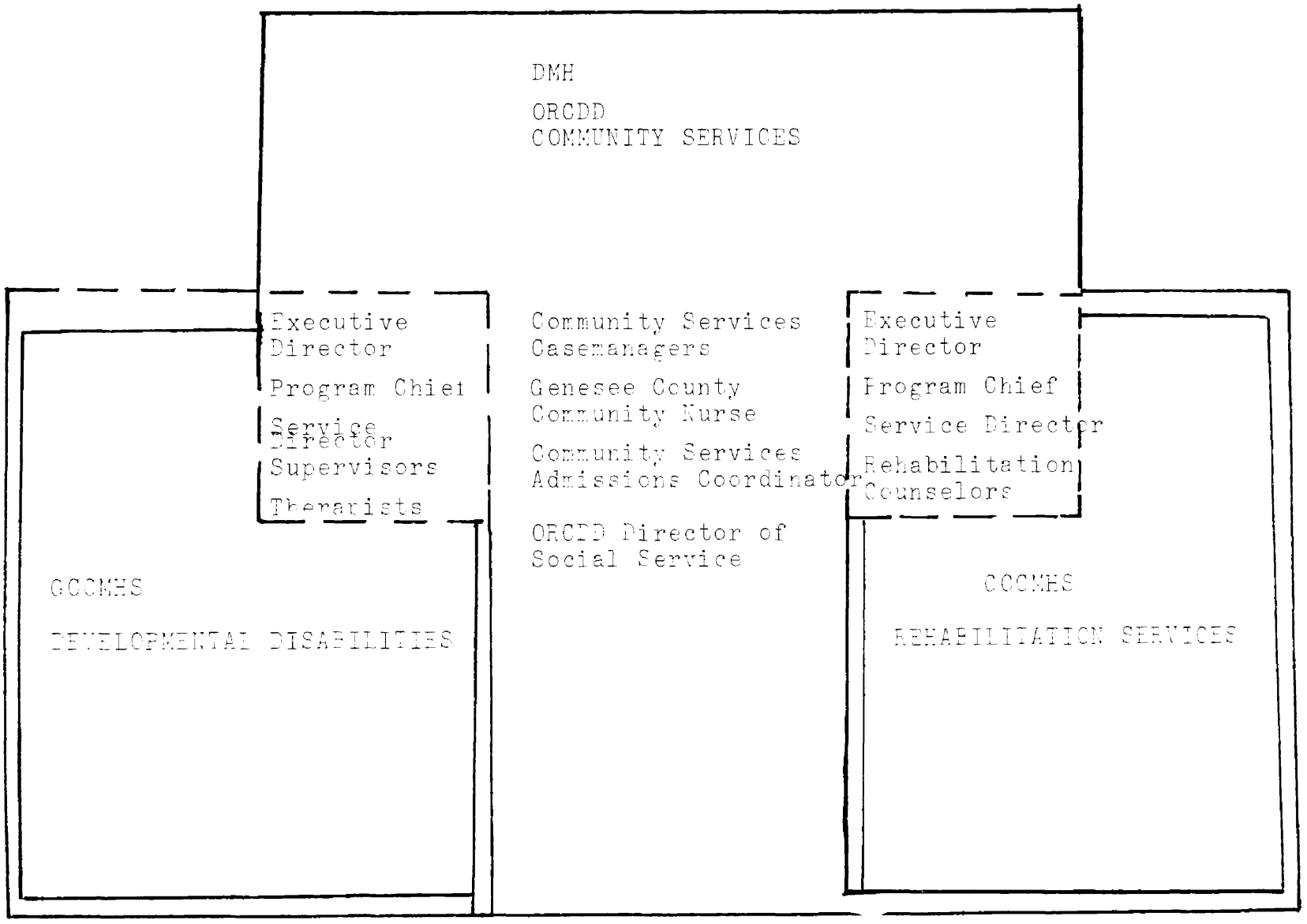
GCCMHS Personnel	Agencies Linked
Program Chief Service Director Supervisor(s) Therapists	Oakdale* Regional Center for Developmental Disabilities Department of Social Services Genesee County Association for Retarded Citizens Genesee County Learning Center Genesee County Care Center Goodwill Project L.I.F.E. United Cerebral Palsy Epilepsy Center for Michigan Easter Seals Adult Foster Care Association

*Indicates a formal, contractual and mandated relationship is established between the two interfacing systems.

DD services and interfaces with Oakdale Regional Center for Developmental Disabilities, in Lapeer, as the major state hospital, which specializes in the treatment and care of the DD/MR client populations. Figure 7 illustrates the major actors of the system-system interface.

Child and Adolescent Services

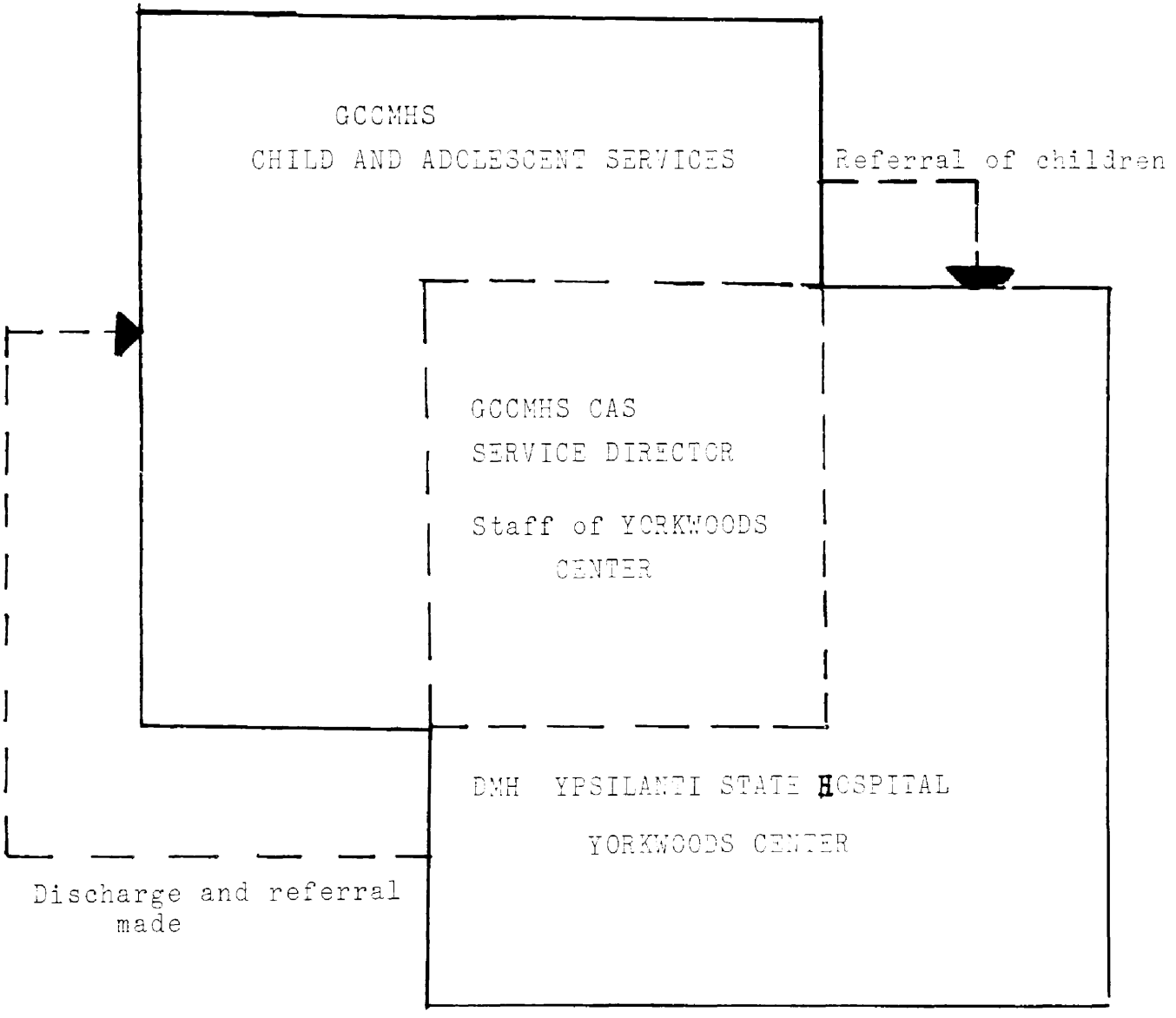
Child and Adolescent Services utilizes its position of Service Director, for the designated liaison position for various referral, on-going monitoring and discharge activities to two hospital systems: (local) Hurley Medical Center--Children's Psychiatric Unit and Ypsilanti Children's Unit--Yorkwoods Center. Figure 8 depicts the interfacing and system-system interface. Table 5 provides a summary of the Service



GCCMHS and OAKDALE REGIONAL CENTER FOR DEVELOPMENTAL DISABILITIES

SYSTEM - SYSTEM INTERFACE

Figure 7



GCCMHS and YPSILANTI STATE HOSPITAL SYSTEM - YORKWOODS CENTER - SYSTEM - SYSTEM INTERFACE

Figure 8

Director's primary liaison activities and functions which provide for the linking of the two systems.

TABLE 5

GCCMHS LIAISON ACTIVITIES--CHILD AND ADOLESCENT SERVICES AND YORKWOODS CENTER

*1. Serves as formal liaison to Ypsilanti-Yorkwoods Center.

2. Provides psychological evaluations of children referred to state hospital; individual/family.

3. Formulates recommendations based upon evaluation(s).

4. Makes decision based on recommendations:

   a. referral to state hospital--Yorkwoods Center.
   b. recommend other appropriate alternatives to family or referring agency.
   c. referral made, as deemed necessary, to other physicians, psychiatrists, psychologists for additional medical, emotional, psychological treatment needs.

5. Arrange for the provision of recommended services:

   a. facilitate referral process to Yorkwoods Center.
   b. set up appointments with other community agencies for needed services as an alternative to state hospitalization.

6. Attends admission, on-going treatment and discharge planning meetings at Yorkwoods Center.

7. Implements discharge planning recommendations for aftercare services; may recommend the following:

   a. Keep on individual Service Director's caseload for on-going therapy.
   b. Assign client to another therapist's caseload at CAS.
   c. Refer to other community agency, as needed, in order to meet individual client's needs.

---

*Indicates that a formal, contractual and mandated relationship is established between the two interfacing systems.

