

Between Planning and Implementation:

Nelson House Medicine Lodge

Strategic Planning Process

by Theresa Yetman

A Practicum Report

Submitted to the Faculty of Graduate Studies

In Partial Fulfillment of the Requirements

for the Degree of

MASTER OF SOCIAL WORK

Faculty of Social Work

University of Manitoba

Winnipeg, Manitoba

(c) APRIL 2000



National Library
of Canada

Acquisitions and
Bibliographic Services

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque nationale
du Canada

Acquisitions et
services bibliographiques

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence

Our file Notre référence

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-51822-1

Canada

**THE UNIVERSITY OF MANITOBA
FACULTY OF GRADUATE STUDIES

COPYRIGHT PERMISSION PAGE**

**Between Planning and Implementation:
Nelson House Medicine Lodge Strategic Planning Process**

BY

Theresa Yetman

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree
of
Master of Social Work**

THERESA YETMAN © 2000

Permission has been granted to the Library of The University of Manitoba to lend or sell copies of this thesis/practicum, to the National Library of Canada to microfilm this thesis/practicum and to lend or sell copies of the film, and to Dissertations Abstracts International to publish an abstract of this thesis/practicum.

The author reserves other publication rights, and neither this thesis/practicum nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

Abstract

Literature reveals the importance of assessing actual program operations which has been underscored in a large number of studies that have appeared over the past two decades. Studies show significant discrepancies can exist between the design/intended outcomes of a program and its actual implementation (Mayne & Hudson (1992, p 13). Patton (1986) makes the same observation inasmuch as it is important to know the extent to which a program is effective after it is properly implemented, but to answer that question, it is first necessary to know the extent to which the program was, indeed, properly implemented (p 125).

This issue was faced at the Nelson House Medicine Lodge (NHML) a northern Manitoba NNADAP Treatment Centre. In this setting, several years of annual strategic planning exercises were observed to have mixed success in terms of actual implementation. This practicum explored the phenomenon of “slippage” between planning and implementation within the NHML. The central question asked was “what factors contribute to or inhibit the implementation of strategic plans?” The question was applied to four agency goals identified in the strategic planning process. This is their story. Evaluation findings point to five chief determinants of successful implementation of strategic planning, all of which have some support in the literature. They are: (1) a training component, using internal and external expertise for delivery; (2) the involvement and commitment of staff; (3) team meetings, team effort and interagency networking; (4) progress monitoring and accountability; and (5) staff performance.

Acknowledgments

The completion of this practicum report would not have been possible without the contributions of many people. Let me start by expressing my deepest thanks to my favorite and special people in my life. My partner and soul mate Roose ta Goose, I really appreciated your support in easing my work but what I appreciated the most is you taking the time to edit my work. You have excellent writing skills. My sons, Kenny and Shane Braun, have inspired me to work hard and do well. My mother Clara Yetman has been very inspirational with her unconditional love, believing in me and encouraging me to get educated.

I would like to acknowledge and thank the board of directors and staff of the Nelson House Medicine Lodge who have been whole heartedly supportive in this whole process (Marie, Jerry, Judy, Clara, Marilyn, Lydia, Raymond, Lloyd, Shelley, Barb, Ed, Cheryl, Sarazine, Christy). Thank you to those who have trusted me in agreeing to participate in this evaluation. Thank you to the board of directors (Henry, Madelaine, Wellington and Laurel) for granting me a leave of absence from work which supported me in the completion of this project. Thank you to each and everyone of you for your patience and for bearing with me to work on this project. Without your support this would not have been possible.

Finally, I must offer my heartfelt thanks to my committee members; my academic advisor Pete Hudson, my friend and colleague Michael Hart and Kris Breckman. Pete has been very patient with me in working through the barriers that confronted me, including procrastination in completing this project. During times of uncertainty Pete made himself

available to discuss many issues with me. One meeting that was most memorable was when he “put his foot down.” That was all I needed to motivate me to finish this task. I also appreciate his efforts to research areas related to aboriginal people that increases knowledge on issues confronting aboriginal people. For this reason I have selected you to be my advisor. I much appreciated Michael’s willingness to help and make my work easier. He would take the time to explain essential aspects of the work involved with the evaluation process which helped me through the tough times in my efforts to put my proposal together and to begin reporting my findings. I appreciated Kris’ knowledge and experience in policy development and management and his very accommodating nature. He was able to conceptualize tasks in a manner that made my work as a manager easier.

TABLE OF CONTENTS

Abstract	i
Acknowledgments	ii
Table of Contents	iv
CHAPTER 1: INTRODUCTION	
Preamble	1
Statement of Intent	4
Evaluation Approach	5
CHAPTER II: LITERATURE REVIEW	
Introduction	8
Program Evaluation	
Overview	8
Classes of Evaluation	10
Evaluation Approaches	11
Strategic Planning	
Overview	13
Strategic Planning Approaches	14
Implementation Issues	17
CHAPTER III: EVALUATION DESIGN	
Introduction	27
Setting	27

Rationale for Design	28
The Evaluator's Role	28
Participants and Informants	30
Data Collection Procedures	31
Data Analysis	32
Limitations	34
Summary	36

CHAPTER IV: RESULTS OF EVALUATION

Introduction	38
To develop a Comprehensive Policy Manual	39
Why it Is Important to Implement Plans	39
Factors That Contribute to the Implementation of Strategic Plans	39
Factors That Inhibit the Implementation of Strategic Plans	42
The Impact of Plans Not Implemented or Implemented	45
The goal is to enhance the administrative functions of the organization	46
Why it Is Important to Implement Plans	46
Factors That Contribute to the Implementation of Strategic Plans	47
Factors That Inhibit the Implementation of Strategic Plans	51
The Impact of Plans Not Implemented or Implemented	56
The goal is to enhance the treatment program	58
Why it Is Important to Implement Plans	58

Factors That Contribute to the Implementation of Strategic Plans	64
Factors That Inhibit the Implementation of Strategic Plans	68
The Impact of Plans Not Implemented or Implemented	75
The goal is to enhance the prevention program.	77
Why it Is Important to Implement Plans	77
Factors That Contribute to the Implementation of Strategic Plans	79
Factors That Inhibit the Implementation of Strategic Plans	82
The Impact of Plans Not Implemented or Implemented	84
Summary	85
 CHAPTER V: FURTHER REFLECTIONS	
Introduction	87
Tables 1-10	88-102
Discussion on Reflections	103
Discrepancies Discovered in Findings	117
Summary	119
 CHAPTER VI: CONCLUSIONS	
Introduction	121
Difficulties and Limitations	121
What I learned	122
How I would Do Things Differently	123
How This Organization's Experience Applies to Other Organizations	126
Implications for Human Service Organizations	127

Implications for Education	129
Summary	130
Appendices	
Appendix A: Semi-Structured Interview Guide	131
Appendix B: Standard Document Review	138
Appendix C: Memo to participants	140
Appendix D: Memorandum of Understanding	141
References	142

CHAPTER I: INTRODUCTION

Preamble

Management is an extremely challenging profession. This profession demands a manager to demonstrate a wide range of knowledge, skills and abilities to carry out the many responsibilities that ensure the best interests of an organization. One of my biggest challenges was to provide leadership for an organization. Through my experiences, I have learned to make decisions based on principles acquired through life experience and my social work profession. One of the principles I employed to guide me in my decision making was not to make major decisions respecting improvements to the organization's programs without consulting key stakeholders of the organization. This guiding principle compelled me to ensure I conferred with significant others because such improvements took a team effort. Should I not follow this principle, not only do I run the risk of being severely reprimanded, but also, I alone would have to take full responsibility for any negative consequences resulting from my decisions.

In the earliest phase of my employment as a manager at the Nelson House Medicine Lodge, my initiation entailed an orientation to this new and challenging role, especially how I might interact and relate to the board of directors. Since the board did not receive any training on their role as a board, it was mutually beneficial to both parties to institute board training for the board of directors. This training greatly assisted myself and the board in understanding our respective roles.

My next challenge was to address the desire for interaction between the board and staff as a whole for the purpose of exploring and sharing all stakeholders' ideas for

improvements to the organization. After the board received their training, I organized the first of many board and staff strategic planning workshops to establish goals and plans to improve the overall operations of our centre. The board and staff each had their own ideas concerning improvements to the organization and these sessions brought key stakeholders together to discuss their ideas. The purpose of the strategic planning sessions included:

- ◆ to share individual ideas leading to improvements in the organization;
- ◆ to provide an opportunity for both the board and staff to share their feelings and opinions respecting the organization;
- ◆ to provide an opportunity for interaction between the board and staff; and
- ◆ to foster a team effort and share responsibility in establishing and prioritizing organizational goals.

Strategic planning focused on strengths, weaknesses, opportunities and threats.

From this review, short term and long term goals were established as well as plans to achieve these goals. The costs associated with these plans and who would assume the responsibility to carry out the plans in a given time frame were fundamental components of strategic planning sessions. The Finance Administrator then incorporated the costs for carrying out the planned goals into next year's fiscal budget. This information was then presented to the board for their review and approval.

Over the past four years a lot of the board and staff's time, energy and effort was put into the strategic planning. Both the board and staff have vital roles in the organization (Gelatt, 1992). The board is ultimately responsible for the welfare and effectiveness of the entire organization, and is answerable to the community and funding

agency for what the organization does and for how it does it (Howe, 1997). Staff are equally important members as their work determines to a large extent, the success of programs and services. Staff are responsible for providing direct services to the clients and their work commands a deep sense of personal commitment plus a wide range of skills, knowledge and abilities.

At the time this evaluation was conducted, the board and staff were in their fifth year of coming together in a strategic planning forum to discuss the future direction of the organization. The first 2-3 years of the strategic planning sessions gave rise to changes that were positive and acceptable as immediate concerns were readily addressed. The board and staff were fairly consistent in following through on the goals and plans they had established during these strategic planning sessions and plans were tended to with a certain amount of enthusiasm. But not all sessions were so positive.

The latest strategic planning seminar brought changes staff did not accept or appreciate. I had come to realize strategic planning had reached a stage of uncertainty as some of the more important plans were not being implemented. It was particularly difficult to measure the implementation of those plans directly related to improving services to our clientele. In other words, some plans were adequately implemented while others were not. An important question for me as a manager was what caused certain plans to be implemented while others were simply ignored or left unattended? Yet, my role with the organization compelled me to ensure the plans to achieve goals established at our annual board and staff strategic planning sessions were properly implemented.

Because strategic planning is inextricably interwoven with the entire process of

management (Steiner, 1979, p vii), management is responsible to ensure that planning takes place and that it is done well (Howe, 1997, p 13). Both the executive branch of the organization and its staff are stewards of the board inasmuch as they carry out what the board determines the organization will be and do (Howe, 1997, p 15).

Strategic planning usually elicits changes in the organization and its' people and too often this is a task of momentous proportions. We are dealing with momentum, attitudes, skill levels, perceptions and established patterns. People tend to cling to old views, old ways, old habits. Old ways and habits are hard to change (Covey, 1991, p 218).

It was extremely difficult to accurately gauge the level of board and staff commitment to follow through on jointly established plans and to know to what extent plans were properly implemented, especially those plans intended to improve services to our clients. Patton (1986) emphasizes that it is important to know the extent to which a program is effective after it is properly implemented. But to answer the question of effectiveness upon proper implementation, it is first necessary to know the extent to which the program is, if at all, being properly implemented (p 125). A key aspect of my evaluation then was to address the practical issues involved with the implementation of the organization's strategic plans.

Statement of Intent

This evaluation was not only intended to assist me to learn how to conduct a program evaluation, but also to make a contribution to the stakeholders of the organization participating in the evaluation such that it would provide feedback to strengthen the implementation of plans to improve services. Strategic planning is

inextricably interwoven into the entire process of organizational management. It is a significant management technique which, if conscientiously implemented, can direct the organization towards a desired future state of being. It was critical that all organizational stakeholders understand the extent to which satisfactorily implemented strategic plans can enhance organizational culture and well-being or how the contrary effect might result from unsatisfactory implementation of organizational strategic plans. The purpose of this evaluation on the *implementation* of organizational strategic planning was to discover “What factors contribute to or inhibit the implementation of strategic plans?”

Evaluation Approach

Michael Patton (1986) presented implementation evaluation as a useful and appropriate method to evaluate the implementation of strategic planning. Implementation evaluation was a useful framework as a guide to find out if the strategic planning had all of its parts (elements); if the parts were functional; and, if strategic planning was operating as it was supposed to be operating. This approach was useful, in essence, to find out what was actually happening with the implementation of the strategic plans, who was participating, what staff do, the participants experiences, what was working and not working?

This theoretical framework focused on five areas of the evaluation; none mutually exclusive. These five areas included effort, process, program components, treatment specification and program monitoring. The first area, effort, concerns the evaluation of participants’ effort where quantity and quality of activities towards a goal were considered as key aspects of achieving that goal. Therefore, participants’ input or energy into the total

strategic planning process, from decision making to implementing the strategic plans, would be the foci of the evaluation rather than solely focusing on the output or results of strategic plans.

The second area, process, focused on evaluating the internal dynamics of the organization and the actual operation in an attempt to understand its strengths and weaknesses. This segment of the evaluation attempted to find out why certain things were happening, how parts of the strategic plans fit together and how participants perceived strategic planning. It also allows for an analysis of the process whereby determinations can be made about whether or not strategic planning *alone* produces the results that it does.

The third area, component, involved a formal assessment of the distinct components of strategic planning. Strategic planning can be conceptualized as consisting of separate operational efforts that may be the focus of a self-contained implementation evaluation. For this evaluation components included treatment, prevention, maintenance, kitchen, administration, and management.

The fourth area evaluated focused on treatment specification which involved identifying and measuring precisely what it was about strategic planning that was supposed to have an affect. What plans were expected to make a difference? How were program goals supposed to be attained? What theory do program staff have about what they have to do in order to accomplish the results they want? This approach to implementation evaluation reveals the causal assumption undergirding program activity .

The fifth area, program monitoring was an area of specialization within the

evaluation. An important way of monitoring program implementation over time is to establish a management information system. This provides routine data on client intake, participation levels, program completion rates, case loads, client characteristics and program costs. The development of such a routine data collection system had to be approached with special attention to questions of use and problems of managing management information systems.

Overall, the implementation evaluation seemed appropriate to use as a theoretical framework in evaluating the implementation of strategic plans. The five areas of implementation evaluation were not mutually exclusive, any one, two or three or indeed all areas of implementation evaluation approaches could be employed at any given time (p 138-142).

Chapter II: LITERATURE REVIEW

Introduction

Mayne & Hudson's (1992) emphasis on the importance of assessing actual program operations has been underscored by a large number of studies showing significant discrepancies that exist between a program's original design and the way it actually operates when implemented (p 13). Since the evaluation is intended to make the most sense of the practical issues involved with the implementation of strategic planning, the literature review will focus on three topics: program evaluation, strategic planning and implementation issues. The program evaluation review will define evaluation, provide reasons for conducting an evaluation and an overview of different evaluation approaches. There is no single evaluation approach so it is critical that an evaluation is clear on its specific purpose, otherwise difficulties in design and evaluation products will ensue. The review of strategic planning will define strategic planning, discuss the benefits of strategic planning and provide an overview of strategic planning models. The review on implementation issues gives an overview of organizational models which are essential components to analyze program implementation issues, as well as the challenges confronted in each step of the strategic planning process.

Program Evaluation Overview

Mayne & Hudson (1992) view evaluation as systematically gathering, analyzing and reporting information about a program, service, or intervention for use in making decisions. The distinguishing characteristics of an evaluation are systematic analysis, reporting, and decision making. Evaluation is more than just an analytical activity; it is an

organizational learning process for reviewing, assessing or reconsidering programs (p 2). Evaluations help reduce uncertainties, improve effectiveness, and make decisions with regard to what programs are doing and their effects (Patton, 1986).

An evaluation not only focuses on programs but it also examines activities, most frequently an intervention aimed at addressing a perceived problem or meeting a perceived need. The entity being evaluated can be a total program, program component or even an individual case or client served (Hudson et al, 1992).

Program evaluations are undertaken for a number of reasons: (1) to increase knowledge and understanding of how an intervention affects problems they were meant to address; (2) improve program delivery and provide management with direction allowing for informed decisions on areas in need of improvement. It is important for managers to understand why a particular program is not achieving its aims thus calling forth information on what remedial measures can be taken; (3) to reconsider the strategic direction of the program; and (4) to provide information on program performance relative to organizational accountability. There is growing pressure for more objective-based evidence on program performance. Information generated by an evaluation is often driven by the need for meeting such accountability demands. Nevertheless, it is important to understand the primary purpose of the evaluation otherwise it will be difficult to design and implement. (Hudson et al, 1992). The scope of each evaluation depends on the specific purpose for which it is being conducted (Rossi et al, 1993).

There is no singular way to approach an evaluation. Evaluations, like all disciplines and professions, are not monolithic in conceptual outlook nor methodological

approach. There is as much diversity in outlook about the utility of evaluations as there is about the “right” way of approaching and doing individual evaluations (Rossi et al, 1993). Evaluation, in theory and practice, increasingly acknowledges and accommodates the existence of multi-group interests in evaluation results (Mark & Shortland, 1987). In many instances, evaluations are very useful to decision makers and because they typically meet the requirements of scientific investigation, become subjects of inquiry for other researchers (Rossi et al, 1993).

Classes of Evaluation

Rossi & Freeman (1993) distinguish between three major classes of evaluation research. Their first is an analysis related to the conceptualization and design of interventions. The analysis determines if a program that is designed to address a particular social problem actually takes purposeful, organized action to remedy it. The second class is monitoring program implementation as a means to ensure its accountability. The analysis involves monitoring program activities for specific reasons which, in sum, inform management and staff conducting daily activities to discover if program activities are undertaken efficiently and effectively. Program sponsors and stakeholders require evidence that what was paid for and deemed desirable was actually undertaken. The third class of evaluation research is an assessment of the program’s effectiveness and efficiency. It is important to know the degree to which a program produces the desired, targeted outcome and its cost-benefits relationship. An impact assessment assesses the impact of a program which includes the degree to which the program produce it’s desired outcome. In most cases, knowledge of impact alone is insufficient. The results produced

by a program must be judged against its costs. The resulting need to take into account the relation of costs to effectiveness necessitates efficiency assessments. Program evaluations that include all three classes of evaluation research are termed comprehensive evaluations (p 34-37).

Evaluation Approaches

Mayne & Hudson (1992) distinguish between two major types of evaluation. The first type is the action-oriented evaluation which is done for both senior management and line managers. The second type of evaluation is oriented to research findings to further our knowledge about a particular form of intervention in society and to address accountability purposes of whether or not the intended aim of the program has been met. Both types of evaluations are valid, legitimate and useful and usually compliment each other. They just have a different purpose in mind. Either type of evaluation can be conducted as an external and/or internal evaluation. The internal evaluation occurs when the organization contracts an outside consultant to conduct an evaluation while the external evaluation is spurred by a secondary stakeholder. In an external evaluation the organization is subjected to an evaluation/examination whose reports/findings are provided to an external source; often a funder.

As noted earlier, the focus of an evaluation depends on the specific purpose for which it is being conducted. The evaluation is focused on a set of questions the program/organization want answered. An evaluation can focus on elements of a program structure such as resources; activities and/or interventions; inputs and/or outputs. Further, an evaluation could legitimately address questions about the problem, condition or need

the program was intended to ameliorate. In light of such explorations, informed decision-making can now occur on the continuing need for the program given current conditions and knowledge. Mayne & Hudson name a few evaluation theories toward this end: (1) needs assessments focus on questions about the problem conditions; (2) program inputs or resources assessment addresses questions about program efforts of staff and clients; (3) program implementation evaluation focuses on activities or interventions carried out by staff. The importance of assessing actual program operations has been underscored by a large number of studies showing significant discrepancies exist between a program's original design and the way it actually operates when implemented; and (4) evaluation on program results focuses on the immediate outputs to ultimate outcomes. Outputs are the concrete goods and services produced by the program. Outcomes are the impacts and effects of the program and are typically much more difficult to measure. Program objectives are often written in outcome terms (p 10-14).

In sum, the literature review on program evaluation was organized into three parts. The first part focused on defining an evaluation as a systematic gathering, analyzing and reporting of information about a program, service, or intervention for use in making decisions. The second area focused on reasons for program evaluations. The third area focused on evaluation approaches. It was emphasized that there is no single evaluation approach as demonstrated in Rossi & Freeman's three major types of evaluation research and Mayne & Hudson's types and approaches to evaluation. Thus far, this document has sought to establish that it is critical that each evaluation be clear on its specific purpose for which it is being conducted otherwise difficulties in design and evaluation products

will ensue. The next section of this literature review will focus on strategic planning and implementation issues.

Strategic Planning Overview

Prevailing literature reveals differences but overlap on the principle elements of strategic planning. Steiner (1979) identifies strategic planning as a technique to design a desired future state of the organization that entails planning ways and means to bring a desired future state into existence. In contrast, Bryson (1988) defines strategic planning as a disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it. Strategic planning is important inasmuch as it helps organizations respond effectively to dramatically changed circumstances that confront them (Bryson, 1988). Melcher & Kerzner (1988) view strategic planning as a process of formulating and implementing decisions about an organization's future direction. The formulation process is the process of deciding where you want to go, what decisions must be made, and when they must be made in order to get there. This process is vital to every organization's survival as the process helps the organization adapt to its ever-changing environment and is applicable to all levels and types of organizations (Melcher et al, 1988).

Research indicates a strong relationship between strategic planning and the survival/utility of an organization. Although current findings are inconclusive concerning the relationship between levels of performance within an organization and strategic planning, there are indications that this relationship is also positive. As more sophisticated methodologies are applied to strategy research, this finding is likely to be

verified (Melcher et al, 1988).

Literature also reveals several benefits for organizations who engage in strategic planning. Melcher & Kerzner (1988) identify two benefits. The first benefit is providing an organization with consistency of action. The goal-setting characteristic of the formulation process and the integrating of the implementation process assure all departments of an organization are moving toward the same common objective. Strategic planning gives purpose to diverse activities. The second benefit is providing a means to communicate the overall goals throughout the organization from top to bottom and bottom to top. It gives all levels of the organization an opportunity to participate, thus reducing the fear of the unknown and eliminating resistance. It is extremely difficult to achieve commitment to change when employees do not understand its purpose.

Bryson (1988) also identifies benefits to organizations who engage in strategic planning. He claims such organizations: (1) think strategically and develop effective strategies; (2) clarify future direction; (3) establish priorities; (4) make today's decisions in light of their future consequences; (5) develop a coherent and defensible basis for decision making; (6) exercise maximum discretion in the areas under organizational control; (7) make decisions across levels and functions; (8) solve major organizational problems; (9) improve organizational performance; (10) deal effectively with rapidly changing circumstances; and (11) build teamwork and expertise (p 11-12).

Strategic Planning Approaches

Bryson (1988) gives an overview of strategic planning approaches which address general policy and direction setting, situation assessments, strategic issues identification,

strategy development, decision making, action and evaluation. Not unlike evaluations, strategic planning is not a single concept, procedure, or tool. It embraces a range of approaches that vary in their applicability to organizations and in conditions that govern their utility.

The *Harvard policy model* is the principal inspiration behind the most widely cited recent models of strategic planning. The primary purpose of this approach is to develop the best strategy for the organization; one that creates the best fit between the organization and its environment. A strategy is developed by analyzing values of senior management, the organization's social obligation, and internal strengths, weakness, external threats and opportunities (known as SWOT analysis). The main strength of this model is the SWOT analysis itself. Its weakness is that it does not offer specific advice on how to develop strategies except to note that effective strategies will build on strengths, take advantage of opportunities, and overcome or minimize weaknesses and threats.

