Original Article

Assessing Organizational Role and Perceptions of Programmatic Success in Policy Implementation

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Abstract

This study utilizes the Strategic Action Field (SAF) framework as a lens to study implementation effectiveness of Ohio START, a multiactor and multilevel implementation process. We examine the extent to which perceptions of successes and challenges vary across organizational roles in county-level child welfare agencies during Ohio START implementation. Preliminary findings reveal that perceptions of implementation effectiveness differ based on organizational role.

Introduction

Opioid misuse has become a national public health crisis. In 2018, there were more than 67,300 drug overdose deaths across the United States, with almost 70% of these deaths related to opioid misuse (Centers for Disease Control and Prevention [CDC], 2020a). Ohio has the fifth-highest number of drug-related

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overdose deaths in the country with 3,980 deaths occurring in 2018, almost three times the national average (CDC, 2020a, 2020b). The impact of the opioid epidemic is widespread and detrimental across society. In Ohio, the epidemic costs the state between $4 and $5 billion every year due to reduced economic growth and loss of productivity, increased demands on the health care system for addiction treatment and related physical and mental health issues, and increased crime and violence (Ioannou, 2019).

Children are among the most vulnerable victims of the opioid crisis. They are significantly affected by their parents' substance use disorders (SUDs) as they experience the trauma of physical and emotional neglect and abuse, in addition to enduring parental incapacitation, incarceration, or overdose death (Annie E. Casey Foundation, 2018). From 2013 to 2017, the number of children in the Ohio foster care system increased by almost 3,000 to more than 15,550 (Public Children Services Association of Ohio [PCSAO], 2018). Approximately 50% of children are in foster care due to abuse and neglect as the result of parental substance abuse issues (PCSAO, 2018). This is partly due to the effects of the state-wide opioid epidemic and as the epidemic continues, the number of children is expected to pass 20,000 in 2020 (PCSAO, 2018).

This epidemic has spillover effects into multiple public domains, and there is increasing demand on public organizations to coordinate efforts to mitigate the effects of this public health emergency through education, prevention, treatment, and rehabilitation efforts. In an attempt to serve Ohio families affected by the opioid crisis, the Ohio Attorney General and the Public Children Services Agencies of Ohio (PCSAO) developed Ohio START (Sobriety, Treatment, and Reducing Trauma) (Annie E. Casey Foundation, 2018; Ohio START, 2019; PCSAO, 2018). Ohio START is a shift toward rapid and integrated delivery of services to treat parental addiction, improve parental capacity, and ensure child safety and well-being through the creation of networked partnerships.

The purpose of this exploratory analysis is to improve understanding of implementation effectiveness in human service organizations (HSOs) by examining child welfare agency (CWA) workers' perceptions of Ohio START implementation. We ask: *How do perceptions of successes and challenges vary across organizational roles in child welfare agencies during implementation of Ohio START?* We address our research question by analyzing primary data from interviews with CWA administrators, caseworkers, and family peer mentors in Ohio START counties. We use the Strategic Action Field (SAF) framework (Moulton & Sandfort, 2017) to understand how a multilevel policy system that requires multiple organizational actors is affected by the introduction of a new program technology. Implementation often involves a *change in system operations* to produce a *change in target*

population behavior or conditions (Moulton & Sandfort, 2017). For Ohio START, the introduction of this program technology leads to a *change in system operations*, which then leads to a *change in target population (parent) behavior*.

Our study advances knowledge by using the SAF framework to examine a new policy intervention in response to the opioid crisis, one of the nation's most pressing public health issues. We assess whether there is variation by worker role or by county-level CWA, with the understanding that their perceptions of successes and challenges can inform implementation effectiveness. Ohio START implementation provides a foundation to develop propositions for future research in policy implementation. This is particularly relevant for the study of implementation in public organizations as HSOs must balance implementation efforts with providing complex services to match a variety of needs and must coordinate across multiple policy areas, sectors, and organizations, all with different capabilities, expertise, funding structures, and missions (Bunger & Lengnick-Hall, 2019; Hasenfeld, 2009).

The article proceeds as follows. First, we describe the programmatic elements of Ohio START. Next, we present a literature review of policy implementation research and the SAF framework used to address our research question on implementation effectiveness. We describe our research design, data, and method, then share preliminary findings from our analysis. Finally, we discuss the potential implications of our study and directions for future research.

Ohio START

An emerging issue in the child welfare system is managing parental SUD (Smith & Mogro-Wilson, 2007) as caseworkers are not trained or equipped to manage individuals with SUDs. Traditional child welfare approaches do not account for caregiver addiction and traditional substance abuse treatment often does not address parenting skills (Bosk et al., 2019). The co-occurrence of SUDs and child maltreatment within a single family creates overlap in both systems. This requires an integrated approach that addresses both the structural and individual-level (or system-level and service-level) challenges (Bosk et al., 2019; Marsh et al., 2011) that exist with managing parental SUD treatment and ensuring the safety and well-being of children. This intersection has created an opportunity for both systems to work together to provide integrated services to simultaneously address multiple problems using an approach that is not specific to a single sector or organization (Bosk et al., 2019; Huebner et al., 2017). A service integration model provides comprehensive services for clients and may reduce barriers that exist when each

system operates independently (Marsh et al., 2011) as this approach addresses the challenges, priorities, and goals of both systems (Lee et al., 2009). The goal of this approach is to reduce some of the barriers to treatment that caregivers often encounter while also increasing early identification of at-risk children (Lee et al., 2009).

Thus, HSOs are shifting toward integrated service delivery of substance abuse treatment and child welfare provision to treat parental addiction and improve parental capacity, while also ensuring child safety and well-being (Huebner et al., 2015). One such example is Ohio START, which is a multi-million dollar evidence-informed intervention funded through grants from the Victims of Crime Act and Casey Family Programs and is administered through PCSAO with support from the Ohio Attorney General (Annie E. Casey Foundation, 2018).

Ohio START delivers comprehensive services to support children and their families affected by the opioid crisis (Annie E. Casey Foundation, 2018; Ohio START, 2019). As an integrative service model, Ohio START uses best practices to improve capacity for addressing parental SUDs, providing timely access and resources for treatment, identifying child abuse and neglect as a result of parental drug addiction, and improving collaboration between child welfare caseworkers and SUD treatment providers (Huebner et al., 2017). Ohio START aims to reduce the placement of children in foster care or reduce the duration of a placement, so that children can remain safely in their homes with their families (Annie E. Casey Foundation, 2018; The California Evidence-Based Clearinghouse for Child Welfare, 2017).

Ohio START is based in county-level CWAs and creates an infrastructure of networked care to parents and children through partnerships between Child Protective Services (CPS), the judicial system, behavioral health providers, substance treatment providers, and family peer mentors (Huebner et al., 2015). Although Ohio START involves an extensive network of actors, we focus our exploratory study on three levels of organizational actors within the purview of CWAs: administrators, caseworkers, and family peer mentors. Administrators consist of agency directors, deputy directors, and financial directors. Caseworkers have received specialized training on Ohio START procedures, and they have small caseloads to facilitate intensive case management support. Family peer mentors provide parental support and work closely with caseworkers to transition parents into treatment and recovery while protecting children. They have lived experience with addiction, are in long-term recovery themselves, and have previous involvement with CPS (Freisthler et al., 2018; Ohio START, 2019). Family peer mentors are part of the organization as they have a lateral working relationship with caseworkers, but they also act as an advocate, facilitating the relationship between

parent and the CWA. While each of these organizational roles offers a different perspective based on the nature of their work, this is not solely due to their position in the hierarchy of the organization.

