Scaling Up

Looking to the Wraparound Process as an Antidote for the Collapse of Our Assembly-Line Human Service Industries

by John Franz and Patricia Miles

In the 1970's and 80's, many cities in the United States experienced a kind of economic meltdown as the smokestack industries that had formed the bedrock of their commerce for so long collapsed, seemingly overnight. Lack of modernization, changing world markets and the transition to new technologies all contributed to the downfall, but some economists, using new methods of analysis, are now suggesting that more subtle, yet equally powerful factors may also have been involved. These same factors may be relevant to the issues facing our human service industries.

Production systems can be characterized as being in states of either increasing returns or decreasing returns. A state of increasing returns exists when an increase in investment results in a corresponding or even greater increase in output. Conversely, a state of decreasing returns occurs when more and more has to be put into the system to maintain current levels of production or to prevent or reduce a decline in yield.[1]

Locking in to an outmoded technology that fails to accommodate the changing needs of customers and the manufacturing environment is one factor which can cause a production system to fall into a state of decreasing returns. An example is the American auto industry which used a variety of private and governmental mechanisms to forestall the transition to the new era introduced by its foreign competitors. This attempt to prevent the demise of the old technology, however, caused the system to decline farther and farther before the inevitable change took place.

Is it time to anticipate a similar upheaval in our public industries - systems of care that deliver mental health, education, child and family support and juvenile justice services?

Human services agencies as industries in a state of diminishing returns.

Should we extend the analogy extend to our human service industries? As much as everyone seems to want to transition to flexible, family-centered, outcome-driven responses, the change has been very slow in coming. Assume for the moment that we have become locked into a highly categorical technology that is causing ever smaller returns for our investments and that the effort to protect the old way of doing things is resulting in increasing system rigidity, similar to what happened to the auto makers in Detroit. Some attributes of a highly defensive system might include:

1. Increasing functional rigidity. There are only a few ways of doing things in locked-in systems. And if those methods don't work, the response of the system is not to do something different, but instead to keep on doing the same thing, only louder, more rapidly or more forcefully.

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[1]The basic concepts in this article regarding social service systems as complex adaptive structures are drawn from W. Mitchell Waldrop's 1992 book, *Complexity*, published by Simon and Schuster. In particular, the ideas about systems with increasing returns, decreasing returns and technological lock-in are those of economist Brian Arthur, which are summarized in the book and can also be found in an article in the September, 1990, Scientific America at page 92 - 99, entitled, "Positive Feedbacks in the Economy."

2. <u>Increasing personnel specialization</u>. The lists of job categories in such a system would grow longer and narrower, like the Chinese bureaucracy in the time of the emperors. Each person would have to operate with "methodological blinders" and might be actively punished for stepping out of his or her pre-determined role.

3. <u>Increasing hierarchical isolation</u>. The system would provide the greatest rewards, in the form of income and independence, to the people with the least amount of contact with the system's customers.

4. <u>Increasing production isolation</u>. There would be several aspects to this characteristic. First, *geographic isolation*: the more complex the need for services, the farther the consumer would have to go to receive them. Second, *operational isolation*: customers would have to go to different locations or providers to each kind of help they need. Third, *social isolation*: the more complex a customer's need, the more the person would be isolated from his or her community when receiving services.[2]

In fact, human service systems around the country are struggling to overcome problems much like those listed above, and others. One tactic in this effort has been the development of various types of pilot programs which bypass the problems of the existing system as they test out new ways of serving children and families.

Although they show early promise, many of these new models have had difficulty scaling up. Often seen as experiments, they have the advantage of allowing a community to try a new approach in a relatively isolated environment. But the same isolation that gives them the freedom to try out new ideas makes it almost impossible for the programs to scale up to a point where they can serve the community as a whole. Perhaps because they don't fit well with the overall structure of the larger systems of care, they rarely outlive the grants which support their start up.

As a result, a number of states have decided that the time for pilot projects has passed. They have found that new systems of care only become viable when they are able to support enough children and families to be seen as a positive attribute or "good currency" for the overall community. Thus the question becomes how to support 3,000 families rather than 30 or even 300.

Developing the tools for large scale systems change

Approach one: build a new, separate system

Communities often choose one of two basic directions when they attempt to integrate a new human service technology into the ongoing mix of their systems of care. In the first, revised contracting procedures are implemented which reflect the new methodology. This may entail funding a private agency to implement the new technology or may involve redeploying existing line staff in order to provide intensive support for a preset number of families who are viewed as especially troublesome. Either way, the larger systems are still left unchanged.