Rehabilitation Services

Rehabilitation Services, similar to DD's client population, provides day programming which is vocationally oriented to the following client populations: developmentally disabled/mentally retarded, physically handicapped, organic brain damage, and mentally ill.

Rehabilitation Services has a formal and written contractual agreement to serve Oakdale "residents" who have been placed in the Genesee County community. Figure 7 identifies those personnel from Rehabilitation Services and the Oakdale system to illustrate the system-system interface. Table 6 identifies the personnel and their formal assignments to liaison with agencies in their organization set.

TABLE 6

GCCMHS PERSONNEL/REHABILITATION SERVICES AND ITS LINKING AGENCIES

Rehabilitation Services Personnel	Informal Linkages
Program Chief	Oakdale
Service Director	Department of Social Services
Rehabilitation Counselors	Service Center for Visually Impaired
Evaluator	Department of Corrections
	McLaren Hospital
	Social Security Administration
	Triple A
	Social Services for Hearing Impaired
	Michigan School for the Deaf
	Michigan School for the Blind
	Deaf Consortium
	Michigan State University
	Genesee County School Districts
	Michigan Academy of Dentistry for the Handicapped
	Department of Mental Health

Management and Maintenance Systems

Many of the administrative and management personnel in GCCMHS conduct regular transactions with differing organizations in its organization set. Many personnel in the management and maintenance systems function to link and coordinate services/programs, procurement of needed inputs/resources, discharging of outputs and for the general negotiating functions, to maintain and protect the organization's best interests. This bargaining occurs for finances, bargaining positions with other human service organizations, suppliers and potential users of services; and to various legitimating and reporting agencies within its organization set. Table 7 summarizes the personnel in the management and maintenance system and their major linking relationships.

TABLE 7

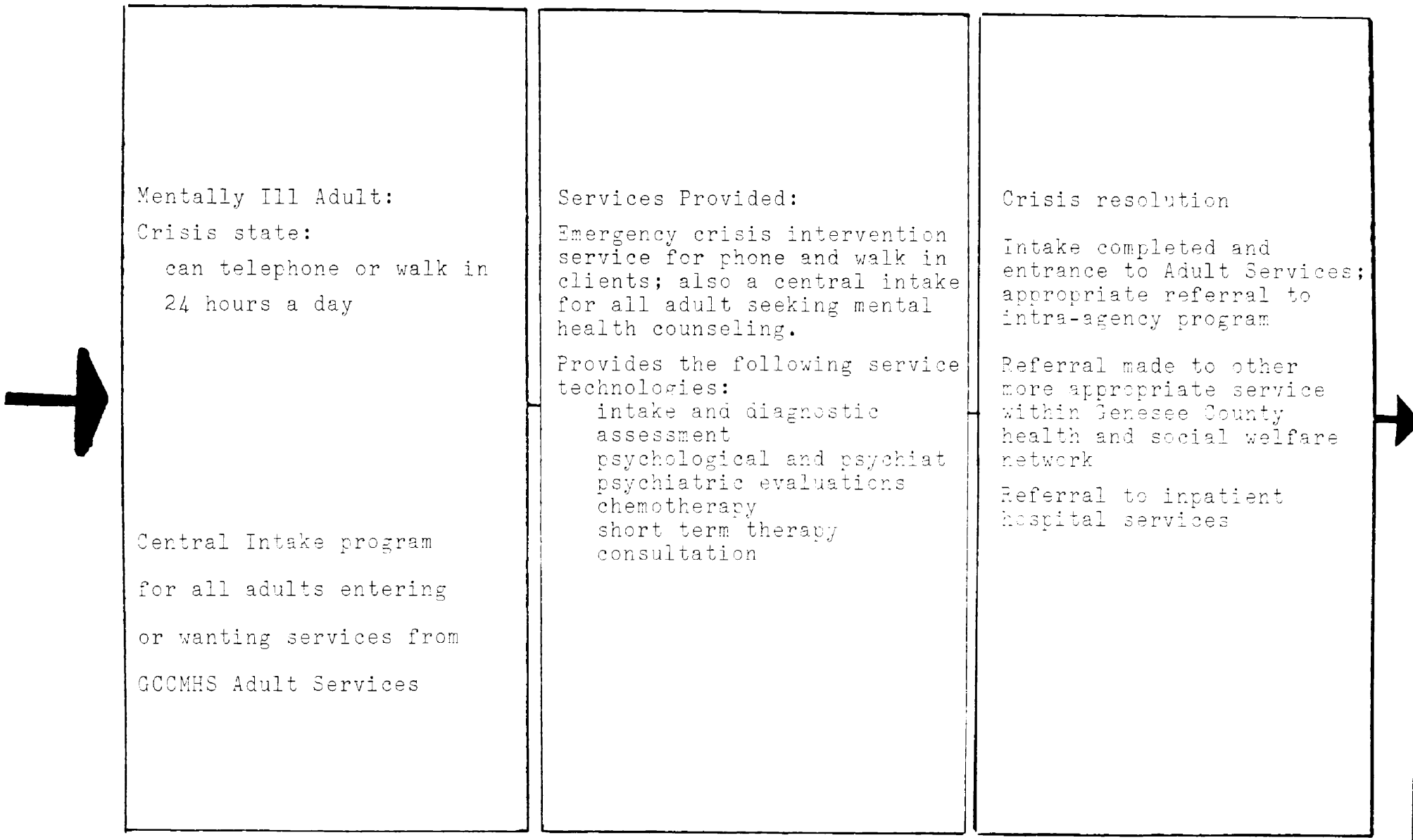
MANAGEMENT AND MAINTENANCE PERSONNEL
AND THEIR LINKING SYSTEMS

GCCMHS Personnel	Linking System
Board of Directors	Genesee County Community
Executive Director	DMH, Genesee County Commissioners and all other Departments, State of Michigan, Legislature, other Community Mental Health Service Boards and Directors, United Way, all other Genesee County agencies
Recipient Rights/ Community Relations	DMH, Office of Recipient Rights, United Way, Voluntary Action Center, all Genesee County local agencies and other service institutions
Budget and Finance Officer	DMH, Genesee County Comptrollers Office, United Way, Auditors, Suppliers and Vendors, other Federal/State and Local Government Officers
Administrative Support Services	
Personnel	Flint/Detroit newspapers, Michigan colleges and universities, various Employment regulatory agencies (DOL, MESC, EEOC, Civil Rights)
Purchasing	Vendors, Genesee County Departments
Transportation/ Maintenance	Mass Transportation Authority, Area Car Dealers, Genesee County Departments--Motor Pool/County Garage
Biometrics	DMH, National Institute of Mental Health, United Way of Flint, Genesee County Comptrollers Office

CASE STUDY FINDINGS

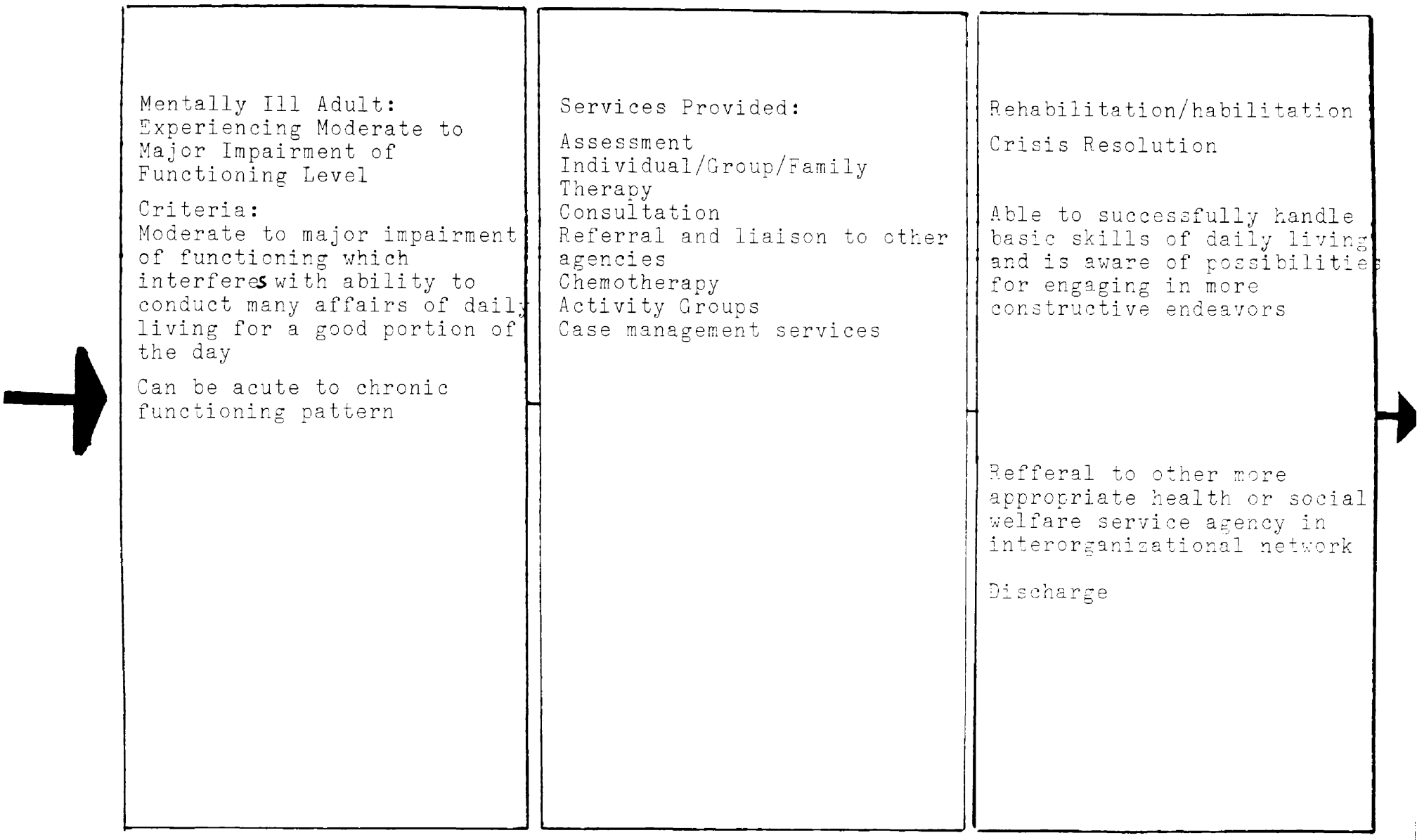
I. Input/Output Analysis
II. Organization Set