Policy Implementation in Human Service Organizations

Implementation is well known to be a challenging and complex multiactor and multilevel change process (Montjoy & O'Toole, 1979; Moulton & Sandfort, 2017; O'Toole & Montjoy, 1984; Sabatier & Mazmanian, 1979). Implementation occurs in complex political and social systems and often requires changes in organizations and their systems, as well as changes in the attitudes and behaviors of the people who work in them and their target populations (Moulton & Sandfort, 2017; Sandfort & Moulton, 2015).

Over the course of three generations of implementation research, scholars of public policy and public administration have studied implementation using various theoretical frameworks and methodological approaches. The first studies relied on qualitative, explorative single case studies (e.g., Pressman & Wildavsky, 1984). Later studies incorporated more analytical-theoretical frameworks to test hypotheses using quantitative data and statistical techniques (e.g., Sabatier & Mazmanian, 1979; Van Meter & Van Horn, 1975). Differing perspectives emerged arguing for the utility of top-down versus bottom-up approaches for analyzing implementation (Sabatier, 1986), creating long-standing debates in the field. More recently, a focus on refining research methods and resolving conceptual issues has attempted to bridge these tensions and integrate different perspectives in order for theoretical progress to occur (Saetren, 2014).

HSOs are increasingly engaging in collaborative and integrated arrangements to provide vital services within a multilevel, multiactor system comprising layers of "teams, organizations, networks, regional systems, policy environments" that are embedded in each other (Bunger & Lengnick-Hall, 2019, p. 9; LeRoux et al., 2019; Sowa, 2008). As each layer exerts influence on the implementation process, understanding the relationships and interactions between the public, private, and nonprofit organizations that share service production and governance responsibilities within the service delivery networks is important (Bunger & Lengnick-Hall, 2019; McBeath et al., 2014; Provan & Milward, 2001). The shift toward service integration and coordination of services across multiple delivery systems provides numerous advantages for HSOs. Together with their networked partners, they aim to reduce service fragmentation and bridge gaps in care, utilize scarce resources, more effectively, minimize program duplication and overlap, share information

and costs, and improve overall service quality for recipients (Agranoff, 1991; Packard et al., 2013; Provan et al., 2002; Sowa, 2008; Willging et al., 2018).

The challenges and barriers to implementation that occur in a single organization are often compounded when the focal organization engages in collaborative efforts with other organizations to coordinate and integrate service delivery (Agranoff, 1991; Montjoy & O'Toole, 1979; O'Toole & Montjoy, 1984; Sandfort, 1999; Sowa, 2008). There are often varying amounts and types of control among actors, as well as diffused responsibility and accountability while managing vertical and lateral relationships (Provan & Milward, 2001; Romzek et al., 2014). In HSOs, in particular, integrating an intervention among multiple actors can also result in conflicting values, goals, and case plans, as well as disagreement or ambiguity over responsibility for parental and child outcomes (Huebner et al., 2015). As establishing clear organizational goals and roles contributes to both individual and organizational performance (Rainey, 2014), goal clarity is especially meaningful during implementation efforts. Failure to specify goals and resolve ambiguities can undermine implementation fidelity and success (e.g., Lipsky, 2010; Pressman & Wildavsky, 1984; Riccucci et al., 2004; Sabatier & Mazmanian, 1979). However, achieving goal congruence across multiple organizational roles can be particularly difficult to achieve "in complex organizational and multiorganizational systems in which interests are multiple, uncoordinated, and often contentious" (Meyers et al., 2001, p. 165).

Organizational factors shape the implementation process of a policy or program and can affect the intended goals and outcomes of a policy. Implementation can disrupt an organization's status quo since it requires difficult changes in an organization's culture, capacity, routines, and structure, transforming its processes and resource flows (Hovmand & Gillespie, 2010; Montjoy & O'Toole, 1979). Implementation of a new program is known to increase the administrative burden in organizations by adding tasks, shifting responsibilities, creating questions of accountability, and placing more demands on management and staff (Romzek & Johnston, 2002). Implementation in these organizations is not a linear process and requires input from workers at all organizational levels (Austin & Ciaassen, 2008). Organizational factors are often not taken into account or addressed properly prior to or during implementation. These factors can subvert, delay, or compromise the policy's intended goals, resulting in improper or partial implementation. If organizational challenges are not addressed, even well-designed interventions are likely to fail (e.g., Aarons & Palinkas, 2007; Austin et al., 2009; Bunger & Lengnick-Hall, 2019; Carnochan & Austin, 2002; May & Winter, 2009; Willging et al., 2018).

Workers throughout the organization are essential actors during an implementation effort and can impact whether an intervention is successful in

achieving its intended objectives. At the management level, leaders in organizations possess the necessary skills to garner political support, procure necessary resources, and establish stable sources of funding (Sabatier & Mazmanian, 1979; Willging et al., 2018). Leaders must engage stakeholders at all levels in their agencies and across organizations (Bishop, 2003; Sabatier & Mazmanian, 1979; Willging et al., 2018) to foster the relationships to support collaboration and cooperation (Bishop, 2003). Leaders should provide clear guidelines and consistently communicate expectations to support and motivate workers, as well as provide development and training opportunities to help them understand and be prepared for changes to existing processes (Aarons & Palinkas, 2007; Bishop, 2003; Willging et al., 2018). By clarifying the mission and linking specific tasks and routines to the implementation effort, leaders can align roles and interests to the organization's overall goals and purpose (Austin & Ciaassen, 2008; Bishop, 2003; Riccucci et al., 2004; Willging et al., 2018).

At the front lines of public service delivery, street-level bureaucrats in organizations are essential actors during policy and program implementation (Lipsky, 2010). In their role at the intersection of state and citizen, they interpret and carry out mandated policies in their organizations and interact with the target population (Lipsky, 2010; Maynard-Moody & Musheno, 2000). Despite their lack of formal authority, street-level bureaucrats have substantial discretionary power over their decisions and actions which can support or subvert formal policy goals (Lipsky, 2010; Maynard-Moody & Musheno, 2000). As street-level bureaucrats translate formal policy goals into action, they must balance the challenges of interpreting policy goals that are often ambiguous and conflicting with demanding workloads, organizational rules and norms, scarce resources, and limited time (Lipsky, 2010; May & Winter, 2009; van Engen et al., 2019). Their decisions are also influenced by their professional knowledge, beliefs, and values around the policy and the target population (May & Winter, 2009; Maynard-Moody & Musheno, 2000; van Engen et al., 2019). As they are instrumental in determining a policy or program's effectiveness and legitimacy, it is important to understand street-level bureaucrats' experiences and perceptions around implementation (van Engen et al., 2019).

