

# Strengthening Community Resiliency

## Part Three: Re-visioning our systems of care

By John Franz and Jessica Franz-Christensen

*In Part One of this series we offered an overview of the rapidly developing concepts of individual and family resiliency. In Part Two we described a framework for expanding the model to encompass community systems. In this article we will consider ways in which using a resiliency framework can help us gain a broader perspective of the role and function of our systems of care.*

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To exclude from our problem-solving capacities the social tool of community is to have taken the heart out of America.

- John McKnight<sup>1</sup>

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### Father Bob draws the big picture

Apollina and Father Bob crunched back along the February-glazed sidewalk to the Kenyon County Human Services offices, their brains abuzz with the organic energy of Margie's fabulous pie and coffee. Tossing his parka on a chair, Father Bob went immediately to the large whiteboard hanging on the wall behind Apollina's overburdened conference table. He picked up an eraser and pointed at the lists of numbers and notes that filled it.

"Is this anything important?" he asked. "I want to get our ideas down before the pie buzz fades."

Apollina shuddered involuntarily, "Maybe you could wait just a second. That's my budget analysis. I was working on it when you came in. I have a council meeting tonight."

Bob waved the eraser in the air. "I wish we could design a system that didn't include impossible budgets and endless meetings. I've got two tonight, one for the school, one with the parish council."

"Hey, bureaucracy isn't for sissies. We are the oil in the engine of democracy."

"I'm not touching that metaphor," Bob said as he waited for Apollina to copy down her notes. "Because that means somebody has to be the dipstick."

When she was done, he erased her jottings and drew a picture of a sort of teeter-totter. A horizontal line ran the length of the whiteboard. In a box set on top of the line on the right he wrote "Resources". A box on the left was called "Challenges" and a circle in the middle under the line he labeled "Strategies".

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<sup>1</sup> The quote is from his essay, "Regenerating Community" which is collected in the anthology *Careless society*. McKnight, John (1995). New York: Basic Books.

“From the Jenga game we learned that resiliency is a balancing act, whether it’s for an individual, a family or a community,” Father Bob said, gesturing at his diagram. “We have challenges on one side; resources for dealing with them on the other and in the middle are our strategies for using the resources to deal with the challenges. When someone’s life is out of balance, there are three ways we can help: add resources, reduce challenges, or figure out new strategies. Right?” (Figure 1 represents Father Bob’s diagram.)

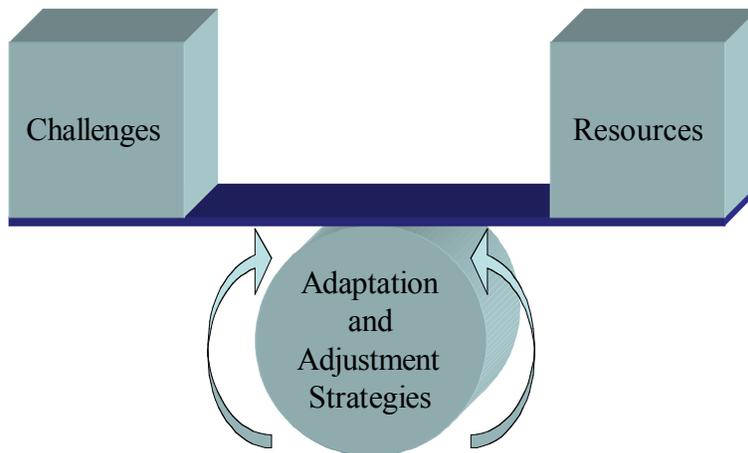
“That sounds good,” Apollina answered. Then looking closer at her friend, she asked. “So why the long face?”

“It’s frustrating. The model makes sense in principle, but as we move from an individual to a family to a community, the amount of stuff that goes into the two boxes and the circle increases exponentially. We could spend days filling in all of Kenyon County’s challenges and resources and their strategic connections and still be wrong because things would have changed by the time we finished making the lists. Too much information.”

Father Bob’s shoulders slumped. Even the smiling reindeer on his sweatshirt seemed glum. It looked like Bob’s carbohydrate bubble was bursting. Apollina came around the table and stood next to him at the whiteboard.

“Not to worry. I wouldn’t use this tool for charting the overall patterns of resiliency in the county. You’d need a survey instrument and group planning process for that. This one is better for when we want to focus on a specific area of concern.”

