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Opportunities in Organizational Change

Evaluating and promoting successful organizational objectives.

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Next Focus

Psychiatric and Clinical Social Work

Successful strategies for mental health teams



Are We Winning?

Strategies for Overcoming Resistance to Change

Organizational change for mental health providers is becoming the rule rather than the exception as outside forces such as regulatory agencies and third-party payers exert increasing influence on the delivery of services. A key question for providers to ask is, Are we winning? To know the answer, we need a scorecard or some direct means of measuring effectiveness. Outcome management is the art and science of determining whether or not an organization is actually achieving its desired level of effectiveness.

To know whether we are winning requires a well-planned outcome management system specifically designed to measure the impact of the mental health service provided.

Simply deciding to implement a measurement system offers only a partial solution to the issue. Within any organization or agency there will be numerous subgroups involved, each with their own vested interests. Virtually all parties must be convinced that the proposed system will benefit them. Otherwise, it is more than likely that the effort will be doomed to failure. In fact, all organizations have a scoring system to measure effectiveness.

Current financial, political, and institutional pressures require mental health practitioners to go beyond personal preferences toward a larger organizational ecology. Everyone must contribute to winning, or winning is less likely. Organizational performance measures must hold up to the competition offered by other choices available to the consumer of service whether that is an individual or an entity as large as Medicaid. Examples of alternative choices are prescription drugs, other

providers of services, self help groups, and, of course, no therapy at all.

Established and implicit organizational values often demonstrate the biases of “softer” measures when held up against local and subjective vested interests. Such interests are usually not organization-wide in their benefits. The policy-making leadership of any service organization is beholden to a wide variety of constituencies and must organize performance and its measurement in terms that hold up to scrutiny. For instance, stakeholders may include the board of directors, regulatory agencies, third-party payers, therapists who provide the services, program managers, and the patients being served. All of these constituencies must be taken into consideration



if an outcome measurement system is to succeed. Those in charge of the planned change must search for common political denominators that serve the various vested interests of these groups however well- or ill-

formed those interests may be. Those motivational denominators may be as simple as staff participation in the process of creating the change or as subtle as providing the policy makers with an enhanced reputation as the keys to connecting outcomes measures to personal or political interests. Successful implementation seldom happens without willing players.

The single most important aspect of implementing an outcome management system pivots around the thinking of the planners. If the planners do not have the necessary mental maps in their thinking to match the territory they must cross, the plans they make will most likely not take into account all the important features of the reality

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Excerpted from “Making Your Agency Outcome Informed: A Guide to Overcoming Human Resistance to Change” by Joseph Yeager & Michael L. Saggese. *Families in Society* © 2008. To read the complete article, log in to www.familiesinsociety.org.

Related Articles for Further Reading

(Available at www.familiesinsociety.org)

A Model for Organizational Change: Using an Employee-Driven, Multilevel Intervention in a Substance Abuse Agency (2007)

A Transtheoretical Model for Assessing Organizational Change: A Study of Family Service Agencies' Movement to Time-Limited Therapy (2000)

Social Workers for Rent: The Contingency Human Services Labor Force (2005)

An Intervention Framework for Collaboration (2005)

Social Workers' Management of Error: Ethical and Risk Management Issues (2008)

Ethical Issues in Agency Resource Development: Implications for Social Administration (2002)

Expanding the Conceptual Basis of Outcomes and Their Use in the Human Services (2001)

Family Caregiving as a Service Niche for Agencies: Findings From a Study of Philanthropic Trends (2002)

Elements of Satisfying Organizational Climates in Child Welfare Agencies (2003)

Clinical, Ethical, and Legal Issues in E-therapy (2003)

It's Time to Charter Welfare Departments (2002)

Building Organizational Capacity in Outcomes Evaluation: A Successful State Association Model (2001)



Policy Focus

Developing Contracted Social Service Initiatives in Small Nonprofit Agencies: Understanding Management Dilemmas in Uncertain Environments (2004)

CE course # 100765

This article tracked several nonprofit organizations that entered into state contracts to provide services for low-income clients. Many agencies dropped out or were terminated from the program within 1 year and others struggled with unforeseen management dilemmas and meeting accountability standards. In-person interviews with program administrators, trainers, and agency recruiters are distilled here, and guidelines are provided for successful, systematic decision making for nonprofits faced with attractive new service initiatives.

Operational Strategies and Organizational Structures in Family Service Agencies (1995)

This study investigated the strategies used by family service agencies to compete and survive in the human service marketplace. If successful agencies use particular financial and program service strategies to compete and survive, then it may be possible to help other, less successful organizations assume and incorporate these adaptive strategies. However, different strategies had differential effects upon either the program or financial structures, and most strategies had a deleterious effect upon structures.