The *strategic planning system* is viewed as a system in which managers go about making, implementing and controlling important decisions across functions and levels in the organization. Any strategic planning system must address four fundamental questions: (1) where are we going (mission); (2) how do we get there (strategies); (3) what is our blue print for action (budgets); and (4) how do we know if we are on track (control)?

The *stakeholder management approach* is a corporate strategy to relate or build bridges to the organization's stakeholders, which include any individual affected by or who can affect the future of the organization - customers, employees, suppliers, owners,

governments, financial institutions, and critics. A corporate strategy is effective only if it satisfies the needs of multiple groups.

The *content/portfolio approach* is based on an analogy to investment practice. Just as an investor assembles a portfolio of stocks to manage risk and realize optimum returns, a corporate manager can think of the corporation as a portfolio of businesses with diverse potentials that can be balanced to manage a return and cash flow.

Competitive Analysis analyzes forces that shape an industry. One can predict the general level of profits throughout the industry and the likely success of any particular strategy for a strategic business unit. Five key forces that shape an industry are relative power of customers and suppliers, threats of substitute products and new entrants, and the amount of rivalrous activity among the players in the industry. There are two main propositions: (1) the stronger the forces that shape an industry, the lower the general level of returns in the industry; and (2) the stronger the forces affecting a strategic business unit, the lower the profits for that unit. In applying this concept with nonprofit organizations, client or customers and suppliers of services (contractors and the organization's own labor supply) exercise power. Nonprofit organizations often compete intensely among themselves for limited resources. An effective organization must understand the forces at work in order to compete effectively.

The *strategic issues management* approach involves process components: pieces of a large strategic planning process which focuses attention on the recognition and resolution of strategic issues - "forthcoming developments, either inside or outside the organization, which are likely to have an important impact on the ability of the

organization to meet objectives. The concept of strategic issues first emerged when strategic planners realized the process to develop strategies was missing in the Harvard model SWOT analysis.

Strategic negotiations is a partial resolution of organizational issues through a highly political process. It is a flow of actions and values embedded in a context, and thus strategic negotiations are context-bound. This approach is applicable to the nonprofit organizations in which negotiation is increasingly a way of life for leaders and managers.

The *logical incrementalism approach* is a loosely linked group of decisions handled incrementally. Logically incrementalism is a process approach that, in effect, fuses strategy formulation and implementation.

Framework for innovation promotes creativity and entrepreneurship at the local level and prevents centralization and bureaucracy from stifling the wellspring of business growth and change. This framework relies on many elements of SWOT analyses and portfolio methods (p 23-45).

Implementation Issues

The next section of this literature review will focus on models that address implementation issues. Elmore (1978) identifies four organizational models or essential components to analyze program implementation issues; systems management, bureaucratic process, organizational development and conflict and bargaining. Bryson (1988) discusses four challenges confronted in each step of the strategic planning process; *human, process, structural, and institutional*. Strategic planning is likely to be successfully implemented when these challenges are addressed successfully.

Elmore's organizational models suggest how certain assumptions affect the perception of the implementation process. More attention will focus on the organizational development model than any other model as this model discusses essential elements of the organization that was evaluated.

The *systems management model* is based on hierarchical control as the single most important element to ensure the organization behaves as a system. Responsibilities are distributed in descending order from the highest to lowest levels of the organization. Taken together, they describe a general set of decision rules for the optimal allocation of resources, tasks, and performance criteria among subunits of an organization. This model would make little or no allowance for the exercise of lower-level discretion by subordinates carrying out policy directives. Any failure of implementation is attributed to poor management particularly in its failure to clearly define policies, assign responsibilities, clarify expected outcomes, or not hold staff accountable for their performance.

The *bureaucratic process model* is commonly recognized as inefficient, unresponsive, unfair, ponderous and confusing. Management controls discretion and structure through budget and planning, clearance procedures, reporting requirements and evaluation systems. The process traces the effect of lower level discretion and routinized behavior on the execution of policy which is recognized as a failure of implementation in and of itself. The ability of any single authority to control all decisions becomes attenuated to the point where it ceases to be real in any practical sense. Policy-makers do not understand the actual conditions under which social services are delivered. Most

implementation problems grow out of a division of labour between “policy and operations sphere.” In the policy sphere, people tend to focus on global issues and general shifts in the distribution of power among governmental units. When the responsibility for implementation shifts to the operations sphere there is little in the way of useful guidance for implementors.

The *organizational development model* focuses on organizational effectiveness and efficiency which is largely dependent on the quality of interpersonal relations in work groups. Effective work groups are characterized by agreement on goals, open communication, mutual trust and support, full utilization of member skills and effective management of conflict. Most responsibility for decisions would devolve to lower levels of the organization; through organizational activity formed of people engaged in a common task. Information and expressions of needed changes would be readily exchanged without negative social consequences at all levels of the organization. All these features originate from the simple assumption that people are more likely to perform at their highest capacity when they are given maximum control over their own work, maximum participation in decisions affecting them, and hence maximum incentives for commitment to the goals of the group.

Elmore describes the 1975 Rand Group’s analysis of 29 descriptive case studies of a local project implementation. This analysis identified five chief determinants of successful attempts at change, which include: (1) the existence of a strong local training component; (2) the use of local expertise and technical assistance in project implementation; (3) frequent and regular staff meetings; (4) local development of project

materials; (5) the use of voluntary, highly motivated participants. What is significant about all these factors is project success depended primarily on the existence and mobilization of local resources.

The essential elements of the organizational development model: (1) emphasizes individual motivation and commitment (sense of involvement, ownership in the project); (2) the centrality of strong face-to-face work groups (breaking down the traditional isolation of workers, enhancing professionalism and cooperation); and (3) the explicit criticism of conventional notions of organizational efficiency (the usefulness of reinventing the wheel). Standard devices of hierarchical control are severely limited. The implementation process is “intrinsically” one of “mutual adaptation” whereby the policy or innovation is shaped by implementors and, likewise, the behavior of implementors is shaped by the innovation. The only way an innovation can become established in an organization is for implementors to learn it, shape it, and claim it for their own.

The factors that affect behavior of implementors lie outside the domain of direct management control - individual motivation and commitment and the interaction and mutual support of people in work groups. Hence, the closer one gets to the determinants of effective implementation, the further one gets from the factors that policy-makers and administrators can manipulate. The organizational development model suggests that those factors that have the greatest influence on the success or failure of implementation are precisely the ones over which external agencies have the least control.

People who implement programs are seldom included in decisions that determine the content of those programs. The closer one gets to the point of delivery in social

programs, the more frequently one hears complaints that policy-makers and high-level administrators don't listen to service deliverers. Implementation failures also arise out of a lack of consensus and commitment among implementors. The features of the implementation process that matter most are those that affect individual motivation and interpersonal cooperation, not those that enhance hierarchical control.

Success of an implementation effort can be gauged by looking at the extent to which implementors are involved in the formulation of a program, the extent to which they are encouraged to exercise independent judgement in determining their own behaviour, and the extent to which they are encouraged to establish strong work groups for mutual support and problem solving.

The *conflict and bargaining model* attributes the failure of implementation of programs to circumstances in which no single unit of an organization is sufficiently powerful to force others to conform to a single conception of policy. Success or failure of implementation is determined by one's position in the process. Actors capable of asserting their purpose over others, however temporarily, argue the process is successful. Those with a disadvantage in the bargaining process argue the process is unsuccessful. It is entirely possible for the process to proceed even when all actors regard it as unsuccessful because the costs of refusing to bargain may exceed the costs of remaining in a disadvantageous bargaining relationship. Under these circumstances, the only objective measure of success or failure is the preservation of the bargaining process itself (p 189-223).

The discussion will now focus on four challenges, Bryson (1988) presents that

need to be addressed for strategic planning to be successfully implemented; *human, process, structural, and institutional challenges*. The *human challenge* is manifested at three levels: individuals, groups and the organization. A number of individual characteristics were identified that pose a challenge for strategic planning: (1) people have limited abilities to handle complexity. A normal adult can handle seven ideas at a time, plus or minus two and most SWOT analysis have more than seven strategic issues; (2) individuals are highly adaptive and do not recognize gradual change; (3) individuals withdraw, project, rationalize, stereotype, blame others, and freeze up in crisis situations; (4) individuals lose consciousness and concentration as they gain competence and repeat tasks. People engaged in repetitive tasks do not pay attention to what they are doing. If strategic planning becomes a routine task, people can be expected to lose consciousness and concentration and the purpose of strategic planning will be negated; and (5) commitment increases as people take public, binding, and irrevocable actions. Accountability often is interpreted to mean the minimization of mistakes, rather than learning how best to achieve desired outcomes effectively and efficiently.

The characteristics of groups that pose problems for strategic planning include: (1) groups impose strong pressures to conform and individuals tend to conform to the established norms of any group due to the strong desire to fit in. When group norms do not promote frequent reexamination of current practices in light of their strategic implications, the group will be ill prepared to deal with future strategic difficulties; (2) groups minimize internal conflict. Discussion on strategic issues prompts serious disagreements and the tendency of most groups is to suppress such discussion. Group

harmony will be a higher priority than serious discussion of the groups future and the fundamental choices it faces; (3) heterogeneous groups working together daily acquire a homogeneous outlook in 2-3 years. It is helpful when the goal is to develop cohesive work groups, but not so helpful if it means the group always approach problems the same way and do not question accepted conceptions and practices. It becomes extremely difficult for a group to think strategically and purposefully about its future.

The characteristics of organizations that also pose problems for strategic planning include: (1) strategic planning systems often drive out strategic thinking. Repetition and competence leads to lack of concentration and consciousness. Thus formalized and repetitive planning systems cause the very problems they seek to avert. Strategic planning must remain special if it is to be successful; (2) environmental scanning of statistical reports become numb to the messages in them. As a result decisions are based not on a typical statistical report but rather on individual stories in which people confront the need to make something different happen; (3) specialization filters perception and constrains behavior because the way organizations are structured, people get only certain kinds of information and pursue narrower aims than the organization as whole; (4) structures and systems become substitutes for leadership which primarily exist to protect current practices. In the longer run, it may not serve the best interest of the organization. When a manager is preoccupied with administration and systems, they are not providing leadership.

The most important *process challenge in* strategic planning is the management of strategic ideas into “good currency.” Two basic issues involved are selling new ideas to

people so that unconventional wisdom is turned into conventional wisdom. This life cycle of ideas begins with a threatening or disruptive event that stimulates people to act. Opportunities also capture people's attention but less frequently than necessity and threat. A diagnosis of the problems and suggested solutions are articulated. Some solutions achieve public visibility but nothing comes of these solutions until networks and coalitions begin to form around them. One or more are propelled into the realm of political debate and adopted and legitimized as the solution to the problem. Solutions eventually become institutionalized and taken for granted. Eventually their potency declines. Regimes built on old ideas eventually will be supplanted. For strategic planning to be successful organizations must be good producers and implementors of ideas. Such organizations would be less formal and centralized, but more complex, when solutions need to be produced; and more formal and centralized, but less complex, when specific solutions need to be implemented. Managing ideas, the second issue - is more important than people or structures, because ideas are the rallying points of collective action. The process of developing strategic ideas surmounts isolated individuals and organizations. It establishes the foundation for coalitions large enough to create the collective action that is the hallmark of effective strategic action. Ideas times resources equals power-the power to effect useful strategic change. For strategic planning to be effective better ways need to be discovered to manage transition from old ways to new ones.

The *structural challenge* in strategic planning is linking the internal and external environment across levels advantageously which involves four important issues: (1) if the whole is greater than or less than the sum of the parts. When a organization is working

well, the resulting whole is usually greater than one would expect simply by adding up the constituent parts. The challenge for strategic planners is to make sure that the whole resides in the parts; that is, they must use a holographic rather than a compositional approach. (2) managing transitions effectively. Part of the problem arises from the inclination for sequential rather than simultaneous coupling across levels and between inside and outside. Too often planners plan and implementors implement and neither groups talk to the other; (3) when part-whole relationships are flawed, another problem is likely to be present: organizational systems will be based on impeccable micro-logic that makes macro-nonsense. The system of accountability, for example, will involve so many sign offs and oversight mechanisms that innovation and responsiveness will be driven out. Ways need to be discovered to ensure rational decisions reached in a highly decentralized system of decision making; (4) dealing with the collective, rather than individual, nature of strategic planning. The formulation and implementation of strategies is a collective achievement, not an achievement of individuals or small groups. When it comes to the formulation and implementation of strategies, a variety of people in a variety of roles must be involved in the process.

The *institutional challenge* in strategic planning involves the transformation of an institution. A number of issues emerge: (1) how are institutions transformed? Institutions are highly stable patterns of interaction organized around important ideas. Institutions become infused with value and character. Institutional character unfolds as a historical product involving an integrated pattern that is purposeful and dynamic; (2) what are the central responsibilities of the institutional leader? The development of an institution's

character is largely a leadership responsibility. The central tasks of institutional leadership is by definition the institution's mission, embodiment of purpose into its structure and systems, the defense of its integrity and the ordering of internal conflict; and (3) what happens in the absence of institutional leadership? If the leaders fail at the tasks of transformative leadership, the institution's integrity will be in question. The loss of institutional integrity causes organizational drift. When people lose their purpose, their compass, illegitimate opportunism is likely, and with it further loss of integrity (p 199-215).

In sum, the literature review on strategic planning was organized into four parts: (1) definition of strategic planning; (2) the benefits of strategic planning; (3) nine models of strategic planning; and (4) an overview of four organizational models the essential components of which guide the analysis of program implementation issues. As well, discussion focused on challenges confronted in each step of the strategic planning process. In light of the literature provided on program evaluation and strategic planning, chapter 3 will discuss the evaluation design utilized to further explore the practical issues involved with the implementation of strategic planning.

CHAPTER III: EVALUATION DESIGN

Introduction

This chapter gives an overview of the design and methodology used to achieve the purpose of the evaluation. The purpose is to explore factors that contribute to or inhibit the implementation of strategic plans. The evaluation design begins with a description of the setting of the organization that is being evaluated, followed by the other key elements of the evaluation design: (1) rationale for design; (2) the evaluator's role; (3) participants and informants; (4) data collection procedures; (5) data analysis; and (6) limitations. This chapter closes with a summary.

Setting

The most northern of the Manitoba's four NNADAP treatment centres, the Nelson House Medicine Lodge (NHML) is located in the heart of the Nisichawayasihk Cree Nation Reserve and sits prominently on a hill overlooking Three Point Lake. The NHML began operations in August 1987 as a twenty-one bed, in-patient alcohol and drug treatment facility servicing the twenty-six member First Nations of the Manitoba Keewatinowi Okimakanak. The NHML is overseen by a five member board of directors who operate at "arms length" from the local Chief and Council. The NHML's four month treatment program is based on the Medicine Wheel approach to wellness and like Aboriginal teachings and processes. As well, certain Western therapeutic practices are incorporated into the program that aid clients in their ongoing program of health and wellness. The inaugural program boasted the requisite number of clientele and a small complement of staff. By the time of this evaluation, the NHML had expanded, accepting

applications for admission from First Nations across Canada. In April 1997 the NHML assumed administration of the local NNADAP Prevention Program from the Chief and Council and had defined plans for a third program that would service local individuals and families on an outpatient basis. The expanded staff group strained an already crowded work environment; nineteen and one half staff positions now share eight offices between them. Despite all of the challenges, the NHML emerged as a leader in the health and wellness of the individual, the family and community.

Rationale for Design

The qualitative research approach was the preferred method to conduct an evaluation of the implementation of strategic plans. This approach captures the in-depth description of situations, events, people, interactions and observed behaviours. The in-depth description of the qualitative approach allows for direct quotations of people's experiences, their attitudes, beliefs and thoughts as well as excerpts taken from documents, records, and correspondence. The qualitative approach is oriented towards exploration, discovery, and inductive logic (Patton, 1987, p 187). This approach seemed appropriate as the purpose of the evaluation was to explore the factors that contribute to or inhibit the implementation of strategic plans.

The Evaluator's Role

I used Brown and Brasdkamp (1980) checklist as a useful and practical guide in my role as an evaluator. It emphasizes the importance of ensuring everyone who is participating in the evaluation has a clear understanding of the purpose and objectives of the evaluation. It also emphasizes the importance of being accessible to the board and

staff during the evaluation to share perspectives on how each was interpreting information. Furthermore, it emphasizes the importance of having formal as well as informal discussions that are frank, open and honest.

As an evaluator, I took an approach that allowed me to walk into this evaluation with an open mind and the intention to learn from those who participated in the evaluation. The information gleaned from the evaluation would provide new insights with respect to responsibilities. The information would also be useful for consideration in the organization's future strategic planning process.

I have been employed with the Nelson House Medicine Lodge since April 1993. I worked in a supervisory capacity until October 1994 when I became the Executive Director. Since my employment began as the Executive Director, I have been actively involved in engaging the board and staff in their annual strategic planning sessions. In the interim, I have developed a respectful and meaningful working relationship with the board and staff. To maintain this relationship, I gave the board of directors a monthly updated written report and I talked informally with staff during coffee breaks and staff meetings to keep them informed about the progress of the evaluation. The board has granted me their support by agreeing to this evaluation in partial fulfillment of my Master's degree. In tangible terms, the board's support came in the form of granting me one day paid education leave per week for one calendar year and 6 weeks unpaid leave of absence to focus on completing this evaluation. I very much appreciated this support, especially during the critical times of working on developing a new program and expanding our facility. All of these interactions and transactions gave me entry to

evaluate the implementation of the organization's strategic plans.

In preparing the evaluation design, I acknowledged my assumptions and biases on factors inhibiting the implementation of strategic plans. These assumptions were based on my observations and work experience with the organization. These assumptions included that, not all participants understood the purpose of strategic planning or refused responsibility or could not be bothered with additional responsibility to implement plans. This may be directly related to their inability to assume additional responsibilities and/or limited access to resources such as finances, supplies and materials. More importantly, participants were not rewarded for successfully implementing strategic plans.

Participants and Informants

The qualitative approach allowed this writer to purposefully select the informants that would be the best suited to answer the evaluation questions (Creswell, 1984). A sample for this evaluation was selected on the basis of the evaluator's knowledge of the population and the nature of the evaluation (Babbie, 1989). Participants were selected on the basis of their involvement with the organization at the time this evaluation was conducted as well as their involvement in the latest strategic planning seminar. There were a total of eleven people. Two were board members and nine were staff, of the staff five were from the treatment program, two from the prevention, one finance person, and the executive director. The strategic plans were selected based on the evaluator's knowledge of plans directly related to improving services to the clientele; the evaluator's knowledge of plans that have been successfully implemented and not successfully implemented; and the evaluator's knowledge of the plans that participants were more

likely to have an informed opinion about. Documents related to strategic planning were examined for information related to the evaluation questions. These documents included the policy manual, minutes, house rules, correspondence, management information system, and client files. Given the purpose of this evaluation, the sample was large enough to be credible but small enough to permit adequate depth and detail for each case (Patton, 1986).

Data Collection Procedures

Two primary methods to collect qualitative data were used for this evaluation: one-on-one in person interviews and an examination of the organization's documents directly related to the organization's strategic planning. The first method, one-on-one in person interviews, used a semi-structured interview guide (attached as appendix A) to determine the existing situation and practices of those who were directly responsible for implementing the tasks of the strategic plans. The interviews gathered information regarding participants' thoughts, views, beliefs and opinions about the implementation of strategic plans. Each participant was given a copy of the document that records the strategic plans (1995-1998 inclusive) and a copy of the rating guide to respond to questions. Participants were able to refer to the document to reflect on the strategic plans instead of relying on their memory. Prior to the interviews, I reviewed the memorandum of understanding that emphasized the importance of ensuring that everyone who participated in the evaluation had a clear understanding of my purpose and objectives in evaluating the implementation of the organization's strategic planning. During the interviews, I remained open to any new information and leads to view points that had not

been considered before data collection began. All interviews took place at a mutually acceptable location to the interview parties, be that a private room in the organization or an alternative meeting place outside the organization. The participants' answers were recorded in writing as they spoke. This way it was less threatening to the participant (Posavac & Carey, 1992). To have my thoughts, views, beliefs and opinions recorded as a participant in the evaluation, a practicum committee member conducted a telephone interview and recorded my responses before I conducted the interviews with the other participants. This way, I would be less influenced by the information collected from subsequent interviews. The questions in the semi-structured interview guide that use the term "board and staff workshops" refers to strategic planning sessions.

The second method, examined the organization's documents directly related to strategic planning using a semi structured document review guide (attached as appendix B). When I was developing patterns on the data collected from the interviews, especially where there were discrepancies in participants' responses, direct quotations were taken from these documents as supporting exhibits. The policy manual, information management system, memorandums and client files were examined as supporting documents related to the selected strategic plans.

Data Analysis

Patton (1980) warned students that he had not found a way to prepare students for the sheer massive volume of information which would confront them when data collection ended. Typically, I found myself with massive volume of data and the problem of trying to figure out how to present it. Data analysis was a lengthy process of bringing order to the data by organizing it into patterns, categories and basic descriptive units.

My first attempt of making sense of the data was to organize it with the flow of the interviews on which it was based on program goals: policy development, administration, treatment and prevention. The data presented paraphrased patterns to create a story to each question of the plans in the semi-structure interview guide. This system did not work to well as it did not have very much meaning. It would not have meant much to the reader nor to the agency.

In my second attempt, I identified what I found at a somewhat deeper level. This meant reviewing what I had written into patterns so that I could present my findings with some meaning. The presentation of the findings was organized into four sections reflecting four of the agency's goals selected for this evaluation. The findings are under each of the four agency goals. Under each goal there are four headings: why it is important to implement plans, factors that contribute to the plans, factors that inhibit the plans, and the impact of plans not implemented or implemented.

Information from the data was interpreted by using a schema which involved attaching meaning and significance to the analysis, explaining descriptive patterns and looking for relationships and linkages amongst descriptive dimensions (Patton, 1987). In focusing the analysis of the qualitative data, the evaluation dealt with two problems: convergence and divergence.

Convergence, the first problem, was figuring out what things fit together and this led to a classification system for the data. The evaluator looked for "recurring discrepancies" in the data. These discrepancies represented patterns that were sorted into categories by two criteria: "internal homogeneity" and "external heterogeneity." The

former concerned the extent to which identical and similar elements in the data related in a certain category, held together in a meaningful way. The latter concerned the extent to which different parts or elements among categories were bold and clear.

Divergence, the second problem, dealt with how to flesh out categories. This was done by process of extension (building on items of information directly known); bridging (making connections among different items); and surfacing (proposing new information that ought to fit and then verifying its' existence). Detailed description and in-depth quotations are the essential features of a qualitative report. Sufficient descriptions and direct quotations were included to allow readers to understand fully the program and the thoughts the people being represented in the report (Patton, 1987).

I brought closure to the process when sources of information had been saturated so that new sources lead to redundance; when clear discrepancies emerged that feel integrated; and when the analysis began to "over extend" beyond the boundaries of the issues and concerns guiding the analysis.

Limitations

This evaluation is not without its limitations. One obvious and immediate limitation concerned my dual function as a manager conducting an evaluation on the implementation of strategic plans. This is exacerbated by the fact that a manager's responsibility is to achieve results. This process ordinarily involves ensuring that staff strive willingly toward the achievement of an end result (Bergeron, 1989). It was assumed that staff would feel obligated to participate in the evaluation or may do so reluctantly because the manager was conducting the evaluation. Staff would perceive my role with

the organization as person in a position of authority. In either case, the results could be tarnished or limited; the information they might share with me, as opposed to a neutral evaluator, could be quite dissimilar.

