

# THE INSTITUTIONAL ENVIRONMENT, STRATEGIC RESPONSE, AND PROGRAM ADAPTATION: A CASE STUDY

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## Abstract

*This article presents a case study of a federally sponsored, college-based alcohol and other drugs (AOD) prevention program. Developments in the Student-to-Student (STS) program are analyzed from an organizational perspective guided by institutional and strategic management theories. The analysis focuses on ideology, environmental resources, and competition as challenges to the integrity of such programs. Attention is paid to the programmatic responses made by STS, in particular the skillful use of inputs to enhance the program's prospects for survival. The paper suggests that such strategies may be useful to other AOD prevention programs and that organizational analysis can be valuable in understanding how other human service programs cope with similarly challenging environmental conditions.*

Current organizational theory stresses the importance of environmental conditions to organizational structure, strategy, and change (Aldrich & Marsden, 1988). In particular, the strategic response of organizations to challenges in the external environment may determine whether an organization survives. Institutional theory emphasizes the impact on organizations of normative pressures emanating from key constituents in the external environment that have a stake in the behavior and performance of the organization (D'Aunno, 1992; Hasenfeld, 1992a, 1992b). In human service sectors and settings, such normative pressures often take the form of shared beliefs about the provision of services, practice ideologies, or ideologies of care (Hasenfeld, 1992a, 1992b; Heaney & Burke, 1995; Meyer & Rowan, 1977). Such ideologies of care represent "moral systems" (Hasenfeld, 1992a) or "rational myths" (Meyer & Rowan, 1977) that constitute rules or guidelines dictating appropriate technical approaches to service delivery. Ideologies of care are especially important in human services where providers typically must act in the absence of clear empirical evidence about the impact of their actions on service-related outcomes.

In addition, because the institutional environment of human service organizations is complex and turbulent, social programs must often meet conflicting demands from rival moral systems and ideologies of care, or accommodate emergent moral systems and ideologies of care (Hasenfeld, 1992a). From an institutional perspective, the congruence of an organization's ideology with that of similar organizations is expected to impact greatly on the organization's prospects for legitimacy and survival (D'Aunno, Sutton, & Price, 1991). Given the complex and dynamic nature of the institutional environment, achieving such congruence is no simple matter.

Other aspects of the external environment may also affect organizational legitimacy and survival. Human service organizations, like other types of organizations, are especially vulnerable to variation and change in the resource environment in which they are located. Variation and change in the availability of essential resources, such as funding and staff, and the level of competition for resources are also essential factors affecting organizational performance. This emphasis on the critical nature

of organization-environment relations to organizational survival does not mean that organizations are totally at the mercy of shifting contingencies in the external environment. Organizations have a range of options for responding to opportunities and constraints in the external environment (Oliver, 1991). Strategic management theory suggests, however, that organizations vary greatly in their capacity to respond and may manage competition, acquire resources, and deploy them in very different ways (Frost-Kumpf & Wexler, 1992; Meyer, 1982).

To date, there has been little research documenting how new human service programs respond to environmental pressures and become institutionalized. This report analyzes the development of the Student-to-Student (STS) program, located at a large, public university in a major metropolitan area. STS's mission is to prevent problems related to the use of alcohol and other drugs (AOD). Key concepts from recent developments in organizational theory provide an analytic framework to examine this organization's strategic response to pressures in the external environment. More specifically, in this article, we examine the factors that may influence the success of the STS program: (a) ideological conflicts in the university and the larger community; (b) the fiscal situation at the university; (c) competition from other programs and priorities at the university; and (d) competition from other similar programs vying for local, state, and national funding. Particular attention is paid to the programmatic responses made by STS to specific environmental input, and how these responses influenced the program's processes and prospects for survival.

A case study analysis is utilized to address the research questions of interest. As Yin (1986) indicates, this method is appropriate for organizational studies addressing "how" and "why" questions. This study addresses the following questions:

1. How did institutional, fiscal, and other environmental factors affect the prospects for legitimacy and survival of a university-based AOD prevention program?
2. How did STS strategically respond to these environmental factors?
3. How did STS's response affect the program's focus and efforts to institute AOD

prevention programming in a university setting?