Figure 1 - Father Bob’s Resiliency Balancing Diagram



Apollina picked up an eraser and marker and starting adjusting Bob's diagram. "We add the various challenges on this side, and the formal and informal resources over here. Then we can use your roller or whatever this is in the middle to visualize functional alignments."

She started adding examples of resources into the box on the right, then paused. You know, we're going to need another kind of diagram to map out resources and strategies in more detail."

With a hint of a smile Father Bob walked around the conference table, sat down and watched as Apollina enthusiastically began sketching her master plan. "Does this mean I haven't ruined your day after all?" he asked, and ducked as she tossed the eraser at him.

### **Mapping the distribution of resources and strategies**

The resiliency framework can be used to analyze the resources and strategies a community has available for addressing a given challenge or cluster of related challenges. For instance, the issue Father Bob confronted Apollina with was the escalating number of family disruptions in his parish associated with the fiscal crises being experienced by small family farms.

For this area of concern, the challenge box on the left would contain not only the economic woes that were affecting these families, but also the cascade of social ills associated with those problems, such as increased domestic violence, delinquency, substance abuse, child abuse, depression, suicide and homelessness. The resource box on the right would contain all of the current informal and formal options that might be used to help families experiencing disruptions in Kenyon County: networks of relatives, friends and neighbors, voluntary service organizations and church groups, economic and housing assistance, counseling, job retraining, child welfare services and interventions, mental health services, and juvenile and adult justice actions. Strategies for connecting families who were at risk of, or actually experiencing these challenges with the available resources would go in the circle in the center.<sup>2</sup>

With that information as a foundation, we can focus more specifically on the role of the human services agency by charting the distribution of formal services provided or purchased by the agency. This can be done using a grid with two axes: intensity and restrictiveness. Each service can be given a location on this grid. For example, a high intensity, low restrictiveness service would be an intensive in-home treatment program. Jail would be a low intensity, high restrictiveness resource. Involuntary in-patient mental confinement would be high intensity, high restrictiveness and an open-door, drop-in stress reduction program for young mothers would be low intensity, low restrictiveness. (See Figure 2)<sup>3</sup>

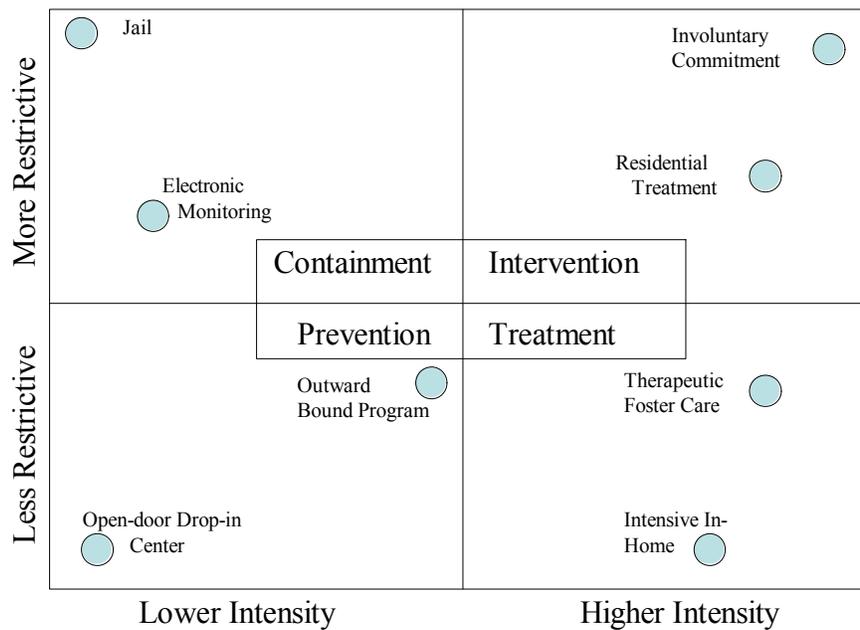
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<sup>2</sup> As Apollina suggested to Father Bob, this analysis should be done in the context of an overall map of community resiliency processes, such as that produced by the survey instrument that was proposed in Part Two of this series.