Advocacy in the New World of Managed Care (1997)

With the emergence of large-scale health care companies, advocacy's role within the system has been reduced. Already occupying only a minor role in case management (itself partly subsumed into the system), advocacy efforts to help individuals and to make structural changes at the system level run against the driving forces of managed care—cost containment and profit making. Greater efforts will have to come from outside groups focusing on broad issues including patients' rights; standards of care; consumer empowerment; outside evaluations; protection against lowering of quantity, type, and quality of services; and training of managed care personnel.

Practice Focus

Co-CEOs: A New Leadership Paradigm for Social Service Agencies (2007)

The authors introduce a new type of collaborative leadership with a study by two experienced female executives who lead a mid-sized community behavioral health center. Increased accessibility of information, cross-functional workplace challenges, and financial belt-tightening have led organizations since the 1990s to consider a joint leadership style where leaders embrace teamwork and empower staff through motivation rather than wielding traditional authoritarian power. For women in particular, this egalitarian style fits with feminist principles of relationship and consensus building, and supports effective power sharing.

Measures for Practice With Families From a Strengths Perspective (2001)

Social work practice from a strengths perspective is increasingly a preferred mode of practice. In the current environment of managed care in many fields, practitioners are required to measure and document various aspects of client problems and service effectiveness. The problem focus is inconsistent with the strengths perspective, but strengths-based practitioners are not immune from the accountability demands. This paper identifies and evaluates measurement instruments that can be used in practice with families—from a strengths perspective—and will also enable social workers to document service effectiveness.

Organizational Prevention of Vicarious Trauma (2003)

CE course # 100716

Whether shaping public policy or providing services to individuals, families, and communities, social workers are fully engaged with today's social problems. This difficult work can take an emotional and psychological toll on the worker. This stress comes not only from responding to people in pain and crisis; characteristics of the organization also contribute to the stress. In this article, the authors draw on the research on organizational correlates of burnout and outline various organizational strategies suggested by practitioners working with trauma survivors.

All articles featured in this newsletter are available on the *Families in Society* Web site: www.familiesinsociety.org.

Reconciling Mission and Market

How to Become Business Savvy

One of the hallmarks of the last decade has been the proliferation of for-profit companies offering services previously provided primarily by nonprofit and government agencies. Historically, nonprofit organizations have been the providers of choice within health and human services. However, as these arrangements mushroomed in recent years, nonprofits are pulled in either of two unfortunate directions: emulation of the government agencies that fund many of their services, or emulation of the for-profits with whom they increasingly compete.

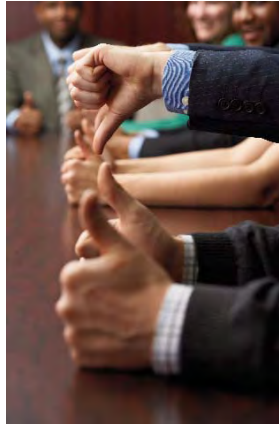
Nonprofits, however, are not helpless victims of runaway forces. If they are passive or benign players, this is of their own doing. There are several logical courses of action for these organizations, all of which involve clarity about the pressures from all sides, strategic planning, and serious decision making.

Business Acumen

The majority of nonprofits operate at the community level, encourage board participation from among their target population and/or consumers of services, or have governance composed of professionals who are expert in the specific service purview of the organization. In such a milieu, the infusion of business models into the operations of the organization are met with skepticism, if not outright hostility. These are the organizations most vulnerable to for-profit competition. The more successful nonprofits are those that have recognized the need to include on their boards people with business, managerial, accounting, financial, legal, and other similar skills.

Reconciling the Mission-Driven Focus

For-profit health and human service organizations regard the economic bottom line and the commodity (consumer care) they offer in unison; the service is the means to achieve the end. On the other hand, nonprofits operate on a singularly driven philosophy of community service. Marketplace demands and characteristics, when they are known or assessed, may still be secondary to organizational mission. This potential gap between mission and market may be the single most important factor accounting for a



poor competitive position among nonprofits. Mission orientation, however, need not preclude a recognition of how the market operates, nor a rational integration of market principles into the planning process. Not all objectives are equal, and no objectives can be achieved if an organization is preoccupied with its very survival.