I. Input/Output Analysis Findings



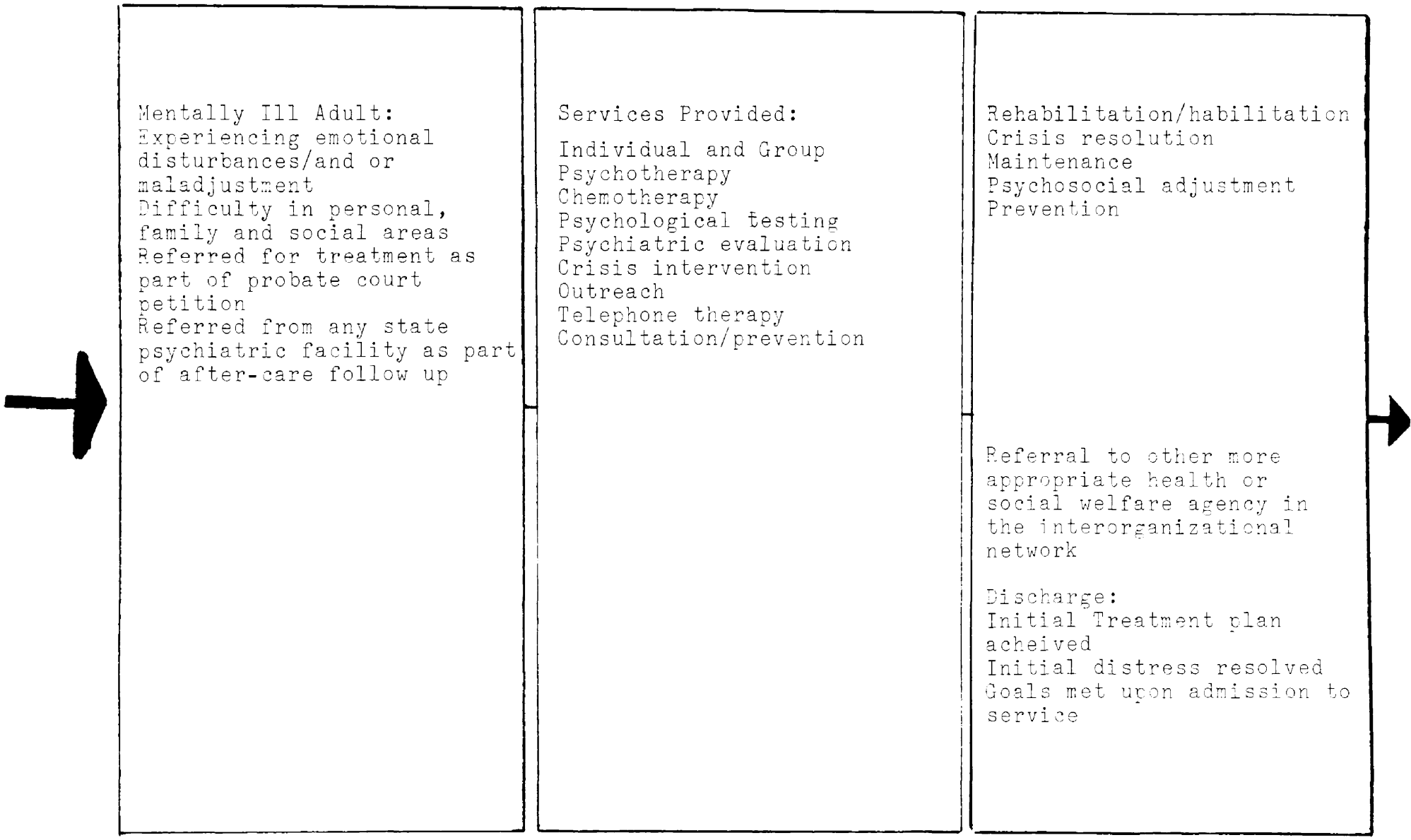
Adult Services

Flint Regional Emergency Services (F.R.E.S.)