By addressing these questions, it is hoped that this study will contribute to the literature concerning how human service organizations adapt to environmental pressures.

#### IDEOLOGIES OF CARE IN THE AOD SERVICE

Diwan (1990) identified at least four extant ideologies pertaining to AOD intervention that are consistent with the notion that diverse ideologies of care may coexist in an institutional sector.

According to Diwan's taxonomy, these perspectives include the social learning approach, the psychosocial approach, the public health approach, and the disease model. Such differences in ideological orientation are also reflected in ongoing debate about U.S. AOD policy, in general, and the stance adopted toward prevention more specifically. Although in the long run "the most enduring pattern has been a preference for adherence to a principle of temperance" (Burke, 1992, p. 574), U.S. policy in the 1980s placed renewed emphasis on abstinence. The "war on drugs" and concomitant "just say no" prevention campaigns are good representations of how this ideology toward AOD-related problems emanated from governmental sources in the 1980s (Humphreys & Rappaport, 1993). An abstinence-oriented prevention policy endorsing "zero tolerance" and increased "user accountability" tends to portray AOD misuse as individual dysfunction or moral failing (Burke, 1992). A similar orientation is evident in "responsible drinking" campaigns, sponsored by the alcohol beverage industry, that target the general public (Mosher & Jernigan, 1989) and college students (Ryan & Mosher, 1991).

In contrast, the public health (Ashley & Rankin, 1989; Mosher & Jernigan, 1989) and harm-reduction approaches (Des Jarlais, 1995) that have more recently garnered support originate in a different moral system than the abstinence-based approach described above. The public health and harm-reduction approaches to prevention view AOD-related problems more holistically, and stress the importance of attention not only to characteristics

of the individuals who use AOD (i.e., the host), but to environmental factors associated with the substances (i.e., the agent). From this perspective, host, agent, and environment are all implicated in the development of AOD problems (Ashley & Rankin, 1989; Mosher & Jernigan, 1989). Moreover, the goals of public health and harm-reduction approaches stress the need to place higher priority on concerns about the health and welfare of the general public and drug users than on abstinence from AOD use (Des Jarlais, 1995).

College-based AOD programs may be forced to choose between or accommodate these two ostensibly incongruent ideologies of care concerning AOD-related problems. From the institutional perspective, the service technologies selected by college-based AOD prevention programs will reflect the ideologies of care they embrace (Hasenfeld, 1992a). For example, in programs that embrace an abstinence-based ideology of care, services may target high-risk individuals like adult children of alcoholics. In contrast, programs that adopt a public health approach may be more likely to focus their efforts on environmental characteristics and policy concerns targeting the general campus community. Finally, in programs that accommodate both perspectives, a mix of individually oriented and environmentally based prevention services may be used.

#### THE RESOURCE ENVIRONMENT:

##### FISCAL CONSTRAINTS AND INCREASED COMPETITION

A primary feature of the resource environment impinging on university-based AOD prevention programs is a current national trend involving fiscal retrenchment and organizational restructuring in colleges and universities. The fiscal crisis in higher education in the United States is widespread: over 40% of all states cut appropriations to public universities in recent years (Waggaman, 1992). Such fiscal retrenchment has had profound effects on the structure and programs of many universities and colleges. Brown (1992), for instance, reported that numerous universities dismantled entire academic units and discontinued new programs.

Closely related to the fiscal environment is competition for resources. In times of fiscal scarcity, competition among similar programs becomes a

factor likely to influence organizational survival (Aldrich & Marsden, 1988). In addition to fiscal resources, increased competition can occur for resources such as staff and clientele. For programs like STS, competition can occur at the university, local, regional, and federal levels. Within the university setting, AOD prevention programs may find themselves engaged in increased competition with providers of similar programs or services. Moreover, current literature on fiscal retrenchment and restructuring in university settings suggests that programs not perceived as central to the institution's primary work flow (i.e., education) are especially vulnerable to reduction or elimination (Asher & Shipiro, 1986). In addition to internal competition for fiscal and human resources, people conducting college-based AOD prevention programs may find themselves competing for limited public or private prevention dollars at the local, regional, or national level.