Accountability

The most effective means to slow down the train of for-profit encroachment is for nonprofits to do their work better and to be real competitors with for-profits rather than the other way around. To be truly competitive will mean some significant changes. Quality measurement and performance studies can and should emphasize the characteristics of those served to highlight sector differences in the provision of services to the most vulnerable and at-risk populations. Emphasizing how and to what extent social justice goals are achieved will further differentiate the role of nonprofits in American society. In this process, hard facts may be made available to validate that lower costs translate to skimpier treatment and that higher quality care involves the heart (and mission) of nonprofits in combination with business savvy.

Related Articles for Further Reading

(Available at www.familiesinsociety.org)

Community-Centered Family Service (1997)

Implementing Welfare-to-Work Services: A Study of Staff Decision-Making (2006)

Service Utilization in High-Crime Communities: Consumer Views on Supports and Barriers (2001)

Relationships Between HMOs and Mental Health Providers (1989)

Defining and Measuring Program Effectiveness at a Mental Health/Social Services Agency (2001)

Survival Issues Challenging Family Agencies (1988)

Five Morale-Enhancing Innovations for Human Services Settings (1988)

Office Efficiency: A Corollary of Management Interest (1987)

Management Theory and Agency Management: A New Compatibility (1986)

Management Applications of Behavioral Science Knowledge (1985)

Some Thoughts About the "Corporate Model" (1985)

Self-Study: Organizational Resource in Staff Development Preparation (1984)

The Board of Directors and Agency Accountability (1983)

Can Clinicians Manage Social Agencies? (1982)



Excerpted from "The Commercialization of Health and Human Services: Neutral Phenomenon or Cause for Concern?" by Margaret Gibelman & Harold W. Demone, Jr. *Families in Society* © 2002

Outcomes Measurement: Practical Advice for Agencies

Outcomes measurement has begun to take hold in nonprofits across the broad spectrum of agencies in the human service sector. This broad application of evaluative approaches should and will lead to improved program services, better outcomes for clients, and better use of finite resources within the nonprofit sector.

Agencies moving to adopt measurements must adapt the available models and approaches to their own specific situations. That approach depends on the extent of prior evaluative work in the agency, the expectations of funders, the size of the agency, and resource availability. However, the following points are threads that can be useful across agency situations:

Begin small. It is neither feasible nor prudent to implement outcomes measurement overnight. The process can begin with one program service or even one site of a program. The agency staff working on the process will gain useful knowledge that will be transferable to other program areas within the agency as the effort progresses. It should be noted that success is not necessarily linked to expensive technology initially, but over time it may become a necessary component.

Focus on measures that are both meaningful and practical. Whatever outcome indicators are selected should be viewed by stakeholders as acceptable measures of program impact and the collection of data should mesh well with the delivery of the program. It improves the product to include a variety of staff and other stakeholders in the process of measure selection to provide these various perspectives.

Do your homework (or get someone else to do it). Most programs currently operated by agencies are rooted in some subfield of human services. Undoubtedly, some literature exists on the theory underlying the program, its implementation in other areas, and potentially, findings in regard to its effectiveness. Begin to compile this type of information, as both a way of generating ideas for measuring the outcomes of the program and as a resource for providing context to your future findings.

From "The Sea Change in Nonprofit Human Services: A Critical Assessment of Outcomes Measurement" by Robert L. Fischer. *Families in Society* © 2001.

Pressures for Change Try Agency-Based Evaluation

Contemporary agencies can face different forms of change reflecting the multiple practice and policy environments within which the agencies function. To be effective, human service agencies must be sensitive to an increasingly broad array of demands from these environments. Using agency-based evaluation—for building the knowledge human-service organizations need to advance practice in the face of these environmental demands—is more important than ever.

The response of agencies to pressures for organizational change, like that of their counterparts in business and industry, can take three forms. All are legitimate responses to the need for different kinds of change; each is suitable under the appropriate conditions. The table below presents a conceptual framework that incorporates two major dimensions.

The first offers three forms of change: **Revitalization** is a preferred form in organizational conditions of certainty. **Renaissance** is most applicable in conditions of uncertainty. **Recovery** usually occurs when societal conditions call the very nature and configuration of social institutions into question.

The second dimension of the framework assigns two major roles to evaluation. Examination/reflection relates to the role of evaluation in scrutinizing existing agency arrangements, objects, and operations.