Adult Services

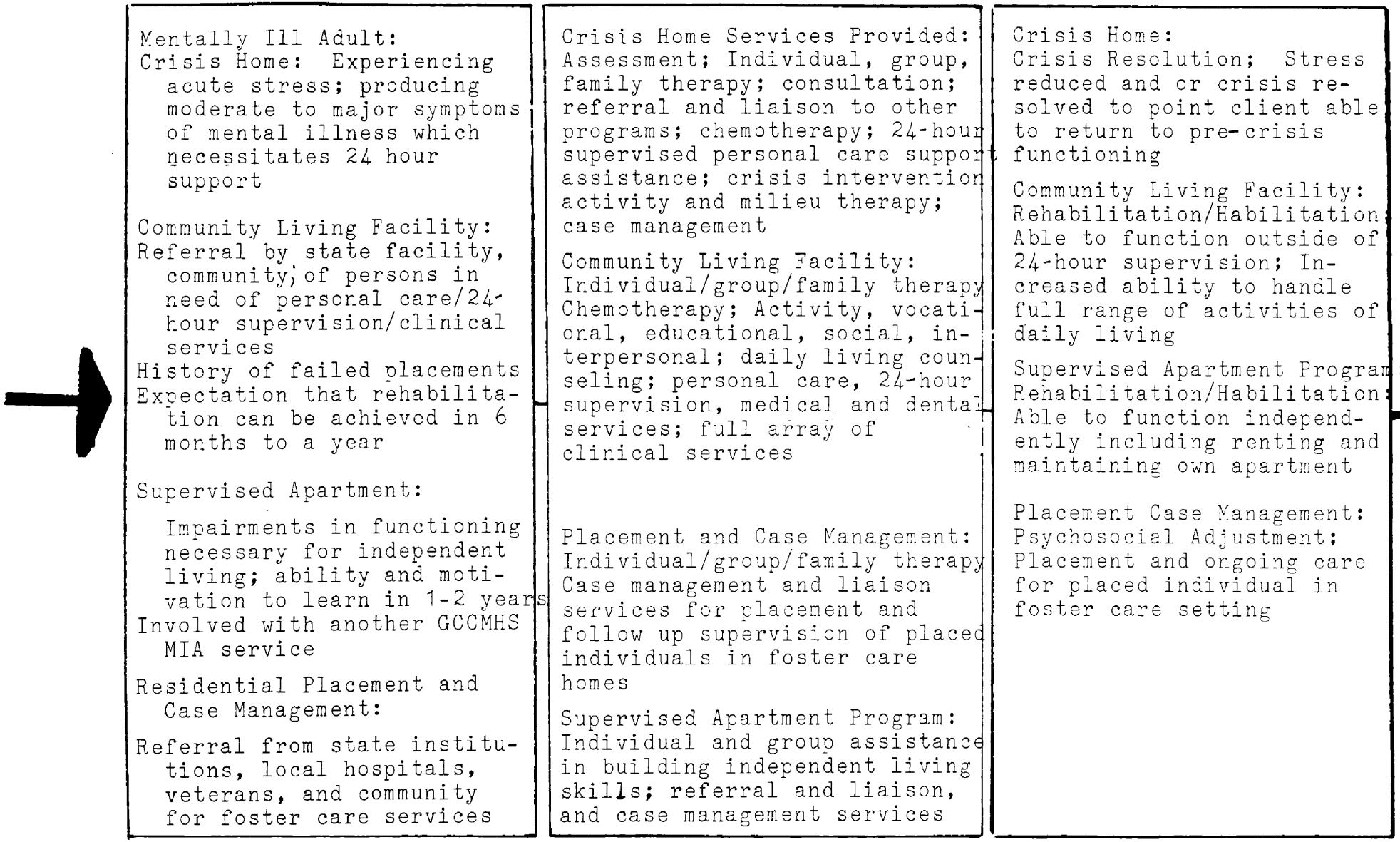
Day Treatment

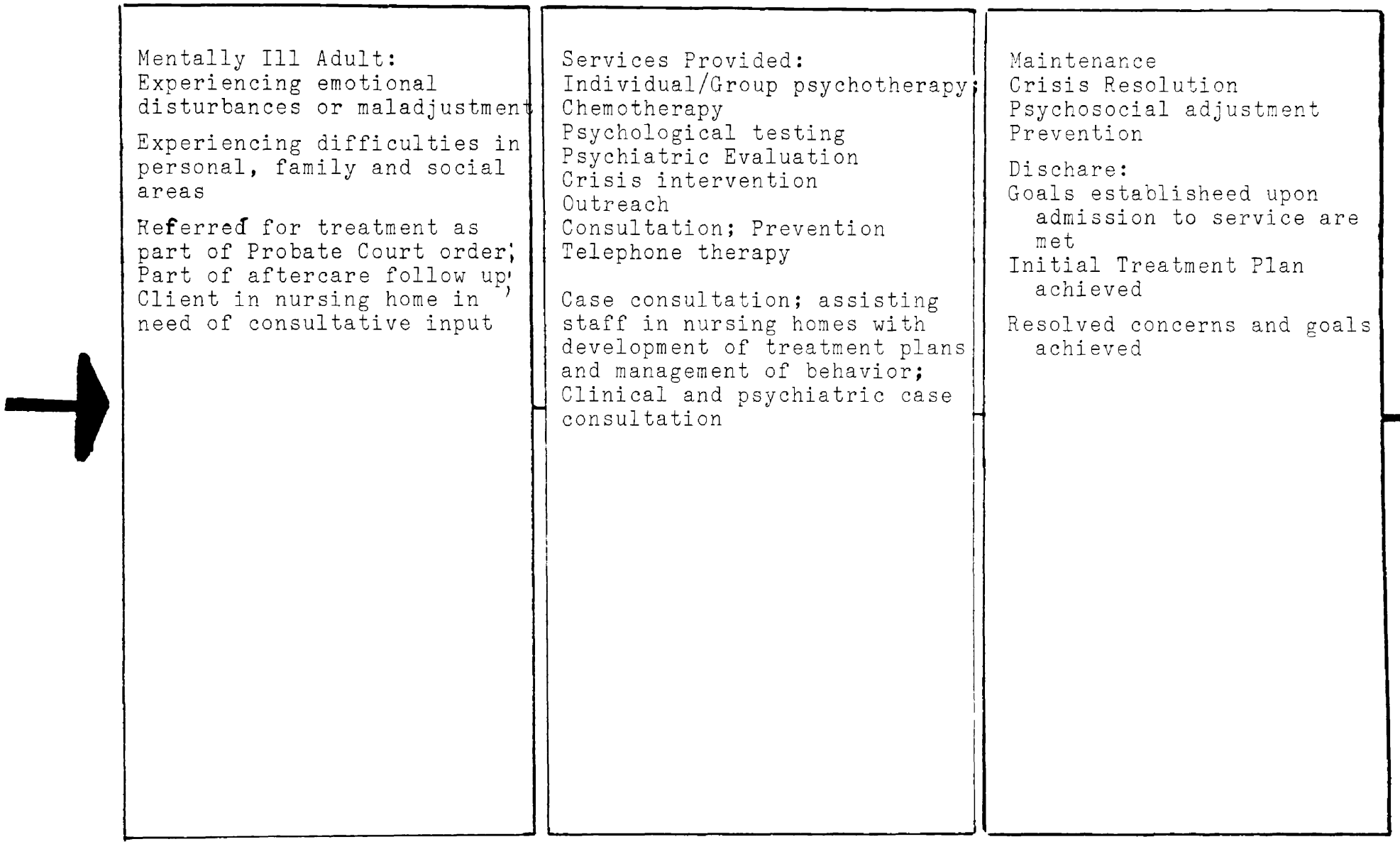


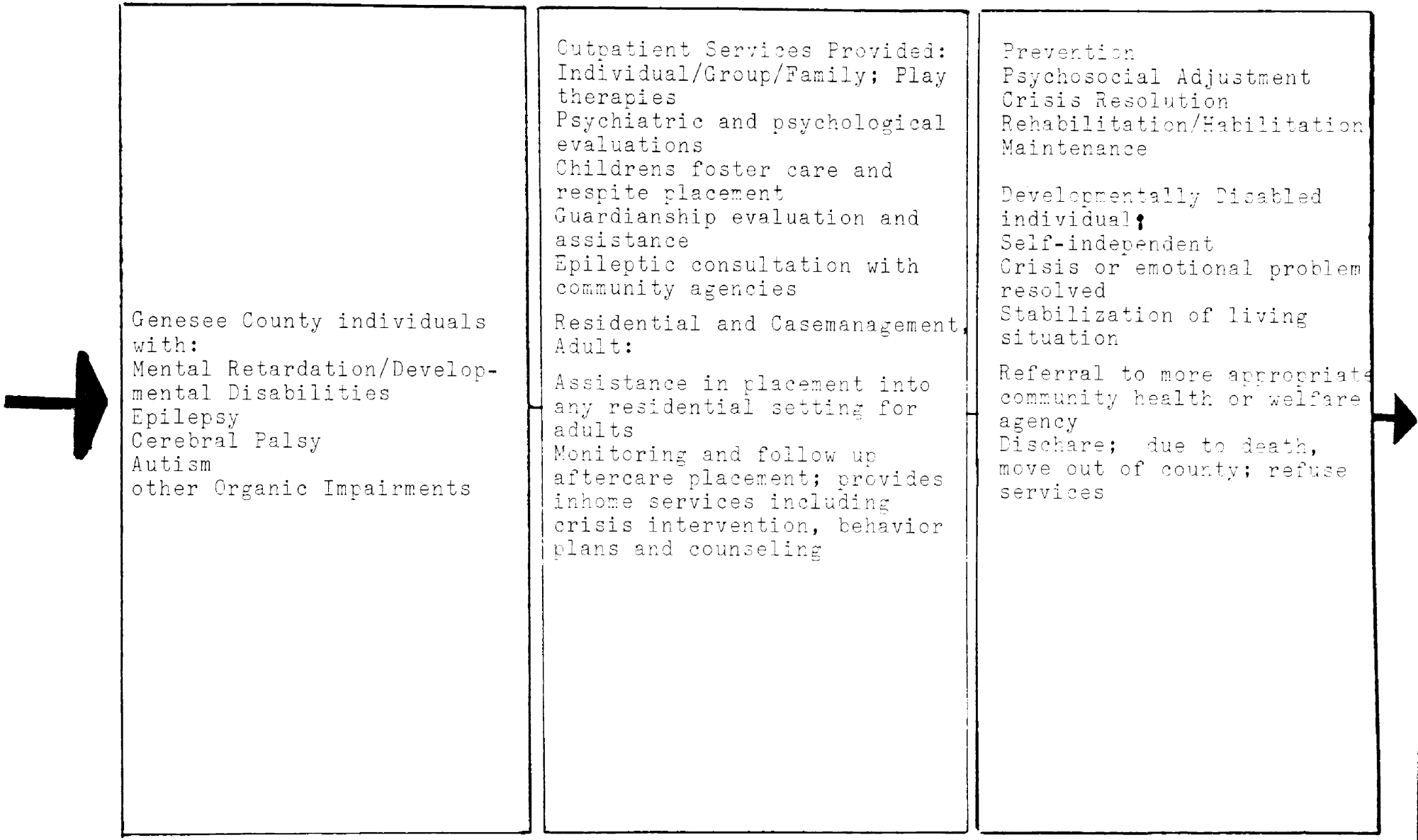
Adult Services

Sustaining and Integrative Services

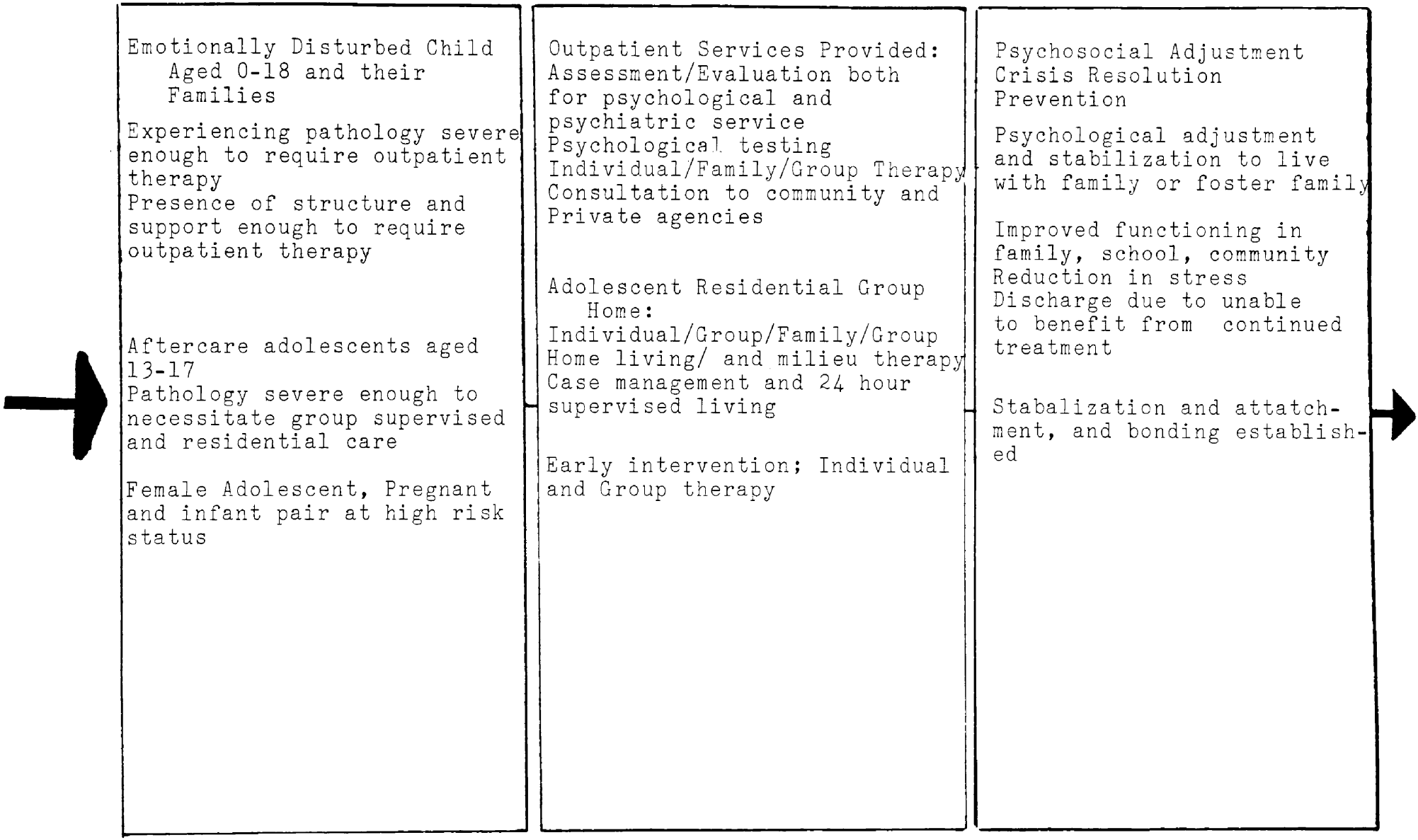
S. I. S.


Mentally Ill Adult:
Crisis Home: Experiencing acute stress; producing moderate to major symptoms of mental illness which necessitates 24 hour support
Community Living Facility:
Referral by state facility, community, of persons in need of personal care/24-hour supervision/clinical services
History of failed placements
Expectation that rehabilitation can be achieved in 6 months to a year
Supervised Apartment:
Impairments in functioning necessary for independent living; ability and motivation to learn in 1-2 years
Involved with another GCCMHS MIA service
Residential Placement and Case Management:
Referral from state institutions, local hospitals, veterans, and community for foster care services
Crisis Home Services Provided: Assessment; Individual, group, family therapy; consultation; referral and liaison to other programs; chemotherapy; 24-hour supervised personal care support assistance; crisis intervention activity and milieu therapy; case management
Community Living Facility: Individual/group/family therapy Chemotherapy; Activity, vocational, educational, social, interpersonal; daily living counseling; personal care, 24-hour supervision, medical and dental services; full array of clinical services
Placement and Case Management: Individual/group/family therapy Case management and liaison services for placement and follow up supervision of placed individuals in foster care homes
Supervised Apartment Program: Individual and group assistance in building independent living skills; referral and liaison, and case management services
Crisis Home:
Crisis Resolution; Stress reduced and or crisis resolved to point client able to return to pre-crisis functioning
Community Living Facility:
Rehabilitation/Habilitation; Able to function outside of 24-hour supervision; Increased ability to handle full range of activities of daily living
Supervised Apartment Program:
Rehabilitation/Habilitation; Able to function independently including renting and maintaining own apartment
Placement Case Management:
Psychosocial Adjustment; Placement and ongoing care for placed individual in foster care setting
Inputs
Transformation Process
Outputs
Adult Services
Residential Services