To address this limitation every effort was taken to create an open environment between the evaluator and those selected for interviews. As such, participants were informed through an inter-agency memo (appendix C attached) about the purpose of the evaluation and further that individual board and staff members would be approached to participate in a one-on-one interview. They were not obligated to participate in the interview but rather their participation was voluntary and would be greatly appreciated. As well, a memorandum of agreement (appendix D) attached was reviewed and signed between the participants and the evaluator before the one-on-one interviews took place stipulating their volunteer participation. Any information shared in the interview would *not* affect their employment and their identity would remain confidential. Participants were informed that the information gained from the evaluation was to build on the strengths of the strategic planning of the organization. The interagency memo and the memorandum of was drafted sought to underpin this openness between the evaluator and the participant. Notwithstanding the foregoing, it was far more favorable to press ahead with the evaluation than to opt to bow to this limitation, as the potential rewards far outweigh any perceived harm.

A second limitation, perhaps not as readily apparent, was the full weight and responsibilities of the day to day operations of the organization as a manager and a deadline to complete this evaluation in partial fulfilment of my masters degree as a

student evaluator. This was an issue of prioritizing critical matters keeping in mind my ultimate goal to complete my master's degree.

The third limitation related to the evaluation being conducted with a First Nation controlled Health Centre located in a northern community. Although the philosophy of the organization programs were based upon First Nation teachings, a thorough discussion of First Nation cultural beliefs and the like were beyond the scope of this study. A sampling of cultural practices and the like, were however, undoubtedly presented through the data.

Summary

In sum, this chapter gave an overview on the design and methodology used to achieve the purpose of the evaluation which is to explore factors that contribute to or inhibit the implementation of strategic plans. The evaluation design began with a description of the setting of the organization that is being evaluated, followed by the other key elements of the evaluation design. The qualitative approach is the primary method for data collection. A checklist was presented as a guide for the evaluator. A purposeful sample was selected that would best answer the evaluation questions. The sample for this evaluation was selected on the basis of the evaluator's knowledge of the population and the nature of the evaluation. The two primary methods to collect qualitative data included one-on-one in person interviews using a semi structured interview guide and an examination of the organization's documents directly related to the organization's strategic planning. Data analysis was a lengthy process of bringing order to the data by organizing what was presented into patterns, categories and basic descriptive units based

on four agency goals. A number of limitations were identified with the evaluation but the one obvious limitation concerns the dual function of the manager conducting an evaluation on the implementation of strategic planning. Every effort has been made to address this limitation. The perceived benefits of completing this evaluation far outweigh any potential impairment to the organization.

CHAPTER IV: RESULTS OF EVALUATION

Introduction

This section describes the outcome of the evaluation. The findings are presented in four sections reflecting four of the agency's goals selected for this evaluation. Part I presents data relating to the activities involved in developing a comprehensive policy manual to address all aspects of operations. Part II presents data relating to the activities to enhance the administrative, educative and supportive functions of supervision. Part III presents data relating to the activities to enhance the treatment program. Part IV presents data relating to the activities to enhance the prevention program.

A main part of the findings reports on the central question: the factors that contribute to or inhibit the implementation of strategic plans. In the interviews, participants' offered critical information about the strategic planning process. They shared how they understood the plans and why it is important to implement the plans which will be reported on the outset. Participants' also shared the impact of plans implemented or not implemented. Parts I through IV will be presented in turn and each will be reported under the following headings: (1) why it is important to implement plans; (2) factors that contribute to the implementation of strategic plans; (3) factors that inhibit the implementation of strategic plans; and (4) the impact of plans not implemented or implemented.

Part I: The goal is to develop a comprehensive policy manual to address all aspects of the operations of the organization.

Three major activities to develop a comprehensive policy manual: are goal based planning procedures that entail prioritized yearly action plans; board of directors' terms of reference and procedural by-laws; and upgrading personnel policies.

Why it Is Important to Implement Plans

The plan to upgrade the personnel policy is important to people for a number of reasons; First, policies need to change with the times and it brings clarity on the roles and responsibilities. For example, the organization provides treatment services to deal with the addiction to alcohol and drugs but not to the addiction of gambling. Gambling is a growing concern. Second, policies provide structure for an organization. Working in a structured environment fosters freedom to learn, a sense of fulfillment and a positive way to look at any negative or new experience. Third, guidelines are established to address personnel issues. Staff bring personnel issues to staff meetings where they can be addressed as outlined in the personnel policy. Addressing personnel issues at a staff meeting takes time and there are usually many other matters that need to be addressed. Finally, policies are not well established respecting community norms and practices. Even if the policy makers of the organization were to fully recognize community norms and practices it would cost the organization additional funds.

Factors That Contribute to the Implementation of Strategic Plans

Commitment and involvement. Having both the board and staff involved in the strategic planning sessions serves as a useful exercise of working together to review

strategic direction and in building relationships and improving communication. The key players in the development of the comprehensive policy manual were very committed and actively involved through the whole process. Staff also appreciate having involvement in the development of personnel policies and program policies. This is noted in the participants' comments below:

"I like getting together as a team and learn from each other. I get a better idea what others do. I feel I am important and my opinions count. Not working in isolation."

"I like the change of scene. At times the enthusiasm, the comradery and the sense of team."

"We refresh our topics we have worked with, things may have over looked. Refreshes our memory box. Much better communication when we have a gathering like that. When we have recognition like this, it motivates the staff to try harder."

"I gives me freedom to express my views, opinions to the betterment of the [organization] and the people we serve. The bonding with staff and board."

"I like being able to work out the [organization] it gives me a boost. When I come back with energy because at work we can become monotonous. It makes it conducive to my learning"

"I like it where everybody is working together and hear everybody's input. Any misconceptions and misunderstandings. It is brought there instead of just complaining we look at ways of addressing issues. We get to a lot of wishing and dreaming for a while may not get done. It could be a long term goal. Everybody can get together."

"I like it when we spend time together by talking and having fun. It gives me motivation towards my job to make improvements on myself."

"The meetings have become pleasant work instead of just an unfocused meeting. Sharing, team work and commitment building and caring for the organization is occurring. The outcomes have been generally positive."

"Policy makers are in the process of upgrading personnel policies to suit the needs of the organization. It is important the board have policies and procedures as a reference for decision making purposes especially to make work easier for resolving

disputes. The organization delivers worthwhile programs and they would like to see them continue to function as people rely on these services. These services benefit individual clients and their family. In between policy readings, the policy makers review and consider the feedback received from staff in developing policies. For all intents and purposes the revised policies are already in effect.”

“Staff who were involved in the review of personnel policies to give input and suggestions to the board for consideration gained a better understanding of employing policies for decision making purposes.”

Training. The need to establish a terms of reference for the board of directors arose from board training regarding their role and responsibilities. From a document on strategic plans it was noted that:

“The terms of reference would be designed to suit the mode of operation incorporating First Nation traditional laws and would improve the relationship and line of communication between the organization, local government and the community at large. The terms of reference would also address vacant board positions of the board and liability insurance.”

Accountability and monitoring. It is important to define the management structure of the organization in order to ensure an accountability framework. By stipulating the elected local government’s role with the organization as the membership of the corporation, the relationship between the organization and the local government is clarified without hindering the board of directors in carrying out their responsibilities.

One participant noted that:

“The need to develop terms of reference arose out of a period of confusion about the composition of the board and its accountability. Because the organization was founded as a regional initiative to serve a [confederation of northern First Nations], the board of directors were not sure if they should report to this [confederation or the local government]. After considerable discussion through a strategic planning

process this issue was resolved in favor of a community owned facility even though it serviced clients from the northern region. A clearly defined relationship between the local government and the organization is an important part of governance. Except, it is too early to say the degree to which it is actually fully absorbed and accepted as part of practice”

The policy manual stipulates that:

“Both parties agreed the responsibilities of the local government as elected officials of the community would ensure accountability of an agency which they have created without unduly hindering the board of directors in carrying out their duties.”

Use of external expertise for technical assistance. The board of directors employed an external consultant with the expertise to develop a comprehensive policy manual. This resource person developed the policies with staff’s input and for the board to review and approve.

Factors That Inhibit the Implementation of Strategic Plans

Lack of involvement. Staff do not always know what goes on at the board level.

They would appreciate having more involvement and input into the development of policies and decision making as noted below:

“If I want to participate in making a vision a reality I need to participate fully not partially. My ideas will contribute to the process and development of the board of directors terms of reference. They are the ones that make decisions. If they make decisions on behalf of the [organization] without by-laws they may not be adequate.”

“ I do not remember being involved in the review of personnel policies. The board does not ask us for our view. They make policies without hearing our view and what we think about it. For example, the staff restructuring schedule was imposed on staff without getting their input, that is why there was so many angry staff.”

“Sometimes we are not heard. If we have some concerns on what we do not agree with or do not like. The board members fall asleep in the meeting, they do not really

hear what we the staff are saying.”

Lack of understanding between the policy and operations sphere. The board and staff do not really have a full understanding and appreciation of each others function in the organization. Staff do not fully appreciate and understand the importance of the board’s function in the organization. The board of directors do not understand the nature of client services and issues involved in a client’s rehabilitation as reflected in the interviews:

“I do not really care for the board because I do not really feel they understand or know what is going on with treatment.”

“I do not understand the board. We need to see the board more educated. They need to understand and they do not understand how we work with clients. They need to meet with staff and clients. Then they will understand why clients are here and how staff work with clients. The only time they see us is when they come in for meetings. ”

Implementing change that directly affects line workers without their involvement will likely fuel a negative reaction from line workers.

“The board do not ask us for our view...and what we think about it, e.g., the staff restructuring schedule was imposed on staff without getting their input that is why there was so many angry staff”

Role Modeling. People in authority can be the worst perpetrators of violating policies they create and that often does not go unnoticed as noted in a participant’s response below:

“I see the board as working in the health field... we got to have healthy people to make healthy laws. This is the board’s deficiency. Some infractions by the board...gets to me sometimes, especially in the past. I find, for example, [one] smoking in the van and [another] one using the van to take their family out of town. They are ones that make policies and they can be the worst perpetrators.”

Inability to meet expectations. What front line does not like about the upgraded personnel policies is its inability to meet everyone's expectation. Policies have not been instituted to address the client concern with gambling nor do they fully respect community norms. A community norm, for example, is local organizations shutting down services during recognized aboriginal holidays including Aboriginal Solidarity day and J.J. Harper day. This organization does not shut down its services. Shutting down services means staff have a day off work with pay. Participants' responses are confirmed below:

"I think the policy of gambling needs to be upgraded. The VLTS are easily accessible for clients. It is important to behave as role models for clients. It goes back to the code of ethics to role model behavior just as we do with sobriety. I feel people tip toe around the gambling issue because we will have to look at ourselves and many staff are gamblers. Apply the policy of abstinence to gambling. House rules states that there is no gambling on the premises."

"The gambling that goes on with the board and staff. We are in the helping field. Gambling is another form of escape. I find the board is tippy toeing around the concern with gambling."

One participant drafted a response on the implementation failure to institute policies on community norms:

"An area of the personnel policy people take exception to is its failure to recognize aboriginal peoples' beliefs and practices. Personnel policies, like the organizations espousing them are products of the western world. The western world has demonstrated, again and again its intent to control, dominate and assimilate aboriginal people. For instance, personnel policies command adherence to such items as statutory holidays which have little if any significance to aboriginal people; Victoria Day, Civic holiday, boxing day are some examples. For incorporated aboriginal organizations these impositions are magnified. Incorporated aboriginal organizations are compelled by funding agencies to institute policy and procedure

manuals lest funding cease. Employees of such entities can find themselves resorting to the use of bank time, holiday time or leave without pay to attend funerals of others than immediate family members. In aboriginal belief and practice, the maintenance of healthy relationships ought to bow to monetary concerns which personnel policy seems all to intent in nurturing.”

The Impact of Plans Not Implemented or Implemented

Staff are pleased with the development of the board of directors’ terms of reference.

By-laws and procedures are established for the board of directors regarding accountability and to address situations involving relatives as well as an opportunity to have new members on the board. Participants quotations are reflected below:

“I strongly agree the board has procedural by-laws as there should be guidance on who they answer to, a description of their roles and responsibilities and procedures for making decisions.”

“ It is good to know as staff the board has terms of reference to address cases especially cases where relatives are involved.”

“They should always change the board every now and then, as it is good to have a change once in a while for different members to bring new ideas. If you change - the organization will grow. If we keep them the same board members the organization will only be the same old thing.”

“I have seen the board come along way. I admire the vision, structure, things in place to be a good organization.”

Part II: The goal is to enhance the administrative functions of the organization

Five major areas of the organization's administrative functions include periodical review of job descriptions, improved system of relief workers, a yearly operational plan, regular staff meetings and updated client lists.

Why it Is Important to Fully Implement These Plans

To improve the system of relief workers. Improving the system of relief workers is important to the organization as often relief workers without necessary qualifications are used incurring high expenditures for the organization. Relief workers primarily employed relieve night security during their absence. Absence is, for the most part, legitimate. Many relief workers were not able to work independently and make sound decisions to ensure the safety of clients. People with no qualifications were hired from the community if they were available. Staff were meeting a new relief worker on a weekly basis. The supervisor received many phone calls related to problems associated with night security.

Regular staff meetings every three months. Regular staff meetings are important as items that need to be addressed are forgotten before the next regular staff meeting and some things develop after the previous staff meeting that require urgent attention. Critical items, for example, include misunderstanding and misconception of the responsibilities of workers on call. Staff meetings have their own ups and downs and sometimes meetings are forgotten.

A periodical review of job descriptions. A periodical review of job descriptions involves two tasks: updated job descriptions and regular employee appraisals. Periodical

review of job descriptions is important as a way to ensure quality service to clients.

People need a periodical review of their job description as it gives them the opportunity to review and update their job description as circumstances change. Performance appraisals would also be completed based on an updated job description. An employee performance appraisal validates where an employee is doing well and where they need to improve in their job, it sheds light on their commitment to work, identifies training and staff development needs and sometimes serves as a potential salary increment. If it is absolutely necessary, performance appraisals may suggest moving workers to different roles to ensure best possible service to clients. People realize roles and responsibilities change with time and staff need to be kept abreast of the change.

An updated client list. Updated client lists provides vital information for emergency and reporting purposes in the organization. Client lists report the number of clients in the program, counsellors and bedrooms assigned to the client, clients start and termination date and it also informs the cooks on how much food to prepare for clients.

Factors That Contribute to the Implementation of Strategic Plans

Commitment and involvement. There is commitment and involvement from management and finance personnel to ensure sound financial management and ensure effective client services. People appreciate the way finances are handled especially when they are informed on how money is being spent in their program and when money is left over. Management and finance personnel explore areas with staff to reduce spending to accommodate items identified to address program needs. When money is available at the end of the year, requests for purchases are considered. Staff are given an opportunity to

suggest how the balance of the budget could be spent especially as it pertains to addressing program needs.

“Just from hearing how she handles finance she tells us that we are not in a deficit. It is good the way she handles the budget.”

“It is good to have this plan as it shows how the money is being spent. I do not know how much money training costs and how much money is spent on training. It is good to know when there is money left over and we get to decide how to spend it. I am very committed I get to have a say.”

“We had quite an experience [with improving the system of relief workers]. Because we did not establish it solid we needed to make it better to improve in this area. We have made improvements and slowly are progressing to improve in this area. I did not feel comfortable the way it was going there for a while as people had very little experience in the work place.”

“During the Christmas holidays I volunteered to work to cut down on the use of relief workers and costs. Save a lot of money. I am willing do this anytime I am called.”

“The need to plan around relief workers was because of the overuse of relief workers. This was not only very expensive but relief workers did not receive the training. This was especially in regard to evening and weekends but also when regular staff did not show up during regular hours. The specifics of the eventual plan was to rearrange the regular staff into shifts so that evenings and weekends could be covered by them. This meant far less use of relief workers enabling the remaining ones to be better trained and use the same ones all the time.”

Team effort. General staff meetings have an established team effort process to address agenda items which is critical for productive staff meetings. General staff meetings involve all levels of the organization including administration, treatment staff, prevention staff, cooks and management. The onus is on staff to bring items forward in advance that would be addressed at staff meetings. At the meeting, each item would include a recommendation, if deemed necessary and/or develop a plan of action. The plan

of action identifies a time frame and the person responsible for implementing the plan. It is appreciated when people take the initiative to assume responsibility to carry out tasks that serve as a critical function to ensure effective client services.

“In the early going of implementation it did not seem such a good idea because they were used by staff as a forum in which to dump complaints. It has more lately moved into an acceptance of collective problem-solving in which those who identify the problem take some responsibility for working in the group to solve it.”

“I see a lot of positive things from staff meetings. It has come along way. Our staff meetings are more organized and structured. I attend regularly and contribute to meetings.”

“I am always at staff meetings. I get involved in the discussions. I strongly agree with the meetings for all staff to get together to discuss issues and to work together to resolve them and carry out the plan as discussed.”

“I have missed staff meetings, I do not want to miss out. When I do not attend a staff meeting I am lost.”

“When staff have been asking for a staff meeting, we have to get around to it. Staff meetings are good to have to share what we do.”

“Being so overwhelmed with what I was doing, I have delegated responsibility to a [worker] who has been updating the client list.”

“I am the one updating client lists. Cooks need to know how many clients they are cooking for. Instead of waiting for someone to do it, I just do it. I usually help update lists of clients that come to treatment. The only thing I will not do is assign a client to a Counsellor.”

“I made a couple of client lists. If I do not see one or do not find one then I will make one.”

Knowledge and ability. Every year an operational plan is developed and in effect.

The knowledge and ability of the finance personnel was a definite asset with the

implementation of this plan for that year. An understanding of the funding agreement and strategic plans were key considerations in developing a yearly operation plan. The practice of having a yearly operational plan guides the key players with sound financial management to effectively monitor monthly and yearly expenditures.

Accountability and monitoring. It is important to monitor the financial budget and client statistics as it gives a good indication what is going on in the organization.

Monitoring helps to identify the areas to save costs or to improve spending as participants' quoted below:

“At the end of each year, the management and finance personnel prepare a projected financial budget for the upcoming year and a year end financial statement for the board's review and approval. This review considers items crucial to effective client services which are incorporated in the projected budget. This practice serves as a guide for administrative decisions on spending in all areas of the organization.”

“I have always been involved in recommending, attending board meetings to answer questions and implementing. It helps administration to guide in spending and the board on how much they are spending and monitor. At the end of the year, the board can decide what changes or adjustments need to be made.”

“It is important we [board] frequently revisit this area if it does not make it. When we do not have a clear picture it is a lot easier for the board to be aware where we are financially especially at the end of the year. To get financial reports is very important as it gives an idea to prioritize, where to cut or where to make it improve, monitor what is going on.”

“Just going from the last year, having an unqualified audit last year is a clear benchmark. We do not budget to go over or neither are we underspent. It is an important part of the organization's well being.”

“ It is important both for the administrator and decision making that all reports are done on a continuous basis. The reports are needed for the administrative decisions for the board and department as it concerns statistics and finances. It is important for reports to go on to [funding agency] for continued funding. The financial report gives a picture of how much money is spent and yet to be spent and adjustments can

be made if needed. Statistics give a better idea at the community level, e.g., age, type of abuse, makes plans based on statistics, reports to the board and the [manager] where they are at. Give an overall picture of the community. Can't make decisions without the information. Statistics give a better idea what is needed at the community level and focus programs on those needs."

"[paraphrased] The Substance Abuse Information System (SAIS) report is submitted quarterly to the funding agency who monitors the number of clients serviced, client characteristics and program costs. This same report is presented as information to key participants' of the organization."

Factors That Inhibit the Implementation of Strategic Plans

Lack of involvement. People who have little involvement would appreciate having input into the implementation of plans. Line workers are not utilized enough and do not have their requests heard as a part of the budget plan as the line of communication between line workers and key players of the operational budget is inadequate.

Participants' responses are quoted below:

"It gave me a better idea when I started asking questions. I have to be aware of where money is going, for example, ordering supplies. I am quite capable of making recommendations if I need extra money. I strongly agree in order for us to be better prepared for next year's budget maybe revamping some activities to cut costs."

"Sometimes I feel as a team we are not utilized. The suggestion I made to [my immediate supervisor] to provide recreational activities for clients. this area is left out in the planning. Feeling exposed to clients we hear their concerns and needs which is usually related to recreation. Line of communication to the manager and the board is inadequate." [My immediate supervisor] is our liaison between the manager and the board. Sometimes I wonder if we are heard. I will follow-up with my supervisor to see if she followed up and she will say "yah." I have lost confidence in my supervisor."

Lack of accountability. Not enforcing personnel policies with workers creates problems of accountability in the organization. Disciplinary policies are not enforced to

address workers tardiness and absenteeism, the hiring policy is not used in hiring relief workers and annual employee performance appraisals are not completed as stipulated in personnel policies. The participants' response is noted below:

“We do not have an updated list of relief workers at the front desk. We have relief workers for Night Supervisors that are not abstainers and clients know it... I do know if the hiring criteria has changed. The relief workers should follow the policy manual. Relief workers should follow the policy manual. Relief workers “who do not show up” policy should apply. One relief worker loses track of time when he is at the VLTs. The evening Counsellors are aware of this problem as they stay late evenings to the point that they have to look for that worker and look for relief.”

“There should be more dedication, responsibility and consideration towards each other when changing shifts. I was left working an additional shift 4:30pm - 10:30pm. I have no problem working additional hours but at least make arrangements with me. I had plans that afternoon I would have made a lot of noise about it but I did not mind because I did not have plans that evening.”

“More than once I have asked if evaluations have been done on the workers. This way it will give the board an idea on how well workers are doing on the job. If people are committed, need more training, how they perform in the work place. By doing the evaluation on workers, we will know then what is needed. We are trying to give the best possible service to our clients. If we do not perform as well as we should then we are not fulfilling our commitment.”

Inadequate resources. The organization does not have a standardized computer system designed to maintain client statistics or an information management system for the prevention program. The treatment program's information management system is specifically designed for the funding agency. It is not very useful for organizational purposes other than to ensure the organization meets the funding requirements. The participants' responses are noted below:

“As far as [my program] is concerned, updated client lists are critical but there needs to be standardized computer system that will generate [client] statistics. SAIS and SASSI will give a pretty good data base as well. The manual system of

maintaining records is not really working too well.”

Lack of training. Line workers need formal training or professional development to enhance their job performance to acceptable professional standards. The participants’ responses are noted below:

“Things would be easier if staff were more skilled or better qualified. Skills and qualifications are not always valued so it is difficult to talk about this one and it is in any event a vote of no confidence in staff. This might mean that what could be different is for the strategic planning to acknowledge that this limitation and build it into the plan. It might mean scaling back the plan or putting in some training or extra one on one help or different hiring or whatever.”

“If we are to improve the system of relief workers and cut costs, we need to use relief workers at an acceptable level. When it comes to the relief workers, the list of relief workers are in their early stages of sobriety and they still have tremendous amount of issues to resolve. This may affect the clientele. If we have a relief worker not attending AA meetings or attending to their sobriety, this individual is staying dry. They may not see the need to fully implement or a necessity.”

“The relief workers did not have the qualifications which was identified as a concern at the board and staff workshop.”

“The training for Night Supervisors is an area that has to be addressed.”

Lack of team effort. The immediate supervisor has the responsibility to ensure plans are implemented but makes little implementation effort to improve administrative support to line workers. A supervisor has a vital role to ensure effective service and programming to clients and often times determines work demands of front line workers. The limited involvement of supervisors causes great concern for line workers as noted in participants’ responses below:

“With the job descriptions, Counsellors are not all at the same level of participation.