SAF Framework

The study of policy and program implementation often focuses on only part of the implementation system or assumes a uniform context; hence, implementation research has tended to emphasize either macro-level system structures or micro-level individual actions, creating the top-down versus bottom-up

approaches to understanding implementation (Sandfort & Moulton, 2020). Moulton and Sandfort (2017) developed the Strategic Action Field (SAF) framework for implementation analysis to incorporate the complexity of an implementation effort that occurs at multiple levels with multiple actors in a policy system. The SAF incorporates the meso-level—an important missing piece in implementation research—to capture both agency structure and human agency which affect each other and do not act in isolation (Sandfort & Moulton, 2020). The meso-level includes "the interactions between agency and structure around the core program technology that occur at the organizational and service delivery levels of the system" (Sandfort & Moulton, 2020, p. 143).

The SAF framework (Moulton & Sandfort, 2017; Sandfort & Moulton, 2015) builds upon the work of governance scholars in public administration (Hill & Hupe, 2014; Lynn et al., 2000, 2001; Ostrom, 1990; Robichau & Lynn, 2009), namely in the logic of governance.[1]

The framework also draws on sociological theory to integrate the social dynamics, such as skills, agency, and authority, that occur in different contexts (Fligstein & McAdam, 2011). In their theory of strategic action fields, Fligstein and McAdam (2011) emphasize how relevant actors in "meso-level social orders" engage in collective strategic action to understand how these structures emerge, change, or endure. As a result of the different social structures across SAFs, there will be variation with a new intervention as well as variation in the system and target population outcomes (Moulton & Sandfort, 2017). Existing institutional theories in organizational studies describe forces that uniformly impact an organization and its relevant actors and how these processes become institutionalized (e.g., DiMaggio & Powell, 1983; Meyer & Rowan, 1977).These theories contend that all relevant actors share the same perceptions and understanding due to similar opportunities and constraints and will act on those accordingly (Fligstein & McAdam, 2011).

SAF is a departure from rational choice emphasizing the role of agency of actors while not assuming that social structures are known or fixed approaches (Fligstein & McAdam, 2011; Moulton & Sandfort, 2017; Sandfort & Moulton, 2020). Instead, this perspective emphasizes that in reality, conflict and change are more common as all actors do not share the same perceptions as each other and not all organizations are alike, since they each have their own set of strategic actors, authority and autonomy, social interactions, values and norms, and relationships (Fligstein & McAdam, 2011).

Implementation occurs at three levels in the SAF: the policy field, organizations, and front lines (Moulton & Sandfort, 2017). The *policy field* is the macro-level where policy or program objectives are created and where resources and understanding about an implementation objective are developed. *Organizations*

operationalize these objectives and authorize their integration into daily practice, as permitted by organizational competencies at the meso-level. *Front lines* are the micro-level where the policy targets interact with the policy system or organizational workers. At each level of implementation, the different bounded social settings, dynamics, and skills (Fligstein & McAdam, 2011) impact the understanding and actions around a particular intervention. Each of these three levels produces and is the product of its own context, rules, resources, and human agency. This shapes how actors attempt to reconcile the inherent ambiguity of an intervention and create a shared understanding around their roles in the implementation process and engage in collective strategic action. The settings at each of these levels are what Moulton and Sandfort (2017) term "strategic action fields."

While each field has its own unique set of social processes (actors, assumptions, power, relationships, rules, shared knowledge, and understanding of the tasks), they have several characteristics in common. First, they form around a program technology—the means for achieving a desired change in the target population through the full range of activities used to convert inputs into outputs. Second, resources and both formal authority (contracts, performance terms, rules) and informal authority shape the setting and induce the actors to participate. Third, informal influences shape the action, shared understanding, legitimacy, and collective sense-making of the actors. Social action, or culture, is how commitment to the implementation effort is created and shared. While multiple fields exist within the implementation system for a particular policy or program intervention, they are confined as specific implementation contexts despite their relationship with each other.

The SAF framework identifies processes of change, methods of coordination, *change in system operations*, and *change in target population behavior or conditions* as shown in Figure 1. The framework proposes that SAFs operating at each level in a system constrain and enable the implementation process, creating boundaries through policies and legislation, human factors, and material resources (Sandfort & Moulton, 2015). These forces can impede or support actors' participation and ability to shape the implementation process at each level, leading to variations in outcomes for the system operations and target populations.

Moulton and Sandfort (2017) identify four types of authority that impact actors' involvement within an implementation system (other types of authority also emerge, these four are illustrative). Political authority originates from the laws and regulations that stipulates the legal responsibilities and requirements of an organization. Economic authority is derived from market conditions and mechanisms of competition. Authority from norms is expressed through professional norms, standards, or evidence-based interventions.
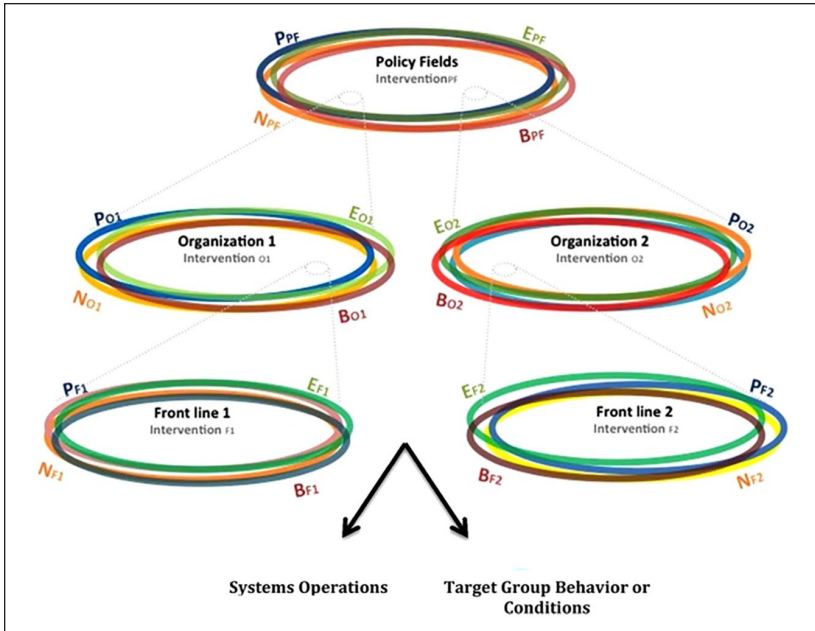
Figure 1. Strategic Action Fields framework.
Source. Moulton and Sandfort (2017).

Authority from beliefs and values acts as a cognitive framework for sense-making among individuals. Significance and impact of the authorities differ depending on the context.