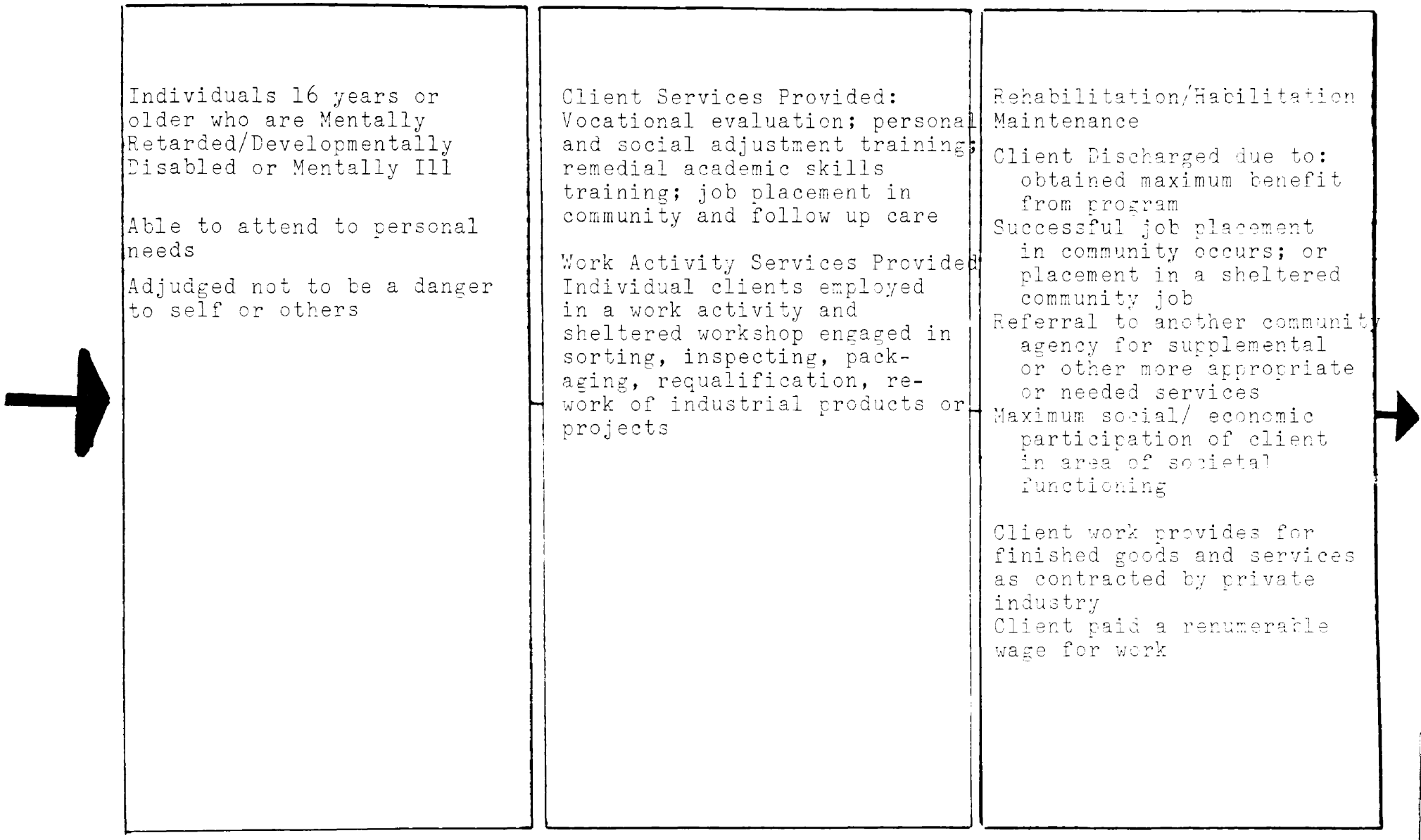

Mentally Ill Adult:
Experiencing emotional disturbances or maladjustment
Experiencing difficulties in personal, family and social areas
Referred for treatment as part of Probate Court order;
Part of aftercare follow up;
Client in nursing home in need of consultative input
Services Provided:
Individual/Group psychotherapy;
Chemotherapy
Psychological testing
Psychiatric Evaluation
Crisis intervention
Outreach
Consultation; Prevention
Telephone therapy
Case consultation; assisting staff in nursing homes with development of treatment plans and management of behavior;
Clinical and psychiatric case consultation
Maintenance
Crisis Resolution
Psychosocial adjustment
Prevention
Dischare:
Goals establisheed upon admission to service are met
Initial Treatment Plan achieved
Resolved concerns and goals achieved
Inputs
Transformation Process
Outputs
Adult Services
Outpatient Services



Developmental Disabilities



Child and Adolescent Services



Rehabilitation Services

II. Organization Set(s) Findings

Adult Services
F.R.E.S.


State Hospitals:
Ypsilanti
Clinton Valley Center
Regional Veterans Administration
Local and Community Hospitals:
Hurley
McLaren
St. Joe's
F.O.H.
Area Adult Foster Care Facilities and Providers
Area Room and Board Facilities
Genesee County Community Living Facilities
Department of Social Services:
General Assistance
Medical Assistance
Food Stamps
Emergency Needs Program
Adult Foster Care
Protective Services
Adult Services
Michigan Rehabilitation Services
Mott Adult High School
Genesee County Health Department
Red Cross
Opportunities Industrial Center
MESC
Families
Intake, Assessment and Referral Center
Community Physicians, Psychiatrists and Psychologists
YMCA
Mott Community College
Genesee County Probate Court
Genesee County Prosecutors Office
Genesee County Mental Intake Unit
Social Security Administration
(Legal Aid) Legal Services of Eastern Michigan
Rescue Mission
Salvation Army
Holy Angels Convent
Goodwill
Adult Services
Day Treatment

State Hospitals:
Ypsilanti
Clinton Valley Center
Regional Veterans Administration

Local and Community Hospitals:
Hurley
McLaren
St. Joe's
F.O.H.

Area Adult Foster Care
Facilities and Providers

Area Room and Board Facilities

Genesee County Community Living
Facilities

Department of Social Services:
General Assistance
Medical Assistance
Food Stamps
Emergency Needs Program
Adult Foster Care
Protective Services
Adult Services

Michigan Rehabilitation Services
Genesee County Food Bank
Federation of the Blind
Senior Citizens Society
Genesee County Health Department
Red Cross
National Council of Churches
Genesee County Library
Flint Public Library
Mott Community College
Mott Adult High School
Vocational Rehabilitation
Opportunities Industrial Center
MESC
Warm-Line
Safehouse
Project L.I.F.E.

Families

ɔcal Community Physicians,
Psychiatrists, and
Psychologists

Intake, Assessment and
Referral Center

Genesee County Probate Court
Genesee County Prosecutors Office
Genesee County Mental Intake Unit

Big Brothers

Flint Medical and Surgical Supply
Flint City Police Department
Genesee County Sheriff's Dept.

Social Security Administration
(Legal Aid) Legal Services of Eastern Michigan

Rescue Mission Salvation Army
Holy Angels Convent

Goodwill

Adult Services

Sustaining and Integrative Services

Adult Services

Residential

State Hospitals:
Ypsilanti
Clinton Valley Center
Regional Veterans Administration

Local and Community Hospitals:

Hurley
McLaren
St. Joe's
F.O.H.

Catholic Outreach
Department of Education:
Vocational Rehabilitation

Department of Social Services:
General Assistance
Medical Assistance
Food Stamps
Emergency Needs Program
Adult Foster Care
Protective Services
Adult Services

Detroit Rehabilitation
Institute

Area Ministers, Clergy
National Council of Churches

Area Nursing Homes

ommunity Physicians,
Psychiatrists and
Psychologists

General Motors:
AC, Buick, Chevrolet
Employee Assistance Program

enesee County Probate Court
Genesee County Prosecutors
Office
Genesee County Mental Intake Unit
Genesee County Jail

Families

Genesee County Department of Public Health

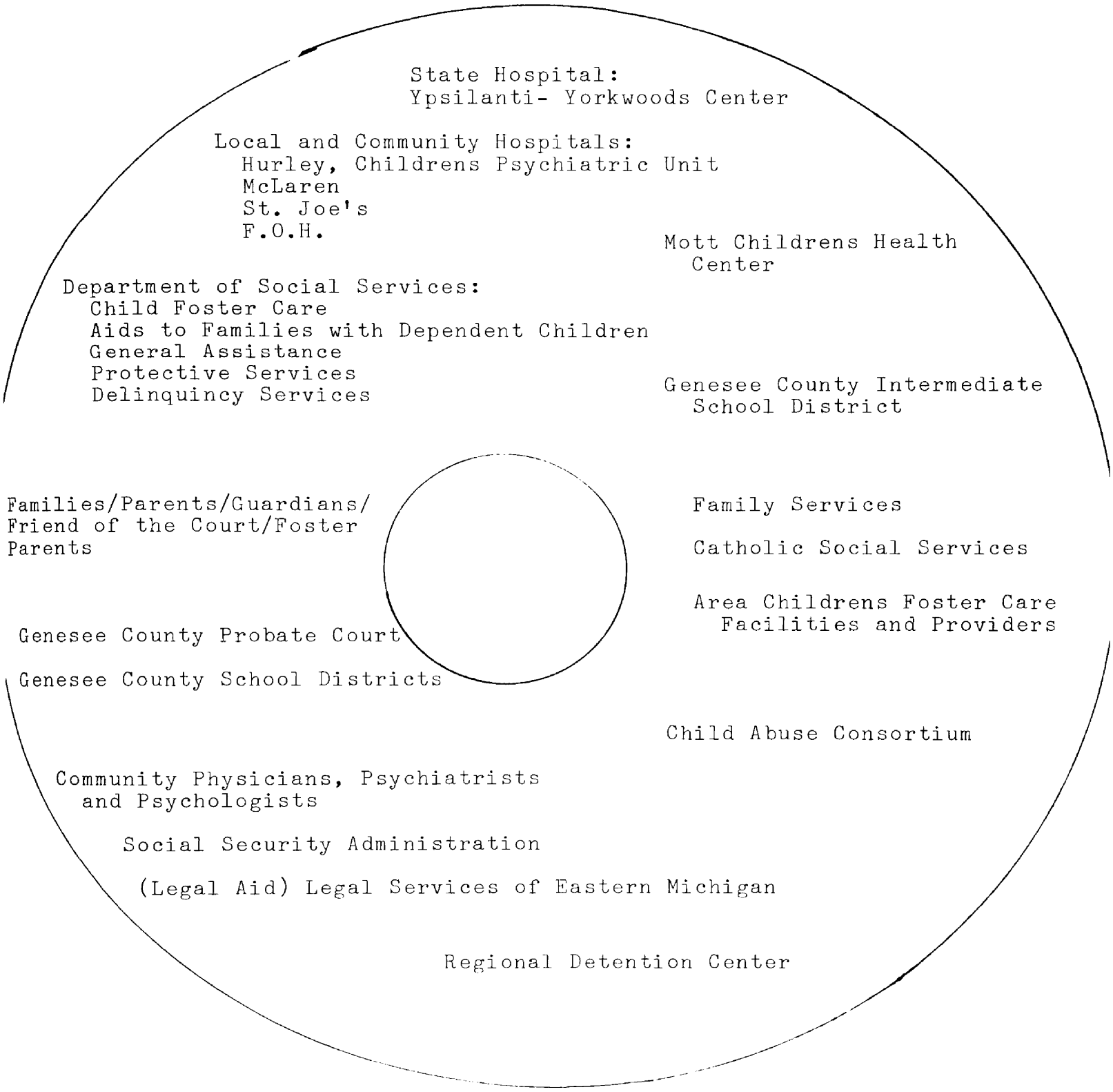
Social Security Administration
(Legal Aid) Legal Services of Eastern Michigan