Even though all 4 counsellors have the same written job description we all do not do the same work. Every Counsellor's workload is different but same job descriptions. Some people who do video documentation, homecoming workshop. Video documentation is usually "A" and "B", the workshops are usually "C" and "D" While "C" is away "D" is assigned to lectures. Utilize the ones with strengths but we should also help those with weaknesses. In a [team] meeting staff were asked to do lectures and staff will hide from the responsibility and I usually end up doing it. Treatment staff get together very morning to discuss who is going to carry out lectures. It is no problem for me to prepare for the lecture. If staff are given advance notice they would at least have the opportunity to prepare for a lecture. The treatment schedule was tried for two weeks but found that the staff would have to attend to other matters e.g., doctor's appointment, meeting in the community, committee meetings, or general band meetings. [the supervisor] would reassign to another staff member or [activity is] pushed to an evening. It would come up in morning staff meeting. Need to be more flexible to be able fill in for somebody, not have the same person doing the same thing over."

"I have not been pushing "G" to get it [revised job description] done. I am moderately committed as I am aggravated by my circumstance by the lack of appreciation for what I tried to do and for the investment in the community for healing and wellness. For a long time it felt like there were a lot of people out to get me and I found that it is not the case. It is king of wait and see what happens in the community."

"I did mine [revised job description] when the memo came out and from the staff meeting. I personally revised my job description and give it to [my immediate supervisor]. I did not receive any feedback or know what became of it. A meeting with [my immediate supervisor] did not materialize as [s/he] was busy. S/he rebooked and again it did not happen. I feel it is my supervisor 's responsibility to evaluate my performance where I can get validation on my work performance. What am I doing good and where I need to improve. [My immediate supervisor] did an evaluation on my job performance 2 years ago. My evaluation reflected that I "exceeded expectations" where I feel I did not. I do not know how genuine it has been"

"[My immediate supervisor] did my evaluation shortly after the memo came out. This is my second time getting my evaluation done. I have been here 10 years and I only had two evaluations done."

Limited meeting management skills. Staff meetings are unnecessarily lengthy as too much time and energy is consumed on discussing items that do not belong at staff

meetings. This includes personnel issues, treatment issues and personal stories. Time for staff meetings are limited to certain days and a certain time of day to accommodate most front line workers' schedule. There are several agenda items that need to be addressed.

Participants' comments are noted below:

"I hear my colleagues concerns that they want addressed but some other concerns can be addressed at treatment staff meetings with the Senior Counsellor or Executive Director. Some meetings are two long which is probable due to issues that can be addressed with the immediate supervisor. Important issues we can bring to staff meetings to work them out instead of wasting time on minor things."

"Sometimes there is too much story telling. I do want to minimize anything but some issues can be resolved not at staff meetings."

"We need to address some things that we forget about by the time we have our staff meeting. I could not tell my immediate supervisor because she does not always agree with use nor does she do anything about it. Sometimes an issue gets addressed at regular meetings. When we have house meetings clients talk about this and that and the matter is not looked into. It is important to have a staff meeting to resolve issues, to know where we are, know what comes up between staff and clients. We mostly deal with clients. Clients want to go to the pow-wow."

Lack of routine administrative practice. Regular administrative tasks are not consistently implemented. Workers do not have an established routine or a well established working relationship with administration to ensure regular administrative tasks are completed as noted in participants' responses below:

"I am the one updating client lists. If we wait there is usually a communication breakdown between [my immediate supervisor and the secretary]. [The secretary] is busy with other things."

"I have delegated responsibility to [another worker] instead of relying on [the secretary], not knowing when I would get my things typed, not overwhelming my needs on the secretary."

Impact of Plans Not Implemented or Implemented

Implemented plans, such as the yearly operational plan, and the restructured work schedule impact line workers' role and responsibilities as well as client services. With a yearly operational plan, spending is monitored and front line workers deny client field trips when it is not affordable. When the program cannot provide financial support, staff will support clients with fund-raising initiatives for client trips and utilize community resources to help save costs associated with cultural camps. The restructured work schedule ensures consistency in the people hired, reduced the number of phone calls after hours and improved counsellors the availability of client admissions. The participants' responses are recorded below:

"I am not involved in budget planning but I have to refuse requests for client trips or program material. I help get clients to fund-raise. The [organization] does not assume responsibility for gas. If they want to go somewhere they got to fund-raise. Clients need to take initiative on projects as a way to help themselves."

"We look at a yearly operational plan, for example, culture camp. We explore ways to cut down on budget. Utilize resources for our clients to take advantage of. If it is community based and it should not omit our programs as we are part of the community."

"If we spend money we do not have, we do some fund-raising to replace it."

"We no long provide toiletries and towels for clients, they have to bring their own as it is been badly abused."

"People who are able to work independently with little supervision and make sound decisions ensure the safety of clients are utilized during the evening shift."

"I have seen changes that happened. There is consistency of people we hire and we are not taking people of the streets like we use to. It is good to have consistent people on board. I see the change for the better."

"The number of phone calls received with this new system has reduced. On the

average I may receive three calls per week. Prior to this it was a grand central station. I would leave from work but my work followed me. In one weekend I logged 8 calls and three clients appeared at my door step requesting for this and that. This new system addressed this problem. Calls three times per week usually a night supervisor on duty who does not have the confidence to make a decision on their own. For example, suppose a client comes in and has been drinking, they know they have to terminate the client from the program but it is difficult to do.”

“A lot of issues that came out at the strategic planning sessions regarding clients coming in on weekends and nobody available to do the clients intake was taken care of with the staff rescheduling. Treatment staff are now working weekends and evenings. I strongly agree that was done because it is in the best interest of clients.”

“The counsellors being here on weekends and evenings to be here for new clients. It is crucial when clients come here and their orientation to the program.”

The inconsistency in effective administrative practices has an impact on front line workers as noted in the participants’ responses below:

“I do not know if what or how I am doing in delivering lectures. Where I need to improve or where my strengths are.”

“I hate to be against you but we as counsellors are not suppose to be committed to answering phones. We seem to be behind in our work. Instead of having two counsellors working evening we get behind on work. I do not know when I did my last monthly report. I sent it out anyway. Just sent two out not to long ago. I have to sent out 10.”

“Finding the time to meet with staff to work with them, we can not seem to get together as everybody’s time at work or their schedule is different.”

“I have had a few surprises in the past couple of weeks. We never know to expect clients. One client walked in ½ hour before we were off duty.”

Part III: The goal is to enhance the treatment program.

Seven major areas of the treatment program include screening/intake, client orientation, assessment, individual treatment plans, client education, evaluation and follow up services.

Why it Is Important to Fully Implement These Plans

Screening and intake. Screening is an important aspect of the program as it is a process to determine client appropriateness for treatment. The screening process is, principally, the referral package. The referral package describes key aspects of the client's physical, mental, and motivational qualities - all of which are keys in recovery. To ensure the safety of program participants, a client's criminal record and orders of recognizance are required attachments of the referral package. Clients must also produce test results for HIV/AIDS prior to admission. It's revision also would inform clients of program requirements such as house rules and personal items needed while in treatment.

Intake is an extension of screening when the decision to admit a client is formally made and documented. Intake is the administrative and initial assessment procedure for admission. (Document review of strategic plan quoted Standards & Certification Manual, 1994, p 17-18). The participants confirm the significance of client screening and intake as follows:

"The organization invests 4 months of time towards a clients struggle for sobriety and strives to ensure those who enter the program have a good chance of completing treatment."

"I strongly agree that the screening should be improved so we can take people in that are willing to help themselves and weed out those not willing to work on their lifestyle."

“Screening is taken place but it is not consistent on clients coming in. The referral package needs into go more detail. I see a lot of people following through the concerns. People come through here with severe clinical problems and destructive behavior and we are not prepared to deal with them.”

“I am not involved in the screening but I do intakes. It is important we know the people we are dealing with. We need to have a better profile. Knowing a client’s history prior to admission is helpful because you have a sense of knowing this person and what issues that need to be addressed. Even though I am not involved in the screening, I know through intakes which clients are not motivated. I would like to see clients screened out for solvents. There have been cases where clients are still using solvents. I see the importance of proper screening before clients are admitted. I have seen a male client sniffing and possibly died from sniffing would reflect back on the center. There are still clients that come who do not know what they should bring with them.”

“[Paraphrased] Referral agencies primarily responsible for local client referrals to treatment centers most often have initial contact with clients. The initial contact entails a treatment centre’s referral package. With a good referral package a worker learns a lot about client needs before a referral is made to treatment. The referral package is critical as it typically seeks to match client needs to a quality program that can deal with a multitude of treatment issues. The organization’s referral package needs a lot of work as it is rather vague and it does not get to the point of focusing attention on client needs. It needs to be revised to ensure adequate information is taken on a client for proper treatment planning.”

Client orientation. During a client’s orientation to the program, clients are informed of their rights, program goals and house rules that govern client conduct while participating in the program. Clients learn certain conduct is expressly forbidden while other behavior is discouraged. Wilful violation of house rules entail consequences ranging from suspension of privileges to immediate termination from the program. (Document review of strategic plan quoted Standards & Certification Manual, 1994, p 18). Plans to improve clients’ orientation to the program include: an update of client house rules in a number of areas of the program; instituting random alcohol and drug

screening tests as an integral component of the program; having a counsellor available at the time a new client is admitted to treatment; and to protect clients rights to privacy and confidentiality. Clients are to be continually reminded information that is shared is done so in total confidence and that such information must stay within the treatment environment. Participants' comments below confirm the significance of these plans:

“It is a critical part of people to learn a new way of life. When new clients come to our treatment program we welcome them to the treatment program with the thought they will complete the treatment program. We treat the clients with outmost respect regardless of where they come from.”

“If my colleagues are doing what I usually do such as review house rules, Things You Should Know. Everything we go through should be signed by clients. Clients sign a contract that they are willing to do the program. “Request for admission” form you are asking to be in this program. I go through all of this with clients e.g., fire drills. Clients can not say I did not know as everything is explained to them during intake.”

Client assessment. Client assessment is a set of standard questions that guide a counsellor to identify and evaluate client strengths, weaknesses, problems and needs which becomes the basis for individual treatment plans. The counsellor evaluates the client's major life areas e.g., physical health, legal involvement, psychological functioning and assesses the extent to which alcohol or drug use has interfered with the client's functioning in each of these areas. The result of this assessment focuses the treatment for a client. (Document review of strategic plan quoted Standards & Certification Manual, 1994, p 18). Participants identified the need to revise the assessment review in order to better equip counsellors in their attempts to categorize client needs around topics such as relationships, readiness, rationality, resources and drug

use. Participants comments are noted below:

“I strongly agree with the plan because I saw the importance to understand that assessments give counsellors more information on clients to come with a plan to work with clients.”

“Assessments are again extremely important. They are like the building blocks and foundation to clients treatment with what comes out of the referral package.”

“Assessment questions help me and the client get to know the client. Helps me focus on what areas of the clients life I need to work on. It helps me identify what area the client needs to work on. There are outstanding issues that come out in this process.”

Individual written treatment plan. A written treatment plan is a product of negotiation between the client and the counsellor that identifies and ranks client problems. It is the product of the assessment period; one that establishes agreed-upon immediate and long-term treatment goals for the client. It identifies the treatment process and the resources to be utilized in treatment. One copy of the treatment plan is provided to the client for their own use and one copy is placed in their file for their counsellor’s use. The counsellor monitors the progress of the treatment plan through weekly consultations with the client plus updates the client file as circumstances demand (Document review of strategic plan quoted Standards & Certification Manual, 1994, p 19). Participants adopted this plan as recommended in the program review to improve services to clients in treatment. An outside consultant was employed to conduct a program review based on the national program standards.

Client education. Client education is information provided to clients and groups concerning alcohol and drug abuse and the available services and resources. Client

education is provided in a variety of ways, including lectures, counseling and self help groups (Document review of strategic plan quoted Standards & Certification Manual, 1994, p 21). Participants' identified several plans to improve client education. The four key concepts of the medicine wheel- physical, spiritual, mental and emotional are used to present plans in an organized manner for this component of the program. To enhance the physical component, plans were to incorporate regular physical exercises, educate clients about proper nutrition and to educate clients to become aware of body messages. To enhance the spiritual component, plans identified utilizing existing community and external resources to build a sweat lodge and ensure sufficient supplies for the ceremony (eagle feathers, tarps, rocks and wood); to arrange for clients' attendance at the grandmother moon ceremony, community bible studies, men and women ceremonial circles as well as a consult with a traditional elder once every three months to educate on a variety of cultural specific topics. Topics discussed by the elder include healing and wellness, colonization, alcohol and drugs, traditional teachings on the medicine wheel and traditional medicines. To enhance the mental component, plans identified upgrading existing lectures and to develop lectures on assertiveness skills, relaxation, meditation, affirmations, self-discipline, procrastination, visualization, music, drama, role-playing, story telling and gambling. There was also a need for more emphasis on self-help groups and trained community members to facilitate groups. To enhance the emotional component, the plan included incorporating a regular anger management seminar into the program. Participants' responses on the significance of implementing these plans is as follows:

“Especially lectures, I had a concern. The content is too elaborate and it is hard to understand it. Revise lectures to layman’s terms.”

“The lectures are outdated and they should keep up with the times. It is time to change the meal plan to make it more nutritious. A lot of community members come here and I want them to get the best treatment possible. The exercise is good cause clients are here 4 months clients need to move around.”

“We have to work on those lectures to revise them.”

“The single most significant piece for me is the lectures and the utterly lack of established process in the lectures. My sense of it is the clients are from an adult education perspective empty vessels with whom counsellors fill with information.”

“The more participants’ own the process, the more likely implementation occurs.”

Client evaluations. Client evaluations are regarded as a significant source of quality assurance of programming and services to clients. Participants’ adopted a plan, as recommended from the organization’s formal program review, to develop a formal process to review client comments and feedback on the organization’s program and services. Client comments are a significant factor in determining improvements to programming. This plan was supplemented with a construction of a suggestion box located prominently in the foyer of the building. Also, participants’ follow-up on clients weekly in-house meetings.

“I believe that some sort of guideline laid out, we need to revisit how the program’s doing. We have always talked about improvements. We have always talked about ways to make it better. It is important we listen to the clients as we are here for them. These issues have to be brought to our attention not just verbally. We do need some sort of report as this will make a difference or make improvements in order for us to support the idea. We need to look at the whole picture.”

“It is good to see this - clients feedback is the back bone to quality services. They

are here 17 weeks with us. They know what the strengths and weaknesses are.”

Formal follow-up. Formal follow-up is essentially an after care contract which is a continuation of an individual client treatment plan. The contract the client makes is to achieve certain goals and objectives within a certain time after leaving the program. This plan keeps the client focused on their healing and wellness even though formal treatment is completed. A copy of the contract is given to the client, one copy sent to the referral agency and a third is placed in the client’s file. Plans to develop a formal follow-up system include: a recommendation from the program review to develop an individual written after care contract as a method for formal follow-up with each client completing the program; annual gatherings of clients such as an annual A.A. round up and/or a traditional pow-wow on the organization’s anniversary date; and to establish and nurture an alumni of graduates of the treatment program.

“[Program review document] “There was no formal follow-up or aftercare program in place for clients leaving the program. There is considerable informal contact with former clients but no systematic way of tracking them. Follow up is particularly difficult given the organization’s geographic location. The primary catchment area is the 25 most northern First Nations of the province. Many clients do not have telephones or fixed addresses thus it is almost impossible to maintain regular contact with them.”

Factors That Contribute to the Implementation of Strategic Plans

Commitment and involvement. Participants report being involved and committed, albeit in their own ways, to the implementation of plans to improve programming and services to clients. Their comments and observations are noted below:

“[Paraphrased] In examining factors in screening clients prior to admission, the worker seeks to find out what would likely interfere with a client’s recovery in the program. The nature of crimes committed and pending court charges that would likely interfere with client’s program. Clients would have make to arrangements to remand any pending court charges. Clients with HIV/Aids are screened out as the community leadership is concerned with the likelihood of HIV/Aids spreading into the community. Women who are pregnant beyond 6 months are carefully considered as the standard community practice is to send pregnant women to an urban center two weeks prior to their due date. Traveling on a gravel road to the nearest hospital, one hour away, risks the safety of a woman’s pregnancy. A client with a physical disability has to be able to get from one room to another, with little or no help, and must be able to attend to their own personal hygiene. A client with a mental disability has to be in touch with everyday reality as the organization and the community do not have trained personnel. Clients on prescribed drugs are carefully considered too as they may need to be weaned off medication before admission with the support of a medical practitioner.”

“[Although no plan was identified to develop an orientation package, one of the participants’ is in the process of developing one.] I am in the process of ordering materials to develop an orientation package which will explain what clients are to expect in the first week. There would be a welcome letter, house rules, things clients should know, a journal and pen, 16 week schedule, men and women’s group sessions.”

“Clients can not say I did not know as everything is explained to them during intake. It also reflects on me when my clients assigned to me who gone in late for sessions and I had already gone through this information with them. For example, if a client does not show up for a lecture and I remind them that they are the ones who lose out. I provide the information and it is up to the client to use it. I do not get tired of saying it over and over again. I have been accused and been called a nag.”

“Some things have started such as the consent form for the alcohol and drug testing attached in the intake.”

“Clients have a written treatment plan to deal with medical problems and poor hygiene.”

“When we [used the 4R assessment], first I dealt with alcoholism, second month relationship, third month dealt with goal setting. I kept it on his file. We discuss where we are at with clients. It carries on and on from sickness to betterment.”

[In another instance], “I put in point form in the counsellor’s impression based on the assessment it looks like you have issues in this area. I did not go as far as giving

the client a copy but we have discussed their treatment goals..

“[Another treatment plan] “I have been working on developing a written treatment plan in my activity notes. I have guidelines where I usually start with behaviors then, now, and what they would like to see the future. I found this worked for me as a client. I adopted this method and applied to my clients. After we identified behaviors, focused on addictions and thoughts about it. Issues - what do you think about it, after a month come back to the same issue to see if there is any progress or changes.”

“The exercise and mediation are becoming regular in our program. I do role plays, meditations in lectures with clients, I do exercise with them, I brought in the public health nurse to do a presentation to clients.”

“Improvements to proper nutrition have been discussed but participants’ are not educated on what needs to be done to improve nutrition.”

“It [revising lectures] is started as treatment staff started working on changing the lectures. I was involved. I am very committed because I want to learn more.”

“We are currently working on the area of client education. We are in the second phase of upgrading our lectures. We have made the first attempt at two lectures.”

“After my lecture I ask for feedback from clients, for example, what did you get out this. There are times I hear good comments when I finish my lectures but I cannot always get an A+”

“I include the clients comments in monthly reports to the board. I also do a follow up with any personal letters related to the treatment program that comes from a client. I will follow up.”

“I do not see all clients assigned to counsellor’s evaluation so we do not get feedback. I only see what my clients hand into me. I look over the clients evaluation usually it is okay. Realistically, they are asked to evaluate 4 months of lectures. They are checking off everything. They are just doing it because they have to. Clients will write nice things about their counsellor as the counsellor will see them. After receiving it, I have to put it back in the file.”

“[paraphrased] The plan to host a traditional pow-wow is implemented. All participants’ of the organization actively participated in organizing, planning and implementing an annual pow-wow for three consecutive years. Another plan that is fully implemented is taking clients to an A.A. round but this one is held in an urban center one hour away.”

“When I have to track down a client I will inquire about a particular client and ask how they are doing. Are they going to you for follow up and then pass information onto counsellors.”

“I am not going as far as getting something [aftercare plan] written. I make a verbal plan for their own maintenance focus on the mental, physical, emotional, spiritual - how they will maintain these four parts. Clients do a write up for themselves.”

Resources. The agency’s use of internal and external resources has contributed to the implementation of plans to enhance specific programming areas. Participants’ comments are noted below:

“Staff recently completed in-house training on client assessments and discovered new assessment tools including SASSI III (Substance Abuse Subtle Screening Inventory) to enhance the client assessment period. It is too early to say if this new assessment tool has made a difference in the program.”

“[Paraphrased] Participants’ are at different stages of implementing this new assessment tool. Some participants’ did not try the new assessment tool but are eager to do so. Other participants’ tried the new tool and thought it was better than the four “R’s”. It gives additional information on client suicidal thoughts and enables the development of a written treatment plan. One participant, skilled and knowledgeable in its application is working with others to achieve maximum benefits of the tool.”

“[document review on minutes] Aboriginal cultural and spiritual practices such as the sweat lodge and fasting ceremonies are an integral components of the program. The organization utilizes elder/traditional healers and internal resources to provide services such as fasting camps, traditional teachings and one to one consultations. A client was contracted to build a shed to house the sweat lodge in the winter months.

“[paraphrased] Agency resource person facilitated meetings [to upgrade lectures] that evolved into a training seminar on group presentations and facilitation. Training emphasized, an adult education approach where, at the most, 10 minutes be spent on a lecture and 80% group of session time devoted to client participation. Clients are adults with empty vessels not idiots whom counsellors fill with information. Facilitating large group sessions taps into the large pool of client information which is the experience. The objective of the seminar was educate participants’ on how to establish and implement a process guide that would build on participants’

facilitation skills. Participants' primarily read the lecture material in group sessions rather than incorporate a participatory process."

Integrating cultural and western practices. The program strives to accommodate the diversity of spiritual and religious beliefs clients bring with them to the program.

"The spiritual component is so important. The [program] is good as it gives a variety not just the culture. This is a good thing about the [program]."

"Clients participate in other activities. The big part of education to clients is the cultural component - ceremonies. Clients enjoy going to open gospel jamborees. A Christian orientation is provided in the treatment program in a subtle way. Suggested that clients visit different religions. I find this very threatening if I was a client. Has to be careful."

Factors That Inhibit the Implementation of Strategic Plans

Role Modeling. Line workers do not follow through with what they say they are going to do as noted in participants' comments below:

"Paper work [referral package] needs to get done. The ideas have been discussed. I am not really involved in this plan only when I am asked for my input for improvement."

"We are not part of the screening of clients. I have been on the screening committee once and even then I did not have much say. My involvement recognizing it has to be done, I should be working with the intake worker but need the treatment staff to sit down and do it. We are good at talking about it but doing it is another thing. The counsellors have not been involved in the screening."

Lack of monitoring and accountability. Although mechanisms are instituted to monitor client services, there is very little consistency in monitoring client services. The information management system is not used to monitor client intakes to meet the

minimum quota. Front line workers do not consistently produce supporting documents to demonstrate client services are delivered in an effective and efficient manner.

Participants' responses are recorded below:

"The intake has to be monitored. One of our goals is to be cost effective, we should only have intakes that meet our quota. Other than that, we just throw money away.

"[Paraphrased] The board would like to be informed on what is not working with the program as they generally hear the good things about the program. They do not know reasons people attend treatment other than to deal with alcohol and drug abuse. Monthly program reports to the board do not inform on reasons of why clients attend treatment. The board appreciate knowing clients come to treatment because of court orders, conditions of employment, self referrals."

[Document review] [A memo was circulated to counselling staff to produce clients written treatment plans as a way to monitor how effectively part of the program is carried out. Because staff did not submit the documents, a client file was reviewed of clients participating in the program. It was discovered that client assessments were not completed in the 10 day assessment period. A client assessment was not completed on one client who was in the program for 1 month and another one who had one week left before completing the program.]

Lack of routine practice. Virtually every phase of the program, from admission to aftercare programming, entails a set of standard procedures and practices, but front line workers do not attend to these scheduled tasks in a consistent manner. Participants' comments are noted below:

"Sometimes I do not get enough response to their [clients] concerns or questions from house meetings. I would like to discuss the clients' house-meeting concerns and beefs at our treatment staff meetings, this way we can take something back to them. I should be far more committed to carrying out this plan."