#### STRATEGIC RESPONSE TO ENVIRONMENTAL CONDITIONS

Constraints in the external environment pose great challenges to programs like STS. As important as these challenges are, how programs are affected by ideological differences, fiscal constraints, and heightened competition is even more critical (Hasenfeld, 1992a; Zucker, 1987). Oliver (1991) asserts that organizations can strategically respond to institutional pressures emanating from the organizational environment, and this response can take a variety of forms. For instance, accommodating both the abstinence-based ideology of care and the public health ideology of care might be viewed as a form of strategic action in cases where both these perspectives affect AOD prevention programs. From Oliver's perspective, such a "balancing tactic" is one method of meeting conflicting demands for ideological congruence from multiple constituencies. At a higher level of strategic response, organizations might become "moral entrepreneurs" (Hasenfeld, 1992a), or engage in "manipulation" (Oliver, 1991) by attempting to challenge or change institutional norms through new and innovative services or by influencing policymakers to pursue one policy approach over another. Thus, college-based AOD programs have a variety of ways to respond to institutional and other environmental pressures.

## ANALYTIC FRAMEWORK

This article utilizes a multiple levels-of-effect analytic framework similar to the approach employed by Werch, Meers, and Hallan (1992) in a content analysis of final reports of federally funded college AOD prevention programs. Werch and associates (1992) identified four "levels of effect" germane to the study of programs (p. 39): (1) the context of the program, (2) programmatic inputs, (3) programmatic processes, and (4) programmatic products. This model is also consistent with input-throughput-output models adopted for use in analysis of organizations as open systems, subject to interaction and influence with the external environment (Burke & Rafferty, 1994).

The time frame for this case analysis encompasses the first five programmatic years of the STS program (1989-1994). Consistent with Yin's (1984) suggestion to use multiple data sources in case study research, this study based its analysis on existing documents (grant proposals, evaluation and yearly reports, etc.) and interviews with a former STS peer educator and a former project evaluator. Additionally, two of the authors of the present study have been actively involved with the STS project. The first author of this report was an evaluator and research assistant for the project during the project's fourth and second year respectively. The third author is currently the director of STS and has been associated with the program since its inception. Thus, in addition to documentation and interviews with other STS personnel, much of the data presented in the present case comes from participant observation. Data were coded and synthesized by assigning participants to categories consistent with those outlined in the analytic framework discussed below.

It is hoped such a triangulation strategy will help reduce potential bias (Erlandson, Harris, Skipper, & Allen, 1993). The participant observation component of this case allowed the authors to collect data from multiple sources, thereby increasing the validity of the study (Bernard, 1994).

This article focuses primarily on context, input, and processes to address the research questions.

For the analysis presented in this article, context refers to the *environmental context*, defined as anything external to the STS program associated with STS's goal setting, goal attainment, or institutional survival (Aldrich & Marsden, 1988). *Programmatic input* are those fiscal and human aspects of the program gained from the environment that directly impact the program's functioning (Werch, et al., 1992) and "include basic resources from the external environment that enable a unit to go about the business of delivering ... services" (Burke & Rafferty, 1994, pp. 61-62). *Programmatic processes* are defined here as organizational responses to programmatic inputs, including implementation of programmatic strategies (Werch et al., 1992) and technical features of the organization such as type of staff and intervention approaches (Burke & Rafferty, 1994).

## CASE ANALYSIS

*Environmental context:* The STS program was located in a large public university with a long history of AOD-related problems among its students. Originally funded by the Fund for the Improvement of Post Secondary Education (FIPSE) (a program of the U.S. Department of Education that funds college-based AOD prevention programs) in 1989, STS was the university's first organized and comprehensive effort to reduce campus AOD-related problems. Organizationally, STS was one program in a larger Center on Substance Abuse.