Rescue Mission Salvation Army Goodwill

Holy Angels Convent

Adult Services
Outpatient Services

Developmental Disabilities



Child and Adolescent Services

Rehabilitation Services

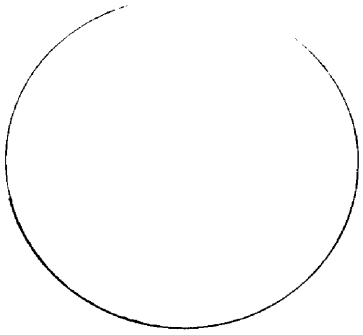
Genesee County Board of Commissioners

Mayor of Grand Blanc

General Motors

Superintendent of Flint Township

Genesee County Road Commission



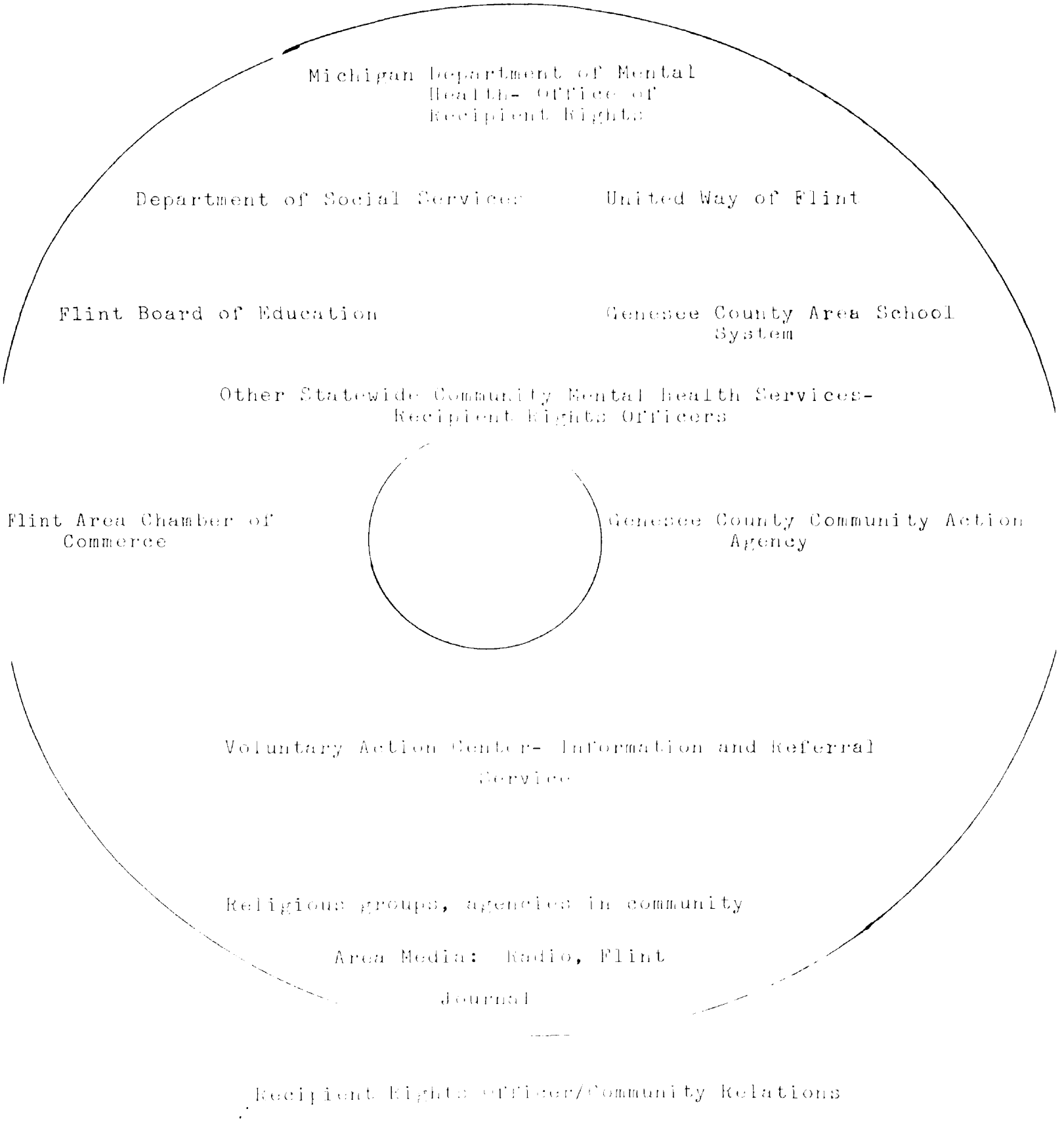
City of Flint- Office on Aging and Handicapped

Genesee County School Principal

Community at Large Representatives

Board of Directors

Executive Director

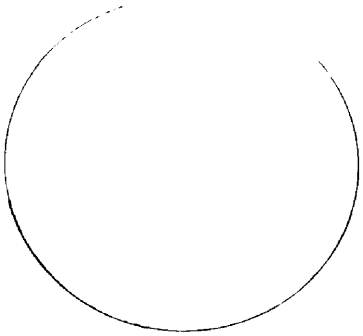

Michigan Department of Mental Health- Office of Recipient Rights
Department of Social Services
United Way of Flint
Flint Board of Education
Genesee County Area School System
Other Statewide Community Mental Health Services- Recipient Rights Officers
Flint Area Chamber of Commerce
Genesee County Community Action Agency
Voluntary Action Center- Information and Referral Service
Religious groups, agencies in community
Area Media: Radio, Flint
Journal
Recipient Rights Officer/Community Relations

Michigan Department of
Mental Health
Oakdale Regional Center For
Developmental Disabilities:
Area Manager Local Liaison for
DMH located at ORCDD

Greater Mental Health Facilities
Board

Genesee County Departments:
Payroll
Controllers
Data Processing
Motor Pool
Board of Commissioners

Auditors:
BC/BS
State of Michigan



United Way of Flint

Federal Government Offices:
IRS
OSHA

State of Michigan Offices:
Treasury
MESC

State Legislators and
Politicians

All area Vendor and Suppliers

Other MI/DD Facilities in
State of Michigan

Employee Bargaining Units
AFSCME
Teamsters

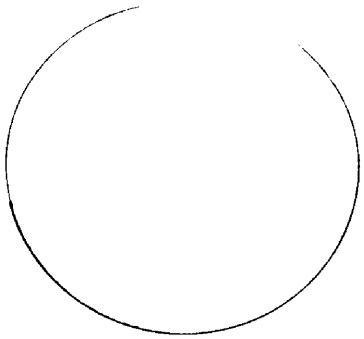
Budget and Finance
Management Services

Personnel

Administrative Support Services

Michigan Department of Mental Health :