"Some [client concerns/questions] are addressed while others are not."

"I saw the suggestion box in one of the tables and we can make use of it. Then we can voluntary check it."

“[The prevention program] receives monthly client progress reports but not all the time on local clients. I do not like the after care contracts I get from the [treatment program]. I get progress reports from [other treatment centers] more than [this program]. I do not receive any aftercare contracts on clients. Progress reports on the clients in treatment need to be improved. I only receive progress reports from [one counsellor].”

Lack of confidence and proper direction. Front line staff cite a lack of confidence and proper direction as factors that affect their ability to implement plans to improve client services. Line workers lack of self confidence results in a reliance on others to implement such tasks to improve client services. The participants’ comments are as follows:

“There are many times I see a client wondering around and we lose a lot of clients. It speaks about the staff’s inability to read and connect with the people we bring in. I have heard clients complaining about counsellors not being available, lectures are boring, and there is too much down time (free unstructured time).”

“We need direction on how to formulate and carry out treatment plans.”

“[paraphrased] Participants’ would like to have individual written treatment plans that flow from the assessment period on key issues and goals identified. The client treatment plans should be revisited regularly to see how the client is progressing. Treatment plans need some method to capture where a client is at when they first come into treatment, where they are now and where they are when they leave the program. Once the client leaves the treatment program they will have goals. The counsellor can review clients progress and the type of supports needed to deal with these issues. Clients should know the resources in their home community as this will guard against a relapse.”

“The first plan requested a contract with an external source to upgrade the lectures but it was relatively too expensive.”

“Not all participants’ are capable or interested in conducting role plays.”

“Some of these goals have been going on for years and can be met but not. It should not be the same person taken on the responsibility if they were not able to do it in

the past. If the person needed help then we would have more people helping. Four of us to revise the house rules, I got tired of waiting for everybody so I just ended up doing it. We make little things hard on ourselves. Some people can make it more complicated than it really is. I see some skepticism when people have a hard time revising lectures yet we want to make it easier.”

“The concerns lies with the resources and supports for client once they leave here. There are couple of clients I worked with at the local level. When they graduate they say they will support them but this is not really the way it is. It is not the program or the client, it is the resources and lack of support from resource people.”

“I notice people depend on others to help them. When we were working together, we were waiting for [one staff member]. [Another member] brought everybody down by saying we can not do it without [this one member]. These kind of attitudes will stop us from doing anything. Work with what we have and move on. At least lets try our best. There is dependency on having something done for you and not doing it for ourselves.”

“There needs to be less reliance on the upper level of the organization. We got to realize that treatment and prevention should be taken more oneness and responsibility to implement the goals and strategic plans. Staff wait for management and authority to give us the “okay” go ahead. We are conditioned to look to authority. It may be ignorance on our part. We will wait for [people in authority] before things get done. Fear of making mistakes, reprimand, judged on performance, demotions.”

“If I am asked to do it I will do it, if I am not asked I will not do it. I do not want to get [in trouble]. If nobody wants to do it I will go ahead and do it myself. I do not want to do it. I will do it with help.”

“[The barrier I face in carrying out plans] is confidence especially with myself. Procrastinate a lot. Skill - where to start. Commitment is sometimes not there. The motivation is not there. I need to be more assertive, honest with my peers. This time has freed up a lot of inadequacies. I have been treading coming to work, feeling guilty about not getting things done.”

“[What prevented me from assuming responsibility to carry out plans] is other people have volunteered already. Other tasks I felt somebody else could do better. Maybe I did not have the knowledge. Undermine my own ability especially if when it is new. When somebody shows me and guides me through then I work on my own.”

Lack of common interpretation. Lack of common interpretation of rules respecting clients' participation in program activities, particularly around aboriginal cultural activities during the clients assessment period, creates a certain amount of confusion in servicing clients. Their comments are as follows:

[Document review of house rules] "Clients must attend all A.A./A.C.O.A. meetings; clients must attend all group sessions on time, and are expected to stay in sessions until completion; clients must attend all program sessions after their first five days in treatment; clients will be asked to leave if they continue to break rules, do not participate in treatment, and display no effort to change his/her lifestyle; unreasonable refusal to actively participate in the cultural/spiritual aspects of the program may be asked to leave. The house rules on "the first five days" was revised from "the first ten days".

"I do not agree with the 10 day rule and I have talked to [my immediate supervisor] about it. The client is isolated in the program can be more of a deterrent. 10 days is a long time to be coped up in here. Everybody has a different interpretation of 10 day thing. A.A. is mandatory but can not go to lectures. Ceremonies in the morning are they mandatory for clients to go during the 10 day period? The lack of clarity creates confusion for clients. It should be stated clearly in the rules of in things You should know."

"I have questioned why clients can not go into lectures. I can appreciate fact that clients are not allowed contact but during the assessment period they should be very busy but it is not the case."

"[document review staff meeting minutes] "A.A. meetings take place twice a week, once inside the center and once outside. Such arrangement accommodates two groups of people, clients in treatment and local people. Not all local people are comfortable attending the program's A.A. meetings at the treatment centre because of the aboriginal traditional spiritual and cultural practices."

"I do not know what they [prevention] are doing. I thought they are suppose to set up outside activities. A.A. meetings - not to use clients to have A.A. meetings outside."

Lack of team effort. Front line workers do not fairly share the responsibility to implement plans to improve client services. The resulting disharmony does not allow for

team effort as noted below:

“I have not exposed to [client assessments] as much as a counsellor. The assessment gives you a lot of information and pick up a lot of things. The only time I am asked by [my immediate supervisor] to develop contracts with clients then I will do them. I work in isolation with the counsellors. The only time we get together is at treatment meetings. It is all superficial. I get more out of talking to [counsellor “A”] about clients than sharing at staff meetings. We need to go deeper. There is something more but how do you get to the core. I envision setting up regular counselling sessions with a client with the counsellor and the therapist. I lost my drive or motivation to work. Team work and cohesion is not here. I do not know how to go over there to reach out. In my case activity notes I had to justify my lectures. They have been so redundant.”

“Staff are not aware of counsellors treatment plans with other clients unless the clients told me themselves. We are trying to empower clients and they depend a lot on their counsellor which is noticeable when the counsellor is not here. In the hospital every nurse knows what happens with a client there is always someone there to cover and knew where the nurse left off. As counsellors we should know where the counsellor left off when they do work with their client. E.g, I was on call one weekend, I came in to talk to a client but she insisted on talking to her counsellor. It is a matter of just doing it now cause it is there.”

“ It needs team effort. If somebody were to take the responsibility of hooking up with pathfinders, someone would take on mediation with clients. It is only a few people that take on responsibility for tasks. I am doing what I can but would like others to do their share of the work. I have my own work that needs to get done and carrying additional work that can be shared.”

“I take on responsibility as a group, a treatment team. To me this works. I learn about me during the process, I do not know it all. Somebody’s doing the task on behalf of the treatment staff and I will back off. She is doing a very good job. We take her work and effort for granted. They both have responsibilities. To some degree, I feel guilty but would like to be more involved.”

“If I started or another person started I would give myself but want a team effort. My team would be free, feel safe with each other, be strong, united, bold, willing to share, give positive criticism. Some treatment staff meetings can become pretty tense.”

“I feel sometimes it is a lot of hot air. I could huff’n puff about it but it would not change anything. I am trying to push people to it and there is a lack of enthusiasm. I

could usually motivate each other. At times I get frustrated, some days I am tempted to take on other people's responsibilities. If we are all here for a common goals these we should all be doing our part. In staff meetings [the chairperson] asked a question if anybody would volunteer only a handful were willing to take it on and when they were excluded from volunteering nobody would volunteer. I have tried to be quite in treatment staff meetings not to work as so may times it is me and I refused to as I need a break. Then [my immediate supervisor] said she would do it. Then there is somebody there that will rescue. In the effort I put in I feel satisfied."

Team meetings. Team meetings are needed to review and update the progress of the implementation of strategic plans but they are not consistently followed through as scheduled, as noted in participants' comments:

"This one is hard for me. If there were more effort for SWOT meetings made, commitment to meet, treatment staff - only a couple of us. It's discouraging for us when there is only two of us it is hard to meet. If we could have a meeting other than every year with all the SWOT teams. This is not being done and this is why - this way everybody is comfortable. To be able to touch basis one in a while to see if anything is getting done."

"Consistency in meetings is important. There have been times where we will plan to have 2-3 meetings and we only meet once. It does not happen all the time. One meeting I really enjoyed was the one with prevention. Everybody had there input. Everyone participated and go involved. Need to feel more motivated. I know what I would like to see happening and what needs to get done but I need to feel more motivated."

"Now that I am able to focus where we have been, we should have a follow up. Two months after strategic planning to see were we are at. This way other resources kick into help. Then we can be ready for the strategic planning workshop."

Group norms. The healthy or unhealthy service delivery practices of participants' who have worked together for some time become routinized. As a result, any attempts to improve existing methods in practice is challenging, as noted in participants' comments:

"As a treatment team, a reactive team, we put out little fires here and there. We have been operating that way for a number of years. We have been operating from crisis

to crisis with clients. A crisis includes a client dispute, conflict resolution. We all jump in. Counsellors brings it to a treatment staff meeting. We get a fair number of client disputes. A lot roommates, confidentiality, people not respecting other people's space, boundaries. Take on client issues related to courts, deaths in the community, making necessary arrangements for clients not having bus fare, phoning here and there for a ticket. Court cases are assault related changes. Weekend passes to some degree the focus of discussion in treatment staff meetings."

"The exercises does not happen regularly only a few staff are committed to ensuring exercises are done. I find I am pushing staff and there is 1 or 2 of us that do the physical exercises or mediation exercises. Maybe personal or professional level to resistance in change. I do role plays, meditations in lectures with clients."

Impact of Plans Not Implemented or Implemented

Front line workers apply house rules for client services according to their own interpretation of the rules and the client's circumstances. House rules are not consistently applied in similar circumstances which has an adverse affect the on clients, especially in the first week of treatment and at program termination. Counsellors refuse to deal with clients if they are not assigned to their case load; they have to wait to speak with their assigned counsellor. Clients are not allowed to participate in treatment activities during the first week of the program (assessment period) and as a result clients end up isolated in the program and often prematurely terminate the program. Rules for clients' program termination are not consistently applied especially those involved in the correctional system. Participants' comments are noted below:

"I do not agree with the 10 day rule and I have talked to [my immediate supervisor] about it. The client is isolated in the program can be more of a deterrent. 10 days is a long time to be coped up in here."

"It is a waste of time for clients not being able to go into group sessions e.g, lectures during the 10 day assessment period. I do not know if it is right but I have been

inviting my clients to come into my sessions. I observe that clients do not know what to do with themselves. After the intake they are pacing. As far as I have been here clients were not allowed into sessions. Even if they are not comfortable sharing they are listening and observing.

There are many times I see a client wondering around and we lose a lot of clients. It speaks about the staff's inability to read and connect with the people we bring in. I have heard clients complaining about Counsellors not being available, lectures are boring, and there is too much down time (free unstructured time).

“One client from an outlying community was never much into drinking but 3 years ago he started to get into it pretty bad. He ran up a bill up to \$3000.00 with his dealer. At the tail end he beat up his wife pretty bad. She called NNADAP and told him if did not go for treatment she would leave him. He did not like what he become. He felt bad with what he had done. He did not have marketable skills. If he left the program she would leave him. He would have to deal with his dealer. Every time he tried to talk to a Counsellor he would get the run around. He would approach a Counsellor, the Counsellor would tell him to wait to talk to his Counsellor. During the assessment period he could not go into lectures, he is isolated in the treatment center, his Counsellor's not around, he is not in his community. He has been in the program for 5 days and he still did not see his Counsellor. I wondered why he could not go into group. At least he should be attending sessions. The assessment is started but not implemented.”

“The rule we have on clients, if they are caught using they are terminated. Sometimes they are terminated or bend the rule and give him another chance especially people from the penal system. We are more lenient on them. [One team member] is more sympathetic to clients that are gone through the penal system.”

Part IV: The goal is to enhance the prevention program.

The six areas of the prevention program include: promotion of the prevention program, assessment, individual treatment plans, referrals, report and record keeping and follow up services.

Why it Is Important to Fully Implement These Plans

Promotional package. A promotional package about the organization's services will be distributed to member referral agencies to promote the programs. The package will have a brochure describing programs and services, goals and objectives, referral package and critical information on the organization as a whole.

Client assessments. Client assessments gives front line staff a better understanding of a client's level of motivation, commitment to help themselves and type of the treatment or services suitable to a client before referring a client to alternate programs or services. The assessment picks up any discrepancies in a client's life.

Treatment plan. A treatment plan is a result of the assessment that helps the client deal with their issues related to the abuse of alcohol and drugs. The counsellor works with the client to identify and prioritize goals that serve as a guide for the counsellor and a client in a one-on-one session. The treatment plan is used to determine if the client is achieving the established goals. The overall work helps the counsellor build a relationship with the client.

Referral. Referrals are used to assist the client to utilize support systems and other available resources as some needs of a client cannot be met by the counsellor. The counsellor must be familiar with the resources, treatment programs and the limitations of

each service and know if the limitations could adversely impact the client. The counsellor must also be able to demonstrate a working knowledge of the referral process, including confidentiality requirements and outcomes of the referral. Referral is obviously closely related to case management when integrated into the initial and ongoing treatment plan. It also includes an aftercare or discharge plan that takes into account the continuum of care (Document review of strategic plan quoted Standards & Certification Manual, 1994, p 21). A number of plans were identified to improve client referrals including: proper travel arrangements for clients to and from a treatment center; ensure that the prevention program receives a copy of a client's after care plan from the treatment center that identifies a client's goals and plans for continuing care; and finally that the referral package is attached including a client's prior criminal record, recognizance and medical examine that verifies or voids HIV/AIDS.

Report and record keeping. Report and record keeping involves outlining the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client related data. It facilitates adequate communication between a line worker and the supervisor in providing timely feedback. It is valuable to other programs that may also provide services to the client at a later date (Document review of strategic plan quoted Standards & Certification Manual, 1994, p 21-22). Participants' identified a plan to have a sign in and out book for prevention's clients and visitors that attend self help group meetings.

Follow-up. Participants' recognize the significance of follow up service for clients to continue a healthy, alcohol and drug free lifestyle after attending a treatment program.

It is understood a follow-up meeting with a client is critical part of continuing care, clients are basically responsible to maintain a continuing care plan after attending treatment.

Factors That Contribute to the Implementation of Strategic Plans

Involvement and commitment. Participants' report active involvement and commitment with the implementation of plans to improve programming and services to clients. Their comments and observations are noted below:

“Half of the things are done such as the vision and mission statement. It is a matter of pulling all the information together into one [promotional] package that has not been done. I am frequently involved as I am helping in the final stages of the project. I was involved in the strategic planning session and the tail end. I am involved in pulling everything together.”

“Comments received from people in regards to the program say good things. Comments coming from people, my conscious tells me it is something worthwhile. It is coming from people, I have to support it. I am sure by reading the reports, they are trying their hardest to improve the program therefore I am very committed to support the program itself. The willingness even to the extent of extending services - the proposal that was put together. People say prevention program are not just sticking to alcohol and drugs they are trying to educate people to decrease alcohol and drug abuse, go to younger people. Prevention is trying to direct people to have a more healthier life style. Give the facts and it is up to the individual to make that choice, they would work themselves out of a job.”

“I was waiting for word on the out patient program. There are other developmental things that are happening such as a pretreatment program, follow-up, proper assessments. It takes a while.”

“[paraphrased] A promotional video on the treatment program is in place for those interested in learning about the program.”

“I have had only done it [assessment] once and [the other worker] done it once. We have financially got some tools. We have been trying with different tools. The tools we had did not have much substance, flimsy. We will be using SASSI and the adult assessment developed at the assessment staff workshop. This assessment has considerably more substance. We tried part of the four “R’s” (Readiness), Michigan

Alcohol Screening test - this was my starting off point. We used the individual treatment center's referral package. There were strengths and weakness to everyone of them. From there I really learned to value those assessments.

Waiting, looking, researching and finding [a treatment plan format] that I am happy with. Look at material we looked at so far. I started to develop a contract with clients on pretreatment planning. It was the best at the time. I was unhappy with it but it was the best at the time.

“[paraphrased] During initial discussions of transferring the responsibility of the prevention program to current the administration, one concern was high travel costs of workers escorting clients to and from treatment programs outside the community. Previous administration covered such travel costs. Once the responsibility to administer the prevention program was transferred, workers had to find a reliable relative to escort a client. The current administration did not assume responsibility for travel costs associated with clients attending treatment programs. A government funded agency covers travel costs. This practice creates more effective use of resources and saves unwarranted costs.”

“I am always doing referrals. I agree a little bit as I do not always agree with sending clients to treatment. It will change with the new assessment. The way things were before we just send them to treatment. With the new assessment I can see if the client is ready for treatment. It gives a guide line. I am very committed to making improvements to the referral system. This is a challenge as [our program] has always been the same. It is going in different places as its more professionally structured maybe cause of the policies and it's under [this organization]. I sometimes I feel like a travel agent making travel arrangements for clients to go for treatment whenever they want to go. I really want to see an outpatient program. I want to focus on workshops like prevention of FAS [fetal alcohol syndrome]. Go more into the school, the nursing station, in the community to do workshops on parenting, sexual abuse, self esteem. I want to do fund-raising. I want the community involved, I want a fund-raising committee especially those who have completed treatment. Have a huge conference. Plan trips outside the community. Maybe too I lack the motivation myself.”

“Again, it is about learning the requirements of the job and moving to get the record keeping and reporting done. All the people we worked with - home visits, follow up, contacts made, substance abuse, rate of recidivism. I want to move to evaluation. How to improve and track the successes of the program. Instead of seeing the same faces over and over again for referrals I would like to try slot them into pre-treatment or outpatient program We do not have a pre treatment program. If they do not want to help themselves in the community, it is pointless sending them out on a holiday. So far recording keeping includes assessments, pre-treatment

plans, aftercare, monthly progress reports, statistics that includes characteristics of clients e.g., substances abused, types of contacts, success rates, recidivism rates.”

“I am always involved as I keep stats for the program. I strongly agree as it gives us a better picture of clients e.g, how many in treatment, how many we see in a year, how many finished, did not finish. I am strongly committed as I want to have a graph to see how important the program is. The stats gives focus on our program. I seen a picture of TARS and I would like to have a picture of our program. It is a lot of work but I enjoy doing it. There is so much I want to learn how to put stats together.”

“A lot of information is reported to MSB and the board. Statistics are being worked on, client files are being updated, inputting data into computer is being done but not fully implemented. I am involved a little in reporting the financial situation to the board, MSB and the Coordinator. I helped the counsellor put data base together.”

Networking. Front line workers report building a roundabout networking relationship between mutually exclusive programs. The relationship between prevention and treatment programs that primarily serve the same client ensures continuing care is provided. This relationship is strengthened as both programs are under the same administration. This relationship helps detect the service gaps before and after treatment, as noted in participants’ comments below:

“I find it very rewarding to have [prevention] in our facility. We immediately have contact with clients who come to our treatment program We can introduce ourselves before they come into the treatment program.”

“Verbal discussion with prevention they tell us [treatment staff] what their clients want to work on but not in writing. The local clients bring in their agenda that as arranged with their [prevention] worker.”

“Once a client came he had to remain sober, he had to attend AA meetings to show his commitment to treatment until there was a bed available. There was good follow-up. They informed me of his conditions prior to treatment - there was a verbal plan.”

“One of my nephews can back from another treatment center, he has been attending

sweats. I imagine this is part of follow up services. When I think we have finished providing treatment services, I will stop and ask how they are doing. Give direction to help for certain I frequently get involved with prevention with follow up from my local clients.”

“They [prevention staff] have been an asset to treatment with consultation. [I] utilize [prevention staff] to some degree about things in treatment. How would you go about this and [they are] usually is obliged to share.

Use of internal expertise. The organization’s employment of people with the necessary qualifications and skills has contributed to the implementation of plans to enhance specific programming areas, as noted in participants’ comments below:

“[Prevention] only started applying a new assessment tool developed during the assessment training seminar. The new assessment integrating SASSI III has considerably more substance than previous assessments prevention used as it covers all areas of a person’s life. Prevention program examined the applicability of the new assessment tool with a few clients and agreed to incorporate this assessment tool as regular practice in their initial counselling session with clients.”

Factors That Inhibit the Implementation of Strategic Plans

Staff turnover. A turnover of staff affects the implementation of plans to enhance client services as noted in a participant’s response:

“I believe that to do a job well got is to take your time to get to know your job and requirements of the job. Not just blindly rush into tasks although the manager sees the need for things to get done. I think it through and sort it out.”

Program priorities. Plans do not get implemented as a result of a shift in program priorities to address critical client service needs as they arise from time to time, as noted in the following participants’ responses:

“They [prevention staff] have been preoccupied with developing essential aspects of prevention to ensure effective services to clients. The essential aspects include

organizing a mass of cluttered files, instituting a client assessment tool, developing necessary client forms and program policies, and data base for clients. The prevention program continues to focus on creating community education awareness on factors related to the abuse of alcohol and drugs in the local school and fetal alcohol effects/syndrome during scheduled prenatal days at the local medical facility.”

“We [treatment team] are in the process of getting things categorize and in order then it would be put together. There is a question about the promotional video to be included in package. In the areas, what the treatment program has to offer, revision on lectures, focus on prevention of addiction, focus on cultural aspect. Lectures are rapidly changing, we are looking at lectures relevant to Cree culture. Lectures are culture do not meet the need. Willing to help in anyway to offer my expertise and knowledge.”

“Prevention has been unable to institute a method of formal follow up. Priorities are shifted from time to time to attend to critical matters that frequently arise. Shifting priorities usually involve changing a counsellor’s agenda for the day or for the week to accommodate client walk- ins, a crisis, referrals, telephone calls, and business with the organization. To free up time, business in the organization can be better handled. Counselling local clients experiencing a crisis while participating in treatment can be alleviated if the counsellor is available to work with the client. Sometimes a client prefers to talk to a prevention worker. It is very difficult to work around shifting priorities especially to say “no” to a client who is in a crisis and it does not fit the counsellor’s agenda. Secondly, prevention has been occupied with developmental projects such as assessment, treatment planning and referral system. Aftercare and follow up service is slowly being brought on track.”

Lack of inter-department networking and involvement. It is not uncommon to have misunderstandings in the relationship between the prevention and treatment programs. Both primarily serve the same client before, during and after treatment. Both programs work exclusively to serve clients to their specific program purpose with little or no involvement and networking with the other program in order to provide continuing care services to a client.

“I did not hear about this plan maybe I did not pay attention. I was not involved

because I did not attend a meeting.”

“I do not know what they are doing. I do not know if they are doing assessments but agree they should help people. I really do not know what their plans are with their clients so I can not say anything.”

“I do not know if they have a promotional package. I have not seen one.”

“I really do not follow up. I follow up with majority of treatment programs to see how clients are doing. Being back in the community is a critical part of follow-up. This is where I am neglecting. I strongly agree as it is probably the most critical part is to follow up and aftercare. I am moderately committed as sometimes I go and sometimes I do not. I should be doing more.”

“I am not directly involved in daily operations of the program but my major involvement is looking at the financial part of the program. If we can afford it make an adjustment here and there. I have to see a more clear picture of referrals. If we are given the funds to do it with people leaving our area. I am not familiar with policies with people leaving the program. I am yet to see the whole program. The more clear picture on what is working or what needs to be amended to services better economically I would like to see the whole plan. The purpose of plans is to revisit them. If one way does not work and think of a much better way. There has to be occasional changes from time to time. Keep up to date with them more periodically.”