During the late 1980s and early 1990s, this campus experienced a period of dramatic fiscal retrenchment like so many other colleges and universities in the United States (Brown, 1992). During this period, several academic units and ancillary programs faced the threat of drastic restructuring or elimination. Still others experienced large budget reductions. As a new program, STS was particularly vulnerable to competition for dwindling resources among nonacademic programs at the university (STS Annual Report, 1990). University programs with similar functions and service concerns such as counseling, psychological services, and health services were in direct competition with STS for university support.

In addition to the fiscal environment, it is important to consider the prevailing prevention

ideologies influencing STS: the public health model and abstinence-based prevention. These ideologies of care emanated from the local county Alcohol and Drug Services (public health model), and local AOD treatment community (abstinence-based ideology), and other FIPSE-sponsored programs at the national level (mixed prevention ideologies). The local prevention field in STS's environment is largely influenced by an environmentally based public health perspective (Ryan & Reynolds, 1989; Segars, 1989).

Despite the public health orientation among AOD prevention professionals at the local level, many community professionals working in AOD prevention (i.e., social workers, AOD treatment staff, school counselors, etc.) held beliefs consistent with the nationally dominant abstinence-based prevention ideology. Prevention efforts guided by this approach tend to be more individually oriented and focused on enhancing individuals' skills and knowledge concerning AOD, or on intervening with high-risk individuals like "adult children of alcoholics" (secondary prevention). STS's coordinator initially embraced an individually based prevention perspective but coupled this with a community-based educational approach (STS Annual Reports, 1990, 1991). This merging of prevention perspectives was reflected nationally in other FIPSE-sponsored programs.

Perhaps reflecting the national tension between the "Just Say No" and public health perspectives, the prevention ideology of FIPSE-sponsored programs was somewhat dynamic during STS's first 5 years. For instance, Werch and colleagues (1992) found that the majority of FIPSE-sponsored programs (funded in 1987) did not identify a specific theoretical program philosophy. During this period, the bulk of FIPSE-sponsored programs focused preventive efforts on educational or "awareness" enhancing activities (Werch et al., 1992). Thus, although not clearly articulated, FIPSE programs seemed to be operating from an individually focused perspective. Several qualitative indicators, however, suggest that in the period of 2 or 3 years a prevention ideology more consistent with a public health approach has been adopted by several FIPSE programs and the leadership of FIPSE.

*Programmatic inputs:* Overall, FIPSE sponsorship accounted for the majority of STS's fiscal

resources during the first 5 programmatic years (approximately 89%) (STS Annual Reports, 1990, 1991, 1993, 1994, 1995). In addition to the initial FIPSE institution-wide grant, the program secured a dissemination grant and a consortia grant. STS also recently secured a second institution-wide grant in collaboration with the university's department of athletics that began in the fall of 1994. FIPSE inputs was significant in defining STS's structure and process, as well as helping the program survive. Beyond providing operating funds, STS's attainment of additional FIPSE funding was viewed favorably by administrators at the university. Essentially, the university's tenuous fiscal environment necessitated STS's reliance on such "soft" money. Moreover, programs that were successful in securing external funds were often rewarded with informal institutional perks. For instance, university administrators were quick to respond to any non-fiscal support STS requested (i.e., letters of support, etc.). More significantly, the program and several of its staff (including the coordinator, interns, and peer educators) won several major university-wide awards. In the context of academia, such awards can be viewed as a much sought-after environmental resource. STS's numerous awards (15 over 5½ program years) helped the program gain several powerful supporters on campus.

In addition to FIPSE, a grant from the county Department of Drug Abuse Services (5.2% of STS's total funds of 5 years) and yearly grants from a local business foundation (4.7% of total funds) accounted for the next largest source of STS's fiscal support. Finally, the associated Students of the university contributed about 1% of STS's total funds during its first 5 years (STS Annual Reports, 1990, 1991, 1993, 1994, 1995). It is important to note that STS attempted to secure funding from other sources, both within and outside the university, during every programmatic year since its inception. For instance, in its first program year, STS developed and submitted four unsuccessful grant proposals (university, county, local foundation, national foundation). Competition for such resources was intense. Several external funding sources were reluctant to fund a university-based project (L. Segars, personal communication, 1995). STS's unsuccessful proposal to the county's alcohol prevention division received the highest technical score of all applicants but was not funded because community groups were viewed

as being a higher prevention priority. Within the university, older, larger, and higher revenue generating units were typically the principle recipients of university support.