Data Processing Department
Finance Division



United Way of Flint

Genesee County Controllers Office

National Institute of Mental Health

Biometrics

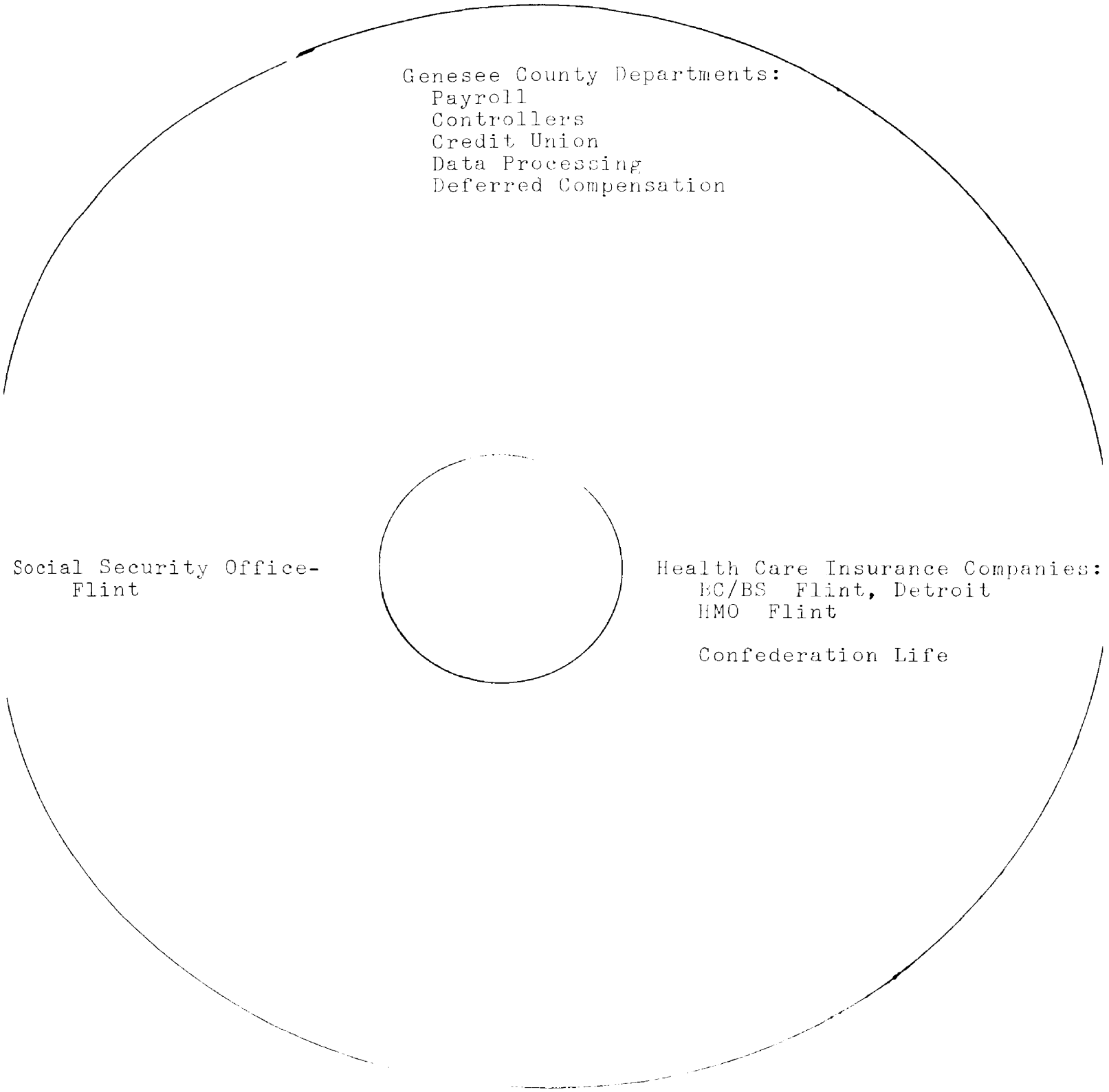
Management Services

Area Vendors and Suppliers:

American Alarm Systems
American Psychiatric Association
Beecher Peck and Lewis
Bennet Communications Systems
Best Products
Burroughs Corportation
Carlton's
City of Clio
Clark's Store Fixtures
Consultant Pharmacy
Consumers Power Company
Executone Communications Systems
Flint Lumber Company
Flint Medical and Surgical Supply
Genesee Food Bank
Genesee County Association for
Retarded Citizens
Genesee County Departments:
Controllers
Purchasing
Treasurer
Gill-Roy Hardware
Hamady, Inc.
Highland Appliance
Herlich Drug Store
Hester Evaluation System
Hurley Medical Center
I.B.M. Corporation
Kearsley Electric
Koerts Glass and Print Company
Draus Fire and Safety
Martin Business Machine
Oliver Paint Manufacturing
Otis Elevator
Physicians Desk Referance
Planned Parenthood
YMCA YWCA Zee Medical Service
Western Psychological Service
X-Press Business Forms
Ye Olde Coffee Service
O.K. Plumbing and
Heating
NuVision
Norelco Business Sytems
National Association for
Retarded Citizens
Montegomery Elevator
Modern Wholesale Drug Company
Michigan Time Recorder
Michigan Teleponies
Processing Input Equipment
The Psychological Corporation
Pitney Bowes
New York Carpet World
Ron Craig Plumbing and Heating
Schaefer's Office Supply
Schultz Printing
Shelton Shell
Sears, Roebuck and Co.
Standard Register
State of Michigan:
Federal Property Section
Department of Labor
Superindendent of Documents
SuperCity
United States
Postmaster
University of
Michigan
Victor Business
Products
Sanitary Supply
Texas Instruments
Treasurer, City
of Flint
Triarco Arts &
Crafts
Trio Drugs

Purchasing

Management Services



Payroll

Administrative Support Services


Mass Transit Authority (MTA)
Shelton Shell
Discount Tires
County Garage
Peterson Inc. Ford Dealer
Chinonois
Genesee County Association For
Retarded Citizens
Auto P. Graff
Genesee County Motor Pool
Transportation/Maintenance
Management Services

CHAPTER IV

ANALYSIS AND DISCUSSION

Analysis

GCCMHS, as a public sector community mental health organization, is an open system which interacts with and is dependent on its environment for its input and output activities and functions.

This case study finds that in a descriptive or exploratory examination of GCCMHS' organization set and boundary spanning units, relations of both a formal and informal nature can be observed between GCCMHS and other community health and social welfare agencies in its environment.

Through the initial examination of GCCMHS' input and output activities, it is found that GCCMHS is overwhelmingly dependent on its environment for the enactment of its identified business transactions and exchange relations. GCCMHS, as a discrete open system, interacts with and engages in exchange relations with a more definitive and specified set of organizations within this general health and social welfare organizational network in Genesee County.

The diagramatic scheme of the organization set identifies and presents, particular to each clinical area and management department of GCCMHS, the specific individuals/services and organizations with whom the program or department interacts with. Strikingly, examination of the

clinical program's organization sets and managerial department's organization sets finds that exchange relations are established with the environment for three transactional and functional reasons. GCCMHS clinical program's and management department's exchange relations are established with its organization set to facilitate the: 1) exchange(s) of goods and services; 2) exchange of information; and 3) enhancement of GCCMHS' position within the environmental system, for strategic reasons--for greater community acceptance; resource acquisition and disposal functions; and to maintain recognition as a viable and purposeful community mental health resource facility.

There exists a commonality of organizations utilized by all clinical programs which reflect the adjunct services/programs and organizations which are concurrently utilized by many of the clinical program areas. Agencies such as the Department of Social Services, Ypsilanti Regional State Hospital, Oakdale Regional Center for Developmental Disabilities, The Rescue Mission, Salvation Army, Goodwill, Social Security Administration, and the local hospitals (Hurley, McLaren) provide services which are supplemental to the delivery of mental health services. These agencies represent primary social welfare and health agencies in the Genesee County interorganizational network which offer financial/medical assistance type programs (Medicaid, Medicare); various forms of financial assistance programs (General Assistance, Aid to Dependent Children, Social Security Insurance); supervised housing and residential placements in Adult Foster Care Homes or specialized contract homes for the mentally ill/retarded and aged; institutionalized treatment/facilities and services which are more intensive, structured, supervised and confined for those

who can no longer be psychiatrically maintained within the community (Ypsilanti, Oakdale and local hospital psychiatric units--Hurley); and agencies which provide for the emergency food, shelter or clothing needs (Rescue Mission, Salvation Army, Goodwill, Holy Angels Convent and local room and board facilities).

In order for GCCMHS to adapt to and survive in its health and social welfare interorganizational network, rational and systematic attempts are made to assess and accommodate GCCMHS organizational needs. GCCMHS, in its organizational structure and design, provides personnel who are designated to serve as the linking mechanisms which relate GCCMHS to other services/individuals and organizations in its organization set. This case study finds consistent utilization of GCCMHS boundary personnel in its clinical program areas and its management departments. The boundary personnel have assigned to them certain organizational and environmental linking tasks and activities which are found in Tables 1 to 7 and Figures 3 to 8.

It is summarized that GCCMHS liaisons provide the following organizational adaptive functions:

1. representing the organization to its external constituents or members of its organization set;
2. scanning and monitoring environmental events as relevant to the organization;
3. information processing of changes within the organization set; changes in GCCMHS;
4. transacting and securing organizational inputs and outputs for organizational usage;
5. linking and coordinating client service delivery; enacting continuity of care principals in service delivery as the clients moves from one social system to another.

Discussion

The exploratory investigation of GCCMHS organization set and boundary spanning units finds support of the major research regarding organizational adaptation to its environment as a matter of strategic choice.

GCCMHS administrators are constrained to a degree by the uncertainty and the rapidity of changes which eminate from the members of its organization set. GCCMHS is found to be dependent, for its growth and maintenance, on the specific environment which has relevance to GCCMHS' overall functioning and operations.

For reasons of organization adaptation and survival, GCCMHS therefore expends energies, its personnel resources, to manage and control its business transactions and exchange interactions with its organization set members.

The extensive utilization of liaison personnel within GCCMHS reflects the diverse and vast array of service technologies from intensive to supportive, and organizational domain areas of GCCMHS as found in the input and output analysis diagrams.

It is essential for GCCMHS to maintain positive working relationships within its general health and social welfare interorganizational network. Very evident to the casual observer is GCCMHS' collaborative efforts that are established and maintained with its various organization set members. There also exists a general collaborative effort within this general health and social welfare interorganizational network, which has as its primary goal, the provision of continuity of care for those individuals entering the general health and social welfare network,

of which GCCMHS finds itself an integral part of.

The importance of the system-system interface network is realized in this inquiry as it serves to link other major social systems to the community mental health system of care and service delivery. Its import is evidenced in the various linkages GCCMHS has established through its formalized and contractual relationships with the state hospital system(s). These relationships have as their primary goal, to provide clear and concise mechanisms for each party, per written contract, for assurances that clients do not fall "between the cracks" of the two systems of mental health care: the community system and the state hospital system.

For the most part, GCCMHS relies on its individual boundary spanning personnel, per program or management area, to informally establish and maintain recognized and reciprocal voluntary linkages between major programs and departments of GCCMHS and its organization set members. This represents a conscious and planned decision by GCCMHS administrators to provide for a collaborative mental health as well as a general health and social welfare interorganizational network. It is suggested that this will provide and establish the practice of continuity of care for an individual entering the mental health as well as the general health and social welfare human services system or network.

The understanding of the general and specific environment in which one community mental health organization is situated and operates is essential in both theory and practice and is addressed in this exploratory investigation of a community mental health organization and its environmental relationships and linkages.

Theoretically, the major research suggests, in a normative approach, how an open system, a human service community mental health organization, should be operating in its environment. Theoretically, the open systems perspective emphasizes that the effectiveness and survival of an organization, such as GCCMHS, is dependent upon its ability to function as an "open system" and therefore must maximize its interaction patterns with its environment. This is done by an organization in order to secure its input and output activities and for strategic reasons, to enable optimum and rational decision-making under conditions of uncertainty. This would , as research suggests, enable decision-making to occur on a proactive rather than reactive basis.

This case study provides a practical application of the manner in which one open system, the community mental health organization, appears to operate and function within its environmental setting.

The findings of this case study conclude that GCCMHS is situated and dependent on its organization set members for a totality of its resources, supplies, activities and discharge functions. This case study also finds that qualitatively, there exists a complex and interdependent set of relationships and exchanges which characterize the range and pattern of GCCMHS relations with its specific environment or organization set.