“I thought they are suppose to set up outside activities. E.g., A.A. meetings not to use clients to have A.A. meetings outside.”

“A lot of times [prevention] gets tied up with something and things have to wait. It is more of commitment with treatment working with prevention for aftercare of clients. [The immediate supervisor] wanted to be able to come see me on any concerns I could discuss with [prevention] or I met with a client who was having a hard time. I could discuss it with [prevention]. [One local client] left the program he has been here so many times this place does not work for him, how has it mentally but does not practice it. It could be the distractions.”

“When it comes to work that needs to get done in [prevention] like the referral package I do not want to get involved cause it is [prevention]. As a community we miss the boat, everything is interrelated and yet we work so separately.”

Impact of Plans Not Implemented or Implemented

The work and effort put into implementing strategic plans to enhance the prevention program has an impact on client services. They are much more organized. They have developed a proposal for an outpatient program and less community people are sent out to treatment as the clients need to demonstrate their commitment by attending local support groups by this local organization before a referral to treatment is considered. A client data base is maintained and more local people come to the Centre. Participants responses are noted below:

“Since [the prevention program] came under [our] umbrella they have advanced 7 years such as the proposal for the Healing and Wellness program. There are less people sent out. You have been to treatment 10 times, go to AA meetings then we will consider. It is more modernized with computer and data base. The school curriculum and occasional workshop. There should be more workshops in the community. They had to get things organized and go out. They are more organized and do more preventive work. Since the [prevention program] moved [here] it has influx of community members that come to [here] and affect or inhibits our treatment program. When we have 9 community members in the program confidentiality is a concern as people will not share because they know each other. The treatment program is so accessible to the local clients.”

“Before once client came he had to remain sober, he had to attend AA meetings to show his commitment to treatment until there was a bed available. There was good follow-up. They informed me of his conditions prior to treatment - there was a verbal plan.”

“The treatment program is easily accessible to prevention. They know when there is a bed available.”

“The treatment program is easily accessible for the prevention program but we can only take so many because we have to provide the treatment service to other communities. The safe average and comfortable number of local clients to take into the treatment program is four clients due to the issue of confidentiality plus closely knitted kinship ties may prevent progress in treatment for local clients.”

Summary

This section presented the findings of the evaluation. The findings were organized into four sections reflecting four agency goals selected for this evaluation. Part I presented data relating to the activities involved in developing a comprehensive policy manual to address all aspects of operations. Part II presented data relating to the activities to enhance the administrative, educative and supportive functions of supervision. Part III presented data relating to the activities to enhance the treatment program. Part IV presented data relating to the activities to enhance the prevention program. Each of the four sections reported the findings under the following headings: (1) why it is important to implement plans; (2) factors that contribute to the plans; (3) factors that inhibit the plans; and (4) the impact of plans not implemented or implemented.

CHAPTER V: FURTHER REFLECTIONS

Introduction

This chapter is presented in three sections. The first section, compares the general patterns/themes revealed in the evaluation findings of the implementation failures and successes outlined in the literature. The analysis is presented in tables (1-10). Each table has general patterns/themes as a heading including: (1) training component and use of internal and external expertise, (2) involvement and commitment; (3) team meetings, team effort and inter-agency networking; (4) monitoring and accountability; (5) group and community norms; (6) resources; (7) division of labor between policy and operations sphere; (8) role modeling behavior; (9) lack of routine practice; and (10) the impact of strategic plans implemented or not.

The second section, shares my own views and experience on a few patterns/themes (outlined in the tables 1-10) that affect the implementation of strategic plans. These patterns include: (1) a training component and use of internal and external expertise, (2) team meetings, team effort and inter-agency networking; (3) group and community norms; (4) division of labor between policy and operations sphere; and (5) performance issues. This discussion incorporates new literature, not referenced in chapter 3 in order to better understand these particular factors and their influence on the implementation of plans.

The third section will discuss some seemingly odd inconsistencies in the responses obtained during the interviews. This discussion leads to some refinement of conclusions in regard to the central question addressed in the practicum.

Table 1: Comparison of the training component and the use of internal and external expertise with literature and evaluation findings.

Training component and use of internal and external expertise		
Literature	Evaluation findings	
	Factors that contribute to the implementation of strategic plans.	Factors that inhibit the implementation of strategic plans.
<p>The Rand group analysis on project implementation distinguished the existence of a strong local training component and use of local expertise and technical assistance as chief determinants of successful implementation.</p>	<p>The need to establish terms of reference for the board of directors arose from board training regarding their role and responsibilities (p 41).</p> <p>The board of directors employed an external consultant with the expertise to develop a comprehensive policy manual. This resource person developed the policies with staff's input and for the board to review and approve (p 42).</p> <p>Every year an operational plan is developed and in effect. The knowledge and ability of the finance personnel was a definite asset with the implementation of this plan for that year. An understanding of the funding agreement and strategic plans were key considerations in developing a yearly operation plan. The</p>	<p>Line workers need formal training or professional development to enhance their job performance to acceptable professional standards (p 53).</p> <p>Front line staff cite a lack of confidence and proper direction as factors that affect their ability to implement plans to improve client services. Line workers lack of self confidence results in a reliance on others to implement such tasks to improve client services (p 70).</p>

Table 1 continued

	<p>practice of having a yearly operational plan guides the key players with sound financial management to effectively monitor monthly and yearly expenditures (p 49).</p> <p>The agency' use of internal and external resources has contributed to the implementation of plans to enhance specific programming areas (p 67)</p> <p>The organization's employment of people with the necessary qualifications and skills has contributed to the implementation of plans to enhance specific programming areas (p 82).</p>	
--	--	--

Table 2: Comparison of involvement and commitment with literature and evaluation findings.

Involvement and commitment		
Literature	Evaluation Findings	
	Factors that contribute to the implementation of strategic plans.	Factors that inhibit the implementation of strategic plans.
<p>The success of implementation effort can be gauged by looking at the essential elements of the organizational development model. One essential element is individual motivation and commitment (a sense of involvement and ownership in the project).</p> <p>Failure of implementation is due to the people who implement programs seldom being included in decisions that determine the content of those programs. The closer one gets to the point of delivery in social programs, the more frequently one hears complaints that policy-makers and high-level administrators don't listen to service deliverers.</p>	<p>Having both the board and staff involved in the strategic planning sessions serves as a useful exercise of working together to review strategic direction and in building relationships and improving communication. The key players in the development of the comprehensive policy manual were very committed and actively involved through the whole process. Staff also appreciate having involvement in the development of personnel policies and program policies (p 39).</p> <p>There is commitment and involvement from management and finance personnel to ensure sound financial management and ensure effective client services. People appreciate the way finances are handled especially when they are informed on how money is being spent in their program and when money is left over. Management and finance personnel explore areas with staff to reduce spending to accommodate items identified to address program needs. When</p>	<p>Staff do not always know what goes on at the board level. They would appreciate having more involvement and input into the development of policies and decision making (p 42).</p> <p>People who have little involvement would appreciate having input into the implementation of plans. Line workers are not utilized enough and do not have their requests heard as a part of the budget plan as the line of communication between line workers and key players of the operational budget is inadequate (p 51).</p>

Table 2 continued

<p>Individual motivation and commitment affects behavior of implementors but it lies outside the domain of direct management control.</p>	<p>money is available at the end of the year, requests for purchases are considered. Staff are given an opportunity to suggest how the balance of the budget could be spent especially as it pertains to addressing program needs (p 47).</p> <p>Participants report being involved and committed, albeit in their own ways, to the implementation of plans to improve programming and services to clients (p 64).</p> <p>Participants' report active involvement and commitment with the implementation of plans to improve programming and services to clients (p 79).</p>	
--	---	--

Table 3: Comparison of team meetings, team effort and inter-agency networking with literature and evaluation findings.

Team Meetings, Team Effort and Inter-Agency Networking		
Literature	Evaluation Findings	
	Factors that contribute to the implementation of strategic plans.	Factors that inhibit the implementation of strategic plans.
<p>Another essential element of the organizational development model that determines the success of the implementation effort is the centrality of strong face-to-face work groups (breaking down the traditional isolation of workers, enhancing professionalism and cooperation).</p> <p>The interaction and mutual support of people in work groups also affects behavior of implementors but, again, it lies outside the domain of direct management control.</p>	<p>Front line workers report building a roundabout networking relationship between mutually exclusive programs in providing client services. The relationship between prevention and treatment programs that primarily service the same client to ensure continuing care services is provided to a client is strengthened as both programs are under the same administration. This relationship helps detect the service gaps before and after treatment (p 78).</p> <p>General staff meetings display a team effort. There is an established process to address items critical for productive staff meetings. General staff meetings involve all levels of the organization such as administration, treatment staff, prevention staff, cooks and management.</p>	<p>It is not uncommon to have misunderstandings in the relationship between the prevention and treatment programs. Both primarily serve the same client before, during and after treatment. Both programs work exclusively to serve clients to their specific program purpose with little or no involvement and networking with the other program in order to provide continuing care services to a client (p 83).</p> <p>Staff meetings are unnecessarily lengthy as too much time and energy is consumed on discussing items that do not belong at staff meetings. This includes personnel issues, treatment issues and personal stories. Time for staff meetings are limited to certain days and a certain time of day to accommodate most front</p>

Table 3 continued

<p>The systems model emphasizes hierarchal control as the single most important element to ensure an organization behaves as a system. The failure of implementation is a result of responsibilities not clearly assigned and expected outcomes are not specified.</p>	<p>The onus is on staff to bring items forward in advance that would be addressed at staff meetings. At the staff meeting, each item would include a recommendation, if deemed necessary and/or develop a plan of action. The plan of action identifies a time frame and the person responsible for implementing the plan It is appreciated when workers take the initiative to assume responsibility to carry out tasks that serve as a critical function to ensure effective client services (p 48).</p>	<p>line workers schedule. There are several agenda items that need to be addressed (p 54).</p> <p>Team meetings are needed to review and update the progress of the implementation of strategic plans but they are not consistently followed through as scheduled (p 74).</p> <p>The immediate supervisor has the responsibility to ensure plans are implemented but makes little implementation effort to improve administrative support to line workers. A supervisor has a vital role to ensure effective service and programming to clients and often times determines work demands of front line workers. The limited involvement of supervisors causes great concern for line workers (p 54).</p> <p>Front line workers do not fairly share the responsibility to implement plans to improve client services. The resulting disharmony does not allow for team effort (p 72).</p>
--	--	---

Table 4: Comparison of monitoring and accountability with literature and evaluation findings.

Monitoring and Accountability		
Literature	Evaluation Findings	
	Factors that contribute to the implementation of strategic plans.	Factors that inhibit the implementation of strategic plans.
<p>Accountability often is interpreted to mean the minimization of mistakes, rather than learning how best to achieve desired outcomes effectively and efficiently.</p> <p>The systems model emphasizes that the failure of implementation is a result of poorly defined policies and people not being held accountable for their performance.</p> <p>When part-whole relationships are flawed, another problem is likely to be present; organizational systems will be based on impeccable micro-logic that makes macro-nonsense. The system of accountability, for example, will involve so many sign offs and oversight mechanisms that innovation and responsiveness will be driven out.</p>	<p>It is important to define the management structure of the organization in order to ensure an accountability framework. By stipulating the elected local government's role with the organization as the membership of the corporation, the relationship between the organization and the local government is clarified without hindering the board of directors in carrying out their responsibilities (p 41).</p> <p>It is important to monitor the financial budget and client statistics as it gives a good indication what is going on in the organization. Monitoring helps to identify the areas to save costs or to improve spending (p 50).</p>	<p>Not enforcing personnel policies with workers creates problems of accountability in the organization. Disciplinary policies are not enforced to address workers tardiness and absenteeism, the hiring policy is not used in hiring relief workers and annual employee performance appraisals are not completed as stipulated in personnel policies (p 51).</p> <p>Although mechanisms are instituted to monitor client services, there is very little consistency in monitoring client services. The information management system is not used to monitor client intakes to meet the minimum quota. Front line workers do not consistently produce supporting documents to demonstrate client services are delivered in an effective and efficient manner (p 68).</p>

Table 4 continued

<p>The characteristics of organizations that also pose problems for strategic planning include environmental scanning of statistical reports that become numb to the messages in them. As a result decisions are not based on a typical statistical report but rather decisions are based on individual stories in which people confronted the need to make something different happen.</p>		
---	--	--

Table 5: Comparison on group and community norms with literature and evaluation findings.

Group and community norms		
Literature	Evaluation Findings	
	Factors that contribute to the implementation of strategic plans.	Factors that inhibit the implementation of strategic plans.
<p>Characteristics of groups that pose problems for strategic planning include: (1) strong group pressures to conform and individuals tendency to conform to the established norms of any groups due to the strong desire to fit in. When groups do not promote frequent reexamination of current practices in light of their strategic implications, the group will be ill prepared to deal with future strategic difficulties; and (2) heterogeneous groups working together daily acquire a homogenous outlook in 2-3 years. It is helpful when the goal is to develop a cohesive work group, but not so helpful if it means the group always approach problems the same way</p>		<p>What front line does not like about the upgraded personnel policies is its inability to meet everyone's expectation. Policies have not been instituted to address the client concern with gambling nor do they fully respect community norms. A community norm, for example, is local organizations shutting down services during recognized Aboriginal holidays including Aboriginal Solidarity day and J.J. Harper day. This organization does not shut down its services. Shutting down services means staff have a day off work with pay (p 44).</p> <p>The healthy or unhealthy service delivery practices of participants' who have worked together for some time become routinized. As a result, any attempts to improve existing methods in practice is challenging (p 74).</p>

Table 5 continued

<p>and do not question accepted conceptions and practices. It becomes extremely difficult for a group to think strategically and purposefully about the future.</p>		<p>The lack of common interpretation of rules respecting clients' participation in program activities, particularly around Aboriginal cultural activities during the clients assessment period, creates a certain amount of confusion in servicing clients (p 69).</p>
---	--	--

Table 6: Comparison of resources with literature and evaluation findings.

Resources		
Literature	Evaluation Findings	
	Factors that contribute to the implementation of strategic plans.	Factors that inhibit the implementation of strategic plans.
Literature on implementation issues is silent on this area.		The organization does not have a standardized computer system designed to maintain client statistics or an information management system for the prevention program. The treatment program's information management system is specifically designed for the funding agency. It is not very useful for organizational purposes other than to ensure the organization meets the funding requirements (p 52).

Table 7: Comparison of division of labor between policy and operations sphere with literature and evaluation findings.

Lack of understanding (division of labor between policy and operations spheres)	
Literature	Evaluation Findings
<p>Most implementation problems grow out of the division of labor between "policy and operations sphere." In the policy sphere, people tend to focus on global issues and general shifts in the distribution of power among governmental units. When the responsibility for implementation shifts to the operations sphere there is little in the way of useful guidance for implementors.</p>	<p>The board and staff do not really have a full understanding and appreciation of each others function in the organization. Staff do not fully appreciate and understand the importance of the board's function in the organization. The board of directors do not understand the nature of client services and issues involved in a client's rehabilitation (p 43).</p> <p>Implementing change that directly affects line workers without their involvement will likely fuel a negative reaction from line workers (p 43).</p>

Table 8: Comparison of role modeling behavior with literature and evaluation findings.

Role Modeling Behavior		
Literature	Evaluation Findings	
	Factors that contribute to the implementation of strategic plans.	Factors that inhibit the implementation of strategic plans.
Literature on implementation issues is silent on this area.		<p>People in authority can be the worst perpetrators of violating policies they create and that often does not go unnoticed (p 43).</p> <p>Line workers do not follow through with what they say they are going to do (p 68).</p>

Table 9: Comparison of lack of routine practice/consistency with literature and evaluation findings.

Lack of routine practice/consistency		
Literature	Evaluation Findings	
	Factors that contribute to the implementation of strategic plans.	Factors that inhibit the implementation of strategic plans.
<p>An individual characteristic that poses a challenge for strategic planning is that individuals' lose consciousness and concentration as they gain competence and repeat tasks. People engaged in repetitive tasks do not pay attention to what they are doing. If strategic planning becomes a routine task, people can be expected to lose consciousness and concentration and the purpose of strategic planning will be negated.</p>		<p>Regular administrative tasks are not consistently implemented. Workers do not have an established routine or a well established working relationship with administration to ensure regular administrative tasks are completed (p 55).</p> <p>Virtually every phase of the program, from admissions to aftercare programming, entails a set of standard procedures and practices, but front line workers do not attend to these tasks in a consistent manner (p 69).</p>

Table 10: A comparison that demonstrates the impact as revealed in the evaluation findings on the implementation of strategic plans.

Impact	
Evaluation Findings	
Factors that contribute to the implementation of strategic plans.	Factors that inhibit the implementation of strategic plans.
<p>Staff are pleased with the development of the board of directors' terms of reference. By-laws and procedures are established for the board of directors regarding accountability and to address situations involving relatives as well as an opportunity to have new members on the board (p 45).</p> <p>Implemented plans, such as the yearly operational plan, and the restructured work schedule impact line workers' role and responsibilities as well as client services. With a yearly operational plan, spending is monitored and front line workers deny client field trips when it is not affordable. When the program cannot provide financial support, staff will support clients with fund-raising initiatives for client trips and utilize community resources to help save costs associated with cultural camps. The restructured work schedule ensures consistency in the people hired, reduced the number of phone calls after hours and improved counsellors the availability of client admissions (p 56).</p> <p>The work and effort put into implementing strategic plans to enhance the prevention program has an impact on client services. They are much more organized. They have developed a proposal for an outpatient program and less community people are sent out to treatment as the clients need to demonstrate their commitment by attending local support groups by this local organization before a referral to treatment is considered. A client data base is maintained and more local people come to the Centre (p 84).</p>	<p>Front line workers apply house rules for client services according to their own interpretation of the rules and the client circumstances. House rules are not consistently applied in similar circumstances which has an adverse affect on clients, especially in the first week of treatment and at program termination. Counsellors refuse to deal with clients if they are not assigned to their case load; they have to wait to speak with their assigned counsellor. Clients are not allowed to participate in treatment activities during the first week of the program (assessment period) and as a result clients end up isolated in the program and prematurely terminate the program. Rules for clients' program termination are not consistently applied especially those involved in the correctional system (p 75).</p>

Discussion on Reflections

This section outlines the data analysis and also comprises my interpretations/observations and experience on the more apparent patterns/themes (outlined in the tables 1-10) that affect the implementation of strategic plans. Apparent patterns/themes include: (1) the training component and use of internal and external resources of the participating agency; (2) Nelson House' community norms; (3) team meetings, team effort and inter-agency networking; (4) division of labor between the policy and operations spheres; and (5) performance issues. Additional literature, that was not discussed in the literature review in Chapter 3, will be incorporated as a framework for discussion that speaks to factors affecting the implementation of strategic plans.

Training Component and Use of Internal and External Expertise. A chief determinant of successful implementation of strategic planning is local training and the use of internal or external expertise in the delivery of that training. Findings from the implementation evaluation of strategic plans revealed that the board of directors' training resulted in the development of a comprehensive manual that included their terms of reference for governance as well as for board operations. Additionally, in the development of the agency's policy manual, the board of directors employed an external consultant with technical expertise in this area. In administration, finance personnel possessed knowledge and skills for sound financial management as evidenced in consecutive unqualified audits. A yearly operational plan was in place and finances were properly monitored. Treatment and prevention staff participated in assessment and treatment planning training. In due course, individualized treatment and after care plans were in the process of being

implemented during the field work phase of this evaluation. Yet, in the implementation of certain tasks, staff exhibited a lack of self-confidence and an over reliance on others resulting in key tasks being left unfinished. As part of the strategic planning seminar, a plan to conduct training with the use of local expertise was deemed a critical element to successful implementation of the range of plans that would, ultimately, improve client services. Literature, regarding the ways to improve the generally unhealthy conditions of Aboriginal people, emphasize that a sound training component is critical to the successful implementation of strategic plans.

Waldram et al (1997) cite the significance of various factors on the general conditions that impact the lives of Aboriginal people. The 1991 Aboriginal Peoples' Survey (Statistics Canada) gave a snapshot of these general conditions. In terms of education, despite many new initiatives, it is evident that Aboriginal people have not yet attained education levels on par with other Canadians. For Aboriginal people between the ages of 15 and 40, only 50% have completed secondary school, 3% have completed a university degree, 17% have completed Grade 9, and 33% have some post secondary education. There is a relatively high unemployment rate. In Canada overall, the unemployment rate for Aboriginal people was almost 25 percent, compared to around 10% for other Canadians. This data masks the consequences of living in rural and remote areas. In some Northern Aboriginal communities, the unemployment rate reaches as high as 90% at various times throughout the year. In many communities, seasonal employment in wage labor or activities such as commercial fishing or trapping is often followed by long periods of unemployment. Income levels are lower for Aboriginal people. In 1990, 54% of

Aboriginal people reported an annual income of less than \$10,000 while 35% of other Canadians did likewise. While 15% of other Canadians reported an income in excess of \$40,000, only 5% of Aboriginal people reported the same. The highest proportion of income earners, 65% (of on reserve Aboriginal people & Inuit), reported annual income of less than \$10,000.

Community Norms. The agency's policies, as upgraded with the facilitation of an external resource, were not entirely reflective of community or group norms. In particular, Aboriginal recognized holidays and traditional healing practices were not adequately addressed. To get a full appreciation of the significance of Aboriginal holidays, it is important to define the organization's relationship with Chief and Council. Chief and Council are the local governing body of community and under this authority, empowered the NHML to manage and administer the treatment centre. This empowerment allowed the NHML to operate at arms length from the Chief and Council and with a high level of autonomy in carrying out its primary objectives to address the high rate of alcohol and drug abuse of northern First Nations. The operational relationship between the parties is such that the Chief and Council hold the responsibility to name members to the board of directors and the board has the responsibility to establish and implement policies. The board recently upgraded policies that made the most sense to effectively operate the organization. Local and regional organizations adopted J.J. Harper Day and Aboriginal Solidarity Day as an Aboriginal statutory holidays. The Medicine Lodge, however, chose not to designate these days as statutory holidays simply because it would incur additional expenses the agency could not afford. The operation of the Medicine Lodge is quite

different from that of the band office; the Lodge functions on a twenty four hour basis that requires staff to be on duty at all times. Should J.J. Harper Day and Aboriginal Solidarity Day be recognized by the Medicine Lodge then relief workers would have to be contracted to relieve regular staff. By not recognizing these days as statutory holidays, the Medicine Lodge has neither to employ relief workers, nor pay regular staff time and a half or double time to work these days. Two participants cited the importance of recognizing Aboriginal values and norms in the policies of an Aboriginal agency.

“An area of the personnel policy people take exception to is its failure to recognize Aboriginal peoples’ beliefs and practices. Personnel policies, like the organizations espousing them are products of the western world. The western world has demonstrated, again and again its intent to control, dominate and assimilate Aboriginal people. For instance, personnel policies command adherence to such items as statutory holidays which have little if any significance to Aboriginal people; Victoria Day, Civic holiday, boxing day are some examples. For incorporated Aboriginal organizations these impositions are magnified. Incorporated Aboriginal organizations are compelled by funding agencies to institute policy and procedure manuals lest funding cease. Employees of such entities can find themselves resorting to the use of bank time, holiday time or leave without pay to attend funerals of others than immediate family members. In Aboriginal belief and practice, the maintenance of healthy relationships ought not bow to monetary concerns which personnel policy seems all to intent in nurturing.”

“I know the policy has to be changed in some parts with the holidays given to staff. For example, Civic holiday or Victoria Day is not important to us but J.J. Harper is one of our people. I would rather honor this day than Victoria day. Victoria is nothing to us she is only an English Queen although is for Canada.”