Consultants to the program were a primary input and provided key technical assistance in developing the proposals noted above. In the program's early years, these consultants included several local substance abuse treatment experts that embraced an abstinence-based prevention ideology. Additionally, the county Department of Alcohol and Drug Services donated their chief researcher's time to the project for the original FIPSE funding period to serve as an evaluator. In contrast to the other project consultants, the evaluator had a prevention orientation consistent with the public health approach. During the brief period STS was funded by the county Department of Drug Abuse services, the project employed two part-time community organizers. Like the project evaluator, both organizers espoused a community-based approach to prevention. Finally, in 1993, a part-time coordinator was hired for the dissemination project. Similar to the program's latter consultants, the dissemination coordinator embraced an environmentally based approach to prevention.

In addition to consultants, peer educators accounted for a significant proportion of STS's human inputs. As input coming from the external environment, STS's staff reflected the two predominant ideologies found in the technological environment. The program recruited and trained 25 peer educators in 1989. This number expanded to 45 during the program's second year. The number of peer educators remained fairly stable in the third program year, and began to slightly decline in the fourth and fifth program years. This decline was likely a function of the coordinator's reduced time commitment to the project in 1992 coupled with the program's new emphasis on preventive activities in the broader community and ongoing fundraising efforts (STS Annual Reports, 1990, 1991, 1993, 1994, 1995).

Peer educators tended to embrace an abstinence-based, individually focused prevention orientation throughout the program's first 3 years. STS's director attributed this to the fact that several

of the initial peer educators had an interest in AC treatment or clinical social work and psychology. During the fourth and fifth year of the program several peer educators embraced ideologies that were more consistent with a public health perspective. STS's director attributed this change partly to the attrition among the first peer educator cohort coupled with her own shift toward the public health perspective.

*Programmatic process:* STS's first three programmatic years were fairly stable in terms of both process and structure. During this early programmatic period, STS had a shallow system of authority, an informal and open communication system, and relied on the use of consultants to train volunteer staff (peer educators). This somewhat "organic structure" (Resnick & Patti, 1980) is common in new organizations and organizations with unstable environments (Aldrich & Marsden, 1988).

During the first two program years, peer educators carried out several of the program's primary interventions (STS Annual Reports, 1990, 1991). Also during this period, primary interventions tended to focus on peer education, awareness-raising events, and coalition-building. These interventions are fairly consistent with the ideological perspective of the program's human input during this period and its FIPSE funding source (STS Annual Reports, 1990, 1991). For instance, the emphasis of the primary interventions in the first programmatic year focused heavily on the identification and education of problematic (or potentially problematic) AOD users.

However, each successive program year STS focused more on community-based interventions and less on interventions targeting individuals. By the program's fourth year, the bulk of the program's activities reflected a public health perspective (STS Annual Report, 1993). Again, STS's coordinator credited this shift, in part, to the influence of the evaluator and the attrition of the original cohort of peer educators. Additionally, STS's coordinator reported that she had shifted her own perspective toward the public health approach during the program's first two years. Similarly, the coordinator reported that "as the folks at FIPSE, both grantees and administrators, became increasingly

sophisticated in prevention theory, the proactive, environmentally/based prevention approaches became increasingly practiced and encouraged."

With the termination of FIPSE funding in 1992, the majority of the program's efforts were placed in coalition-building activities. According to the STS's coordinator, the reduction in peer educators coupled with the end of FIPSE funding led to an increased emphasis on joint ventures and fundraising. Although these activities became the program's primary focus during 1992, they had been strategies since the program's inception. The community focus of coalition-building is consistent with the human input advocating the public health perspective. This intervention strategy also served the purpose of fostering institutional and community support for the program. Aldrich and Marsden (1988) suggested that coalition-building and seeking joint ventures are common strategies in organizations with unstable environments.