Implementation/action refers to how evaluation helps address the challenges inherent in the changes an agency faces. The resulting framework yields six agency-based evaluation alternatives, each of which offers specific responses to different aspects and contexts of change:

1. *Critiquing.* Identifying improvement issues, needs, and/or challenges that demand attention in the name of quality, performance, and/or effectiveness.
2. *Extending & improving.* Hands-on implementation activities that make a material but incremental improvement in those objects or operations that currently exist.
3. *Contesting.* Challenging and debunking what exists, and creating a sense that the existing object needs to be replaced to ensure viability, relevance, or vitality.
4. *Illuminating & replacing.* Knowledge helps the development of new alternatives and is key in replacing existing objects with new, more viable and relevant ones.
5. *Converting.* Adjusting new configurations of values and organizational forms, and assigning evaluation's role in the sweeping changes brought about by social revolution.
6. *Adapting & positioning.* Proving the agency provides a critical set of services that embody and promote current social values and meet essential human needs.

Responses of Human-Service Organizations to Pressures for Change

	Revitalization	Renaissance	Recovery
Environmental Context	Policy makers, funding sources, and interest groups demand organizational reforms that produce improved performance, more benefits for clients, and increased efficiency.	Changes in the values and agenda of external stakeholders, changes in the orientation of practitioners, and advances in technology combine to redefine state-of-the-art practice.	Revolutionary social changes restructure values; redistribute power; reallocate resources; redefine priorities, and reconfigure social institutions.
Organizational Situation (Prior to Change)	Stability, viability, and certainty in the face of pressure for reform of existing activities.	Instability, stagnation, and uncertainty in the face of pressure for systemic change in organizational framework.	Loss of orientation, balance, and focus in the face of major social upheaval and redefinition of the societal values and priorities.
Evaluative Examination/Reflection	Critiquing	Contesting	Converting
Evaluative Implementation/Action	Extending/improving	Illuminating/replacing	Adapting/positioning



Excerpted from "Agency-Based Evaluation and Organizational Change in the Human Services" by David P. Moxley & Roger W. Manela. *Families in Society* © 2000.

Are We Winning?

Overcoming Resistance to Change

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they must traverse. A common mistake is for planners to focus solely on the technology or administrative systems being implemented. Instead, experience teaches that the leverage for a successful organizational change of any kind is to focus on the people.

Successful planners perform a comprehensive payoff analysis on each influential individual or group involved in the change process. They know the top three priorities on each of the payoff categories for each individual or group as they apply to their program, leadership, operator, and strategy checklists. In addition, they know the aggregate of each audience for each checklist and plan contingencies that will most likely change oppositional minds as the program progresses. Effective planners develop backup scenarios for each of the major contingencies they have imagined. In this way, if any minds shift significantly, they will be able to counter the changes with their own moves to bring them back into a supporting position.



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Change Process: Program Payoffs Checklist for the Organization, Leadership, and Operators

ORGANIZATION	LEADERSHIP	OPERATORS
Improved quality assurance	Political stability	Workload: amount, variation, complexity, and challenge
Increased accountability	Economic or material gain (personal or organizational)	Changes in working conditions (some will desire changes in their working conditions, whereas others will prefer the status quo)
Ability to demonstrate effectiveness of treatment	Consolidation of power	Opportunity to better use skills
Improved utilization of services	Creation of political opportunities	Increased accountability
Standardization of measurement	Strengthening or creation of alliances and support	Enhanced outcomes
Identification of poor responders	Competitive gain over rival service providers	Increased responsibilities
Identification of quick responders	Reduced risks	Reduced dropout rates
Identification of exceptional practitioners	Improved cooperation among factions	Identification of poor responders
Identification of new service needs	Increase in resources of power	Identification of quick responders
Reduction in dropout rates	Gaining advantage over internal or external opposition	Ease of use
Ease of use for both clinicians and clients	Improved relationships with external organizations (e.g., Medicaid, Medicare, JCAHO, HMOs)	Job future and security
Reliability of the measures	Opportunity for an advantageous change in the rules	Participation in planning the changes
Validity of the measures	Demonstration of leadership, dominance, or status	Opportunity to learn new skills
Cost-effectiveness or savings of the program	Defusing of opponents or competitors	Opportunity to increase job security
Meeting regulatory requirements	Opportunity to set a precedent or example	Social support from supervisor and peers
Better utilization of human resources	Strategic advantage	Other
Easy to understand for the client	Tactical advantage	
Relevance to the client	Ideological advantage (propaganda gains)	
Enhanced supervision through direct evidence of client progress	Personal ambition, political visibility, ego	
Improved means of program evaluation	Increased employee satisfaction	
Objective means of therapist evaluation	Increased employee retention	
Increased client satisfaction	Other	
Improved financial stability as a result of increased reimbursement		
Other		

Note. JCAHO = Joint Commission on Accreditation of Healthcare Organizations;



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