We use the SAF framework to help make sense of the variation we observe in the implementation of Ohio START across multiple organizational roles in CWAs. Figure 2 shows the SAF framework applied to Ohio START. This framework provides a lens to help us understand and specify the variables that are related to implementation in HSOs, which are affected by system, structure, process, and person factors (Aarons & Palinkas, 2007). The macro-level consists of the policy fields, which are the networks of organizations that develop the program technology, create program objectives, and allocate resources to support implementation activities. For Ohio START, these include the network of organizations that have partnered together, including CWAs, substance treatment centers, behavioral health facilities, and the judicial system. The meso-level consists of the organizations where the program technology is incorporated into existing agency operations. The micro-level consists of the interaction between the program technology and the target
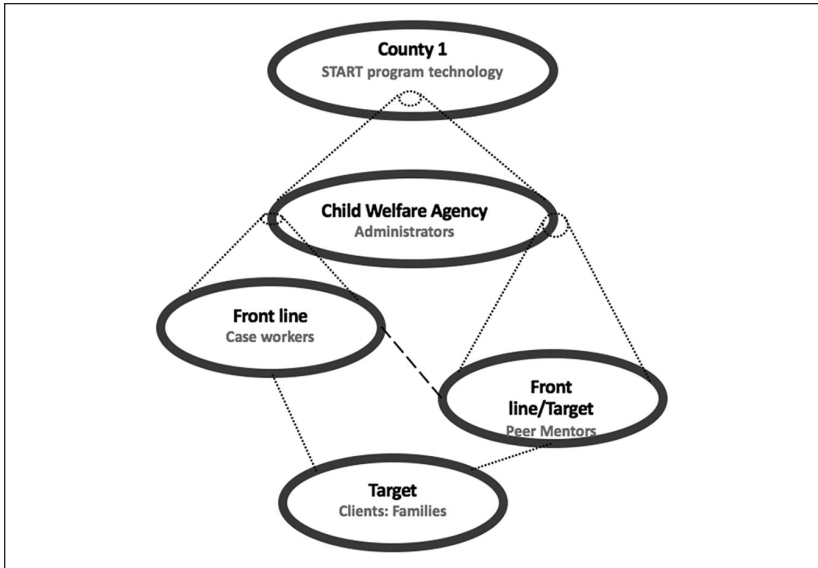
Figure 2. Ohio START policy system.
Note. START = Sobriety, Treatment, and Reducing Trauma.

population. Each implementing county is its own policy system and each worker role is its own field. Administrators represent the CWAs in the networks, caseworkers represent the front lines, and family peer mentors represent the intersection of front lines and the target population.

Data, Design, and Method

Our study addresses the question of how perceptions of successes and challenges vary across organizational roles in CWAs who are participating in Ohio START implementation. The primary data source for this analysis consists of semi-structured interviews conducted with administrators, caseworkers, and family peer mentors across counties actively implementing Ohio START in CWAs. Based on the SAF framework, we would expect that different levels of workers within an organization may perceive "success" differently and may have different forces contributing to perceived successes and challenges.

An exploratory case analysis is appropriate as a first step for exploring Ohio START implementation in Ohio CWA, especially since program implementation began within the past year of our study and there are no clear or

measurable outcomes at this point in time (Yin, 2017). Exploratory case analysis is the preferred methodological approach when there has been limited or no systematic empirical scrutiny of the phenomenon of interest (Given, 2008; Yin, 2017). With Ohio START, there is limited knowledge about the intervention, and process of change is still a relatively new area of investigation. This design is a valuable method for asking questions of "how" workers across organizational roles in child welfare agencies have different perceptions of implementation effectiveness to contribute to theoretical development in this emerging field (Baxter & Jack, 2008; Hancock & Algozzine, 2017; Yin, 2017). This approach is also suitable since our in-depth investigation examines contemporaneous events of ongoing implementation efforts in a real-world context (e.g., Johnston & Romzek, 2008) and there is no manipulation or control over organizations' implementation efforts or the behavior or relationships of the participants (Yin, 2017). We are able to uncover new observations, ideas, and patterns to acquire insight in a research environment with limited methodological options to formulate and develop testable hypotheses for more definitive investigation in the future (Given, 2008; Yin, 2017).

Exploratory studies are useful for improving our understanding of various facets of implementation in HSOs, especially in areas with limited research, to provide directions for future research. These studies include exploring new implementation initiatives, such as changes to social welfare policies or welfare reform (e.g., Austin et al., 2009; Carey et al., 2020; Carnochan & Austin, 2002; Meyers et al., 1998); the experiences and perceptions of street-level bureaucrats during implementation (e.g., Cao et al., 2016; Carey et al., 2020; Maynard-Moody & Musheno, 2012); and the implementation of new service delivery mechanisms, such as interagency collaborations (e.g., Sowa, 2008).

The first cohort of Ohio counties agreed to participate in Ohio START in fall 2017 and consisted of 17 counties located in the southern region of Ohio. These counties self-selected to participate in the pilot program for Ohio START. In the spring of 2018, 12 out of the 17 counties in the cohort were identified as actively implementing Ohio START and these 12 counties were contacted for interviews in summer 2018. These counties had all been implementing Ohio START between s6 and 12 months. Using nonprobability sampling, CWAs were identified and contacted via emails asking for their interest and availability in participating in confidential interviews to discuss their experiences with Ohio START. We use this method of purposive sampling to identify workers, based on their positions, activities, and responsibilities, who come in direct contact with Ohio START and therefore are knowledgeable about its implementation.

Our initial contact was through emails sent to the director or deputy director in the 12 counties who are currently implementing Ohio START (as of summer 2018); six counties responded. We interviewed six administrator-level

Table 1. Respondents by County and Organizational Role.

Conducted interviews by county and organizational role			
County	Administrator	Caseworker	Family peer mentor
1	A, B		
2		G	K, L
3	C		
4	D	H	M, N
5	E	I	O
6	F	J	
Total by role:	6	4	5

individuals and then asked them to forward the interview request to caseworkers and family peer mentors in their agencies working as part of the county's Ohio START team. We sent out follow-up emails to administrators as reminders to forward the interview call to their employees to maximize the number of possible respondents. We did not directly contact these individuals until they reached out to us. We conducted semi-structured phone interviews with individual respondents. Interviews lasted approximately 35 to 45 min. Following institutional review board (IRB) protocol, interviews were recorded and then anonymized to remove any identifying or sensitive information.

Table 1 shows the distribution of respondents by county and role. Our final corpus of interviews consists of 15 interviews with six administrators, four caseworkers, and five family peer mentors. Most of the participating counties only have one START-trained caseworker and one family peer mentor. Due to the small size of our sample, we have deidentified the names of counties who have participated in this study. We collected descriptive statistics for these counties based on county-level demographic information, such as county population size, poverty rate, unemployment rate, age, and gender. We conducted t tests to determine that there are no significant county-level differences among the six counties along these measures. Results indicate that there are no systematic differences among the counties under study.

We used a semi-structured interview guide that was developed to examine Ohio START practices in child welfare agencies. The questions in the guide did not change based on the organizational role of the respondent (with the exception of some modifications to be expected in a semi-structured protocol). The interview guide consisted of 15 open-ended questions and asked respondents to describe their job and role in Ohio START, including daily and weekly tasks; their training and preparation for the rollout of the implementation effort; their experiences of implementing Ohio START, including what was working well

and what was not; how their practice with parents, children, coworkers, or other partners had changed as a result of Ohio START; and what they thought could be done better in the future. The open-ended questions also allowed for respondents to express their opinions and views in their own words and we were able to clarify questions and probe for additional information. While some of the questions in the semi-structured protocol varied by role, the questions coded for this study were common across the three organizational roles.

We coded the interviews both manually and electronically using NVivo software as our initial or "open" coding for this exploratory stage of data analysis to categorize the data. Several rounds of coding for content analysis led to a codebook that reflected intercoder agreement and interpretive convergence to improve consistency of the coding (Saldaña, 2015). Using cumulative coding cycles is an important first step to a methodologically systematic approach in our development of a theory grounded in the original data for this qualitative inquiry (Saldaña, 2015).

Over the course of three rounds of coding, we aligned our operationalization of successes and challenges to find patterns of congruence and incongruence around perceptions of success and challenge across the three organizational roles. We identified patterns in terms of similarity in the data (things happen the same way) to identify stable indicators across worker roles and counties for perceptions of successes and challenges with Ohio START implementation (Saldaña, 2015).