<sup>3</sup> Should a community wish to take this analysis a step further, the relative distribution of funding in the system can be indicated by adding an additional feature to the diagram, such as the size of the dot given to each service option, and notes added to indicate the number of people being assisted through each resource.

The position of a resource in this grid also provides an indication of the underlying strategy for linking a challenge to a resource. The more proactive and easily accessed options would cluster in the lower left quadrant, with service entry becoming more limited up and to the right. The resulting array would place resources linked with strategies emphasizing control and containment in the upper left quadrant, those concentrating on intervention and stabilization in the upper right and those focusing on support and treatment in the lower right. Those with elements of all four would tend to be found closer to the middle. After plotting the distribution of services in a system of care, a community planning team could determine how well the resulting resource pool and its attendant access strategies matched with the community's challenges. For example, if all of the resources were concentrated in containment and intervention, little would be happening to prevent additional people from rising to that level of need. The planning group should next determine whether the current arrangement of resources challenges and strategies takes maximum advantage of partnerships with other sources of resiliency in the community.

Figure 2 - Mapping Resource Distribution



### Building alliances for enhancing community resilience

Once an outline of the services directly offered by the human services agency and the strategies for accessing them has been developed, the next step is to explore the broader coalitions in which the agency participates. Daniela Stehlik, the director of the Rural Social and Economic Research Centre of Central Queensland University, believes that human service organizations have a legitimate and under-recognized role in helping communities build their resiliency that goes beyond the delivery of formal services. This role is carried out by facilitating the growth of

networks that support community development.<sup>4</sup> She and her colleagues have studied resiliency in rural communities in Western Queensland that have experienced a decade or more of sustained crisis and change due to drought, falling farm prices and difficult national policies. Many of these communities have declined under the ongoing stress, but some have rebounded.

Her research challenges the notion that community development and the reanimation of community spirit must rely on the efforts of a few charismatic leaders. Instead, she believes that sustained, informal networks of support and alliances among human service professionals and community members developed over many years and under differing circumstances have as much or a greater role in generating sustainability in challenged communities. She believes that community resiliency has two components: a reactive phase as the community first responds to a stressful event or situation and a proactive phase in which community members engage in projects of coordinated action despite events and structures that might be expected to impede them. In the rural areas that she is studying, human service practitioners often play a key role in facilitating the community's shift from a reactive to a proactive mode.

This view of human service professionals as catalysts for energizing community action stands in contrast with the usual perception of social workers as interveners, yet represents an important thread in human services, beginning in the days of Jane Addams and the Hull House settlement in Chicago and continuing to the present as represented in the community development enterprises documented in John Kreutzman and John McKnight's book, *Building Communities from the Inside Out*.<sup>5</sup> A good example of a large scale effort to establish alliances of support and community change facilitated by a human service agency is Dane County, Wisconsin's Joining Forces for Families. JFF is a decentralized, collaborative model for enhancing resiliency in challenged neighborhoods. A network of 25 neighborhood teams that usually include a social worker, a community law enforcement officer, a public health nurse, a school liaison and a housing manager are distributed in 15 offices throughout the county located in apartment complexes, storefronts or community centers.

JFF offices provide a label-free atmosphere in which individuals and families can request assistance in a wide range of areas, but JFF staff also participate in the development of collaborative neighborhood networks to help prevent problems before they occur. Each office has its own neighborhood advisory board or works with other existing neighborhood associations. Together with their community partners they create a vision of a healthy place to live and then devise and implement activities to realize that vision. This strategy of preventive partnership has led them to establish a variety of neighborhood specific resources including free

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<sup>4</sup> Stehlik, D. (1999) *Partnerships in sustainability: Human services and community resiliency*. Invited paper to "Sustaining the social fabric of rural communities" Conference. *Country Matters*. 20-21 May. Canberra. <http://www.brs.gov.au/events/country/index.html#2>.