So, if either option is expected to be anything other than a short-lived laboratory, by implication it will eventually have to be funded to operate on a larger and larger scale. But these strategies usually run into a number of problems. First, if the dominant way of doing business in the community is categorical, there will be a lot of pressure on the new agency or service unit to shift back into the old technology. Often, everything else is set up to work in a categorical manner - budgeting, funding, evaluation, the cooperating agencies - so the pressure against innovation becomes overwhelming.

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[2]The four characteristics attributed to a human services system trapped in a state of decreasing returns are proposed by the authors, based in part on ideas from the book *Complexity*, as well as a variety of materials on management. In particular, the reader may be interested in *Beyond the Stable State*, by Donald A. Schon, Norton, 1971. This prophetic work discusses the dynamics of collapse and rebuilding in both private and governmental organizations.

The second problem is that the rest of the system may perceive the new entity as a competitor and begin to work actively to undermine its effectiveness. In situations where a private agency is used, staff in the public system may perceive it as grabbing all the glory, and, by implication, more and more of the funding. In the case of a pilot project grounded in the public service system, other staff may view the cadre assigned to the pilot as elitist or unrealistic. When the time comes for the pilot to be expanded or integrated into the system, previously uninvolved staff are likely to have little faith in the new process. Also, the staff who were in the pilot may feel bewildered by a sudden change in caseload and composition as they are reconnected. There have been times, for example, when co-workers have tried to "stack the deck" by referring exceptionally high numbers of families to specialty teams in order to disrupt large scale implementation of new technology.

Approach two: Change the job descriptions for line staff

When a new idea comes along in human services, the first to suffer are usually the staff with the most client contact. Broad instructions may be handed down to line staff like "be more flexible and sensitive to families." But the nominal directives are often contradicted by the environment where the staff work, which usually requires rigid adherence to categorical responses. Take, for example, a mental health provider trying to move to a family-centered, strengths-based philosophy of care, but attempting to support the effort principally with Medicaid funds. Even though staff may add a spot on their intake paper work to record strengths, the funding requirements will still draw them into a client-centered, pathology-linked approach.

Staff who are expected to carry out these new functions can quickly become frustrated. They are often expected to be interpreters, speaking a deficit-driven clinical language when they are facing the system, while still trying to expound a holistic approach when working with families. While some are able to adapt to this bilingual, bicultural role, the majority lack the stamina to keep it up for long. Without a transformation of the structures, expectations and procedures within which people work, any movement toward change quickly deteriorates. Sometimes all that's left is new jargon to describe the old ways of doing business.

Changing the rules

What's the alternative? For community-wide implementation of wraparound, the underlying pattern for service delivery across systems would have to change. To accomplish this transformation, at least six goals would have to be accomplished:

1. Establishing and maintaining a consistent values orientation across all fields of service;
2. Developing the capacity for immediate, flexible response to the needs of children and families within each of the existing systems of care;
3. Providing efficient access to multi-categorical, individually-tailored resources from a variety of points in each system of care;
4. Increasing reliance on and transition to natural supports for families;
5. Redefining staff roles to emphasize generalists who can respond flexibly from within a variety of service structures;
6. Implementing a network of responsive support across systems so that the person with whom the family is most comfortable is able facilitate access.

Putting these components into effect would require a massive, community-wide commitment. But without them in place, it is difficult to visualize how wraparound services could ever be available when needed, for any family that needed them.

Establishing a consistent value base

The first step is to reach a broad-based agreement on concrete, functional values for system operation. In developing a value base for this transition, the work of John Whitbeck and his colleagues is helpful. John is a researcher for the State of Washington Department of Social and Health Services who has spent several years trying to identify the common process elements in successful human service methodologies. He has identified three primary data clusters among programs with consistent positive outcomes, which he calls Access, Voice and Ownership.

Access means that a human services recipient (a parent and child, an elderly person, a person with disability) has a valid option for inclusion in the decision-making process.

Voice means that the person has the opportunity to speak and is listened to at all stages in the planning process.

Ownership means that the person agrees with and is committed to the plan that is developed regarding the services that he or she will receive.