We categorized data related to success and challenges into two dimensions of implementation success: *change in system operations* resulting from the program intervention and *change in target population behavior or conditions. Change in system operations* captures changes in agency structures and processes. *Change in target behavior or conditions* focuses on the changes in the families that the Ohio START intervention is intended to produce. We determined that criteria for perceiving a "success" or "challenge" was that at least two respondents from the same organizational level (e.g., at least two administrators) identified the construct in their responses. Eighteen distinct themes emerged across the three organizational roles that are first grouped into *change in system operation* or *change in target population behavior or conditions*. From this, we identified 10 codes that comprised agreement from at least two respondents in the same organizational role. While there is some congruence among workers of their perceptions of implementation success and challenges, these vary by role (i.e., level in the policy system).

Findings

Perceptions of implementation successes and challenges unique to each role are specified in bold in Table 2, which serve as the basis of our findings. In

Table 2. Ohio START Perceptions by Role Using the SAF Framework.

Role	Change in system operations		Change in target behavior or conditions	
	Success	Challenge	Success	Challenge
Administrators	• **Collaboration with others outside of the organization** • Rapid intake • Importance of family peer mentor • Innovation/change in practice • Info-sharing within org.	• **Financial and program sustainability unclear** • **Lack of discretion for client eligibility and enrollment** • **Lack of clarity and planning at rollout**		• **Lack of understanding about addiction recovery**
Caseworkers (front line)	• **Collaboration with others outside of the organization** • Rapid intake • Importance of family peer mentor • Innovation/change in practice • Info-sharing within org.	• **Time intensity of case work** • **Lack of clarity and planning at rollout** • Lack of community resources	• **Improved relationships with clients** • **Improved client responsiveness** • Reduced stigma of CWAs	
Family peer mentors (front line/ target population)	• **Collaboration with others outside of the organization** • **Connecting clients to other resources**	• **Lack of clarity and planning at rollout** • Lack of community resources	• **Advocate for parents** • Reduced stigma of CWAs	• **Unrealistic expectations from CWAs for client addiction recovery** • **Stigma of addiction in CWAs**

Note. **Bolded constructs** indicate perceptions that are unique to each organizational role with agreement by at least two respondents at that level. START = Sobriety, Treatment, and Reducing Trauma; SAF = strategic action field; CWA = child welfare agency.

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short, we find that for *change in system operations*, administrators identify two challenges, **financial and program sustainability unclear** and **lack of discretion for client eligibility and enrollment**, while caseworkers identify a challenge as **time intensity of case work**. While neither one of these roles identify a success for *change in system operations*, family peer mentors identify a success as **connecting clients to other resources**. For *change in target population behavior or conditions*, administrators do not identify any successes or challenges. Caseworkers identify two successes as **improved relationships with clients** and **improved client responsiveness** and one challenge with **lack of understanding about addiction recovery**. Peer mentors identify one success as serving as an **advocate for parents** and two challenges of **unrealistic expectations from CWAs for client addiction recovery** and the **stigma of addiction in CWAs**. Evidence for these findings is provided in the following sections and organized by role.

Administrators

Administrators include agency directors, deputy directors, and financial directors. These individuals oversee agency operations and ensure compliance to Ohio START. Per the SAF, administrators act as the organization, making decisions about the intervention, identifying feasible processes, disseminating information, and mobilizing resources for implementation.

Change in system operations. Five administrators remarked that one of the primary challenges with Ohio START was related to **financial and program sustainability unclear** (A, B, C, D, F). Administrators were the only stakeholders to express concern about whether the program would continue beyond the pilot and how Ohio START might be financially supported in the future. As one administrator noted,

> The thing that comes to mind for me is the work that needs to go into sustainability planning and particularly with the peer supports and ensuring that we're able to maximize Medicaid dollars in the future to offset some of these costs for anything that's Medicaid billable. That's just something in the back of my head that needs to be figured out. (C)

As this administrator notes, it is unclear whether the services they are providing through the grant may be sustainable through other means in future years, and they are beginning to think about alternative funding sources with this in mind.

All of the administrators remarked that they **lacked discretion for client eligibility and enrollment**, which represents a system operations with the implementation of Ohio START (A, B, C, D, E, F). Administrators noted that Ohio START stipulates a 30-day window for assessing parental substance abuse and child trauma to enter the program, but that this imposed timeline does not always align with parents' ability to enter Ohio START or the organization's identification of an eligible family. Administrators would prefer to have more discretion in the determination process because they might not even know there is a substance abuse issue in play until after the 30-day window has closed, as illustrated one administrator.

> The referral may not come in primarily as a substance abuse issue, but physical abuse, but then through the investigation we realize the substance abuse is at the basis of family's issues and you don't know that necessarily within the 30 days. So I wish we had more leeway of moving families into the Ohio START path even later than the 30 days. (F)

In fact, every administrator expressed the concern that adherence to the regulatory deadline challenged their freedom to make the best choices for their families. ". . . I think it would be better to be able to just engage them at any point they are ready, rather than having to do with the first 30 days of the case. That is my biggest want right there" (E).

Change in target population behavior or conditions. Perhaps most strikingly observed in Table 2 is that administrators' successes and challenges were not oriented toward target behaviors. Administrators' perceptions of successes and challenges with Ohio START were limited to the *change in system operations*, whereas the caseworkers and family peer mentors had both shared and unique perceptions across both dimensions of the policy system. This illustrates the distance between administrators and targets, given their roles in implementation.

Caseworkers

Caseworkers are specially trained to serve families with co-occurring SUD and child maltreatment. They manage capped caseloads to provide faster intervention and assessment of child abuse and neglect and to provide continuous support for children and their families in Ohio START. Per the SAF framework, caseworkers are the front lines as they act as the link between the administrators (the organization) and the family peer mentors (the front lines/

targets). Caseworkers operationalize the program objectives and develop procedures for implementing Ohio START on a daily basis.

Change in system operations. One of the Ohio START challenges identified by all of the caseworkers is the **time intensity of case work** for Ohio START (G, H, I, J). The program requires additional touch points with families, which leads to more time spent with Ohio START clients compared with non-Ohio START families. While caseworkers participating in Ohio START have fewer cases to accommodate for this change, the intensity of their engagement is higher for these clients. This is illustrated by two caseworkers who describe their work.

> . . . I get the opportunity to develop that trust and relationship more quickly because I am seeing them more frequently and I really try to add in some things to case planning that like a traditional case would not allow for. . . . I knew that offering the case management was going to be a lot and a lot of the families we have are in full addiction with a lot of criminal history and we are trying to make the biggest difference with those that really cannot help themselves. So I knew going into it that my cell is constantly going to be going off, that I was going to be going 100 miles a minute, that our peer mentors are doing the same and I was okay with that because if that is what they need then it is. (G)

> Yes, it has been what I expected maybe a little more hectic sometimes. When we first engage families it seems like we do a lot of running to get them engaged and to get them where they need to be. To get them to take that first step. . . like going there every two weeks and visiting the kids. It is a bit more hectic, but it has been what I expected. (H)

As these quotes illustrate, caseworkers are not resistant to the time spent, but rather make a point to distinguish between their work with Ohio START and traditional child welfare work. While they generally agree that this level of engagement was expected when joining the Ohio START pilot, the additional time and support can be challenging, nonetheless.