<sup>5</sup> Kretzmann, J. & McKnight, J. (1993) *Building communities from the inside out: a path toward finding and mobilizing a community's assets*. Evanston, IL: The Center for Urban Affairs and Policy Research, Northwestern University.

immunization clinics, expanded access to basic health care services, school registration drives and after school tutoring, and housing and employment workshops and resources.<sup>6</sup>

### **A proactive vision of a healthy community**

Some human service strategies combine intervention and community development. One of the most enduring models of proactive support for community health and resiliency is community-oriented primary care (COPC). Originally developed in the late 1940's and early 50's by public health pioneers Sidney and Emily Kark and their colleagues at the Pholela Health Center in pre-apartheid South Africa, the model has grown and diversified until variations can now be found throughout the world. The marks of community-oriented primary care include community organization, partnerships between citizens and professionals and an ecological understanding of the relationship between social, environmental and economic challenges and the health and well being of a community. Patterns of illness must be counteracted by changes at the community level at the same time that the immediate needs of those with the illnesses are being addressed.<sup>7</sup>

The Health Care Center operated by the Passamaquoddy tribe in Indian Township, Maine provides a dramatic example of creative, multi-disciplinary community-oriented primary care. The health care center provides medical, dental, and nutritional services for the community, while at the same time sponsoring a wide variety of wellness activities. It also delivers intensive substance abuse treatment, family support services and mental health counseling using an integrated, culturally competent, strength-based approach and balances those services with resiliency building activities for children, youth and parents that range from family ice-fishing contests to multi-generational basket-weaving classes, to the operation of a tribal fitness center. The backbone of the Center's operation is a continuing commitment to helping community members become competent service professionals through recruitment, in-service training and support for pursuing undergraduate and graduate degrees in health and social services.<sup>8</sup>

When our systems of care can form as tight a bond with the communities they serve as has been accomplished by the Indian Township Health Care Center, the relationship between help givers and those seeking help becomes reciprocal, reflecting the natural interdependence that is characteristic of life in a community.

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<sup>6</sup> For information about JFF, visit their website at <http://www.co.dane.wi.us/humanservices/cyf/jff.htm> or contact Ron Chance at the Dane County Dept. of Human Services. His email address is [chance@co.dane.wi.us](mailto:chance@co.dane.wi.us).

<sup>7</sup> A special issue of the American Journal of Public Health celebrated community-oriented primary care with articles such as Mullan, L and Epstein, L. (2002) Community-oriented primary care: New relevance in a changing world. *American Journal of Public Health* (92) 11, pp. 1748-1755, and Geiger, H. (2002) Community-oriented primary care: A path to community development, op cit, pp. 1713-1716.

<sup>8</sup> For more information about the Indian Township Health Care Center and their strategies for integrated community-oriented primary care, contact its director, Elizabeth Neptune, at [lneptune@maineline.net](mailto:lneptune@maineline.net).

### **Incorporating resiliency in a children's mental health system of care**

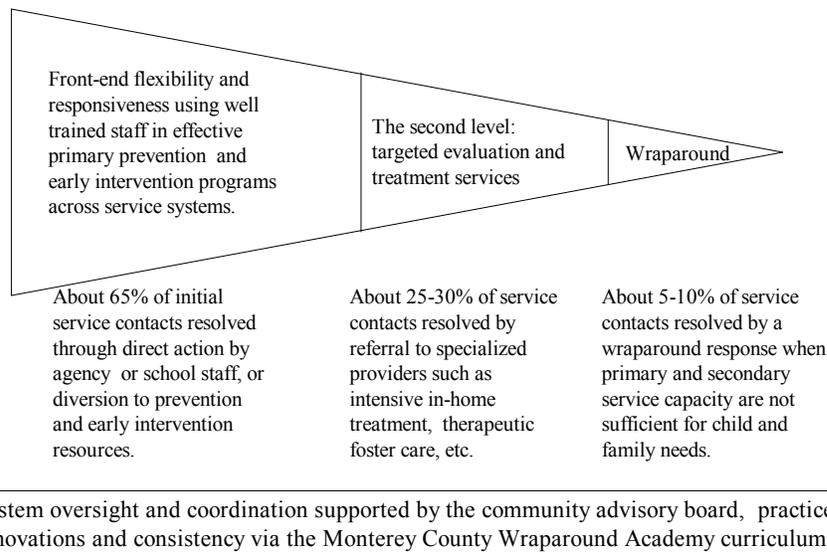
The community resiliency framework can also be used to clarify operational strategies in specific human service systems. For example, while the systems of care for children's mental health that many counties and states have established over the past decade are community-oriented, at present most do not incorporate an explicit prevention and primary care component. Their focus is on assisting families with children whose severe emotional disabilities place them at high risk for placement outside the home. Although the wraparound process that anchors many of these systems is designed to help child and family teams develop action plans that include natural and informal supports across life domains (which could be viewed as primary care resources) in most cases access to the formal wraparound process is limited to children with complex and enduring needs. Therefore, these systems function procedurally as tertiary or carve-out resources. It's difficult to include front-end, label-free access to preventive options because funding is frequently driven by a recipient's eligibility for medical assistance, or the redirection of high end costs, such as residential care, which in turn requires a specific diagnosis and level of severity. This creates a dilemma: you have to be sick to get help, even if the best help is the kind that keeps you from getting sick in the first place.