The Nelson House Medicine Lodge officially opened in 1989 and its opening coincided with the revival of traditional ceremonies in the community after being absent for generations. Due to the relationship between the board of directors and the Chief and Council as cited earlier in this document, meetings between the parties occur from time to

time to address community related issues and to report on the organization's annual activities and plans. During some of these meetings, the Chief and Council conveyed concerns from Christian members of the community that the Lodge's use of traditional Aboriginal ceremonies was not in keeping with community beliefs. Accordingly, the program accommodates the diverse spiritual and religious beliefs clients bring with them to the program. This is considered one of the strengths of the organization program. One participant noted that:

"The Medicine Lodge is good as it gives a variety not just the culture. This is a good thing about the Lodge."

In the evaluation findings, line workers cite the lack of common interpretation of rules respecting clients' participation in traditional ceremonies. This creates a certain amount of confusion in serving clients. On the one hand, some argue, since the traditional ceremonies are a significant aspect of programming, each client should attend at least one sweat lodge ceremony during their participation in the program. On the other hand, others argue that they respect individual choices for spiritual practices to recovery. This is an area that needs to be further explored to determine the most suitable approach to address this problem.

In the 1970's, traditional Aboriginal healing approaches began to regain currency in other parts of Canada. By this time, many Aboriginal communities experienced significant losses of traditional healing knowledge, and there were relatively few acknowledged traditional healers. This is the legacy of colonialism, epidemic diseases, missionization, residential schools, and government policies of assimilation including the outlawing of

some healing-related ceremonies. Not all traditional knowledge was lost. The sweat lodge is currently experiencing a resurgence and is being introduced back into communities where it had long been absent. Aboriginal communities have taken a lead in promoting traditional healing approaches for their people. Throughout Canada healing circles are growing in use and acceptance. These are therapeutic sessions organized by Aboriginal people to deal with such problems as the effects of residential schools, sexual abuse, and alcoholism. In general, there has been an extensive revitalization of the sweat lodge as a general treatment approach for a wide variety of physical and mental health problems. Also, for social and spiritual purposes, the sweat lodge has the effect of reintegrating individuals into their cultures. In many cases, the sweat lodges are being reintroduced with the assistance of elders and healers from other communities (Waldram et al, 1997). This is the most common approach to treatment and rehabilitation of alcohol and drug abuse - whether residential, outpatient, or community based - of those who have demonstrated a problem. Many programs are Aboriginal controlled and operated by Aboriginal people, a notable example being Nelson House Medicine Lodge in Manitoba.

Team meetings, team effort and inter-agency networking. Bryson (1988) posits an eight step planning process in facilitating strategic thought and action by key decision makers. Of these eight steps, the first step will be the only one used as a framework for discussion on this topic. Prior to sharing my personal experiences and observations, literature will first be provided on this topic.

The first step, establishing an agreement among key internal decision makers or opinion leaders, is a vital step for support and commitment to the whole strategic planning

process. Establishing an agreement entails 10 essential elements and one of these includes team meetings. In theory, a team is assigned the task of facilitating the key stakeholders' decisions made during the strategic planning seminar. In practice, a team may or may not be formed and may or may not serve as facilitators of decision making of key stakeholders. A team may not be needed if the organization is small, few people need to be involved in the effort, and the situation is relatively easy to handle. In these cases, a single planner, perhaps with the assistance of an outside consultant will suffice (Bryson, 1988).

During the first strategic planning seminar, all those in attendance agreed that the strategic planning seminar was a useful exercise and should occur every year. As plans became more complex, the participants agreed to develop a team for each level of the organization. There was a team to implement plans to improve the treatment program, a team to implement plans for prevention program and an overall coordinating team that would coordinate the efforts of all teams.

Whether the team actually does much of the strategic planning itself or facilitates strategic planning by key stakeholders depends on several factors. One such factor suggests if team members actually possess most of the information needed to prepare the plan and if they hold positions of substantial power, then they may go ahead and prepare the plan themselves. In this situation the planners are themselves the key decision makers (Bryson, 1988).

In this organization the planners are the key decision makers, the teams that were established possessed most of the information that was gained from the strategic planning seminar and they held substantial power to implement the plans. The second factor critical

to strategic planning is that the team's attention should be focused on procedures that would make the team more effective. This can be achieved through several methods.

One method is to recruit skilled, committed team members using special hiring, transferring, or compensating procedures as be may appropriate. If people cannot see how their careers can be helped by participating on the team, they are not likely to join voluntarily (Bryson, 1988).

As revealed in the evaluation findings, the training component and use of expertise for technical assistance is essential to implementing plans. At the management level, it is challenging to recruit skilled people from a restricted pool of available resources in a remote Northern community. The recruitment and hiring policies adhere to band by-laws which give preference to hiring community/band members insofar as they possess the necessary qualifications, skills and ability for the required work. The "insofar as they possess the necessary qualifications..." is subject to interpretation. My interpretation of this policy may not be the same as the interpretation of the board of directors. The board of directors have the final hiring decision. In support of the method to recruit skilled and committed members for technical assistance using a special hiring procedure consider the following case. A candidate for a supervisory position, possessing exceptional qualifications, was recommended by the selection committee for the position in question. The position also called for the development of an outpatient program as an addition to the existing services. This task was accomplished. The findings revealed under the prevention program supported this outcome.

A second method is to have a good working relationship negotiated among team

members and supervisors. As revealed in the findings, the working relationship among team members and supervisors needs to improve. The supervisor has the responsibility to ensure plans are implemented but makes little effort in implementation to improve administrative supports to line workers. A supervisor has a vital role to ensure effective service and programming to clients and oftentimes determines work demands of front line workers. The limited involvement causes great concern for line workers. Front line workers do not evenly share responsibility for the implementation of plans to improve client services. Team meetings are needed to review and update the progress of the implementation of strategic plans but these meetings are not consistently followed through as scheduled.

A third method to help the team be more effective, is to have the team meet frequently and communicate effectively. Each team established during the strategic planning seminar quit meeting and communicating in the summer months. The result was that the implementation effort of plans fell off schedule. Summer is often a busy time of the year as many activities take place in the community. These activities include a pow-wow, fasting camps, grieving ceremonies and staff holidays. The teams did not come together to meet again until the field work phase of this evaluation was underway. As a manager, I need to take an active leadership role in monitoring progress and results produced in team meetings and to be available to assist teams as required.

Division of labor between policy and operations spheres. The division of labour does not reveal itself as a factor that would inhibit the implementation of plans. It is more an issue of mutual understanding between both levels of the organization. The

organization practices a number of methods to bridge the separation between the policy and operations spheres. One method, as discussed in my preamble, was initiating the board and staff strategic planning seminars. There were several reasons that gave rise to these seminars: (1) to share individual ideas leading to improvements to the organization; (2) to provide an opportunity for both the board and staff to share their feelings and opinions respecting the organization; (3) to provide an opportunity for interaction between the board and staff; and (4) to foster a team effort and shared responsibility in establishing and prioritizing organizational goals.

Another method used in developing a comprehensive policy manual was reviewing a draft of the policy with staff to get their input and feedback that would then be presented to the board for their consideration. Staff participation was crucial in the development of such items as personnel policies, agency vehicle use, finance policy and program policies involving client services. Although the board of directors had the final approval, I found this to be a useful exercise as it made my job easier in implementing policies and further staff were better informed about policies.

The third method employed was a top-down approach to implement the plan which had little support among front line workers. This plan called for the restructuring of front line staff's work schedule in an effort to address the high use and cost of relief workers. The imposed change had a direct affect on line workers' personal and work life. For the first three years of strategic planning, the staff expressed the concern that the high use of relief workers negatively affected program quality due to replacement workers' lack of training. Each year the strategic plan involved staff's participation in the submission of a

proposal to the board of directors aimed at improving this system. The proposal was never presented. Finally, the board of directors were compelled to address this long standing issue and requested I submit a proposal of a restructured work schedule that would be less reliant on the use of relief workers and better use of qualified staff. This schedule was drafted without the involvement of staff. The initial attempt at implementing the change met strong resistance from the line staff. Management and staff directly affected by the change, compromised and worked together on an alternate work schedule that addressed the organizational need and staff needs. Both spheres of operation, management and personnel, were able to devise a mutually acceptable work schedule. As revealed in the findings, flaws remain with this revamped system. A critical flaw is that line workers' accountability, especially as it relates to reporting to work, has to improve in order that the organization functions effectively.

Wharf and Callahan (1984) cite a couple of reasons for the separation between the two spheres of social policy and social work practice and a number of ways in which the connections between the two might be strengthened. The reason for the separation includes: (1) students, line workers and indeed all concerned, have a difficult time understanding just what social policy is; and (2) policy is seen as limiting and restrictive, rather than guiding and developing.

Understanding the similarities of policy making at both levels can begin to bridge a gap between the two spheres of policy and practice. However, historical and pragmatic barriers still exist in the different domains of an organization. Policy makers are, in fact, politicians who are sensitive to both community needs and their individual need for re-

election. They function in a policy-making capacity and their decisions must represent the best interests of the organization plus remain acutely aware of political priorities.

Managers, on the other hand, are interested in achieving results consistent with agency objectives. Oftentimes, managers are caught between the policy makers and line staff who are to implement policy. Line workers perceive any infringement on their autonomy as an illegitimate and inappropriate attack on their professional judgement. The freedom to respond to different needs and situations in a flexible and responsive fashion is essential to professional work.

The process of policy making and practice are similar. They both confront problems, follow similar stages of development and they are both faced with similar value dilemmas and technological gaps in attempting to implement change. The implementation of change for an organization or a client becomes a stark reality that is often met with ambivalence or resistance in both systems. Workers often observe that clients have a tendency to talk a great deal without saying much. This represents a subtle form of resistance because by creating the illusion of work the client can avoid the pain of struggle and growth while still appearing to work. Similarly, policy makers are aware of the numerous forms of passive resistance employed by staff to diffuse policy changes in their organizations.

The nature of the work and the structure of human service organizations requires an adaptive style to implement policy. One path for improving the organization's competence is connecting with local communities. A recent enquiry into the experience with citizen participation in the human services in British Columbia concluded that

structures, such as a board of directors composed of citizens from local communities, provided a much valued source of support for direct service staff and administrators. The role of direct service agencies in community work has been described in many articles, and there is emerging but suggestive, evidence that community work approaches can be extremely effective (Wharf and Callahan (1984).

Performance issues (role modeling and lack of routine/consistency practice). Lack of routine and consistency were revealed in the findings under the goals to enhance the administrative functions (Part II) and to enhance the treatment program (Part III). In the treatment program, there is a lack of consistent follow-up with clients. Client assessments and treatment plans are not completed within the requested time frame. In the administrative functions, a regular review of job descriptions is not a consistent, regular practice. These are symptomatic of staff performance issues.

Imundo (1991) presents an evaluation of employees' capacity to meet job descriptions as the inherent responsibility of the manager. Individual employees are responsible for their own performance but it is the supervisor who shoulders the overall responsibility for the performance of the unit under their direction. In order to determine who has contributed what, some mechanisms need to exist: job evaluation, salary structuring and performance appraisal. The last of these three will be discussed.

The purpose and nature of performance appraisal include compensation, administration, promotional consideration, disciplinary consideration, transfer, layoff, career-pathing, and assessing training needs. One of the most important benefits to be gained from performance appraisal is strengthening the supervisor-employee's

relationship.

Administering performance appraisals is one of the more challenging tasks of management. A major reason for the failure of regular performance appraisals is that systems are poorly designed. Some flaws in the design are: (1) use of wrong performance criteria; (2) vague definitions of performance criteria; (3) vague definitions of degrees of performance; and (4) failure to weigh performance factors .

Most supervisors have little training in how to properly conduct performance appraisals and the result is often problematic. Performance appraisal is a continuous part of the day-to-day working relationship between a supervisor and employees. Most supervisors do not get highly enthused about having to formally assess employees performance. In fact, many would rather not do it at all. Most employees want feedback on how they are performing in relation to standards or expectations. They also expect to be rewarded for their contribution to the organization. It is the responsibility of management to thoroughly train supervisors to conduct appraisals, and to ensure the supervisor's learning is correctly applied. Supervisors must understand their own performance appraisals are, in part, based on how well they can assess the performance of employees.

In the absence of feedback, employees will likely conclude on their own what they have been doing right and what they can improve. They expect to get rewarded proportionately for what they view as their contribution. When employees come to understand their behavior or job performance is not up to acceptable levels, they are typically motivated to change. However, once employees conclude their behavior or job

performance is acceptable, most do not continually try to do better. The standards or expectations for performance that developed by management must be communicated to employees. Employees must accept these standards as requirements of their jobs. Performance must be evaluated, feedback given, corrective action taken when necessary, and rewards given to those whose performance meets or exceeds the standards. All of this is more easily stated than properly carried out (Imundo, 1991).

Discrepancies Discovered in Findings

Discrepancies surfaced amongst participants' responses to questions on the implementation of plans and much time and effort was dedicated to understanding these discrepancies. For example, of the eleven participants questioned on the implementation of regular staff meetings every three months: one stated staff meetings are started but not implemented, four said staff meetings were nearly implemented, two stated this plan is fully implemented and one reported not knowing if staff meetings were implemented. A second example was when participants were questioned on the extent to which the board of directors' terms of reference was implemented, four stated the board of directors' terms of reference are started but not implemented, three said the plan is nearly implemented while two believe plans are fully implemented. This was puzzling since one would expect consistency in responses to this question. Why would people respond differently to what appears to be an objectively verifiable question?

Discrepancies in the evaluation are both troubling and informative. Troubling inasmuch as they pose a threat to the validity of the findings but informative when understood in light of new information. Discrepancies exist in this evaluation, yet, with

new information I have gained valuable insights that have led me to conclude that, if taken at first blush, a discrepancy in research can easily destroy valuable research. A keener depth of perception is called upon.

In seeking an understanding to this diversity of views, I reviewed responses from the interviews to see if staff members with more involvement, agreement or commitment to this particular plan had a more accurate picture on its implementation (see Appendix A). No association was found. In retrospect, it became clear the respondents were sharing what was, in fact, their views about the quality and effect of implemented plans as opposed to its occurrence. In applying this understanding to the other discrepancies which commanded my attention, it became abundantly clear the problem was one of semantics with the term “the extent to which the plan is implemented.”

In the case of the staff meeting, it was in fact an issue of consistency and quality of staff meetings rather than whether or not actual staff meetings had taken place. Moreover, further analysis revealed certain items that ought not be dealt with at staff meetings - personnel and treatment issues, personal story-telling - were consuming an inordinate amount of staff meeting time and energy. This lack of consistency and quality of staff meetings distracted staff from tending to the actual meeting agenda of which the strategic plans were the focal point.

As a result of the strategic planning process the terms of reference now clearly state how the board of directors is to be appointed. Participants who understood this policy to be fully implemented were basing their responses on this fact. Those who responded that it was not yet fully implemented, were basing their responses on a

skepticism that the terms of reference would actually be followed.

The same held true in relation to a range of other policies particularly around personnel matters, and most particularly in relation to policies which uphold the value of role modeling. Consider policy makers in a small community violating policies they have established and publicized in that community. Consider also the nature of small community life is such that everybody knows what everyone else is doing. Therefore, policy makers become bound to walk their talk otherwise, by violating their own rules, they would be telling the community at large to do as I say not as I do. In practical terms, I am compelled to refrain from alcohol consumption while employed with the alcohol and drug treatment centre. Should the community become aware of any dalliance on my part with alcohol or drugs, the centre's corporate image and integrity, not to mention my employment, would be adversely affected simply because I would be in direct violation of established policy. In human service work, role modeling is a significant part of professional practice. The significance of role modeling is magnified when the worker is based in a small community.

Once again, participants who either did not see compliance as an issue, or who assumed that the issue was separable from the issue of implementation, responded that these plans were fully implemented. Participants who were skeptical about compliance, and who understood it as an integral part of the implementation process, were more likely to state that particular plan was not yet fully implemented.

Summary

This chapter was an effort to further reflect on evaluation findings drawn from the evaluation. The first section, gave a comparative analysis on the general patterns/themes

revealed in the evaluation findings to implementation failures and successes outlined in the literature. The analysis revealed that much of what was discovered in the practicum is supported by the literature. The second section reduced the foregoing to five primary factors that contribute to or inhibit the implementation of plans. These are: (1) training component and use of internal and external expertise, (2) involvement and commitment; (3) team meetings, team effort and inter-agency networking; (4) monitoring and accountability; and (5) performance issues. Performance issues include role modeling and lack of routine practice. The lesser degree to which these factors are presented the less likely plans would be implemented. Last, it was concluded that respondents had been understanding the term implementation in quite different way. The degree to which they believed the process was complete or not, was heavily influenced by their degree of satisfaction with the outcome. In addition, responses were influenced by the degree to which the participants believed that a particular plan, although in place, was being enforced. The issue of compliance is an important one for those seeking to further understand implementation issues.

CHAPTER VI: CONCLUSION

Introduction

The primary purpose of this evaluation was to explore the factors that contribute to and inhibit the implementation of strategic plans. A number of factors were identified as chief determinants to the successful or unsuccessful implementation of strategic planning. These factors include: (1) a training component and use of internal and external expertise; (2) participants' involvement and commitment (3) team meetings, team effort and networking; (4) monitoring and accountability; and (5) staff performance. These factors are reported in chapter 4 and further discussed by comparing the findings to literature in chapter 5.

A secondary purpose was to undertake a practicum experience that would be beneficial and practical in my professional development while being of enduring value to the participating organization. That is, this evaluation was to assist me in learning how to conduct a program evaluation plus aid the participating organization acquire feedback to strengthen the implementation of its strategic plans. Accordingly, I conclude this report by sharing my learning and by providing the participating organization with feedback to strengthen the implementation of their strategic plans.

Difficulties and Limitations

A major difficulty for me in carrying out this evaluation was my limited post secondary education at the Master's degree level in policy and administration. The University of Manitoba, distance education offered the Masters degree in social work in Thompson, Manitoba, approximately 800 kilometers north of Winnipeg. This presented an

opportunity to further my education but only the clinical stream was offered; not the social policy and administration stream. In order to complete this practicum, some deficits had to be made up, especially in the literature on program evaluation and strategic planning.

The second difficulty was the dual role I carried as the Executive Director and the evaluator. This difficulty is described in chapter 3, but it became concrete during the data collection phase. For example, during the file review, it was discovered that two clients, in treatment one month and three months respectively, had not had an assessment and treatment plan completed. These are supposed to be completed in the ten days after admission. In addition, data from interviews indicated problems of client service in the first ten days of treatment.

As the evaluator, I had pledged a process which would not affect the status of the employee. However, as the Executive Director, I felt obliged to address this matter. It was dealt with through raising these issues of client service at a general staff meeting. They were raised as systemic issues, rather than deficits in the performance of particular staff. No staff member was evaluated, rewarded or disciplined around any matter which arose directly out of the evaluation process. Incidentally, this difficulty did illustrate the fact that an evaluation can be a dynamic process. For example, after the staff meeting one treatment staff member drafted a schedule of deadlines for client reports including assessments, treatment plans, monthly progress reports and aftercare plans.

What I learned

Reviewing the literature contributed significantly to my learning experience. I learned the importance of evaluations and how it gives useful and practical feedback to

help strengthen the organization's programs. Program evaluations have many different approaches. There is no single way to approach an evaluation. To decide the appropriate evaluation approach, understanding the purpose of an evaluation is important. I also learned more about several approaches to strategic planning. Strategic planning is vital to every organization's survival that helps the organization adapt to its ever-changing environment. This organization employs the Harvard model as the primary approach to strategic planning. More significantly, learning how to develop and implement a research design using the qualitative approach was a personal challenging experience. The research design had to be prepared in advance to ensure I understood what I would be doing during the field work phase. I had to be clear on my data collection methods, sample, and data analysis. After all data was collected, it took hard work and a lot of time to develop a report on the outcome of the evaluation so that it was presented in fashion that would make sense to a general reader. Once I presented the evaluation findings on the chief determinants to successful implementation of strategic planning, it all came together from beginning to end. The whole experience was a worthwhile but challenging. I enjoyed it.

How I Would Do Things Differently

After going through the experience of evaluating the organization's strategic plans, a number of different ways can be instituted to improve planning and implementation. The suggested ways build on the organizations methods of strategic planning which would likely make a difference to improve its existing practice.

Strategic planning. Strategic planning sessions would be more purposefully designed. Teams would be established of key decision makers that hold substantial power

to implement plans and have substantial knowledge of the program areas to develop strategic plans. On this basis, board and staff members would be purposefully selected to participate in team meetings to bridge the gap between the division of labor between the policy and operations sphere. Team meetings would be carried out over a 1-2 day period. Teams and program areas include: (1) policy development (Board of Directors, management, supervisors, administrative staff); (2) administration (1-2 board members, management, supervisors, finance and administrative personnel); (3) treatment (1-2 board members, treatment, prevention, management, secretary); and (4) prevention (1-2 board members, treatment and prevention, management, secretary).

To ensure minimal interruption to client services, strategic planning sessions would be delivered in two phases. The first phase involves teams meeting to review previous strategic plans, revise and develop strategic plans in order of priority over a one to five year period. The second phase involves teams reviewing the strategic plans developed during the first phase and tasks distributed evenly among individual team members.

I am confident with facilitating all team meetings except the team meeting on policy development. An external consultant would be employed to facilitate this team meeting as the board of directors and management views overlap or conflict on their respective roles and responsibilities. These views will not be discussed.

Incorporating key determinants to successful implementation of plans

Training component. One to five year staff training and development schedule will be maintained but it will be coordinated with training needs identified from the employees'

performance appraisals and the order strategic plans were prioritized. Training will continue to be brought into the community.

Team meetings. As a manager, I need to take a more active leadership role in monitoring the progress and results produced from team meetings and simply be available to assist teams as required. The staff and I need to revisit the idea of having team meetings to determine whether team meetings are needed. If it is, then we need to revisit how to improve in following through consistently with team meetings. The coordinating team would also need to be more consistent in meeting to receive an update on the progress of the implementation of plans. This team would work together to address challenges confronting the implementation of plans.

Monitoring and accountability. The information management system designed not only for the funding agency but also for the organization's purpose needs to be in place for all client services. Resources available will be further explored to address this need. A system may ensure a little more consistency of monitoring client intakes to meet the minimum quota.

As a manager, I also need to monitor supervisors more than previously practice to ensure they take an active role of monitoring the effective and efficiency in service delivery. For instance, individual client treatment plans can be produced to the immediate supervisor that demonstrates client assessments and treatment plans are completed within the required time. Also, immediate supervisors monthly reports to the board would include a section on their team's progress on the implementation of plans. This way progress can also be monitored.

Staff performance. An annual schedule of employee evaluations due dates would be developed so that supervisors and I know when evaluations are to be carried out. This way I can monitor more closely to ensure supervisors and I implement employee evaluations as scheduled. Also, employees' job descriptions would be revised to incorporate employees responsibility to participate in strategic planning sessions and to participate in the implementation of strategic plans.

How This Organization's Experience Applies to Other Organizations.

The evaluation of strategic planning was completed on a small northern agency. Human service organizations may share similarities with this organization and may also have some differences. I have no reason to believe this experience would not apply to similar human service organizations but I cannot say this point with a 100 degree of certainty. Certainly, literature supports the findings on the chief determinants of successful implementation of strategic plans.