As theory posits and case study findings conclude, the mental health administrator, unlike general health care administrators, must reckon with multitudes of interdependent services/programs and organizations which provide piecemeal services (i.e., GCCMHS--mental health services in addition to DSS for foster care placement, for Medicaid

assistance and for General Assistance) to individuals who exist within the general health and social welfare interorganizational network.

GCCMHS operationally requires a coordinated method of integrating its vast array of service domains and technologies to those who are requiring or requesting services. GCCMHS also must find ways and establish mechanisms to integrate its mental health services into the general interorganizational network in a responsive and efficient manner. GCCMHS and its relationships with the other major social systems; judicial, criminal justice and general and state hospitals indicate this system-system interface trend and its general collaborative tone.

Systems research is important due to its general usage of environmental descriptors which can be illustrative of general system trends and interactions. This case study is not without its limitations however examined. As cited earlier, this is an exploratory investigation of one focal organization as situated within its interorganizational network. The exploratory investigation and case study methodology realizes its qualitative deficiencies and approaches as applicable to its generally stated findings and suggested outcomes. This results in subjective, rather than objective or quantifiable data. This weakness is a practical limitation of this study and therefore this study focuses on the normative model of interpreting theory expectation to perceived appearance of organizational operations and its general environmental relationships as currently found to be engaged in by the focal organization.

Systems research, as advanced from this study in this particular area, can have practical usage in future applications for mental health

administrators for various planning functions and for evaluation models and processes. Systems research allows for model construction and experimentation. This would provide valuable information, if so desired, for a particular organization, such as the community mental health organization.

The importance of community mental health's planning and evaluation functions are becoming more important for organizational adaptation and survival in the 1980's. The 1980's are recognizing an austere resource scarcity, which requires administrative flexibility and a high degree of technical management competencies to meet these changing environmental demands of the 1980's.

As public sector organizations, community mental health organizations must be knowledgeable of and sensitive to both micro and macro patterns of interactions and exchanges which exist in the overall environmental system. Understanding resource dependencies and the identification of members of the organization set is only a beginning, which is the intent of this inquiry.

BIBLIOGRAPHY

Adams, J. Stacy. "The Structure and Dynamics of Behavior in Organization Boundary Roles." In The Handbook of Industrial and Organizational Psychology, ed. by M.D. Dunnette, pp. 1175-99, Chicago: Rand-McNally, 1976.

Atwood, Robert. Recipient Rights Officer/Community Relations, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 4 March 1983.

Barnes, William. Services Director, Developmental Disabilities, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 25 February 1983.

Barton, Walter E., M.D. and Barton, Gail M., M.D. Mental Health Administration Principles and Practices, Vol. 1 and 2. New York: Human Services Press, Inc., 1983.

Beggs, Helen. Service Director, Child and Adolescent Services, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 7 March 1983.

Benson, J. Kennedy. "The Interorganizational Network as a Political Economy." Administrative Science Quarterly 20, No. 2 (June 1975): 229-249.

von Bertalanffy, L. "The Theory of Open Systems in Physics and Biology." Science 111:23-29.

Blau, P.M. and Scott, W.R. Formal Organizations. San Francisco: Chandler, 1962.

Borus, Jonathan F., M.D. "Issues Critical to the Survival of Community Mental Health." The American Journal of Psychiatry 135, No. 9 (September 1978):1029-1035.

Brown, Warren B. and Moberg, Dennis J. Organization Theory and Management A Macro Approach. New York: John Wiley and Sons, 1980.

Buterakas, Gust. Work Services Director, Rehabilitation Services, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 18 February 1983.

Carmichael, Sharon. Therapist, Flint Regional Emergency Services, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 25 February 1983.

Child, J. "Organizational Structure, Environment and Performance: The Role of Strategic Choice." Sociology 6 (1972):2-21.

Dill, William R. "Environment as an Influence on Managerial Autonomy." Administrative Science Quarterly 2 (1958):409-43.

Dillworth, Wendy D. Service Director, Rehabilitation Services, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 17 February 1983.

Emery, Fred E. and Trist, Eric L. "The Causal Textures of Organizational Environments." Human Relations 18 (1965):21-32.

Etzioni, Amitai. A Sociological Reader on Complex Organizations, 2nd ed. New York: Holt, Rinehart and Winston, Inc., 1969.

Evan, William M. "The Organization-Set: Toward a Theory of Inter-organizational Relations." In Organizational Theory Structures, Systems, and Environments. New York: John Wiley and Sons, 1976.

Feldman, Saul. The Administration of Mental Health Services, 2nd ed. Springfield, Illinois: Charles C. Thomas, 1981.

Genesee County Community Mental Health Services. Budget Plan FY 1980-81. Flint, Michigan.

Genesee County Community Mental Health Services Board. "By laws" as approved by the Board of Directors, July 26, 1978, pp. 32-35.

Gerth, H. and Mills, C. Wright, eds. From Max Weber: Essays in Sociology. Oxford: Oxford University Press, 1946.

Glisson, Charles A. "Dependence of Technological Reorganization on Structural Variances in Human Service Organizations." Administrative Science Quarterly 23 (September 1978):385-395.

Goldman, Howard H., M.D. "Integrating Health and Mental Health Services: Historical Obstacles and Opportunities." American Journal of Psychiatry 139, No. 5 (May 1982):616-620.

Gooch, Michael. Liaison, Adult Services, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 7 March 1983.

Gueverra, Pete. Transportation/Maintenance Manager, Management Services, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 17 February 1983.

Hall, Richard. Organizations Structure and Process. Englewood Cliffs, N.J.: Prentice-Hall, 1972.

Harris, Sydney. Purchasing Clerk, Management Services, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 17 February 1983.

Hasenfeld, Yeheskel and English, Richard A. Human Service Organizations. Ann Arbor, Michigan: The University of Michigan Press, 1974, Introduction 1-14.

Heller, Arthur. Executive Director, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 9 March 1981.

Hodge, B.J. and Anthony, William P. Organizational Theory An Environmental Approach. Boston: Allyn and Bacon, Inc., 1979.

Jacobs, D. "Dependency and Vulnerability: An Exchange Approach to the Control of Organizations." Administrative Science Quarterly 19 (March 1974):45-59.

Katz, D. and Kahn, R.L. The Social Psychology of Organizations. New York: John Wiley and Sons, Inc., 1966.

Leifer, Richard and Debecq, Andre. "Organizational/Environmental Interchange: A Model of Boundary Spanning Activity." The Academy of Management Review 3, No. 1 (January 1978):40-50.

Levine, Sol and White, Paul E. "Exchange as a Conceptual Framework for the Study of Interorganizational Relationships." Administrative Science Quarterly 6 (1960):583-601.

MacPherson, Sue. Personnel Assistant, Management Services, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 17 February 1983.

Marmor, Judd, M.D. "Relationship Between Systems Theory and Community Psychiatry." Hospital and Community Psychiatry 26, No. 12 (December 1975):807-811.

Matthews, Jerrilyn. Therapist, Sustaining and Integrative Services, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 25 February 1983.

McCord, William T. "From Theory to Reality: Obstacles to the Implementation of the Normalization Principle in Human Services." Mental Retardation 20, No. 6 (December 1982):247-253.

Michelman, David. Program Chief, Adult Services, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 4 February 1983.

Michigan Department of Mental Health. Standards for Michigan Community Mental Health Services. Lansing, Michigan, July 1976.

Miles, Robert H. Macro Organizational Behavior. Santa Monica, Calif.: Goodyear Publishing Company, 1980.

Mills, Peter K. and Marguilies, Newton. "Toward a Core Typology of Service Organizations." Academy of Management Review 5, No. 2 (1980):255-265.

Mills, Peter K. and Moberg, Dennis J. "Perspectives on the Technology of Service Organizations." Academy of Management Review 7 No. 3 (1982):467-478.

Mosley, Marianne. Genesee County Community Mental Health Nurse, Community Services, Oakdale Regional Center for Developmental Disabilities, Lapeer, Michigan. Interview, 25 January 1983.

Nordstrom, Sandy. Payroll Supervisor, Management Services, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 17 February 1983.

Organ, Dennis W. "Linking Pins Between Organizations and Environment." Business Horizons (December 1971):73-80.

Reynolds, Elizabeth V. and Johnson, J. David. "Liaison Emergence: Relating Theoretical Perspectives." Academy of Management Review 7, No. 4 (October 1982):

Salancik, G.R. and Pfeffer, J. "The Bases and Use of Power in Organizational Decision-Making: The Case of a University." Administrative Science Quarterly 19 (December 1974):453-73.

Schafritz, Jay M. and Hyde, Albert C., eds. Classics of Public Administration. Oak Park, Illinois: Moore Publishing Company, Inc., 1978.

Scott, W. Richard. Organizations, Rational, Natural and Open Systems. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1981.

Shaw, George. Psychotherapist, Outpatient Services, Genesee County Community Health Services, Flint, Michigan. Interview, 25 February 1983.

Simon, Julian L. Basic Research Methods in Social Science The Art of Empirical Investigation. New York: Random House, 1969.

Smith, David. Therapist, Day Treatment, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 18 February 1983.

Smith, Larry. Finance Officer, Management Services, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 18 February 1983.

Snow, Charles C. and Miles, Raymond. Organizational Strategy, Structure, and Process. New York: McGraw Hill Book Company, 1978.

Solomon, Suzanne. Rehabilitation Counselor, Rehabilitation Services, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 17 February 1983.

Sutherland, Mary. Senior Level Clinician, "Jail Liaison," Outpatient Services, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 10 March 1983.

Terreyberry, Shirley. "The Evolution of Organizational Environments." Administrative Science Quarterly 12 (1968):590-613.

Thompson, Don. Biometrics, Management Services, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 17 February 1983.

Thompson, James D. Organizations in Action. New York: McGraw-Hill Book Company, 1967.

Vance, Anna. "Executive Director's Secretary," Genesee County Community Mental Health Services, Flint, Michigan. Interview, 22 March 1983.

Zald, Mayer and Wamsley, Gary. The Political Economy of Public Organizations. Lexington: D.C. Heath and Company, 1973.

Zey-Ferrell, Mary. Dimensions of Organizations, Environment, Context, Structure, Process, and Performance. Santa Monica, Calif.: Goodyear Publishing Company, 1979.

Zielinski, Priscilla. Placement Case Manager, Residential, Genesee County Community Mental Health Services, Flint, Michigan. Interview, 25 February 1983.