John also found four second-level elements. These are aspects of the process used for developing and delivering human services that make it more likely that access, voice and ownership will occur. They are:

Holistic-reframing, which means that the human service interaction begins as a participatory, strength-focused process where the person or persons receiving help are able to take ownership for their problems and solutions along with the gathered community;

Life-domain planning, which means that support providers are able to respond to the child and family across each of the aspects of their lives where assistance is needed.

Integrative planning process, which means that a bundling of the desired outcomes from each domain takes place to produce a unique, in-depth response with various levels of contingencies for potential crises or problems; and

Team building, which means that there is a critical interaction of process and environmental components so that the people receiving help and those giving it are able to work together over time to support the recipients' ongoing stability in their neighborhoods.

As first step toward building consensus, several communities have used these elements as anchor points in processes designed to identify strengths and weaknesses in the existing systems of care and to select opportunities for improving cross-systems supports for children and families.

Creating community agents

Once a consistent value base is in place, a second step is to begin to realign the existing organizational structures to give direct-care staff the greatest possible flexibility for developing creative supports for the children and families they serve.

The traditional organization chart, with a single executive overseeing successively larger ranks of subordinates, facilitates top-down decision-making, and limits resource access to a single line of authority which may have multiple approval requirements. To do wraparound, a highly interactive organizational structure seems to work better. Flexibility requires that information, responses and resources be able to flow through multiple pathways across and among systems, instead of up and down rigid chains of command. Staff in this type of system alignment would come to see themselves as agents of the community as a whole, not just functionaries of a single institution.

A new system

Driven by the need to re-establish themselves as competitive businesses, many private companies are adopting outcome-driven, interactive organizational structures as they rise up from the ashes of the

collapsed, assembly-line monoliths of our industrial era. Others, of course, remain rigidly structured, but the transition from Ford to Deming seems to be taking place fairly quickly given the immensity of the systems involved.

How would things be different were the pattern to change in human services? Staff with responsibility for direct client contact would be able to flex roles quickly when necessary. For example, if a high school English teacher were the person closest to a child who was experiencing a crisis, wouldn't it be more efficient if that teacher had have the capacity to become a point of access to help that child's family bring together a responsive team to identify and obtain the help they needed? Such a person wouldn't have to be a treatment provider, just a facilitator - something people with a wide variety of skills can do with some training, some backup and, most importantly, with the permission of the organization they work for.

Stages in system development

Establishing a cross-systems support environment in which innovation and adaptation are the norms would have to be a developmental process, but it need not be an interminable one. Using what we have learned through our successful wraparound pilot programs, here is a scenario for an organizational transformation in only four years:

Year one

The first year would focus on vision setting. While certain staff from each of the major systems tried out the wraparound process by serving 30 to 50 children and families, management would provide leadership in supporting flexibility on both the practice and policy levels within each system and, on an preliminary, ad hoc basis, across systems.

Year two

While practice and policy development continued, pooled funding among systems would begin to evolve to permit flexible access from multiple sites. Leadership would support the organizational changes necessary to permit the expansion of wraparound services to 100 to 200 children and families. Staff at every level in each system would be exposed to the basic concepts of the new vision and start working on issues relating to long-term role re-definition.

Year three

As systems learned from experience, they would begin clarifying policies and practices to better meet the needs of families within the specific circumstances of the communities being served. Reliable partnerships between service system personnel at the line, middle-management and upper-management levels, and with governmental leadership would begin to develop. Pooled funding would transition into alternative financing patterns that support increasing flexibility based on need and outcomes. Role redefinition would continue to expand, and, with ongoing exposure and practice, the vision for the formal system transformations necessary for long term stability would become more specific and grounded in the community's day to day operations. People on the street would begin to expect wraparound responses to occur when families needed them. Short-term and extended-support implementations of wraparound would be available for 500 to 1,000 families.

Year four

Staff throughout the systems would begin to see themselves as having a variety of options for responding to the needs of children and families and would understand and be comfortable with a variety of methods for facilitating direct access to needed services. The community would take an active and informed role in system support based on rapid feedback regarding the strategies being used and the outcomes being accomplished, and the effect of these services on the quality of life in the neighborhoods where they are delivered. The capacity to support families using Whitbeck's 3 primary and 4 second-

level process elements would exist on a community-wide basis. The new paradigm would be in place and the synergistic benefits of relying on cross-system support rather than inter-agency competition would begin to emerge.