Managers and organizations can learn from this organization's experience. This whole report is related to the experience and role of management. It is important to have management support to engage in conducting an evaluation and strategic planning sessions. Without the support of management the likelihood for successful implementation may also be minimal. Management commands a wide range of knowledge, skills and abilities to carry out many tasks to ensure the best interest of both consumers and providers of that services. One of the biggest challenges for a manager is to provide leadership in an organization that seeks to enhance its services is the strategic planning sessions. With this organization, strategic planning was a technique employed to design a

desired future state into existence (Steiner, 1979, p 14). Strategic planning is a disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it. It helps an organization respond effectively to dramatically changed circumstances that confront them (Bryson, 1988, p 20).

The outcome of this evaluation and literature reveals significant discrepancies exist between planning and implementation. It is equally important for management to build in activities to support and ensure successful implementation of plans. These activities, also considered chief determinants of successful implementation include: (1) training and use of internal and external expertise; (2) key stakeholders involvement and commitment; (3) team meetings, team effort and interagency networking; (4) monitoring and accountability; and (5) staff performance.

In remote northern communities, it is a major managerial challenge to recruit qualified people as the pool of available resources is restricted. This pool of resources is restricted especially when hiring policies call for giving preference to community/band members as well as preference to those abstaining from the use of alcohol and illegal drugs. Such policies are understandable as it is the communities way to address the high unemployment rate and role modeling an alcohol and drug free lifestyle. In a situation such as this, it is important to build a training component or use internal or external technical assistance to assist with the implementation of plans.

Implications for Human Service Organizations

The evaluation results offers suggestions for the organization's practice. First, to

ensure employee performance evaluations are completed regularly is an important and necessary task. Management has a responsibility to ensure employees are evaluated with respect to meeting job requirements. Individual employees are responsible for their own performance but it is the supervisor who shoulders the overall responsibility for the performance of the unit under their direction. To determine who has contributed what, there needs to be a periodical review of employees' jobs. The nature of performance appraisals includes compensation, administration, promotional consideration, disciplinary consideration, transfer, layoff, career-pathing, and assessing training needs. One of the most important benefits to be gained from performance appraisals is strengthening the supervisor-employee relationship.

The second recommendation to address training needs, is to continue bringing training into the community as it is a practical, cost effective, and useful method that benefits employees to effectively carry out their tasks. A two to five year plan that prioritizes staff training needs as a guide in implementing training is helpful. The plan can be revisited to keep it up-to-date. Involving staff in identifying and prioritizing training needs is equally important.

The third recommendation is to continue the practice of engaging the board and staff as the organization's key stakeholders in strategic planning sessions' as it remains a useful exercise in determining the organization's future direction. Strategic planning is important inasmuch as it helps organizations respond effectively to the dramatically changing circumstances that confront them. Strategic planning is a disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is,

what it does, and why it does it. The process is vital to every organization's survival as the process helps the organization adapt to its every-changing environment and it is applicable to all levels of the organization. However, the strategic planning process needs to consider factors identified as chief determinants to the successful implementation of plans. Most particularly planning should not be separated from implementation. The process should be a seamless whole.

The fourth recommendation is to continue engaging in program evaluation as it is a useful exercise to gain feedback on the program. This evaluation experience offered insight to the significant factors affecting staff's performance at all levels of the organization, which in effect, is the organization's performance in serving clients. It might be more useful to contract an external third party person to conduct a future program evaluation.

Implications for Education

The evaluation results also offer suggestions for post secondary and training institutions. First, recognized accredited post secondary education institutions should engage in the practice of designing and delivering staff training and development courses that are cost effective to the organizations in Northern Manitoba. Access to accredited training resources designed to address specific staff training needs that could be delivered in Northern rural communities is difficult task to achieve. Both the organization and individual employees benefit when staff engage in accredited personnel and professional development training geared to the organization's needs. Second, since I did not have the opportunity to participate in policy and administration courses, I suggest that University of

Manitoba offer the policy and administration stream of social work in Northern Manitoba or alternatively offer a full time course load over the spring and summer sessions that will allow people to complete their studies in the specified time.

Closure

To conclude this report, an evaluation was conducted on the implementation of strategic planning for this evaluator to develop some skills in program evaluation. In reviewing the literature to understand how a program evaluation was conducted, many different evaluation approaches were discovered. Whatever the approach, however, clarity of purpose was seen to be critical. The other thing to become clear was my desire to complete a practicum which would be of benefit to the Nelson House Medicine Lodge. I decided to explore and understand the factors which contribute to or inhibit the implementation of strategic plans. Exploring these factors would provide an understanding of the real issues in staff performance that adversely affect or contribute to the quality of client services. Strategic planning is a major part of my responsibility as a manager. It is a disciplined effort of producing decisions and actions that shape and guide what an organization is, what it does, and why it does it. The process is vital to every organization's survival as the process helps the organization adapt to its every-changing environment and it is applicable to all levels of the organization.

Evaluating the actual program operations is important as significant discrepancies can exist between the design/intended outcomes of a program and its actual implementation. Literature supports the findings of this evaluation that illustrates "slippage" between planning and implementation exists. This report suggests some ways

to address this “slippage” in an organization. One in particular is how organizations in aboriginal communities could incorporate methods and techniques to strengthen employees’ job performance. This might be especially true in regard to carefully planned, continuous staff training and development in such short supply in aboriginal northern communities. The right of aboriginal people to quality service delivered by aboriginal people within their own human service organizations depends upon it. My hope is that this report has made some small contribution towards realizing that goal.

APPENDIX A

Semi-Structured Interview Guide

1. All of the goals listed below are a result of categorizing the strategic plans into major themes from the past three years of the annual strategic planning sessions, 1995 to 1998 inclusive. The following rating guide was used as a guide to answer four questions on how each participant would rate each plan to achieve each of the four goals selected for this evaluation.

Rating Guide	1	2	3	4	5
The extent to which the plan is implemented	Not started	Started but not implemented	Nearly implemented	Fully implemented	Don't know
The extent to your involvement in the plan	Not at all	Very little	Frequently	Always	Don't know
The extent to which you agree with the plan	Strongly disagree	Disagree a little bit	Agree a little bit	Strongly agree	Don't know
Your level of commitment of implementing the plan	Not committed at all	Not very committed	Moderately committed	Very committed	Don't know

1. The first goal is to develop a comprehensive policy manual to address all aspects of the operations of the organization.

- a. Goal based planning procedures that entails prioritized yearly action plans.
 How would you rate:
- | | |
|--|-----------|
| the extent to which this plan has been implemented? | 1 2 3 4 5 |
| the extent of your involvement? | 1 2 3 4 5 |
| the extent to which you agree with this plan? | 1 2 3 4 5 |
| your level of personal commitment to carrying out this plan? | 1 2 3 4 5 |

Please elaborate on your responses to the above noted questions _____

- b. Board of directors terms of reference and procedural by-laws.
 How would you rate:
- | | |
|--|-----------|
| the extent to which this plan has been implemented? | 1 2 3 4 5 |
| the extent of your involvement? | 1 2 3 4 5 |
| the extent to which you agree with this plan? | 1 2 3 4 5 |
| your level of personal commitment to carrying out this plan? | 1 2 3 4 5 |

Please elaborate on your responses to the above noted questions. _____

- c. Upgrade personnel policies.
 How would you rate:
- | | |
|--|-----------|
| the extent to which this plan has been implemented? | 1 2 3 4 5 |
| the extent of your involvement? | 1 2 3 4 5 |
| the extent to which you agree with this plan? | 1 2 3 4 5 |
| your level of personal commitment to carrying out this plan? | 1 2 3 4 5 |

Please elaborate on your responses to the above noted questions. _____

i. The second goal is to enhance the administrative functions of the organization.

- a. Periodical review of job descriptions
 How would you rate:
- | | |
|--|-----------|
| the extent to which this plan has been implemented? | 1 2 3 4 5 |
| the extent of your involvement? | 1 2 3 4 5 |
| the extent to which you agree with this plan? | 1 2 3 4 5 |
| your level of personal commitment to carrying out this plan? | 1 2 3 4 5 |

Please elaborate on your responses to the above noted questions. _____

- b. Improved system of relief workers
 How would you rate:
- | | |
|--|-----------|
| the extent to which this plan has been implemented? | 1 2 3 4 5 |
| the extent of your involvement? | 1 2 3 4 5 |
| the extent to which you agree with this plan? | 1 2 3 4 5 |
| your level of personal commitment to carrying out this plan? | 1 2 3 4 5 |

Please elaborate on your responses to the above noted questions. _____

c. Yearly operational plan

How would you rate:

- | | |
|--|-----------|
| the extent to which this plan has been implemented? | 1 2 3 4 5 |
| the extent of your involvement? | 1 2 3 4 5 |
| the extent to which you agree with this plan? | 1 2 3 4 5 |
| your level of personal commitment to carrying out this plan? | 1 2 3 4 5 |

Please elaborate on your responses to the above noted questions. _____

d. Regular staff meetings (every 3 months)

How would you rate:

- | | |
|--|-----------|
| the extent to which this plan has been implemented? | 1 2 3 4 5 |
| the extent of your involvement? | 1 2 3 4 5 |
| the extent to which you agree with this plan? | 1 2 3 4 5 |
| your level of personal commitment to carrying out this plan? | 1 2 3 4 5 |

Please elaborate on your responses to the above noted questions. _____

e. Updated client lists

How would you rate:

- | | |
|--|-----------|
| the extent to which this plan has been implemented? | 1 2 3 4 5 |
| the extent of your involvement? | 1 2 3 4 5 |
| the extent to which you agree with this plan? | 1 2 3 4 5 |
| your level of personal commitment to carrying out this plan? | 1 2 3 4 5 |

Please elaborate on your responses to the above noted questions. _____

ii. **The third goal is to enhance the treatment program.**

a. Screening & intake of clients e.g., revise referral package

How would you rate:

- | | |
|--|-----------|
| the extent to which this plan has been implemented? | 1 2 3 4 5 |
| the extent of your involvement? | 1 2 3 4 5 |
| the extent to which you agree with this plan? | 1 2 3 4 5 |
| your level of personal commitment to carrying out this plan? | 1 2 3 4 5 |

Please elaborate on your responses to the above noted questions. _____

b. Client orientation to treatment program

How would you rate:

- | | |
|--|-----------|
| the extent to which this plan has been implemented? | 1 2 3 4 5 |
| the extent of your involvement? | 1 2 3 4 5 |
| the extent to which you agree with this plan? | 1 2 3 4 5 |
| your level of personal commitment to carrying out this plan? | 1 2 3 4 5 |

Please elaborate on your responses to the above noted questions. _____

c. Client assessments

How would you rate:

- | | |
|--|-----------|
| the extent to which this plan has been implemented? | 1 2 3 4 5 |
| the extent of your involvement? | 1 2 3 4 5 |
| the extent to which you agree with this plan? | 1 2 3 4 5 |
| your level of personal commitment to carrying out this plan? | 1 2 3 4 5 |

Please elaborate on your responses to the above noted questions. _____

d. Written treatment plan for each client

How would you rate:

- | | |
|--|-----------|
| the extent to which this plan has been implemented? | 1 2 3 4 5 |
| the extent of your involvement? | 1 2 3 4 5 |
| the extent to which you agree with this plan? | 1 2 3 4 5 |
| your level of personal commitment to carrying out this plan? | 1 2 3 4 5 |

Please elaborate on your responses to the above noted questions. _____

e. Education to clients e.g., upgrade lectures

How would you rate:

- | | |
|--|-----------|
| the extent to which this plan has been implemented? | 1 2 3 4 5 |
| the extent of your involvement? | 1 2 3 4 5 |
| the extent to which you agree with this plan? | 1 2 3 4 5 |
| your level of personal commitment to carrying out this plan? | 1 2 3 4 5 |

Please elaborate on your responses to the above noted questions. _____

f. Clients evaluation of treatment program

How would you rate:

- | | |
|--|-----------|
| the extent to which this plan has been implemented? | 1 2 3 4 5 |
| the extent of your involvement? | 1 2 3 4 5 |
| the extent to which you agree with this plan? | 1 2 3 4 5 |
| your level of personal commitment to carrying out this plan? | 1 2 3 4 5 |

Please elaborate on your responses to the above noted questions. _____

g. Formal follow-up to clients e.g., After care contracts

How would you rate:

- | | |
|--|-----------|
| the extent to which this plan has been implemented? | 1 2 3 4 5 |
| the extent of your involvement? | 1 2 3 4 5 |
| the extent to which you agree with this plan? | 1 2 3 4 5 |
| your level of personal commitment to carrying out this plan? | 1 2 3 4 5 |

Please elaborate on your responses to the above noted questions. _____

iii. The fourth goal to enhance the prevention program.

a. Promote the prevention program, e.g., develop a promotional package on services

How would you rate:

the extent to which this plan has been implemented? 1 2 3 4 5

the extent of your involvement? 1 2 3 4 5

the extent to which you agree with this plan? 1 2 3 4 5

your level of personal commitment to carrying out this plan? 1 2 3 4 5

Please elaborate on your responses to the above noted questions. _____

b. Assessment

How would you rate:

the extent to which this plan has been implemented? 1 2 3 4 5

the extent of your involvement? 1 2 3 4 5

the extent to which you agree with this plan? 1 2 3 4 5

your level of personal commitment to carrying out this plan? 1 2 3 4 5

Please elaborate on your responses to the above noted questions. _____

c. Individual treatment plans

How would you rate:

the extent to which this plan has been implemented? 1 2 3 4 5

the extent of your involvement? 1 2 3 4 5

the extent to which you agree with this plan? 1 2 3 4 5

your level of personal commitment to carrying out this plan? 1 2 3 4 5

Please elaborate on your responses to the above noted questions. _____

d. Referral

How would you rate:

the extent to which this plan has been implemented? 1 2 3 4 5

the extent of your involvement? 1 2 3 4 5

the extent to which you agree with this plan? 1 2 3 4 5

your level of personal commitment to carrying out this plan? 1 2 3 4 5

Please elaborate on your responses to the above noted questions. _____

e. Report and record keeping

How would you rate:

- | | |
|--|-----------|
| the extent to which this plan has been implemented? | 1 2 3 4 5 |
| the extent of your involvement? | 1 2 3 4 5 |
| the extent to which you agree with this plan? | 1 2 3 4 5 |
| your level of personal commitment to carrying out this plan? | 1 2 3 4 5 |

Please elaborate on your responses to the above noted questions. _____

f. Follow-up services

How would you rate:

- | | |
|--|-----------|
| the extent to which this plan has been implemented? | 1 2 3 4 5 |
| the extent of your involvement? | 1 2 3 4 5 |
| the extent to which you agree with this plan? | 1 2 3 4 5 |
| your level of personal commitment to carrying out this plan? | 1 2 3 4 5 |

Please elaborate on your responses to the above noted questions. _____

2. What is your understanding of the board and staff workshop that we have every year?
3. What do you like about the board and staff workshop?
4. What do you *not* like about the board and staff workshop?
5. Since the board and staff workshop started in 1995, what tasks/jobs have you undertaken to carry out these plans? (Be ready to probe if necessary)
6. Between February 1998 and February 1999, how many days in that year have you given towards strategic planning such as the board & staff workshop, discussion on how implementation is to occur, and implementing strategic plans?
7. How do you feel about the effort you are putting into carrying out the plans from the workshop?
8. What kind of barriers did you face in carrying out plans that did not get implemented? Give some examples.

9. **What are the rewards of assuming responsibility to carry out plans?**
10. **If you have not assumed responsibility to carry out plans, what prevented you from assuming this responsibility?**
11. **Most of the strategic plans relate to four of the six departments in the Medicine Lodge that includes management, administration, treatment, and prevention. Of these four programs, what programs in the organization do you see putting effort into carrying out plans? Please elaborate on your response.**
12. **What do you think could have been done differently to ensure plans are carried out in a better way?**
13. **Is there anything else that I have not talked about in this interview that you would like to talk about?**

APPENDIX B

Standard Document Review

1. **How many strategic plans are identified for treatment, prevention, administration, management, and maintenance?**
2. **Does every strategic plan identify a person in the organization responsible to carry it out?**
3. **Does each strategic plan have a deadline?**
4. **How many hours or days are put into the board and staff workshop each year?**
5. **What supporting documents are on client files that reflect the strategic plans for improvement to the treatment program?**
6. **What supporting documents are on client files that reflect the strategic plans for improvement to the prevention program?**
7. **What supporting documents are on file that reflect the strategic plans for improvement to administration?**
8. **Based on the review of the staff minutes, how much time does the staff put into implementing strategic plans?**
9. **Based on the review of the board minutes, have the board developed a comprehensive policy manual to address all aspects of the organization?**
10. **How much time does the board put into implementing strategic plans?**
11. **What strategic plans, if any, have been rolled over year after year?**
12. **What is the policy of the organization with respect to strategic planning?**
13. **Which job descriptions reflect the employees responsibility to implement the**

organization's strategic plans?

- 14. In reviewing the management information system for the treatment in the past three years (1995-98), what is the number of clients admitted into treatment, what are the primary characteristics of clients, and how many have been completed and not completed treatment ?**
- 15. In reviewing the management information system for the prevention program in the past year 1998, how many client contacts have their been, how many clients have been referred to treatment centres, what are the primary characteristics of the clients, how many have not and have completed treatment?**

APPENDIX C:

Memo to Participants

Memo

To: Board Members & Staff
From: Theresa Yetman
Date: April 12, 1999
Subject: Evaluation on the Implementation Strategic Plans

As you are aware, I am working on completing my master's degree in Social Work. An important part of obtaining my degree is to complete a practicum or thesis. I have opted for a practicum experience which involves an evaluation of the implementation of the Medicine Lodge's strategic plans. The strategic plans are established from our annual board and staff workshop. This exercise will benefit the Medicine Lodge while allowing me to complete my course of studies. The evaluation is intended to find out the factors that contribute to or inhibit the implementation of strategic plans.

Within this month, April 1999, I will be approaching selected individual board and staff members to participate in a one-on-one interview. The interview will gather the participant's thoughts, views, beliefs and opinions on the implementation of strategic planning. Each participant will be given a copy of the attached document to reflect on the strategic plans instead of trying to remember what plans were established for the Medicine Lodge programs and services. As you can see from the attached document, all of the goals established from the past three years of the board and staff workshop, 1995 to 1998 inclusive were categorized into major themes which has helped focus the evaluation. Organizing the strategic plans into major themes will also assist staff to focus on the implementation of the strategic plans.

It is important that advise the staff that you are not obligated to participate in this interview but rather your participation is voluntary, however, I would very much appreciate your participation if you are requested to participate in the interview.

Sincerely,

Theresa Yetman
Executive Director

APPENDIX D:

**Memorandum of Understanding
for the Evaluation of the Implementation
of the NHML Strategic Planning**

Between

Theresa Yetman, Evaluator

and

The Participant

As you are likely aware, I am working on completing my master's degree in Social Work. An important part of obtaining my master's degree is to complete my practicum which is designed to benefit both the Medicine Lodge and myself. My practicum involves an evaluation on the implementation of the Medicine Lodge strategic plans. Our strategic plans are set during our annual board and staff workshop. I will be interviewing several board and staff members to find out why certain strategic plans get implemented while others don't.

The questions I will be asking you is a standard questionnaire I will ask all of the participants selected for this evaluation. After I ask you a question, I will record all your answers in writing. Once I have interviewed all the participants, I will compile and analyze all the information given from the interviews then give a final report to the board and staff of the Medicine Lodge and the University of Manitoba.

It must be noted that I have a dual role in conducting this evaluation, the role of the Executive Director and the role of the evaluator. It is important I inform you that you are not obligated to participate in this interview. Any information you share with me in this interview will *not* affect your employment with the Medicine Lodge and your identity will remain anonymous. Any time you feel uncomfortable with the question, we can stop to take time to discuss your discomfort or skip the question and move onto another question.

I have drafted a Memorandum of Understanding confirming that you have a clear understanding of my purpose in evaluating the implementation of Medicine Lodge's strategic planning. You are no way obligated to participate in this interview but rather I understand that you are willing to participate. Your identity will remain anonymous and any information you share with me will not affect your employment with the Medicine Lodge.

Theresa Yetman, Executive Director, NHML
& Evaluator

Staff or Board Member/Participant

Date: _____

REFERENCES

- Babbie, E. (1989). The Practice of Social Research (5th ed.). California: Wadsworth Publishing Company.
- Brown, R. D. and Braskamp, L. A. (1980) Summary: Common Themes and a Checklist. In R. D. Brown & L. A. Braskamp, New Directions for Program Evaluation #5, (pp.91-97). San Francisco: Jossey-Bass Inc.
- Bergeron, P.G. (1989). Modern Management in Canada. Scarborough, Ontario: Methuen Publications.
- Bryson, John M. (1988). Strategic Planning for Public and Non-profit Organizations: A Guide to Strengthening and Sustaining Organization Achievement. San Francisco: Jossey-Bass Publishers
- Covey, S. R. (1991). Principle Centered Leadership. New York: Simon and Schuster.
- Creswell, John W. (1984). Research Design: Qualitative and Quantitative Approaches. California, CA: Sage.
- Duca, D. (1986). Nonprofit Boards: a Practical Guide to Roles, Responsibilities, and Performance. Phoenix, AZ.: Oryx Press.
- Edwards, Glenda R. (1997). An Internal Formative Evaluation of the Child Protection Supervision Program at Winnipeg Child and Family Services - Central Area. A Thesis Submitted to the Faculty of Graduate Studies. University of Manitoba.
- Elmore, Richard F. (1978). In Public Policy Volume 26 No. 2 (p. 185 - 227). John Wiley & Sons, Inc.
- Gelatt, J. P. (1992). Managing Nonprofit Organizations in the 21st Century. Phoenix, AZ.: Oryx Press.
- Goodstein, L.D., Nolan, T. M. & Pfeiffer, J.W. (1993). Applied Strategic Planning: A Comprehensive Guide. New York: McGraw-Hill, Inc.
- Howe, F. (1997). The Board Member's Guide to Strategic Planning: a Practical Approach to Strengthening Nonprofit Organizations. San Francisco: Jossey-Bass Inc.
- Hudson, Joe, Mayne, John & Thomlison. (1992). Action-Oriented Evaluation in Organizations: Canadian Practices. Toronto: Wall & Emerson.

- Imundo, Louis V. (1991). The Effective Supervisor's Handbook (2nd Edition). United States of America.
- Mark, M. & Shortland, R. L. (1987). Stakeholder Based Evaluation and Value Judgements. In D. S. Cordray & M. W. Lipsey (Eds.), Evaluation Studies Review Annual, Vol 11 (pp. 131-152). Newbury Park, California: Sage Publications, Inc.
- Melcher, Bonita H. and Kerzner, Harold. (1988). Strategic Planning: Development and Implementation. United States: Library of Congress.
- Patton, Michael Quinn. (1986). Utilization Focused Evaluation (2nd ed). California: Sage Publications, Inc.
- Patton, Michael Quinn.(1987). How to Use Qualitative Methods in Evaluation. California: Sage Publications Inc.
- Posavac, E. J. and Carey, R. G. (1992). Program evaluation: Methods and case studies (4th ed). New Jersey: Prentice Hall, Inc.
- Rossi, Peter H. & Freeman, Howard E., (1993). Evaluation: A Systematic Approach (5th ed). California: Sage Publications Inc.
- Steiner, George. (1979). Strategic planning: What every manager must know. New York: MacMillan Publishing Co.
- Standards & Certification Manual For International Certified Counsellors. (October 1994).
- Wharf, Brian and Callahan, Marilyn. Connecting Policy and Practice. In Canadian Social Work Review '84. CASSW/Acess. Ottawa.
- Waldram, James B., Herring, D. Ann, & Young, T. Kue. (1997). Aboriginal Health in Canada: Historical, Cultural, and Epidemiological Perspectives. University of Toronto Press Inc.
- Yonow, Dvora. (1987) Toward a Policy Culture Approach to Implementation. Policy Studies Review.