The program's emphasis on coalition building was enhanced in 1993 and 1994 with the award of two new FIPSE grants. A primary goal of STS's FIPSE dissemination grant was to build a prevention coalition among local colleges and universities and to teach recipient schools environmental prevention techniques (Student-to-Student Dissemination Grant Proposal, 1993). Consistent with these goals, a heavy emphasis was placed on interventions that included other organizations. The award of a FIPSE consortia grant strengthened these activities. Structurally, the new fiscal inputs increased professional human inputs (a new coordinator and evaluator) and led to a more formal organizational structure (i.e., regular project administration meetings, planning meetings, formal communications, etc.) (Student-to-Student Consortia Grant, 1993).

Overall, STS has adopted programmatic processes and organizational structures consistent with its environmental context and programmatic input. Although the program has moved steadily toward environmentally-based approaches, it has maintained a viable peer education component. From an organizational perspective, the peer education component may be viewed as a compromise between the two competing ideologies of care found in the external environment.

Institutional theory suggests that organizations gain legitimacy and survive by conforming to normative pressures such as ideologies of care emanating from the institutional environment (Hasenfeld, 1992a; Meyer & Rowan, 1977). The responses organizations make to these institutional pressures are variable, however, and include strategies like balancing competing pressures (Oliver, 1991). Additionally, strategies may be influenced by factors like environmental certainty and resources (Asher & Shipiro, 1986; Meyer, 1982).

The STS program was developed in an uncertain and competitive fiscal environment. Similarly, STSs encountered a dynamic institutional environment that represented competing ideologies of care concerning prevention. Similar to Oliver's suggestion that organizations may strategically respond to institutional pressures, STS's programmatic responses to such factors were often strategic, made in consideration of the dual purposes of programmatic mission (preventing AOD problems) and programmatic survival (institutional adoption). For instance, STS's joint venture with a very stable, revenue-generating athletics department will likely insulate the program from some institutional competition and may eventually increase the program's level of institutionalization (Aldrich & Marsden, 1988). Despite environmental uncertainty, the program has been able to maintain an adequate level of input to maintain a limited institutional status. Additionally, environmental input brought about programmatic processes that are consistent with both the organization's institutional environment and the program's prevention mission.

By accommodating two competing ideologies of care, STS was able to balance conflicting institutional pressures (Oliver, 1991). This balancing of ideological perspectives has also been identified in substance abuse treatment programs (Clapp & Burke, in press; D'Aunno et al., 1991). Similarly, Hasenfeld (1992) suggested that human service organizations often must reconcile emergent "moral systems" with extant moral systems. From an institutional perspective, organizations will obtain more resources when they accommodate the most powerful institutional influences (D'Aunno et al., 1991).

D'Aunno and associates, for instance, found that "hybrid" substance abuse treatment programs (those housed in mental health centers) tended to accommodate ideologies of care consistent with the abstinence-based perspective and the "psychosocial" model of substance abuse. Further, D'Aunno and colleagues (1991) found that "hybrid" programs that identified more with the mental health sector gained more financial support.

#### CONCLUSION

Because all FIPSE programs strive for institutional adoption, and many programs face similar environmental contexts, further research into the strategic programs utilized to adapt to their environments would be useful for both FIPSE project administrators and administrators of non-FIPSE-supported university-based prevention programs. Similarly, new programs like STS are common in many human service settings. Thus, research concerning the institutionalization of new programs is important.

The overwhelming need for prevention on college and university campuses, coupled with dwindling fiscal resources, makes such studies even more relevant. The case presented here is an attempt at moving toward building a knowledge base about university-based prevention programs utilizing an organizational analysis.

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*Note.* Stanger's association with the project since its inception allows for an emic perspective to be represented in the case study. In addition, Burke's participation in the study allows for an etic perspective.

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