Change in target population behavior or conditions. **Improved relationships with clients** (G, H, I, J) and **improved client responsiveness** (G, H, I, J) are two constructs that all caseworkers remarked were programming successes. While complementary, they are distinct; that is, improved relationships mean trust and respect is developing between the caseworkers and the parents. As one caseworker notes, "They [parents] are more honest with me. And they are not as afraid to tell you if they have recently used or relapsed. It makes a much more open relationship" (H). Other caseworkers note clients responded

better as they understood Ohio START's objective was not to remove their children, but to support their recovery and reunite them with their children.

> I mean, I have actually heard several clients tell they're like "I thought you were just going to come in here and take my baby and that was it." And I'm like, "I don't want your baby, I want you to have your baby, but in order to do this we've got to get stuff done." And they respond quite pretty well. (I)

> So it is little things like that I feel like our clients are responding really well to. They do not see us as just someone who is trying rip their kids from them. Someone is trying to solve problems and help them excel to the next level not just get their kids back, but take their whole family to the next level. (G)

Caseworkers note the Ohio START clients are also more responsive, such as returning calls and keeping appointments (which in turn leads to improved relationships) (G, H, I, J).

Lack of **understanding about addiction recovery** is a challenge faced by all of the caseworkers interviewed (G, H, I, J). Ohio START's holistic approach to the opioid crisis pushes boundaries of CWAs beyond child welfare and into recovery support for families. "Because we don't understand from experience, like, none of us have had that substance abuse issue. It's very hard sometimes to understand something that you've never gone through" (I). Ohio START is providing caseworkers with an opportunity to learn about the process of recovery and better support their families, particularly through the family peer mentors. "The peer mentor is one of the most interesting aspects of Ohio START and they brought a lot of information to us. A lot of information, what to look for, what to expect, that there is going to be a downfall . . ." (J).

Family Peer Mentors

Family peer mentors are individuals who are living in sobriety and many of them have previously received CWA interventions for their own children. Along with the caseworker, they provide intensive case management services to the parents and provide sober coaching. Family peer mentors serve a facilitative role, advocating for parents, supporting parents through recovery, relying on their own lived experience with substance abuse to help parents with their recovery. Per the SAF framework, family peer mentors are a combination of the front lines and targets. They are influenced by the organizational context in which they operate as they directly interact with caseworkers (front lines) and clients (target population members), given their lived experience with addiction.

Change in system operations. One of the changes in system operations identified by all of the family peer mentors as a success of Ohio START is that they work **connecting clients to other resources** beyond recovery (K, L, M, N, O). They help parents find housing, parenting classes, and other kinds of resources that can help them keep their children and support recovery.

> I keep in touch with my people on a daily basis, I see them face-to-face at least once a week, make sure they are getting their appointments, getting them what they need any type of appointments for their kids, or making sure they are keeping up with everything. (O)

Family peer mentors take an individualized approach to meeting their clients' needs.

> For example we have a mother . . . of three and her kids just got back in her home and she can be overwhelmed and she does not take a lot of time for herself. So in that case, the other peer works with her on developing hobbies. She is learning to make scarves. . . . [W]e have a different one who has a mental health diagnosis so with her we focus on mental health and what that looks like. And currently she is going through some shame with her diagnosis and so when we meet her we just get very real and honest and try to work through that with her. So individualized kind of tasks we do with clients based on . . .what their number one barriers to recovery are. . . . So currently we have one client that I take to church, that is her choice and she wanted to take her child with her. The other peer takes another client to church. I take two clients to AA meetings on Wednesday night because I am in recovery and I participate in AA . . . I pick them up and take them to the meeting and we talk about recovery and our personal experiences on the way back. (K)

Another way to look at this is that the intimacy that develops between the family peer mentor and the parent allows them to identify needs beyond the program and traditional intervention support.

Change in target population behavior or conditions. Four family peer mentors see their role as being an **advocate for parents** (K, M, N, O). They view themselves not simply as offering support to parents in their recovery, but as advocates for parents within CWAs, the judicial system, and other providers.

> . . . [W]e help to break down the barrier between them [parents] and the child welfare system because they believe that CPS is there to take their kids and ruin their lives and we are kind of that middle man . . . like no we are actually here

to help. We want you to be healthy, to be good and safe parents. So we almost break down the barrier for the CPS workers cause they are more willing to trust the agency because they trust us. . . . [W]e take it very seriously that we are always advocating for them truthfully and honestly but we are the advocate for the parent whereas the caseworkers are for the children. (K)

Given their lived experience with addiction, family peer mentors assume the advocate role for parents in the policy system.

A challenge related to changing target behaviors is reported by three family peer mentors. They perceived that there are **unrealistic expectations from CWAs for client addiction recovery** (K, L, N). That is, their lack of understanding of substance abuse and recovery leads them to set expectations that parents are unable to meet.

There are very high expectations that come out of the agency's process. We are on a timeline with patients obviously and another one is that recovery is not necessarily a linear process. Sometimes there is back sliding and sometimes there is emotional immaturity or there is almost an emotional regression, which is a completely normal part of the recovery, which I understand as someone who has been through recovery. (K)

I think sometimes they [CWS] can be kind of hard on the parents and it's just because of a lack of understanding or you know just . . . this program will just provide them with some education and some knowledge about the disease of addiction and how it works. Because, I think everyone in the entire system can learn from this program. (N)

Whereas caseworkers note that Ohio START is helping them to understand recovery in a way that they did not before program implementation, four family peer mentors note the **stigma of addiction in CWAs** (K, M, N, O). Family peer mentors describe the negative perceptions that CWAs have of parents with SUDs and they consider it part of their role to help address those challenges that affect client relationships Family peer mentors indicate they also work within the agency to educate caseworkers about the recovery process to reduce the negative stereotypes and misinformation around SUDs and set realistic expectations.

I think another hurdle is fighting with stigma and the agency with the caseworkers and investigators. I am not just advocating for parents and helping people through recovery I am also trying to fight stigma and barriers in the office . . . There is just so much stigma and so much stereotyping about addicts. I was not prepared for that. (K)

Discussion

Studying the first phase of Ohio START implementation has allowed us to extract and examine several important themes; this improves our understanding of the current effort as well as informs future implementation as Ohio START continues to expand to other counties.[2] Examining an early phase of implementation, such as a pilot program, is essential for understanding the organizational factors, processes, and structures that may facilitate or impede successful implementation of a program and assessing its efficacy (Lee et al., 2009). Our focus on organizational perceptions of a new program provides information that can be used to identify barriers and areas of resistance to improve the planning process and implementation of future iterations of Ohio START.

We find that administrators are more focused on the *change in system operations* than on *change in target population behavior or conditions*. Administrators noted **financial and program sustainability unclear** and **lack of discretion for client eligibility and enrollment** as key challenges. Both caseworkers' and family peer mentors' distinctive successes and challenges span both *change in system operations* and *target behavior or conditions* expected with implementation. Caseworkers reported **time intensity of case work** for Ohio START and a **lack of understanding about addiction recovery** as challenges while identifying successes related to **improved relationships with clients** and **improved client responsiveness**. Family peer mentors stated that **connecting clients to other resources** outside of the program and serving as an **advocate for parents** were successes, while navigating the dynamics with **unrealistic expectations from CWAs for client addiction recovery** and the **stigma of addiction in CWAs** presented challenges. These distinctions align with expectations that we would see variation across roles in the policy system according to the SAF framework.