The resolution of this quandary is not to make tertiary services open and available for everyone. Besides being expensive it would mean that most families would be more system-involved than they would want or need to be. Instead, a balanced strategy for connecting people with resources would provide the right intensity of options in the right proportions, with the minimum necessary procedural barriers, based on the needs of the community. This requires population-based planning, rather than a narrow focus on a particular cluster of symptoms. For example, after mapping children's behavioral health needs and comparing them with the existing distribution of resources, planners in Monterey County, California, established a goal of assigning approximately 65% of their resources to front end options with low entry barriers, 25-30% to targeted secondary services such as intensive in-home, therapeutic foster care, etc. that would require a diagnostic finding and 5-10% to wraparound, which would require special enrollment. (Figure 3 demonstrates their arrangement for resource distribution.) They also developed longitudinal connections that would allow people working in front-end services in a variety of sites to make effective and accurate referrals for secondary and tertiary care. An important element to the linkage across options was the use of a consistent model of strength-based planning at every level. To help support the adoption of this model on a system-wide basis, the county established a partnership with a local college to offer a semi-annual 60-hour curriculum on strengths assessment, action planning, family involvement, team facilitation and similar topics. Not only do staff from the county department of social services and the local non-profit agencies attend these free classes, but so do family members and advocates, so that the whole community is gaining a common framework and vocabulary for collective action.<sup>9</sup>

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<sup>9</sup> For more information about Monterey's children's mental health system, contact Bruce Campbell at the Monterey County Department of Social Services, [campbellba@co.monterey.ca.us](mailto:campbellba@co.monterey.ca.us).

Figure 3 - Monterey County DSS  
Continuum of Community-Based, Family-Centered Services



### Looking without and within

The last reds and purples of the sunset were framing the hills out beyond the river. Apollina could feel the charge of energy she had picked up at Margie’s starting to fade. She sat down and looked at Father Bob across the stacks of reports and files heaped up on her conference table.

“Okay, Bob, how do we put all this together so we can do a better job of helping folks like the Joneses and other families that are having a tough time?”

“Maybe that starts with how your agency views itself and its relationship with the rest of Kenyon County.”

“You want me to say we’re partners, right? That’s a tough one. I think that while we want to be part of the community, we’re often treated as an outsider. I don’t know if we have the leverage we need to incite the kind of shared action we’ve been talking about here.”

“Apollina,” Bob said, his voice taking on an authoritative tone she hadn’t heard him use before, “you may feel isolated, but your agency is an integral part of this community. You stand as a bridge between people in need and those who support the effort to provide assistance. And you don’t work alone. You’re connected with other community groups like our non-profit agencies, schools, and churches. Hey, I’m here, aren’t I? Once you clarify who you are in the grand scheme of things, then you will not only better understand your role in addressing specific community challenges – like our struggling farm families – but you can also market yourself accordingly so that other community members, leaders, and organizations understand what you do to strengthen the community, and how they can participate in the effort.”

“Okay, you got me,” Apollina said, wondering how much of this afternoon’s events Bob had planned in advance. “I guess I shouldn’t assume that everyone knows what we do and why we do it. Heck, I’m not sure even we know that. But we better figure out who we are and be clear about it because otherwise we can’t fulfill our responsibilities as value leaders. The more seriously we take ourselves and our role, the better chance we have of bringing the key players to the table and forging a common effort around any given challenge,”

“I guess the next step is figuring out who to invite to the table, and what to say to them when they arrive,” Father Bob mused as he stood up to put on his parka and head out to his next meeting.

“And making sure that Margie caters the party,” Apollina added as Bob stopped at the doorway to wave goodbye.

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