Findings reported in Table 2 also indicate that there is more congruence than we might expect across counties and also roles (items that are not in bold), particularly regarding perceived successes and challenges related to changes in system operations. All roles noted the value of **collaboration with others outside of the organization** as a success of Ohio START, and **lack of clarity and planning at the rollout** of Ohio START as a challenge.

We suspect two reasons for the amount of congruence among the roles. First, administrators, caseworkers, and family peer mentors were trained together. Second, even though the SAF framework indicates each county implementing Ohio START is a unique policy system, the similarities from these data may be due to regional effects since the counties are located in the same region and have similar demographics, resources, professional networks,

and are in the same early stage of the implementation process. This may lead to initially seeing more similarity across counties, but there may be greater divergence as Ohio START implementation proceeds across the state. Although each pilot county is its own policy system, as future iterations of Ohio START are implemented, we may observe patterns across county systems distinct to the organizational roles held by administrators, caseworkers, and family peer mentors.

The most commonality between roles lies with administrators and caseworkers and then with caseworkers and family peer mentors. As mentioned earlier, both family peer mentors and, to a greater degree, caseworkers, identified successes and challenges related to both system operations and target population conditions. What we find perhaps most interesting beyond these findings is that in no instance do we find congruence between administrators' and family peer mentors' perceptions of implementation success or challenges. That is, we find no unique pathways of congruence for successes or challenges that exist only between administrators and family peer mentors. There are instances of overlapping perceptions of successes and challenges for both *change in system operations* and *change in target behavior or conditions* for caseworkers and family peer mentors, and for administrators and caseworkers. There is more congruence with roles that are closer to each other in the organization; the farther away the roles, the less congruence.

The sources of authority in the SAF are meant to be illustrative, but we observe that there are dominant forces driving perceptions across roles. For instance, administrators, caseworkers, and family peer mentors' perceptions align with the effects of *laws and regulations* in the policy system when they specified successes and challenges related to policy design and programmatic features. Whereas administrators and caseworkers discussed *professional norms* which tie back to changes in practice and organizational processes, family peer mentors, who are quasi-members of the organization in the policy system, do not address these kinds of issues. Caseworkers' and family peer mentors' experiences are tied to *beliefs and values* due to changing client perceptions and stigma. In this case, we see more influence of *beliefs and values* the closer the workers are to the target population.

Contributions and Future Research

Our study builds on existing research that assesses multiple organizational perspectives toward implementation (Carnochan et al., 2017; Garcia et al., 2020; Smith & Mogro-Wilson, 2007, 2008). It is important to explore within-organization variation as discrepancies may exist across an organization and perceptions at one organizational level may be a poor indicator of perceptions

at another level. Emerging research demonstrates that while there can be agreement across an organization, there are also differences across organizational levels in terms of certain perceptions and experiences with the implementation of a policy or program (Aarons et al., 2009; Austin et al., 2009; Smith & Mogro-Wilson, 2007, 2008).

Our study also contributes to understanding program implementation in HSOs as we utilize the SAF framework in a new context. The SAF framework is useful for examining the dynamics that are emerging and changing in the SAFs (Moulton & Sandfort, 2017), which are especially relevant during this early stage of the implementation process. While understanding how actors at one organizational level understand and experience change, such as the implementation of new legislation or EBPs (Bäck et al., 2020; Carnochan & Austin, 2002; Willging et al., 2018), adds to our knowledge of implementation, this singular viewpoint can be limiting in creating a comprehensive understanding as it neglects the perspectives of other actors who are actively involved in implementing a policy or program. Only assessing county-level administrators or managers neglects other organizational stakeholders who are a vital part of an implementation initiative, especially front line workers. The SAF framework provides an opportunity for scholars to direct their attention toward the "strategic action fields" around a policy implementation effort to improve understanding of the social dynamics and interactions between the different organizational roles and how these variations impact client outcomes. As goal clarity and alignment in organizations is both an important and difficult task to achieve during implementation, understanding perceptions of success and challenges from multiple organizational perspectives provides crucial information for informing future implementation efforts (Riccucci et al., 2004).

There is a tendency for public administration scholars to focus on policy authority (laws, regulations, and formal rules) and economic authority (market conditions, competition, performance) with less attention to the other forms of authority that Moulton and Sandfort (2017) identify: professional norms and beliefs and values. These forms consist of organizational standards of behavior, professional association and affiliations, ethical principles that guide practice, shared perspectives among colleagues, and the normative views and attitudes that individuals develop from interactions with clients. While there is a body of work that has examined these sources in HSOs (e.g., Carnochan & Austin, 2002; Glisson & James, 2002; LeRoux et al., 2019; Lipsky, 2010; Romzek et al., 2014; Willging et al., 2018), there are still questions that remain. How salient are informal sources of authority? How do these forces shape behavior across different SAFs? Do they compete with

formal sources or complement them? How do they shape collective action, shared understanding, and mutual sense-making?

The results indicate that roles that are closer to each other in the organization tend to have more congruent perceptions during implementation. As there was no congruence between administrators and family peer mentors, this may also suggest that the further away from the target population the policy intervention is trying to reach, the less likely it is that there will be shared perceptions of implementation effectiveness. While each organizational role is impacted by its own set of social processes, resources, and authority, this can lead to different priorities, goals, and constraints which impact their experience and understanding of implementation (e.g., Aarons & Palinkas, 2007; Carnochan et al., 2017; Garcia et al., 2020). This proposition should be tested in future research. Establishing organizational role differences is also vital for future research which can explore how factors at one level may affect factors at another level in the system to develop multilevel causal theories.

The role of family peer mentors creates a unique relationship between administrators and caseworkers and clients of the program. Family peer mentors, who straddle both the recipient perspective as well as the front line worker perspective, play in an integral part in the co-production of services as "they have book knowledge and having the lived experience is definitely a big help with the clients" (O). This is an avenue for future research by building on existing boundary-spanning research on service coordination (e.g., McBeath et al., 2019; Molenveld et al., 2020) as well as with co-production research (e.g., Nabatchi et al., 2017; Sicilia et al., 2016), especially in networks of service providers and collaborative partnerships.

Future research can include other collaborators and their perceptions of this implementation effort, such as actors from the behavioral health system and the judicial system, and other local community partners who are essential partners in Ohio START but are external to the child welfare system. Our study offers a starting point, by focusing on CWAs which are the sites for where programmatic implementation is based and occurs. These CWAs also lead and coordinate the broader implementation effort across the network of service delivery partners. Extending research to include other data sources and the actors beyond CWAs is an area for future research to improve understanding of collaboration and implementation in HSOs across the policy field and the network of interorganizational actors (e.g., Drabble, 2010; Gazley, 2017; Huebner et al., 2017; Provan et al., 2002; Sowa, 2008). When there is divergence in the focal organization, how does this affect the broader network of actors?

Finally, future research can examine how different organizational roles perceive and respond to different types of changes in organizational routines (Feldman, 2000; Montjoy & O'Toole, 1979) as the result of implementation efforts. Which organizational routines are most (in)flexible to change? How do these constrain actors during implementation? Which new patterns of activity disrupt existing routines the most? How do different organizational roles understand and perceive these changes to their routines?

Practical Implications

From a practical perspective, our study illustrates that shared perceptions of implementation effectiveness are affected by the distance of the role to the target the intervention is trying to reach due to differences in the priorities and concerns of a particular organizational role. As the goals and priorities of each organizational role may vary (e.g., system operations or target population), the SAF framework is helpful for recognizing and incorporating multiple perspectives, experiences, barriers, and facilitators that exist at different organizational levels which are determinative in implementation success. The SAF framework also highlights the need to understand how social actors understand and make sense of their role within a given context at every level in a policy system and how they interpret and shape the intervention (Fligstein & McAdam, 2011).

Put simply, findings from the interviews underscore the need for caseworkers and family peer mentors to be incorporated in planning as well as reporting processes to capture lessons learned, make refinements, and roll out Ohio START to the rest of the state. In complex policy systems, front lines and target populations should be incorporated in planning as well as reporting processes to improve communication and continuity across all organizational roles for engaging in successful implementation efforts. Administrators and system-level decision-makers should work toward fostering relationships and communication channels across their organizations to improve understanding of the factors that different roles indicate as facilitators or barriers they encounter during implementation.

Due to the ongoing effects of the drug epidemic across all public service sectors, there is an urgent need to conduct this research to inform front-line public managers and policymakers of the best practices of Ohio START implementation in CWA. Although Ohio is experiencing some of the worst effects of the opioid epidemic, this crisis is not controlled or limited to one area of the United States. As states across the country are looking to improve parent and child outcomes, it is important for public managers to understand the organizational determinants that affect Ohio START or similar program implementation to help them prepare and engage in implementation efforts in their own organizations.

Limitations

This exploratory analysis is focused on building the knowledge base instead of showing causal effects. Using an exploratory lens provides several benefits for examining a pilot program with an innovative approach for integrated service delivery. Our interviews and subsequent coding resulted in in-depth information that is informative for studying social processes and provides a better understanding of a new and complex phenomenon in this context. This is important for exploratory research as we continue to build knowledge and improve our understanding of Ohio START implementation to develop future empirical studies in an area where there is minimal research. The contextual knowledge from case study research is useful for examining the potential of the SAF framework and identifying assumptions.

Ohio counties who are currently implementing Ohio START self-selected into the program because they recognize a need in their counties to help parents with SUDs. These counties also have the infrastructure and capacity to begin implementation. Respondents volunteered to participate, which may reflect a systematic difference in the perceptions of those who agreed to be interviewed and those who did not. As with any self-reported measure, bias in response can occur when respondents recount their experience. The non-anonymous nature of the interviews may also result in skewed information or social desirability bias in the responses, although confidentiality was assured.

The data are collected from only six counties in one geographical region, and over a relatively short period of time. As Ohio START expands to additional counties in Ohio and the program scales up in existing implementing counties, additional interviews with administrators, caseworkers, and family peer mentors in these counties that are repeated at different points in time (e.g., 12 months, 18 months, 24 months) would improve our understanding of the extent to which perceptions of successes and challenges vary across worker roles. It would also allow us to determine whether the results reported here during implementation of a pilot program hold as the program expands to other regions of the state and whether perceptions change as the program becomes more established.

Similar to other studies that have used nonprobability sampling to identify front-line workers, caseworkers, managers, and administrators and rely on interview data from between 10 and 20 respondents (Aarons & Palinkas, 2007; Carnochan & Austin, 2002; Garcia et al., 2020; Girth, 2017; Nisar, 2018), our study produces in-depth information and valuable insights, despite the sample size, especially for the early phases of an implementation effort (Carnochan & Austin, 2002; Garcia et al., 2020). As indicated above, conducting additional interviews with other relevant actors as the program expands has the potential to produce new information.

The interviews only reflect the perceptions of respondents based in CWAs but the findings produce useful information from perspectives in HSOs that are often not accounted for in research. While front line workers are essential in implementing a policy or program and in determining its effectiveness, "public administration and management research still tends to marginalize the perspectives and experiences of those who enact the policy in practice" (van Engen et al., 2019, p. 98). These perspectives are critical for identifying the factors that influence and facilitate implementation and what factors may create barriers or unintended outcomes (Aarons & Palinkas, 2007; Sandfort, 1999).

Conclusion

To improve the processes and outcomes from both a system operations and service delivery perspective, the SAF framework is useful to improve understanding of how an implementation effort may be experienced, understood, impacted at various levels, resulting in variation in the process and outcomes in a complex system (Moulton & Sandfort, 2017; Sandfort & Moulton, 2020). As there are distinct social dynamics at each organizational level, each role is affected by different forces and has a different understanding of their part in the intervention. There is valuable information to be found when we examine the congruence and divergence among different organizational perspectives. Sandfort and Moulton (2020) acknowledge "[b]oth shared understanding and discord are used to create changes in organizations, networks, and staff practices during the policy and program implementation process" (p. 144). Using the SAF framework as a lens to view implementation is important for examining the diverse but connected factors at multiple levels and how these affect the intervention and actors during implementation to build knowledge toward more effective implementation.

Our exploratory analysis of Ohio START utilizes the SAF framework to examine implementation as it occurs through multiple levels to glean insights into a complex system and the factors that influence implementation effectiveness. The SAF framework brings focus to different levels in an implementation system (Moulton & Sandfort, 2017) which can improve the quality and efficiency of implementation. This exploratory analysis demonstrates that perspectives at all organizational levels are important for understanding implementation since there are different forces and information which shape the intervention itself as well as the actions of the organizational actors.

Our results from interviews conducted with administrators, caseworkers, and family peer mentors in CWAs reveal that perceptions of implementation effectiveness differ based on organizational role. Understanding these differences is critical in improving the processes and outcomes of implementation efforts within HSOs since they are frequently implementing new policies,

programs, and EBPs to meet service needs and consist of complex, multilevel systems and often involve multiple actors across networks of organizations. This is especially vital as the effects of the opioid epidemic continue to place demand on numerous public organizations both in Ohio and across the United States and as HSOs shift toward integrated delivery systems of substance abuse treatment and child welfare service provision.

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Notes

1. In a logic of governance framework, from which SAF is derived, the central question of governance is "How can public sector regimes, agencies, programs, and activities be organized and managed to achieve public purposes?" (Lynn et al., 2000, p. 234). Due to the multiple judicial decisions, laws, rules, and practices that "constrain, prescribe, and enable the provision of publicly supported goods and services," there is variation in the clarity of policy direction, coordination efforts, management quality, organizational performance, skills of workers, and the needs of the target population across different sites (Lynn et al., 2000, p. 235). Yet, there are still missing links between the policymaking process and the multiple levels of governance (Robichau & Lynn, 2009). Outputs and outcomes are not distinguished from each other, and administrators' impacts on policy outcomes are neglected (Robichau & Lynn, 2009). The logic of governance framework acknowledges that while implementation outcomes are a function of formal policy, institutional factors, such as management and operations, also affect implementation outputs

and outcomes (Sandfort & Moulton, 2015). Thus, implementation occurs at the juncture of governance and management practices and policy inputs and outcomes (Moulton & Sandfort, 2017; Sandfort & Moulton, 2015).

2.   Ohio START began as a pilot program with 17 counties starting in 2018 for the first cohort.

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